

ARM1



Annual Representative Meeting 2023

Agenda

Monday 3 – Wednesday 5 July 2023
ACC Liverpool
Hybrid

*Your Voice, Your ARM,
Your BMA*

BMA COUNSELLING AND PEER SUPPORT SERVICES: 0330 123 1245

#ARM2023

Our behaviour principles

It is the responsibility of BMA members to role model and promote positive behaviours, and to encourage a culture of inclusion and respect at the BMA. The behaviour principles that have been created by members for members and that the BMA has committed to upholding are:

- **Be professional**
- **Be accountable**
- **Be kind**
- **Be representative**
- **Respect others**

These principles should be kept in mind and role modelled whenever representing the BMA and interacting with fellow members. They can be put into practice in many ways.



Be professional

- Attend and actively participate in meetings by listening, being present and contributing
- Mentor and support new members
- Prepare for meetings by reading papers ahead of time
- Remember that the expected professional behaviours of a doctor apply to your BMA roles also
- Be open to collaborative working, listening and learning from others

Be accountable

- Challenge constructively – when making a point or providing feedback consider the time, the place and the impact on others
- Actively disclose and manage any potential conflicts of interest
- Explain your decisions and actions to your constituents
- Maintain and respect confidentiality
- Support democratic decisions in public – debate in private, but respect and stand by collective decisions
- Take personal responsibility for your behaviour and the impact it may have on others
- Be constructive and keep to the topic – do not dominate conversations and restate the same arguments

Be kind

- Be welcoming and inclusive of others, particularly new members
- Challenge disrespectful behaviour appropriately – do not humiliate or degrade others
- Recognise positive behaviour from colleagues
- Remember to criticise ideas, not people

Be representative

- Act in the best interest of members
- Be aware of who is being represented in the room and whose ideas are most prominent within discussions
- Where possible, seek the views of those you represent on the issues that affect them and take them into account when voting, even if you don't personally agree with them
- Take care in public to ensure that your personal views are not interpreted as BMA views
- Where possible, share relevant information and feed back any outcomes that are not confidential to your constituents

Respect others

- Avoid dominating conversations and instead make space for others to speak, especially as chair
- Be open to others' ideas and opinions
- Be prepared to change your mind
- Remember that everyone has a right to contribute and should be encouraged to do so
- Help to create a collaborative environment in which everyone can respectfully and constructively be honest and express differences of opinion or dissent
- Listen to one another and do not interrupt
- Value all contributions, including viewpoints that differ from your own

We encourage all our members to listen to the following Ted talk by Dr Chris Turner – 'Civility saves lives' – www.ted.com/talks/chris_turner_when_rudeness_in_teams_turns_deadly/up-next?language=en



ARM1



British Medical Association

**Agenda of the
Annual Representative Meeting**

to be held in a hybrid format

Monday 3 – Wednesday 5 July 2023

Your Voice, Your ARM, Your BMA

BMA representative body chair
Dr Latifa Patel

*(NB: The appendices to the ARM agenda will be
in a separate document, ARM1A)*

Agenda of the ARM

1

INDUCTION.....	3
REFLECTION.....	3
OPENING OF THE MEETING	3
PROCEDURES, PROCESSES AND TIMETABLES	3
KEYNOTE ADDRESS FROM BMA COUNCIL CHAIR	5
WORKFORCE	5
PANDEMIC PREPAREDNESS AND RESPONSE	6
NATIONAL HEALTH SERVICE	6
PENSIONS.....	7
CULTURE, INCLUSION AND DIVERSITY	7
DOCTORS' PAY AND CONTRACTS.....	8
TRADE UNIONISM	8
APPOINTMENT OF THE BMA PRESIDENT.....	9
MEDICINE AND THE GOVERNMENT.....	9
SAFE DOCTORS, SAFER PATIENTS	9
FORENSIC AND SECURE ENVIRONMENTS.....	9
INTERNATIONAL RELATIONS.....	10
LOCALLY EMPLOYED DOCTORS.....	10
ARTICLES AND BYE-LAWS.....	10
REFLECTION.....	11
PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL	11
SCIENCE, HEALTH AND SOCIETY.....	11
WALES	12
GENERAL PRACTICE.....	12
MEDICAL STUDENTS.....	12
SCOTLAND	14
INTERNATIONAL MEDICAL GRADUATES	14
MEDICAL ETHICS AND HUMAN RIGHTS.....	15
NORTHERN IRELAND.....	15
TRAINING AND EDUCATION.....	16
'A' MOTIONS	16
AFC	17
RETIRED MEMBERS.....	17
JUNIOR DOCTORS.....	17

Agenda of the ARM

REFLECTION.....	18
FINANCES OF THE ASSOCIATION	18
SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS.....	18
PUBLIC HEALTH MEDICINE.....	19
HEALTH OF THE PUBLIC	19
COMMUNITY AND MENTAL HEALTH	19
MEDICAL ACADEMIC STAFF	20
CONSULTANTS	20
OCCUPATIONAL MEDICINE	20
BMA STRUCTURE AND FUNCTION	21
PRIVATE PRACTICE	22
CIVIL AND PUBLIC SERVICES.....	22
MOTIONS ARISING FROM THE ARM	22
CLOSING BUSINESS	23

Agenda of the ARM

3

INDUCTION

An online teach-in session will be available to view on the BMA website.

REFLECTION

Monday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

OPENING OF THE MEETING

Monday 9.00 – 9.18

Welcome and introductions by the BMA representative body chair, Dr Latifa Patel.

PROCEDURES, PROCESSES AND TIMETABLES

- 1 **Motion** by BMA REPRESENTATIVE BODY CHAIR: That this meeting approves:-
 - i) the standing orders (Appendix I of document ARM1A) be adopted as the standing orders of the 2023 "hybrid" meeting;
 - ii) that the precincts of the meeting be regarded as the whole of the conference centre and those members registered as representatives to the ARM and logged in on 3 to 5 July 2023;
 - iii) the timetable for elections to be carried out during the meeting as set out in ARM5;
 - iv) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions (Chosen Motions - "C motions"). A link to the ballot form will be circulated to representatives which should be returned by 12pm on the first day of the ARM, 3 July 2023.
- 2 **Confirm:** Minutes of the BMA Annual Representative Meeting held on 27 to 29 June 2022 (ARM12 on the website).
- 3 **Receive:** That committee, council and board meeting reports for the session 2022-23 are available from the website.

Order of business

- 4 **Motion** by THE AGENDA COMMITTEE: That the business be taken in the order and at the times indicated below:-

Monday 3 July 2023 - AM

08:55 Reflection (page 3)

09:00 Welcome and opening of the meeting (pages 3-5, items 1-6)

09:18 One minute's silence in remembrance (page 5)

09:20 Keynote address by the BMA council chair, Professor Phil Banfield (page 5)

09:45 Workforce (pages 5-6, items 7-8)

10:15 Pandemic preparedness and response (page 6, items 9-10)

10:45 Break

11:00 National Health Service (page 6-7, items 11-12)

11:30 Pensions (page 7, items 13-14)

12:00 Culture, inclusion and diversity (page 7, items 15-16)

12:30 Session closes

Agenda of the ARM

4

Monday 3 July 2023 - PM

13:30 Doctors' pay and contracts (page 8, items 17-18)
14:00 Trade unionism (page 8, items 19-20)
14:30 Motion on appointment of the BMA president for 2024-2025 session (page 9, item 21)
14:35 Installation of the president (page 9)
14:45 Break
15:00 Medicine and the government (page 9, items 22-23)
15:30 Safe doctors, safer patients (page 9, item 24)
15:45 Forensic and secure environments (page 9, item 25)
16:00 International relations (page 10, item 26)
16:15 Locally employed doctors (page 10, item 27)
16:30 Articles and Bye-laws (page 10, items 28-29)
17:00 Close of the meeting

Tuesday 4 July 2023 - AM

08:55 Reflection (page 11)
09:00 Professional regulation, appraisal and the General Medical Council (page 11, items 30-31)
09:30 Science, health and society (page 11, items 32-33)
10:00 Wales (page 12, items 34-35)
10:15 General practice (page 12, items 36-37)
10:45 Break
11:00 Medical students (pages 12-13, items 38-39)
11:30 Scotland (page 14, items 40-41)
11:45 International medical graduates (page 14, items 42-43)
12:20 Annual General Meeting (AGM) (page 14)
12:30 Session closes

Tuesday 4 July 2023 - PM

13:30 Medical ethics and human rights (page 15, items 44-45)
14:00 Northern Ireland (page 15, items 46-48)
14:30 Training and education (page 16, item 49)
14:45 'A' motions (page 16, items 50-54)
15:00 Extended break
16:00 AFC (page 17, item 55)
16:15 Retired members (page 17, item 56)
16:30 Junior doctors (page 17, items 57-58)
17:00 Close of the meeting

Wednesday 5 July 2023 - AM

08:55 Reflection (page 18)
09:00 Finances of the Association (page 18, items 59-61)
09:45 Specialist, associate specialist and specialty doctors (page 18, items 62-63)
10:15 Public health medicine (page 19, item 64)
10:30 Health of the public (page 19, item 65)
10:45 Break
11:00 Community and mental health (page 19, item 66)
11:15 Medical academic staff (page 20, items 67)

Agenda of the ARM

5

11:30 Consultants (page 20, item 68)
11:45 Occupational medicine (page 20, item 69)
12:00 BMA Structure and function (page 21, items 70-71)
12:30 Session closes

Wednesday 5 July 2023 - PM

13:30 Private practice (page 22, item 72)
13:45 Civil and public services (page 22, item 73)
14:00 Motions arising from the ARM (page 22)
14:30 Break
14:45 Motions arising from the ARM (page 22)
15:45 Closing business (page 22, item 74)
16:00 Close of the meeting

BMA policy

- 5 **Motion** by COUNCIL: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website).
- 6 **Receive:** That the BMA representative body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed.

ONE MINUTE'S SILENCE IN REMEMBRANCE

Monday 9.18 – 9.19

KEYNOTE ADDRESS FROM BMA COUNCIL CHAIR

Monday 9.20 – 9.45

Keynote address by the BMA Council chair, Professor Phil Banfield.

(Questions for the BMA Council chair should be sent via email to the ARM agenda committee through the online platform who will forward for a response. The deadline for questions to be submitted is 12:00 on Tuesday 4 July. All responses will be published on Wednesday 5 July at 12:00 on the ARM virtual platform. All representatives will be sent a link).

WORKFORCE

Monday 9.45 – 10.15

- UK 7 **Motion** by SHROPSHIRE DIVISION: That this meeting is deeply concerned at the worsening workforce crisis throughout the NHS which is compromising the delivery of safe patient care. This meeting:-
- i) deplores the failure of workforce planning by successive Governments;
 - ii) stands in solidarity with doctors who have voted to take industrial action;
 - iii) calls for appropriate and urgent pay restoration as a critical element to recruit and retain NHS doctors.

Agenda of the ARM

6

- UK 8 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting affirms that support for families and access to affordable childcare are key to child development and a productive and healthy society and workforce. This meeting calls for the BMA:-
- i) to lobby Government to increase the eligibility for child benefit which has eroded against inflation;
 - ii) to lobby Government to address the perverse disincentive of the eligibility cliff edge to free childcare hours and “tax free childcare” schemes;
 - iii) to lobby key NHS and childcare stakeholders to improve access to workplace childcare with particular emphasis on enhanced hours of availability for shift workers;
 - iv) to lobby for the continued advancement of flexible working including, but not limited to, less than full time, and compressed working patterns.
- PANDEMIC PREPAREDNESS AND RESPONSE** **Monday 10.15 – 10.45**
- UK 9 **Motion** by NORTH EAST LONDON DIVISION: That this meeting is dismayed by the inequalities in ethnic healthcare exposed by the Covid pandemic, and demands that BMA exert influence on the government to address the issue of treatment and management of ethnic minority patients and ethnic minority NHS doctors.
- UK 10 **Motion** by ISLINGTON DIVISION: That this meeting notes that at least nine billion pounds were lost to the NHS during the Covid-19 pandemic through corrupt contracts, overinflated prices and the purchase of substandard personal protection equipment. This meeting believes that the Government should pursue the politicians, companies, corporations and individuals responsible in order to recover the funds, which should be re-invested into the NHS.
- BREAK** **Monday 10.45 – 11.00**
- NATIONAL HEALTH SERVICE** **Monday 11.00 – 11.30**
- UK 11 **Motion** by NORTH EAST REGIONAL COUNCIL: The 2023 Bewick report highlights a corrosive culture of bullying still exists within parts of the NHS. That this meeting:-
- i) reaffirms that bullying and harassment have no place within the health and social care sector;
 - ii) highlights that bullying and harassment of health and social care staff adversely affects delivery of care;
 - iii) reaffirms that NHS organisations must embrace openness and candour;
 - iv) demands fundamental attitudinal change to management organisation and leadership;
 - v) calls for the regulation of NHS managers to hold to account those found responsible for bullying and harassment.
- UK 12 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting recognises the situation in emergency NHS care is creating ‘catastrophic consequences for patient safety and mortality’, according to the Royal College of Emergency Medicine, which estimates there were 23,000 excess deaths due to delays in emergency care last year. This meeting calls on the BMA to endorse the RCEM call for 10,000 extra NHS beds, the

Agenda of the ARM

7

filling of all doctor and other trained NHS staff vacancies and doubling medical school intake for doctor training.

PENSIONS

Monday 11.30 – 12.00

- UK 13 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the pension issues are undergoing rapid changes and are too complex to understand. We demand that the BMA should:-
- i) make it a priority to increase awareness and educate BMA members on pension issues;
 - ii) create a library of case scenarios mirroring our membership highlighting the impact of various pension changes on members;
 - iii) provide better email and telephone support to members with their queries.
- UK 14 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting while welcoming the increase in the pension Annual Allowance (AA) contribution to £60,000:-
- ii) remains aware that when the career average revalued earnings (CRE) notional fund in the NHS Pension scheme is uplifted each year, doctors could still face a significant tax bill for involuntarily exceeding the new AA limit;
 - ii) believes that allowing flexibility in the amount of contributions, tackling how pension taxes are applied or other more targeted changes to the NHS Pension scheme would create a fairer scheme;
 - iii) believes the NHS Pension scheme still requires a significant overhaul and supports BMA in its continued negotiations to achieve further changes.

CULTURE, INCLUSION AND DIVERSITY

Monday 12.00 – 12.30

- UK 15 **Motion** by SAS CONFERENCE: That this meeting notes with grave concern the findings of the BMA's survey of disabled doctors and urges the BMA to lobby all departments of health and employers to:-
- i) mandate for a Disability Champion in all employing organisations to widen support and increase career longevity and to demonstrate valuing all doctors living with disability and long-term conditions; and
 - ii) ensure that those employers who have already appointed a Disability Champion promote this role and its function within their respective organisations.
- UK 16 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is concerned that the BMA continues to have a culture of discrimination and insists that the BMA:-
- i) makes a public statement that it is anti-racist and anti-sexist;
 - ii) sets up a Task and Finish Group to consider the Casey report, and develops a plan to be presented at ARM 2024 which will include how to embed the learning into BMA policies, articles and byelaws as appropriate;
 - iii) undertakes an annual anonymous survey of BMA members about sexism and racism in BMA activities and publishes this prior to every ARM for a minimum of 10 years.

Session closes

Monday 12.30

DOCTORS' PAY AND CONTRACTS

Monday 13.30 – 14.00

- EN 17 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: The Local Negotiating Committees (LNCs) have a key role to play as we embark on further industrial action. This meeting demands that the BMA ensures:-
- i) better support for LNC members and office holders with adequate time to undertake LNC duties as well as support their members;
 - ii) that the contractual issues such as Local Clinical Excellence Awards (LCEA), pensions recycling are agreed nationally;
 - iii) that the Integrated Care Systems/Board (ICS/ICB) do not influence or control the negotiations undertaken by the LNCs.
- EN 18 **Motion** by NORTH EAST REGIONAL COUNCIL: NHS England confirmed it will ask GPs to declare their income over a pre-defined threshold. The Government have stated that they will look to introduce the same 'pay transparency' across other independent contractors in the NHS at the same time. That this meeting:-
- i) believes this is an arbitrary figure and a baseless request from the UK Government and NHS England which solely seeks to undermine healthcare professionals;
 - ii) reaffirms the legal advice received by the BMA that 'no practice has a contractual duty to comply with these new rules';
 - iii) believes such actions from NHS England exacerbates stress and will reduce work undertaken by healthcare professionals;
 - iv) believes that this exposes healthcare professionals to further attacks;
 - v) supports any healthcare professional who refuses to declare their income.

TRADE UNIONISM

Monday 14.00 – 14.30

- EN WA 19 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting recognises the vital role that solidarity and coordination with other workers plays in successful trade unionism and therefore calls on the BMA to:-
- i) show solidarity with all workers who have been on strike in the past year;
 - ii) coordinate with other relevant workers and trade unions, both within and beyond industrial disputes;
 - iii) to apply to join the TUC.
- EN SC WA 20 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the contribution of all allied health care staff and supports their right to strike to achieve fair pay for their work. This meeting condemns the UK government's attempts to pass legislation limiting the right to strike for healthcare workers and workers in other industries. As such, we call upon the BMA to:-
- i) lobby the UK Parliament to vote against the "Strikes (Minimum Service Levels)" bill;
 - ii) lobby governments across the UK for positive changes to existing trade union legislation, with the aim of strengthening the trade union movement;
 - iii) oppose legislation aimed at limiting the right to strike for healthcare workers and workers in other industries through all avenues available, including legal challenges.

APPOINTMENT OF THE BMA PRESIDENT

Monday 14.30 – 14.35

- 21 **Motion** by COUNCIL: That Dr Mary McCarthy be appointed BMA president for the session 2024-25.

INSTALLATION OF THE PRESIDENT FOR 2023-2024 SESSION

Monday 14.35 – 14.45

Representative body chair, Dr Latifa Patel to give thanks to retiring president, Professor Martin McKee and welcome to new president for 2023-2024 session, Professor Sir Ian Gilmore.

BREAK

Monday 14.45 – 15.00

MEDICINE AND THE GOVERNMENT

Monday 15.00 – 15.30

- UK 22 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is appalled that the Retained EU (Revocation and Reform) Law Bill going through parliament will potentially be disastrous for the NHS, food standards, environment, workers' rights, and demands that the bill be withdrawn forthwith, or, failing that, the sunset date (December 2023) be postponed to allow adequate consideration of the changes proposed.

- EN 23 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting:-
 i) is concerned that the government handling of the disputes in the NHS have shown it has no grasp of the real scale of the crisis in either the NHS or social care;
 ii) believes the government has offered little of substance to improve recruitment, retention and morale;
 iii) urges the government to listen to the concerns of front-line health staff and deliver the investment that the NHS and its workforce urgently need.

SAFE DOCTORS, SAFER PATIENTS

Monday 15.30 – 15.45

- UK 24 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls upon the departments of health to recognise the now incontestable evidence on burnout and moral injury in health care workers (including doctors) and establish fully funded accessible and evidence-based wellbeing and mental health services for staff throughout NHS services and social care providers.

FORENSIC AND SECURE ENVIRONMENTS

Monday 15.45 – 16.00

- UK 25 **Motion** by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting supports the provision of equity of care regardless of environment. In particular we express our concerns about the erosion of the medical workforce in police custody and sexual assault referral centres, which is undermining the safe care of victims and those under arrest, as well as the whole criminal justice process. We insist that this appalling situation, which has occurred purely to save money, needs to be reversed.

INTERNATIONAL RELATIONS

Monday 16.00 – 16.15

- EN 26 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the shocking, reported case of many missing asylum-seeking children in England. It is concerned by the avoidable harms to thousands of vulnerable migrants, to the public health and to health services caused by Government failures to organise and provide adequate support for migrants. We urge the Home Office and their contractors to ensure that appropriately funded health and social services are commissioned to allow a reasonable standard of care.

LOCALLY EMPLOYED DOCTORS

Monday 16.15 – 16.30

- UK 27 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the increasing numbers of doctors on locally employed contracts and calls for improved support in order to reduce differential attainment of this group through initiatives including:-
- i) development of funding for this group at equivalent level as provided to SAS doctors;
 - ii) protected time for quality improvement, audit, academia or education and research;
 - iii) access to an Associate Medical Director (or similar) with the explicit remit to support the development and wellbeing of non-standard contract holders and to provide at least an annual career planning meeting;
 - iv) an agreed programme of training and development provided by Medical Education departments to include study days and time to attend this training;
 - v) provision of a mentor/ buddy system with appropriate time provided in job plans of senior trainees and SAS grade doctors to mentor colleagues.

ARTICLES AND BYE-LAWS

Monday 16.30 – 17.00

Articles

- 28 **Motion** by THE ORGANISATION COMMITTEE ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to articles 79(1) of the association as set out in appendix II of document ARM 1A/AGM3 and recommends the changes to the article to the Annual General Meeting for approval.

Bye-laws

- 29 **Motion** by THE ORGANISATION COMMITTEE ON BEHALF OF COUNCIL: That the bye-laws of the association be amended in the manner shown in appendix III of document ARM1A.

(NB: This motion is the usual ARM bye-law proposals regarding the 'standard' or 'routine' changes to the bye-laws (such as changes of names of committees and councils, membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the routine business of the organisation committee and subsequently approved by council).

Session closes

Monday 17.00

REFLECTION

Tuesday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

Tuesday 9.00 – 9.30

PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

UK 30 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the BMA should have no confidence in a GMC that invests in corporations associated with increased morbidity and mortality and demands a complete cessation of such investments.

UK 31 **Motion** by NORTH EAST REGIONAL COUNCIL: A 2022 GMC investigation on ‘deaths during investigations’ reports that tragically 29 doctors died while under GMC investigation or monitoring over the three-year period 1 January 2018 – 31 December 2020. Furthermore, too many Medical Practitioners Tribunal Service (MPTS) Fitness To Practice (FTP) decisions are disproportionate to the error of the doctors mistake. That this meeting:-
 i) believes that healthcare professionals must have improved access to mental wellbeing support during regulatory investigations;
 ii) has no confidence in the current MPTS;
 iii) calls for the leadership of the MPTS to be dismissed and replaced with a team that commands the confidence and support of the medical profession;
 iv) has no confidence in the current GMC;
 v) calls for the leadership of the GMC to be dismissed and replaced with a team that commands the confidence and support of the medical profession.

SCIENCE, HEALTH AND SOCIETY

Tuesday 9.30 – 10.00

UK * 32 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is concerned about the current and future use of Artificial Intelligence (AI) programmes in the delivery or monitoring of health care without any obvious assessment of potential harms/ drawbacks and instructs BMA to investigate both pros and cons and report back to the membership.

UK 32a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the current and future use of Artificial Intelligence (AI) programmes in the delivery or monitoring of health care without any obvious assessment of potential drawbacks/harms and instructs BMA’s board of science to investigate and report back to the membership.

UK 33 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the Association shall campaign to:-
 i) reduce the legal blood alcohol limit to the average of European Nations;
 ii) educate the public to the risks of driving under the influence of all drugs (likely to impair safe driving);
 iii) remind all doctors of current professional guidelines relating to driving and health including where reporting to DVLA is permissible, and
 iv) improve provision of specialist and community drug and alcohol services.

Agenda of the ARM

12

WALES

Tuesday 10.00 – 10.15

- 34 **Receive:** Report from the BMA Welsh council chair (Iona Collins).
- WA 35 **Motion** by NORTH EAST WALES DIVISION: That this meeting believes Health Boards in Wales should allow Consultants to operate on private patients in NHS hospital operating theatres to help reduce NHS waiting lists.

GENERAL PRACTICE

Tuesday 10.15 – 10.45

- UK 36 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the persistent crisis and subsequent collapse of areas of general practice in the UK and mandates the BMA to explore and share similar models of universal healthcare systems in other countries, with the aim of understanding the potential to learn from and implement augmented or alternative systems in the UK.
- UK 37 **Motion** by LINCOLN DIVISION: That this meeting supports the creation of a Specialty Doctor (SAS) in general practice but has concerns about the potential for discrimination and poor career development for those involved. We call on the BMA to work to ensure that any role or roles created carry the right to career progression, and are positive and viable career choices.

BREAK

Tuesday 10.45 – 11.00

MEDICAL STUDENTS

Tuesday 11.00 – 11.30

- UK 38 **Motion** by CORNWALL DIVISION: That this meeting recognises that because of the length of medical training many UK trained doctors have large student loans and may consider leaving the UK for better pay and working conditions. To seek to improve recruitment and retention, we call for any student loan repayments due while a doctor is in NHS medical employment to be paid by the government.
- UK * 39 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY LINCOLN DIVISION): That this meeting notes the forthcoming pilot for the medical apprenticeship model and:-
i) believes medical apprenticeships are a vital experiment in addressing the shortage of doctors in deprived and under-doctored areas and calls on the BMA to engage with supporting the pilots;
ii) believes that if medical apprenticeships are to be a tool to address recruitment in under-doctored areas, they must actively recruit from those areas. It therefore calls on the BMA to lobby all relevant bodies for all apprentice programmes to offer a local partners scheme with adjusted entry requirements for local students;
iii) believes that access to the following is essential for such students: access to research and leadership opportunities, and welfare and support services;
iv) believes standards of assessment should be the same as via traditional medical schools;
v) calls on the BMA to lobby the UK governments to introduce golden handshakes to encourage qualified doctors to work in under-doctored areas to ensure adequate supervision and mentorship for such students.

- EN 39a **Motion** by LINCOLN DIVISION: That this meeting notes the forthcoming pilot for the medical apprenticeship model and believes:-
- i) medical apprenticeships are a vital experiment in addressing the shortage of doctors in deprived and under-doctored areas and calls on the BMA to engage with supporting the pilots;
 - ii) that if medical apprenticeships are to be a tool to address recruitment in under-doctored areas, they must actively recruit from those areas. It therefore calls on the BMA to lobby all relevant bodies for all apprentice programmes to offer a local partners scheme with adjusted entry requirements for local students;
 - iii) that access to the following is essential for such students: access to research and leadership opportunities, and welfare and support services;
 - iv) standards of assessment should be the same as via traditional medical schools;
 - v) calls on the BMA to lobby the UK governments to introduce golden handshakes to encourage qualified doctors to work in under-doctored areas to ensure adequate supervision and mentorship for such students.
- EN 39b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the forthcoming pilot for the medical apprenticeship model and:-
- i) believes that if medical apprenticeships are to be a tool to address recruitment in under-doctored areas, they must actively recruit from those areas. It therefore calls on the BMA to lobby all relevant bodies for all apprentice programmes to offer a local partners scheme with adjusted entry requirements for local students;
 - ii) believes that access to the following is essential for all students: access to research and leadership opportunities, adequately and ably staffed training, and welfare/support services;
 - iii) insists that standards of assessment should be the same as via traditional medical schools;
 - iv) calls on the BMA to lobby the UK governments to introduce golden handshakes to encourage qualified doctors to work in under-doctored areas to ensure adequate supervision and mentorship for all students.
- EN 39c **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting notes the forthcoming pilot for the medical apprenticeship model and believes:-
- i) that if medical apprenticeships are to be a tool to address recruitment in under-doctored areas, they must actively recruit from those areas. It therefore calls on the BMA to lobby all relevant bodies for all apprentice programmes to offer a local partners scheme with adjusted entry requirements for local students;
 - ii) that access to the following is essential for such students: access to research and leadership opportunities, and welfare and support services.

SCOTLAND

Tuesday 11.30 – 11.45

- 40 **Receive:** Report from the BMA Scottish council chair (Iain Kennedy).
- SC 41 **Motion** by SCOTTISH COUNCIL: That this meeting recognises the value of remote and rural placement opportunities for medical students in Scotland while recognising the financial burden associated with placements away from students' homes and support structures. This meeting calls upon the BMA to:-
- i) demand that national and local decisions on the use of Medical Additional Cost of Teaching funds for improvements of teaching and student facilities be made in consultation with student representatives from relevant medical schools;
 - ii) recommend that NES and the Scottish government create a clear standardised system for students to claim incurred expenses;
 - iii) develop guidance and lobby NHS Education Scotland (NES) for appropriate support with costs incurred by travel to remote placement locations including travel to sites with provided accommodation.

INTERNATIONAL MEDICAL GRADUATES

Tuesday 11.45 – 12.20

- UK 42 **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes with dismay the practice in some units of charging international medical graduates for clinical attachments and even for taking part in clinical rotas. We condemn this frank exploitation and call upon the GMC to outlaw these practices.
- UK 43 **Motion** by SCOTTISH COUNCIL: That this meeting acknowledges the immense contribution of the International Medical Graduates (IMGs) to the NHS & calls upon the BMA to urgently lobby the UK and devolved governments to:-
- i) ensure all IMGs are given adequate induction which may be additional to the usual for them on joining the NHS;
 - ii) ensure that more training opportunities will be made available for all doctors so that IMGs can be given full training opportunities if they so wish to achieve CCT in their chosen specialities;
 - iii) ensure their visa is of sufficient duration to complete their speciality training or enable them to be able to work in the NHS as they wish;
 - iv) ensure IMGs have full opportunities to pursue academic careers if they so wish;
 - v) ensure that all steps are taken to prevent exploitation of IMGs.

Session closes

Tuesday 12.20

ANNUAL GENERAL MEETING

Tuesday 12.20

191th ANNUAL GENERAL MEETING to be held in the ACC Liverpool, Liverpool and virtually on Tuesday 4th July 2023 at 12.20 pm.

Further arrangements for the hybrid meeting will be available to BMA members on the BMA website: bma.org.uk/agm

MEDICAL ETHICS AND HUMAN RIGHTS

Tuesday 13.30 – 14.00

- UK 44 **Motion** by NORTH EAST REGIONAL COUNCIL: The Human Fertilisation and Embryology Act (2008) prohibits sex-selection IVF unless there is a risk of a serious sex-based hereditary condition. A recent scientific paper described a novel sperm sex selection technique for controlling the sex of an embryo. That this meeting:-
- i) believes there are serious ethical concerns in determining the sex of embryos;
 - ii) reaffirms that cases for sex-selection must be decided on an individual basis by the UK Human Fertilisation and Embryology Authority (HFEA);
 - iii) opposes sex selection IVF outwith the strict criteria within The Human Fertilisation and Embryology Act (2008);
 - iv) calls for the UK Government to urgently review the present legislation so that alternative sex-selection techniques are also prohibited.
- UK 45 **Motion** by NORTH EAST REGIONAL COUNCIL: A range of private national and international laboratories offer a variety of investigations including health screening and genetic analysis, often outside the scope of recognised NHS investigations and with no formal follow-up. That this meeting:-
- i) calls for a review on the ethics of non-evidence-based investigations;
 - ii) expects that all health companies and laboratories provide appropriate counselling prior to undertaking investigation(s);
 - iii) reaffirms GMC-guidance that it is the responsibility of the requesting clinician to manage results of investigations;
 - iv) demands assurances that all laboratories operating in UK and providing services to patients/clinicians present in the UK are registered and regulated according to 'The Good Laboratory Practice Regulations Act' (1999) and 'ISO 15189 accreditation';
 - v) calls on the Government to regulate ownership of genetic analysis and ensure immediate destruction of DNA/tissue samples upon patient request.

NORTHERN IRELAND

Tuesday 14.00 – 14.30

- 46 **Receive:** Report from the BMA Northern Ireland council deputy chair (Alan Stout).
- NI 47 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting welcomes the commitment from the Welsh Government to full pay restoration for doctors including healthcare workers and calls on the Northern Ireland Assembly (when it gets back to work) to give the same commitment to all in Northern Ireland, including general practitioners.
- NI 48 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting is shocked and dismayed that the department of health in Northern Ireland has failed to react sufficiently to the workforce crisis in occupational health. These workforce shortages now mean that there are serious and unacceptable delays for those doctors who need to retire due to ill health and terminal illness. We call on the department of health in Northern Ireland to:-
- i) re-instate full pay for those doctors on sickness absence, caught up, through no fault of their own, in these intolerable delays;
 - ii) outline a clear timetable for restoration of this service immediately;
 - iii) publish the numbers of healthcare workers affected by these delays, apologise and provide a clear timebound plan for completion of the individual processes;

iv) re-establish the training programme within NIMTDA immediately to assist with future succession planning, thereby ensuring this does not happen again.

TRAINING AND EDUCATION

Tuesday 14.30 – 14.45

- UK 49 **Motion** by LINCOLN DIVISION: That this meeting notes the many advantages those doctors with personal wealth and lack of caring responsibilities have when applying for postgraduate medical training and calls on the BMA to:-
- i) carry out a comprehensive review on widening participation in postgraduate medical education;
 - ii) lobby stakeholders to allow candidates unlimited sittings for postgraduate exams for all candidates;
 - iii) lobby stakeholders to allow candidates unlimited sittings for postgraduate exams for all candidates with disabilities or additional needs;
 - iv) lobby relevant stakeholders to ensure the first sitting of postgraduate exams to be free for all candidates;
 - v) lobby stakeholders for adequate lead in times for changes to postgraduate training selection processes.

'A' MOTIONS

Tuesday 14.45 – 15.00

- 50 **Confirm:** That the motions marked with an 'A' (items 51 - 54) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.
- UK A 51 **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes doctors' pay and other terms and conditions should not be adversely affected by employer policies or risk assessments that require changes to a pregnant person's working practices. This meeting asks the BMA to negotiate explicit contractual protections to ensure no doctor is financially disadvantaged by becoming pregnant.
- UK A 52 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting encourages BMA Council to redouble its efforts to make the Governments legally recognise Long Covid as an occupational illness for all NHS clinical staff.
- WA A 53 **Motion** by WELSH COUNCIL: That this meeting calls for health boards to adhere to the fatigue and facilities charter which they have signed up to.
- UK A 54 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting demands that all hospitals should have a room set up appropriately and with relevant facilities for the purpose of staff expressing milk and breast feeding.

EXTENDED BREAK

Tuesday 15.00 – 16.00

Agenda of the ARM

17

AFC

Tuesday 16.00 – 16.15

- UK 55 **Motion** by ARMED FORCES COMMITTEE: That this meeting recognises the dual affiliation that armed forces doctors have between the armed forces BoP and grade specific BoP (JD, GP, CC). We call upon the BMA to:-
- i) allow full membership of both the armed forces BoP and grade specific BoP to armed forces doctors;
 - ii) facilitate this by proactively offering membership of the grade specific BoP to all armed forces doctors in an easy manner.

RETIRED MEMBERS

Tuesday 16.15 – 16.30

- EN 56 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the NHS workforce crisis with increased numbers of early retirements with the loss of their valuable skills, knowledge, and experience, and calls on the BMA to lobby NHS England, Health Education England and the GMC to work together to facilitate returning to work on a flexible basis, for retired doctors and those who have been absent from work for extended periods, for the benefit of patients. On their agenda should be fully funded support, the removal of systemic barriers to returning to work, involving medical registration, indemnity, and the lack of universal access to a Responsible Officer.

JUNIOR DOCTORS

Tuesday 16.30 – 17.00

- EN 57 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the importance of a designated working space for ward-based doctors to complete their clinical and administrative tasks, and calls for:-
- i) trusts to provide a space that is in close proximity to yet separate from the ward;
 - ii) trusts to provide a space that is appropriately equipped with IT and office furniture for timely and safe completion of tasks;
 - iii) BMA to issue a statement recommending provision of these facilities to be included in the junior doctors contract.

- UK 58 **Motion** by JUNIOR MEMBERS FORUM: That this meeting acknowledges the financial burden of medical training on junior doctors. We call on the BMA to demand that the relevant bodies:-
- i) reimburse 100% of the costs of the first attempt of any examinations that are mandatory for training progression;
 - ii) reimburse 50% of the costs of the subsequent attempt of any examinations that are mandatory for training progression;
 - iii) reimburse fees for mandatory training programme portfolio.

Session closes

Tuesday 17.00

Agenda of the ARM

18

REFLECTION

Wednesday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

FINANCES OF THE ASSOCIATION

Wednesday 9.00 – 9.45

59 **Receive:** Report from the BMA treasurer, Dr Trevor Pickersgill, for the session 2022-23.

(Questions for the BMA treasurer should be sent via email to the ARM agenda committee through the online platform who will forward for a response. The deadline for questions to be submitted is 12:00 on Tuesday 4 July. All responses will be published on Wednesday 5 July at 12:00 on the ARM virtual platform. All representatives will be sent a link).

60 **Motion** by TREASURER: That:-

- i) the subscriptions outlined in document ARM1B (appendix iv) be approved from 1 October 2023;
- ii) the subscriptions outlined in document ARM1B (appendix v) be approved from 1 October 2023.

61 **Motion** by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2022 as published on the website be approved.

Wednesday 9.45 – 10.15

SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

- UK 62 **Motion** by SAS CONFERENCE: That this meeting is concerned about the apparently small numbers of new Specialist grade posts being created in all NHS organisations following the introduction of the new SAS contracts in 2021 and that many experienced Specialty doctors are prevented from developing in their careers and progressing to Specialist grade posts because organisations are not creating these opportunities. This meeting calls on the BMA to:-
- i) campaign for an objective national process for Specialty doctors to develop and progress to be appointed as Specialist;
 - ii) provide a national model for the development of Specialty doctors for appointment to the Specialist grade to be used by LNC representatives locally; and
 - iii) have a formal and independent mechanism by which Specialty doctors can prove they meet the generic capabilities framework of a Specialist.
- UK 63 **Motion** by SAS CONFERENCE: That this meeting recognises the importance of the role of the SAS Advocate as emphasised in a recent document published by NHS Employers in partnership with the BMA. This meeting mandates the BMA to ensure consistent and equitable support across the NHS for the welfare of SAS doctors by agreeing with NHS Employers, or equivalent bodies in the devolved nations, that the appointment of a SAS Advocate be made mandatory for all NHS organisations.

PUBLIC HEALTH MEDICINE

Wednesday 10.15 – 10.30

- UK 64 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting recognises the longstanding issues around the divergence of pay and Terms & Conditions for public health specialists across the UK, and applauds the suggested solutions outlined in the public health specialists manifesto 2022. It therefore calls upon the BMA to:-
- i) seek all public health registrars, regardless of background, to be employed under the junior doctor contract in their respective nation;
 - ii) seek all public health consultants, regardless of background, to be employed under a national contract modelled on the medical consultants contract in their respective nation;
 - iii) ensure that all public health consultants and trainees, irrespective of their place of employment, are awarded the same pay, terms and conditions of services as equivalent NHS employees;
 - iv) seek negotiating rights on behalf of public health doctors employed by local authorities;
 - v) explore closer relationships and new ways of working with other trades unions where appropriate.

HEALTH OF THE PUBLIC

Wednesday 10.30 – 10.45

- UK 65 **Motion** by LOTHIAN DIVISION: That this meeting believes that vaping and its effects are a growing public health epidemic and asks the Board of Science to re-review vaping and e-nicotine products. The review should include discussion on, but not be limited to discussing: -
- i) the dangers of vaping and e-nicotine consumption to children and adults;
 - ii) stopping the illegal sale and proxy purchases of vape pens and other e-nicotine products to people under the age of 18;
 - iii) banning all marketing of vape pens/e-cigarettes and the establishment of a plain packaging system in the same vein as tobacco products;
 - iv) banning all e-nicotine/vape pen flavouring; and
 - v) including history of e-nicotine use as a regular/essential part of patient history and examination.

BREAK

Wednesday 10.45 – 11.00

COMMUNITY AND MENTAL HEALTH

Wednesday 11.00 – 11.15

- UK 66 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises presenteeism (meaning attendance or working whilst unwell), can be extremely detrimental to physical and mental health and note a culture of presenteeism is prevalent in the NHS and education in the UK. We call on the BMA board of science and committee on community care:-
- i) to work with stakeholders to explore this issue, with a focus on the risks to individuals and populations caused by presenteeism, both in the NHS and in education at all stages;
 - ii) to produce recommendations aimed at addressing the cultural issues around presenteeism in the workplace and in education.

MEDICAL ACADEMIC STAFF

Wednesday 11.15 – 11.30

- UK 67 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting recognises the severe shortage of doctors working as clinical academics which threatens the future of both research and medical education. It calls upon to the BMA to:-
- i) renew its commitment to maintaining parity of salary for clinical academic staff with comparable NHS doctors;
 - ii) ensure that the principle of pay-parity is maintained in current and future branch of practice negotiations, in conjunction with MASC, so that clinical academics are not disadvantaged;
 - iii) lobby the UK government to address inequalities in total remuneration that disincentivise clinical academia as a career path.

CONSULTANTS

Wednesday 11.30 – 11.45

- UK * 68 **Motion** by CONSULTANTS CONFERENCE: That this meeting notes that the traditional working model in hospitals has changed with working in hubs and on more than one site. This has led to loss of office space, private areas for reflection/discussion. Furthermore, on wards there is frequently nowhere to be able to have a private conversation with a patient and family. There is also a complete lack of space for doctors to rest, recover after a busy/tough session with some resorting to sitting in changing rooms for a brief moment of respite. This meeting therefore calls for the:-
- i) provision of dedicated office space/relatives' room on a ward for doctors to be able to have confidential discussions with patients and families;
 - ii) provision of dedicated office space for consultants as set out in The Royal College of Physicians Guidance;
 - iii) provision of senior doctors mess/dining room for them to rest/recover whilst on a busy session.

- UK 68a **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls for the:-
- i) provision of dedicated office space for consultants as set out in The Royal College of Physicians Guidance;
 - ii) provision of senior doctors mess/dining room for them to rest/recover whilst on a busy session.

OCCUPATIONAL MEDICINE

Wednesday 11.45 – 12.00

- UK 69 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting recognises that work-related ill health contributes significantly to inequalities in health and calls for a universal occupational health service serving all workplaces as part of the statutory comprehensive health service.

BMA STRUCTURE AND FUNCTION

Wednesday 12.00 – 12.30

- UK 70 **Motion** by LINCOLN DIVISION: That this meeting notes policy passed at ARM 2022 calling for the review of divisions of the Association and notes the lack of communication by any review taking place with honorary secretaries and:-
- i) calls on comprehensive and meaningful consultation of divisions and their elected representatives;
 - ii) believes that a local forum for all branches of practice to meet and discuss issues is essential for the functioning of the Association as well as the support and wellbeing of members and their interests;
 - iii) believes regional co-ordinators need clear instruction as soon as possible as to whether they should continue their invaluable work restarting dormant divisions.
- UK 71 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises that the BMA represents all doctors and medical students, and therefore calls on the BMA to:-
- i) ensure that each branch of practice is being supported across the BMA in their pursuit for improved pay and conditions;
 - ii) strengthen cross-branch of practice working;
 - iii) improve coordination of campaigns across the branches of practice.

Session closes

Wednesday 12.30

PRIVATE PRACTICE

Wednesday 13.30 – 13.45

- UK 72 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting reaffirms that the BMA is a members' organisation which appears to have erroneously become synonymous with being an NHS organisation and no longer adequately represents doctors in the independent sector and calls on the BMA to:-
- i) stop associating itself solely with the NHS and to represent all doctors, as a matter of policy;
 - ii) resource and empower the BMA Private Practice Committee with an adequate number of staff;
 - iii) support the Private Practice Committee to become a Branch of Practice Committee to act on behalf of independent doctors and resident medical officers.

CIVIL AND PUBLIC SERVICES

Wednesday 13.45 – 14.00

- UK 73 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting:-
- i) notes the remuneration and superannuation provided to medically qualified members of His Majesty's Courts and Tribunals Service (HMCTS) varies according to specialty and is significantly poorer than that provided to legally qualified members;
 - ii) calls on the BMA to engage with HMCTS/Ministry of Justice to improve pay and;
 - iii) calls on the BMA to seek judicial review of the HMCTS/MoJ implementation of an inferior pension scheme to non-legally qualified tribunal members.

MOTIONS ARISING FROM THE ARM

Wednesday 14.00 – 14.30

Chosen motions as voted on by the Representative Body.

BREAK

Wednesday 14.30 – 14.45

MOTIONS ARISING FROM THE ARM

Wednesday 14.45 – 15.50

Chosen motions as voted on by the Representative Body and emergency motions as identified and ordered by the ARM agenda committee.

ENGLAND

No motions were submitted for debate in this section.

PROFESSIONAL FEES

No motions were submitted for debate in this section.

MEDICO-LEGAL

No motions were submitted for debate in this section.

CLINICAL AND PRESCRIBING

No motions were prioritised for debate in this section.

Agenda of the ARM

23

CLOSING BUSINESS

Wednesday 15.50 – 16.00

- 74 **Motion** by THE BMA COUNCIL CHAIR: That the BMA representative body chair be empowered on behalf of the meeting to approve the minutes of the meeting.

Closing remarks from the BMA representative body chair.

ARM ENDS

Wednesday 16.00



Going on strike is always a difficult decision for doctors to take. However, for some junior doctors the financial consequences of losing pay by going on strike are more serious.

With the current cost of living crisis and average medical student debt on graduation now at £100,000, we need to do everything we can to support them to the picket line.



Help doctors get the pay they deserve

bmastrikefund.raisely.com





British Medical Association
BMA House, Tavistock Square
London WC1H 9JP
bma.org.uk

© British Medical Association, 2023

BMA 20230240