

Annual Representative Meeting 2023

Part 2 agenda

Sunday 2 – Wednesday 5 July 2023
ACC Liverpool
Hybrid

*Your Voice, Your ARM,
Your BMA*

The motions in this part 2 agenda are unlikely to be reached unless they are voted as chosen motions.

#ARM2023

**ARM
2023**



British Medical Association

Part 2 agenda of the Annual Representative Meeting (motions not prioritised for debate)

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)*

Part 2 Agenda of the ARM

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PART 2 – WORKFORCE

The motion(s) below, in the shaded area, are unlikely to be reached

UK	75	Motion by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting is extremely concerned about lack of consistency amongst various employers to offer “facilities time” to BMA representatives and urge BMA to get agreement on Standardised facilities time to BMA Reps on LNCs like other trade Unions.
UK	76	Motion by NORTH EAST LONDON DIVISION: That this meeting recognises that workforce issues are damaging the lives of doctors in all branches of practice, and instructs the BMA to press for the establishment of an Independent Commission to examine workforce pressures on all doctors in the context of their duty to provide effective clinical care to patients.
UK	77	Motion by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting calls for the BMA to continue to press for a workforce strategy with attached funding to ensure that minimum safe staffing levels can be provided across primary and secondary care
EN	78	Motion by CONSULTANTS CONFERENCE: That this meeting believes that Physicians Associates (Anaesthesia) are not the same as medically-qualified anaesthetists (while respecting and recognising the skills that PA(A)s do have), and that the safe model of anaesthesia developed over many years is being undermined because of a worsening medical workforce shortage and cost pressures, and furthermore:- i) calls on the Royal College of Anaesthetists to change its current approach from one of accommodation of PA(A)s to one of demanding that anaesthetic understaffing be dealt with by training more anaesthetists, not replacement by a different staff group; ii) calls on the GMC to require PA(A)s and anaesthetists as part of the anaesthetic consent process to make it clear to patients if the person who will be the immediate provider of anaesthesia to them is not medically qualified; iii) calls on HEE to explicitly commit to training far more anaesthetists and far fewer PA(A)s with immediate effect, notwithstanding commitments made to people already in PA(A) training courses now.
UK	79	Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting, whilst recognising the value of working in multidisciplinary teams with clearly defined and easily identifiable roles, notes the development of “PAs” – Physician Associates and demands that in order that the public not be misled, deceived or confused such healthcare workers. We therefore instruct BMA council to pursue the following aims:- i) Physician Associates (PAs) must be renamed physician assistants, never be called “doctor” in a healthcare setting even if they have a PhD, nor have grading structures which could permit confusion as to whether they hold a medically registrable qualification in the traditional sense; ii) PAs must hold their registration through the Health Professions Council and NOT through the General Medical Council;

iii) PAs must only be appointed to work under a named responsible registered medical practitioner (or a named deputies), one of whom who is immediately available, appropriately indemnified AND specifically consents in writing to supervise a Physician Assistant;
 iv) PAs must take personal responsibility for their professional actions.

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| UK | 80 | <p>Motion by WELSH COUNCIL: That this meeting notes that the Medical Act of 1983 protects the title “Physician”, for use by qualified doctors. This meeting calls for the word “physician” to be stripped from the current job title “physician associate” accordingly.</p> |
| UK | 81 | <p>Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting believes travelling by car is often unavoidable for doctors. Many times doctors travel by car due to personal safety, out of hours working and the rotational nature of training, resulting in the place of work to be far from home and public transport. Furthermore, doctors may not find a parking space, which can result in unnecessary fines. Therefore, this meeting calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) ensure car parking spots are linked to rota numbers; ii) ensure doctors do not pay for their parking. |
| UK | 82 | <p>Motion by CONSULTANTS CONFERENCE: That this meeting notes the apparent erosion of respect for doctors in health care has led to a 'normalised' subservient position of the doctor in a managerial led health care system. Often this appears to lead to bullying tactics by managers within Trusts, burn out/exhaustion, significant moral injury from difficult decision making under extreme pressures and an overall demoralised workforce. We ask the BMA to:-</p> <ul style="list-style-type: none"> i) provide guidelines to support consultants working with non-clinical managers requiring accountability of the actions of non-clinical staff in clinical matters, including extremes such as corporate manslaughter where clinical decisions are made by non-clinical managers in the event of deaths; ii) facilitate more doctors to become leaders in local policy making, using lessons learned from the development of the BMA rate card; iii) support the consultants having influence in the workplace and to use this to direct decision making and policy development. |
| UK | 83 | <p>Motion by EDGWARE & HENDON DIVISION: That this meeting recognises concern for morale of our workforce under verbal and physical attacks; supermarkets are offering better terms and conditions for their staff.</p> |
| UK | 84 | <p>Motion by SCOTTISH COUNCIL: That this meeting recognises that safe and appropriate child-care is extremely important for the health of society and with this in mind it:-</p> <ul style="list-style-type: none"> i) urges the UK and devolved governments to put into immediate operation inexpensive subsidised nursery care for all UK healthcare staff; ii) urges all employers of healthcare staff to prioritise appropriate shared parental leave; iii) urges NES, HEE, HEIW and NIMDTA to work towards a shorter working week incorporating the chance for flexible working hours for those doctors in training in order to produce less exhausted & more productive doctors when re-designing career projectories. |

- UK 85 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is saddened by the 2023 British Social Attitudes survey showing public satisfaction with the NHS at its lowest level ever recorded and:-
- i) believes the damning findings are a result of years of government neglect and failure to value doctors and the healthcare and social care workforce;
 - ii) demands that the government now genuinely listens and enters into meaningful talks about a recovery plan, including workforce planning and commensurate funding;
 - iii) reaffirms that failure to take immediate action will further erode public confidence in the health and social care sector, and increase risks of patient-harm.
- UK 86 **Motion** by LONDON REGIONAL COUNCIL: That this meeting recognises that the removal of the RLMT has greatly increased competition ratios for all specialties and worsened job security for UK doctors. The fact that more than half of all applications are from non-UK graduates places the UK medical workforce in a precarious position. This meeting calls upon the BMA to demand that the government:-
- i) acknowledge that UK graduates are far more likely to stay in the UK once completing training;
 - ii) reinstates a system to ensure graduates of UK medical schools have priority over non-UK medical school graduates for training positions.
- UK 87 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting calls on the BMA to negotiate that retention schemes are adequately funded with accountability for funding and with widely shared evaluation of any pilot schemes.
- UK 88 **Motion** by NORTH EAST REGIONAL COUNCIL: That at a time when workforce shortages are crippling the NHS this meeting is of the view that making the right workforce decisions now is imperative and believes:-
- i) any government workforce plan must be independently verified with fully published illustrations giving true projections of workforce needs;
 - ii) those plans require the necessary funding;
 - iii) making the right decision now is critical to safeguard the future of the NHS;
 - iv) failure to act will jeopardise patient safety.
- EN 89 **Motion** by ISLINGTON DIVISION: That this meeting believes that government has failed the country and NHS by continually ignoring the need for workforce planning. The latest NHS vacancy statistics show 133,400 staff vacancies in NHS trusts in England. This meeting believes that the BMA should lobby the government to:-
- i) publish their workforce plan;
 - ii) immediately implement plans for improved recruitment and retention of NHS staff;
 - iii) improve pay and service conditions for NHS staff;
 - iv) increase medical student places and financial support for students;
 - v) re-instate training bursaries for student nurses, midwives and other allied healthcare practitioners;
 - vi) increase national training numbers for specialty trainees and opportunities in all clinical disciplines.

PART 2 - PANDEMIC PREPAREDNESS AND RESPONSE

- UK 90 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is:
- i) concerned at the dissemination of false health claims such as have impacted the programme for Covid-19 vaccination, and at a mind-set amongst some members of the public which ignores rational evidence-based medical advice, and
 - ii) accordingly calls on the BMA Board of Science to report on the rationale of and benefit for the use of Reiki and other 'energy medicine' modalities for some NHS funded patients.

PART 2 - NATIONAL HEALTH SERVICE

- UK 91 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting:-
- i) believes that the funding model of general taxation providing free-at-the-point of access care to all which lies the at the heart of the NHS is at risk;
 - ii) believes that doctors need to have a solid understanding of Health economics focusing on other funding mechanisms and provision of health care so that they understand the implications of any governmental policy changes;
 - iii) mandates the BMA to support members in developing a better understanding of health economics, through member led, expert delivered, multi-platform resources;
 - iv) requests that a report on this work is published for ARM 2024.

- UK 92 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting deplores the toxic bullying culture in the NHS, as illustrated by the Bewick report into University Hospitals Birmingham (https://www.birminghamsolihull.icb.nhs.uk/application/files/5316/7994/0284/Phase_1_Review.pdf), which is decreasing staff well-being, causing increased staff sickness absence and reducing retention, and thereby adversely affecting patient safety, and calls upon the BMA to lobby for:-
- i) all employers to provide active bystander training for all healthcare staff;
 - ii) NHS staff suicides to be classified as “Never Events”;
 - iii) all Maintaining High Professional Standards (MHPS) and equivalent investigations to have independent oversight and the BMA to lobby for Statutory Instruments to enable this;
 - iv) all staff who leave an NHS employer to be offered an independent exit interview to identify and address systemic issues affecting staff wellbeing and retention, so that employers can be provided with anonymized information to take corrective action;
 - v) all NHS employers to make the same positive commitments as NHS Wales around dignity and respect at work, and zero tolerance to bullying and harassment;
 - vi) regulators to consider that some reported concerns could be intended to suppress reporting of patient safety issues, to investigate that possibility, and where possible to take action against the originator of the concern if that is shown to be the case;
 - vii) the Care Quality Commission (and equivalent bodies in the devolved nations) routinely to look for bullying cultures and actively to address them when found;
 - viii) the names of any regulated persons who, and of any employers that, refer MHPS (and equivalent) investigations to the police and/or to regulators where action is not taken to be published as standard practice.

- UK 93 **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting believes a few trusts have a culture of creating hostile working environments for doctors, where many face bullying and harassment. This meeting believes that all doctors, whether in training or non training posts, deserve to be treated with respect and equality & urges BMA:-
- i) to actively take measures in resolving bullying in those trusts (especially QEHB) where such toxic work environments exist;
 - ii) that NHSE pull out trainees from such toxic work places and openly support their trainees.
- UK 94 **Motion** by CONSULTANTS CONFERENCE: That this meeting feels that working in the NHS (and devolved equivalents) is increasingly unattractive for doctors, with many choosing to leave the health service or the UK to pursue their chosen vocation. We call on the BMA to develop specific guidance for members to aid job applications:-
- to include relevant contacts and advice regarding medical regulation in the specific country
 - links to required bodies responsible for recruiting overseas doctors
 - and other relevant information required to help doctors make an informed decision about their career.
- This guidance should be tailored towards:
- i) the top 5 countries that UK doctors leave to practice in (as informed by annual GMC data);
 - ii) the UK private sector.
- UK 95 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the continuing drive by NHSE and Trusts, supported by some of the medical royal colleges, to replace doctors in front line diagnostic and clinical care roles with nurses, allied health professionals and medical associate professions, whilst at the same time limiting specialty training numbers, and:-
- i) is concerned that this is reducing training, learning opportunities and potential funding for junior doctors and impacting on their morale and wellbeing;
 - ii) is concerned that it fragments the role of doctors potentially reducing their skill set and can lead to less holistic care, less continuity of care for a patient;
 - iii) is concerned this often increases the stress on the doctors expected to cover/take clinical responsibility for these colleagues when working with them in clinics or primary care settings;
 - iv) demands that no doctor should have any legal or professional responsibility for the actions of these colleagues;
 - v) demands that there must be regulatory bodies established to monitor training, qualifications and safe performance of these extended roles;
 - vi) calls upon the BMA to investigate how comparable health systems and doctors' unions in other countries have addressed this challenge.
- UK 96 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting notes the continuing drive by NHSE and Trusts to replace doctors in front line diagnostic and clinical care roles with nurses, allied health professionals and associate professionals whilst at the same time limiting speciality training numbers for doctors, and:-
- i) is concerned that this is reducing training/ learning opportunities for junior doctors and adversely impacting their well being and morale;

ii) is concerned that it fragments the role of doctors potentially reducing their skill set, and can lead to less holistic care, less continuity of care for a patient;
 iii) is concerned this often increases the stress on doctors expected to cover/ take clinical responsibility for these colleagues when working with them in clinics or primary care settings;
 iv) demands that no doctor should have any legal or professional responsibility for the actions of these colleagues;
 v) demands that there must be regulatory bodies established to monitor training, qualifications and safe performance of these extended roles.

UK 97 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the medical profession has tried to guide the health services in the UK to a more productive and sustainable state but governments have failed (to varying extents across the four UK nations and Crown Dependencies of Jersey, Guernsey and Isle of Man) to deliver. This meeting instructs the BMA to prepare a definitive blueprint for our National Health Services, to be delivered to the UK and Government no later than 25 January 2025.

UK 98 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the difficulties doctors have to accessing computers and workspace on wards, and the gradual removal of dedicated office space for doctors in the clinical setting. There is also more broadly a minimum provision of facilities required for doctors on duty to enable them to conduct their practice, which is often not provided. This impacts on patient care and the efficiency of the service these doctors can deliver. This meeting calls upon the BMA to:-
 i) negotiate for an agreement with employers and contractual protection for the provision of practical and safe doctors office spaces for every ward: enclosed rooms with a closable door; within or in the immediate vicinity of the ward; with desks and seating space for the number of doctors the ward has at maximum staffing levels, sufficient telephones, an emergency buzzer speaker and adequate ventilation for 3-4 air changes per hour, ideally alongside natural light;
 ii) negotiate for an agreement with employers and contractual protection for the provision of computers within clinical environments, and within doctors offices, equal to the number of doctors expected to work within the areas during maximum staffing levels;
 iii) develop a 'BMA Minimum Provision of Facilities for Service' charter, to explicitly make clear the minimum provision of facilities more broadly required for the effective and safe delivery of service provision by doctors in the NHS; to publish this new charter, to distribute to all relevant stakeholders, and to negotiate for an agreement with employers for full implementation.

UK 99 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting deplores the fact that the removal of impacted ear wax is no longer available for patients on the NHS in some areas. This unacceptable postcode lottery further disadvantages patients who are on a low income and already subject to health inequalities. This conference calls on the BMA to press governments across the UK to restore this service to all patients who require it.

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- UK 100 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the fact that the removal of impacted ear wax is no longer available for patients on the NHS in some areas and calls on the BMA to press governments across the UK to ensure adequate financial resources are provided to restore this service to all patients who require it.
- EN 101 **Motion** by LONDON REGIONAL COUNCIL: The situation in emergency NHS care is creating “catastrophic consequences for patient safety and mortality” says the RCEM. Its report described a record 1.6mn patients waiting in excess of 12 hours in A&E in England last year before a decision was made about them. And that these delays caused an unprecedented 23,000 excess deaths. The ambulance services are in crisis with staff burnt out and demoralised at the awful care they are providing because the hospitals and A&Es are full-up. NHSE and the government in (Fuller report and the ‘Recovery plan for recovering urgent and emergency services Jan ‘23) are calling for primary care to set up its own emergency community services to stop patients going into hospital, as if GPs aren’t stretched to the limit. No amount of 111 staff and virtual wards is going to address the emergency needs of the population. This meeting calls on the BMA to endorse the RCEM call for an extra 10,000 NHS beds and the filling of all doctor and other trained NHS staff vacancies immediately. The number of doctors admitted to medical school should be trebled.
- EN 102 **Motion** by LANCASTER DIVISION: That the introduction of ICBs and the hollowing out of local clinical leadership has been of huge detriment to local health care and we call on NHS England and the Department of Health and Social Care to rectify this and for the BMA to continue lobbying on the issue.
- UK 103 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises the importance of periodontal health, and the link between good oral health and good long term physical health. Further, we acknowledge that the training in periodontal health given in medical education, does not compare to the focused training offered in dental school. Therefore we call for:-
i) all NHS patients to be able to access urgent NHS Dental care from appropriately trained specialists;
ii) there should be equitable access to NHS dental care across the whole of the UK;
iii) pathways to be explored towards sharing relevant electronic care records between NHS general practice and our colleagues in dentistry to enable safe direct patient care.
- UK 104 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the BMA and NHS Employers should hold negotiations to reach agreement on terms to make rapid progress in the interest of patients caught up in the back log of waiting lists for NHS treatment. These should include, but not be limited to, pension contribution recycling and acceptance of the BMA Rates Card for noncontractual work by consultants & SAS doctors.
- UK 105 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting demands the Chancellor of the Exchequer, Jeremy Hunt demonstrates his commitment to Patient Safety by immediately increasing NHS funding and deployment to increase NHS capacity and avoid a repeat NHS Crisis in 2023. “Poor care is expensive care” morally, personally and financially. NHS Resolution estimate

of the “cost of harm” in 21/22 was £13.3bn with provision for £126.8bn. This meeting demands immediately:-

- i) Treasury funding and DH deployment to increase capacity within the NHS so that in 23-24 we avoid the care crisis and excess mortality of 22-23;
- ii) a solution to the immediate crisis in Social Care provision;
- iii) expansion of Acute Hospital ON Bed capacity by 15-20% to 2010 levels;
- iv) expansion of UK Critical Care beds to the average for UK and OECD EU nations.

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| UK | 106 | <p>Motion by TOWER HAMLETS DIVISION: That this meeting:-</p> <ul style="list-style-type: none"> i) believes that the NHS must remain publicly funded, publicly delivered and free to access at the point of needs; ii) supports the significant reforms necessary to restore the capacity of the NHS to provide excellent care. |
| UK | 107 | <p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting opposes the suggestions of former banker, Richard Meddings, chairman of NHS England, that doctors receive more training than they need and should be replaced with thousands of medical and nursing apprentices, and medical assistants to perform doctors’ work. We see this as a slippery slope to deny UK patients, the 1948 right to be treated by a fully qualified doctor. We call on BMA Council to defend the absolute right of every patient in the UK to see a fully qualified GP and consultant according to their needs.</p> |
| UK | 108 | <p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is saddened but not surprised by the lack of care and support offered to doctors, particularly junior doctors, by many Trusts, and insists that:-</p> <ul style="list-style-type: none"> i) rest facilities and access to proper meals must be provided to all clinicians in all hospitals and community hubs; ii) suitable accommodation be provided by Trusts where the Local Negotiating Committee identifies a need; iii) rapid access to mental and physical health services be enshrined in all NHS doctor contracts. |
| UK | 109 | <p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting declares:-</p> <ul style="list-style-type: none"> i) that patient safety should be the highest priority within the NHS and that excess UK Mortality during 2022 was in part related to “Poor Care” during the NHS Winter crisis beginning in Spring 2022. ii) demands an increase in NHS Capacity, to avoid similar and to be fit for future Covid waves with more virulent variants plus future pandemics ie Influenza; iii) increased NHS capacity to avoid excess mortality and stalling and/or falling life expectancy which disproportionately affects poorer socio-economic groups. |
| EN | 110 | <p>Motion by ROCHDALE DIVISION: That this meeting asks that appeals against car parking tickets raised by employees of Northern Care Alliance to be handled by the Trust and not by private companies.</p> |
| UK | 111 | <p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting firmly believes that at a time when doctors and the NHS workforce are under unprecedented stress, the government is showing scant regard to the situation and is deliberately overseeing the demise of the NHS.</p> |

- EN 112 **Motion** by ISLINGTON DIVISION: That this meeting is deeply concerned about the recurrent reports of poor maternity care in NHS hospitals and the consequent huge damages that occur following the birth of a baby with severe brain damage that could have been avoided. Cerebral Palsy accounts for an annual financial liability greater than £390 million, which excludes the defence costs and the wider healthcare costs to the NHS. Preventing such cases through changed and improved maternity services would provide valuable resources to the NHS. This meeting believes that the BMA should set up:-
i) a task and finish group to look at the evidence and formulate a radical change in the way that maternity care is delivered;
ii) once approved by the ARM the BMA should Vigorously lobby the government to enable these changes to be made.
- EN 113 **Motion** by ISLINGTON DIVISION: That this meeting believes that the government is not working in the interests of the wider NHS and its staff. Successive minsters of health have not only failed to engage with junior doctors on pay but have openly maligned them and devalued their role in the NHS. We call upon this house to pass a vote of no confidence in the current secretary of state for health.
- EN 114 **Motion** by ISLINGTON DIVISION: That this meeting notes that under the current government, overall satisfaction with the NHS fell to 36 per cent in 2020 from 70% in 2010. This is the lowest level of satisfaction recorded since 1997. We call upon this house for a vote of no confidence in our current Secretary of State for Health and in the government.
- UK 115 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that the NHS was founded in 1948 on the principle of 'universalising the best', with this in mind, we implore that there is greater focus on the quality rather than the quantity of care delivered by the NHS.
- UK 116 **Motion** by ROTHERHAM DIVISION: That this meeting believes that, unless there are mitigating circumstances, on completing specialist training in the NHS, doctors should be required to work for a set period of time in the NHS.
- UK 117 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting recognises there is a substantial loss of morale and moral injury amongst NHS doctors, due to rampant bullying, inability to deliver the service they wish to deliver, unsustainable workload due to staff vacancies etc, and underinvestment, and that despite repeated calls to politicians and NHS leaders to correct these issues they have failed to deliver significant improvements. We demand that contractual measures be introduced that impose substantial financial penalties on employers where these conditions arise and are not resolved promptly, and for fines generated to be paid to suitable healthcare charities.

- UK 118 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is saddened but not surprised by the lack of care and support offered to doctors, particularly junior doctors, by many Trusts and insists that:-
- i) rest facilities and access to substantial and nutritious meals must be provided to all doctors in all hospitals and community hubs free of charge;
 - ii) suitable accommodation be provided by Trusts where the Local Negotiating Committee identifies a need;
 - iii) rapid access to mental and physical health services be enshrined in all NHS doctor contracts.
- UK 119 **Motion** by WELSH COUNCIL: That this meeting calls on hospitals to establish robust and regular clinical reviews of all patients seen in secondary care and subsequently awaiting secondary care treatment, with no involvement of GPs or the requirement of so-called 'expedite letters', which encourage prioritisation of those who shout loudest.
- EN 120 **Motion** by LANCASTER DIVISION: That the NHS in England is woefully underfunded and understaffed leading to an exodus of doctors and thousands of avoidable patient deaths. We call on the BMA to mount a campaign to highlight these issues and mobilise patients to lobby their MP in the months ahead.
- UK 121 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting castigates the governments and their agents for abusing NHS health care staff through:-
- i) their campaign of media briefings against the profession in general, and general practice in particular;
 - ii) their failure to speak up in support of general practice coupled with their failure to educate patients about responsible use of the NHS;
 - iii) their utter failure to recognise NHS staff exhaustion and moral injury since the pandemic;
 - iv) their deliberate blindness to the scale of psychological distress amongst all doctors and staff who work with them;
 - v) their economic exploitation of healthcare professions in comparison to the rest of society through selective acceptance of Review Body recommendations;
- and instructs BMA council to mount a concerted coordinated publicity campaign including a demand that such bullying cease and for urgent ministerial action on workforce well-being issues.
- UK 122 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting asks the board of science to produce a review of Health and Social Care funding models extant in the world and how these might address the present problems in this country.
- UK 123 **Motion** by SCUNTHORPE DIVISION: That this meeting believes that precise and meaningful e-modules (such as the Primary and Secondary Care Interface Interactive Module used in North Lincolnshire Trust hospitals) should be made part of compulsory induction and repeated on an annual basis, alongside other mandatory training for all primary and secondary care clinical staff (particularly new GPs and junior doctors), as General Practice believes that it currently takes on an additional 5% workload created though a lack of understanding and miscommunication within secondary care as some clinicians may not be fully aware of their contractual obligations.

- UK 124 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to work for the reversal of The Health and Social Care Acts of 2012 and 2022, as essential for clearing out the representatives of the corporate private providers and management consultancies sitting on the boards of NHSE and the ICBs on colossal salaries – gifting huge NHS contracts to their private sector friends in the new public-private partnerships. This meeting recommits itself to the aim of restoring our NHS on socialist principles, as a publicly owned and provided NHS, run by doctors and nurses and minimal administrators to provide good, universal, comprehensive health care to patients according to need, and not profit for shareholders and investors.
- UK 125 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is disappointed that the Data Protection and Digital Information (No. 2) Bill (the Bill) currently misses the opportunity of limiting Subject Access Requests and demands that the BMA campaigns:-
 i) that section 7(9) is removed from the bill;
 ii) that the Bill is amended to include a clause to limit Subject Access Requests to the purpose as defined in Recital 63 of the EU GDPR;
 iii) that the Bill is amended to explicitly specify that Subject Access Requests must not be used as part of any judicial process;
 iv) that the proposal to remove Data Protection Officers is inappropriate and should be removed.
- UK 126 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is not against the principle of patients accessing their own full clinical records in primary and secondary care but:-
 i) demands that the workload implications (such as redacting 3rd party information, explaining the contents etc) and resources required must be quantified, and fully resourced;
 ii) insists that any legal issues resulting from patient access are the responsibility of the Secretary of State (England) who technically “owns” all patient records, the relevant Minister in the devolved nations, or NHS but not an individual doctor;
 iii) demands that the NHS does not implement its further access to records plans until an independent review has been completed to assess all aspects of the impact of the proposals.
- UK 127 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is not against the principle of patients accessing their own clinical records in primary and secondary care but:-
 i) demands that the workload implications (such as redacting 3rd party information, explaining the contents) and resources required have been identified and funded;
 ii) insists that any legal issues resulting from patient access are the responsibility of the Secretary of State (England) who technically “own” all patient records, or NHSE;
 iii) demands the NHS does not implement its access to records plans until an independent review has been completed to assess all aspects of the impact of the proposals.

UK	128	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting ‘Paperless’ is the default operating mode for many healthcare systems globally. The NHS WannaCry ransomware outbreak highlighted the dangers of using outdated operating systems. Furthermore, in August 2022 a cyber-attack on a major provider of digital services including NHS 111 impacted healthcare delivery. That this meeting:-</p> <ul style="list-style-type: none"> i) reaffirms that slow, inefficient, or unavailable systems compromise patient safety and reduce the ability to deliver high-quality care; ii) criticises the abject £10 Billion failure of the 2002 National Program for IT (NPfIT) and demands that frontline clinical Health and Social Care staff are fully engaged in future procurement of IT systems; iii) believes that NHS IT vulnerabilities risk patient data-loss and/or corruption of data; iv) believes that IT vulnerabilities within the health and social care sector pose a threat to national security and demand tighter security for health and social care IT system; v) demands that development of clinical priorities should take priority over data collection.
EN	129	<p>Motion by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting accepts that medical misinformation is a widespread and present danger. A pilot project is proposed for the East of England region to find retired members able and willing to identify examples of medical misinformation with a view to developing the means to counteract them.</p>
UK	130	<p>Motion by NORTH EAST WALES DIVISION: That this meeting believes that closer working between Primary and Secondary care is essential to increasing productivity and quality of patient care in the NHS. The BMA should therefore work closely with the Government to improve the process of seamless relationship between the various branches of the Health Service.</p>
UK	131	<p>Motion by NORTH EAST REGIONAL COUNCIL: Hospital groups spent £2.3 Billion on legacy Private Finance Initiative (PFI) projects in 2020-21, of which approximately £500 Million went on interest charges. A total of 101 NHS Trusts still face almost £50 Billion in future unitary payments. That this meeting:-</p> <ul style="list-style-type: none"> i) believes that funding is better spent on delivering high-quality health and social care; ii) reaffirms the view that PFI’s represent a catastrophic waste of money; iii) calls for a ban on using PFI’s to fund NHS Healthcare; iv) demands that Government legislates to rescind all NHS PFI debt.
EN	132	<p>Motion by LONDON REGIONAL COUNCIL: There are 7.2M people in England on NHS waiting lists - 3.8M more than before the pandemic. The Government cannot clear these lists without a significant stimulus to retaining doctors in NHS practice. This meeting calls upon Rishi Sunak to urgently work with the BMA to sort NHS pay & pensions and to restore independence & integrity to the DDRB.</p>
UK	133	<p>Motion by LONDON REGIONAL COUNCIL: As we head towards a general election, this meeting calls upon the BMA to lobby all parties to restore a comprehensive, publicly funded, publicly provided National Health Service in all four nations.</p>

EN 134 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting is alarmed by the demise of Health Education England and the dissemination of its work to various integrated care boards. It calls on the BMA to press NHS England for adequate ring-fenced funding to ensure the provision of high quality postgraduate continuing professional education and support.

PART 2 – PENSIONS

UK 135 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting insists that doctors whose final pension will be or was adversely impacted by the implementation of lifetime and annual allowance tax charges, should be appropriately compensated.

UK 136 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting welcomes the new flexibilities for the NHS pension scheme, aimed at retaining doctors, but is disappointed by the requirement for doctors who take the option of partial retirement to reduce their pensionable pay by 10% as this is likely to reduce NHS clinical capacity, and calls for this requirement for a 10% reduction in pensionable pay to be removed.

UK 137 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting demands:-
 i) all NHS doctors are automatically sent a statement every year by the NHS Pensions Agency stating their annual allowance calculation even if the Agency believes no tax is due;
 ii) where scheme members withdraw from the scheme, automatically offer pension recycling and include it as part of the taxable payment to the member.

UK 138 **Motion** by NORTH EAST WALES DIVISION: That this meeting notes that senior doctors taking early retirement due to the Government’s unfair pension policy is having a significant negative effect on waiting lists in both primary and secondary care and the BMA should redouble its campaign to change the pensions policy in order to retain the services of these senior doctors.

EN 139 **Motion** by ROCHDALE DIVISION: That this meeting is asking for pension recycling to be implemented in Northern Care Alliance.

UK 140 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for full pension restoration for all doctors.

UK 141 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to send greetings to the French trade unions and people. May they be successful in keeping the pension age to 62 years!

UK 142 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting condemns the failure of the NHS Pension Scheme to cease subjecting the income of LTFT (less than full time) doctors, mostly locum GPs, to annualisation when calculating their contribution rate, and instructs BMA to investigate whether this action by NHS Pensions breaches any anti-discrimination laws.

UK 143 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting condemns the failure of the NHS Pension scheme to cease subjecting the income of LTFT (less than full time) doctors , mostly locum GPs , to annualisation when calculating their pension contribution rate, and instructs BMA to investigate whether this action by NHS Pensions breaches any anti-discrimination laws.

PART 2 - CULTURE, INCLUSION AND DIVERSITY

UK 144 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting calls for bathroom and changing facilities for doctors and medical students (e.g. for changing into theatre scrubs) to have a gender-neutral provision available in every hospital, where possible single cubicle changing provision should be supported.

UK 145 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting believes that no person representing the BMA should participate in any panel of three or more participants which is made up only of men, and will institute public affairs rules, conduct expectations and other guidelines as appropriate to ensure BMA representatives do not participate in all-male panels.

UK 146 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting deplores all racism and declares that any member making a racist statement or repeating another person/group's racist statement without opposition shall be removed from this meeting and lose their membership of the Representative Body.

UK 147 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting deplores all racism and declares that any member making a racist statement or repeating another person/groups racist statement , should be removed from this meeting and lose their membership of the Representative Body in line with our existing policy.

UK 148 **Motion** by RETIRED MEMBERS CONFERENCE: That this meeting:-
 i) reflects that at ARM 2016, representatives' badges bore the legend "#hellomynameis" in response to the initiative of Dr Kate Granger and her campaign for "truly compassionate care;"
 ii) draws the attention of NHS employees to the campaign by Race Equality Matters to promote the use of phonetically spelled names in order to improve communication between staff and patients, ensure correct pronunciation of names and enhance inclusivity, subject to the volition of staff. (www.raceequalitymatters.com/my-name-is);
 iii) reaffirms that any managerial imposition of any such spelling is unacceptable (policy, ARM 2022);
 iv) staff should be supported to have their name displayed in a form and format of their choosing and if desired by staff, with an additional second, more accessible format.

UK 149 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting:-
 i) reflects that at ARM 2016, representatives' badges bore the legend "#hellomynameis" in response to the initiative of Dr Kate Granger and her campaign for "truly compassionate care";
 ii) draws the attention of NHS employees to the campaign by Race Equality Matters to promote the use of phonetically spelt names in order to improve communication between staff and patients, ensure correct pronunciation of names and enhance

inclusivity, subject to the volition of staff. (www.raceequalitymatters.com/my-name-is.);

iii) reaffirms that any managerial imposition of any such spelling is unacceptable (policy ARM 2022).

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| UK | 150 | <p>Motion by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that the removal of the language of women in healthcare communication harms women and undermines health outcomes. Removal of sex-based language is discriminatory and with the known problems of health literacy is likely to reduce the chances of female patients understanding literature that relates to them. This meeting calls for full reinstatement of sex-specific language to communicate to women about their health care issues across all NHS communications.</p> |
| UK | 151 | <p>Motion by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting affirms the importance of a medical workforce that represents patients from across society and recognises the different values we personally hold is a strength in healthy debate and creating policy. As such this meeting:-</p> <ul style="list-style-type: none"> i) does not discriminate against doctors or medical students because of age, disability, gender, marital status, pregnancy, race, religion, sex or sexual orientation; ii) encourages constructive debate by doctors with differing views; iii) recognises that protected characteristics are not conflicts of interests; iv) does not tolerate the use of a protected characteristic as a way to discredit the professional views of a doctor; v) believes that membership of organisations designed to support doctors of a particular protected characteristic does not require declaration. |
| UK | 152 | <p>Motion by LONDON REGIONAL COUNCIL: That this meeting supports the statements of Dr Hilary Cass in the Interim Cass Review, that there are divergent views about how gender incongruence and gender related distress in children and young people should be interpreted and clinically managed, and that respectful non judgmental professional discussions are key to making progress in finding solutions. This meeting asks the BMA to facilitate respectful discussion of the issues raised in the Interim Cass Review.</p> |
| UK | 153 | <p>Motion by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting supports the statements of Dr Hilary Cass in the Interim Cass Review, that there are divergent views about how gender incongruence and gender related distress in children and young people should be interpreted and clinically managed, and that respectful nonjudgmental professional discussions are key to making progress in finding solutions. This meeting asks the BMA to facilitate respectful discussion of the issues raised in the Interim Cass Review within the profession.</p> |
| UK | 154 | <p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting supports the statements of Dr Hilary Cass in the Interim Cass Review, that there are divergent views about how gender incongruence and gender related distress in children and young people should be interpreted and clinically managed, and that respectful non judgmental professional discussions are key to making progress in finding solutions. This meeting asks the BMA to facilitate respectful discussion of the issues raised in the Interim Cass Review.</p> |

PART 2 - DOCTORS' PAY AND CONTRACTS

- UK 155 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting calls on council to work urgently with the government to restore independence and integrity to the DDRB to the satisfaction of the profession.
- UK 156 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes that the DDRB was set up to avoid the need for industrial action. By progressively undermining its independence successive governments have undermined this objective and left staff pay being used to avoid raising revenue to fund increasing demand. The unilateral imposition of the affordability criterion is a particular problem as the government sets the budget and therefore what is affordable. We demand that the DDRB is remodelled so as to make it genuinely independent.
- UK 157 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting commends the hard work of BMA negotiators in recent years but acknowledges the urgent need to reform negotiation processes in order to secure better pay, terms and conditions for the union's membership. It therefore calls for a reform to the BMA Negotiation Model across the UK, featuring:-
i) greater transparency, including more regular and comprehensive updates to membership on any ongoing negotiations;
ii) greater membership engagement and involvement throughout negotiations, including membership votes on negotiation outcomes where appropriate;
iii) more open, competitive, and democratic selection of negotiators with the ability for the wider membership (including those who are not elected representatives) to apply for relevant negotiation.
- UK 158 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on BMA to negotiate a pay award of not less than the rate of inflation as it has a serious impact not only on the living standards but also on recruitment, retention and the morale of all NHS staff.
- UK 159 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting mandates that BMA-member negotiators be elected by their peers (rather than appointed) effective immediately and henceforth in perpetuity.
- UK 160 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting mandates that the BMA make measurable progress towards open negotiations for all national-level collective bargaining within the next two sessions.
- UK 161 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting laments that the BMA did not have a strike fund until this year and notes that the BMA had to borrow from its reserves to fund the full pay restoration campaign and calls for BMA council to:-
i) ring fence 25% of all subscriptions for collective action and the strike fund;
ii) fully integrate strike fund contributions into subscriptions, with no option for members to opt-out;
iii) drastically reduce the size and cost of the professional association aspect of the BMA.

- UK 162 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes a short and complete withdrawal of labour is most likely to achieve our ends.
- UK 163 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the contractual disparities between doctors and other public sector professionals, in particular linked to the definition of full-time work. It therefore calls on the BMA to negotiate additional rostered hours above 40 hours or 10 PAs/sessions per week to be remunerated at enhanced rates.
- EN 164 **Motion** by ROCHDALE DIVISION: That this meeting highlights the lack of contracts for certain doctors in some specialities after the merger of Northern Care Alliance (NCA) and Manchester Foundation trust (MFT).
- UK 165 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting fully supported the junior doctors' actions in demanding full pay restoration and:-
 i) believes the actions were as a result of exasperation caused by years of working in an NHS which seems to have little respect for its workforce;
 ii) believes the long-standing feeling of junior doctors, in common with other branch of practices, of being undervalued and concerns about service provision being disregarded, led to this action;
 iii) believes the morale, goodwill and retention of all doctors is now at risk of seriously deteriorating;
 iv) believes the consequences will be profound for the future of the whole NHS if the disputes in all branch of practices are not satisfactorily resolved;
 v) notes the GMC statement on doctors' entitlement to take part in lawful industrial action, and demands that Council advises members of the profession of this GMC statement if they opt to take part in industrial action including strike.
- UK 166 **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports the junior doctors 72 hr strike in March demanding full restoration of the 26% pay loss since 2008/9. Health secretary Barclay spoke to the junior doctor leaders on 2 March but offered nothing. We support the junior doctor leaders who said they stand in full solidarity with the nurses and would proceed with the action. To restore the NHS as a safe comprehensive public service, recruitment training and pay and conditions for doctors and all NHS staff have to be massively improved. This meeting calls on the BMA:-
 i) to fight for joint action by all the health unions and all the trade unions in the country; of nurses, teachers, train drivers, civil servants, postmen etc, to fight together to restore pay rises in line with inflation, to restore staff pay levels and to fill all the vacancies to provide safe staffing;
 ii) to take part in organising a general strike to bring down this government and replace it with a workers' government, which would re-nationalise the NHS, state education and all the public services crippled with privatisation and lay the basis for a socialist system in which the wealth of the country is used for peoples' needs and not the private profit of the few.

- UK 167 **Motion** by LONDON REGIONAL COUNCIL: That this meeting expresses solidarity with junior doctors and consultants on their taking industrial action for full pay restoration and calls upon Rishi Sunak to authorise his Secretary of State for Health to enter into meaningful negotiations with the BMA on pay, pensions and the DDRB.
- UK 168 **Motion** by LONDON REGIONAL COUNCIL: That this meeting notes with dismay the real terms cut to junior doctors pay and calls for the BMA to demand full pay restoration to 2008 levels adjusted for inflation. This meeting hence supports:-
i) the BMA campaigning for full pay restoration to 2008 levels adjusted for RPI for junior doctors;
ii) balloting of members on taking indefinite industrial action until this demand is met.
- UK 169 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that all contracts should be priced so that all staff can be paid at least the Real Living Wage. It calls upon the BMA to make this a criterion in negotiations, both locally and nationally.
- UK 170 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting calls for:-
i) GPC to negotiate a contract which rewards continuity of care;
ii) the exploration of how to promote continuity of care in secondary care.
- UK 171 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes the record turnout in the English junior doctors' statutory and consultants' indicative ballots and recognises the tremendous effort made by BMA staff to achieve these results. We extend our heartfelt thanks to all BMA staff involved in this work and commit to upholding their terms and conditions along with our own.
- UK 172 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that some of the information given on the BMA website with particular reference to terms and conditions should be amended to offer greater clarity to members to avoid misinterpretation by employers. Employers have misinterpreted this information and used the information inappropriately to the disadvantage of BMA members.
- UK 173 **Motion** by WELSH COUNCIL: That this meeting calls for the DDRB to be dissolved as it has ceased to justify its existence.
- UK 174 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting is concerned about the impact of the cost-of-living crisis and ongoing disputes about pay, we are particularly concerned about financial hardship for medical students and junior doctors at the start of training. We believe that hot meals and drinks should be provided:-
i) 24 hours a day for doctors working out of hours/on call;
ii) subsidised to be more affordable, we suggest bringing meal costs in line with meals available to Members of Parliament in the House of Commons dining rooms as a benchmark.

- UK 175 **Motion** by SAS CONFERENCE: That this meeting deplores the failure of the government to award the same pay rise to all SAS doctors. The 2021 SAS contract agreement included a three year pay deal for those who moved to these contracts. However, inflation has significantly increased over this period and the old contracts have received an uplift, but not the new contracts. This has led to an unfair pay disparity between SAS doctors on the 'old' and 'new' contracts and has meant only a minority of SAS doctors have decided to move to the new 2021 contracts. This meeting urges that in future the BMA:-
- i) avoids multi-year pay deals, or;
 - ii) if agreeing multi-year pay deals, these must include sufficient safeguards triggering a renegotiation of the deal if there is a significant change in circumstances.

PART 2 - TRADE UNIONISM

- UK 176 **Motion** by TOWER HAMLETS DIVISION: That this meeting, in the light of the current industrial climate, calls on the BMA to affiliate to the TUC.
- EN 177 **Motion** by LONDON REGIONAL COUNCIL: That this meeting is opposed to the Tory government's new anti-union anti-strike laws; The Strikes (Minimum Service Levels) Bill – a draconian piece of legislation. On the spurious pretext of providing minimum service levels, unions could be forced to make striking members cross picket lines and such staff could be sacked if they refuse. Unions could also be dealt heavy fines for not abiding by these laws. Without the right to strike, trade unions have no power to protect the rights, jobs and services of their members. The road is then opened for a right-wing government of the banks and big capital to rule through a dictatorship of the state forces. This meeting instructs BMA council that if these laws are passed by whatever UK government, this union must work to organise a general strike of all trade unions to remove such a right-wing dictatorial government from office, as matter of urgency and install instead a workers' government to maintain the right to strike of the trade unions and all basic civil rights of the population.
- UK 178 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to the Tory government's new anti-strike laws; The Strikes (Minimum Service Levels) Bill. This legislation would mean that, when workers democratically vote to strike, they can be forced to work and sacked if they don't comply". (Paul Nowak secretary of the TUC) Without the right to strike, trade unions become tooth-less and the door is opened to a right-wing dictatorship. This meeting instructs BMA council to work to stop this law being passed up to and including a general strike.

PART 2 - MEDICINE AND THE GOVERNMENT

- EN 179 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is disappointed that the government has decided not to publish the health disparities white paper and demands:-
- i) the government should honour its commitment to tackle health inequalities which is a key part of its manifesto pledge on "levelling up";
 - ii) a cross party government approach is vital to successfully reduce health inequalities;
 - iii) recognition that the issue is not for the NHS and care services to solve alone.

- EN 180 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the response of the UK government and the Secretary of State for Health and Social Care to the risk of and subsequent Industrial Action by junior doctors. We declare that we hold this government wholly responsible for a preventable event and declare that we have no confidence in their ability to manage the health of the nation.
- EN 181 **Motion** by NORTH EAST REGIONAL COUNCIL: The Care Quality Commission (CQC) inspections are unnecessarily onerous. Summarising an inspection by the CQC to a single outcome oversimplified the complexities of delivering healthcare. That this meeting;
- i) demands publication of evidence-base for CQC recommendations;
 - ii) has no confidence in the current CQC;
 - iii) calls for the leadership of the CQC to be dismissed and replaced with a team that commands the confidence and support of the medical profession.
- EN 182 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that:-
- i) summarising an inspection by CQC to a single outcome oversimplifies the complexities of delivering healthcare, whether by a small single handed GP practice or a large multi-site Hospital/Mental Health/Ambulance Trust;
 - ii) healthcare leaders recognise that there is always room for improvement and welcome an opportunity to learn and improve;
 - iii) inspections of health services must cease to summarise findings with a single rating and instead replace these with a balance of 3-5 positive observations and suggestions for development.
- EN 183 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is seriously concerned that the Health Disparities white paper has been abandoned despite mounting evidence that deep, health inequalities are widening and:-
- i) believes failing to address poor health and inequalities will also hamper any economic recovery the nation desperately needs;
 - ii) urges council to campaign for a government review of its decision on the white paper as its omission will have serious health consequences.
- UK 184 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is increasingly aware of the impact of Brexit on UK health care and asks BMA to catalogue these negative (and any positive) outcomes , to be used to inform the public and influence Government policies.
- EN 185 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls on the BMA to work for the reversal of The Health and Social Care Acts of 2012 and 2022, as essential for clearing out the representatives of the large private providers and huge management consultancies leaching off NHS budgets and sitting on the boards of NHSE and the ICBs and taking colossal salaries and making billions of profits. Bevan put the doctors, nurses and minimal public administrators in charge in 1948 and so it should be now, with comprehensive care planned for patients' needs and publicly provided by a national public workforce trained free by the NHS to high standard.
- EN 186 **Motion** by LINCOLN DIVISION: That this meeting believes that the role of Secretary State for Health and Social Care in England should be placed in special measures.

- EN 187 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that the role of Secretary State for Health and Social Care in England should be placed in “special measures”.
- EN 188 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that the role of Secretary State for Health and Social Care in England should be placed in special measures.

PART 2 - SAFE DOCTORS, SAFER PATIENTS

- UK 189 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that doctors must be protected from burn out, and other work-related ill effects on their health. The BMA must produce guidance regarding safe levels of medical staffing and workload for all branches of practice providing clinical care, and:-
 iv) EN
 i) use this limit to inform all future contract negotiations;
 ii) advise doctors to report when the safe levels are exceeded to someone within their organisation who can make appropriate changes;
 iii) inform all doctors to stop working if the safe limit has been exceeded;
 iv) agree with the CQC that they will include the safe levels in future assessments.
- UK 190 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on BMA to ensure that the Ambulance Service is fully equipped and funded to cope with all emergencies to provide safe patient care.
- UK 191 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that in order to provide job satisfaction and retain staff, all workplaces must assist doctors to achieve a reasonable work/life balance, including:-
 i) ensuring doctors do not exceed safe workload limits;
 ii) where practical provide childcare at appropriate times for staff;
 iii) provide access to food and free drinks, throughout all working hours;
 iv) not to expect any doctor to work in excess of contracted hours and to dissuade doctors from doing this on a regular basis.
- EN 192 **Motion** by NORTH EAST LONDON DIVISION: That this meeting is alarmed at the demands and pressures put on doctors in many branches of practice, and insists that the BMA should exert influence on the NHS to reduce staffing problems, guarantee proper rest periods, and relieve the stress that now exists.

PART 2 - FORENSIC AND SECURE ENVIRONMENTS

- UK 193 **Motion** by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting is concerned about the lives of trans and non-binary people in prisons and secure settings. We therefore ask:-
 i) that transgender and non-binary service users should be appropriately accommodated in the secure estate;
 ii) that transgender and non-binary service users should have equity of access to health care services in the secure estate;
 iii) that service users who are transitioning should be supported and cared for in the secure estate with sensitivity and skill;

iv) that non-binary, transgender and colleagues who are transitioning who work in secure services should be welcomed and supported in the secure environments workforce;
v) that service users and colleagues who are transitioning, transgender or non-binary are not discriminated against in secure settings.

UK 194

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for the introduction of a standardised discharge planning approach when prisoners with health needs are released from prison in order to facilitate their ongoing medical care and to include as a minimum:-
i) an accommodation address;
ii) a list of prescribed medications and number of days issued on release;
iii) contact details for probation officers and any other relevant professionals involved in aftercare;
iv) copies of hospital letters and relevant medical notes relating to the individuals care whilst detained;
v) any actions needed by the registered GP.

PART 2 - INTERNATIONAL RELATIONS

UK 195

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting believes strongly that membership of European Medical Organisations is valuable and necessary and:-
i) believes that the BMA must retain its membership of them;
ii) considers that comparative studies on European doctors' workload and scope of practice are useful in negotiations;
iii) asserts that membership of European Medical Organisations gives us a voice in Europe which we otherwise wouldn't have;
iv) insists that removing ourselves from the support of our fellow professionals would be damaging to the BMA;
v) asserts that decisions about membership of European Medical Organisations should be the remit of the Representative Body and not that of council alone.

UK 196

Motion by SHROPSHIRE DIVISION: That this meeting strongly believes that ties with European Medical Organisations are valuable and necessary. This meeting:-
i) calls on the BMA to retain its membership of these organisations;
ii) considers that decisions about membership of European Medical Organisations should be the remit of the Representative Body and not that of Council alone.

UK 197

Motion by NORTH EAST LONDON DIVISION: That this meeting:-
i) is alarmed at the isolation of the UK post Brexit;
ii) is concerned that our medical influence within Europe should be maintained, and insists that the BMA must continue to remain a fully participating member of the European medical organisations.

UK 198

Motion by ENFIELD AND HARINGEY DIVISION: That this meeting opposes the Tory 'Illegal Immigration Bill' which seeks to criminalise asylum seekers, put them in mass detention camps and deport them to Rwanda, with rhetoric reminiscent of 1930's Germany. This bill and the anti-union legislation go hand in hand – in trying to break up the unity of the working class whilst taking away our right to strike – at this time of world economic crisis and plunging living standards. This meeting calls on BMA

Council to work with other unions to bring down this Tory government and bring in a workers' socialist government instead.

UK 199 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting is concerned that, if and when contemplating removal from membership of European Medical Organisations, the BMA might be perceived as following an isolationist policy and:-
 i) notes that isolationism has never worked for the benefit of its participants in any field;
 ii) believes that this is against the core values of medicine, of collaboration, cooperation and the sharing of best clinical practice;
 iii) asserts that it would be contrary to the values of the British Medical Association and damaging to its reputation.

UK 200 **Motion** by NORTH DEVON DIVISION: That this meeting commends the courage and dedication of health personnel in areas of conflict across the world, and deplors attacks on health staff, facilities and transport.

PART 2 - PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

UK 201 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is extremely concerned at the persistent bias in GMC's decision making and demands that all regulatory bodies, including GMC, urgently:-
 i) anonymise doctors' personal details and protected characteristics to reduce any bias;
 ii) establish reducing risk to doctors as one of their main aims;
 iii) embed unconscious bias training within their Equality, Diversity and Inclusion modules.

UK 202 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the removal by GMC of the separate "medical issues stream" was an error, and has led to unnecessary stress and morbidity in such doctors during investigation and Medical Practitioners Tribunal Service hearings, and urges the BMA to press for restoration of this parallel process as a matter of urgency.

UK 203 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes that too many Medical Practitioners Tribunal Service (MPTS) Fitness to Practice (FTP) panel decisions are disproportionate to the error of the doctor's mistake and has lost confidence in the MPTS to be fair and just. We call for the leadership of the MPTS to be dismissed and replaced with a team that commands the confidence of the medical profession to review FTP guidance and training so that cases such as Ip and Arora become never events.

UK 204 **Motion** by NORTH EAST REGIONAL COUNCIL: A BMJ 2023 investigative report highlighted that GMC invested £870,000 in companies including Coca-Cola, Nestle, McDonald's, PepsiCo, Starbucks, and Unilever. Recent Government statistics highlight 28% of UK population are classed as obese, 23% consume more than the recommended alcohol units per week, 13.3% are smokers, and approximately 0.5% of the experience problematic gambling. Rates of problematic gambling, obesity, and harmful substance misuse are higher in areas of socioeconomic deprivation. That this meeting:-

i) reaffirms that smoking, alcohol misuse, problematic gambling, and obesity worsen quantity and quality of life, and significantly increase pressures on health and social care;

ii) highlights the worsening health equity due to problematic gambling, obesity, and harmful substance misuse;

iii) considers that it is unacceptable to advertise alcohol, tobacco, gambling, refined sugars, and fast food in sporting events;

iv) has no confidence in a GMC that invests in corporations associated with increased morbidity and mortality, and demands a complete cessation of such investments by 31st December 2023.

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| UK | 205 | <p>Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting condemns the General Medical Council (GMC) for its lack of transparency and accountability with regards to its use of funds. As of January 2023, the GMC held £81.3m worth of investments in an array of companies. The GMC offers private healthcare to its employees as a benefit of employment. However, since the majority of the GMC’s funding comes from mandatory annual retention fees paid by doctors, we call upon the BMA to demand:-</p> <p>i) that the GMC’s choice of companies in which to invest be scrutinised with particular consideration to the ethical and moral values of retention fee-paying doctors;</p> <p>ii) that the GMC’s investments be scrutinised and reduced in terms of total financial value;</p> <p>iii) that the GMC ceases to offer private healthcare as a benefit of employment to its employees;</p> <p>iv) that the annual retention fee for all doctors be reduced;</p> <p>v) that investigations should be carried into the racism inherent within the GMC structure & disciplinary actions against doctors of colour.</p> |
| UK | 206 | <p>Motion by WELSH COUNCIL: That this meeting notes that doctors pay approximately three times as much for their regulation in comparison with other healthcare professionals. This meeting calls for the GMC to equate its annual fees with comparator organisations like the HCPC, or else, that doctors should consider being regulated by comparator organisations like the HCPC instead.</p> |
| UK | 207 | <p>Motion by WELSH COUNCIL: That this meeting calls for the GMC to publicly report its objective and unbiased thresholds which are used to direct concerns to Fitness to Practice processes, justifying the thresholds on the basis that maintaining the public’s safety is the sole priority.</p> |
| UK | 208 | <p>Motion by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that GMC investigations and sanctions have significant impact on the lives and careers of doctors and urges the BMA to demand that within 1 year:-</p> <p>i) the GMC publishes the impact its investigations have had on the careers of doctors in the last 5 years;</p> <p>ii) the GMC publishes the impact its sanctions has had on the careers of doctors in last 5 years;</p> <p>iii) the GMC conducts focus groups with these doctors with a view to learn lessons and publish the result of these focus groups and the lessons learnt.</p> |

- UK 209 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the GMC is undertaking far too many cases which can be resolved by the employers locally and urges the BMA to demand that:-
 i) the GMC ensures that as far as possible cases are investigated locally by the employers;
 ii) the GMC publishes on a six-monthly basis the progress it has made in leaving the cases for the employers to resolve with a target of 50% reduction in one year;
 iii) the GMC publishes its expenditure on legal fees annually as well as on individual cases;
 iv) the GMC is leaner and passes cost savings made by reducing its caseload to doctors by reducing annual registration fee by 50%.
- UK 210 **Motion** by LONDON REGIONAL COUNCIL: That this meeting has no confidence in the General Medical Council and calls upon the BMA to coordinate a national boycott of GMC subscriptions.
- UK 211 **Motion** by LOTHIAN DIVISION: That this meeting demands that the GMC:-
 i) immediately divests from stocks that pose a conflict of interest with regards to the regulator's charitable aims, and;
 ii) demands that their investment policy be updated at the next available opportunity to close the '10% loophole', to stop the potential for any investment in alcohol, tobacco and munitions.
- UK 212 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting is deeply concerned that although 9000 complaints are usually made to the General Medical Council (GMC) each year, most doctors are unaware that unless a complaint reaches the GMC's threshold for investigation (which only 13.4% did in 2022), the doctor will not be informed. However, a record of these un-notified complaints is kept on a doctor's record and can be referred to later, if subsequent complaints are received. We call upon the GMC to make immediate arrangements to ensure that all registered doctors can chose to opt-in to being informed by the GMC of all complaints made against them.
- UK 213 **Motion** by WELSH COUNCIL: That this meeting calls for GMC fundamental reform, returning to its core remit of ensuring that the persons regulated by the GMC are easily identified as qualified doctors. Unqualified doctors should not be registered with the GMC, accordingly.
- UK 214 **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports the development of physicians' associates and calls upon the BMA to lobby for the institution of a college of physicians' associates and for their professional regulation independently of the General Medical Council.
- UK 215 **Motion** by BIRMINGHAM DIVISION: That this meeting urges the government:-
 i) to create a regulatory body for non clinical managers in the National Health Service similar to GMC and GDC;
 ii) to make annual appraisal and 360 degree feedback, including from clinical colleagues, mandatory for non clinical managers;

iii) make regular appraisal and 360 degree feedback a mandatory requirement for progression to a higher grade, for appointment in a different NHS establishment and for consideration for awards and honours locally and nationally.

- UK 216 **Motion** by WELSH COUNCIL: That this meeting calls for the NHS managers, administrators and executives to have recognised qualifications which validate the minimum level of expertise required to perform the role. This meeting also calls for regular revalidation of these recognised qualifications and the creation of a regulatory body which oversees the professional conduct of these NHS employees.
- UK 217 **Motion** by CONFERENCE OF LMCS: That this meeting thanks the GMC for confirming they will not act against junior doctors taking industrial action, and demands that the same pledge be extended to GPs, should they also invoke their legal right to take industrial / coordinated action.

PART 2 - SCIENCE, HEALTH AND SOCIETY

- UK 218 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for a ban on the advertising of gambling across all media.
- UK 219 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting believes that gambling advertisements should be treated the same as advertisements for smoking or alcohol, including:-
 i) on television;
 ii) on other broadcast media;
 iii) in other electronic media;
 iv) in printed media.
- UK 220 **Motion** by NORTH EAST REGIONAL COUNCIL: Research by the Department for Transport and BRAKE highlight rising road deaths in Great Britain due to drink driving and drug driving. That this meeting calls for:-
 i) a reduction in the legal blood alcohol level in England, Wales, and Northern Ireland to the European average of 50mg of alcohol per 100ml of blood;
 ii) a reduction in threshold limit for all illicit drugs, including novel psychoactive substances;
 iii) greater awareness of DVLA and GMC guidelines for patients with persistent alcohol misuse, drug misuse, alcohol dependence, or drug dependence;
 iv) support for practitioners in the mandatory reporting to the DVLA of patients where there are legitimate concerns on suitability to hold a driving licence;
 v) greater health and social care support for patients who are addicted to alcohol and/or drugs including increased funding for specialist drug and alcohol services.
- UK 221 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting considers alcohol, tobacco, gambling, refined sugars, and fast food to be unacceptable advertised vices in sporting events and the BMA shall educate and campaign to remove this harm from sports in the UK.
- UK 222 **Motion** by LOTHIAN DIVISION: That this meeting believes that given the move internationally to replace all animal research with non-animal methods of research, such as organoids or through computer simulations, animal research is still a necessity for medical and scientific progress and that:-

- i) animal research for medical and scientific purposes should continue until a viable alternative is feasible;
- ii) funding should be made available for the development of alternatives.

UK 223 **Motion** by SHROPSHIRE DIVISION: That this meeting commends the 2022 annual report on air pollution from the Chief Medical Officer for England. This meeting:-

- i) is concerned that the NHS remains a major contributor to air pollution;
- ii) calls on the UK Government to prioritise the reduction of particulate air pollution towards the World Health Organisation's recommended upper limit of 5ug/m³ and to ensure that all new pieces of legislation have an air pollution impact assessment.

UK 224 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting deplores the worsening socio-economic and health inequalities in the UK and:-

- i) mandates the BMA to continue to raise concern about this with governments;
- ii) urges governments to act decisively to correct this;
- iii) is concerned that this is contributing to decreasing life expectancy;
- iv) supports increased provision of affordable housing;
- v) urges governments to fully fund the NHS;
- vi) insists that there must be greater investment in public health medicine.

PART 2 – WALES

WA 225 **Motion** by WELSH COUNCIL: That this meeting calls on Health Education and Improvement Wales (HEIW) to demonstrate that doctors in training are being granted the Educational Development Time to which they are entitled.

WA 226 **Motion** by NORTH EAST WALES DIVISION: That this meeting believes that the Welsh Health Boards are ignoring the payment rates in the 'Rate card' issued by the BMA. The BMA Wales should directly negotiate with Welsh Health Boards to adopt the payment rates specified in the 'Rate Card'.

WA 227 **Motion** by NORTH EAST WALES DIVISION: That this meeting appreciates the BMA's launching of the BAME Forum to tackle racial inequality for members in Wales and urges the organisation to continue this work and don't allow it to fizzle out.

PART 2 - GENERAL PRACTICE

UK 228 **Motion** by CONFERENCE OF LMCS: That this meeting notes the tragic loss of life in Plymouth in August 2021 and the subsequent renewed media attention on firearms licensing. This meeting:-

- i) believes that assessment of eligibility to possess firearms is a matter for police forces, not GPs;
- ii) believes that the role of GPs in the licensing process is to provide medical facts, not provide an opinion on eligibility;
- iii) demands that BMA work with representatives of police forces and government to agree processes whereby relevant factual information can pass from the GP data controller to the police directly, reducing the possibility of an applicant tampering with the information provided;
- iv) demands that the work involved in delivering firearms licensing be properly resourced, for example through a fee paid by the applicant;

- v) believes that current electronic flagging systems or “firearms markers” on GP medical records are unlikely to improve public safety and should be removed.
- UK 229 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that the proposal for SAS Doctors in primary care in England is the wrong answer at the wrong time for the wrong question, and will:-
- i) reduce rather than increase GP appointments;
 - ii) will not help improve numbers of General Practitioners;
 - iii) will lead to a sub-GP grade of poorly paid exploited doctors;
 - iv) be a smokescreen to allow an artificial improvement in government statistics;
 - v) not improve patient care.
- UK 230 **Motion** by CONFERENCE OF LMCS: That this meeting supports protection of the independent contractor model of GP partnership and believes that:-
- i) the GP partnership model is deliberately portrayed as inefficient and unsustainable in order to facilitate abolishment of the partnership model and a transition to a salaried service;
 - ii) the current model has the ability to thrive, if provided with adequate primary care funding alongside greater GP involvement and autonomy in key decision making.
- UK 231 **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting acknowledges the importance of the independent contractor model which sustained General Practice in the country for a number of years and urges the BMA to:-
- i) continue to make the case for the independent contractor GP model to be supported;
 - ii) conduct an urgent survey of GP independent contractors who are leaving the profession and partnership to identify actions to retain them;
 - iii) make it compulsory for GP Independent Contractor experience to be GPC Chair to negotiate the GP Contract;
 - iv) support newly qualified GP’s to have training in the business of running GP practices, to get them interested in the Independent Contractor Model;
 - v) support the formation of an Independent Contractors committee, which can focus solely on sustaining the IC model.
- UK 232 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting applauds the campaign of staff and patients of Withnell Health Centre, Chorley, to save that centre and keep it in the hands of the incumbent GP, in opposition to the decision of Lancashire and S Cumbria Integrated Care Board to hand the NHS contract to private company SSP. This meeting calls on BMA Council to lead a campaign against the corporate for- profit take-over of primary care.
- EN 233 **Motion** by LONDON REGIONAL COUNCIL: That this meeting applauds the campaign organised by staff and patients from the Withnell Health Centre near Chorley, to save that health centre and keep it in the hands of incumbent GP Ann Robinson. They have opposed the decision of Lancashire and South Cumbria Integrated Care Board to hand the NHS contract to private company SSP that runs 40 practices in NW England. Government and NHSE policy is for ICBs to drive out independent contractor status GPs, and force struggling practices to capitulate to take-overs from private companies, like SSP and Operose/Centene in North London, where profit come first through substitution of cheaper labour to do GP work. This meeting calls

- on the BMA to lead a campaign to defend independent contractor status of GP practices, retain continuity of care and stop the corporate take-over of primary care.
- UK 234 **Motion** by NORTH DEVON DIVISION: That this meeting affirms the importance of continuity of care, and:-
 i) calls for support for the GP partnership model which facilitates this in Primary Care;
 ii) deplores the creeping privatisation whereby numbers of practices are taken over and run by private companies to provide profit for their shareholders;
 iii) requires significant additional funding to be directed to core contract so that the partnership model can succeed to enable recruitment and retention of GPs and staff and thus safeguard Primary patient services.
- UK 235 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that UEMO has recently endorsed the Bucharest Declaration which reminds governments that good general practice should be supported and valued, and that states with a poor focus on primary care have worse health outcomes. It further notes that the UK government has singularly failed to deliver on its promise of 6,000 extra GPs. This meeting urges the BMA to endeavour to persuade UK and devolved governments that:-
 i) robust general practice is the basis of any cost-effective health care system;
 ii) the falling numbers of GPs and staff in general practices is a crisis that needs to be immediately addressed;
 iii) adequate funding, resource and appreciation of this difficult discipline would improve recruitment and, more importantly, retention;
 iv) greater support for academic GP careers and for NHS GPs to have more time for academic activities are effective ways of encouraging doctors into and to remain in general practice.
- EN 236 **Motion** by ISLINGTON DIVISION: That this meeting believes general practice is in crisis with overworked GPs and reduced retention and recruitment. This meeting requires the Government to support GPs by reducing their administrative burden, improving IT systems and creating incentives to retain GPs, especially those nearing or past retirement age.
- UK 237 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes GP practices should be supported by the government with additional funding to cover the cost of fuel bills resulting from the cost of living crisis.
- UK 238 **Motion** by EDGWARE & HENDON DIVISION: That this meeting recognises Concern for GP practices existence due to the impact of cost of living and inflation; we are in a unique position of providing services only within NHS yet being considered as considered by NHS monopoly commissioner as private business.
- UK 239 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes with serious concern and alarm the differential treatment of those senior academic GPs who are current holders of a national clinical excellence award in not being provided access to pay protection under transitional arrangements implemented by NHS England and operationalised by the Advisory Committee on Clinical Impact Awards (ACCIA), unlike all other consultants and honorary consultant

colleagues. This meeting further notes that senior academic GPs cannot access local awards and, because of this, should they lose a national award, they face a dramatic and serious cliff edge reduction in income which other consultant-level colleagues do not face. This meeting:-

- i) believes that equality and parity of esteem within all branches of practice for doctors are non-negotiable;
- ii) believes that this differential treatment is discrimination and deplores it;
- iii) believes that at a time of major recruitment concerns for general practice, this is undermining to the current and future evidence base of academic general practice through harming recruitment to academic general practice at a time when the clinical academic workforce must be expanded;
- iv) calls on NHS England and the UK Government to immediately address and reverse the policy of failing to provide senior academic GPs with pay protection arrangements and to take immediate steps to reinstate local clinical excellence awards for Senior Academic GPs as recommended by the House of Lords Science and Technology Committee.

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| UK | 240 | <p>Motion by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting believes that the provision of long-term sick notes puts a bureaucratic burden on GPs and can be a source of tension in the doctor patient relationship and therefore:-</p> <ul style="list-style-type: none"> i) supports the expansion of professional groups who can provide sick notes, such as physician’s associates, advanced clinical practitioners, pharmacists etc; ii) believes that there should be an independent panel process for long term sick note provision, for example sick notes over 3 months (excluding palliative/end of life care). |
| UK | 241 | <p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the findings of the all-party parliamentary group report on the science of Covid-19, that many workplaces not only acted as ‘Hot Spots’ for Covid-19 transmission in crowded and poorly ventilated spaces, but in turn fuelled continued viral transmission in poorer communities, with multigenerational households. Hence we demand that the UK Governments:-</p> <ul style="list-style-type: none"> i) require the inclusion of the patient’s occupation in their electronic medical records, to allow the rapid identification of ‘Hot-Spot’ workplaces by Public Health authorities and the Health and Safety Executive, so that immediate action can be taken to stop transmission and also to identify workers who should be offered priority vaccinations; ii) must change the specifications for patients’ electronic record software systems, to include the patient’s current occupation, and to update this regularly at the same time as other changes, such as the patient’s address or phone number. |
| UK | 242 | <p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting is concerned that Non EEA international graduates have to wait 2 years after completing training as GPs before they can apply for the security of indefinite leave to remain. In the meantime, any failure to maintain continuous employment with a tier 2 visa sponsoring practice risks deportation. Currently GP practices have to apply individually for tier 2 visa sponsorship status, an expensive procedure taking up to 10 weeks. The crisis in general practice means we desperately need these GPs. We call on the BMA to lobby government to improve these visa processes and for blanket designation of all GP practices as Tier 2 visa sponsors.</p> |

- UK 243 **Motion** by CONFERENCE OF LMCS: That this meeting acknowledges patients are increasingly seeking healthcare privately, including travelling abroad for surgery. We call on the GPCs to work with appropriate authorities and stakeholders to:-
 i) ensure patients are not required to seek approval from their NHS GP prior to accessing private healthcare;
 ii) obligate private providers to inform patients of the total cost of recommended investigations, treatments and follow-up, highlighting these may not be provided by their NHS GP;
 iii) obligate private providers to act upon investigations undertaken, and not simply pass results or further management suggestions onto NHS GPs to action;
 iv) ensure that those who cannot access required follow up are not left without adequate specialist care;
 v) ensure any involvement in a patient's care by an NHS GP as requested by a private healthcare or insurance provider is remunerated appropriately.
- UK 244 **Motion** by CONFERENCE OF LMCS: That this meeting believes that more strident efforts should be taken to induce medical students and newly qualified doctors to choose general practice as their medical career path, and calls upon governments to provide financial incentives:-
 i) that provide an MOD-style sponsorship for GP VTS;
 ii) that include a medical student debt cancellation scheme;
 iii) with eligibility based on a prescribed number of years' service as a salaried or principal GP.
- EN 245 **Motion** by ENFIELD AND HARINGEY DIVISION: That this meeting supports the position of GPCE in rejecting the government and NHSE's plan for imposed contract change on GPs in England from 2 February. Health Minister Barclay offered nothing on 2 March for practices to cope with the cost of living, except more bureaucracy and targets. Deputy GPCE chair, Kieran Sharrock has said GPCE would consider industrial action if the contract change is imposed. This meeting supports this proposal.
- EN 246 **Motion** by LONDON REGIONAL COUNCIL: That this meeting supports the position of GPCE in rejecting the government and NHSE's plan for imposed contract change on GPs in England from 2 February. Health minister Barclay offered nothing on 2 March – no extra help for practices to cope with the cost of living, just more bureaucracy and targets. Deputy GPCE chair, Kieran Sharrock has said GPCE would consider industrial action if the contract change is imposed. This meeting supports this proposal.
- EN 247 **Motion** by LANCASTER DIVISION: That this meeting believes NHS general practice in England needs a new contract with adequate resources and minimal bureaucracy and we call on politicians to quickly bring this about
- UK 248 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting was shocked to hear that when GPC England requested BMA funding for an additional meeting to discuss the imposed contract for 2023/4 that this was turned down, and requires the BMA to fund extraordinary meetings when needed for a significant breakdown in negotiations or other major threat to that branch of practice.

EN	249	<p>Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting urges BMA:-</p> <ul style="list-style-type: none"> i) to negotiate GP contract, to get rid of PCN's and move its investments into core general practice; ii) to consider alternate options of provisional general practice in this country, such as those provided by private dentists etc.
UK	250	<p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes that whilst additional roles increase the diversity of crafts in the GP workforce, diverting funds to these roles alone strips practices' ability to recruit and retain GPs in a time of high demand. This meeting supports the ability for practices to utilise funding streams flexibly to include recruitment of GPs not just predefined additional role staff.</p>
UK	251	<p>Motion by EDGWARE & HENDON DIVISION: That this meeting Uses the design principle KISS Keep it simple, stupid. Funding schemes including staff expenses, item of service, multiple arrangements, bolt-ons, complicated by targets realistically unlikely achievable. Add the workforce sickness factor and the result is GP practices less likely to agree and sign.</p>
UK	252	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting demands a primary care wide policy for long-term sickness management and return to work provision for GPs with long-term health issues, which can be used as an integral part of the profession's drive to improve retention of our experienced GPs in the workforce, and thus supports:-</p> <ul style="list-style-type: none"> i) standardized and regulated employment and long-term sickness procedures in General Practice; ii) mandatory Occupational Health referral and assessment if absent for 3 months or more, and before return to work; iii) GP Practices being resourced to ensure reasonable adjustments can be made to the GP role (as recommended by Occupational Health) during the return to work phase or permanently, or to enable re-deployment within the Primary Care Network or Team if this is not possible.
UK	253	<p>Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes the significant threat to public safety that results from doctors who undertake group 2 drivers' (D4, lorries and buses) fitness to drive DVLA medicals not having access to medical records (unless they are the applicant's GP) and the many sources of commercially available D4 medicals where the GP's records are not accessed. This threat was sadly realised during the Glasgow bin lorry tragedy in 2014, when a HGV driver, with an undisclosed history of blackouts while driving, crashed a heavy goods vehicle, killing 6 pedestrians. To protect the public from this significant threat, we propose that all Doctors completing D4 Medical Forms must:-</p> <ul style="list-style-type: none"> i) have access to the driver's GP summary records; ii) confirm that the applicant's history has been reviewed to an agreed minimum standard; iii) confirm that a physical examination has been conducted, which conforms to relevant guidance (sufficient to detect DVLA defined conditions with a 2% or higher likelihood of causing a sudden disabling event at the wheel in 1 year).

- EN 254 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes Primary Care Support England (PSCE) are shambolic and calls for an immediate investigation into the primary care pension fiasco and compensation for all doctors affected by PCSE errors.
- EN 255 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting asks the BMA to produce an options paper on the pros and cons of general practice delivering vaccinations and immunisations.
- EN 256 **Motion** by LANCASTER DIVISION: That this meeting reaffirms the role of the GP in England to be a data controller over their patients' health records.
- EN 257 **Motion** by LANCASTER DIVISION: That this meeting believes NHS general practice in England is being deliberately destroyed by the Westminster government and calls on politicians to give general practice the resources and premises it needs to safely care for its patients
- UK 258 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting believes that requiring GPs to refer patients to foodbanks is an unnecessary bureaucratic step and potential barrier to patients in need. We believe that patients should be able to self-refer to foodbanks or via social services, without requiring a GP referral.

PART 2 - MEDICAL STUDENTS

- UK 259 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the strain on clinical academies as a result of the increase in size of medical student cohorts, and supports the right to mandatory free accommodation for students when placed outside of their university area. We call on the BMA to lobby the recognised bodies to:-
 i) increase capacity of hospital accommodation for medical students in clinical years for placements outside the university area;
 ii) ensure facilities meet the adequate needs of medical students by setting a national minimum standard of accommodation for medical students.
- UK 260 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that FY1 debt; due primarily to tuition fees, has climbed into the hundreds of thousands and calls for the BMA to lobby the Government to:-
 i) urgently revise student loans and grants;
 ii) overhaul student maintenance;
 iii) insist students are given liveable sums taking geographical differences and the rising cost of living into consideration.
- UK 261 **Motion** by WELSH COUNCIL: That this meeting calls on government to offer an optional tie-in for medical students, whereby a three year postgraduate commitment to work in the NHS is rewarded with fully-subsidised tuition fees, but also a more reasonable bursary of at least £10,000 a year.

- EN 262 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes with concern the proposals for a medical apprenticeship scheme and notes that this proposal could devalue medical degrees and instead call on the BMA to lobby for:-
 i) better funding for the current university route including bursaries;
 ii) improved opportunities for entrants from under-represented backgrounds;
 iii) an immediate increase in medical school places and specialty training posts, commensurate with projected future demand.
- UK 263 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting is concerned by the lack of a thorough workforce plan for the NHS and repeated comments from government and opposition officials demanding large expansion to medical student numbers. However, this is against the backdrop of stagnant or decreasing postgraduate training posts in many specialties coupled with massively increased numbers of applicants and competition for these posts. We therefore call on the BMA to:-
 i) adopt a policy position opposing further expansion to medical school places without first securing a firm commitment for significant and proportionate expansion in postgraduate training posts (at all levels - foundation, core and specialty training); and
 ii) launch an informative campaign to politicians (of all parties) to educate them on where issues lie within medical training and the impact that massive increases in medical student numbers without expansion of postgraduate training and the number of doctors available to teach has.
- UK 264 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting commends the work put in to create the first BMA racial harassment charter for medical schools and welcomes the 2022 review of progress made to implement this charter. However, of the 42 schools who signed up for the charter, only 31 followed up with the review. This meeting recognises anti-racism work is neither an option nor a nice embellishment and therefore calls on the BMA to:
 Stipulate a requirement for all schools signed onto the charter to actively partake in future reviews, to ensure commitment is not superficial & carries into actions.
 Continue to carry out further reviews of charter compliance on a regular basis
 facilitate communication between schools to share progress, replicate successful initiatives and encourage joint projects.
 Encourage other Branches of Practice to set up anti-racism working groups to action policy, pledges and projects, as exemplified by the 2023 Medical School Conference.
 encourage these BoP working groups to include mandatory anti-racism training for members and maintain a minimum ratio of minority ethnic members.
- UK 265 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that there is a lack of awareness and integration of religious and cultural considerations in medical school and NHS trust policies. This meeting calls upon the BMA to:-
 i) lobby NHS trusts to ensure availability of appropriate head covering sizes and forms or appropriate materials;
 ii) lobby universities, hospital trusts and student groups to ensure that students from minority ethnic groups are supported and to raise awareness on this issue through campaigning, improving reporting systems and active bystander training;

iii) work with NHS trusts to standardise dress code policy on head coverings and disposable sleeves nationally and ensure their policies include hijab, turbans, kippahs, bare below the elbow (BBE) alternatives, beards, natural hair and locks - this should be in accordance with current NHS guidelines; and
 iv) lobby the Medical Schools Council to ensure universities provide access to head coverings and BBE alternatives for students to use in surgery (if alternatives are not already accepted or available) and head coverings and BBE alternatives are recognised in medical school dress code guidance.

UK 266 **Motion** by WELSH COUNCIL: That this meeting calls for all medical schools to include suicide awareness training as part of the core curriculum and that post-graduate doctors should undergo a validated refresher session at regular intervals, in a bid to reduce the needless loss of life which the medical profession currently suffers.

EN 267 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting rejects the notion
 SC that undergraduate medical training should be shortened to less than five years.
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UK 268 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that some medical students, particularly those from a widening participation background, may struggle to afford BMA membership fees and thus its associated benefits. Therefore, we call on BMA to review how its membership fee structure can best support these students through concessions or other means.

UK 269 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting, considering the proposed expansion of medical school places, the loss of administrative staff, and the ever increasing clinical pressures the NHS is facing, recognises the great strain put on doctors in delivering both clinical work and teaching, without additional resources being put into place. In order to address the increasing non-clinical workload of our staff, we call on the BMA to:-
 i) lobby for support and expansion of undergraduate and postgraduate teaching staff, which should include support of administrative services;
 ii) campaign for funding for the return of administrative staff to restore clinical time lost to administrative tasks.

PART 2 - INTERNATIONAL MEDICAL GRADUATES

UK 270 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting acknowledges the results of the GMC survey and NHS Workforce Race Equality Standard (WRES) report and recognises the difficulties that IMGs face in navigating the NHS and asks the BMA to:-
 i) formalise the role of the IMG champions forum;
 ii) implement a local IMG BMA champion across all trusts as part of the LNC and then the IMG champions forum;
 iii) the IMG champions forum to report to council and the subsequent committees that they serve.

- UK 271 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes International Medical Graduates (IMG's) have a vital role within the NHS, however are disproportionately impacted by Fitness To Practice hearings. We call on Deaneries and Trusts to offer optional specialist induction to IMGs as part of commencing employment in the NHS.
- EN 272 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting is concerned that retention of IMG doctors is increasingly difficult, as highlighted by the recent NHS Workforce and Race Equality Standard (WRES) report. The BMA is asked to ensure that Trusts and NHSE produce and implement a formalised transition scheme, adapted for every branch of practice.
- UK 273 **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting believes GMC structure & disciplinary actions are more against doctors of colour. Many IMGs face immense pressures due to relocating from their home countries to UK and their contributions to the NHS are vital. Still, since 2012 governmental policies change, IMGs continue to face problems in obtaining visas for their adult dependent relatives such as their parents, to come live with them in UK. Therefore, many UK-trained IMGs, on whom gov has spent thousands in training, are forced to leave UK for countries such as Canada or the Middle East, where visa rules for parents are much lenient. RB urges BMA to lobby the Home Office to ease the rules in obtaining ADR visa for IMG doctors in UK.
- UK 274 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the International Medical Graduates (IMGs) should be better supported for their career development and demands the BMA to ensure there is:-
 i) a comprehensive induction on their joining the NHS;
 ii) training opportunity along with local graduates to obtain certification of completion of training (CCT) in their chosen speciality if they wish to;
 iii) equal opportunity for them to progress in their career and in senior leadership roles;
 iv) formal recognition of the elected IMG Champions Forum reporting to the Council;
 v) adequate staff support to the elected IMG Forum to deliver its objectives.
- UK 275 **Motion** by JUNIOR MEMBERS FORUM: That this meeting notes with concern, that the regulatory bodies have yet to apply for Educational Commission For Foreign Medical Graduates (ECFMG) renewal after 2024 and calls upon the BMA to lobby the regulatory bodies to do so as soon as possible.
- UK 276 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting acknowledges the contributions that International Medical Graduates (IMGs) have made to the UK's health systems. However, we acknowledge also that systemic discrimination has thwarted:-
 i) recruitment and progression for IMGs in the NHS;
 ii) career progression following GMC disciplinary processes;
 iii) training opportunities due to differential attainment;
 And we urge the BMA to do more so that there is parity for IMGs with UK qualified doctors, based on experience and qualifications.

PART 2 - MEDICAL ETHICS AND HUMAN RIGHTS

EN SC WA	277	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting urges the government to ensure that commissioners are required to commission specialist palliative care services that meet the needs of their population, as stated in the Health and Care Act 2022:-</p> <ul style="list-style-type: none"> i) provide 7-day support services for palliative care patients; ii) ensure that pharmacy supplies are available at all times for patients in the community; iii) provide a 24/7 advice line available to all health and social care professionals caring for palliative care patients; iv) include staff with skills in managing bereaved children, including those facing loss; v) provide training of NHS, social care and ambulance staff in end-of-life care.
UK	278	<p>Motion by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting recognizes that modern slavery and human trafficking is a health issue, and that this exploitation of some of the most vulnerable people is a global injustice. Modern slavery and human trafficking is estimated to affect 2 in every 1000 people in the UK, seriously impacting physical and mental health. Victims are often hidden from society but will ultimately access healthcare due to the high risk work they are made to do. Therefore, medical professionals are in a unique position to identify victims. However, there is a current lack of knowledge among doctors on this issue. We call upon the BMA to:-</p> <ul style="list-style-type: none"> i) acknowledge modern slavery and human trafficking as a health and public health issue; ii) lobby the GMC and Medical Schools Council to raise awareness of this topic by including modern slavery and human trafficking in medical schools' curriculum. Including education on identifying victims and actions to take; iii) pressure the government to return the issue of modern slavery to the Minister for Safeguarding rather than the Minister for Immigration.
UK	279	<p>Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the inadequate availability and provision of gender affirming health care. We therefore call on the BMA to:-</p> <ul style="list-style-type: none"> i) acknowledge gender affirming care as essential and life saving; ii) condemn transphobia in healthcare; iii) lobby the relevant bodies to adequately fund gender identity clinics with the goal of ensuring equitable provision and access of gender affirming care regardless of background or geographic location.
UK	280	<p>Motion by SHROPSHIRE DIVISION: That this meeting believes that the BMA is to be applauded for the progress so far made towards redressing sex discrimination. This meeting:-</p> <ul style="list-style-type: none"> i) demands to know why the BMA continues to support sex discrimination regarding medically unnecessary genital cutting of UK children; ii) calls on the BMA immediately to withdraw the 2019 BMA Non-therapeutic male circumcision toolkit; iii) requires all BMA guidance and publications to reflect the shared non-discriminatory values of BMA members that fundamental child safeguarding protections must not be dependent on a child's sex, race, culture or religious community of origin.

- UK 281 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that hospice-type care is cost effective.
- UK 282 **Motion** by SALISBURY DIVISION: That this Meeting:-
 i) notes the Canadian government's recent decision to delay the extension of Medical Assistance in Dying (MAiD) to those with mental illness until March 2024;
 ii) highlights the reduced access to palliative care in Canada, whilst provision of MAiD has incrementally expanded;
 iii) is concerned that assisted dying worsens health inequalities, with vulnerable people suffering from disabilities, lack of access to housing and even basic care increasingly requesting euthanasia;
 iv) considers the offer of a premature death to those deemed a 'cost burden' an inappropriate response from a healthy society towards the problems of poverty, loneliness, frailty, mental health issues, or disability;
 v) is concerned that medicalised killing would have corrosive effects on our profession, engendering a callousness and cheapening of the inherent dignity and value of marginalised human lives;
 vi) is alarmed about the negative impact of assisted dying on suicide prevention strategies.
- UK 283 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting implores the UK to learn from Canada's experience of medical assistance in dying (MAiD), which includes both physician assisted dying and euthanasia, and therefore:-
 i) is concerned that MAiD is being offered to patients with disabilities and without a terminal illness, in context of limited resources for social care or specialised palliative care;
 ii) notes that Canadian law is negatively impacting palliative care;
 iii) states that the BMA is neutral on physician assisted dying but not on euthanasia;
 iv) asks the BMA to advocate for vulnerable patient groups such as those with physical and learning disabilities, in any consultation on changes to UK law;
 v) asks the BMA Board of Science to investigate the impact of Canadian law on suicide rates for those with disabilities, with a view to informing future UK policy.
- UK 284 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting:-
 i) notes with concern the rapid expansion of Medical Assistance in Dying in Canada;
 ii) notes with concern the scope of current Assisted Dying proposals in Jersey;
 iii) clarifies that the BMA's neutrality on physician-assisted dying does not include euthanasia, but only physician-assisted suicide;
 iv) clarifies that the BMA's neutrality on physician-assisted dying only applies to terminal illness, and not to other conditions.
- UK 285 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes worrying evidence suggesting that in Canada and Oregon inequality is promoted by legalised assisted dying, and
 i) calls on the government to ensure that the socio-economically disadvantaged have their social and health needs met, before being offered assisted dying, to avoid the disabled seeking premature death due to housing and financial difficulties, as happens in Canada;
 ii) insists the government invests in universal access to good palliative care and improved social support, rather than assisted dying, to avoid the Oregon situation

where 79% of assisted dying recipients are on Medicare or Medicaid - victims of privileged autonomy.

- UK 286 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the Board of Science of the BMA to conduct a systemic review of the application of the Medical Assistance in Dying (MAiD) legislation in Canada.
- UK 287 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls on the BMA board of science to investigate how the legalisation of Medical Assistance in Dying (MAiD) has impacted health inequality, suicide prevention and provision of palliative care in Canada.
- EN 288 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting applauds the important work being done by the BMA board of science on suicide prevention and:-
i) calls on the board of science to investigate, as a priority, how the introduction of assisted dying has affected suicide rates and impacted efforts at suicide reduction in those jurisdictions where it is permitted;
ii) asks the board to report on this work widely within the BMA prior to next year's ARM, in order that the evidence can be considered then with respect to BMA policy.
- UK 289 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting:-
i) recognises that many doctors would not be willing to prescribe or administer lethal drugs with the intent of ending life;
ii) recognises that if medical staff were involved in assisted dying/assisted suicide, each case could take up to 60 hours of their time;
iii) calls on proponents of assisted "dying" to consider alternative ways of provision which avoid involving the medical profession;
iv) insists that, if assisted dying/assisted suicide were legalised, UK health facilities, including hospices and NHS facilities, are not used for this purpose.
- UK 290 **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting greatly fears that legislation of assisted suicide will lead to loss of such trust as our patients still have in individual doctors and in the profession.
- UK 291 **Motion** by BIRMINGHAM DIVISION: That this meeting reaffirms the responsibilities of the BMA as a constituent member of The World Medical Association to affirm the principles of The Declaration of Venice (1983, revised 2022) and in particular that 'The WMA remains firmly opposed to euthanasia and physician-assisted suicide, as set forth in the WMA 'Declaration on Euthanasia and Physician-Assisted Suicide.'

PART 2 - NORTHERN IRELAND

- NI 292 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls on the elected members of the Northern Ireland Assembly and Westminster to, once again, recognise that they are responsible for causing serious and significant harm to patients and healthcare staff due to their failure to have a functioning executive. We believe that all patients in Northern Ireland deserve a safe and sustainable health service and call on all parties to restore the Northern Ireland Assembly, appoint a Health Minister and work within the institutions to reform the structures so that this cycle of repetitive collapse and instability can be avoided in the future.

- UK 293 **Motion** by CONSULTANTS CONFERENCE: That this meeting calls on the Department of Health in Northern Ireland to finally admit that the Health and Social Care service has collapsed and is failing patients and the staff who work there. We call on them to immediately take responsibility for this by:-
- i) informing the public that the current service is not meeting the needs of the population;
 - ii) benchmarking the current and future service provision against the same key performance indicators as the rest of the UK;
 - iii) bringing in relevant outside expertise to help stabilise the HSCNI;
 - iv) prioritising clinical need and patient safety in delivering services;
 - v) ensuring transparency in decision making and funding allocation;
 - vi) prioritising the wellbeing of staff.

PART 2 - TRAINING AND EDUCATION

- UK 294 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that doctors working Less Than Full Time (LTFT) are increasingly common due to changes improving access to work, but that these members face many challenges with their work and training. This meeting, therefore, calls upon the BMA to work to improve the LTFT experience by:-
- i) conducting four-nation research (disaggregated to nation/region/speciality/employer/host) into the concerns and challenges facing LTFT doctors' employment and training to guide targeted interventions;
 - ii) reviewing all national and regional guidance on LTFT to ensure it is up-to-date, relevant and easily accessible for members in all nations and regions;
 - iii) producing a LTFT charter for all education bodies/lead and host employers to help identify and thus reduce the barriers and difficulties facing LTFT doctors;
 - iv) seeking investment from relevant stakeholders to put financial investment behind the LTFT charter to make changes.
- UK 295 **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting recognises the immense financial pressures faced by doctors, from the start of their medical education till throughout their professional careers, including massive debts. This is becoming increasingly difficult to afford with the rising cost of living. Therefore, this meeting urges BMA to lobby:-
- i) the royal colleges to reduce the membership exam fees or make 1st exam sit free of cost;
 - ii) funding for professional exams by the local training hubs (ICB training hubs etc).
- UK 296 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes the proposals to dramatically increase the numbers of medical students by universities, political parties, colleges and the NHS. While this meeting broadly welcomes these proposals it believes that such expansion will fail unless active steps are taken by the UK and devolved governments to grow teaching medical academic numbers in proportion to the growth in student numbers and there is a commensurate increase in clinical placement capacity. This meeting, therefore, calls on:-
- i) the UK and devolved governments to fully fund a doubling of medical teaching capacity and;

- ii) the GMC not to approve any new medical school places unless the university and local health economy concerned can demonstrate a credible clinical placement plan.
- UK 297 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: 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 with disabilities or additional needs;
 - iii) lobby relevant stakeholders to ensure the first sitting of postgraduate exams to be free for all candidates;
 - iv) lobby stakeholders for adequate lead in times for changes to postgraduate training selection processes.
- UK 298 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting urges all the Royal Colleges to ensure that higher training includes assessed skills in:-
- i) communicating bad news sensitively;
 - ii) assessing mental capacity;
 - iii) symptom control including pain control.
- UK 299 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the increasing administrative demand of training and service provision to part-take in clinical, educational, and academic commitments. It therefore calls on BMA to negotiate the contractual requirement for all doctors to be allocated to a minimum of one non-clinical shift per week pro-rata.
- UK 300 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting notes there is both an insufficient number of training posts to address the shortage of senior doctors in the UK, and increasing competition ratios for entry to specialty training every year, partly attributed to by the shortage of training numbers, increasing medical school places and an increasing reliance of the use of untested recruitment methods within national recruitment. Therefore, this meeting demands that the BMA to lobby relevant Statutory Education Bodies and Royal Colleges to:-
- i) ensure increases in specialty posts available each year, in line with the number of foundation programme posts offered;
 - ii) review and minimise the existing bottlenecks at higher specialty entry levels in uncoupled training programmes;
 - iii) redefine measurement of training numbers from headcount to full time equivalent;
 - iv) ensure that no increases in medical school places are made before guarantees are made to increase the ratio of training numbers per speciality;
 - v) explain how current recruitment processes have been evaluated, including equality impact assessments, and chosen as fit for purpose;
 - vi) ensure all national recruitment processes are subject to external review by relevant stake holders in light of previous equality, diversity and inclusion failings;
 - vii) ensure the voices of current trainees are given equal weight as stake holders in decisions regarding alterations to the recruitment process.

- UK 301 **Motion** by WELSH COUNCIL: That this meeting calls for the provision of workplace training to educate doctors of the definition of unwanted sexual attention. Lack of awareness is no legal protection in such cases of sexual harassment.
- UK 302 **Motion** by EDGWARE & HENDON DIVISION: That this meeting recognises the need for increased awareness of the safety implications and risks involved in prescribing steroid medication, including topical steroid addiction (TSA) and topical steroid withdrawal (TSW), with the need to provide appropriate training for all doctors, including for specialty trainees, and medical students, within their training curricula
- UK 303 **Motion** by MEDICAL STUDENTS CONFERENCE: That this meeting recognises the rise in medical school places is outpacing the number of available UK foundation programme and specialty training posts. Therefore, this meeting calls on the BMA to:-
- i) acknowledge the uncertainty of job security and rising competition ratios in foundation and specialty training;
 - ii) investigate how competition ratios may change in the future and its impact on job security and career progression of medical graduates;
 - iii) lobby the UKFPO and HEE to work with the government to increase both foundation and specialty training posts in line with medical school growth to prevent medical graduate unemployment;
 - iv) lobby the UKFPO to ensure all medical graduates are provided with a guaranteed foundation training post without placing graduates on a reserve list;
 - v) lobby the UKFPO to allow medical students to apply directly to hospital groups rather than deaneries; and
 - vi) lobby the UKFPO to inform the BMA and medical schools of proposed changes to the UKFPO and MLA so students can be consulted and informed of changes to the UKMLA and foundation programme.
- UK 304 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the extensive training required to become a doctor, and therefore calls on the BMA to:-
- i) lobby relevant statutory education bodies to rename postgraduate “schools” with a name that is befitting of a group of professionals in a postgraduate training programme;
 - ii) lobby relevant statutory education bodies and governments to ensure that workforce planning includes an expansion in the number of places on postgraduate medical training programmes in line with growing medical school places.
- UK 305 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: 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.

PART 2 – AFC

UK 306 **Motion** by ARMED FORCES COMMITTEE: That this meeting calls on the NHS to standardise reserve forces policy along the lines of best practice to give two weeks extra full paid leave a year and one week's unpaid to participate in Reserve Forces annual camp activity.

PART 2 - RETIRED MEMBERS

UK 307 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that:-
 i) the medical workforce must grow to meet ever increasing clinical demand on the NHS;
 ii) the workforce cannot grow without a healthy education and training pipeline;
 iii) increasing clinical demand is diverting education and training capacity to clinical care.
 This meeting believes that:-
 i) a partial solution to this is for doctors considering retirement or recently retired from direct patient care to engage with education and training in the clinical setting;
 ii) continuing participation in such work should require a licence to practice to maintain their credibility as educators and because they may need to access patients and their data;
 iii) the absence of a database of people prepared to undertake the Responsible Person role for doctors who wish to contribute to clinical education without delivering direct clinical care is an unnecessary barrier.
 This meeting therefore calls on the GMC to establish a database of suitable persons able to provide the responsible officer function for this group of doctors.

UK 308 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting agrees that doctors who are clinically retired, who are on the GMC register but who have voluntarily given up their licence to practice, can still continue to contribute to the NHS workforce in nonclinical roles. It asks that the BMA work with the GMC and Academy of Medical Royal Colleges to give consideration to some revised model of appraisal that allows such practice within a safe and appropriate context.

PART 2 - JUNIOR DOCTORS

EN 309 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the problems junior doctors report in accessing leave for significant life events. We call on the BMA to:-
 i) conduct a survey of trainees to establish what is considered to be a significant life event that would require annual leave;
 ii) conduct a survey of their experiences asking for/accessing annual leave for significant life events;
 iii) lobby NHS employers to encourage all trusts to proactively ask trainees - in advance of implementing their rota - if they require any leave for significant life events.

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| UK | 310 | <p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises that induction in many workplaces is inadequate, and therefore calls on the BMA to:-</p> <ul style="list-style-type: none"> i) lobby relevant stakeholders to ensure a standardised induction is delivered for all doctors starting work in a new workplace, and for junior doctors at each rotation, recognising that not all doctors rotate in August; ii) produce a minimum standard for induction in collaboration with the membership, for example by survey, and by working with other stakeholders. |
| UK | 311 | <p>Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this meeting hopes that the Government and the BMA Junior doctors committee come to a swift agreement which recognises the great value that trainees bring to the NHS, minimises the impact on services they and senior clinicians provide, and reassures patients that they will continue to receive the high level of care they rightly expect.</p> |
| UK | 312 | <p>Motion by JUNIOR DOCTORS CONFERENCE: That this meeting notes that doctors are regularly expected to cover rota gaps due to staffing issues whilst on a rostered shift with no additional remuneration for doing so. We believe that pay should reflect the work done. We ask the junior doctors committee to negotiate with relevant stakeholders to ensure that:-</p> <ul style="list-style-type: none"> i) it would always be cheaper for Trusts and Health Boards to hire a locum rather than make a doctor do the work of more than one doctor due to a rota gap; ii) where a doctor has to cover a second bleep or undertake additional responsibilities of an absent doctor, they should receive additional remuneration; iii) where a ward is not at minimum staffing numbers, the doctors working on that ward should receive additional remuneration; iv) additional remuneration should at a minimum be paid at the BMA recommended extra-contractual rate per gap. |
| UK | 313 | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes that fixed term contracts and the lack of annual pay progression cause increased precarity for doctors and removes incentives for adequate training places to be provided, and therefore calls for the relevant BMA committees to demand that:-</p> <ul style="list-style-type: none"> i) all doctors are given the option to be on long term contracts at their hospital from FY1 onwards; ii) all doctors be given annual pay progression, regardless of whether they have been accepted onto a training program. |
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WA | 314 | <p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting supports the Junior Doctors' strike action in March and planned 92 hour strike in April, demanding restoration of the 26% pay loss since 2008/9. Proper remunerations for doctors is urgently needed to train and retain our medical staff, on which the future of the NHS depends. We also support the strikes of nurses and other NHS workers for pay rises in line with inflation. This meeting calls on the BMA to organise action alongside other trade unions in a general strike, in order to:-</p> <ul style="list-style-type: none"> i) save our NHS as a publicly funded and provided services to care for the people of this country with safe staffing; ii) work for a change of government to bring in a workers' socialist government to renationalise all our privatised industries and run them for need and not profit. |

- UK 315 **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting notes that when doctors move from being junior doctors to GP Trainees that they receive less support from the BMA and insists that this is rectified.
- UK 316 **Motion** by NORTH & MID STAFFORDSHIRE DIVISION: That this meeting firmly believes that the term "junior doctor" is both demeaning and misleading for general public, who may not fully comprehend that these labels pertain to qualified professionals, some of whom may have been practicing for a decade. Therefore, this meeting urges BMA to discontinue the use of the terms "junior doctor" in all forms of communication and replace them with the term "doctor" instead.
- UK 317 **Motion** by CORNWALL DIVISION: That this meeting believes that the exploitation of junior doctors within hospitals highlighted by the recent jailing for driving whilst overtired should be addressed by training more doctors, so that working hours can be reduced.
- UK 318 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls on the BMA to:-
 i) survey members on the appropriate nomenclature for junior doctors in training programmes;
 ii) engage with relevant stakeholders to adopt new nomenclature which is clear and understandable for all NHS staff and patients;
 iii) consider terms for junior doctors such as intern, resident and registrar.
- UK 319 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting calls on the BMA to:-
 i) survey members on the appropriate nomenclature for junior doctors in training programmes;
 ii) engage with relevant stakeholders to adopt new nomenclature which is clear and understandable for all NHS staff and patients;
 iii) consider other terms for junior doctors.
- UK 320 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the contractual disparities between junior doctors and other public sector professionals, in particular linked to the definition of full-time work. It therefore calls on the BMA to negotiate additional rostered hours above 40 hours per week to be remunerated at enhanced BMA rates.
- UK 321 **Motion** by JUNIOR MEMBERS FORUM: That this meeting recognises the detrimental impact of long work commute to junior doctors' health and well-being. We call on the BMA to lobby the relevant educational bodies to provide free accommodation at or near the placement site if the commute is more than one hour or over 60km from the junior doctor's place of residence for the entire duration of the rotation.

PART 2 - FINANCES OF THE ASSOCIATION

- UK 322 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the gap between income and expenditure that the Chief Financial Officer and Treasurer are trying to fix. We suggest that they survey membership's response to a proposal for full membership fee restoration on full pay restoration.

PART 2 - SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

- UK 323 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting is aware that the computer software required for SAS job planning and rostering are mutually incompatible and instructs BMA to:-
i) demand that NHSE validates and reconciles these systems so that the SAS contract SPAs (supporting professional activities) and T&Cs (Terms and conditions) are upheld;
ii) negotiate a single integrated national standard computing system which truly reflects the SAS contract.
- EN 324 **Motion** by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting is extremely disappointed to note that fewer specialist grade posts were created for speciality doctors and insists that BMA negotiate a regrading pathway instead of relying on employers discretion.
- UK 325 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is aware that some of the current computer systems required for job planning and rostering of SAS doctors are mutually incompatible and instructs BMA to:-
i) demand that NHSE validates and reconciles these 2 systems so that the SAS contract SPAs and Ts&Cs are upheld;
ii) negotiate a single integrated national standard computing system which truly reflects the SAS contract.
- UK 326 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting believes an induction for staff grade doctors should be tailored to individual needs.
- UK 327 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises that the current membership of the SASC UK is too small to adequately represent the ever-increasing number of colleagues nationally and their contractual situations. The committee needs to do more to promote and achieve inclusivity and engagement and hence stimulate greater diversity of opinion and debate. To start and assist this process, this meeting calls on the BMA to, without delay, significantly increase the membership of SASC UK, benchmarked by the membership of other branches of practice committees.

PART 2 - PUBLIC HEALTH MEDICINE

- UK 328 **Motion** by NORTH WEST REGIONAL COUNCIL: Recognising that there is value in the combination of public health practice with practice treating individual patients, this meeting affirms that:-
i) there should be realistic practical arrangements for those seeking dual accreditation;
ii) there should be arrangements to combine part-time practice in public health with part-time practice in general practice or in another specialty;
iii) there should be pay protection for entrants to public health training so that experienced clinicians may apply.

- UK 329 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting laments the fragmentation and unnecessary re-organisation of public health systems in the UK often without supportive evidence or consultation of the public health workforce. In particular, this meeting is dismayed by the scapegoating of the former Public Health England and its subsequent dissolution. This meeting, therefore, calls upon the BMA to:-
- i) lobby forcefully for future re-organisations to feature meaningful workforce engagement, collaboration with relevant trade unions, and robust and transparent appraisal of proposed options and their associated costs, benefits and disbenefits;
 - ii) develop standards for public health systems, building on established WHO and FPH standards, and petition for the adoptions of these standards by governments across the UK;
 - iii) lobby governments across the UK to develop public health workforce plans in partnership with public health specialists, with a commitment to meet the recommended minimum ratio of 30 whole-time equivalent public health consultants per million population;
 - iv) work together with the FPH towards a more vocal and prominent joint role in public health system development and workforce planning.
- EN 330 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting believes true independent public health advice should be given by a qualified and registered public health consultant and ICBs should:-
- i) have unbiased, informed clinical population health advice on how to improve the health of their population;
 - ii) evidence the improvement in the health of their local population and the reduction in health inequalities, in line with their mandate;
 - iii) evidence how they are getting independent population health to improve the health of their public.
- UK 331 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting recognises the Wellbeing of Future Generations (Wales) Act 2015 as a progressive piece of legislation which encompasses a number of Public Health ambitions including the orientating of collective action towards wellbeing goals, taking a holistic approach to wellbeing that covers social, environmental, economic and cultural domains, and in accordance with the 'sustainable development principle', crucially taking account of the wellbeing of future generations. This meeting therefore welcomes the consideration by governments and parliaments in other parts of the UK of legislation which seeks to ensure the wellbeing of future generations. Given the importance of taking into account the impact of policies on future generations and recognising that the nations of the UK are at different stages with regard to this legislation, this meeting calls on the BMA to:-
- i) advocate for legislation that requires safeguarding of the wellbeing of future generations, across social, economic, environmental and cultural domains across the nations of the UK;
 - ii) provide constructive input into parliamentary processes where possible to maximise the Public Health benefit of this legislation across the different nations of the UK.

UK	332	<p>Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting is appalled that the life expectancy of poor people is declining; inequalities in health are widening; the NHS is drowning under the pressure of a public health disaster; and at the lack of effective action to address these. This meeting believes that these problems require:-</p> <ul style="list-style-type: none"> i) investment in NHS preventive services, wider public health services, community development, and many other areas of local government spending; ii) an effective strategy for addressing occupational, environmental and commercial determinants of health; iii) the application of health in all policies by all public bodies; iv) an end to the ideological neglect of public health. <p>This meeting, therefore, calls on the BMA to develop a three-year programme of work on income and wealth inequality, including producing a policy briefing on income and wealth inequality and health; identifying specific policies that could reduce these inequalities; and developing and implementing a plan to influence change in these policy areas.</p>
UK	333	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is concerned that influential celebrities continue to promote fad slimming diets, some fashion houses have reverted to using super thin models and promoting the “size 0” look, and Ozempic injections are advertised and accessible on line, and asks BMA to actively publicise the physical and mental harms resulting from the normalising of an unnatural body image and the unregulated promotion and use of weight loss drugs.</p>
UK	334	<p>Motion by NORTH EAST LONDON DIVISION: That this meeting is appalled at the increasing illegal use of electric scooters on our public roads and instructs the government to ensure that:-</p> <ul style="list-style-type: none"> i) laws are tightened; ii) electric scooters are taxed; iii) riders should have proper identification; iv) regulations should be explicit.
EN	335	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting has concerns that the public health grant in England has been subject to significant cuts in recent years, being 22% lower now than in 2015/16 and:-</p> <ul style="list-style-type: none"> i) demands a properly funded public health system is urgently provided; ii) believes the present allocation does very little to address historically poor population health and widening health inequalities; iii) demands Council sends an urgent, unequivocal message to the Secretary of State urging that restoring the huge funding deficit would save lives and reduce inequalities.
UK	336	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes the cost-of-living crisis is a health and wellbeing crisis and:-</p> <ul style="list-style-type: none"> i) the impact of double-digit inflation and deep cuts to other key public services have exacerbated the cost-of-living crisis and consequently placed the NHS under more significant pressure; ii) increased living costs will affect physical and mental health, exacerbate existing conditions, with low-income households most at risk;
iii) EN		

- iii) demands that council mounts pressure on the government to genuinely concentrate on levelling up and resurrect the white paper on health disparities.
- EN 337 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting reaffirms the fact that all children deserve access to a safe environment and high-quality health and social care, and that:-
- i) we are deeply concerned on the provision of care within care homes and unregistered and unregulated placements delivered by private providers;
 - ii) there is urgent requirement for greater support and recognition for the carers charter and ethical care charter;
 - iii) consideration is given to nationalisation of care homes are in order to achieve and maintain a national standard of residential care;
 - iv) regulatory processes are in place to ensure private providers are held accountable and conform to the same standards of care and treatment as NHS counterparts;
 - v) there is an increase in provision of residential care, so that children in need of supported accommodation or inpatient mental health care are not faced with travelling long distances or experience unnecessary delays in receiving the care that they require.
- UK 338 **Motion** by NORTH EAST REGIONAL COUNCIL: Approximately 2.2 million people received three days' worth of emergency food from a Trussell Trust foodbank in 2021/22, of which, 832,000 of these parcels went to children. One in three UK children (4.3 million) live in poverty, and 2.5 million children live in food insecure households. That this meeting believes it is travesty that inequalities are worsening and:-
- i) praises the Trussell Trust for highlighting the food poverty crisis within the UK, and commends all organisations who provide families with emergency food;
 - ii) supports the increased provision of healthy free school meals and affirms that no child in the UK should go to bed hungry;
 - iii) condemns repeated governmental failures to tackle food poverty and associated health inequalities.
- UK 339 **Motion** by NORTH EAST REGIONAL COUNCIL: Research by CRISIS shows at least 300,000 households could experience the worst forms of homelessness in 2023, an increase of approximately 33% over three years. The average life expectancy for people experiencing homelessness is 46-years for men and 42-years for women. That this meeting:-
- i) is deeply concerned by the worsening levels of homelessness and rough sleeping across the UK and recognises the detrimental biopsychosocial effects of homelessness on health;
 - ii) calls on medical schools and Royal Colleges to ensure that the health and social care needs of this population are included in their curriculum;
 - iii) instructs health and social care organisations to explore integrated models of healthcare for this vulnerable population;
 - iv) demands the UK governments commit additional resources to support the health and social care requirements of these vulnerable people;
 - v) demands the UK governments seek to increase appropriate registered and regulated local placements to accommodate people experiencing homelessness.

- UK 340 **Motion** by LONDON REGIONAL COUNCIL: That this meeting recognises the impact that the cost-of-living crisis is having on the health and wellbeing of patients and doctors. The impact of deprivation and financial precarity on health and wellbeing is widely known. The increasing cost of living is likely to be contributing enormously to the increasing demands on the NHS. In-work poverty was already at 17% of the UK workforce, pre-pandemic, and the average UK household is now significantly poorer than their counterparts in France and Germany. We doctors see the impact of this on our patients daily. This meeting calls on the BMA to campaign for evidence-based policies which will reduce poverty, including in-work poverty, and allow all people, whatever their background, to thrive and have resilience to economic shocks, such as the Covid-19 pandemic. Specifically, we call on the BMA to support the following:-
- i) restoration of the social safety net, to prevent people from falling into poverty and homelessness. This could include scrapping the five week wait for universal credit payments, the two child limit, and the benefits cap. However, alternative models should also be considered, which are more adaptive to changing needs. The social security system should be able to provide people in need with a liveable income;
 - ii) improved wages for those in-work. This should include increasing the minimum wage to £15 per hour, as already campaigned for by other trade unions;
 - iii) tax reform: the current tax system disproportionately taxes income from work, whilst people who are already wealthy from investments, rent and inheritances are taxed relatively lightly. This entrenches inequality; working people, including doctors, are taxed proportionately more than those making money from capital gains or by renting property. There are many proposals for a fairer tax system, which would more effectively tax the wealthiest in society, and we believe these should be seriously considered by the government.
- UK 341 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that in a healthy civilised society everybody would be able to afford food, shelter and energy.
- UK 342 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that:-
- i) the problem of misuse of drugs should be addressed as a public health problem;
 - ii) there should be either legalisation, or decriminalisation, or the provision of a legal avenue of supply for established users (the pros and cons of these three options to be considered in an evidence-based manner);
 - iii) in considering the legal status of cannabis distinctions should be drawn between low-strength cannabis of the type that was widespread in the 1960s and high-strength forms and between cannabis which is to be smoked and cannabis which is to be ingested.
- UK 343 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that gambling taxation and controls on gambling (including controls on advertising) must be pursued with a view to reducing problem gambling, and therefore reducing the gambling trade, and that they are therefore unlikely to be acceptable to the industry and that attempts to find solutions acceptable to the industry are inappropriate.
- UK 344 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises widespread concern at the lack of independent public health advice during the covid pandemic, widespread professional concern that the proper practice of public health as a health professional treating a population is difficult, the articulation of

professional public health perspectives within policy debate is restricted, that most public health consultants are employed on contracts with political restrictions, and there are campaigning restrictions on government funding of charities and research bodies. This meeting therefore calls on the BMA to launch a campaign for the right to public health advocacy.

- UK 345 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes that HEPA filtration is already installed in the palace of Westminster and at Davos and believes that it will be cost effective to install in Hospitals and Schools. We call on the governments to act urgently to ensure the public have the same protection they have already arranged for themselves.
- UK 346 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting is appalled that the life expectancy of the poor is declining, inequalities in health are widening and the NHS is drowning under the pressure of a public health disaster. This meeting believes that this problem requires:-
- i) investment in NHS preventative services, wider public health services, community development, and many other areas of local government spending;
 - ii) an effective strategy for addressing occupational, environmental and commercial determinants of health;
 - iii) the application of health in all policies by all public bodies;
 - iv) an end to the ideological neglect of public health.
- UK 347 **Motion** by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting believes that in a healthy civilised society everybody would be able to afford food, shelter and energy. That this meeting:-
- i) notes that low wages are a significant factor in the level of poverty in the UK, and require the state to support employees and companies through the benefits system;
 - ii) notes that the hourly rate for the minimum wage depends on a person's age and whether they are an apprentice. The UK Government sets rates on 1 April each year and from April 2022 they ranged from £4.81 for those under 18 to £9.50 for those over 23;
 - iii) notes that countries with less inequality of income not only have better health but also better economic growth;
 - iv) notes that the Living Wage Foundation calculates a Real Living Wage based on what people need to live. The April 2022 rate is £10.90 for all those aged 18 and over;
 - v) calls on the UK Government to set the hourly minimum wage at the level of the Real Living Wage for all age groups.

PART 2 - HEALTH OF THE PUBLIC

- UK 348 **Motion** by NORTH EAST REGIONAL COUNCIL: Opioid use is an increasing UK public health concern. NICE guidelines NG193 and NG215 highlight the dangers of dependence-forming medicine. The Faculty of Pain Management conclude "there is no evidence for efficacy of high dose opioids in long-term pain." The Lancet reports approximately half of all fatal drug poisonings involve opiates, whilst opioid-related hospitalisations rose by almost 50% between 2008-2018. That this meeting:-
- i) is deeply concerned on the growing 'opioid epidemic' in the UK;

		<p>ii) recognises the benefit of a holistic biopsychosocial approach to managing chronic pain and the recommendations from NICE and Faculty of Pain management;</p> <p>iii) advocates the role of holistic medication reviews and de-prescribing of inappropriate pharmacotherapy;</p> <p>iv) calls for the creation of ‘functional medicine specialists’ to support patients experiencing chronic pain;</p> <p>v) calls for increased teaching in pain management and deprescribing in medical school and post-graduate training.</p>
UK	349	<p>Motion by NORTH DEVON DIVISION: That this meeting, recognising increasing concern about the rise in numbers of children and young people using, and becoming addicted to, e-cigarettes, demands comprehensive action to prevent future harms to under-18s from vaping, to include:-</p> <p>i) public health measures and clear information, together with education in schools and colleges;</p> <p>ii) stricter regulation on flavouring, packaging and display of vape products;</p> <p>iii) better enforcement of age of sale regulations;</p> <p>iv) recognition of the importance of further research.</p>
UK	350	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting demands comprehensive action, including public health measures and education in schools, to prevent future harms to young people from the use of e-cigarettes [vaping].</p>
EN	351	<p>Motion by MEDICAL STUDENTS CONFERENCE: That this meeting is concerned that e-cigarettes (vape products) are excluded from The Standardised Packaging of Tobacco Products Regulations 2015, The Tobacco and Related Products Regulations 2016 and The Health Act 2009. This mandates that tobacco products must all adhere to the same colour, font and health warnings on their packaging; and that it is illegal to display tobacco products at the point of sale in any business selling tobacco products to the public. This is of a concern as their colourful packaging, casings and varied flavours make the products more attractive to young adults and children. Given the harmful effects of vape products and that their use has more than doubled from 2021 to 2022 in the 11-17 year old age range, this conference calls on the BMA to:-</p> <p>i) lobby the UK government to expand the current Standardised Packaging of Tobacco Products Regulations 2015 and Tobacco and Related Products Regulations 2016 to all vape products;</p> <p>ii) lobby the UK government to expand The Health Act 2009 to all vape products; and</p> <p>iii) lobby the UK government to limit the ‘flavours’ of vapes sold in the UK to ‘menthol’ only, in-line with cigarette flavourings.</p>
EN SC WA	352	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the large burden of morbidity and mortality caused by problem gambling. The regulation of gambling is inadequate, neither preventing people especially young persons becoming gamblers nor effectively managing people who have developed problems with gambling. This meeting calls for the following action:-</p>

i) a public health approach to the control of gambling based on evidence-based practice, including countering the many non-evidence based industry funded treatment and support services;
 ii) a gambling ombudsman;
 iii) the Gambling Act 2005 should be reviewed and replaced with a stronger regulatory framework including controls on on-line gambling;
 iv) advertising and sponsorship in sport by the gambling industry should be restricted;
 v) affordability checks and age verification should be made more stringent;
 vi) a statutory levy should be imposed on the gambling industry and monies from the levy should be managed by a body which is independent of the gambling industry. This body should commission research and a regular high quality prevalence study to determine the size of the problem and monitor trends.

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PART 2 - COMMUNITY AND MENTAL HEALTH

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Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on NHS bodies and departments of health in all UK nations to improve the quality of life and care of people living with dementia in care homes by:-
 i) developing robust mechanisms to accurately measure the number of people with a diagnosis of dementia living in residential care facilities (excluding NHS Hospitals) throughout the UK;
 ii) ensuring that those who need mental and physical health care receive it in a timely way and that this is robustly measured and reported upon;
 iii) improving the care which can be provided in residential care facilities by funding beds at a viable economic level;
 iv) raising standards to reduce by at least 50% the proportion of residential care facilities that are judged by the CQC to be 'inadequate' or 'requiring improvement' over the next 2 years.

- UK 355 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting recognises that dementia is a disease, and calls on the BMA to press for all the care costs arising from dementia to be fully funded through the social care system, in advance of the hoped-for creation of a publicly owned, publicly provided, free at time of use National Social Care and Independent Living Service.
- UK 356 **Motion** by SALISBURY DIVISION: That this meeting notes there are currently >900,000 people affected by dementia today, and this number is likely to rise in coming years as our population ages. ARM recommends that the BMA Board of Science undertakes a critical review of the dementia journey experienced by patients and families focussing in particular on:-
 i) content of undergraduate and post graduate training curricula;
 ii) the role and competencies of primary care in being first point of contact for diagnosis;
 iii) how memory clinics use invasive investigations;
 iv) new approaches to treatment including end of life care;
 v) support needed for carers and families experiencing anticipatory grief and especially for children and young people living under the shadow of young onset dementia in a parent;
 vi) putting compassion back into compassionate care.
- UK 357 **Motion** by SALISBURY DIVISION: That this meeting recommends that the BMA Board of Science reports on the opportunities to promote brain health from infancy to old age.
- UK 358 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting deplores the long waiting lists for assessment and treatment of neurodevelopmental disorders, particularly for ADHD (which has been associated with a 12.7 year reduction in life expectancy when adults are untreated) and autism, and calls on the governments to require commissioners to commission services commensurate with the population prevalence and need, rather than with inadequate historical provision.
- UK 359 **Motion** by EDGWARE & HENDON DIVISION: That this meeting urges the BMA to ask the government to invest more money finding ways of early diagnosis for children with mental health disorders. Children with mental disorders can have problems at home, in school and in forming friendships and it has increased disproportionately since the pandemic. The best way to do so is to increase and train professionals in our schools who can detect and treat our children at a place where they feel safe, in surroundings they know and understand, before it is too late.

PART 2 – CONSULTANTS

- UK 360 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting believes that the BMA is the national medical association recognised by our European partners and European Medical Organisations. UK Consultants involvement in the European Union of Specialists (UEMS) requires adequate support and funding. However, the current process of appointing Head and Deputy Head of UK Delegation to UEMS is from a narrow pool of elected Consultant members. To ensure a greater number of BMA consultant members can be considered for these positions (in addition to the currently accepted criteria of consultant members to specific BMA committees) this

meeting calls on the BMA, the BMA organisation committee and appointments committee to expand the pool of possible nominees to these appointments by:-

- i) allowing BMA consultants with suitable experience to be elected for final nomination;
- ii) allowing an “election of nominees” of BMA consultants at UK consultants conference and at ARM;
- iii) ensuring the appointments procedure is timely and gives sufficient time for handover;
- iv) remaining a full member of the European Union of Medical Specialists (UEMS).

PART 2 - OCCUPATIONAL MEDICINE

- UK 361 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that health issues arising at the workplace contribute significantly to inequalities in health and therefore calls for a comprehensive occupational health service serving all workplaces as part of the statutory comprehensive health service.
- UK 362 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting welcomes the recent announcement by the chancellor of the exchequer that more people will be helped back to work and calls for a national fully funded universal occupational health service for all workplaces:-
- i) to reduce inequalities in health, and work-related ill health;
 - ii) to ensure the return to the workforce of those adults currently inactive due to ill health who could undertake some work with suitable workplace adjustments.

PART 2 - BMA STRUCTURE AND FUNCTION

- UK 363 **Motion** by GREAT YARMOUTH & WAVENEY DIVISION: That this meeting agrees to continue to view "Divisions" as the basic bricks of the BMA structure, where members from all branches of practice can coordinate their effort to improve doctors working life and support each other. Furthermore:-
- i) existing active divisions should continue to be supported in their Trade Union activities;
 - ii) where the divisions are not productive or active, support from BMA Regional coordinator / IRO should be made available to revive and make the division engaging, useful and productive for the grassroot membership, including considering merging with neighbouring divisions.
- EN 364 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises regional councils in England are fundamental to local organising in the BMA, and therefore calls on the BMA to:-
- i) provide regional councils in England with the resources required to activate dormant divisions;
 - ii) invest more in the infrastructure of regional councils;
 - iii) attribute a greater proportion of BMA funding to the regional councils.
- UK 365 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting is of the view that we must strive for best local BMA support, involvement and input for members and firmly believes that council should encourage and re-invigorate BMA divisions to become more active, as part of any process examining grassroot member involvement.

- UK 366 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to reform and re-invigorate the division as the basic grassroots unit of The Association.
- EN 367 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting agrees to continue to view "divisions" as the basic bricks of the BMA structure, where members from all branches of practice can coordinate their effort to improve doctors working life and support each other. Furthermore:-
 i) existing active BMA divisions should continue to be supported in their Trade Union activities;
 ii) where the divisions are not productive or active- support from BMA Regional-Coordinator / IRO should be made available to revive and make the division engaging, useful and productive for the grass root membership, including considering merging with neighbouring divisions.
- UK 368 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting believes that the BMA divisions have a vital role to play and demands that the BMA:-
 i) provides better staff support to divisions;
 ii) provides more information about divisional membership to the divisional officers and enables better communication between the officers of the division and its membership.
- UK 369 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: 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 by honorary secretaries and therefore:-
 i) calls for 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.
- EN 370 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises regional councils in England are fundamental to local organising in the BMA, and therefore calls on the BMA to:-
 i) provide regional councils in England with the resources required to activate dormant divisions;
 ii) invest more in the infrastructure of regional councils;
 iii) attribute a greater proportion of BMA funding to the regional councils.
- UK 371 **Motion** by EAST YORKSHIRE DIVISION: That this meeting recognises the importance of BMA elections to committees and councils, and therefore calls on the BMA to:-
 i) ensure that BMA election rules for eligibility, canvassing and voting are followed throughout the process;
 ii) update BMA elections rules to prevent individuals or groups from dissuading or forbidding members from standing in the elections;
 iii) promote a robust process to investigate any concerns or incidents surrounding the election process that are brought to the attention of the BMA staff and members;

- iv) ensure that any campaign or grassroots group citing BMA elections that promote named individuals are held accountable for their involvement in BMA elections.
- UK 372 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the importance of BMA elections to committees and councils, and therefore calls on the BMA to:-
 i) ensure that BMA election rules are followed when electoral pacts are made, ensuring that all parties have agreed to the selected candidate and that no other party has been dissuaded from standing in the election;
 ii) discourage en bloc voting in preference of individual voting;
 iii) ensure that where en bloc voting occurs, it is transparent who is organising the voting arrangements and that there is agreement from all parties in the electoral process.
- UK 373 **Motion** by NORTH EAST REGIONAL COUNCIL: Representation is a crucial aspect of the structure and function of the BMA. That this meeting:-
 i) believes that election to committees at ARM should be representative of the whole ARM;
 ii) recognises that potential block voting could unduly influence representation of ARM committees;
 iii) calls on the organisation committee to examine possible solutions to ensure elections at ARM are truly representative.
- UK 374 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting fears that some elections within the Association may have been decided by group voting. In future all elections are to be accompanied by a voter's declaration that the vote submitted is personal and not directed by any group decision and that it is understood that block voting is unacceptable and will lead to loss of membership.
- UK 375 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that, despite the resolution of the 2022 ARM, the problem of politically motivated use of the resolutions process as an instrument of bullying has not been solved, and notes that the annual conference of local medical committees has passed a resolution of no confidence in the process. This meeting therefore:-
 i) resolves to establish a committee consisting of the chair and deputy chair of council and five members elected by the ARM to fundamentally review the process and report to the next ARM;
 ii) resolves that this committee will have power to co-opt, including the power to co-opt individuals who are not members of the BMA or who are suspended from BMA activity;
 iii) resolves that until changes have been approved by the ARM, there should be a temporary amendment to the resolutions process that all complaints should be referred to the informal process and the formal process should cease to operate, except:
 - in cases of exceptional seriousness for which the chair of council may recommend, and the committee elected above may by 2/3 majority authorise, the formal process to proceed, or
 - in cases of sexual harassment, where the process may proceed.
 iv) resolves that by the same temporary amendment all formal complaints (other than those of sexual harassment) which have not yet been completed by a decision

of the panel shall cease, any interim measures shall become inoperative, and the complaint shall be transferred to the informal process;
 v) resolves that by the same temporary amendment the committee elected above may arrange for a review of past cases where individuals may have been treated unfairly.

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| UK | 376 | <p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting is appalled that despite previous policy, the current BMA Resolution process remains not fit for purpose. In particular it must be changed to:-</p> <ul style="list-style-type: none"> i) ensure equal treatment of members and staff; ii) stop vexatious complaints; iii) recognise that suspension is not a neutral act; iv) require all information made available to the interim measure panel (IMP) is shared with the respondent in advance of any meeting; v) require that any decision to suspend at an IMP should be unanimous. If it is not unanimous then decision to suspend cannot be taken; vi) suspend the formal process until a Task and Finish group chaired by Council Chair and with membership elected from the Representative Body develops a proposal or ARM 2024 with the informal process continuing in the interim. |
| UK | 377 | <p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the importance of representation for members, and therefore calls on the BMA to:-</p> <ul style="list-style-type: none"> i) review BMA UK council election processes so that any member who is elected to BMA UK council via a geographical seat relinquishes their seat upon moving to a different geographical area; ii) consider a time limit on all BMA council seats for members who transition between branches of practice following election to a branch of practice seat. |
| UK | 378 | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting:-</p> <ul style="list-style-type: none"> i) believes that it is incumbent on representatives opposed to an A motion to object to it rather than obstruct the unanimity currently required, and therefore the requirement for unanimity should be abolished; ii) believes that where there is an objection to an A motion and the agenda committee consider the objection to be unlikely to command wide support in the ARM, the objection should be put in writing and circulated to the ARM and the ARM should vote on that motion without debate separately from the vote on the main block of A motions; iii) resolves to introduce a new category of motion, called an AW motion, to be voted on without oral debate after the circulation of written arguments for and against the motion; iv) believes that where a motion is referred to council, either by being carried as a reference or under the AR procedure, council should bring a motion embodying its conclusions to the next ARM and that motion should be voted on; v) directs organisation committee to draft for consideration by the next ARM amendments to the standing orders embodying the above decisions. |

- UK 379 **Motion** by NORTH EAST REGIONAL COUNCIL: At ARM 2022 twelve 'A motions' were sadly rejected en masse. That this meeting:-
- i) agrees with the ARM definition that 'A Motions' are "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";
 - ii) recognises the benefits of 'A Motions' to the wider BMA and supports the agenda committee decision on classification of 'A motions';
 - iii) believes 'A motions' should be taken early in arm to avoid mass removal;
 - iv) believes that delegate(s) who object to 'A motion(s)' should outline the reason(s) for their objection to the agenda committee at the beginning of ARM to allow for proper debate.
- UK 380 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that standing orders be rewritten so that if a vote on A motions is lost, there is an opportunity for members to approach the agenda committee explaining their concern, and thus allowing a resolution to be proposed to the meeting. Should no members approach the agenda committee - the motion will pass.
- UK 381 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the efforts involved in being a representative of the BMA, and therefore calls on the BMA to:-
- i) provide clear guidance for representatives about their roles and responsibilities, and the projected time required for the role per week/month;
 - ii) develop a mechanism for representatives to regularly demonstrate how they are fulfilling their BMA role;
 - iii) ensure that BMA representatives are representing the BMA, and not external parties, campaign groups or other organisations, while using BMA resources;
 - iv) remove BMA accreditation from any representative who is found to be promoting external parties, campaign groups or other organisations while using BMA resources.
- UK 382 **Motion** by SAS CONFERENCE: That this meeting strongly encourages the BMA to set limits on the number of internal committees a member can nominate themselves for in any one session.
- UK 383 **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting asks BMA to explore whether the ARM conference agenda committee should limit the number of committee members who are also members of national branch of practice committees, and to report back to next year's ARM.
- UK 384 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the limitation of committees' membership and the importance of co-option for providing additional expertise to a committee's procedures. It therefore calls on the BMA to:
- i) ensure that members who are put forward for a co-option must evidence how they can provide additional expertise to a committee's procedures, and how such expertise is not already present amongst the existing committee's membership;
 - ii) ensure that members who have been co-opted to a committee provide regular evidence on their ongoing work relevant to the rationale of the initial co-option;

iii) remove co-opted members from the committee membership to which they have been co-opted if found to have failed to fulfil their duties relevant to the rationale of the initial co-option.

- UK 385 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the importance and visibility of members holding executive or portfolio roles across branches of practice, and it therefore calls on the BMA to:-
- i) ensure that elected officers holding a co-chair or deputy co-chair position purposefully and fairly divide the workload, evidencing their progress on fulfilling the workplan;
 - ii) ensure that members who are elected to an executive or portfolio role regularly evidence their work in fulfilling their role and job description or progressing a portfolio workplan;
 - iii) ensure that a review and/or re-election to fulfil the membership mandate is triggered where elected officers fail to provide sufficient evidence of their ongoing work.
- UK 386 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting recognises the very short timeframe of each session for BMA representatives annually and the lack basic introduction to trade unionism. For newly appointed representatives, significant time is lost in familiarising themselves to the organisation, structure and key contacts and opportunities. There is often a loss of continuity between committees, loss of opportunities for relationship building and a loss of time to implement agendas. Induction and mentoring for BMA representatives is inadequate, and therefore we call for:-
- i) an introduction to trade unionism, organisational structure and opportunities for professional development to be included in the formal training at induction for committee members;
 - ii) the BMA to make teaching about trade unionism, activism, power and forms of resistance available to all members;
 - iii) a review of the dates for each session and whether the current July-July session model represents the most effective use of representatives elected every year;
 - iv) improvements to be reported on at the next ARM.
- UK 387 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting acknowledges the excellent work put into establishing the bespoke BMA organiser training programme in preparation for the junior doctor and consultant industrial campaigns and mandates that:-
- i) the BMA evaluate the effectiveness of the programme upon its agreed aims at the end of each session and refine the programme to continue meeting our members' needs;
 - ii) the programme continues for at least the next 5 years and/or until full pay restoration to 2008-RPI adjusted level is achieved;
 - iii) the BMA ensure that members trained via the programme remain networked and are encouraged to work on BMA campaigns together on an ongoing basis.

- UK 388 **Motion** by LONDON REGIONAL COUNCIL: That this meeting acknowledges the recent progress in local organisation facilitated by the strikes and strike WhatsApp groups. We call on the BMA to increase grassroots engagement and local organising via:-
i) increasing the number of IROs, allowing them to focus on smaller numbers of hospitals;
ii) investigate how technology can be used to help local organising e.g. expanding WhatsApp communities;
iii) develop better training materials for LNC representatives on local organising;
iv) develop paid LNC roles to enable doctors time to drive change locally.
- UK 389 **Motion** by MANCHESTER & SALFORD DIVISION: That this meeting recognises the strength that high participation negotiations can bring to collective bargaining. This meeting therefore resolves that the BMA should:-
i) provide resources and training on high participation negotiations for negotiators on both local and national levels;
ii) resolve for local and national negotiators to be elected rather than appointed;
iii) facilitate high participation negotiations throughout the union;
iv) seek support, training and advice from other successful trade unions on how to prepare for negotiations.
- UK 390 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the lack of clarity and varying democratic processes around applying for seats and selecting motions to ARM and calls for the BMA to implement:-
i) a transparent and clear mechanism for allocating seats to ARM which will include a centralised application portal, UK wide application deadline and standardised selection process through either elections or lottery;
ii) a transparent and democratic mechanism for submitting motions to ARM which will include a centralised application portal followed by votes to select all motions for the agenda through a member-wide vote.
- UK 391 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting regrets incidents at recent ARMs when the protected characteristics of speakers have been used by others to undermine their arguments in debate, or to question the ability of chairs of specialist committees to give impartial advice to inform debates. It:-
i) insists that chairs of BMA meetings, including ARM sessions, immediately intervene to call out such behaviours and then exclude the offender from that session;
ii) insists the appropriate steps are taken to incorporate these requirements into BMA articles of association and/or byelaws as necessary.
- UK 392 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes organisational structures within the BMA are undergoing significant change in scope of activities and competencies. This meeting acknowledges that the activism and work products delivered by our trade union cannot take place without appropriate support from internal BMA functions and teams. This meeting proposes:-
i) that an internal audit is carried out to assess the human and technical resource capacity of internal BMA functions and teams, in relation to their impact on achieving the outcomes of BMA policy;

ii) that the abovementioned internal audit is published in full to BMA members, including recommendations on better working practices and tackling areas of unmet need;

iii) that adequate staffing and capacity levels are defined and resourced to provide effective internal BMA functions, teams and committees;

iv) that this internal audit is performed periodically and integrated into the organisational strategy of the BMA.

- UK 393 **Motion** by EDGWARE & HENDON DIVISION: That this meeting acknowledges the crucial role the BMA board has in the running of the association and instructs the BMA to provide more transparency and scrutiny by:-
- i) sharing all board meeting papers in advance with BMA Council;
 - ii) provide in depth written minutes that will be circulated to council members after the meeting;
 - iii) have a standing item on Council agenda with adequate time to ask questions;
 - iv) initiate a Board visiting scheme with space for 5 council members as observers at each board meeting.
- UK 394 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting acknowledges the BMA's policy on remote working and the new establishment of a digital working group. This meeting considers the list server as an outdated system of communication for the workings of large committees. This meeting is appalled by the lack of technical support and rigid hierarchical implementation of the BMA's digital strategy. This meeting calls on the BMA to consider the following proposals:-
- i) providing human and technological resource capital to facilitate the establishment of alternative committee communication strategies and ways of working, when democratically requested by committees internal to the BMA;
 - ii) exploring ways in which MS Teams channels and SharePoint sites can be developed to facilitate the transition beyond a list server driven information technology strategy;
 - iii) issuing fully privileged Office 365 licenses to executive members of BMA Branch of Practice and so that they can develop effective digital working environments with an appropriate level of flexibility and in consideration of the unique needs of their committees;
 - iv) providing flexibility to committees to define working practices and support them in their sustained implementation.
- UK 395 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting reaffirms that no BMA representative should be directly financially disadvantaged by choosing to perform a representative role and that the Association should as far as possible mitigate the indirect financial disadvantages, therefore we mandate that the BMA:-
- i) explore stipendiary/secondment arrangements for all officers of committees/conferences and chief officers which fully restore but do not exceed their total NHS compensation had they been working clinically full time rather than fulfilling their BMA role rather than give honoraria to these individuals;
 - ii) ensure that such arrangements are where possible paid via employers or otherwise as needed to minimise accrued pension losses to BMA work;
 - iii) consider whether such arrangements should be reduced or capped rather than cumulative proportional to holding multiple such roles;

iv) continue the excellent work of the family-friendly fund and consider whether there need to be financial arrangements to allow parental leave set out for all elected office-holders.

- UK 396 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting:-
i) notes with disappointment that BMA members working and residing in the Crown Dependencies of Jersey, Guernsey and Isle of Man are not entitled to BMA legal representation in employment matters currently;
ii) believes that all BMA members must be afforded the same level of support, advice and representation wherever they reside in the UK and Crown Dependencies, and
iii) urges the BMA to ensure the above with immediate effect.
- UK 397 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls on the BMA to strengthen the voice of diversity and inclusion in our outputs and to better integrate our equality networks into BMA structures and suggests:-
i) the UK FREE, BMA Women’s network, BMA Disabled Doctors network and other inclusion networks are all given seats on every national branch of practice committee;
ii) a review of areas of diversity and inclusion that require improvement is undertaken with a plan published to address gaps and appropriate networks set up for any under-represented groups with dedicated staff support.
- UK 398 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting re-iterates the importance of providing honorary secretaries with a BMA email address to facilitate communication between secretaries and members and regrets a recent move in November by BMA technology services to close down the “mybma.org.uk” platform which we fought so hard to get some years ago and which at last gave some security to the Secretary and their families by not publishing a personal email to all and sundry. The BMA must provide Hon Secs with safe and secure means with which to communicate with divisional members.
- UK 399 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting calls on the BMA to begin work to establish a comprehensive and easily accessible online resource for Honorary Secretaries and other division officers providing guidance as to the responsibilities and practicalities of the posts, with input from past and present post holders to preserve and share corporate memory and knowledge.
- UK 400 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting:-
i) notes policy to continue with virtual online meetings but warns of the risk to our emotional well-being as a result of sterile online interactions, social isolation, and back-to-back meetings, and
ii) calls on the BMA to provide a happiness pack to each committee member in advance of every online meeting to include a non-alcoholic beverage, healthy snack, and a conversation piece and
iii) requests that members schedule a little time either side of the meeting to enjoy a time out together and network sociably.

- UK 401 **Motion** by LOTHIAN DIVISION: That this meeting firmly believes that attending the ARM as a representative should be encouraged. We therefore ask that the BMA review the dates of future ARMs, with a view to avoiding where possible any overlap with the summer school holidays in any of the four nations.
- UK 402 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that representation at ARM should be encouraged. Therefore, the BMA is urged to review the dates of ARM and make every effort to hold the ARM before the start of the school holidays in any of the four nations.
- UK 403 **Motion** by SCOTTISH COUNCIL: That this meeting believes that representation at ARM should be encouraged. Therefore, the BMA is urged to review the dates of ARM and make every effort to hold the ARM before the start of the school holidays in any of the four nations.
- UK 404 **Motion** by LONDON REGIONAL COUNCIL: This Annual Representative Meeting instructs all relevant BMA policy-implementing committees to add the crucial behaviour principle, 'Be Fair' to the BMA's current behaviour principles.
- UK 405 **Motion** by EDGWARE & HENDON DIVISION: That this meeting instructs the BMA to ensure all members undergoing code of conduct and resolution panel processes receive paid for independent legal and HR support, as chosen by the member.
- UK 406 **Motion** by EDGWARE & HENDON DIVISION: That this meeting reiterates the position that "The BMA is a membership organisation that is both owned and led by its members who take ultimate accountability for the same. Whilst staff support elected members, staff must only operate within the confines of the rules that members set." And it instructs the BMA that:-
 i) all member facing policies and procedures must be refreshed by 2024 and seek BMA council and committee officers approval on behalf of members;
 ii) a report of the approved policies and procedures should be brought to ARM 24 for ratification.
- UK 407 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the BMA should be a transparent membership organisation yet notes the confidentiality statement at the top of all meeting agenda. This meeting instructs the organisation committee to review this statement, with the intention to replace it with a default position of transparency, with options presented to ARM 2024.
- UK 408 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting finds that decisions made by BMA staff on behalf of members do not always align with the wishes of elected members, reaffirms the BMA to be a membership led organisation, and instructs council to review and replace policies so that the BMA is membership led and report back to ARM 2024.
- UK 409 **Motion** by EDGWARE & HENDON DIVISION: That this meeting instructs BMA council to commission an independent culture review into the workings of the organisation. As a member led organisation, the terms of this review must remain member focussed.

- UK 410 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the BMA to introduce transparency in the allocation of BMA funds by branch of practice.
- UK 411 **Motion** by EDGWARE & HENDON DIVISION: That this meeting instructs the BMA to publish all spending related to complaints and code of conduct processes, including HR and legal costs by September 2023.
- UK 412 **Motion** by EDGWARE & HENDON DIVISION: That this meeting is embarrassed to note that despite the 2019 Daphne Romney KC Sexism review, in ARM 2022 awards, the only woman on a team of four officers did not receive an award. It apologises for ongoing sexism in the association and calls for an immediate apology to be issued and a rectification of this matter.
- UK 413 **Motion** by EDGWARE & HENDON DIVISION: That this meeting instructs the co-chief executive to review all staff directorates and salary structures to ensure the association is reaping value for money on behalf of its members.
- UK 414 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the cost of a working lunch at BMA House is absurd and must be replaced with a lunch voucher until the catering offer is improved.
- UK 415 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: 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 by 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 416 **Motion** by EDGWARE & HENDON DIVISION: That this meeting affirms that all members including BMA officers should receive BMA support for caring responsibilities when on BMA business.
- UK 417 **Motion** by NORTH EAST WALES DIVISION: That this meeting believes the BMA should work hard towards recruiting new members and retaining present members by various means at its disposal.

PART 2 - PRIVATE PRACTICE

- UK 418 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes with dismay that the NHS paid about £2 billion to private hospitals early in the pandemic, but that when the Covid-19 peak hit on 12 April 2020, there were 18,921 inpatients with 2,881 on ventilation in the NHS, yet on the same day, only 52 in private hospitals under the contract, according to the BMJ. Government are again requesting input from the private sector as waiting lists spiral out of control. We call on the BMA to ensure that doctors in private practice, through the BMA Private Practice Committee,

are closely involved in all negotiations with government/private hospital contracts in treating NHS patients.

- UK 419 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes, with concern, that when private hospitals agree to undertake waiting list initiative work for the NHS, the hospital takes most of the fee paid by the NHS, leaving the doctor working in their own time, earning a small percentage of said fee, while doctors take the brunt of the medicolegal risk. We call on the BMA to negotiate with the government and private hospitals to ensure that the bulk of the fee goes to the doctors doing the work, and an appropriate facility fee only is paid for infrastructure/private hospital facilities.
- UK 420 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes with dismay that for doctors engaged in private practice, instead of the contract for payment being between the doctor and the patient receiving treatment, the private medical insurers have sought to sandwich themselves between the doctor providing the service and the patient receiving the service. This meeting demands that:-
 i) the BMA establish a mechanism, as exists in other countries of the world, whereby the private medical insurers are answerable to patients and companies buying their insurance products only, to ensure that a payment contract remains clearly between the doctor and the patient, by supporting the Private Practice Committee with adequate staffing to negotiate their stance with patient groups and private medical insurers;
 ii) a BMA communications strategy is developed with doctors and patient groups, to draw attention to this abuse of power by the private medical insurers.

PART 2 - CLINICAL AND PRESCRIBING

- UK 421 **Motion** by BURTON & DISTRICT DIVISION: That this meeting opposes reclassification of procedures as being of limited clinical value unless such reclassification is strongly evidence-based and opposes any use of such reclassification in order arbitrarily to reduce the number of patients on waiting lists.
- UK 422 **Motion** by LAMBETH, SOUTHWARK & LEWISHAM DIVISION: That this meeting believes that clinical guidelines should include an estimate of clinicians time needed to treat according to the guidelines.
- UK 423 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on the governments to improve arrangements for obtaining and guaranteeing wholesale supplies of medication, in particular emphasising the need for availability of adequate volumes of medication, rather than simply a focus on low prices.
- UK 424 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting instructs the BMA to actively campaign against any governments' proposals to reintroduce imperial measures.

UK

425

Motion by LOTHIAN DIVISION: That this meeting sees the growing use of SARMs (Selective Androgen Receptor Modulators), such as Ostarine, in fitness as a clear danger to the physical and mental wellbeing of young people and calls for:-

- i) further regulation of its presentation and advertisement, deeming that companies being required to add the phrase “for research purposes” has not prevented them from openly advertising them as a fitness supplement;
- ii) the UK government to ban the use of SARMs, unless under prescription;
- iii) enhanced regulation of sales on social media, such as Instagram, to curtail the black market sale of anabolic steroids and SARMs.



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