Motion No.	Motions	Outcome
	Workforce, medical education and training (Theme one)	
6.	**Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY RESIDENT DOCTORS CONFERENCE AGENDA COMMITTEE): The health of our future is dependent on robust medical education delivered today for our future medical experts of tomorrow. This meeting notes the lack of clarity about 'targeted expansion of clinical educator capacity' in the 10 year plan and a decline in the quality of medical education at both undergraduate and postgraduate level in the UK due, at least in part, to increasing service pressures and a lack of protected, appropriately remunerated, teaching time for doctors. Whilst the postgraduate medical training review is welcome, we must ensure that standards are maintained and reinforced where they may be lacking. That this meeting calls upon the BMA to:- i) lobby the Government, NHS bodies, and other stakeholders to include explicit, enforceable commitments, to protected time for medical education within the implementation of the 10 year plan; ii) lobby for ring-fenced job plan, work schedule, or other contractually appropriate time, as deemed acceptable by the BMA, for medical education of both medical students and resident doctors; iii) advocate for additional administrative staff to be included in the workforce section of the 10 year plan, where AI, technology or other measures are unable to offset service provision requirements for doctors at all levels; iv) campaign for education and training tariffs paid to education providers to be conditional on demonstrable delivery of high quality medical education. v) lobby the governments of the UK to create a plan that ensures that the UK at least reaches the OECD average doctors per capita within 10 years, and which enables medical schools to take the long-term decisions necessary to achieve the objective and includes proposals for ensuring that there are the medical academic and medical educator workforces required to achieve that objective; vi) oppose training to task due to the risk of training people to obsolescence and loss of broad and in-depth medical education and training which is expert led, evidence based and subject to robust evaluation; vii) recognise that training doctors to follow protocols risks creating a workforce that cannot adapt, innovate, or lead and that it is doctors who humanise medicine and that without medical educators who understand the realities of clinical practice, we risk creating a generation of doctors who are good technicians but poor healers.	Carried in parts. Carried: i. ii. iii. iv. vi. vii. Carried as reference: v.
7.	**Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes the proposals in the 10 Year Health Plan for England; believes that the expansion of ACPs risks patient safety, loss	Carried in parts.

	of training opportunities, and the erosion of doctor-led care; and therefore instructs the BMA to:- i) oppose publicly the roll-out of "'train to task'" until there are nationally agreed, enforceable scope-of-practice standards that set clarity around roles, responsibilities, and accountability (including where tasks can be safely delegated) with consultant or GP oversight and escalation; ii) work to ensure that any expansion in "advanced clinical practice" and non-medical "consultants" is contingent upon binding supervision and regulation with explicit non-substitution for doctors in diagnosis, prescribing, and clinical decision-making; iii) prepare legal, regulatory, and industrial strategies to protect doctors who refuse unsafe delegation; issue guidance on declining supervision outside a safe scope; and, where employers unilaterally impose unsafe models, ballot affected groups for industrial action consistent with BMA policy; iv) coordinate with Royal Colleges to establish (or else develop unilaterally) standards for safe delegation, supervision, and consultant or GP sign-off; and require that these standards are embedded in contracts, curricula, and quality frameworks.	(All parts carried)
8.	**Motion** by CONSULTANTS CONFERENCE AGENDA COMMITTEE: That this meeting believes that:- i) the clinical leadership of consultants is critical to the successful delivery and implementation of the Ten Year Health Plan for England; ii) guaranteed access to an appropriate allocation of Supporting Professional Activities for all consultants, including a contractual entitlement to three SPAs in total for whole-timers, is essential to support that clinical leadership; iii) insufficient transitional funding or lack of overall resourcing which destabilise primary and/or secondary care risks patient safety, and will fatally undermine the Plan causing it to inevitably fail; iv) the additional 1000 training places will be woefully insufficient to provide future clinical expertise and to supply the required medical workforce expansion needed to make the Plan work.	Carried in parts. Carried as reference: i. Carried: ii. iii. iv.
9.	**Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY MEDICAL STUDENTS CONFERENCE AGENDA COMMITTEE): That this meeting notes the commitment in the NHS 10-year plan to expand specialty training places and prioritise UK graduates for foundation and specialty training, and to prioritise other doctors who have worked in the NHS for a significant period for specialty training. However, it is concerned that the proposed expansion will not adequately address issues with postgraduate recruitment nor create a sustainable medical workforce, and condemns the current mass unemployment of doctors across the UK. Therefore, this meeting calls upon Governments to:- i) implement UK medical school graduate prioritisation (as per associated policy passed in ARM 2025) for the UKFP26 and specialty training 2026 round 1 recruitment cycles;	Carried in parts. Carried: i. ii. iii.

	ii) expand foundation and specialty training places in line with medical school growth, pausing further medical school expansion until this is achieved; iii) create a long-term workforce plan to model the number of senior doctors required in the future and fund the corresponding number of medical school, foundation and specialty training places.	
	AI, data and medical research (Theme two)	
10.	**Motion** by MEDICAL ACADEMIC STAFF AGENDA COMMITTEE: Whilst this meeting welcomes the Government's plan to reverse the decline in clinical academic roles, the BMA notes with concern that the 10YHP does not commit to reversing the decline in medical academic roles and instead appears to advocate for doctor substitution through the promotion of roles for allied healthcare professionals. We assert that medical research should primarily be led by doctors and that funding must be adequate to support medical academic roles, ensure excellence in medical research, and provide increased opportunities for doctors to take on funded research roles. We call on the UK Government to ensure that it reflects these principles in the development of its plans for medical research and the research workforce.	Carried.
11.	**Motion** by BIRMINGHAM DIVISION: That this meeting supports the responsible use in the NHS of digital technologies, artificial intelligence and research-led innovation and believes that:- i) safety, equity and patient benefit are essential criteria for adoption; ii) the use of new technologies must include adequate and fully resourced training for all staff including legislative requirements as well as operational skills; iii) the BMA should actively engage with and advocate for these developments in all appropriate areas of healthcare and primary care in particular.	Carried in parts. Carried: i. ii. iii.
12.	**Motion** by GATESHEAD DIVISION: That this meeting recognises the NHS 10 Year Health Plan push to 'digitalise' the NHS and the evolving use of artificial intelligence (AI) within health and social care, alongside the vulnerabilities to NHS organisations from using outdated operating systems, and the impact of hacking on healthcare delivery. That this meeting:- i) believes that AI and NHS IT vulnerabilities pose a threat to national security and risks of data transfer outside of the UK, and demands the Government prioritises fixing NHS IT vulnerabilities to reduce the burden of slow and inefficient systems;	Carried in parts. Carried: i. ii. iii. iv. Carried with 2/3 majority: v.

	ii) affirms the risk of patient harm from AI-generated fabrications, warns that that AI may not safely summarise complex clinical discussions, and demands that clinical records generated by AI have an alert notice attached to the record; iii) demands any NHS funding settlements are not linked to the use of AI; iv) calls for the publication of Department of Health and Social Care, NHS England, GMC, and MDO legal opinions on the liability risks to health care staff due to inaccuracies from AI-generated information; v) calls for the BMA Board of Science and Joint GP IT committees to review the available evidence relating to clinical use of AI technology, and asserts the BMA should provide a legal opinion on the potential liability risks for BMA members using AI; vi) calls for the BMA to support BMA members who refuse to use AI software.	Carried: vi. (point of clarification: Motion refers to untried and untested software).
13.	**Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting while acknowledging that IT (information technology) and AI (Artificial Intelligence) have great potential to benefit the care of patients but are not without significant risk (ARM policy 2023), has grave concerns about the Governments ill thought out, extensive digital and technological aspirations in The 10 Year Plan, and:- i) cautions the Government and the public that the plan for a Single Patient Record (SPR) which merges the GP medical record with hospital care and Mental Health records while allowing total read/write access for pharmacies, social care, community groups, the voluntary sector, local government and even charities , threatens the integrity , medical usefulness and confidentiality of a patient's medical record with a high risk of data breaches, and demands that BMA opposes this current proposal including using the media and any other appropriate means to ensure that the public and clinicians are made aware of this threat to patient confidentiality; ii) insists that any patient data in medical records generated in whole or in part by AI must be clearly identifiable, must be added with explicit and recorded patient consent, and have a yellow card type identifier to facilitate reporting to MHRA if required; iii) insists that where AI algorithms which have no concurrent clinical input such as My NHS GP are imposed on the NHS then there must be clarity of medicolegal responsibility, with the Government accepting responsibility and underwriting all penalties related to missed diagnoses, misleading advice etc; iv) demands that the Government underwrites all medicolegal risks and potential GDPR data breaches for GPs, (who are the current data controllers), should it proceed with its proposal to give patients unfettered real time access to their GP medical records; v) highlights that a future NHS reliant on digital and AI programmes for access will worsen the existing digital inequity divide for those unable to navigate digital systems and those too poor to afford to	Carried in parts Carried in all parts.

	access this new NHS, contrary to the stated purpose of the 10 Year Plan to reduce inequality; vi) does not accept the 10 Year plan statement that "the public readily accept the use of their data for applications beyond direct care", and is appalled by the proposal to "commercialise" (which surely means "sell") patient data to multiple agencies including entrepreneurs. BMA is instructed to campaign against this proposal, highlighting our concerns to patients and the public.	