# ARM 2016: Motions passed

**Wednesday 22 June 2016**

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<th>ARM agenda No.</th>
<th>SCOTLAND</th>
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<td>84</td>
<td>That this meeting strongly opposes the use of demographic data collected by the NHS to compile or populate a database of Scottish tax payers.</td>
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<td>That this meeting appreciates the intentions of the Scottish government to enable SAS doctors to develop but is very concerned that SAS doctors are not consulted adequately. This meeting calls upon the Scottish government to consult with BMA Scotland formally and SAS doctors more widely before implementing any proposed plans.</td>
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| 86             | That this meeting notes the Scottish government’s decision to scrutinise more closely the Transplantation (Authorisation of Removal of Organs etc.) (Scotland) Bill and we call upon BMA Scotland to:-  
   i) work to increase organ donor rates in Scotland by means of public information and education;  
   ii) encourage research into alternatives to transplantation. |

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<th>TRAINING AND EDUCATION</th>
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| 88                     | That this meeting recognises that there may be difficulty in completing supervised learning events (SLEs). We call upon the BMA to lobby the Medical Schools Council, local trusts and Health Education England to:-  
   i) allocate protected time in the rota/timetable for SLEs;  
   ii) make supervisors accountable for the completion of SLEs. [AS A REFERENCE] |
| 89                     | That this meeting:-  
   i) is concerned by the inconsistency in the implementation of support for junior doctors with dyslexia following workplace assessment and condemns delays to implementing support which can often lead to support being lost when junior doctors rotate;  
   ii) calls for the BMA to lobby HEE to look into this issue as a matter of urgency and to ensure that problems are addressed;  
   iii) demands that HEE implements a system where support follows the trainee rather than being tethered to a particular rotation or placement. |
| 90                     | That this meeting calls on all undergraduate Deans to ensure all medical students are trained in ways to assess pain in patients of all ages, including those with learning or communication difficulties. |

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Substances and the resultant societal harms. Whilst applauding the government’s desire to address this through the Psychoactive Substances Act 2016 the meeting wishes to express concerns that the use of these substances, in particular synthetic cannabinoids, has now become embedded within certain deprived population groups. We therefore call upon the BMA to lobby government to ascertain what provision will be made to provide the needed support and services to these communities in order to address the continuing use of these substances.

| 97 | That this meeting requests the board of science investigates the effect of travel distance and travel costs on the outcome of health care, especially for vulnerable groups of patients. |
| 98 | That this meeting notes that Diacetyl, a chemical which is used as a butter substitute in flavours like cotton candy and cupcake and is used in candy-flavoured e-cigarettes, is linked to the respiratory disease bronchiolitis obliterans and that when inhaled is known to cause irreversible scarring and constriction of the tiny airways in the lungs. This meeting, therefore, calls for:-  
  i) a ban on the use of diacetyl in e-cigarettes to protect the population from this serious condition through first hand or second hand inhalation of e-cigarette vapours;  
  ii) restriction on places where e-cigarettes can be used in public to protect the population from second hand inhalation of e-cigarette vapours.  
  [AS A REFERENCE] |
| 99 | That this meeting:-  
  i) recognises the relationships between poverty, social inequality, poor physical and mental health and reduced life expectancy;  
  ii) urges UK governments to prevent poverty in order to reduce social inequality and to protect all members of society, especially children, from the negative effects of poverty and social inequality on their health and quality of life. |
| 100 | That this meeting is concerned with the lack of consistency in the Pre-school Visual Screening (PSVS) services provided by individual health boards/trusts across the United Kingdom, resulting in delayed / inadequate detection of some of the potentially reversible causes of amblyopia. This meeting:-  
  i) believes that there should be a more uniform effort across different health boards/trusts in the establishment of a consistent and sustained PSVS programme in the United Kingdom;  
  ii) believes that streamlining PSVS services with orthoptist and optometrist led clinics is fundamentally crucial to the success of the service;  
  iii) calls for a devised guideline for the provision of PSVS service across United Kingdom. |
| 101 | That this meeting recognises the devastating impact which extreme events have on population health and health services, and the increase in the frequency and severity of such events due to climatic and societal changes, and therefore calls for UK governments to continue work to improve resilience of health care infrastructure in preparation for such events. |
| **COMMUNITY AND MENTAL HEALTH** |
| 103 | That this meeting believes that the government drive for earlier diagnosis of dementia without the corresponding support for those receiving such a diagnosis is pointless and only serves to increase distress for patients and families. |
| 104 | That this meeting deplores the fact that our most vulnerable young people are being sent to inpatient units far from their local support networks, because of the continuing bed shortage, and demands i) that councils and providers work together with a sense of urgency for care closer to home and;  
  ii) that funding for this purpose be an immediate priority. |
|   | That this meeting recognises the need for more carers to provide care in the community and welcomes a commitment to care workers receiving a living wage and supports methods to increase the number of care workers and recommends:  
  i) employed care workers receive nationally agreed terms and conditions of service;  
  ii) care workers are considered to be key workers and given advantageous deals on housing. |
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<td><strong>FORENSIC MEDICINE</strong></td>
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| 107 | That this meeting regarding clinical forensic medicine in England and Wales:-  
  i) condemns the recent cancellation of the planned April 2016 transfer of commissioning responsibility from the Home Office to the Department of Health in England;  
  ii) recalls that patients detained in police custody are entitled to equivalence of care when compared with non-detained patients;  
  iii) reaffirms the BMA’s established position that this provision should be commissioned by the National Health Service. |
| 108 | That this meeting calls for the proposed death certification process in England and Wales to be robust and adequately resourced through public funds, but through neither the imposition of a death tax on the relatives of the bereaved nor any kind of financial raid on the medical profession. |
| **MEDICAL ETHICS** |   |
| 81 | That this meeting believes that following the adoption of an opt-out system for organ donation in Wales in 2015, the BMA should actively lobby the governments in England, Scotland and Northern Ireland to implement an opt-out system. |
| **HEALTH INFORMATION MANAGEMENT AND IT** |   |
| 109 | That this meeting advocates the mandatory use of a universal unique identifier for each patient for NHS documentation, thus allowing available data, where not statutorily excluded, to be correctly linked and available to those caring for each patient. |
| 110 | That this meeting believes that copies of hospital outpatient letters should be sent to both GP and adult patients and this should be the default position not an opt in system to receive copies:-  
  i) unless the patient wishes to opt out of receiving a copy letter;  
  ii) unless it would harm the patient or another individual if a letter were sent; and  
  iii) calls on council to petition all relevant authorities to effect this move in the interest of transparency and good communication. |
| **END OF LIFE CARE** |   |
| 112 | That this meeting, in response to the BMA End of Life Care and Physician Assisted Dying (ELCPAD) project:-  
  i) welcomes the project as a significant contribution to the ongoing debate around end-of-life care;  
  ii) calls for governments to prioritise end of life care and to address the variability in quality of service identified;  
  iii) encourages support for the Access to Palliative Care Bill;  
  iv) calls for the provision of appropriate training for clinicians in the skills necessary to improve the quality of end of life care;  
  v) calls for employers to recognise the additional time required by clinicians involved in the care of
patients at the end of life;
vi) calls on governments to provide tools to improve awareness and discussion of end-of-life issues;
vii) calls upon the BMA to research child bereavement including the support for relatives of children who are dying or have died, and issues around the support of the care of the dying child. [AS A REFERENCE]

113 That this meeting recognises that, with large numbers of deaths now taking place in hospitals, familiarity with what dying is like is less widespread than was once the case; notes that the media focus on instances of poor health care or ‘bad deaths’ has the potential to generate irrational public fears of death and dying; and believes that a crucial part of good end-of-life care should be to ensure that terminally-ill patients and those who care for them receive clear, sympathetic and intelligible guidance on what to expect when someone is dying and have a designated health care professional to turn to about their concerns.

GENERAL PRACTICE

118 That this meeting believes that if general practice fails the NHS will fail.

119 That this meeting believes in order to preserve patient safety, the BMA should undertake an immediate and necessary workload analysis that can define safe limits of working in General Practice.

120 That this meeting demands that certification of fitness to work (‘fit notes’) need not be done by a medical professional and that:-
i) there should be an extension of self-certification for illness from 7 to 14 days;
ii) a change in legislation is required to allow other health care professional such as midwives, allied health professionals and nurse practitioners to complete 'fit notes' for patients; and
iii) the Department of Work and Pensions should establish their own means of determining benefits.

SESSIONAL AND SALARIED GPs

122 That this meeting acknowledges that the BMA salaried model contract has protected GPs against unfair terms and conditions since its inception and supports:-
i) a contract and associated terms and conditions of service suitable for all GPs in salaried roles regardless of employer;
ii) a requirement to make the offer of this contract, or more favourable, a requirement on anyone wishing to employ a GP in a salaried post;
iii) a formal pay scale that that both incentivises recruitment but also rewards retention of these doctors within the NHS.

DOCTORS’ PAY AND CONTRACTS

124 That this meeting believes that contracts for doctors should reflect the following principles:-
i) contracts should ensure a satisfactory work-life balance, safety for patients and be sufficiently attractive to aid medical recruitment and retention;
ii) on-call requirements should take account of the risks of sleep deprivation and the need for safe practice;
iii) contractual clauses limiting the freedom of speech of individual doctors are unacceptable;
iv) all training is work and should be included in the work schedule;
v) childcare provision should be available to match the work requirements of doctors; [AS A REFERENCE]
vi) doctors should have autonomy over the use of personal study leave allocations.
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| 125  | That this meeting recognises that the current contract negotiations are at risk of being politicised resulting in the alienation of segments of the population and reducing public support. This meeting calls upon the BMA to:  
  i) discourage personal attacks on political figures or stakeholders;  
  ii) to pursue and continue the BMA’s apolitical stance and avoid aligning with political parties in the negotiations;  
  iii) to ensure political figureheads do not appear to front or represent our fight. [AS A REFERENCE] |
| 126  | That this meeting, in respect of the DDRB:  
  i) believes it is no longer fit for purpose;  
  ii) calls for a just and equitable medical pay mechanism that has the confidence of all parties;  
  iii) believes that a period of enhanced pay growth is required to restore NHS pay levels constrained since 2008, using a benchmark of 2% growth above inflation. |
| 129  | That this meeting believes that the recent revisions to the firearms licensing arrangements:  
  i) places an undue burden on practices, without any resource commitment, to report on every application for a gun license;  
  ii) leaves the element of discretion too broad in reporting ‘depression’;  
  iii) places the GP in a vulnerable position in having to decide when to report any deterioration in the health of a patient flagged on their notes as a firearms holder;  
  iv) are dangerous;  
  v) need urgent revision to ensure certificates are only issued after GPs are involved;  
  vi) need urgent revision to ensure payment for the work involved. |
| 132  | That this meeting:  
  i) condemns the public health budget cuts enacted by the government;  
  ii) believes that public health cuts will have a devastating effect, both on the health of the public and on primary care workload and sustainability;  
  iii) demands that Public Health funding must be protected. |
| 133  | That this meeting instructs the BMA to lobby the government and Parliamentarians to re-establish Public Health England, currently an "executive agency of the Department of Health" as an independent NHS body. This is to ensure that England’s highly experienced and knowledgeable public health workforce can perform their professional duties unencumbered by the political constraints of being civil servants. |