

Order of Business

CHOSEN MOTIONS

- 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.
- (Please note erratum in the stem, remove the words “such healthcare workers. We therefore” so motion reads:-*
- 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, 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.
- 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.
- UK 312 **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:-

- 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 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 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.

## **EMERGENCY MOTIONS**

*(Please note: for the purposes of speaker slips, numbers for the below emergency motions will be listed as 1001, 1002, 1003 etc on the virtual platform. Please ensure that you submit the corresponding number on the platform or your speaker slip will not be received).*

### **1001. Emergency motion 1**

Proposed: Dr Callum Wood (north west regional council)

Seconded: Dr Tom Sharp (Yorkshire regional council)

That this meeting notes the publication of NHS England's Long Term Workforce Plan, believes it is inherently and extensively flawed due to its failure to address issues affecting the training, pay and retention of doctors, and:

- i) recognises the value of at least five years of university-led undergraduate medical education over the proposed four-year undergraduate medical degree and untested medical apprenticeships;
- ii) condemns its proposed use of non-doctor healthcare professionals to address the current shortage of doctors, demands that doctors be prioritised for all medical training opportunities and clinical experience over non-doctor healthcare professionals, and calls on the BMA to lobby for doctors in training to be removed from settings where they are not adequately prioritised;
- iii) calls on the BMA and its Chief Officers to issue a position statement on the Long Term Workforce Plan within the next 28 days, and to lobby the Royal Colleges and relevant government and NHS stakeholders to deliver a plan the profession can support.

### **1002. Emergency motion 2**

Proposed: John Hughes (conference of honorary secretaries)

Seconded: Zoe Greaves (north east regional council)

That this meeting notes with concern the decision of UK Council to reduce the duration of ARM 2024 to just 2 days, and while understanding that this is within the power of UK Council under Articles of Association 60/61 is concerned that this:-

- i) was decided without consultation with membership or a vote from RB;
- ii) is shorter than the equivalent meetings of peer Trade Unions;
- iii) limits the breadth of policy to which the full RB can input;
- iv) weakens the democratic power and grassroots voice of our union at a time when it is engaged in multiple disputes;
- v) is unacceptable and calls for the ARM to continue in its current format of three days unless and until RB mandates a change to this.

### **1003. Emergency motion 3**

Proposed: Samuel Taylor-Smith (junior doctors conference)

Seconded: Dowan Kwon (junior doctors conference)

That this meeting is very concerned to hear about the ongoing protracted pay talks between BMA management and staff represented by the GMB union. It therefore urges the BMA to resolve this as quickly as possible by providing staff with an adequate pay rise and working with the GMB representatives to agree a timeline for pay restoration for BMA staff over time.

#### **1004. Emergency motion 4**

Proposed: Thomas Dolphin (UK consultants committee)

Seconded: Louis Dowland (south east coast regional council)

That this meeting:-

- i) recognises that the junior doctor strikes in England have generated a large number of applications for strike pay every month since the first strikes in April, and that the trend of application numbers has been upwards;
- ii) notes that the UK JDC has recently undertaken to strike for at least three days a month indefinitely as the campaign continues, and that junior doctors in Scotland and consultants in England are about to have their first strikes as well;
- iii) notes that the strike fund is not inexhaustible and that running out of strike fund money in 2023-24 would be a point of significant weakness for the BMA's current major campaigns;
- iv) calls for those BMA subscription rates that are rising for 2023-24 to be increased by a further 1% and the income generated to be ringfenced for the strike fund;
- v) calls for any subscription increase this year that is ringfenced for strike fund purposes to be on an opt-out basis for members who do not wish to support the strike fund.

#### **1005. Emergency motion 5**

Proposed: Simon Walsh (UK consultants committee)

Seconded: Shanu Datta (UK consultants committee)

That this ARM fully respects the skills and support of our colleagues in allied health professions (AHPs). However, the RB is extremely concerned by some elements of the NHS long term workforce plan. This RB:-

- i) believes that Medical Associate Professions (MAP) are not interchangeable with doctors and cannot replace or substitute for the skills, knowledge, risk management and pathophysiological approach of doctors;
- ii) believes that the inappropriate use of MAPs to replace rather than support doctors puts patient care at risk;
- iii) calls upon the BMA to lobby the GMC, the Academy of Royal Medical Colleges, NHSEI (and devolved nation equivalents) to ensure that the roles and remits of MAPs are better defined and the training opportunities for doctors are protected;
- iv) calls for the BMA to campaign for doctors and other medical educators to prioritise the training of doctors and medical students where there is competition for educational resource;
- v) believes that until the role of Medical Associate Physicians and Anaesthetic Associates are better defined that the proposed increase to 10,000 should be delayed.

#### **1006. Emergency motion 6**

Proposed: Kevin O'Kane (UK consultants committee)

Seconded: Coral Jones (London regional council)

That this meeting rejects the NHS Workforce Plan as misguided, underfunded, failing to address our retention crisis, and not fit for purpose.

### **1007. Emergency motion 7**

Proposed: Katie Bramall-Stainer (conference of LMCs)

Seconded: Thomas Dolphin (UK consultants conference)

That this meeting notes the publication of NHS England's Long Term Workforce Plan and with it, an acknowledgment of the major shortfall of medical and nursing staff across England affecting patient safety and calls upon the Government to immediately:-

- i) recognise that retention of existing staff must be an absolute priority, despite this fact not being addressed in the published plan;
- ii) embed without delay, its promise for a total reward package for doctors "to be attractive and competitive to respond both to changes in people's career aspirations and the labour market" by committing to full pay restoration for doctors;
- iii) enable qualified and experienced GPs to train the next generation of the proposed 6,000 GP trainees a year, with the proposed increase of training within general practice from two to three years, by taking urgent measures to protect independent contractors by limiting their liabilities and restoring the resources given to England's general practice to 2023's equivalent of 2006/7 funding, to reverse the loss of 2,000 FTE GPs since 2015;
- iv) protect the reputation and international standing of U.K. medical education by preserving the undergraduate course length and content, if it takes its ambition to double medical student numbers by 2031 seriously;
- v) recognise the value and evidence base of trained doctors and nurses per head of population over and above the untried models of inter alia, assorted physician associates and associate medical practitioners;
- vi) prioritise Treasury funds to a U.K. medical student debt cancellation scheme and an MOD-style financial incentive scheme to provide means-tested sponsorship to junior doctors in shortage specialties, including general practice.

### **1008. Emergency motion 8**

Proposed: Kevin O'Kane (UK consultants committee)

Seconded: Coral Jones (London regional council)

The NHS Workforce Plan purports to double the number of medical school places and to double the number of GP training places.

However, it does nothing to address our retention crisis, does not address postgraduate medical training, introduces credentialism to medical training, and seeks to create medical degrees that will not be recognised by international professional bodies.

We reject the NHS Workforce Plan as unfit for purpose.

### **1009. Emergency motion 9**

Proposed: Anna Athow (Enfield and Haringey division)

Seconded: Jacky Davis (UK council)

This meeting condemns the killing of over 80 Palestinians in the West Bank, including children, so far this year by the Israeli Defence Forces – a humanitarian and human rights crisis,

We call on the BMA;

- i) to liaise with relevant states and appropriate international bodies to uphold the rights of the Palestinian people as required by international law, specifically in line with resolution 3236 of the UN General Assembly, which reaffirmed the inalienable right of the Palestinian people to self-determination, national independence and sovereignty, and the right of the Palestinians to return to their homes and property.

- ii) to publicise the dire health needs of the Palestinians, which include frequent burns from use of open fires because of power outages, teargas and gun shot injuries, malnutrition from destruction of crops and water supplies, and the denial of proper medical care to Palestinian prisoners.
- iii) to offer health advice and support to organisations such as Medical Aid for Palestine and the Palestinian Red Crescent Society.

### **1010. Emergency motion 10**

Proposed: Gregory Gardner (Birmingham division)

Seconded: Adrian Farrell (Worcestershire and Herefordshire division)

That the recent case of a woman jailed for procuring a third trimester abortion raises serious issues regarding the safety of remote consultations for medical abortion. As a duty of care to women the following changes should be made to abortion practice:-

- i) there should be an end to the scapegoating of women for the failure of abortion providers to provide adequate safeguards;
- ii) whenever possible, consultations for medical abortion should be carried out face to face, in order for a more thorough clinical assessment, including a proper estimation of gestational age;
- iii) the extent of abortion failure should be data driven and known by all commissioning bodies.