

RESOLUTIONS - 2023 ANNUAL REPRESENTATIVE MEETING

ARM agenda No.	Resolutions
42	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting notes with dismay the practice in some units of charging international medical graduates for clinical attachments and even for taking part in clinical rotas. We condemn this frank exploitation and call upon the GMC to outlaw these practices.</p> <p>CARRIED</p>
43	<p>Motion by SCOTTISH COUNCIL: That this meeting acknowledges the immense contribution of the International Medical Graduates (IMGs) to the NHS & calls upon the BMA to urgently lobby the UK and devolved governments to:-</p> <ul style="list-style-type: none"> i) ensure all IMGs are given adequate induction which may be additional to the usual for them on joining the NHS; ii) ensure that more training opportunities will be made available for all doctors so that IMGs can be given full training opportunities if they so wish to achieve CCT in their chosen specialities; iii) ensure their visa is of sufficient duration to complete their speciality training or enable them to be able to work in the NHS as they wish; iv) ensure IMGs have full opportunities to pursue academic careers if they so wish; v) ensure that all steps are taken to prevent exploitation of IMGs. <p>CARRIED</p>
44	<p>Motion by NORTH EAST REGIONAL COUNCIL: The Human Fertilisation and Embryology Act (2008) prohibits sex-selection IVF unless there is a risk of a serious sex-based hereditary condition. A recent scientific paper described a novel sperm sex selection technique for controlling the sex of an embryo. That this meeting:-</p> <ul style="list-style-type: none"> i) believes there are serious ethical concerns in determining the sex of embryos; ii) reaffirms that cases for sex-selection must be decided on an individual basis by the UK Human Fertilisation and Embryology Authority (HFEA); iii) opposes sex selection IVF out with the strict criteria within The Human Fertilisation and Embryology Act (2008); iv) calls for the UK Government to urgently review the present legislation to ensure that alternative sex-selection techniques are also prohibited. <p>CARRIED</p>
45	<p>Motion by NORTH EAST REGIONAL COUNCIL: A range of private national and international laboratories offer a variety of investigations including health screening and genetic analysis, often outside the scope of recognised NHS investigations and with no formal follow-up. That this meeting:-</p> <ul style="list-style-type: none"> i) calls for a review on the ethics of non-evidence-based investigations; ii) expects that all private health companies provide appropriate counselling prior to undertaking investigation(s); iv) demands assurances that all laboratories operating in UK and providing services to patients/clinicians present in the UK are registered and regulated according to 'ISO 15189 accreditation'; v) calls on the Government to regulate ownership of genetic analysis and ensure immediate destruction of DNA/tissue samples upon patient request.

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	<p>CARRIED</p> <p>iii) reaffirms GMC-guidance that it is the responsibility of the requesting clinician to manage results of investigations; CARRIED AS A REFERENCE</p>
47	<p>Motion by NORTHERN IRELAND COUNCIL: That this meeting welcomes the commitment from the Welsh Government to full pay restoration for doctors including healthcare workers and calls on the Northern Ireland Assembly (when it gets back to work) to give the same commitment to all in Northern Ireland, including general practitioners.</p> <p>CARRIED</p>
48	<p>Motion by NORTHERN IRELAND COUNCIL: That this meeting is shocked and dismayed that the department of health in Northern Ireland has failed to react sufficiently to the workforce crisis in occupational health. These workforce shortages now mean that there are serious and unacceptable delays for those doctors who need to retire due to ill health and terminal illness. We call on the department of health in Northern Ireland to:-</p> <ul style="list-style-type: none"> i) re-instate full pay for those doctors on sickness absence, caught up, through no fault of their own, in these intolerable delays; ii) outline a clear timetable for restoration of this service immediately; iii) publish the numbers of healthcare workers affected by these delays, apologise and provide a clear timebound plan for completion of the individual processes; iv) re-establish the training programme within NIMTDA immediately to assist with future succession planning, thereby ensuring this does not happen again. <p>CARRIED</p>
49	<p>Motion by LINCOLN DIVISION: That this meeting notes the many advantages those doctors with personal wealth and lack of caring responsibilities have when applying for postgraduate medical training and calls on the BMA to:-</p> <ul style="list-style-type: none"> 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. <p>CARRIED</p>
426	<p>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 conference demands that the BMA lobbies relevant Governments, Statutory Education Bodies and Royal Colleges to:-</p> <ul style="list-style-type: none"> i) ensure increases in specialty posts available each year, in line with the number of foundation programme posts offered;

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	<ul style="list-style-type: none"> 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. <p>CARRIED</p>
55	<p>Motion by ARMED FORCES COMMITTEE: That this meeting recognises the dual affiliation that armed forces doctors have between the armed forces BoP and grade specific BoP (JD, GP, CC). We call upon the BMA to:-</p> <ul style="list-style-type: none"> i) allow full membership of both the armed forces BoP and grade specific BoP to armed forces doctors; ii) facilitate this by proactively offering membership of the grade specific BoP to all armed forces doctors in an easy manner. <p>CARRIED</p>
56	<p>Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the NHS workforce crisis with increased numbers of early retirements with the loss of their valuable skills, knowledge, and experience, and calls on the BMA to lobby NHS England, Health Education England and the GMC to work together to facilitate returning to work on a flexible basis, for retired doctors and those who have been absent from work for extended periods, for the benefit of patients. On their agenda should be fully funded support, the removal of systemic barriers to returning to work, involving medical registration, indemnity, and the lack of universal access to a Responsible Officer.</p> <p>CARRIED</p>
57	<p>Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the importance of a designated working space for ward-based doctors to complete their clinical and administrative tasks, and calls for:-</p> <ul style="list-style-type: none"> i) trusts to provide a space that is in close proximity to yet separate from the ward; ii) trusts to provide a space that is appropriately equipped with IT and office furniture for timely and safe completion of tasks; iii) BMA to issue a statement recommending provision of these facilities to be included in the junior doctors contract. <p>CARRIED</p>
58	<p>Motion by JUNIOR MEMBERS FORUM: That this meeting acknowledges the financial burden of medical training on junior doctors. We call on the BMA to demand that the relevant bodies:-</p> <ul style="list-style-type: none"> i) reimburse 100% of the costs of the first attempt of any examinations that are mandatory for training progression; iii) reimburse fees for mandatory training programme portfolio.

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	<p>CARRIED</p> <p>ii) reimburse 50% of the costs of the subsequent attempt of any examinations that are mandatory for training progression; CARRIED AS A REFERENCE</p>
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