

RESOLUTIONS - 2023 ANNUAL REPRESENTATIVE MEETING

ARM agenda No.	Resolutions
60	Motion by TREASURER: That i) the subscriptions outlined in document ARM1A (appendix iv) be approved from 1 October 2023. ii) the subscriptions outlined in document ARM1B (appendix v) be approved from 1 October 2023. CARRIED
61	Motion by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2022 as published on the website be approved. CARRIED
62	Motion by SAS CONFERENCE: That this meeting is concerned about the apparently small numbers of new Specialist grade posts being created in all NHS organisations following the introduction of the new SAS contracts in 2021 and that many experienced Specialty doctors are prevented from developing in their careers and progressing to Specialist grade posts because organisations are not creating these opportunities. This meeting calls on the BMA to:- i) campaign for an objective national process for Specialty doctors to develop and progress to be appointed as Specialist; ii) provide a national model for the development of Specialty doctors for appointment to the Specialist grade to be used by LNC representatives locally; and iii) have a formal and independent mechanism by which Specialty doctors can prove they meet the generic capabilities framework of a Specialist. iv) negotiate for financial recognition at the appointment as a Specialist of additional years worked as a speciality doctor whilst practising independently at a senior level with immediate escalation through the Specialist pay scale. CARRIED
63	Motion by SAS CONFERENCE: That this meeting recognises the importance of the role of the SAS Advocate as emphasised in a recent document published by NHS Employers in partnership with the BMA. This meeting mandates the BMA to ensure consistent and equitable support across the NHS for the welfare of SAS doctors by agreeing with NHS Employers, and with equivalent bodies in the devolved nations, that the appointment of a SAS Advocate be made mandatory for all NHS organisations that employ SAS doctors. CARRIED
64	Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting recognises the longstanding issues around the divergence of pay and Terms & Conditions for public health specialists across the UK, and applauds the suggested solutions outlined in the public health specialists manifesto 2022. It therefore calls upon the BMA to:- i) seek all public health registrars, regardless of background, to be employed under the junior doctor contract in their respective nation; ii) seek all public health consultants, regardless of background, to be employed under a national contract modelled on the medical consultants contract in their respective nation; ensure that all

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	public health consultants and trainees, irrespective of their place of employment, are awarded the same pay, terms and conditions of services as equivalent NHS employees; CARRIED AS A REFERENCE iv) seek negotiating rights on behalf of public health doctors employed by local authorities; v) explore closer relationships and new ways of working with other trades unions where appropriate. CARRIED
65	Motion by LOTHIAN DIVISION: That this meeting believes that vaping and its effects are a growing public health epidemic and asks the Board of Science to re-review vaping and e-nicotine products. The review should include discussion on, but not be limited to discussing:- i) the dangers of vaping and e-nicotine consumption to children and adults; ii) stopping the illegal sale and proxy purchases of vape pens and other e-nicotine products to people under the age of 18; iii) banning all marketing of vape pens/e-cigarettes and the establishment of a plain packaging system in the same vein as tobacco products; iv) banning all e-nicotine/vape pen flavouring; and v) including history of e-nicotine use as a regular/essential part of patient history and examination. CARRIED
66	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting recognises presenteeism (meaning attendance or working whilst unwell), can be extremely detrimental to physical and mental health and note a culture of presenteeism is prevalent in the NHS and education in the UK. We call on the BMA board of science and committee on community care:- i) to work with stakeholders to explore this issue, with a focus on the risks to individuals and populations caused by presenteeism, both in the NHS and in education at all stages; ii) to produce recommendations aimed at addressing the cultural issues around presenteeism in the workplace and in education. CARRIED
67	Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting recognises the severe shortage of doctors working as clinical academics which threatens the future of both research and medical education. It calls upon to the BMA to:- i) renew its commitment to maintaining parity of salary for clinical academic staff with comparable NHS doctors; ii) ensure that the principle of pay-parity is maintained in current and future branch of practice negotiations, in conjunction with MASC, so that clinical academics are not disadvantaged; iii) lobby the UK government to address inequalities in total remuneration that disincentivise clinical academia as a career path. CARRIED
68	Motion by CONSULTANTS CONFERENCE: That this meeting notes that the traditional working model in hospitals has changed with working in hubs and on more than one site. This has led to loss of office space, private areas for reflection/discussion. Furthermore, on wards there is frequently nowhere to be able to have a private conversation with a patient and family. There is also a

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	complete lack of space for doctors to rest, recover after a busy/tough session with some resorting to sitting in changing rooms for a brief moment of respite. This meeting therefore calls for the:- i) provision of dedicated office space/relatives' room on a ward for doctors to be able to have confidential discussions with patients and families; ii) provision of dedicated office space for consultants as set out in The Royal College of Physicians Guidance; iii) provision of senior doctors mess/dining room for them to rest/recover whilst on a busy session. CARRIED
69	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting recognises that work-related ill health contributes significantly to inequalities in health and calls for a universal occupational health service serving all workplaces as part of the statutory comprehensive health service. CARRIED
70	Motion by LINCOLN DIVISION: That this meeting notes policy passed at ARM 2022 calling for the review of divisions of the Association and notes the lack of communication by any review taking place with honorary secretaries and:- i) calls on comprehensive and meaningful consultation of divisions and their elected representatives; ii) believes that a local forum for all branches of practice to meet and discuss issues is essential for the functioning of the Association as well as the support and wellbeing of members and their interests; iv) believes regional co-ordinators need clear instruction as soon as possible as to whether they should continue their invaluable work restarting dormant divisions. CARRIED
71	Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises that the BMA represents all doctors and medical students, and therefore calls on the BMA to:- i) ensure that each branch of practice is being supported across the BMA in their pursuit for improved pay and conditions; ii) strengthen cross-branch of practice working; iii) improve coordination of campaigns across the branches of practice. CARRIED
72	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting reaffirms that the BMA is a members' organisation which appears to have erroneously become synonymous with being an NHS organisation and no longer adequately represents doctors in the independent sector and calls on the BMA to:- i) stop associating itself solely with the NHS and to represent all doctors, as a matter of policy; ii) resource and empower the BMA Private Practice Committee with an adequate number of staff; iv) support the Private Practice Committee to become a Branch of Practice Committee to act on behalf of independent doctors and resident medical officers. CARRIED