

## RESOLUTIONS - 2023 ANNUAL REPRESENTATIVE MEETING

ARM agenda No.	Resolutions
73	<p><b>Motion</b> by NORTH WEST REGIONAL COUNCIL: That this meeting:-</p> <ul style="list-style-type: none"> <li>i) notes the remuneration and superannuation provided to medically qualified members of His Majesty's Courts and Tribunals Service (HMCTS) varies according to specialty and is significantly poorer than that provided to legally qualified members;</li> <li>ii) calls on the BMA to engage with HMCTS/Ministry of Justice to improve pay and;</li> <li>iii) calls on the BMA to seek judicial review of the HMCTS/MoJ implementation of an inferior pension scheme to non-legally qualified tribunal members.</li> </ul> <p>CARRIED</p>
79	<p><b>Motion</b> 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, instruct BMA council to pursue the following aims:-</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii) PAs must hold their registration through the Health Professions Council and NOT through the General Medical Council;</li> <li>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;</li> <li>iv) PAs must take personal responsibility for their professional actions.</li> </ul> <p>CARRIED</p>
312	<p><b>Motion</b> 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:-</p> <ul style="list-style-type: none"> <li>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;</li> <li>ii) where a doctor has to cover a second bleep or undertake additional responsibilities of an absent doctor, they should receive additional remuneration;</li> <li>iii) where a ward is not at minimum staffing numbers, the doctors working on that ward should receive additional remuneration;</li> <li>iv) additional remuneration should at a minimum be paid at the BMA recommended extra-contractual rate per gap.</li> </ul> <p>CARRIED</p>
316	<p><b>Motion</b> by NORTH &amp; 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.</p>

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EM1	<p>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:-</p> <ul style="list-style-type: none"><li>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;</li><li>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;</li><li>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.</li></ul> <p>CARRIED</p>