

**ARM**

**British Medical Association**

**MINUTES  
of  
2017 ANNUAL REPRESENTATIVE MEETING**

**HELD AT  
BOURNEMOUTH INTERNATIONAL CENTRE**

**FROM**

**MONDAY, 26 JUNE 2017**

**AT  
9.15 am**

**UNTIL**

**THURSDAY, 29 June 2017**

**Chair: Dr Anthea Mowat**

## [DRAFT – to be confirmed at the 2018 ARM]

The figure in brackets after the number of the minute is the original agenda item number. Please note that A motions were voted on en bloc at the start of the meeting.

**Monday 26 June 2017**

**Anthea Mowat, Representative Body Chair, in the chair**

### **PROCEDURES, PROCESS AND TIMETABLES**

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|-------|--|-----------------|
| 1 (1) | Proposed from the chair: That this meeting approves:-<br>i) the standing orders (Appendix 1 of document ARM1A) be adopted as the standing orders of the meeting;<br>ii) that the precincts of the meeting be regarded as the whole of the conference centre;<br>iii) the timetable for elections to be carried out during the meeting as set out in ARM5 (on the website);<br>iv) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - " C motions"). A ballot paper (ARM8) has been circulated with the documents for the meeting which should be returned to the ARM registration desk by the end of the Monday ARM session 26 June 2017. | <b>Received</b> |
| 2 (2) | Proposed from the chair: That the minutes of the BMA Annual Representative Meeting held on 20 June to 23 June 2016 are available from the website.   | <b>Carried</b>  |
| 3 (3) | Proposed from the chair: That the reports from branches of practice for the session 2016-17 are available from the website.  | <b>Received</b> |

### **Order of business**

- |       |   |                 |
|-------|---|-----------------|
| 4 (4) | Proposed from the chair: That the business be taken in the order and at the times indicated below:-<br><br>Monday AM<br>09:15 Welcome and Opening of Meeting (items 1-10)<br>09.30 Keynote Address By BMA Council Chair, Dr Mark Porter (item 5)<br>09.50 Medicine And Government (item 11-14)<br>10.20 National Health Service (item 15-22)<br>11.20 Contingency Time<br>11.25 Workforce (item 23-30)<br>12.05 British Medical Journal (item 31)<br>12.10 Armed Forces (item 32-35)<br>12.30 Session closes<br><br>Monday PM<br>14.00 Speeches And Hustings For The Candidates In The Election Of The Treasurer (item 19)<br>15.00 NHS Finances/Financing (item 36-40)<br>15.50 NHS Sustainability And Transformation Plans (STPs) (item 41-42)<br>16.10 Medical Academic Staff (item 43)<br>16.15 Bye-law Changes To The Structure And Election Of Council (item 44)<br>16.45 Contingency Time<br>16.50 BMA Structure And Function (item 45-48)<br>17.30 Session closes | <b>Received</b> |
|-------|---|-----------------|

Tuesday AM  
09.00 Abortion And The Criminal Law Special Session  
10.00 Medical Ethics (item 49-55)  
11.15 Professional Regulation, Appraisal And The GMC (item 56-61)  
11.45 Community And Mental Health (item 62-65)  
12.15 Contingency Time  
12.20 Annual General Meeting  
12.30 Session closes

Wednesday AM  
09.00 General Practice (item 66-70)  
09.45 Health Information Management And IT (item 71-73)  
10.05 Science, Health and Society (item 74-80)  
11.00 Northern Ireland (item 81-84)  
11.25 Wales (item 85-86)  
11.40 Scotland (item 87-88)  
11.55 Private Practice (item 89)  
Civil And Public Services (item 90)  
12.00 Contingency Time  
12.05 Finances Of The Association (item 91-95)  
12.25 Charities (item 96)  
12.30 Session closes

Wednesday PM  
14.00 Doctors' Pay, Pensions and Contracts (item 97-101)  
14.50 Staff, Associate Specialists And Specialty Doctors (item 102-105)  
15.15 Medico-Legal Affairs (item 106-108)  
15.40 Forensic Medicine (item 109-111)  
16.00 Contingency Time  
16.05 Medical Students (item 112-116)  
16.40 Junior Doctors (item 117-120)  
17.05 Occupational Medicine (item 121-122)  
17.15 Q&A Treasurer  
17.30 Session closes

Thursday AM  
09.00 Consultants (item 123-125)  
09.25 Public Health Medicine (item 126-128)  
09.45 Professional Fees (item 129-130)  
10.00 International Affairs (item 131-134)  
10.35 Brexit (item 135-136)  
10.55 Training And Education (item 137-140)  
11.35 Contingency Time  
10.40 Motions Arising From ARM  
12:55 Closing Business (item 141)  
13.00 Close Of The Meeting

#### **Bye-laws**

5 (5) Proposed by Dr Lewis Morrison, co-chair, organisation committee: That the bye-laws of the association be amended in the manner shown in appendix II of document ARM 1A. **Carried**

[NB: This motion is the 'usual' ARM bye-law en-bloc proposal regarding the 'standard' or 'routine' changes to the bye-laws (such as changes of names of committees and councils, membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the

routine business of the organisation committee and subsequently approved by council. This motion therefore allows all the necessary changes to the bye-laws excluding the proposals regarding changes to council which follow as separate debates prior to the BMA structure and function section]. [2/3 majority required].

#### **BMA policy**

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|-------|--|-----------------|
| 6 (6) | Proposed from the chair: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM7 (on the website).   | <b>Carried</b>  |
| 7 (7) | Proposed from the chair: That the BMA Representative Body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed. | <b>Received</b> |
| 8 (8) | Proposed from the chair: That the motions marked with an 'A' have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.                           | <b>Carried</b>  |
|       | ‘A’ motions were: 14, 21, 27, 28, 29, 30, 35, 59, 60, 61, 73, 80, 95, 105, 116.  |                 |
| 9     | ‘A’ removed from motion 22 and motion moved to part 2 agenda.  |                 |

#### **PRESIDENT OF THE BMA**

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|--------|---|----------------|
| 10 (9) | Proposed from the chair: That Professor Dinesh Bhugra be elected BMA president for 2018-19. | <b>Carried</b> |
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#### **REPORT BY THE COUNCIL CHAIR**

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| 11 (9) | Report by the council chair, Dr Mark Porter. | <b>Received</b> |
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#### **HONORARY VICE PRESIDENT**

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| 12 (10) | Proposed from the chair: That Kailash Chand be elected as an Honorary Vice President of the Association. | <b>Carried</b> |
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#### **MEDICINE AND GOVERNMENT**

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| 13 (11) | Proposed by Dr Chaand Nagpaul: That this meeting deplores the current blame culture in the NHS and:-<br>i) believes that the woeful government underfunding of the NHS coupled with continued austerity cuts is the greatest threat to quality and safety in the NHS;<br>ii) believes that the crisis in NHS hospitals has been consciously created by the government, in order to accelerate its transformation plans for private sector takeover of health care in England;<br>iii) firmly believes this scapegoating is a deliberate attempt to distract the public from an under-funded service under severe and intense strain. | <b>Parts (i) – (iii) carried</b>   |
| 14 (12) | Proposed by Dr Peter Bennie: That this meeting:-<br>i) supports the principle of integration of health and social care;<br>ii) calls on politicians from all parties UK-wide to stop raising false expectations regarding what integration can achieve when it comes to reducing the admissions of elderly patients to hospital;<br>iii) calls for government to provide enough hospital beds and social care to meet the demands being placed on these services;  | <b>Parts (i)-(iv) carried as amended by minute 15. Part (v) carried by 64%</b> |

- |         |   |  |
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|         | iv) calls for government to acknowledge that this cannot be done properly without adequate additional funding;  | <b>(183) in favour and 36% (105) against</b>                       |
|         | v) calls for government and NHS lead bodies to have an open dialogue with the public and patients about what services the NHS should provide for the funding available and what services can no longer be provided by the NHS.  |  |
| 15      | Erratum: In part (iv) of the motion delete the word 'the' before 'government' and add the words 'integration of health and social care' so it reads as follows:-<br>iv) calls for government to acknowledge that integration of health and social care cannot be done properly without adequate additional funding;   | <b>Carried</b>   |
| 16 (13) | Proposed by Dr Philip Banfield: That this meeting reminds governments and healthcare organisations that they serve and are accountable to patients and the public. This meeting calls upon healthcare organisations to:-<br>i) conduct business in public, with open and free access to reports and papers so that appropriate scrutiny can be undertaken;<br>ii) provide verifiable evidence for changes to practice and / or services before decisions are made;<br>iii) stop extrapolating claims beyond evidence and applying hyperbole to justify their actions without appropriate evaluation;<br>iv) publish full accounts where services are paid for through general taxation in order to provide public accountability. | <b>Parts (i) – (iii) carried. Part (iv) carried as a reference</b> |

#### **NATIONAL HEALTH SERVICE**

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| 17 (15) | Proposed by Dr Mary McCarthy: That this meeting acknowledges that NHS staff are demoralised by constant reorganisation and implores the government to provide an extended period of stability in order that staff can concentrate on clinical work and on improving patient care.   | <b>Lost</b>                   |
| 18 (16) | Proposed by Dr Rob Bleehen: That this meeting recognises the acknowledged links between poor medical engagement with risks to patient safety and poor outcomes for patients and:-<br>i) recognises that promoting greater medical involvement in the design and planning of healthcare is crucial in ensuring that improved patient services are properly designed and effectively implemented;<br>ii) calls for radical change of the management culture in the NHS from the current hierarchical focus on narrowly based targets towards a clinically based system adapted to the needs of patients;<br>iii) calls for all NHS organisations to agree and sign up to a new medical engagement charter that will facilitate the positive involvement and engagement of doctors who are willing to work in close cooperation with other clinical and non-clinical healthcare staff. | <b>Carried</b>                |
| 19 (17) | Proposed by Dr Hannah Barham-Brown: That this meeting notes with concern the increasing numbers of patients resorting to crowdfunding their own wheelchairs due to delays and cuts in wheelchair services, and the recent suggestion from Muscular Dystrophy UK that a 'postcode lottery' pervades such services across the country. We call on the BMA to work with NHS England, the Association of Directors of Adult Social Services and other relevant bodies to ensure that would-be wheelchair users have timely access to chairs suitable for their individual conditions.   | <b>Carried</b>                |
| 20 (18) | Proposed by Dr Amanda Owen: That this meeting condemns any proposal to deny patients prescriptions for medicines available over the counter:-<br>i) recognises that such a move would further increase inequalities, in relation to medical conditions, age and socio-economic status;<br>ii) believes that this will increase risks to patients;<br>iii) calls for the withdrawal of any such plans.   | <b>Carried as a reference</b> |

- 21 (19) Proposed by Dr Phil De Warren-Penny: That, with regard to referral management systems, this meeting:- **Carried**
- i) notes with concern that many Clinical Commissioning Groups operate referral management systems to constrain referrals of patients to acute care;
  - ii) notes that these systems have the potential to undermine sharing decision-making and to harm patients by delaying their management;
  - iii) deplores the blanket application of referral management policies;
  - iv) calls on the BMA to publicise tick-box referral management systems as rationing;
  - v) calls upon the BMA to lobby for the abolition of referral management systems.

- 22 (20) Proposed by Dr Robert Scott-Jupp: That this meeting supports the concept published in the GPC document "Quality First" that one specialist should be able to use their professional acumen to refer directly to another specialist and asks for its promotion and implementation by NHS England and the devolved departments of health. **Carried**

**Helena McKeown, Representative Body Deputy Chair, in the chair**

**WORKFORCE**

- 23 (23) Proposed by Dr John MacKinnon: That this meeting is concerned about the health and wellbeing of our medical colleagues particularly; stress, fatigue, burnout, substance abuse and low morale. This meeting:- **Parts (i) – (iv) carried**
- i) congratulates the BMA and the Royal Medical Benevolent Fund on establishing the pilot DocHealth programme and supports an extension, following successful evaluation of the pilot;
  - ii) calls for the establishment of a comprehensive workplace policy and code of conduct, within the framework of health and wellbeing, to help prevent and reduce the risk of harm caused by alcohol and substance misuse amongst employees;
  - iii) calls for a fully functional and resourced occupational health service for all NHS staff;
  - iv) calls on the government to raise morale amongst NHS staff.

- 24 (24) Proposed by Dr Zoe Greaves: That this meeting recognises that in an increasingly stretched and resource-starved health service, doctors are increasingly asked to work beyond their capacity, and that in so doing mistakes, errors and oversights become inevitable. We call on the BMA to lobby the GMC to amend its guidance to acknowledge that even good and competent doctors may cause harm to patients when working in such an environment, and to acknowledge that such mistakes can be a product of the environment and not the fault of the practitioner. **Carried**

- 25 (25) Proposed by Dr Andrew Mowat: That this meeting demands that the UK government act to avert future crises in workforce availability including reviewing the Shortage Occupation List and investments into specialties at particular risk including:- emergency medicine, general practice and paediatrics. **Carried**

- 26 (26) Proposed by Dr Lucie Cocker: That this meeting mandates the BMA to work with relevant bodies to ensure that where extended role practitioners (ERPs) and doctors share clinical duties:- **Parts (i) – (iii) carried**
- i) there is an evidenced need to recruit an ERP;
  - ii) the training needs of both groups are fully considered and clearly defined;
  - iii) both groups have appropriate supervision, responsibility and safeguards in their roles.

**Anthea Mowat, Representative Body Chair, in the chair**

**BRITISH MEDICAL JOURNAL**

- Report from the BMJ publishing group chair (Joseph Lippincott) / chief executive (Peter Ashman). **Received**

## ARMED FORCES

- Written report from the BMA AFC chair (Glynn Evans). **Received**
- 27 (33) Proposed by Dr Kevin Gallagher: That this meeting is deeply concerned by the persistent and increasing faults with the Defence Medical Information Capability Programme (DMICP), which affect patient safety and undermine the professionalism of clinicians. We call on the BMA to lobby the Ministry of Defence to take urgent action to rectify the following issues:- **Carried**
- i) insufficient number of available IP addresses resulting in delayed start-up or an inability to access the system entirely without frequent software crashes or total loss of IT;
  - ii) failure of the system to load previous history, as well as save current consultations;
  - iii) system failure with regard to printer integration, leading to potential patient safety and confidentiality issues;
  - iv) lack of secure integration with NHS IT systems.
- 28 (34) Proposed by Dr Brendan McKeating: That this meeting requires the BMA to request that Defence Medical Services research is fully supported to ensure that military clinicians are able to provide the best medical care to patients on and off operations, both now and into the future. **Carried**

### **Anthea Mowat, Representative Body Chair, in the chair**

#### **Treasurer Hustings**

- 29 The candidates for the treasurer election, Dr Andrew Dearden and Dr David Wrigley, gave a 5 minute speech and responded to pre-submitted questions.
- Johann Malawana had withdrawn from the election.

## **NHS FINANCES / FINANCING**

- 30 (36) Proposed by Dr Geoffrey Lewis: That this meeting demands governments urgently rectify the severe and chronic underfunding of health and social care which:- **Carried**
- i) places extreme pressure on services and the workforce;
  - ii) puts at risk services to patients and the health of the public;
  - iii) undermines sustainable, publicly provided, universal healthcare;
  - iv) is not addressed by the unrealistic savings of sustainability and transformation plans.
- 31 (37) Proposed by Dr Jennifer Barclay: That this meeting recognises that the future of the NHS is too important to be used as a political football, and asks the BMA to lobby UK governments to establish a cross-party working group:- **Lost as amended by minute 32**
- i) to include representation from regulators and stakeholders of the various staff groups within the NHS;
  - ii) which holds transparent discussions regarding sustainable funding options for an effective, integrated NHS and social care service;
  - iii) which has decision-making capacity independent of the ruling political party or parties.
- 32 Amendment proposed by Mr Gordon Matthews: Add part (iv) 'and in the interim instructs council to publish an appraisal of options available to fill the NHS funding deficit.'
- 33 (38) Proposed by Dr Mary McCarthy: That this meeting calls on UK governments to commit to funding the NHS to at least the average levels spent on healthcare by comparable leading European countries. **Carried**

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|---------|--|-----------------------------------|
| 34 (39) | Proposed by Dr Gary Marlowe: That this meeting believes the following measures should be adopted to address the financial situation in the NHS:-<br>i) hypothecated taxation for the NHS;<br>ii) unified financial allocations for health and social care;<br>iii) increased taxes.  | <b>Lost</b>                       |
| 35 (40) | Proposed by Dr Maeve McPhillips: That this meeting believes that NHS funding allocations should take account of:-<br>i) the increased costs in rural areas of providing, and for patients of accessing, NHS services;<br>ii) the increasing costs of financial compensation for clinical negligence consequent on the changes to the discount rates. | <b>Parts (i) and (ii) carried</b> |
| 36      | The proposer of motion 40 was amended from the Cornwall division to the Lothian division.  |                                   |

**Helena McKeown, Representative Body Deputy Chair, in the chair**

**NHS SUSTAINABILITY AND TRANSFORMATION PLANS (STPS)**

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|---------|--|---|
| 37 (41) | Proposed by Dr Russell Walshaw: That this meeting believes that sustainability and transformation plans have not produced a sustainable funding model for the NHS in England, and the BMA calls for:-<br>i) the maintenance and improvement of the quality of patient care to be the absolute priority;<br>ii) patients and the public to be consulted on realistic, evidence-based STPs;<br>iii) there to be no further reduction in inpatient beds until after a comprehensive assessment of the clinical needs of the local population;<br>iv) clinical education and training to be protected and promoted;<br>v) any service reconfiguration to be clinician-led;<br>vi) at least one doctor appointed by regional councils to be engaged in a meaningful clinical forum with each STP;<br>vii) the delivery structures of STPs to include local doctors of all grades and medical students;<br>viii) STPs to be fully funded to achieve true transformation. | <b>Parts (i), (ii), (iv), (v) and (viii) carried. Part (iii) (carried by 68 % (151) in favour and 32% (72) against). Part (vi) (carried by 59% (123) in favour and 41% (85) against). Part (vii) was lost (as a reference) by 48% (104) in favour and 51% (110) against</b> |
| 38 (42) | Proposed by Mrs Anna Athow: That this meeting condemns the woeful manner in which STPs have been progressed, turning them into vehicles to try to legitimise further cuts to vital NHS services, and proposes STPs are abandoned.  | <b>Carried</b>  |



## **MEDICAL ACADEMIC STAFF**

Report from the BMA medical academic staff committee co-chairs (Peter Dangerfield and Michael Rees). **Received**

## **BYE-LAW CHANGES TO STRUCTURE AND ELECTION OF COUNCIL**

39 (44) Proposed by Dr Lewis Morrison: That this meeting approves the bye-law amendments to the membership and election to UK council in the manner shown in appendix III of document ARM 1A. [NB: 2/3 majority required]. **Carried by 78% (215) in favour and 22% (60) against**

## **BMA STRUCTURE AND FUNCTION**

40 (45) Proposed by Dr Dureid Sayed Ali Rifai: That this meeting wishes to see increased BMA policy feedback and engagement locally and asks the BMA to consider a move to an element of regional representation on council. **Carried**

41 (46) Proposed by Dr Andrew Mowat: That this meeting congratulates the association on its 'Living Our Values' campaign, and urges the BMA to:-  
i) produce a code of conduct for all members and representatives;  
ii) review how the articles and byelaws should be amended to support members working together constructively. **Part (i) carried by 87% (200) in favour and 13% (31) against. Part (ii) carried as a reference by 86% (208) in favour and 14% (35) against**

42 (47) Proposed by Dr Phil De Warren-Penny: That this meeting congratulates the association on the progress made through the Member Voice and Democratic Structures review, and calls for:-  
i) the treasurer to report to the 2018 ARM on the outcome of the recently-begun pilot of direct reimbursement of divisional expenditure through Concur;  
ii) the treasurer to report on the lessons learned from phases 1 and 2 of the local engagement pilots;  
iii) once evaluated, prompt roll-out of the local engagement programme across all parts of the UK. **Parts (i) and (ii) carried. Part (iii) carried as a reference**

43 (48) Proposed by Dr Robin Arnold: That this meeting believes that retired members need more recognition in the structures of the BMA if their potential is to be realised and their membership retained. **Carried by 60% (115) in favour and 40% (78) against**

Tuesday 27 June 2017

**Anthea Mowat, Representative Body Chair, in the chair**

**MEDICAL ETHICS**

Report from the BMA medical ethics committee chair (John Chisholm).

44 (50)

Proposed by Dr Coral Jones: That this meeting:-

- i) supports the principles set out in part three of the February 2017 BMA discussion paper on decriminalisation of abortion;\*
- ii) believes that abortion should be decriminalised in respect of health professionals administering abortions within the context of their clinical practice;
- iii) believes that abortion should be decriminalised in respect of women procuring and administering the means of their own abortion;
- iv) believes that decriminalisation should apply only up to viability in respect of health professionals;
- v) believes that decriminalisation should apply only up to viability in respect of women procuring and administering the means of their own abortion;
- vi) believes that abortion should be regulated in the same way as other medical treatments.

\* (Footnotes)

- '1. Abortion must only be permitted in cases where the woman gives informed consent, or in cases where the woman lacks capacity and an abortion is determined to be in her best interests.
- 2. Health professionals must have a statutory right to conscientiously object to participating in abortion.
- 3. There should be a central collection of abortion data (subject to agreed appropriate confidentiality protections) to ensure future services are fit for purpose.
- 4. There must be clarity about what is, and what is not, lawfully permitted, so that health professionals are clear about the scope of their clinical discretion.
- 5. There should be robust clinical governance in settings where abortion care is provided.
- 6. There should be the continuation of some degree of regulation and the setting of professional standards in the provision of abortion services'.

**Received**

**Part (i) carried by 89% (247) in favour and 11% (29) against. Part (ii) carried by 70% (173) in favour and 30% (74) against. Part (iii) carried by 63% (155) in favour and 37% (91) against. Part (iv) carried as a reference by 71% (173) in favour and 29% (69) against. Part (v) carried as a reference by 69% (160) in favour and 31% (72) against. Part (vi) carried by 71% (180) in favour and 29% (75) against**

45 (52)	Proposed by Dr Stuart Blake: That this meeting:- i) believes that the Human Rights Act is fundamental to the primary role of doctors in advocating and caring for patients; ii) urges the UK government not to repeal the Human Rights Act.	<b>Carried</b>
46 (53)	Proposed by Dr Zoe Greaves: That this meeting is concerned by limitations to healthcare provision in immigration and detention centres in the UK and calls for government:- i) to invest further in provision for those who must be detained; ii) to limit the use of detention to only those cases where not doing so represents a threat to public order and safety; iii) to replace the use of immigration detention completely with alternate more humane means of monitoring individuals facing deportation.	<b>Parts (i) and (ii) carried as a reference. Part (iii) carried</b>
47 (54)	Proposed by Dr Zoe Greaves: That this meeting opposes the use of isolation for children and young people who have been detained within the criminal justice system, save where such measures are used for their safety or protection, and calls for the government to similarly condemn this practice.	<b>Carried</b>
48 (55)	Proposed by Mr Gordon Matthews: That this meeting believes, in respect of eligibility for NHS treatment of overseas visitors:- i) government publicity about the cost of treating overseas visitors is a distraction from the under resourcing of the NHS; ii) NHS treatment should not be restricted on the basis of nationality or immigration status; iii) urgent clinical care should not be delayed or prevented by eligibility checks; iv) medical staff should not be involved in ascertaining eligibility of patients for NHS treatment.	<b>Parts (i), (iii) and (iv) carried. Part (ii) lost</b>

**Helena McKeown, Representative Body Deputy Chair, in the chair**

**PROFESSIONAL REGULATION, APPRAISAL AND THE GMC**

49 (56)	Proposed by Dr Cristina Costache: That this meeting notes the recommendations from the review of revalidation by Sir Keith Pearson and:- i) particularly welcomes the recommendation that local organisations should “avoid using revalidation as a lever to achieve local objectives above and beyond the GMC’s revalidation requirements; and ii) calls on the BMA, medical royal colleges and GMC to reflect these recommendations in their guidance on appraisal; iii) demands that the appraisal process is made simpler and less time-consuming; iv) requires that the revalidation process be equally accessible to all doctors, regardless of the context of their medical practise; v) calls on the BMA to advocate that appraisal should be every 2 years and revalidation every 6 years.	<b>Parts (i) – (iv) carried. Part (v) as a reference was lost</b>
50 (57)	Proposed by Dr Mary McCarthy: That this meeting demands, following the statement from the GMC and the joint statement from the BMA and the RCGP, that the government enacts legislation such that within the Medical Register general practitioners are treated equally with doctors in other specialties and are listed as specialists in their own right.	<b>Carried</b>
51 (58)	Proposed by Dr Amir Landeck: That this meeting, with respect to Care Quality Commission inspections, calls for:- i) the BMA to challenge unrealistic standards; ii) recognition of the context and resources in which services are delivered; iii) clarity of requirement for necessary data collection to be undertaken before the inspections.	<b>Carried</b>

## COMMUNITY AND MENTAL HEALTH

- Report from the BMA committee on community care chair (Gary Wannan). **Received**
- 52 (63) Proposed by Dr J S Bamrah: That this meeting believes that mental health is in crisis, and that there has to be a root and branch review by the UK government of commissioning arrangements, beds and community provision. **Carried**
- 53 (64) Proposed by Dr Alex Freeman: That this meeting notes that the BMA safeguarding vulnerable adults toolkit was last reviewed in 2011 and recognises that the Care Act 2014 placed adult safeguarding on a statutory footing and makes certain requirements of local authorities as the lead agency. We therefore call for:-  
i) the BMA safeguarding vulnerable adults toolkit to be updated to reflect new legislation, case law, and standardised processes as required by the Care Act 2014;  
ii) the BMA to be a participant in any update of the national framework for adult safeguarding (Association of Directors of Social Services 2005). **Carried**
- 54 (65) Proposed by Mr Ryan Marshall Devlin: That this meeting believes that parity between physical and mental health will only be achieved if the stigma against mental health problems among medical professionals is addressed. We call on the BMA to create a national campaign to eliminate mental health stigma among medical professionals. **Carried**

**Wednesday 28 June 2017**

**Anthea Mowat, Representative Body Chair, in the chair**

## GENERAL PRACTICE

- Report from the BMA general practitioners committee chair (Chaand Nagpaul). **Received**
- 55 (67) Proposed by Dr Richard Vautrey: That this meeting believes the current workload pressure in general practice is unsafe and unsustainable, that a rapid expansion in the general practice workforce is required to deal with this and therefore calls for sustained investment above the commitments made in the GP Forward View to be made available as a matter of urgency. **Carried**
- 56 (68) Proposed by Dr Farah Jameel: That this meeting applauds NHS England for the changes to the primary and secondary care interface within the standard hospital contract which came into effect on 1st of April 2016, with subsequent additional requirements in 2017. However it is dismayed to note that despite the national levers, there are trusts and CCGs that do not appear to acknowledge or enforce these changes. We call on the BMA to create a communications work stream which is focussed on reaching out to trusts, CCGs, different branches of practice to communicate the interface changes. **Carried**
- 57 (69) Proposed by Dr Peter Holden: That this meeting notes the regular declarations of “black alert” by hospitals and demands that a similar reporting system be created for general practice to indicate that maximum safe capacity has been reached and conference instructs BMA council and the GPC to construct such a system with or without government cooperation. **Carried**
- 58 (70) Proposed by Dr Guy Watkins: That this meeting feels that the Multispecialty Community Provider contract framework does not go far enough in:-  
i) protecting the liability of individual contract holders from the implications of pooled budgets;  
ii) preserving the tenure of GMS and PMS contracts;  
iii) protecting GPs from further unfunded work being transferred from secondary care. **Carried**

## HEALTH INFORMATION MANAGEMENT AND IT

- 59 (71) Proposed by Dr Jackie Applebee: That this meeting notes and deplores the recently signed memorandum of understanding between the UK Department of Health, NHS Digital and the Home Office, which agrees to the transfer of patient administrative details including address for the purposes of immigration enforcement, without the consent of the patient and the knowledge of the GP. This meeting believes:-  
i) this is a breach of patient confidentiality that undermines trust between patient and doctor;  
ii) this is not justified by the public interest;  
iii) that this may result in patients not coming forward for treatment with consequences for public health;  
iv) and calls on council to call on the Department of Health to cease this practice. **Carried**
- 60 (72) Proposed by Dr Farah Jameel: That this meeting believes that there is an urgent need for the development of an electronic prescription service for hospitals, to enable hospital clinicians to prescribe remotely for patients to collect their prescription from a nominated community pharmacist, thereby enabling clinical responsibility to rest with the prescribing clinician, as well as reducing inappropriate demands on GPs to prescribe outside their competence. **Carried**

**Helena McKeown, Representative Body Deputy Chair, in the chair**

## SCIENCE, HEALTH AND SOCIETY

- Report from the BMA board of science chair (Parveen Kumar). **Received**
- 61 (75) Proposed by Dr Pradeep Sanghi: That this meeting welcomes the working party report "Every breath we take: the lifelong impact of air pollution" produced by the Royal College of Physicians [London] and Royal College of Paediatrics and Child Health, and we call for:-  
i) further research into the economic impact of air pollution;  
ii) clearer information for consumers on emissions produced by new vehicles, including information on ultrafine particles and oxides of nitrogen;  
iii) effective monitoring of air quality and pollution;  
iv) the NHS to become an exemplar for clean air and safe workplaces;  
v) empowerment of local authorities to take remedial action when air pollution levels are high. **Carried**
- 62 (76) Proposed by Dr Mark Pickering: That this meeting:-  
i) notes the widespread problems of abuse and addiction with pregabalin amongst users of illicit drugs;  
ii) notes the contribution of pregabalin to bullying and violence in prison populations;  
iii) calls for the BMA to lobby the appropriate authorities to make pregabalin a controlled drug. **Parts (i) - (iii) carried**
- 63 (77) Proposed by Dr Farah Jameel: That this meeting in the wake of the measles outbreak that swept Europe in March 2017:-  
i) condemns anti-vaxxers who deny immunisations to their children;  
ii) calls upon the BMA to present a position paper to the government on the potential advantages and disadvantages of childhood immunisation made mandatory under the law. **Part (i) carried as a reference by 54% (128) in favour and 46% (107) against. Part (ii) carried as**

a  
reference,  
as  
amended  
by minute  
64

- 64 Erratum: In part (ii) of the motion, after the word 'immunisation', add the word 'being' so it reads as follows:-  
ii) calls upon the BMA to present a position paper to the government on the potential advantages and disadvantages of childhood immunisation being made mandatory under the law.
- 65 (78) Proposed by Dr Sara Hedderwick: That this meeting acknowledges the global threat to human health posed by antimicrobial resistance and the firm linkage to inappropriate usage both in human health and in agriculture. As such we call on the BMA:-  
i) to continue supporting the vision of the UK 5-Year Antimicrobial Strategy (2013-2018);  
ii) to support stakeholders in making sure that there is a subsequent strategy following on from 2018;  
iii) to support the One Health approach to antimicrobials, recognising that usage in human health only accounts for 50% of usage worldwide and encouraging responsible use in agriculture, engineering and other industries aside from human health;  
iv) to recognise their own part to play by ensuring, where possible, that subcontracted catering suppliers used for BMA meetings use antimicrobial-free produce by preference.

Parts (i) –  
(iii)  
carried  
Part (iv)  
carried as  
a  
reference

**Anthea Mowat, Representative Body Chair, in the chair**

**NORTHERN IRELAND**

- Report from the BMA Northern Ireland council chair (John D Woods). **Received**
- 66 (82) Proposed by Dr Gillian Beck: That this meeting extends its full support to the GPs of Northern Ireland for their robust defence of the provision of safe care to their patients. **Carried**
- 67 (83) Proposed by Dr Anne Carson: That this meeting believes that reconfiguration of services in Northern Ireland must:-  
i) be evidence based and result in better outcomes for patients;  
ii) be carried out in an integrated way, taking patients' primary, secondary and social care needs into account and not confined to local HSC trust level;  
iii) include full and meaningful clinical engagement with doctors at all levels. **Carried**
- 68 (84) Proposed by Dr Sara Hedderwick: That this meeting recognises that the lack of full implementation of the recommendations from numerous workforce planning reviews has contributed directly to the current shortage of doctors in Northern Ireland. This meeting believes that the Department of Health in Northern Ireland:-  
i) must be held accountable for ensuring there is the appropriate medical workforce to deliver care to the population of Northern Ireland;  
ii) must recognise that increased investment in the medical workforce is required to ensure that Northern Ireland is an attractive place to work. **Carried**

**WALES**

- Report from the BMA Welsh council chair (Philip Banfield). **Received**
- 69 (86) Proposed by Dr David Bailey: That this meeting notes the observations of the OECD in its 2016 report comparing health systems of the four UK nations that:-  
i) Welsh health boards do not have sufficient institutional and technical capabilities and capacities to drive meaningful change; **Carried**

ii) a stronger central guiding hand may be needed.  
 This meeting therefore calls upon the Welsh government to take what steps are necessary to provide such a central guiding role, thereby ensuring that health boards and NHS trusts are subject to greater direction, scrutiny and accountability so they are clearer and better able to deliver what is expected of them.

#### **SCOTLAND**

- |         |  |                 |
|---------|--|-----------------|
|         | Report from the BMA Scottish council chair (Peter Bennie).   | <b>Received</b> |
| 70 (88) | Proposed by Dr Bethany Threlfall: That this meeting:-<br>i) commends BMA Scotland for setting up a 'respect at work' helpline to offer support and advice to members with problems relating to bullying, harassment, discrimination and dignity at work;<br>ii) calls on the rest of the BMA to follow this example. | <b>Carried</b>  |

#### **PRIVATE PRACTICE**

	Written report from the BMA private practice committee chair (Derek Machin).	<b>Received</b>
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#### **CIVIL AND PUBLIC SERVICES**

	Written report from the BMA civil and public services committee chair (Alan Mitchell)	<b>Received</b>
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#### **FINANCES OF THE ASSOCIATION**

- |         |  |  |
|---------|--|--|
|         | Report from the BMA treasurer (Andrew Dearden).  | <b>Received</b>                                    |
| 71 (92) | Proposed by Dr Andrew Dearden: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2016 as published on the website be approved.   | <b>Carried</b>                                     |
| 72 (93) | Proposed by Dr Andrew Dearden: That the subscriptions outlined in document ARM1B (appendix IV) be approved from 1 October 2017.  | <b>Carried as amended by minute 73</b>             |
| 73      | Erratum: replace the words 'document ARM 1B' with 'document ARM 1A'.   |  |
| 74 (94) | Proposed by Dr Dino Motti: That this meeting believes that the expenses, reimbursements and honoraria of all BMA committee and council members should be made available to:-<br>i) individual members on personal request;<br>ii) members who are logged on to the BMA webpages;<br>iii) the general public. | <b>Part (i) carried. Parts (ii) and (iii) lost</b> |

#### **CHARITIES**

	Report from the BMA charities committee chair (Andrew Mowat).	<b>Received</b>
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**Helena McKeown, Representative Body Deputy Chair, in the chair**

#### **DOCTORS' PAY, PENSIONS AND CONTRACTS**

- |         |   |                                 |
|---------|---|---------------------------------|
| 75 (97) | Proposed by Ms Emma Runswick: That this meeting:-<br>i) recognises the significant contributions and personal sacrifices made by medical students and junior doctors during the course of their degree and further medical education; | <b>Parts (i) – (iv) carried</b> |
|---------|---|---------------------------------|

- ii) recommends that the government should seek to understand why junior doctors might leave the NHS;
- iii) rejects the secretary of state's proposal that doctors should be required to work for the NHS for 4 years after registration or pay back the "cost of their training";
- iv) opposes any move to impose a minimum period of NHS employment.

- 76 (98) Proposed by Dr Samira Anane: That this meeting notes the on-going gender pay gap and consistent under-representation of women in leadership positions and:- **Carried**
- i) insists that employment contracts do not contain clauses which discriminate against women;
  - ii) insists that equality impact assessments have equal status to other documents when considering contracts;
  - iii) calls for the BMA to encourage improved diversity in representation locally, regionally and nationally.

**Anthea Mowat, Representative Body Chair, in the chair**

- 77 (99) Proposed by Dr Ian Hume: That this meeting is appalled by the delays that are being reported by practitioners, in payment of doctors' pension lump sum and even delays of payments of regular pension payments and calls on the BMA to:- **Carried**
- i) undertake a full inquiry into the size of the problem and reasons for these delays;
  - ii) ensure that doctors are awarded full financial compensation for any loss as a result of any delay;
  - iii) ensure that the NHS Pensions Agency pays interest on delayed pension lump sums.

- 78 (100) Proposed by Dr Selwyn D'Costa: That this meeting recommends that members who are forced to withdraw from the NHS pension scheme on breaching their Life-Time Allowance should be refunded future NHS employer contributions. **Carried**

- 79 (101) Proposed by Mr Gordon Matthews: That this meeting believes the NHS funding crisis cannot continue to be managed by pay restriction. **Carried**

**Helena McKeown, Representative Body Deputy Chair, in the chair**

**STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS**

Report from the BMA staff, associate specialists and specialty doctors committee chair (Amit Kochhar). **Received**

- 80 (103) Proposed by Dr Hani Mekhael: That this meeting warmly welcomes the publication of the document "SAS Doctor Development" in partnership with the Academy of Medical Royal Colleges, Health Education England and NHS Employers and calls upon all these agencies to use their collective best endeavours to ensure that the principles outlined in the document are fully realised such that the disadvantaging of SAS doctors in terms of career development and leadership opportunities becomes a thing of the past. **Carried**

- 81 (104) Proposed by Dr Reshma Khopkar: That this meeting has concerns that currently there is a lack of SAS representation on the Local Education and Training Boards and the appointments of Associate Deans for SAS doctors are not being continued. It therefore calls on Health Education England to ensure that:- **Parts (i) and (ii) carried**
- i) there is appropriate SAS representation on the Local Education and Training Boards and;
  - ii) the appointments of Associate Deans for SAS doctors continue and that they are appointed from within the SAS grades.



## MEDICO-LEGAL AFFAIRS

- Report from the BMA medico-legal committee chair (Jan Wise). **Received**
- 82 (107) Proposed by Dr Chandra Kanneganti: That this meeting, in the light of increasing personal injury awards and rapidly increasing medical indemnity costs:- **Parts (i) – (iii) – carried**
- i) supports the introduction of a system of no-fault compensation for medical injuries;
  - ii) supports the principle of annual care payments to the injured, rather than lump sum payments;
  - iii) seeks the direct reimbursement by government of medical indemnity costs relating to NHS treatment.
- 83 Motion 108 was withdrawn.

## FORENSIC MEDICINE

- Report from the BMA forensic medicine committee chair (Rachael Pickering). **Received**
- 84 (110) Proposed by Dr Nick Swift: That this meeting regarding the mental state examination of children under arrest in police custody suites:- **Carried as amended by minute 85**
- i) is concerned at the lack of forensic physicians possessing membership of the Faculty of Forensic and Legal Medicine;
  - ii) considers that it is non-equivalent compared with the care given to non-detained children;
  - iii) believes that child psychiatrists should be called into police custody suites until such time as sufficient numbers of forensic physicians possess membership of the Faculty of Forensic and Legal Medicine.
- 85 Amendment proposed by Dr Rachael Pickering: Replace part (iii) of the motion with the following:- **Carried**
- iii) calls for increased out of hours provision of child and adolescent mental health services (CAMHS) and youth offending teams to facilitate prompt liaison and diversion.
- 86 (111) Proposed by Dr Nick Swift: That this meeting supports the Royal College of Psychiatrists' urging of the government to amend the Prison and Courts Bill to include a statutory requirement of prisons to protect the mental and physical health of offenders. **Carried as a reference**

## MEDICAL STUDENTS

- Report from the BMA medical students committee co-chairs (Charlie Bell and Harrison Carter). **Received**
- 87 (113) Proposed by Mr Ryan Marshall Devlin: That this meeting calls on the BMA to improve awareness of student mental health in medical schools. The BMA should do this by:- **Parts (i), (ii) and (iv) carried as amended by minute 88. Part (iii) as a reference and as amended by minute 88 was lost by 43% (84) in favour**
- i) utilising its growing local networks to host mental health talks and events for local medical students;
  - ii) calling upon medical schools to improve support for student mental health and resilience in the curriculum;
  - iii) reporting back on progress and responses from medical schools.

**and 57%  
(112)  
against**

- 88 Amendment proposed by Dr Ryan Devlin: Replace part (ii), add new part (iii) and re-number old part (iii) as part (iv) so the motion reads as follows:-  
That this meeting calls on the BMA to improve awareness of student mental health in medical schools. The BMA should do this by:-  
i) utilising its growing local networks to host mental health talks and events for local medical students;  
ii) calling upon medical schools to improve support for students with symptoms of mental health illness;  
iii) calling upon medical schools to include wellbeing and resilience in the curriculum;  
iv) reporting back on progress and responses from medical schools.
- 89 (114) Proposed by Dr Grant Ingrams: That this meeting, in light of the NHS medical recruitment crisis, is appalled by the decrease in medical student applications and calls for:-  
i) places to be given on merit without financial barriers;  
ii) the cost of a 5-year medical degree to be realigned to meet the cost of an average undergraduate degree in a comparable subject;  
iii) the government to increase medical student numbers and resource universities appropriately.
- 90 (115) Proposed by Dr Selwyn D'Costa: That this meeting condemns the proposed increase in tuition fees and calls on the BMA to:-  
i) support other organisations campaigning against the proposals;  
ii) oppose excessive rates of interest charged on student loans and lobby for any interest charges to be in line with the governments' long-term borrowing costs.

**Parts (i)  
and (iii)  
carried.  
Part (ii)  
carried as  
a  
reference**

**Carried**

#### **JUNIOR DOCTORS**

- Report from the BMA junior doctors committee chair (Jeeves Wijesuriya).
- 91 (118) Proposed by Mr Daniel Redfern: That this meeting continues to support junior doctors, and:-  
i) calls upon consultant members of the BMA to endorse exception reporting as a tool for the improvement of terms and conditions of trainee doctors;  
ii) asks its members not to suppress in any way the fair use of the exception reporting mechanism by junior colleagues.
- 92 (119) Proposed by Dr Jonathan Fenwick: That this meeting calls for a mandatory nationally agreed minimal period of protected administrative time (relevant to the level of training and duties) built into junior doctors work schedules. This would be above and beyond that protected for teaching and training and intended for the purpose of completing paperwork tasks, mandatory training, portfolio tasks, audit, guideline reviews and other required educational, teaching or management tasks currently having to be completed in that doctors own time without recognition or pay.

**Received**

**Carried**

**Carried**

#### **OCCUPATIONAL MEDICINE**

- Written report from the occupational medicine committee chair (Nigel Wilson)
- 93 (122) Proposed by Dr Alex Freeman: That this meeting notes the publication of the green paper 'Improving Working Lives' and:-  
i) regrets the short timescale for consultation;  
ii) supports initiatives which encourage occupational health support and workplace assessments for employers designed to keep people in employment through periods of ill health or to enter the workplace where possible;

**Received**

**Parts (i) –  
(iii)  
carried**

iii) believes that any additional burden of workload and costs with respect to implementation of the recommendations should fall to the DWP and not the NHS.

**Thursday 29 June 2017**

**Anthea Mowat, Representative Body Chair, in the chair**

**CONSULTANTS**

	Report from the BMA consultants committee deputy chair (Robert Harwood).	<b>Received</b>
94 (124)	Proposed by Dr Michael Jan Wise: That this meeting believes that the new (2016) junior doctor contract impinges on the working lives of many consultants in England and demands that NHS Employers agree an adequate programmed activity (PA) allocation for the following roles:- i) guardians of safe working; ii) educational supervisors; iii) clinical supervisors.	<b>Carried</b>
95 (125)	Proposed by Dr Latifa Patel: That this meeting believes that all consultants, members on the specialist register and junior doctors of ST3 and above should be balloted on the new consultant contract proposals.	<b>Carried by 57% (116) in favour and 43% (89) against</b>

**PUBLIC HEALTH MEDICINE**

	Report from the BMA public health medicine committee chair (Iain Kennedy).	<b>Received</b>
96 (127)	Proposed by Dr Ellis Friedman: That this meeting deplores the severe funding cuts being made to public health services and calls for:- i) government immediately to stop further reductions in public health budgets; ii) a mechanism to ensure the consistency and equity of nationwide public health provision; iii) the reinstatement of public health within the National Health Service.	<b>Carried</b>
97	The proposer of motion 127 was amended from south west London division to the north west London division.	
98 (128)	Proposed by Dr Latifa Patel: That this meeting is dismayed that more than 34,000 children aged nine years and under have had tooth extractions in the last two years, 18,000 of which are five years and under. The avoidable risks of general anaesthesia and impact on morbidity is of serious concern. This meeting therefore:- i) calls on the Departments for Education and of Health to facilitate the introduction of compulsory dental hygiene lessons into the primary school curriculum; ii) calls on the introduction of free toothbrushes to all children aged five years and under; iii) calls on the secretary of state for health and the Food Standards Agency to regulate for the introduction of health warnings on the packaging of children's foods where high sugar contents may contribute to tooth decay.	<b>Parts (i) – (iii) carried</b>

**Helena McKeown, Representative Body Deputy Chair, in the chair**

**PROFESSIONAL FEES**

- Report from the BMA professional fees committee chair (Peter Holden) **Received**
- 99 (130) Proposed by Dr Grant Ingrams: That this meeting instructs council to sort out and modernise the “collaborative fees” structure in respect of work done by doctors on behalf of local authorities. **Carried**

**INTERNATIONAL AFFAIRS**

- Report from the BMA international committee chair (Terry John). **Received**
- 100 (132) Proposed by Dr Jackie Applebee: That this meeting:- **Carried**
- i) condemns the UK government for reneging on the Dubs amendment so that by April 2017 only 350 unaccompanied minors had been allowed into the country;
  - ii) demands that the government respects the Dubs agreement and admits the children;
  - iii) demands that the UK take a proportionate share of the international obligation to provide sanctuary to people fleeing from war and persecution.
- 101 (133) Proposed by Mr Umar Hanif: That this meeting calls on the BMA to:- **Parts (i) – (iii) carried**
- i) recognise the current global refugee crisis and the unique health challenges that face refugees and asylum seekers;
  - ii) campaign for better access to healthcare and health education for this group;
  - iii) promote research into the physical and psychosocial aspects of refugees’ and asylum seekers’ health.
- 102 (134) Proposed by Dr Rachael Pickering: That this meeting regarding the ill-treatment of prisoners:- **Carried**
- i) notes that the Council of Europe’s Committee for the Prevention of Torture publishes standards, which contain thresholds for defining various types of ill-treatment within European secure environments;
  - ii) notes with concern that there are no published worldwide standards regarding the prevention of prisoner ill-treatment by which national signatories to the United Nations’ Optional Protocol to the Convention Against Torture must abide;
  - iii) calls for the United Nations’ Subcommittee on Prevention of Torture to publish standards that define various types of ill-treatment within worldwide secure environments.

**Anthea Mowat, Representative Body Chair, in the chair**

**BREXIT**

- 103 (135) Proposed by Dr Andrew Mowat: That this meeting acknowledges that the decision to leave the EU is now a “fait accompli”, and believes that the movement of doctors in and out of the UK strengthens health services in the UK and abroad, and calls on the BMA to lobby the UK government to uphold: **Carried as amended by minute 104**
- i) the right of residence to be granted to EU doctors and medical academic staff who are working in the UK;
  - ii) the right of residence to be granted to UK doctors and medical academic staff who are working in EU states;
  - iii) the right of medical students from the EU currently enrolled in UK medical schools to continue to live in the UK and work and train in the NHS after qualification;
  - iv) the mutual recognition of professional qualifications;
  - v) the common framework for training and standards;
  - vi) the alert system for raising fitness to practice concerns.

- 104 Amendment proposed by Ms Emma Runswick: In the stem, delete the word 'that' between 'acknowledges' and 'the' and delete 'is now a fait accompli' so the stem now reads:-  
That this meeting acknowledges the decision to leave the EU, and believes that the movement of doctors in and out of the UK strengthens health services in the UK and abroad, and calls on the BMA to lobby the UK government to uphold: **Carried**
- 105 (136) Proposed by Dr Paul Darragh: That this meeting believes that the close ties between the health service in Northern Ireland and the Republic of Ireland in terms of training, service delivery and research have been of mutual benefit and must be protected to ensure that doctors, medical students and patients are not disadvantaged in any post Brexit settlement. This meeting believes that:- **Carried**
- i) doctors and students from either jurisdiction must be able to move freely to care for and treat patients;
  - ii) the existing open border arrangements must be maintained;
  - iii) mutual recognition of medical qualifications must continue;
  - iv) all-island health services must be maintained to ensure patients in Northern Ireland have access to specialist care.

#### **TRAINING AND EDUCATION**

- 106 (137) Proposed by Dr Chris Williams: That this meeting is concerned about the funding cuts that HEE is being forced to make and demands:- **Carried**
- i) the UK government address this immediately instead of passing the buck to arm's length bodies;
  - ii) that HEE guarantees the support for trainees, trainers, educators and clinical/educational supervisors is increased in these testing times.
- 107 (138) Proposed by Miss Anumita Dhullipala: That this meeting calls for the BMA to work with and lobby key stakeholders to ensure the compulsory inclusion of a community based placement within foundation training. **Carried**
- 108 Rider proposed by Dr John Canning: "and that this should have a majority of its time in NHS general practice." **Carried as a reference**
- 109 (139) Proposed by Dr Hope Ward: That this meeting insists that there should be nationwide protection for doctors undertaking the hospital component of GP training to ensure that all training posts provide the necessary training which will be required in general practice and are not simply used to fill gaps in secondary care rotas. **Carried**
- 110 (140) Proposed by Dr Jessie Wang: That this meeting regrets that the Oriel application system, and speciality recruitment offices only provide email as means of contact for applicants. This meeting:- **Carried**
- i) rejects that email communication alone is sufficient for time-critical communication;
  - ii) calls upon the relevant parties to provide clear and easily accessible contact details, including a telephone number for the most urgent enquiries.

#### **CHOSEN MOTIONS**

- 111 (37e) Proposed by Dr Stephen Watkins: That this meeting calls for social care to be available free at the time of need, financed out of general taxation and provided as part of the comprehensive health service. **Carried**
- 112 (362) Proposed by Dr David Wrigley: That this meeting opposes charges for patients:- **Parts (i) and (ii) carried**
- i) to see a GP;
  - ii) if an appointment is missed.

- 113 (364) Proposed by Dr Peter Holden: That this meeting notes that the single shareholder of NHS Property Services (NHSPS) is the Secretary of State for Health in England and that NHSPS and agencies acting in its name are:-
- i) seriously threatening the financial viability of many NHS GP practices;
  - ii) causing massive psychological distress and managerial work for GP partners diverting them away from caring for the sick;
  - iii) behaving very badly as landlords in a manner unbecoming of either a publicly quoted company, or as one of Her Majesty's Secretaries of State.
- Carried**
- 
- 114 (422) Proposed by Mr Khalil Secker: That this meeting recognises the evidence that the policy approach of full decriminalisation of sex-work, as adopted by New Zealand, has resulted in public health benefits for both sex workers and wider society. This meeting therefore calls upon the BMA to:
- i) publicly announce support for this policy approach and to lobby the government towards this end;
  - ii) develop educational resources to enable doctors and medical students to better understand and respond to the specific healthcare needs of sex workers, such as CPD events and BMJ Learning resources;
  - iii) write an open letter calling upon the TUC Women's committee to also support the policy of full decriminalisation;
  - iv) create a working-group in order to achieve the above aims and consider collaboration with peer-led sex worker organisations such as SCOT-Pep, the English Collective of Prostitutes and the Sex Worker Open University, as well as other organisations working on this issue such as Amnesty International.
- Part (i) was lost by 23% (44) in favour and 77% (150) against. Part (ii) was carried by 58% (118) in favour and 42% (84) against. Part (iii) was lost by 16% (31) in favour and 84% (167) against. Part (iv) was lost by 25% (50) in favour and 75% (148) against.**
- 
- 115 (542) Proposed by Dr Robin Arnold: That this meeting notes that retired members are the only branch of practice not represented by a standing committee and:-
- i) believes they need and should have a standing committee;
  - ii) calls on the organisation committee to bring forward proposals to set up a standing committee for retired members.
- Carried**

#### **EMERGENCY MOTIONS**

- 116 (EM2) Proposed by from the chair: That this meeting expresses its heartfelt condolences to the families and friends affected by the recent events in Manchester and London. We would also like to applaud the swift and compassionate actions of the public, NHS and other emergency services in the face of these catastrophic events.
- Carried**