British Medical Association

AGENDA
ANNUAL REPRESENTATIVE MEETING

TO BE HELD AT

Edinburgh International Conference Centre

FROM

MONDAY, 24 JUNE 2013

UNTIL

THURSDAY, 27 June 2013

Chairman: Dr Steve Hajioff

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INDUCTION SESSION

A teach-in session for all members will be held before the commencement of the official part of the meeting in the main auditorium from 8.45am until 9.15am.

INTRODUCTIONS

Monday 09.30 - 10.00

1 Receive: Introductions and welcome to the meeting from the Chairman of The Representative Body.

STANDING ORDERS

2 Motion by THE CHAIRMAN: That the Standing Orders (Appendix 1), be adopted as the Standing Orders of the Meeting.

PRECINCTS OF THE MEETING

3 Motion by THE CHAIRMAN: That for the purpose of Standing Order 76 the precincts of the Meeting be regarded as the whole of the Edinburgh International Conference Centre.

RETURN OF REPRESENTATIVES

4 Motion by THE CHAIRMAN: That the return of election of Representatives for 2012-13 and members of Council (ARM 3 and 4) is received.

APOLOGIES FOR ABSENCE

5 Motion by THE CHAIRMAN: That apologies for absence from (a) Representatives and (b) Members of Council be received, taken as read, and entered on the Minutes.

ELECTIONS

6 Motion by THE CHAIRMAN: That the timetable for elections to be carried out during the meeting, as set out in ARM 5, be approved.

REPORTS OF BRANCH OF PRACTICE COMMITTEES

7 Receive: The following reports are available on the web:- reports of the General Practitioners Committee, the Consultants Committee, the Junior Doctors Committee, the Medical Academic Staff Committee, the Medical Students Committee, the Public Health Medicine Committee and the Staff, Associate Specialists and Specialty Doctors Committee for the session 2012-13.

MINUTES

8 Confirm: Minutes of the Annual Representative Meeting held on 25 June to 28 June 2012 (ARM 12, 2012).

REPORT OF THE AGENDA COMMITTEE

9 Receive: Report that the Committee has arranged in groups certain motions and amendments which cover substantially the same ground and has selected in each group one motion or amendment (marked with a star) on which it is proposed that discussion should take place. Items prefixed "P" and "C." will be dealt with in accordance with Standing Orders 36 and 40. Motions or amendments prefixed "A" or "AR" will be dealt with in accordance with Standing Orders 38 and 39.

10 Receive: Report that in accordance with Standing Order 37, a ballot of Representatives will be held on the first morning of the ARM to enable them to choose motions, amendments or riders which should be given priority ("C" motions). A ballot paper has been circulated with the documents for the Meeting which should be returned to the enquiry desk in the arena by 12 noon on Monday 24 June 2013.
Motion by THE AGENDA COMMITTEE: That the business be taken in the order and at the times indicated below:-

**Monday AM**
- 09:30 Preliminary Business (items 1 - 15)
- 10:00 Report by the Chair of Council (item 16)
- 10:20 National Health Service (items 17 - 101)
- 11:20 NHS Commissioning (items 102 - 127)
- 11:50 Health and Social Care Act (items 128 - 135)
- 12:10 Contingency Time
- 12:15 Health Information Management and IT (items 136 - 150)
- 12:30 Occupational Medicine (items 151 - 156)
- 12:40 Medico Legal Affairs (items 157 - 159)
- 12:40 Session closes

**Monday PM**
- 14:00 Professional Regulation and the GMC (items 160 - 187)
- 14:30 Articles and Byelaws Review (items 188 - 191)
- 14:50 Training and Education (items 192 - 224)
- 15:30 Doctors’ Pay and Contracts (items 225 - 250)
- 15:50 Contingency Time
- 15:55 Professional Fees (item 251)
  Private Practice (item 252)
  Scotland (items 253 - 256)
- 16:10 Staff, Associate Specialists And Specialty Doctors (items 257 - 264)
- 16:25 Medical Academic Staff (items 265 - 266)
- 16:35 Wales (items 267 - 273)
- 16:55 Q&A Branch of Practice Chairmen
- 17:15 Session closes

**Tuesday AM**
- 09:30 Northern Ireland (items 274 - 277)
- 09:50 Report of the Francis Inquiry (items 278 - 292)
- 10:20 NHS Funding and Finance (items 293 - 312)
- 11:00 Medical Students (items 313 - 324)
- 11:35 Workforce (items 325 - 357)
- 12:15 Contingency Time
- 12:20 Annual General Meeting
- 12:30 Session closes

**Wednesday AM**
- 09:30 Pensions (items 358 - 368)
- 09:40 Changes arising from Articles and Bye-laws Enactment (item 369)
- 09:45 Armed Forces (items 370 - 371)
- 09:55 Medical Ethics (items 372 - 392)
- 11:05 International Affairs (items 393 - 405)
- 11:40 Contingency Time
- 11:45 Community Care and Mental Health (items 406 - 424)
- 12:30 Charities (item 425)
- 12:35 Civil and Public Services Committee (item 426)
- 12:40 Forensic Medicine (items 427 - 428)
- 12:40 Session closes

**Wednesday PM**
- 14:00 Finances of the Association (items 429 - 433)
- 14:30 British Medical Journal (items 434 - 439)
- 14:35 BMA Structure and Function (items 440 - 513)
- 15:25 Contingency Time
- 15:30 Q&A Treasurer
- 15:45 Junior Doctors (items 514 - 518)
- 16:00 General Practice (items 519 - 554)
- 16:55 Consultants (items 555 - 568)
- 17:30 Q&A Chair of Council
- 17:45 Session closes
Thursday AM
09:30  Public Health Medicine (items 569 - 576)
09:55  Science, Health And Society (items 577 - 618)
10:50  Medication and Prescribing (items 619 - 623)
11:20  Contingency Time
11:25  Motions Arising from the ARM
12:45  Approval of the Annual Report of Council and Provisional Approval of the Minutes (items 624 - 625)
13:00  ARM ends

PRESIDENT 2014-15

12  Motion by THE CHAIR OF COUNCIL: That Ilora Gillian Finlay, Baroness Finlay of Llandaff be elected President of the Association for 2014-15.

BYE-LAWS

13  Motion by THE CHAIRMAN OF THE ORGANISATION COMMITTEE: That, subject to any amendments arising out of the decisions of the meeting, the bye-laws of the Association be amended in the manner shown in Appendix II to this agenda.

BMA POLICY

14  Motion by THE CHAIR OF COUNCIL: That this Meeting approves the recommendations for policy passed in 2008 to be lapsed as indicated on document ARM 10.

'A' MOTIONS

15  Confirm: That the 'A' motions be approved and pass into the policy book.

REPORT BY CHAIR OF COUNCIL

Monday 10.00 - 10.20

16  Receive: Report by the Chair of Council, Mark Porter.

NATIONAL HEALTH SERVICE

Monday 10.20 - 11.20

* 17  Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE MANCHESTER & SALFORD DIVISION): That this Meeting believes that commercial health care providers have profit as an overriding aim and:-

i) opposes any further moves towards privatisation of the National Health Service;
ii) asks that the BMA consider how best to ensure consistent quality of patient care in a market driven system;
iii) calls for the NHS to be the preferred provider, with proper integration and collaboration between primary and secondary care;
iv) applauds those administrations which have chosen to avoid competition driving their health care systems;
v) calls on the BMA to work with the public and other stakeholders to defend the NHS.

17a  Motion by MANCHESTER & SALFORD DIVISION: That this Meeting calls on the BMA to get commitment from the DH that the NHS in England remains a publicly funded organisation and free at the point of delivery for all residents in the UK. As such preference for provision of services should remain with NHS providers. Private providers should not be used unless absolutely unavoidable.

17b  Motion by NORTHERN IRELAND COUNCIL: That this Meeting:-

i) believes that private health care providers have profit as their main aim rather than patient care and asks the BMA to oppose any moves towards privatisation of the National Health Service;
ii) acknowledges that private health care companies are currently used to provide health care to National Health Service patients and asks that the BMA considers how best to ensure the quality of this care is appropriate and, whenever possible, seeks to minimise the use of private health care companies.

17c  Motion by TOWER HAMLETS DIVISION: That this Meeting demands that government abolish the purchaser/provider split and bring back proper integration and collaboration between primary and secondary care.
Motion by SOUTH TYNESIDE DIVISION: That this Meeting is of the opinion that the BMA should make sure that the NHS should not be private.

Motion by LAMBETH & SOUTHWARK DIVISION: That this Meeting calls on the BMA to lobby the government to halt and reverse privatisation and outsourcing of health services.

Motion by EDGWARE & HENDON DIVISION: That this Meeting rejects the smokescreen of using EU law as a basis for competition in the NHS in England, given that other devolved nations have legislated to avoid competition driving their health care systems.

Motion by LAMBETH & SOUTHWARK DIVISION: That this Meeting calls on the BMA to lobby the government for the abolition of the wasteful and inefficient internal market.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting demands that the NHS is integrated, comprehensive, cost effective and accountable and not replaced with a market system which fragmented, selective, expensive and unaccountable and urges BMA Council to resist change.

Motion by BRISTOL DIVISION: That this Meeting believes that the NHS “Internal Market”, now developing into competitive tendering, undermines effective management of the NHS and should be abolished.

Motion by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to oppose the use of service redesign to introduce more private sector involvement in NHS provision.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting suggests that if politicians had the will or inclination they could make the NHS the ‘preferred provider’ and protect it from EU or commercial sector interference.

Motion by AVON LMC: That this Meeting deplores the deceitful and underhand way in which the present government has sought to privatise the NHS and destroy an institution that was set up with the principles of fairness, equality, altruism and cost effectiveness, simply for selfish political gain.

Motion by CORNWALL AND ISLES OF SCILLY LMC: That this Meeting believes that the government wishes to privatise the NHS and demands that it is made public knowledge.

Motion by MID MERSEY LMC: That this Meeting believes that there has been a policy of privatisation and fragmentation of the NHS which has been pursued by government for the last 20 years and it is time to stop.

Motion by TOWER HAMLETS DIVISION: That this Meeting believes that the laws of the market fail in the provision of health care services within the NHS.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting reaffirms its call for the English NHS to be publicly funded and publicly provided.

Motion by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to work with the public, other trade unions and campaign groups to resist cuts and privatisation of the NHS.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that the laws of the market have no place in the NHS. We demand that the government abolish the purchaser/provider split and bring back proper integration and collaboration between primary and secondary care.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting applauds the ‘Spirit of 45’ and calls for the NHS to go back to its roots and return to being a publicly provided and publicly funded service.

Motion by TOWER HAMLETS DIVISION: That this Meeting notes that the NHS was recently voted the best loved British institution, beating the monarchy to top spot and believes that the NHS as we know it is under grave threat from privatisation and fragmentation.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
  i) notes the burgeoning bureaucracy and the creeping involvement of the private sector in the NHS since the advent of the purchaser/provider split;
  ii) notes that the Welsh and Scottish Assemblies have abolished the market in health care;
  iii) notes that health is not a commodity, and that healthcare should be provided on the basis of need not profit;
  iv) insists that there is no place for a market in healthcare;
  v) calls for the abolition of the purchaser/provider split in the English NHS.
Motion by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to join with other health trade unions, professional and patient organisations in calling a national demonstration in defence of the NHS in the autumn of 2013 to highlight the threat to the health service and to help coordinate and build the campaigns and the action to defend it.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE OXFORD DIVISION): That this Meeting opposes any reconfiguration that is driven purely by financial considerations; and i) opposes any reconfiguration that is not supported by local Clinical Commissioning Groups (CCGs); ii) insists reconfiguration should only be considered if there is sound evidence of benefits to patients in terms of quality of service, outcome measures, and addressing health inequalities; iii) insists that reconfigurations must not destabilise neighbouring trusts; iv) insists that the impact of reconfiguration on primary care be addressed.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the number of recent hospital service reconfigurations and NHS staff redundancies announced by trusts that appear to be driven purely by financial targets thus placing at risk the provision of high quality NHS patient care instead of providing resources for this.

Motion by LONDON REGIONAL COUNCIL: That this Meeting opposes any closure of NHS services that: - i) doesn't have a clear evidence base to support it; ii) doesn't have the backing of local commissioners.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the number of recent hospital service reconfigurations and NHS staff redundancies announced by trusts that appear to be driven purely by financial targets and place at risk the provision of high quality NHS patient care and to provide resources for this.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting expresses grave concern at the number of recent hospital service reconfigurations and NHS staff redundancies announced by trusts that appear to be driven purely by financial targets and place at risk the provision of high quality NHS patient care.

Motion by LONDON REGIONAL COUNCIL: That this Meeting rebuts the massive government inspired propaganda for reconfiguration of healthcare out of district general hospitals, and demands the BMA make the case for their retention and proper funding.

Motion by LEWISHAM DIVISION: That this Meeting recognises the value of District General Hospitals in providing locally effective care pathways which can optimise proactive care in long term conditions and minimise unhelpful admissions and readmissions. This Meeting notes that many DGHs are under threat of insolvency leading to their closure or merger. This Meeting resolves to defend the DGH as a valuable model of care and demands that they be properly funded so they can continue to provide the full range of DGH services.

Motion by LEWISHAM DIVISION: That this Meeting recognises that improving levels of senior medical cover around the clock in acute specialties will require additional investment and should not be used as a pretext for hospital reconfigurations. This Meeting also recognises the danger that reconfigurations in the name of improved care through centralisation can be used as a front for service cuts, whose real purpose is to make savings. This Meeting calls on the BMA to i) actively oppose reconfigurations which are driven by financial motives; ii) demand adequate hospital funding so that the emergency care standards are met; iii) demand that services only be centralised when there is a sound clinical evidence base of benefit to patients; iv) oppose reconfigurations that do not have the support of the local CCG, patients and clinicians.

Motion by CITY & HACKNEY DIVISION: That this Meeting believes any hospital reconfiguration should be transparently based on clinical need and not financial expediency. This Meeting instructs the BMA to negotiate with the DH and campaign publicly on this basis.

Motion by LONDON SOUTH RSASC: That this Meeting believes Lewisham Healthcare should be allowed to retain a full A&E department, full maternity/paediatric services and full acute medical and surgical services.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting rebuts the massive government inspired propaganda for reconfiguration of healthcare out of District General Hospitals, and demands the BMA make the case for their retention and proper funding.
Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that successive governments continual reorganisation of the NHS is responsible for the development of an NHS focused on costs rather than patients and demands that future reorganisation of the NHS is only carried out if it can definitely be shown to improve patient care.

Motion by MANCHESTER & SALFORD DIVISION: That this Meeting is outraged by the financially driven aggressive behaviour being used by some foundation trusts (FTs) in the North West of England to drive services in their direction:-
   i) this is taking place at the expense of neighbouring foundation trusts at a risk of destabilising these trusts;
   ii) some of these trusts have better patient outcomes and are yet increasingly being threatened with loss of services;
   iii) patients are likely to suffer rather than benefit from some of these attempted service reconfigurations;
   iv) any service reconfiguration regional or national basis has to be to the benefit of patients in terms of quality of service provided and outcome measures;
   v) service reconfiguration, on a regional or wider basis with major financial implications on hospitals, should be carried with thorough independent strategic consultation and monitoring before any implementation takes place.

Motion by EALING, HAMMERSMITH AND HOUNSLOW LMC: That this Meeting demands that the Secretary of State ensures that before hospital closures are considered that there is robust evidence that primary care and out of hospital care schemes are fully funded and able to provide the high quality care that our patients deserve.

Motion by SALISBURY DIVISION: That this Meeting is gravely concerned that super-centralisation is leading to a potentially unsafe loss of local services and insists that only a consensus on overwhelming evidence should enable the withdrawal of services from localities.

Motion by CITY AND EAST LONDON LMC: That this Meeting believes that no major transformational change should be introduced in the NHS without prior successful evaluation within a limited pilot and calls on the BMA and it’s subcommittees to oppose unevaluated change.

Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting deplores the closure of hospitals across the country in the name of efficiency causing increased waiting times in A&E and longer journeys for both patients and ambulances leading to delay in treatment and poorer outcomes.

Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that “Shaping a Healthier Future”, which has resulted in the North West London reconfiguration is not supported by the people of North West London and it is lacking a supporting evidence base. Serious health deprivation and inequalities exist in West London which are not being addressed in the reconfiguration of services. Equality impact assessments done for reconfiguration of services show deprivation within the reconfigurations and these issues are not addressed within the reconfiguration outcomes. This Meeting believes that improvements should be made to the services that exist and the issue of deprivation should be addressed to overcome health inequalities. This Meeting therefore calls on the BMA to challenge the reconfiguration of services throughout London and support local campaigns to maintain and improve services.

Motion by LONDON SOUTH RSASC: That this Meeting deplores the actions of the Trust Special Administrator in drawing the successful Lewisham Healthcare NHS Trust into the problems of the failing South London Healthcare NHS Trust.

Motion by ISLINGTON DIVISION: That this Meeting notes with disapproval that local CCGs are being ignored over hospital and A&E closures, including examples at Lewisham and the South London Healthcare Trust. This Meeting deplores that “failure regimes” are being used to close hospitals and that decisions about hospital closures and cuts are being taken out of commissioners’ hands. This Meeting believes that the government’s use of “failure regimes” destablises the NHS and removes viable services from local communities, whilst at the same time the Department of Health returns billions of pounds to the Treasury.

Motion by LONDON REGIONAL COUNCIL: That this Meeting is opposed to the government policy of mass closure of district general hospitals. We call on the BMA:-
   i) to support campaigns to keep open as fully-functioning District General Hospitals (DGHs): Lewisham, Whittington, Chase Farm, Ealing, Charing Cross, St Heliers, Bolton, Barnsley, and the many others throughout the country threatened with rundown and closure;
   ii) to ask the TUC to organise a national day of action in 2013, the 65th year since the founding of the NHS to defend our District General Hospitals against closure.
Motion by LEWISHAM DIVISION: That this Meeting deplores the fact that the Trust Special Administrator for the South London Healthcare Trust ignored the overwhelming opinion of Lewisham patients, clinicians and CCGs when he proposed the downgrading and closure of Lewisham A&E, ICU, acute medical, surgical and pediatric beds and Maternity, which is in a neighboring and financially solvent NHS Trust. This Meeting demands that the views of the CCG, local clinicians and patients should be given due weight and for this reason the Secretary of State should reverse the decision to downgrade Lewisham Hospital.

Motion by LEWISHAM DIVISION: That this Meeting deplores the decision by the Secretary of State for Health to use the Unsustainable Provider Regime, invoked to deal with the problems of South London Healthcare Trust, to downgrade and close services at neighboring Lewisham NHS Trust. This amounts to a hospital re-configuration by the back door, despite specific guidance from the DH that the Unsustainable Provider regime was not to be used for this purpose. This Meeting calls on the BMA to lobby the government to ensure that the UPR is not used as a backdoor to reconfiguration and to oppose any change in the guidance which would allow the UPR to be used in this way, both for Foundation and NHS trusts.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this Meeting recognises the need for safe, high quality emergency and in-patient care throughout the week and:-

i) notes that delivering emergency care is not the same as providing comprehensive non-urgent, elective and planned care on a seven day, 24 hour basis;

ii) calls on the BMA to work with the Royal Colleges, employers and government to define and develop models capable of delivering consistent patient care on any day, sustainable within NHS budgets.

Motion by EDGWARE & HENDON DIVISION: That this Meeting recognises the need for patient safety and quality outcomes for patients admitted to hospital on weekends, but opposes conflating this with a misguided policy of routine 7 day access to NHS services, which is both inappropriate and will be a drain on scarce resources away from greater clinical need.

Motion by ISLINGTON DIVISION: That this Meeting supports the principle that the standard of care for in-patients and emergency care should be the same at weekend as it is in the week. The BMA should recognise and state that delivering effective care at weekends is not the same as providing comprehensive non-urgent, elective and routine care on a 7-day basis, which is unaffordable for the NHS. This Meeting calls on the BMA to work with the Royal Colleges and government to develop the models of standardised care that will deliver consistent care to patients on any day, sustainable within the national budget.

Motion by CONSULTANTS CONFERENCE: That this Meeting agrees that the quality of care should be equally high every day of the week but believes there is widespread misunderstanding of the potential benefit of ‘seven-day working’, since consultant care is already provided 24/7. Introducing elective work in evenings and at weekends would require not only extra consultants (since the limit on consultant time is 48 hours per week) but also extra non-medical staff. This is likely to be unaffordable in current financial circumstances. We call for an intelligent debate and financial analysis of what could and should be done ‘out of hours’ in acute hospitals.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that 7 day working already exists in the NHS and that it is disingenuous of the governments to suggest that doctors do not give patients a quality service at the weekends.

Motion by JUNIOR MEMBERS FORUM: That this Meeting believes that in the NHS, the delivery of healthcare provision is not equal between in- and –out-of-hours services. We therefore call on the BMA to lobby the UK health departments to address this by:-

i) increasing healthcare resources, including staff, to match needs of the service;

ii) fully integrating hospital, psychiatric and social care services;

iii) reducing non-clinical management roles and re-distributing the resources freed up by this action into direct patient care;

iv) mandating action to develop engagement of the medical workforce and clinical leadership to bring about these changes;

v) trialling 365-day working as a first step towards 24/7 care, once a fit-for-purpose framework is in place.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting requests the Board of Science urgently to conduct a study of the evidence of the benefits and disadvantages of increased weekend working (“seven day service”) in relation to emergency and elective work.
Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the health of society is being adversely affected by the move to the 24/7 culture, particularly amongst those of working age, and calls for a report focusing on the public health consequences of modern life.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting while supporting the concept that the NHS provide a safe 24/7 emergency service with adequate senior doctor presence, is concerned to ensure SAS doctors are not forced into job plans or work patterns with a disproportionate amount of work scheduled outside 7am – 7pm Monday to Friday other than by agreement and recommends that employers be required to ensure that work patterns provide for a healthy work-life balance by limiting the amount of out-of-hours work that can be compulsorily required.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the expansion of routine non-urgent NHS services in evenings and at weekends cannot be implemented without:

i) an increased medical workforce;
ii) an increase in support staff and services;
iii) an increase in social care and management working evenings and weekends;
iv) new funding to cover the full costs of an expanded service;
v) a detailed risk assessment of the adverse impact on the existing services and workforce.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the quality of care currently provided to NHS patients will be put at risk if plans to provide more routine non-urgent services in evenings or weekends are implemented within existing resources.

Motion by OXFORD DIVISION: That this Meeting notes the recent Department of Health call for increased seven-day working for hospital services and consultants and points out that this will require significant investment and the expansion of consultant, junior doctor and supporting staff numbers and other hospital facilities to deliver more high quality seven day services and to provide resources for this.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes the recent Department of Health call for increased seven-day working for hospital services and consultants and recognises that this will require significant investment and the expansion of consultant, junior doctor and supporting staff numbers and other hospital facilities to deliver more high quality seven day services.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that if 7 day routine care becomes a reality, additional NHS hospital beds will be required to support this activity and therefore, in the event that 7 day working is implemented, calls for the expansion of staff numbers to support it.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that 7 day working requires an increase in levels of NHS clinical staff at weekends up to the same level as weekday staffing levels such that approximately 20-25% more clinical staff will be required to provide the same quality and breadth of service every day and calls on the government to admit this and to begin recruitment of additional doctors if they wish to set up a 7 day routine NHS service.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that whilst the move to seven day working in the NHS is attractive in the delivery of consistent quality of service, that it is unachievable without first addressing issues such as consultant and GP expansion, primary and secondary care workload, improving the attractiveness of posts, and the shortage of generalists in hospitals.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting believes that moving to a seven day working week for elective surgery will result in the closure of many smaller district hospitals.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that while 7 day care may appear superficially appealing, the reality is that the NHS needs the weekend downturn in activity to catch up from the high weekday activity.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting considers that under cover of concern about emergency care, the government is demanding contract changes for hospital doctors to make it possible to provide elective care 24/7 on the model of commercially run organisations like Tesco. This Meeting believes that should the government threaten to impose new contracts against the wishes of the membership, that BMA Council and craft committees should be prepared to ballot for industrial action to defend the status quo.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting requests the BMA to launch a debate with the public and the health professions about what type of health service they wish for in the future and how it could be delivered in a climate of shrinking resources.
20a Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting asks the government to commission a list of core NHS services so that the public is fully informed as to what they can and can't expect from their health service, and that this should be defined at national level.

20b Motion by EAST DORSET DIVISION: That this Meeting asks the government to negotiate and define a list of core NHS services in an open and honest manner so that everyone is aware of what the NHS can and cannot provide.

20c Motion by CLWYD NORTH DIVISION: That this Meeting accepts that, in days of limited financial resources, there is frequently a discrepancy between what would be ideal treatment and that which can be afforded. It should be the responsibility of the management to explain this to the patient and not the clinician.

20d Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting:
- i) the government has a full and frank discussion with the public on how to fund the NHS if it is to remain free at the point of care;
- ii) the NHS must define what services it can provide and what services it cannot provide;
- iii) the NHS make an assessment of the cost of all services to ensure they are collectively affordable;
- iv) it is time for conference to face the unpalatable truth that free at the point of contact can no longer be sustained.

20e Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that:
- i) the NHS must define what services it can provide and what services it cannot provide;
- ii) the NHS must make an assessment of the cost of all services to ensure they are collectively affordable;
- iii) new NHS services must be fully priced before introduction and a recommendation made about what is stopped to pay for this new work, unless additional money is made available.

21 Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed that NHS 111:
- i) worsens patient access to appropriate care;
- ii) reduces efficient use of available resources;
- iii) increases pressure on A&E and GP services and demands that the project is re-designed.

21a Motion by GLOUCESTERSHIRE DIVISION: That this Meeting notes with dismay the chaos resulting from the hurried roll out of NHS 111 in parts of England despite trials showing a lack of clear clinical and cost effectiveness, and in the interests of patient safety, calls upon the BMA to oppose the concept of non-clinically trained staff providing clinical triage until satisfactory evidence of clinical safety can be established.

21b Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed that this government has initiated NHS111 at a time of financial austerity and demands that they abandon this initiative which has not been shown to improve patient care, reduce GP workload or offer value for money.

21c Motion by EAST DORSET DIVISION: That this Meeting applauds NHS 111 in aiming to provide appropriate, satisfactory access for patients needing urgent care. However, we urge the government to closely monitor the service to ensure that this is the case and take remedial action swiftly if necessary.

21d Motion by LEWISHAM DIVISION: That this Meeting deplores the chaos created by the rushed, poorly planned, top down imposition of 111 by the DH, against the wishes of local commissioners. This Meeting calls on the government to halt roll out of 111 until there has been proper evaluation of 111 pilots.

21e Motion by LIVERPOOL LMC: That this Meeting believes that the introduction of 111 at a time of major re-organisational change in the NHS is yet another example of poor management of the NHS within the Department of Health.

21f Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting expresses its extreme displeasure at the English Department of Health, and the UK government's arrogant and dismissive attitude towards the representations made by the profession over the past two years concerning the introduction of NHS 111. We call for a full independent investigation into the root causes of the serious failings of NHS 111 in the light of the profession's forewarning of these.

21g Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting urges the English Department of Health with regard to NHS 111, to monitor and ensure the delivery of the following:
- i) NHS 111 improves access to urgent medical care;
- ii) the service allows the efficient use of available resources;
- iii) the service increases public satisfaction with their care;
- iv) the service decreases pressure on A&E and Out of Hours Services;
- v) NHS 111 must reflect the services and approved pathways commissioned locally.
Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting is glad that the Department of Health used pilots to test NHS111 but disappointed that it then rolled out the system nationally without learning from the evidence accumulated.

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting believes that the use of clinical algorithms administered by non-clinically trained staff in the NHS111 system presents a clinical risk to patients and insists the patient interface must be led by doctors.

* Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE ISLINGTON DIVISION): That this Meeting:-
  i) notes the Health Secretary, Jeremy Hunt’s attack on the NHS and his comments about mediocrity and coasting;
  ii) has no confidence in the Secretary of State for Health, Jeremy Hunt.

Motion by ISLINGTON DIVISION: That this Meeting notes with disgust the Secretary for Health’s attack on hospitals, accusing hard-pressed NHS staff of “mediocrity and coasting”. This Meeting observes that the current Secretary for Health appears to be denigrating the NHS at every opportunity and since his appointment to the role his performance has been mediocre and coasting. This Meeting calls for a vote of no confidence in Jeremy Hunt.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
  i) notes Jeremy Hunt’s attack on hospital workers, accusing them of “mediocrity” and “cruising”;
  ii) notes that hospitals are stretched to the limit as a result of staff cuts and bed closures;
  iii) believes that these remarks are insensitive and unacceptable;
  iv) calls for a vote of no confidence in Jeremy Hunt.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SALISBURY DIVISION: That this Meeting believes there are too few doctors on the boards of foundation trusts and instructs the BMA:-
  i) to exert its influence in the process of the appointment of Non Executive Directors to increase the proportion of working-age doctors on the boards of foundation trusts;
  ii) to provide training and support of its members who may be wholly clinical being selected to be on the boards of foundation trusts.

Motion by CITY & HACKNEY DIVISION: That this Meeting calls on the BMA to demand that all providers of medical services, including private and third sector providers, are subject to the Freedom of Information Act.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting demands that:-
  i) Council produce a vision document on the future of the NHS in England which centres around professionalism;
  ii) Council reports back with its vision to the 2014 ARM enabling the BMA to proactively influence health care policy development leading up to the next General Election.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting is seriously concerned with the loss of a reliance on professionalism throughout the health service in England and demands that:-
  i) targets and financial imperatives must stop taking precedence over the needs of patients;
  ii) Council work with the Royal Colleges to highlight this serious situation;
  iii) Council highlights this to the public, politicians and the media.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is appalled at the ambulance response times in rural areas highlighted by MPs in East Anglia, and notes the ongoing independent review of the East of England Ambulance Service. We believe that this problem is not confined to the East of England, and that patients are at risk from delayed emergency response, and call for a UK-wide review of ambulance response times in rural and urban areas.

Motion by LINCOLN DIVISION: That this Meeting is appalled at the ambulance response times in rural areas highlighted by MPs in East Anglia, and notes the ongoing Independent Review of the East of England Ambulance Service. This Meeting believes:-
  i) that this is not a isolated problem;
  ii) that patients are at risk from delayed emergency response; and
  we call for a UK-wide review of ambulance response and resourcing in rural areas.
Motion by LOTHIAN DIVISION: That this Meeting deplores any move to use data from radiology department discrepancy meetings for any purpose other than quality improvement.

Motion by LINCOLN DIVISION: That this Meeting is concerned about feedback from individual doctors that:-
  i) doctors who make 999 calls often have to give information more than once to non-clinical call handlers, thus interfering with their provision of direct care to patients in emergency;
  ii) ambulances en route to, inter alia, hospitals and GP surgeries, to attend patients assessed by health professionals and felt to be in mortal danger, are diverted to attend unassessed 999 calls from members of the public;
  iii) having given a professional assessment of the urgency of the situation, doctors are frequently called back to see whether the ambulance service can have more time to respond;
and calls for the Association to gather more information on this, and raise these concerns with UK governments.

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and calls for the Association to gather more information on this, and raise these concerns with UK governments.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting supports the call for a general strike to defend our public services against cuts and privatisation.

Motion by LONDON REGIONAL COUNCIL: That this Meeting supports the call for a general strike to defend our public services against cuts and privatisation.

Motion by SHROPSHIRE LMC: That this Meeting believes removing provision of pathology services away from the local area disrupts relationships between GPs and their consultant colleagues, adds to clinical risk and may destabilise rural hospitals.

Motion by WEST MIDLANDS REGIONAL COUNCIL: That this Meeting is dismayed that some pathology services reviews intended to deliver substantial savings for investigations ordered in primary care are being pursued without adequate consideration of their effects on secondary care and that they will destabilise many pathology departments thereby decreasing care quality and adversely affecting patient safety and doctor training by:-
  i) increasing turn-around times in secondary care;
  ii) reducing consultant access to pathology specialists’ advice;
  iii) increasing costs in secondary care;
  iv) damaging departments, possibly causing closures;
  v) reducing access to training for junior doctors; and
  vi) increasing costs to the NHS as a whole.
This Meeting asserts that no new changes to primary care pathology services contracts should be signed before there has been a robust risk analysis for the whole NHS in the area.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is aware that the government relies on medical personnel and other NHS staff to check on the nationality status and entitlement of people who present at the door of the NHS and calls on the BMA to insist that the government replaces this unsatisfactory system with strict vetting to prevent the illicit use of NHS resources by illegal immigrants.

Motion by BRISTOL DIVISION: That this Meeting has deep misgivings about the role and function of Monitor as a regulator of healthcare.

Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting:-
  i) believes CQC is not fit for purpose;
  ii) believes CQC should be held to account and public scrutiny following the Francis Report;
  iii) has no confidence in the ability of CQC to regulate health services;
  iv) believes that a chief inspector of primary care is unnecessary and should not be appointed.
Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that Monitor and CQC have failed in their tasks of ensuring quality care is delivered to patients, partly because of their overriding principles that put finances first. We ask the BMA to emphasise strongly to the DH that all FTs must be redefined with quality of care always being put before financial cost.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting calls upon the government to stop the two tier health care system it has created within its "New NHS". The BMA asserts that it is abhorrent that patients from abroad who are encouraged to pay for private care in the NHS are given preferential treatment, whereas, local needs are given second priority and less well off patients in the community loose out. The BMA demands that the government stops this unfairness and ensures that local citizens are given priority in terms of addressing the health care needs of them and their community.

Motion by SHEFFIELD DIVISION: That this Meeting believes that the marginal rate emergency tariff imposed on NHS trusts that have increased the value of emergency admissions above a 2008/9 threshold is arbitrary and grossly unfair – and is one of the causes of financial instability of many of the acute NHS foundation trusts - and calls on the BMA to demand that the NHS Commissioning Board and monitor review this policy immediately.

Motion by LONDON REGIONAL COUNCIL: That this Meeting deplores the closure of A&E departments when local hospitals are frequently forced to divert ambulance admissions due to an unsafe workload; and calls on the BMA to demand that the government:-

i) removes the obligation on the NHS to make £20 billion “efficiency savings”;
ii) makes above-inflation real-term annual investments in keeping with David Cameron’s election pledge;
iii) mandates the BMA, AoMRC and nursing unions to determine safe staffing levels for health facilities;
iv) provides adequate funding for primary care and other community services before care is brought closer to home.

Motion by BRISTOL DIVISION: That this Meeting requests the next Secretary of State for Health/government to break the habit of their predecessors by not reorganising the NHS.

Motion by TOWER HAMLETS DIVISION: That this Meeting believes that hospitals without adequate numbers of frontline clinical staff, and which operate with high levels of bed occupancy are unsafe.

Motion by CITY & HACKNEY DIVISION: That this Meeting calls on the BMA to demand the removal of the high street Specsavers advertisements which bear the NHS logo and advertise ‘free NHS digital hearing aids’. This Meeting recognises these advertisements will escalate costs, diminish the reputation of audiologists, trivialise the sophistication and cost of hearing aids, and underestimate requirements for their successful use.

Motion by CITY & HACKNEY DIVISION: That this Meeting recognises that the use of the NHS logo by private companies is misleading and mendacious, causing patients, doctors and the public to misconstrue private health services as provided by the NHS. This Meeting calls on NHS Branding to compel private providers to remove the NHS logo from all their products, services and publicity materials.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting recognises that orthopaedic joint replacements are increasingly being restricted as the NHS rations treatment for elderly patients in an attempt to save £208 by 2015 and deplores the increasing gap which is developing between need and access to surgery for older patients and asks the BMA to demand an end to age discrimination.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting deplores the downgrading of Equality and Diversity by the NHSCB who have repeatedly failed to recruit to the post of Director of Equalities and Health Equalities. We suggest that the BMA sends a strongly worded letter to the NHSCB demanding that this is put right.

Motion by NORTH WEST RSASC: That this Meeting calls on the BMA to:-

i) investigate the impact of increasing numbers of non-medical managers in the NHS;
ii) evaluate the effectiveness of non-medical managers in improving patient care;
iii) encourage clinicians to take on management roles to improve efficiencies and patient care.
Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting celebrates the success of 65 years of the NHS but asks the conference to stand for one minute’s silence to mark the passing of the NHS in England on the 1st April 2013.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting notes the continuous changes being implemented in planning and developing of the nation’s primary care:-
  i) by introducing untested measures such as dividing primary and secondary care while best results are obtained by co-operation and collaboration;
  ii) the changes leading to a potential recruitment and early retirement in doctors and nurses;
  iii) declining morale amongst the doctors and nurses who are made scapegoat for the economical failings of the governments’ health policies;
  iv) these failures must be made known to public by media campaign.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting notes:-
  i) that NHS Choices has been prevented from setting out the evidence for a treatment as a result of the DoH being lobbied by special interest groups (http://gu.com/p/3dne5/tw);
  ii) in the case of the page that explains homeopathy, the DoH asked NHS Choices to remove its initial references to the unscientific nature of the treatment and to the lack of good evidence for effectiveness;
  iii) a Freedom of Information request revealed that this was as a direct result of lobbying by homeopaths and the Prince of Wales’ charity that promoted alternative medicines;
  iv) the Chief Medical Officer, Professor Dame Sally Davies, has recently made clear that homeopathy is ‘rubbish’, (http://www.telegraph.co.uk/health/healthnews/9822744/Homeopathy-is-rubbish-says-chief-medical-officer.html);
  v) patients must give fully informed consent to treatments.
This Meeting therefore calls on the Secretary of State for Health:-
  (a) to give full editorial responsibility to the NHS Choices team to allow them to present clear information about the nature, effectiveness and risks of treatments without the possibility of political, philosophical or commercial interference;
  (b) to allow NHS Choices to expedite the re-writing of such pages that may have suffered from inappropriate pressures.

Motion by KINGSTON AND RICHMOND LMC: That this Meeting has no confidence in the government’s claim that it wishes to preserve the integrity of the National Health Service.

Motion by SHEFFIELD DIVISION: That this Meeting believes that the NHS should avoid the celebrity culture of employing highly paid individuals to rescue NHS trusts in financial difficulties, but should instead have its own advisory body that has learnt from the actions taken to turn around other struggling trusts. This Meeting calls upon the BMA to lobby the Department of Health to achieve this.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting is opposed to the government policy of mass closure of district general hospitals. This Meeting calls on the BMA:-
  i) to support campaigns to keep open as fully functioning District General Hospitals (DGHs), Lewisham, Whittington, Chase Farm, Ealing, Charing Cross, St Heliers, Bolton, Barnsley, and the many others throughout the country threatened with rundown and closure;
  ii) to support the setting up of local campaign groups to include trade unions, NHS staff, residents, patients and campaign groups to keep DGHs open;
  iii) to support the organisation of occupations of hospitals as necessary to stop services such as A&E, maternity, paediatrics, pathology, acute surgery, being removed so that all key services are kept on site;
  iv) to ask the TUC to organise a national day of action in 2013, the 65th year since the founding of the NHS to defend our District General Hospitals against closure.

Motion by SHEFFIELD DIVISION: That this Meeting:-
  i) believes that the NHS should set standards as a model employer;
  ii) believes that the NHS should pay a living wage to all employees and sub-contract only to organisations that uphold the same standards;
  iii) calls upon the BMA to join with other health unions in lobbying the Department of Health to achieve this.
Motion by RETIRED MEMBERS FORUM: That this Meeting asks the BMA to recommend the involvement of approved retired doctors in evaluating, assessing and monitoring of the Care Quality Commission in the social and medical care of the older patient.

Motion by LAMBETH & SOUTHWARK DIVISION: That this Meeting calls on the BMA to lobby the government for the abolition of foundation trusts.

Motion by ISLINGTON DIVISION: That this Meeting offers a suggestion to Jeremy Hunt to avoid visiting the East End of London, given the unfortunate cockney rhyming slang that his name invokes.

Motion by LONDON SOUTH RSASC: That this Meeting is alarmed at the numbers of proposed A&E closures in London and believes that can only be detrimental to the health needs of the local populations.

Motion by MERTON, SUTTON & WANDSWORTH DIVISION: That this Meeting is concerned at the mania for closing A&E departments and centralising into huge departments.

Motion by ISLINGTON DIVISION: That this Meeting requests that the spirit of ‘45 returns to the NHS and requests that “the Spirit of ‘45” should be available to be shown in all hospitals and medical schools.

Motion by SHROPSHIRE DIVISION: That this Meeting calls upon the BMA to urge the government to review the cost effectiveness and accountability of all the ‘Walk-in’ centres around the country as they are not delivering the services that they were designed for and are not fit for purpose.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that no more bed cuts are acceptable to good clinical care.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that doctors are the most cost effective members of staff in working within the health service. Whilst recognising the skills and contributions of non-medical colleagues we believe that productivity will be improved by changing focus to more doctor based services.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting instructs Council to make plans to enable doctors to inform the voting public of the disinvestment and dismantling of the NHS that is being carried out behind their backs by this and previous governments.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting supports the Royal College of Physicians publication ‘Hospitals on the Edge’.

Motion by CORNWALL AND ISLES OF SCILLY LMC: That this Meeting believes that the coalition government are unfit custodians of the NHS.

Motion by SUFFOLK DIVISION: That this Meeting is deeply concerned about the potential damage that can be caused to the delivery of care by radical proposals to reduce staff numbers by some private providers and NHS trusts.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting believes that the imposition of contract and targets is not conducive to the professional care and ethical duty of care to patients.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes the NHS needs a huge increase in the WTE number of nurses working in the NHS and a huge reduction in the number of management consultants working in the NHS.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting calls on the BMA to conduct its own ‘Friends and Family’ survey among its members to gain an informed view of the quality of care within the NHS.
Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting believes that the inability of secondary care to cope with A&E and hospital bed demands results in poorer outcomes which is clinically and professionally unacceptable.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes the year on year rise in prescription charges in England is unjustified and calls again for prescription charges to be abolished.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting deplores the NHS initiatives within CQC are unachievable in present economical climate without any financial support from NHS, and the imposition of CQC initiatives should be abandoned.

Motion by OXFORD DIVISION: That this Meeting reaffirms its view that in the re-organised NHS, GP to consultant referrals should reinstate the right to refer patients to named consultants.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting reaffirms that in any re-organisation of the NHS GPs should have the right to refer to a named consultant of their choice.

Motion by WREXHAM BOROUGH DIVISION: That this Meeting demands that health authorities put sufficient resources towards clearing snow from hospital car parks during adverse weather conditions so that staff who have taken the trouble to drive to work can safely park and report to duty.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting calls on Jeremy Hunt to avoid walking through the revolving door of politics into a cushy directorship in the City with a commercial health sector company when he ‘moves on’ from his current post.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that successive governments obsession with data monitoring has focused NHS management on performance management to the detriment of developing the professional and caring culture of the staff community.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes that evidence based outcome measurement can help to improve care and help detect failings as part of a broader system. This Meeting recommends that:-
  i) outcome measures should focus on the entire teams who actually deliver care across the care cycle in particular conditions, rather than focusing on individual clinicians;
  ii) clinicians should be involved in the development of outcome measures;
  iii) outcome measures should be appropriately risk adjusted;
  iv) measures should focus on an appropriate range of outcomes and central funding should be available to do so;
  v) the BMA should produce an evidence based critique of outcome measurement systems to help inform members and the wider debate.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting believes that evidence based outcome measurement can help to improve care and help detect failings as part of a broader system and recommends that:-
  i) clinicians should be involved in the development of outcome measures;
  ii) outcome measures should focus on the entire teams who actually deliver care across the pathway in particular conditions, rather than being limited to individual clinicians;
  iii) outcome measures should be appropriately risk adjusted;
  iv) measures should focus on an appropriate range of outcomes and central funding should be available to support this;
  v) the BMA should produce an evidence based critique of outcome measurement systems to help inform members and the wider debate.

Motion by CITY & HACKNEY DIVISION: This Meeting recognises that the NHS is a brand trusted by the UK public, which people feel they contribute towards and works in the best interests of patients. This Meeting demands that the NHS logo only be used for services provided by the NHS and not used by private providers who are by law compelled to work in the best interests of shareholders.

Motion by GLOUCESTERSHIRE DIVISION: That this Meeting notes the paradox between the move towards a greater proportion of secondary care services being delivered by consultants, and the move towards non-clinical staff providing triage in primary care via NHS 111.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that the primary aim of the NHS and all UK healthcare providers should be the care of patients.
### A87 Motion by EAST KENT DIVISION: That this Meeting believes that care, compassion and competence must be at the heart of the NHS.

### A88 Motion by SOUTH ESSEX DIVISION: That this Meeting notes the risks that may result from reconfiguration of pathology services and requests that the commissioners ensure that the current quality of the service is maintained and that effective monitoring is arranged.

### A89 Motion by SURREY LMC: That this Meeting demand all contracts within the NHS should be open to transparent, equal and vigorous scrutiny and not sheltered by claims of commercial sensitivity.

### A90 Motion by NEWCASTLE AND NORTH TYNESIDE LMC: That this Meeting demands that in future all private healthcare companies receiving a funding stream within the NHS be subject to freedom of information requests under the terms of the Freedom of Information Act 2000 in the same way as existing NHS public sector organisations.

### A91 Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting demands that in future all private healthcare companies receiving a funding stream within the NHS be subject to freedom of information requests under the terms of the Freedom of Information Act 2000 in the same way as existing NHS public sector organisations.

### A92 Motion by WELSH COUNCIL: That this Meeting deplores waiting lists mechanisms that differentiate patient waits by post code rather than clinical need.

### A93 Motion by WALTHAM FOREST DIVISION: That this Meeting believes that the notion of patient choice noisily promoted by the government does not offer any actual choices desired by patients, and insists that the government must work with the BMA and patient bodies to identify the real needs of patients.

### A94 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting expresses grave concern at the process and outcomes of the Special Administration measures imposed on some NHS trusts.

### A95 Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the process and outcomes of the Special Administration measures imposed on some NHS trusts.

### A96 Motion by OXFORD DIVISION: That this Meeting demands that the Department of Health urgently increases the payment by results tariffs for treating complex trauma patients so that the costs of care are adequately reimbursed and to facilitate the investment required in rolling out the national programme of trauma networks and centres.

### A97 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting deplores the fact that the NHSCB has failed to prioritise Equality and Diversity as an important issue by failing to recruit to the post of its Equality Leader. We would ask the BMA to demand an urgent redress to this unacceptable situation.

### A98 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting insists that necessary surgery in older people must not be hindered on grounds of age and asks the BMA to support the announcement of Sir David Nicholson that he will pursue fundamental improvement in the care of the elderly.

### A99 Motion by WALTHAM FOREST LMC: That this Meeting is alarmed that the government’s direction of travel is towards further NHS bureaucracy and expense, and rejects this as being unacceptable in a time of financial restrictions.

### A100 Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed that the government’s direction of travel is towards further NHS bureaucracy and expense, and rejects this as being unacceptable in a time of financial restrictions.

### A101 Motion by PLYMOUTH DIVISION: This Meeting believes that the primary aim of the NHS and all UK healthcare providers should be the care of patients.
102 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting deplores the lack of management funding available for Clinical Commissioning Groups (CCGs) and believes that:

i) lack of high quality staff will hamper the effectiveness of CCGs;

ii) effective commissioning requires adequate management funding;

iii) smaller CCGs will fail if they are unable to recruit sufficient staff;

iv) many good quality commissioners have been lost to the NHS as a result of reorganisation.

103 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH EAST REGIONAL COUNCIL): That this Meeting, in respect of Commissioning by Clinical Commissioning Groups (CCGs) believes that:

i) CCGs should be locally accountable not centrally directed;

ii) CCGs should have freedom to commission services in ways that best meet the needs of their populations;

iii) CCGs should have autonomy on the procurement of services for their patients;

iv) CCGs should be entitled to review the commissioning decisions of their predecessor PCTs;

v) the BMA should monitor interference with and challenges to CCG decision-making;

vi) if CCGs are prevented from making decisions in the best interests of patients, the BMA should consider balloting GPs on withdrawal from engagement with CCGs.

103a **Motion** by NORTH EAST REGIONAL COUNCIL: That this Meeting demands that:

i) CCGs must have freedom to commission services in ways that best meet the needs of patients;

ii) CCGs as commissioners should have autonomy to decide when and how contracts are procured to serve the best interests of patients;

iii) no health service regulators should have the power to force CCGs to put services out to competition.

103b **Motion** by COVENTRY LMC: That this Meeting believes that CCGs must be locally accountable and not directed from the centre, as demonstrated by Transforming Pathology Services.

103c **Motion** by ISLINGTON DIVISION: That this Meeting believes that commissioning by CCGs does not result in commissioning decisions coming under the control of most GPs. This Meeting calls on the BMA to ballot GPs on boycotting commissioning by the CCGs.

103d **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting, being aware that healthcare delivery is now managed by the governing bodies of the respective CCGs, asks the BMA to insist that the government clarify the quality and safety risks as delays in referral and breaching referral rates will have serious consequences.

103e **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting demands that the government chooses between the mutually exclusive policies of local commissioning and uniformity of provision of health care. We believe that post code lotteries are implicit in local commissioning of services.

103f **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls on the English DH to allow CCGs to be given the final say in who they commission to provide services in their area.

103g **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that clinical commissioners must call into question any contracts inherited from the ‘dying last order’ which confound their planning and delivery of locality services, a process of renegotiation and ‘inherited’ contract referral must be promoted and supported in the new order.

103h **Motion** by TOWER HAMLETS DIVISION: That this Meeting:-

i) believes that the rewording of Section 75 of the Health and Social Care Act has done little to alter the underlying obligation on CCGs to put the majority of procurements out to competitive tender and that government clearly have no interest in putting CCGs in the driving seat of the NHS;

ii) calls on the BMA to monitor challenges to CCG commissioning decisions, and consider proposing a boycott by GPs of CCGs if CCGs prove unable to make commissioning decisions in the interests of patients.

103i **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls on the government, to ensure that all CCGs are able to take the decisions in the best interest of their catchment population without any interference from any political bodies.

103j **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that it is clear that Clinical Commissioning Groups (CCGs) will not give GPs control of decision making in the NHS. Regulations under Clause 75 of the Health and Social Care Act force CCGs to commission services from private companies through competitive tendering or via AQP, whether they wish to or not. This Meeting calls on BMA Council/ GPC to organise a ballot of GPs to boycott CCGs.
Motion by LONDON REGIONAL COUNCIL: That this Meeting believes it is clear that clinical commissioning groups (CCGs) will not give GPs control of decision making in the NHS. Regulations under Clause 75 of the Health and Social Care Act force CCGs to commission services from private companies through competitive tendering whether they wish to or not. We call on BMA Council/GPC to organise a ballot of GPs to boycott CCGs.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting insists that the:-
  i) 250 CQUIN targets imposed on the nascent CCGs are incompatible with the conclusions of the Francis Report:
  ii) government follows good business practice and sets a maximum of six targets to be achieved.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LEWISHAM DIVISION): That this Meeting believes in developing good practice in the governance of Clinical Commissioning Groups (CCGs) and that:-
  i) membership, meetings and policies should be transparent;
  ii) no individual with a significant conflict of interest such as a directorship or significant shareholding in a commercial health provider should be a member of a CCG board;
  iii) resources should be sufficient to allow participation by GPs and secondary care doctors;
  iv) a majority of CCG board members should be GPs;
  v) the BMA and LMCs should monitor CCGs’ adherence to good practice.

Motion by LEWISHAM DIVISION: That this Meeting calls on the BMA to encourage all Local Medical Committees to monitor their Clinical Commissioning Group to ensure that membership, meetings and policies are all open and publicly available, and that strategies are clinically and not financially driven.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting:-
  i) wonders how many GPs, whilst prioritising the clinical care of their patients, will have the resources left to be properly involved in commissioning;
  ii) fears that the future of the nascent commissioning groups will open the door to private organisations taking over NHS commissioning.

Motion by LEWISHAM DIVISION: That this Meeting believes that nobody who is on the board of a private for-profit health company should be on a CCG board.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that doctors with significant conflicts of interest, such as directorships or significant shareholdings in commercial organisations, should not sit on the boards of CCGs.

Motion by ROTHERHAM DIVISION: That this Meeting believes that GPs with any interest in a private provider of health care should not be allowed to be members of CCGs due to a conflict of interest.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting urges that the commissioning GPs should not have any financial interest or shares in the provider organisations.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting whilst supportive of greater clinician involvement in commissioning is seriously concerned that:-
  i) CCGs will not deliver genuinely clinician-led commissioning;
  ii) only a low percentage of GPs feel very engaged with CCGs;
  iii) CCGs are not adequately involving secondary care doctors;
  iv) Commissioning Support Services as independent bodies after 2016 will not be supportive of genuinely clinician-led commissioning.

Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting has grave concerns about the lack of an in built majority of GPs on CCG boards undermining the principle of GP led commissioning and the back door entry of quangos.

Motion by CONSULTANTS CONFERENCE: That this Meeting believes that the appointment process for secondary care clinicians to clinical commissioning groups in England has been poorly managed and inconsistent in the application of apparent conflicts of interest. It asks the Association to investigate the extent of inconsistency, to expose other flaws and to insist that the NHS Commissioning Board works to improve the process for such doctors in the future.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that CCGs should not be permitted to commission services from commercial organisations in which CCG board members have significant interests such as directorships or significant shareholdings.
The motion(s) below, in the shaded area, are unlikely to be reached

105 Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that when the PIP breast implant scandal occurred, some parts of the commercial sector declared themselves bankrupt, started business again under a new name and it was left to the NHS to step in and sort the patients who desperately needed reassurance and treatment.

106 Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that in keeping with its stated independent function, that NHS England (the National Commissioning Board) must be enabled to be autonomous in discharging its responsibilities and must not be manipulated by government.

107 Motion by BRISTOL DIVISION: That this Meeting believes that competitive tendering:-
   i) undermines the fundamental principles of the NHS;
   ii) endangers patient care and safety;
   iii) should be abolished without delay.

108 Motion by WIRRAL LMC: That this Meeting believes that the multiplication of private providers in the NHS and the consequent need to monitor multiple provider contracts increases the risk to patients and puts an excessive administrative burden on the NHS.

109 Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this Meeting notes that the predicted risk of Any Qualified Provider is now being experienced across the NHS (e.g. audiology and microbiology services). The Meeting requests the BMA Council to identify such incidents through a survey of members and present those to the NHS CB and the Secretary of State.

110 Motion by EASTERN REGIONAL COUNCIL: That this Meeting fears that new arrangements for the commissioning of specialised services will not have the relevant clinical expertise that is needed. Existing Clinical Reference Groups have not been given sufficient opportunity to influence decisions and membership of groups often lacks transparency. This Meeting calls on NHS England to ensure that the commissioning of specialised services is underpinned by thorough clinical engagement and an open decision making process.

111 Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting, with respect to commissioning services:-
   i) believes that putting services out to Any Qualified Provider will severely affect and undermine the continuity of GP/patient care;
   ii) believes that Any Qualified Provider is unnecessarily complex and costly to introduce, maintain and regulate;
   iii) believes that Any Qualified Provider will unnecessarily increase primary care workload;
   iv) demands that CCGs must have freedom to commission services in ways that best meet the needs of patients;
   v) demands that newly commissioned providers in the NHS maintain levels and quality of service and are rigorously performance managed to ensure delivery of contractual targets and standards.

112 Motion by NOTTINGHAMSHIRE LMC: That this Meeting believes that the concept of any qualified provider is deeply flawed and that the government should be encouraged to abandon it at the earliest juncture in view of the fact that it:-
   i) is unnecessarily complex and costly to introduce, maintain and regulate;
   ii) will confuse and irritate patients by offering choice where it isn’t needed;
   iii) removes any control over demand for services, thereby increasing cost without necessarily improving quality.

113 Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that CCGs should not be required to offer choice of providers under AQP arrangements if the provider does not provide the same acceptance criteria, level of pre- and post-operative care, including access to post operative emergencies, as the equivalent service in an acute NHS trust.

114 Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting has grave concerns about the mushrooming of AQPs which will only lead to disintergration of NHS services and cherry picking by the AQPs.

115 Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting believes that the proposed competitive tendering for primary care will only be more bureaucratic in the form of commissioning and back to the good old days of PCT and box ticking patient care.
Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that doctors have a vitally important role as patients’ advocates and that:-

i) the role of GPs as advocates for their patients must not be undermined by practice membership of CCGs;

ii) employers should be prohibited from preventing employed doctors from speaking out about poor quality care or concerns about patient safety.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting asks the BMA to find ways to empower GPs to manage the conflict of interest between their roles as patient advocate and the compulsory membership of a commissioning group which had a statutory obligation to balance its budget.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting deplores the abolishing of the PCT’s, SHAs and NHS bodies leaving the CCG’s vulnerable to criticism from the patients and erodes the doctor and patient relationship for denying the essential services to patients by GP groups.

Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that it is wholly inappropriate and damaging that CCGs will be performance managed via an Outcomes Indicator Set and the Quality Premium, based upon parameters and outcomes outside its direct control, and which depend upon other stakeholders.

Motion by EDGWARE & HENDON DIVISION: That this Meeting rejects the government’s Quality Premium proposals for CCGs on the basis that:-

i) it has withheld resources centrally which should instead have funded CCGs at the outset to commission care for patients;

ii) it is based on a range of parameters outside the CCG’s direct control and will therefore reward or penalise CCGs iniquitably based on outcomes not of its own making;

iii) it will increase inequalities;

iv) it will divert CCGs into meeting central “targets” rather than focus on local needs;

v) it will promote a financial target-driven culture within CCGs to regain this withheld money;

vi) it has potential to undermine trust amongst patients on the motives of CCGs.

Motion by REDBRIDGE & STRATFORD DIVISION: That this meeting deplores the imposition of CCG initiatives like:-

i) reducing necessary investigations like MRI’s;

ii) reducing referrals;

iii) imposing reduction of prescribing costs;

iv) create rift amongst the GPs;

This would be detrimental to the doctor –patient relationship and escalation of complaints against GP’s and the staff.

Motion by DEVON LMC: That this Meeting recognises that commissioning as outlined in the Health and Social Care Act 2012 has little evidence base and has led to an expensive, unnecessary upheaval in the NHS.

Motion by TOWER HAMLETS DIVISION: That this Meeting believes that major transformational change in both primary and secondary care in the UK is being foisted on the NHS to create new entry points for compulsory competitive tendering.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting has no confidence that by 2016 the Commissioning Support Units will provide non biased commissioning advice.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting believes Monitor is a behemoth which serves to obstruct the work of the NHS and promote the interests of the commercial sector.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting notes that in many NHS institutions procurement is slow, bureaucratic and unnecessarily expensive and calls on the NHS trusts and health boards to allow departments to make their own purchases where they can show this will save money.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that doctors in practices, community organisations and local hospitals should be encouraged to work together and not be driven apart because such collaboration is deemed anti-competitive.
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Health and Social Care Act

Monday 11.50 - 12.10

* 128 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EDGWARE & HENDON DIVISION): That this Meeting believes that Section 75 of the Health and Social Care Act 2012 and its regulations remain incompatible with assurances given during the passage of the Act and subsequently; and:-
   i) will oblige competitive tendering for NHS services;
   ii) will fragment patient care;
   iii) will increase privatisation of NHS care;
   iv) calls for a campaign to repeal Section 75 of the Act and its regulations.

128a Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that the government’s regulations on procurement are in breach of the commitment made during the passage of the Health and Social Care Bill that CCGs would have freedom to choose whether to use competition in patients’ interests, and demands that government revises current legislation accordingly.

128b Motion by HOLLAND DIVISION: That this Meeting is concerned that the revision of the section 75 regulations (SI 2013/500) of the Health and Social Care Act is incompatible with the assurances given by government ministers during the passage of the Health and Social Care Act, and will still remove the entitlement of Clinical Commissioning Groups to choose to make a contract with a NHS trust without a competition if they feel it is in the best interests of their patients.

128c Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting:-
   i) notes that the government regulation of 15 Feb 2013 implementing section 75 of the Health and Social Care Act 2012 contradicts previous ministerial assurances that NHS commissioners should decide when and how competition should be used to serve patient interests;
   ii) welcomes the government withdrawal of this regulation but has serious concern in their ability to keep to previous ministerial assurances;
   iii) notes that in light of its initial version of the regulation the government is following an agenda to increase competition in the English NHS;
   iv) calls on the government to go back to the drawing board and draw up a policy which supports an integrated NHS which encourages collaboration.

128d Motion by NEWCASTLE AND NORTH TYNE & JERSEY LMC: That this Meeting:-
   i) notes that the government regulation released on 15 February 2013 implementing section 75 of the Health and Social Care Act 2012 contradicts previous ministerial assurances that NHS commissioners should decide when and how competition should be used to serve patient interests;
   ii) welcomes the government’s withdrawal of this regulation but has no trust in their ability to keep to previous ministerial assurances;
   iii) notes that in the light of its initial version of the regulation this government has an agenda to increase competition in the English NHS;
   iv) calls on the government to go back to the drawing board and draw up a policy which supports an integrated NHS which encourages collaboration in the interest of patient care rather than a fragmented service driven by profit.

128e Motion by LONDON REGIONAL COUNCIL: That this Meeting calls upon Council to publicly campaign for the repeal of Clause 75 of the Health and Social Care Act 2012.

128f Motion by LEWISHAM DIVISION: That this Meeting notes with concern that the section 75 regulations laid in Parliament in February 2013 appeared to introduce the requirement for all NHS services to be opened up to competition, and that if there had not been a public outcry these regulations would have gone through without debate or amendment. This Meeting calls on the BMA to maintain vigilance against future stealth regulations.

128g Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that competition under the Health and Social Care Act will result in fragmentation of the service, an increase in transaction costs with an increased scope for legal challenges from large private corporations and asks the BMA to ensure that competition is warranted only if it is in the best interests of patients.

128h Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that clause 75 of the Health and Social Care Act 2012 (and the resulting SI 500):-
   i) destroys the comprehensive nature of healthcare provision within the NHS;
   ii) requires NHS services to be open to competitive tender;
   iii) will lead to fragmentation and privatisation of NHS clinical services;
   iv) opens commissioning for NHS services up to both domestic and EU competition law;
   v) risks closure of services if contracts fail;
   vi) should be repealed.
128i  **Motion** by CITY & HACKNEY DIVISION: That this Meeting recognises there is substantial professional and political opinion that CCGs should not be legally obliged to put every service to be commissioned out to competitive tender. This Meeting instructs the BMA to:- i) monitor CCG’s commissioning proposals and obtain evidence for those services that are put out to tender against local wishes; ii) support those CCGs who face challenges for not putting services out to tender because they think this would not be in the interests of patients and the need to improve services; iii) publicly and privately lobby for this requirement to be withdrawn from the regulations of the Health and Social Care Act.

128j  **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting asserts that the revised regulations: The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 represent cosmetic changes only and still leave CCGs exposed to legal action if they do not tender services. The BMA calls upon the government to:- i) recognise that this opens up the whole of the NHS to compulsory competition through tendering; ii) appreciate the disruption to patient services if for example speech and language therapies are outsourced; iii) avoid a wholesale waste of money through expensive and time-wasting tendering; iv) take into account the views expressed in the House of Lords debates and remove these regulations.

128k  **Motion** by CONSULTANTS CONFERENCE: That this Meeting believes that Clause 75 of the Health and Social Care Act 2012 (and the resulting Statutory Instrument 257):- i) destroys the comprehensive nature of healthcare provision within the NHS; ii) requires all NHS services to be open to competitive tender; iii) will lead to fragmentation and privatisation of NHS clinical services; iv) opens commissioning for NHS services to both domestic and European law; v) risks closure of services if contracts fail; and This Meeting calls for the repeal of section 75 and (SI 257).

128l  **Motion** by BUCKINGHAMSHIRE LMC: That this Meeting believes that Section 75 of the Health and Social Care Act (Requirements as to procurement, patient choice and competition) even as amended, will make it impossible for CCGs to commission integrated patient care using the skills of their GPs.

128m  **Motion** by BUCKINGHAMSHIRE LMC: That this Meeting demands that the government prove that it does not wish to privatise the provision of health care by repealing section 75 of the Health and Social Care Act.

128n  **Motion** by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is aware that the NHS is being privatised and calls on the BMA:- i) to condemn the high proportion of members of both Houses of Parliament who as shareholders will benefit financially from the passing of the amended Regulation 75; ii) and to support the general public who will be deprived of total care.

*129  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LAMBETH AND SOUTHWARK DIVISION): That this Meeting asserts that the Health and Social Care Act 2012 is bad for patients, bad for the NHS, and bad for the public. This Meeting demands the repeal of the Health and Social Care Act 2012 and calls for a co-ordinated campaign to achieve that aim.

129a  **Motion** by LAMBETH & SOUTHWARK DIVISION: That this Meeting calls on the BMA to work with the other health unions in a co-ordinated national campaign with the following aims to:- i) repeal the Health and Social Care Act; ii) restore the Secretary of State’s duty to provide comprehensive health services; iii) remove the requirement for £20bn in savings; iv) ensure adequate funding for the NHS in the future.

129b  **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting is totally opposed to the governments policies to dismantle the NHS as a publicly provided service, through the dual weapons of the £20bn QIPP cuts and the Health and Social Care Act. This Meeting demands that BMA Council campaign using BMA publications and press briefings:- i) against the £20bn cuts; ii) for the reversal of the Health and Social Care Act and against private providers being contracted to do NHS work.

129c  **Motion** by CITY & HACKNEY DIVISION: That this Meeting recognises that the Health and Social Care Act will lead to a postcode lottery in care, unequal access to care, fragmentation of care and increase in transaction costs. This Meeting demands that the BMA call on the withdrawal of the Health and Social Care Act.
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129d Motion by LONDON REGIONAL COUNCIL: That this Meeting is totally opposed to the government’s policies to dismantle the NHS as a publicly provided service, through the dual weapons of the £20bn QIPP cuts and the Health and Social Care Act. We demand that BMA Council campaign using BMA publications and press briefings:-
  i) against the £20bn cuts;
  ii) for the reversal of the Health and Social Care Act and against private providers being contracted to do NHS work.

129e Motion by RETIRED MEMBERS FORUM: That this Meeting calls on the BMA to work for the reversal of the Health and Social Care Act to restore a publicly funded National Health Service which is free at the point of delivery.

129f Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that the coalition government pushed through the Health and Social Care Act despite overwhelming opposition from health professionals and the public. It has become ever clearer that the Act cannot be safely implemented without the total disintegration of the NHS. We note BMA policy decided at the ARM 2011 that the Health and Social Care Bill be withdrawn and call upon Council to mount a vigorous public campaign for it to be repealed.

129g Motion by EDGWARE & HENDON DIVISION: That this Meeting deplores that the government has not delivered on its commitment in the passing of the Health Bill, that it would put in place systems to prevent cherry picking in the NHS.

129h Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that the reforms associated with the Health and Social Care Act are bad for patients, bad for the NHS, and bad for tax-payers. We call on Council to fight for a publicly funded and provided comprehensive national health service.

The motion(s) below, in the shaded area, are unlikely to be reached

130 Motion by OXFORD DIVISION: That this Meeting expresses grave concern at the implementation of the Health and Social Care Act and believes that:
  i) it will damage the NHS and widen healthcare inequalities, with detrimental effects on education, training and patient care in England;
  ii) it should not be implemented before the publication of the necessary NHS reform Risk Register.

131 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting expresses grave concern at the implementation of the Health and Social Care Act and believes that:-
  i) it will damage the NHS and widen healthcare inequalities, with detrimental effects on education, training and patient care in England;
  ii) it should not be implemented before the publication of the NHS reform Risk Register.

132 Motion by RETIRED MEMBERS FORUM: That this Meeting, despite the Health and Social Care Act, demands that doctors will be able to interpret its provision as liberally as possible in the interests of its patients and should make clinical decisions in the best interest of the individual without interference from non-clinical persons.

133 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes that the English NHS has just undertaken the most radical reorganisation in its history, at a considerable risk to stability of services. We call for:-
  i) a moratorium on further NHS reorganisations unless a clear need is identified which will directly benefit the population as a whole;
  ii) the NHS to cease to be used for political purposes;
  iii) full publication of all risk registers associated with the development and implementation of the Health and Social Care Act.

134 Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting believes that with the implementation of the Health and Social Care Act, many changes are taking place in the coming months including widespread service reconfiguration and fragmentation of healthcare. One aspect which has been overlooked in this Act is the impact such changes will have on the training of junior doctors and medical students, who are key stakeholders in this system. This Meeting:-
  i) calls upon the government to clarify the measures in place regarding the provision of training and resources for junior doctors and medical students;
  ii) demands that the needs of junior doctors and medical students are specifically considered when making future decisions regarding service provision and reorganisation.

135 Motion by LONDON REGIONAL COUNCIL: That this Meeting notes the recent call by the NHS Confederation to introduce charges rendered possible by the Health and Social Care Act, and calls on the BMA to publicly oppose this.
Contingency time
Monday 12.10 - 12.15

HEALTH INFORMATION MANAGEMENT AND IT
Monday 12.15 - 12.30

* 136 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR MEMBERS FORUM): That this Meeting recognises the importance of high quality data in the handover of patient care between health professionals calls on the BMA to:-
i) develop a guide to best practice in the handover of patient data within organisations and between hospital and primary care colleagues;
ii) lobby the DH, Academy of Royal Colleges and other stakeholders to devise a minimum content and standard of information that must be transferred between organisations;
iii) highlight to the DH the need to develop software to facilitate the secure transfer of handover data between healthcare professionals, particularly between primary and secondary care colleagues.

136a Motion by JUNIOR MEMBERS FORUM: That this Meeting notes with concern that handover standards are variable between hospitals and departments and that this can have a detrimental effect on patient safety. In the interests of patient safety, this Meeting calls on the BMA to:-
i) collect doctors’ experiences of handover systems from a representative sample of hospitals and departments to provide a guide for best practice;
ii) implement elements of best practice from other countries where successful handover policies are in place.

136b Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that the current patient information transferred between organisations is not always sufficient to permit adequate patient care and calls on the BMA to:-
i) lobby key stakeholders to devise a minimum standard of information that must be transferred between organisations to ensure safe patient discharge/transfer;
ii) ensure that the above information includes, as a minimum, the medical notes, relevant results of any investigations, the management plan and a discharge letter.

136c Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that the NHS has invested much finance and human resource in computer software. However, we also note that many trusts have developed their own software for patient case records which is to the detriment of sharing information across the NHS, and thus raises issues of patient safety. We would ask the BMA to address this through any means so that compatible software is developed across the NHS, from primary care to secondary care levels.

137 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting is concerned about the growing proliferation of use of social media and associated guidance and believes that:-
i) doctors who are using social media in a professional capacity should be conversant with GMC social media guidelines, identify themselves as a doctor and behave accordingly;
ii) doctors who are using social media in a personal capacity should have their right to privacy protected provided that they do not breach the confidentiality of individual patients.

The motion(s) below, in the shaded area, are unlikely to be reached

138 Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting with respect to access to patient medical records online:-
i) views with alarm government’s intention to facilitate unrestricted patient access by 2015;
ii) believes this will result in increased workload for GPs;
iii) calls on the GPC to continue to negotiate sensible safeguards to prevent unplanned access;
iv) demands a public awareness campaign regarding the use of any web based software;
v) demands the withdrawal of any support to the government on this topic.

139 Motion by WEST MIDLANDS RJDC: That this Meeting:-
i) believes that the current system of incident form reporting does not serve its purpose and could be much improved;
ii) believes that high quality management of incident form reporting could and should drive patient safety and quality improvement within the NHS;
iii) calls on NHS trusts, Health Boards and their devolved equivalents to provide direct feedback to those who submit incident forms, including as a minimum:-
a) the person/people dealing with their concern
b) a broad timeline for a response
c) a more detailed response when the matter is resolved
iv) calls for departmental and hospital feedback covering the broad areas in which incident forms have been submitted, and progress to resolving any problems identified.

140 **Motion** by RETIRED MEMBERS FORUM: That this Meeting recommends that in an emergency repeated triage questions must be avoided by using electronic transfer of medical details between the emergency services.

141 **Motion** by SOUTHERN RSASC: That this Meeting is extremely concerned at the inability of NHS in England (unlike Wales) to design a single standardised national in-patient medication administration chart which according to the EQUIP study was one of the several causes of prescribing errors. The BMA is therefore directed to campaign for the adoption of a single standardised form.

142 **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that electronic methods of monitoring patients' health (e-medicine) are only a niche area and not a blanket method of achieving savings in healthcare and calls for governments to ensure that they do not get taken in by aficionados of this technology and instead put resources into better evidence based care.

143 **Motion** by EDGWARE & HENDON DIVISION: That this Meeting opposes the government's commitment to offering all patients in England online access to their GP records by 2015 as being misguided and with potential adverse consequences for patients and GPs alike.

144 **Motion** by BUCKINGHAMSHIRE DIVISION: That this Meeting asks Council to explain to the Representative Body why the BMA agreed that a data set (medications, allergies and adverse reactions) could be uploaded on to the Summary Care Record on the basis of implied consent when this Representative Body at previous ARMs determined that the policy of the BMA is that no patient's information should be uploaded without the patient’s explicit consent.

145 **Motion** by LOTHIAN DIVISION: That this Meeting is concerned about the widespread use of and reliance on ‘smartphone apps’ for medical use and requests that the BMA should provide members with advice on their safe use.

146 **Motion** by LOTHIAN DIVISION: That this Meeting advocates the use of a universal unique identifier for all NHS documentation.

147 **Motion** by ROTHERHAM DIVISION: That this Meeting insists that the government must abolish the unnecessary and repetitive documentation recorded by clinical staff.

148 **Motion** by WREXHAM BOROUGH DIVISION: That this Meeting is concerned with the non renewal of confidential waste disposal service in hospitals which has resulted in bags full of confidential documents lying around unattended in hospital corridors and offices.

149 **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that in general, there have been relatively few successes in developing and implementing national IT solutions for the NHS, and believes that instead it will be more cost-effective, practical and successful for patients if the NHS IT funding is diverted towards custom local IT solutions directly targeted against the actual needs of patients.

150 **Motion** by EDGWARE & HENDON DIVISION: That this Meeting opposes the government’s ideologically driven rollout of Telehealth in England via the "Three Million Lives" initiative, which will squander scant public resources into achieving an arbitrary target with lack of adequate evidence of benefit.

**OCCUPATIONAL MEDICINE**

Monday 12.30 - 12.40

151 **Receive**: Report by the Occupational Medicine Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

152 ***Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this Meeting is concerned about the threat to occupational health services for general practitioners and their staff and insists that specialist-led occupational health services for all NHS staff, including general practitioners and their staff, are provided and protected.
152a Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) recognises the critical importance of the health and wellbeing of NHS staff to the success of the health service;
ii) notes the Boorman Review’s recognition that the NHS must invest in the health of its workforce in order to deliver sustainable high quality services to patients;
iii) notes that the NHS Constitution pledges that the NHS will provide support and opportunities for staff to maintain their health, wellbeing and safety;
iv) demands that specialist-led occupational health services for all NHS staff, including general practitioners and their staff, are provided and protected throughout the United Kingdom;
v) deplores the damaging decision of the NHSCo Missioning Board to review contracts and funding for occupational health services for general practitioners and their staff;
vi) insists that the BMA seeks to reverse the NHSCo Missioning Board’s policy and pursues the provision of occupational health services for general practitioners and their staff in all areas of England.

The motion(s) below, in the shaded area, are unlikely to be reached

153 Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting is greatly concerned at the significant changes in assessment to DWP benefits and the ATOS examinations which has created severe distress to some patients and families who are already suffering deprivation.

154 Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this Meeting values professional guidance and reports produced by bodies such as NICE, the BMA, the Medical Royal Colleges and others; and calls upon such bodies to:-
i) recognise that two-thirds of patients are of working age; and
ii) address employment aspects specifically, systematically and substantially in all professional guidance and reports.

155 Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that it is unsafe to have surgeons and doctors on “on call” rota this who are forced to continue to work into retirement without appropriate occupational health checks to ensure that patient safety is maintained. This Meeting believes that once pension age is achieved senior doctors should be encouraged to come off the “on call” rota to preserve their health and to maximise their contribution to the NHS. Regular health checks should be encouraged and instructs the BMA to provide research based evidence to support this recommendation.

156 Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting welcomes the government efforts about its determination to implement the new ‘Social Care Act’ to get the people back to work rather than have sick role labels.

MEDICO-LEGAL AFFAIRS

157 Receive: Report by the Medico-Legal Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

The motion(s) below, in the shaded area, are unlikely to be reached

158 Motion by LONDON REGIONAL COUNCIL: That this Meeting believes the current system of compensation for medical negligence is unjust, unsustainable, damaging to the medical profession and therefore ultimately detrimental to the patients’ population as a whole. We call on the BMA to work with government to reform the current system and to introduce a no fault system of compensation as soon as possible.

159 Motion by BRISTOL DIVISION: That this Meeting calls on the Board of Science to explore the use of ‘no fault reporting systems’ such as those used in the airline industry and their potential for application in health care. If the use of such systems are seen to be beneficial we call on the BMA to work with the General Medical Council and other relevant bodies to develop national guidance on implementing the best reporting systems.

Session closes

Victor Horsley Scientific Session I
12.45 - 1400 Tinto Room
Topic: ‘Overuse of antibiotics: a growing problem?’ Speaker: Professor Christopher Butler, Director, Institute of Primary Care and Public Health, School of Medicine, Cardiff University
PROFESSIONAL REGULATION AND THE GMC

160 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE COVENTRY AND WARWICKSHIRE DIVISION): That this Meeting is seriously concerned about the variation of expectation amongst the Responsible Officers in making recommendations for revalidation to the GMC and requires the GMC to put in place an appeal mechanism for challenging:-
  i) the action of Responsible officer;
  ii) the decisions of the Responsible Officer;
  iii) the use of inappropriate tools.

160a Motion by COVENTRY AND WARWICKSHIRE DIVISION: That this Meeting requires the GMC to put in place an appeal mechanism for challenging:-
  i) the action of the revalidation Responsible Officer;
  ii) the decisions of the revalidation Responsible Officer;
  iii) the use of inappropriate tools.

160b Motion by EAST KENT DIVISION: That this Meeting is seriously concerned about the variation of expectation amongst the Responsible Officers in making recommendations for revalidation to the GMC.

161 Motion by EAST KENT DIVISION: That this Meeting supports the principal of revalidation but is very concerned about the difficulty in collecting evidence faced by peripatetic doctors such as locum General Practitioners and GPs who work entirely for out of hours organisations.

162 Motion by BIRMINGHAM DIVISION: That this Meeting believes that in the case of an NHS doctor whose working visa is time-limited, with no other means of support and who is the subject of a GMC complaint, their case should be fast-tracked by the GMC and MPTS in order to prevent undue financial hardship.

The motion(s) below, in the shaded area, are unlikely to be reached

163 Motion by LOTHIAN DIVISION: That this Meeting demands that the same standards of confidentiality are applied to employee information as to patient information, particularly in the area of appraisal and revalidation documentation.

164 Motion by EAST DORSET DIVISION: That this Meeting asks the GMC to allow doctors the professional freedom to self-prescribe in cases of minor illness for both themselves and their families.

165 Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting insists that the BMA supports GMC guidance that doctors “must avoid prescribing for themselves or any one with whom they have a close personal relationship” as referrals to the GMC on these grounds have more than doubled between 2010 and 2011.

166 Motion by SALISBURY DIVISION: That this Meeting believes that the data gathering for appraisal:-
  i) is diverting valuable clinical time that could be more productively spent on delivering dignified patient care;
  ii) is one of the hidden costs of providing health care and instructs the BMA to expose the amount of tick-boxing being done by doctors;
  iii) is an example of work being done as goodwill and demands the BMA negotiate a fair professional payment immediately for work being done as goodwill.

167 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting is alarmed that in the GMC’s revalidation proposals there is no way for retired doctors who have no employer to maintain the possibility of a return to work should they or health services need this. We call on BMA Council to pursue arrangements by which retired and unemployed doctors can maintain their validated competence to return to work.

168 Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting calls upon the NHSE to ensure trusts incorporate the equivalent of 1.5 PAs to comply with recommended revalidation proposals be incorporated into the individual job plans of all SAS doctors and consultants.
Motion by BRISTOL DIVISION: That this Meeting notes the requirements for re-licensing with the GMC if a practitioner voluntarily gives up their licence and subsequently wishes to re-apply for it. In light of this, the BMA should:
   i) campaign for ‘letters of good standing’ to be automatically issued by employers at the end of every job;
   ii) highlight the importance of such letters to members and encourage their inclusion in professional portfolios.

Motion by BIRMINGHAM DIVISION: That this Meeting believes all GMC enquiries should be completed within twelve months of receipt.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting proposes that the BMA to start the campaign to amend the Medical Act accordingly so that the GMC becomes a real self regulatory professional body which is accountable to the fee paying registered medical practitioners who take up the career choice to become doctors mainly to practice medicine to help the public and not harm them.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on the government to amend section 227 of the Health and Social Care Act 2012 to ensure that the Privy Council and the GMC make arrangements for a ballot of registered doctors to appoint a majority of licensed medical practitioners on to the GMC.

Motion by ROCHDALE AND BURY LMC: That this Meeting believes that the current revalidation process has introduced unnecessary bureaucracy and needs revisiting by the GMC.

Motion by EAST KENT DIVISION: That this Meeting is seriously concerned about the lack of evidence that the current GMC’s revalidation process is fit for purpose.

Motion by MID-SURREY KINGSTON & Esher DIVISION: That this Meeting confirms the concept of appraisal and revalidation but regrets:
   i) the complexity of the procedure;
   ii) the excessive time involved;
   iii) the amount of NHS funds spent on the scheme;
   iv) that the above has become an industry in its own right.

Motion by LEWISHAM DIVISION: That this Meeting regrets the implementation of revalidation at a time of upheaval in the NHS, and hugely increased pressures on general practice. This Meeting calls upon the GPC to negotiate with the DH that the NHS Commissioning Board and not individual GPs, should bear the direct costs of revalidation, particularly the costs of the online tool-kits and multi-source feedback.

Motion by WALTHAM FOREST DIVISION: That this Meeting insists that the GMC should undertake its responsibility to ensure equity and even-handedness in the application of appraisal and revalidation throughout England.

Motion by LINCOLN DIVISION: That this Meeting calls for a review of complaints against doctors to identify unwarranted complaints. Doctors need:
   i) a coordinated approach between regulators;
   ii) emotional and professional support;
   iii) representation to support members;
   and we call on BMA to protect doctors from spurious complaints.

Motion by GLOUCESTERSHIRE DIVISION: That this Meeting believes that new GMC guidance instructing doctors to reveal their name when using social media denies doctors their right to a private and family life, home and correspondence as defined in Article 8 of the European Convention on Human Rights which states that: “There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.”

Motion by SALISBURY DIVISION: That this Meeting believes that revalidation is a postcode lottery with no quality assurance between trusts and demands that an appraisal in one region is equivalent to an appraisal in any region.
Motion by WREXHAM BOROUGH DIVISION: That this Meeting is concerned with the lack of administrative support available to help clinicians to successfully complete the paper work required for appraisal process thus resulting in difficulties with revalidation.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting acknowledges the commencement of revalidation for doctors and calls on the GMC to carefully review and assess the quality and practicality of the first round of revalidations during 2013 so that improvements in the system can be made for the second round of revalidations in 2014.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting calls on all Royal Colleges to design their e-portfolios for revalidation to allow doctors who are not College members to make equal use of them.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting requests the BMA to ask the GMC to define what constitutes a “family” in its new prescribing guidance implemented on 25th February 2013.

Motion by RETIRED MEMBERS FORUM: That this Meeting requests the BMA to ask the GMC to appoint Responsible Officers for retired members and also define criteria for retired doctors to be able to revalidate by 2014.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that it is a fundamental requirement of natural justice that when a suspended doctor comes before the GMC, he or she be given the details of the charges against them, and the opportunity to refute the allegations. This Meeting calls on the BMA to support members who find themselves suspended, in demanding these basic requirements, so that doctors can defend themselves.

Motion by WALTHAM FOREST DIVISION: That this Meeting is concerned that the GMC may be giving the impression of voluntarily withdrawing from the heart of the revalidation process, thus ceding the centre ground to others, and re-iterates that the process of revalidation should be controlled by an independent professional regulatory organisation.

ARTICLES AND BYE-LAWS REVIEW Monday 14.30 - 14.50

Motion by THE CHAIRMAN OF THE ORGANISATION COMMITTEE: That this Meeting supports the recommended changes to the Articles and bye-laws of the Association as set out in appendix III to the ARM Agenda, and recommends the consequent changes to the Articles to the Annual General Meeting for approval.

Motion by THE CHAIRMAN OF THE ORGANISATION COMMITTEE: That this Meeting supports the recommended changes to the Articles and bye-laws of the Association as set out in appendix IV to the ARM Agenda, and recommends the consequent changes to the Articles to the Annual General Meeting for approval.

Motion by THE CHAIRMAN OF THE ORGANISATION COMMITTEE: That this Meeting supports the recommended changes to the Articles and bye-laws of the Association as set out in appendix V to the ARM Agenda, and recommends the consequent changes to the Articles to the Annual General Meeting for approval.

Motion by THE CHAIRMAN OF THE ORGANISATION COMMITTEE: That this Meeting supports the adoption of new bye-laws of the Association, (set out in document ARM 13A) and subject to approval of changes to the schedules to the bye-laws as set out in appendix II to the ARM Agenda made during the course of the meeting, such changes to come into force immediately following and contingent upon the adoption of the new Articles of Association, (set out in document ARM 13) by the Annual General Meeting.
Motion by NORTH THAMES RJDC: That this Meeting believes generalist & specialist knowledge and
skills can & should co-exist in the same doctor, and we:-
i) believe the solution to the problems of the acute take is not to create a new cadre of generalist-only doctors, but to better equip doctors in specialty training with more generalist training;
ii) call on the Shape of Training Review to avoid recommending a separation of generalist & specialist training;
iii) call on the Royal Colleges to consider extending training programmes to allow more generalist experience to be gained in the setting of a regulated, funded training programme rather than outside training.

* Motion by SCOTTISH COUNCIL: That this Meeting is deeply concerned over the direction being taken by the Shape of Training Review and calls on the BMA to continue to:-
i) uphold the CCT as the internationally recognised end point of training and a CCT/CESR/CEGPR remaining as the only requirement for a consultant or GP post;
ii) vigorously oppose any move to introduce a CCT-level (or equivalent) sub-consultant grade.

Motion by NORTH THAMES RJDC: That this Meeting:-
i) believes that CCT training programmes should by definition contain all the training needed to ready a doctor for consultant practice;
ii) calls on the Royal Colleges to resist and reverse the growth in post-CCT fellowships;
iii) calls on the Royal Colleges to seek to introduce the content of these fellowships into the training programme curricula, perhaps as optional modules, if their content is necessary to practice as a consultant.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that less than full time (LTFT) training is becoming increasingly important for growing numbers of doctors and graduate medical students in the profession. LTFT trainees may need additional support to be able to represent themselves and engage with BMA activities. This Meeting therefore calls on the BMA to:-
i) lobby deaneries to uphold agreements to fund flexible trainees for the duration of their training, and not to withdraw or threaten to withdraw funding part way through;
ii) recognise the difficulties of finding childcare for long shifts during antisocial hours and put pressure on employers where possible to modify working hours to make it more manageable;
iii) increase awareness of support networks so that flexible trainees do not feel so isolated when facing employment issues;
iv) allocate a BMA employment advisor to have specific responsibility for flexible trainees.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH THAMES RJDC): That this Meeting notes the differential pass rates of black and minority ethnic candidates when undertaking postgraduate exams and:-
i) calls upon all organisations and bodies offering postgraduate exams to publish an analysis of their examination rates based on characteristics protected under the Equalities Act 2010;
ii) calls upon the BMA to work with organisations and bodies offering postgraduate exams to develop solutions to ensure that these examinations do not unfairly discriminate between candidates;
iii) congratulates those organisations that are already publishing such information.

Motion by NORTH THAMES RJDC: That this Meeting is dismayed and appalled at the differential pass rates of candidates of black and minority ethnic origin when undertaking postgraduate examinations, and:-
i) calls on the JDC to lobby for all organisations offering postgraduate examinations to publish information on their pass rates by characteristics protected under the Equalities Act 2010;
ii) mandates the JDC to work with organisations offering postgraduate examinations to develop solutions to ensure that these examinations do not unfairly discriminate between candidates based on protected characteristics.

Motion by SHEFFIELD DIVISION: That this Meeting is concerned that the MRCGP examination pass rates for IMGs are consistently lower than UK graduates and the discrepancy is getting worse, and:-
i) is worried that this raises concerns about the validity of the MRCGP exam;
ii) calls for a GMC, RCGP and BMA robust investigation into the reasons for the disparity, which establishes definitively at which part(s) of the training or examination process any problem lies;
iii) calls on the RCGP to set up a career guidance service for trainees who had to leave GP training as a result of being unsuccessful in obtaining the MRCGP;
iv) demands the feedback from the MRCGP exams to be improved immediately.
Motion by SHEFFIELD DIVISION: That this Meeting is concerned that the MRCGP examination pass rates show significant differences between different ethnic groups in trainees even after correcting for country of primary medical qualification, and ask the RCGP and COGPED to:-
  i) provide a detailed explanation as to why this is the case;
  ii) immediately review the selection, training and assessment processes to ensure that trainees are not discriminated against because of their ethnic origin.

Motion by SHEFFIELD DIVISION: That this Meeting welcomes the GMC review into the MRCGP certification process and calls for:-
  i) complete transparency of the process;
  ii) comprehensive analysis and swift conclusion by the GMC in consultation with the BMA GP Trainees’ Subcommittee.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting deplores that the MRCGP examination pass rates for international medical graduates are consistently lower than graduates from the United Kingdom and that this discrepancy is worsening and:
  i) is very concerned that this trend raises serious doubts about the validity of the examination for MRCGP and importantly, that this is directly associated with the race and ethnicity of examinees;
  ii) calls on the RCGP to create a career guidance service for examinees who had to leave GP training as a result of being unsuccessful in the MRCGP examination;
  iii) demands that the feedback from MRCGP examination process for examinees is improved in the immediate short term as a matter of urgency.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting welcomes the GMC review into the MRCGP certification process and calls for:-
  i) a process which is completely open and transparent so outside scrutiny is achievable;
  ii) comprehensive analysis of the process and a subsequent swift conclusion by the GMC in consultation with the BMA GP Trainees’ Subcommittee.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by PLYMOUTH DIVISION: That this Meeting believes that a basic understanding of quality improvement should be incorporated into medical training within England, Scotland, Wales and N. Ireland to allow clinicians to take an active role in the development and improvement of the health services.

Motion by EAST KENT DIVISION: That this Meeting regrets the inadequate standards for clinical medical education in the GMC’s ‘Tomorrows Doctors’ and insists that UK undergraduates studying medicine have a defined period of clinical experience in paediatrics and obstetrics.

Motion by EAST KENT DIVISION: That this Meeting is seriously concerned about the implementation of the GMC’s ‘Tomorrows Doctors’ and requests Council to assess and monitor the GMS’s requirements to ensure that UK medical schools do not fall below international standards.

Motion by NORTHERN RJDC: That this Meeting believes that in order to prepare for working as either a GP partner, or a hospital consultant in England now requires an understanding of healthcare business practices and that education on and around this should be introduced into undergraduate and postgraduate curricula.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that sexual health is an important part of patient-centred care and that there is no consistency in the teaching of both physical and mental aspects of sexual health across the UK medical schools. This Meeting calls on the BMA to lobby the Medical Schools Council to unify the quality of sexual health teaching across all medical schools.

Motion by SOUTH TYNESIDE DIVISION: That this Meeting is of the opinion that the GMC should ensure that training of doctors and specialists from EU countries should be equivalent to U.K. trainee.
202 Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the importance of medical leadership, and calls on the BMA to lobby the General Medical Council and Medical Schools Council to integrate a leadership and management framework programme into undergraduate medical training.

203 Motion by EAST DORSET DIVISION: That this Meeting urges the BMA to promote education for all doctors on substance misuse to ensure both safer prescribing habits and greater understanding of this complex patient group.

204 Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting:-
  i) recognises that there is a wealth of knowledge and teaching opportunity to be exploited in the realm of errors in healthcare provision from life-threatening hospital errors to emotional harm from careless communications;
  ii) calls upon the GMC to recognise the importance of learning from past mistakes in order to reduce patient suffering and conserve financial resources going forward;
  iii) calls upon all medical schools to use anonymised examples of clinical errors in a narrative form to teach about the impact of error from the patient’s perspective. This will encourage students to reflect upon the nature of the suffering and harm caused as a result.

205 Motion by JUNIOR MEMBERS FORUM: That this Meeting believes that today’s doctor is inadequately compensated for compulsory costs of training. This Meeting calls on the BMA to recognise the financial training burden of medical training and to lobby:-
  i) the government to acknowledge this burden; and
  ii) Local Education Training Boards and/or relevant bodies to cover the cost of this burden.

206 Motion by JUNIOR MEMBERS FORUM: That this Meeting acknowledges that many professional examinations (e.g. Royal College membership) are not currently subject to tax relief from HMRC. As many of these are a condition of employments and that all practising doctors are required to continue their career progression and undertake CPD training after medical school graduation, this Meeting calls on the BMA to lobby HMRC to:-
  i) recognise the necessity of professional examinations as part of a doctor’s obligation to under continuing professional development;
  ii) make all professional examinations subject to tax relief;
  iii) make adjunctive career portfolio subscriptions to tax relief.

207 Motion by JUNIOR MEMBERS FORUM: That this Meeting believes that all doctors have a right to have a work-life balance and that greater clarity and flexibility in placements will help them to achieve this. This Meeting calls on the BMA to lobby deaneries and local education and training boards to:-
  i) raise awareness of the IDT process and the capacity for inter-deanery transfers for compelling reasons;
  ii) provide greater clarity and sufficient prior notice of placements taking consideration of trainees’ personal and professional commitments and needs.

208 Motion by JUNIOR MEMBERS FORUM: That this Meeting recognise the stigma currently associated with choosing to have children during the early stages of training and calls on the BMA to lobby medical schools, LETBs and equivalent bodies to:-
  i) support trainees in their choice and have flexible working arrangements made available to them;
  ii) provide clear and accessible information to medical students to elucidate the career options available to those who do not wish to wait to have children.

209 Motion by JUNIOR MEMBERS FORUM: That this Meeting notes that there is anecdotal evidence of variation in the quality and delivery of Academic Foundation Programme (AFP) posts throughout the UK. This Meeting calls on the BMA to:-
  i) collect data to provide evidence of this variation;
  ii) call on the body which approves these posts to make their approval processes transparent;
  iii) ask the UK Foundation Programme Office (UKFPO) to gather feedback relating specifically to AFP posts and to use the results of the survey to inform the approval process of AFP posts;
  iv) ensure recommendations of the Walport report are adhered to when devising the AFP posts.

210 Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the discrepancy between the qualifications required of Educational Supervisors of Hospital Doctors and those of GP trainers, and calls upon LETBs and deaneries to standardise the qualifications needed to undertake such roles.
Motion by RETIRED MEMBERS FORUM: That this Meeting recognises the support that could be provided by committed retired doctors willing to mentor students and trainee doctors seeking such mentoring and requests the BMA to take action to implement this initiative.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting condemns those trusts that mis-sell their foundation rotations by promising experience in specific specialties, and then reneging once the junior doctors have committed to the post. This works to the detriment of the junior doctor's career aspirations and this Meeting calls on Council to work with the colleges and the relevant stakeholders to ensure this practice stops.

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes the general improvement to patient care that has resulted from the introduction of the four hour target in A&E departments but is concerned by the knock-on effect on the working patterns and training of junior doctors and calls on the BMA to work with NHSE to ensure that junior doctors' rotas are focused on quality training through service provision.

Motion by HOLLAND DIVISION: That this Meeting is concerned that the introduction of NHS 111 will impact on the training provided on telephone consultations within general practice training schemes, and calls on the government to review this.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting expresses its concerns that, in respect of doctors’ Postgraduate Education:-
  i) study leave expenses for trainee doctors are being misdirected for other administrative purposes;
  ii) some study leave entitlement is being systematically abused for trust-specified training rather than for the doctor's identified personal learning needs
and insists that BMA ensures that doctors are able to get the necessary entitlements in time and resources.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting notes that the Modern Scientific Careers scheme has been a disaster in clinical neurophysiology and has caused a) reduced recruitment to training; b) increased centralisation to London so that the more peripheral regions cannot recruit staff; c) proposed graduates will have fewer skills than are required in DGHs at present, eg paediatric skills and d) to meet current levels of expertise trainees will need an MSc which will lengthen the time for training and increase costs to the NHS.

Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed that LETBs have rejected the opportunity to continue and build on the achievements of deaneries, and insists that LETBs should re-define and clarify their aims and objectives.

Motion by SHEFFIELD DIVISION: That this Meeting demands that every trainee be given:-
  i) a personal study budget per year with a clearly specified sum, that can not be used for mandatory training;
  ii) a specified number of personal study days which the trainee can use to better their training experience, that should not be part of mandatory training;
  iii) private study days to prepare for the mandatory examinations of the training program.

Motion by SCOTTISH COUNCIL: That this Meeting:-
  i) is concerned that recent reviews of medical school intake targets have revealed that universities have been breaching intake targets, particularly for international medical students, and actual medical student numbers are significantly higher;
  ii) believes there is an urgent need for stricter and more enforceable controls on medical student numbers, including the cap on international student places; and
  iii) calls on the education and health departments and devolved nation governments to work together to ensure this.

Motion by OXFORD DIVISION: That this Meeting expresses grave concern over reduced study leave budgets and calls for:-
  i) agreed national study leave budgets for individual training and career grade doctors and for each specialty;
  ii) study leave budgets to be raised annually to match RPI inflation.

Motion by SHEFFIELD DIVISION: That this Meeting believes that NHS 111 will lead to the loss of telephone triage training & supervision for GP trainees, and;
  i) this would produce GPs without experience or confidence to manage telephone consultations that will lead to very poor patient management when NHS 111 fails;
  ii) the de-skilling of future GP’s should not be tolerated and therefore calls upon COGPEd/deaneries
to ensure that alternative training measures are in place for continued development of telephone consulting skills;
iii) that this will turn out to be a disaster for GP OOH training.

222 Motion by LOTHIAN DIVISION: That this Meeting notes with dismay the increasing interest in formal credentialing of doctors and trainees at various points in their careers, by employers, educationalists and the DDRB; and
i) believes that credentialing will open the door to a subconsultant grade;
ii) believes that the status of the profession will suffer as a result; and
iii) calls upon the BMA to do anything it can to resist this.

223 Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting is appalled at the reduction in training budget for medicine with the advent of the Local Education Training Boards, and calls on the BMA to fight for its restoration to the former level.

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224 Motion by SHEFFIELD DIVISION: That this Meeting believes that placements within speciality training programmes should complement the previous experience of trainees, and therefore calls upon deaneries to ensure that each trainee’s placements must be allocated taking into account the trainee’s previous training and experience to ensure that every trainee gets the broadest possible range of experience.

DOCTORS’ PAY AND CONTRACTS

Monday 15.30 - 15.50

* 225 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SUNDERLAND DIVISION): That this Meeting:-
i) does not recognise any emergent local or regional pay and conditions consortia;
ii) refuses to enter into negotiations with any local or regional pay and conditions consortia;
iii) insists that national terms and conditions of service for medical staff in the NHS are maintained.

225a Motion by SUNDERLAND DIVISION: That this Meeting strongly feels all contracts of doctors relating to their terms and conditions should be centrally placed.

225b Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting:-
i) notes the termination of the SW Pay and Conditions Consortium;
ii) condemns in the strongest possible terms any form of local or regional pay structures which can only lead to further geographical inequality of patient care; and
iii) calls upon the Westminster government to take steps to ensure that such consortia are disbanded forthwith.

225c Motion by OXFORD DIVISION: That this Meeting deplores the actions of some NHS trusts which seek to undermine the national terms and conditions of employment for NHS medical staff.

225d Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting congratulates Council on its robust stance over the threat of regionally negotiated terms and conditions for doctors.

225e Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting believes that there should be no compromise on negotiations that would either encourage regional pay or deviation from national terms and conditions as this would cause imbalance in the provision of healthcare and would discourage future recruitment into medical profession.

225f Motion by ROTHERHAM DIVISION: That this Meeting is opposed to cartels formed with the primary intent of reducing Doctor’s pay.

225g Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting opposes foundation trusts individually or collectively attempting to re-write nationally negotiated contracts to the detriment of BMA members, and confirms its support for national collective bargaining.

225h Motion by JUNIOR MEMBERS FORUM: That this Meeting disagrees with the formation of any local or regional pay and employment condition structures for doctors and calls on the BMA to:-
i) not recognise the South West Pay, Terms and Conditions Consortium and refuse to enter into negotiations with this group;
ii) lobby the government to actively prevent the formation of local and regional pay and condition structures.
Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) notes with concern the government’s move to locally determined pay in the public sector;
ii) does not support locally negotiated contracts or pay deals for doctors;
believes that the BMA should campaign to maintain a national contract in order to protect terms and
conditions of service.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting:-
i) recognises that there is a 28.6% pay gap between men and women among medical practitioners
in UK;
ii) believes that the reasons for this are multi-factorial and include factors which affect women in
other occupations such as geographical limitations and a hostile culture;
iii) recognises that currently only pay guidelines are published;
iv) calls for more research in this area and for lessons to be drawn from other healthcare professions
where gender pay differences are closer to zero;
v) calls for the BMA to campaign for increased transparency of pay within the medical profession and
to publish actual pay for jobs according to speciality, level and geographical area;
vi) calls for the BMA to lobby to policy makers for more measures aimed at eradicating this gender
divide which is closing in many other professions but still persists in medicine.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by WALTHAM FOREST DIVISION: That this Meeting whilst pleased that established doctors
are being more involved in the training of students, foundation year and specialty training doctors,
notes that recompense for this activity is unacceptably low, and insists that remuneration for
educators should more accurately reflect the market value of training the future medical workforce.

Motion by CONSULTANTS CONFERENCE: That this Meeting:-
i) has no confidence in the DDRB;
ii) calls on Council to establish talks with the UK government to radically reform the DDRB;
iii) calls for the DDRB to be genuinely independent of government;
iv) calls for the DDRB to include medical members selected by the BMA;
v) calls for the DDRB chairman to be appointed by the Crown Appointments Commission;
vi) calls for the DDRB to be free to compare doctors’ remuneration with genuine private sector – as
well as public sector – comparators.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
i) has no confidence in the DDRB in its current form;
ii) calls on Council to establish talks with the UK government to radically reform the DDRB;
iii) calls for the DDRB to be genuinely independent of the government;
iv) calls for the DDRB to include medical members selected by the BMA;
v) calls for the DDRB to be free to compare doctors’ remuneration with genuine private sector – as
well as public sector – comparators.

Motion by MANCHESTER & SALFORD DIVISION: That this Meeting calls on the BMA to pass a vote
of no confidence in the Doctors and Dentists Review Body (DDRB) and the recently published DDRB
report which was published eighteen months too late.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that performance related pay
is inappropriate in the NHS.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that future contract
negotiations for NHS doctors must ensure that performance related pay is not a central part of any
new contractual arrangements as this is contrary to achieving quality care for patients.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that there is an unhealthy
tension in healthcare between quality of patient care and efficiency of delivery of that care such that
performance related pay is an unsuitable tool to be used in healthcare to improve standards of care
and therefore calls on government to ensure that performance related pay is abandoned in the NHS.

Motion by ENFIELD AND HARINGEY DIVISION: This Meeting believes the government is imposing
contract changes on doctors, in order to reduce pay terms and conditions, and to favour the advent
of private company employers.
Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting believes the government is imposing contract changes on doctors, in order to reduce pay terms and conditions, and to favour the advent of private company employers. This Meeting demands that the BMA alerts its membership to save the contracts we have through:
   i) being prepared to ballot members to oppose enforced contract changes with effective industrial action;
   ii) learn the lesson of the pensions debacle, and propose action with the purpose of winning.

Motion by ISLINGTON DIVISION: That this Meeting believes that the government is imposing contract changes on doctors in order to reduce pay, and that changes to doctors’ terms and conditions of service will facilitate a change of employer to private companies. This Meeting calls on the BMA to alert and educate its membership and fight to save the contracts we have including:
   i) being prepared to ballot members on opposing enforced contract changes through effective industrial action;
   ii) propose action to effect change in this policy rather than acquiescing to the government.

Motion by LONDON REGIONAL COUNCIL: That this Meeting considers that under cover of concern about emergency care, the government is demanding contract changes for hospital doctors to make it possible to provide elective care 24 hours per day. We believe that should the government threaten to impose new contracts against the wishes of the membership, that BMA Council and craft committees should be prepared to ballot for industrial action to defend the status quo.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes the government is imposing contract changes on doctors, in order to reduce pay, terms and conditions, and to favour the advent of private company employers. We demand that the BMA alerts its membership to save the contracts we have through:
   i) being prepared to ballot members to oppose enforced contract changes with effective industrial action;
   ii) learn the lesson of the pensions debacle, and propose action with the purpose of winning.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting believes:
   i) the imposition of a new junior’s and GP contract and aspects of the consultant contract could be damaging to the relevant branch of practices and the BMA’s standing as the national bargaining body;
   ii) the government may well take the route of imposition again if negotiations do not produce the outcomes they desire;
   iii) there is a need to formulate strategy and direction for the future.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that the current imposition of new contract arrangements for general practice is unacceptable and shows the contempt with which the government holds the medical profession and demands that the government immediately ceases any current or future imposition of contractual changes and instead works for properly negotiated agreements.

Motion by UNIVERSITY COLLEGE LONDON: That this Meeting notes the ongoing discussions on both the consultant and junior doctors contracts, and asks that MASC reports back to the medical academic community on developments on both contracts.

Motion by HOLLAND DIVISION: That this Meeting is concerned that clinicians are put under pressure to utilise SPA time for DCC, without appropriate re-provision of that SPA time, and calls on employers to highlight this issue.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes senior clinicians at the age of fifty and above should have the contractual right to come off the on call rota.
   i) we call upon the BMA to negotiate with the NHSE;
   ii) that rather than this be a guideline, that working premium hours after 50 be an exception rather than a rule;
   iii) that this choice is not penalised financially.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting instructs the BMA to develop concrete proposals for doctors to work outside the NHS if the government seeks to impose contracts on consultants, SAS doctors, junior doctors and GPS so that doctors have alternatives to accepting unfavourable contracts offered by the governments.
Motion by NORTH WEST LONDON DIVISION: This Meeting believes that if contract negotiations are entered into, there should be no negotiation which include the potential loss of premium time in any newly negotiated contract.

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes with dismay that many trusts increasingly rely on junior staff to perform locums to bridge gaps in on-call rotas and that junior staff are often subject to inappropriate pressure to fill these gaps at lower rates of pay than external locums. We call on Council to liaise with BMA News to "black-box" job adverts by trusts that are shown to pay less than the average external locum rates to internal locums.

Motion by BRISTOL DIVISION: That this Meeting notes that there are an increasing number of less than full time trainees in unbanded junior posts and notes these are relatively poorly paid. We ask that:-
  i) the BMA highlight more widely that not all doctors earn a “doctor’s wage” (as perceived by the profession and wider public);
  ii) that royal colleges should be encouraged to review their fees in line with LTFT trainee income;
  iii) that the BMA should review its membership fees in line with LTFT trainee income;
  iv) that the BMA should campaign against the link between NHS pension contributions and full-time equivalent salary for less than full time doctors.

Motion by ISLINGTON DIVISION: That this Meeting asserts that the continued pay freeze for health service employees amounts to a pay cut in real terms.

Motion by HOLLAND DIVISION: That this Meeting believes that clinicians wish to engage in delivery of quality care for patients, but that reduction in Supporting Professional Activity time is hindering availability to attend meetings on planning strategy for delivery of care, and calls on employers to facilitate engagement.

Motion by YORKSHIRE RJDC: That this Meeting notes the likelihood of contract negotiations in the near future and rejects calls for a sub consultant grade or post CCT fellowships designed solely for service provision.

Contingency time

Monday 15.50 - 15.55

PROFESSIONAL FEES

Monday 15.55 - 16.10

Receive: Report by the Professional Fees Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

PRIVATE PRACTICE

Receive: Report by the Private Practice Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

SCOTLAND

Receive: Report by the Chairman of Scottish Council (Brian Keighley).

Motion by LOTHIAN DIVISION: That this Meeting urges the BMA to press the Scottish government to establish a Scottish National GP Performers List.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting:-
  i) notes that the Scottish government plans to hold a referendum in 2014 on whether or not Scotland should become an Independent country;
  ii) believes that the British Medical Association should remain politically neutral in the debate over whether or not Scotland should become an Independent country;
  iii) recognises that if Scotland were to become an Independent country, this could have a significant impact on how doctors are represented in Scotland and the rest of the United Kingdom;
  iv) calls on the British Medical Association to investigate and seek advice on what this impact might be, and to produce details of the various options prior to the referendum being held.
Motion by SCOTTISH COUNCIL: That this Meeting notes that the Scottish government plans to hold a referendum in 2014 on whether or not Scotland should become an independent country and calls on the BMA to:-

i) remain politically neutral in the debate over whether or not Scotland should become an independent country;

ii) recognise that if Scotland were to become an independent country that this could have a significant impact on how doctors are represented in Scotland and the rest of the United Kingdom;

iii) investigate and seek advice on what this impact might be and to produce details of the various options prior to the referendum being held.

STAFF, ASSOCIATE SPECIALISTS AND SPECIALTY DOCTORS

Monday 16.10 - 16.25

Receive: Report by the Chairman of the Staff, Associate Specialists and Specialty Doctors Committee (Radhakrishna Shanbhag).

Motion by SAS CONFERENCE AGENDA COMMITTEE: That this Meeting calls on the BMA to:-

i) condemn the widespread practice of targeting SAS doctors as soft-targets for redundancy to achieve cost savings in any reconfiguration exercise;

ii) reiterate the need for employers to work with BMA to help deliver any desired savings without having to resort to any redundancies;

iii) ensure that where redundancies are inevitable, they should be arrived at after a rigorous, fair and equitable process which considers the whole workforce including managers.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting calls upon NHSE to seek to motivate and retain SAS doctors by extending the same annual leave allowance of two further days of leave per annum after 7 years NHS service as is currently enjoyed by consultants under their terms and conditions of employment.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting urges SASC to enter into urgent negotiations either to re-open the Associate Specialist grade or facilitate the creation of a similar genre of post.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the BMA to explore with employers and Deaneries how foundation competencies necessary for re entry into training can be met where doctors are some ten or more years on from their pre registration years. Currently this is a key block to those seeking re entry to training from the SAS grades.

Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting believes that passing through the pay thresholds for SAS doctors be made automatic as the true value of the increment has been eroded by inflation because of the pay freeze over the last few years and tiniest raise of 1% this year. Any reason by the trust to either delay or postpone the SAS doctor to cross the threshold will not only result in loss of pay but will be demoralising and may cause financial hardship.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting calls for the ‘shape of training review’ to include the future training and development requirements of SAS doctors and recommends that provisions be included to support opportunities for SAS doctors to move flexibly in and out of training opportunities.

Motion by HOLLAND DIVISION: That this Meeting is concerned that insufficient SPA time is being granted to enable SAS grade staff to undertake the necessary activities required for revalidation, and calls on employers to ensure sufficient SPA time is included in job plans.

MEDICAL ACADEMIC STAFF

Monday 16.25 - 16.35

Receive: Report by the Co-Chairs of the Medical Academic Staff Committee (Peter Dangerfield and Michael Rees).

Motion by UNIVERSITY OF WARWICK: That this Meeting calls on the BMA to ensure a satisfactory resolution to the current issue of the organisation that should hold the honorary contracts of academic doctors working in public health. Future contracts whether held by Public Health England or another body should offer public health academics the same terms and conditions as currently prevail in the NHS.
**WALES**

**Monday 16.35 - 16.55**

| 267 | Receive: Report by the Chairman of Welsh Council (Phillip Banfield). |
| 268 | **Motion** by WREXHAM BOROUGH DIVISION: That this Meeting calls on the Wales deanery to investigate as an urgency the reasons for the shortfall in number of applicants to junior doctor posts in Wales in general and north Wales in particular and to look at ways of making these posts attractive to applicants. |
| 268a | **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting is concerned with the recruitment crisis in Wales feels it is time to consider a welsh weighting. |
| 269 | **Motion** by WREXHAM BOROUGH DIVISION: That this Meeting demands that the BMA Cymru tell the Welsh government that blocking study leave applications for hospital doctors in the final quarter of the financial year is unacceptable and will inevitably result in members having difficulty in their continuing professional development and hence their revalidation. |

*The motion(s) below, in the shaded area, are unlikely to be reached*

| 270 | **Motion** by WREXHAM BOROUGH DIVISION: That this Meeting is concerned that the incidences of ambulances queuing up outside the emergency departments in Wales is happening far more regularly than in the past due to the inability of emergency departments to process patients efficiently because of delays in admitting patients to appropriate wards. |
| 271 | **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting is concerned that much of the reorganisation of the NHS in Wales is based on pushing work from secondary care into general practice. This is without funding or training, at a time when general practice is already with capacity. |
| 272 | **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls on the Welsh government to create an all Wales Clinical Portal so that hospital doctors and GPs alike have access to all clinical reports regardless of which hospital or practice requested the investigation. This would reduce duplication, could save time in managing patients and potentially save money. |
| 273 | **Motion** by WELSH RJDC: That this Meeting recognises:
   i) the current level of NHS secondary care provision in Wales is structurally and financially unsustainable and that this is
   ii) to the detriment of patient quality of care; and
   iii) to the detriment of training of junior doctors in Wales.
   This Meeting therefore supports the WAG and LHBs in efforts to reconfigure services in the interests of quality of care and NHS sustainability. It mandates the WAG, LHBs and Wales Deanery to:-
   i) include training as a core consideration of all proposals for service reconfiguration;
   ii) ensure direct negotiation with WJDC as a key stakeholder in further planning of service reconfiguration. |

**BRANCH OF PRACTICE CHAIRMEN QUESTION**

**Monday 16.55 - 17.15**

**AND ANSWER SESSION**

**Session closes**

**Monday 17.15**
**NORTHERN IRELAND**

**Tuesday 09.30 - 09.50**

274 *Receive:* Report by the Chairman of Northern Ireland Council (Paul Darragh).

275 **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that the anticipated savings expected in the Transforming Your Care programme in Northern Ireland are unattainable and calls on the NI Assembly to realise that moving patient care into the community is in fact more costly and less efficient, while at the same time, major funding cuts in secondary care will be destabilising and will be detrimental to patient care.

* 276 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTHERN IRELAND COUNCIL): That this Meeting:-
   i) condemns that the average pay of Northern Ireland consultants has fallen below the UK average and requires that this should be taken into account in the current contract negotiations for consultants;
   ii) demands adequate funding for career development for Staff and Associate Specialist doctors within Northern Ireland.

276a **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting recognises that, with the lack of award of any Clinical Excellence Awards in Northern Ireland over the last four to five years, the average pay of Northern Ireland Consultants has fallen below the UK average and requires that this should be taken into account in the current contract negotiations for consultants.

276b **Motion** by NORTHERN IRELAND SASC: That this Meeting notes with dismay the lack of plans for funding of career development for SAS within NI, and the resulting disparity leaves the NI SAS doctors at risk of perceived inferiority both as to how they are perceived within the other nations of the UK and within the medical profession in NI; and also that this conference calls on the ARM to condemn this discriminatory approach to NI doctors and the patients they serve.

The motion(s) below, in the shaded area, are unlikely to be reached

277 **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that IT provision for healthcare in Northern Ireland is not fit for purpose and calls on the Northern Ireland Minister for Health to establish a coherent and practical IT strategy for Northern Ireland working in collaboration with the BMA.

**REPORT OF THE FRANCIS INQUIRY**

**Tuesday 09.50 - 10.20**

* 278 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this Meeting welcomes the opportunity offered by the publication of the Report of the Francis Inquiry to affirm that patient care is the first duty for all involved in healthcare, and:-
   i) deplores any culture of secrecy and bullying within health services;
   ii) insists that the culture of the NHS must move away from the pursuit of financial and activity targets and revert to the attainment of quality in patient care;
   iii) calls for NHS managers to be subject to professional regulation such that they are held accountable for their actions and omissions;
   iv) calls for funding and staffing levels sufficient to assure high quality, safe care.

278a **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting welcomes the Francis Report and the opportunity it brings:-
   i) to demolish the culture of secrecy, bullying and patronage endemic within the NHS;
   ii) for the clinical professions to re-assert their primacy in dictating policies relating to clinical care;
   iii) for an honest debate about clinical staffing levels, clinical workloads and what the NHS can afford to undertake;
   iv) for the public to have a better understanding of what has gone wrong and why.

278b **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis Report, the culture of the NHS must change away from pursuit of financial and activity targets and instead revert to the attainment of quality care for all patients.

278c **Motion** by HOLLAND DIVISION: That this Meeting believes that financial pressures in the NHS are undermining clinicians’ ability to deliver quality care, and insists that managers do not impose unrealistic targets within care.
278d  **Motion** by DERBYSHIRE LMC: That this Meeting welcomes the Francis report and the opportunity it brings:-
   i) to demolish the culture of secrecy, bullying and patronage endemic within the NHS;
   ii) for the clinical professions to re-assert their primacy in dictating policies relating to clinical care;
   iii) for an honest debate about clinical staffing levels, clinical workloads and what the NHS can afford to undertake;
   iv) for the public to have a better understanding of what has gone wrong and why.

278e  **Motion** by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting believes in the transparency and accountability within the health service extending beyond clinicians, to include individuals in management and administration.

278f  **Motion** by EAST KENT DIVISION: That this Meeting asserts that the bullying culture of the NHS starts at the very top of the organisation and that unless this is tackled another Mid Staffs disaster is inevitable.

278g  **Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises that there is evidence to support the benefits of strong leadership within healthcare, and calls upon the BMA to work with trusts to create a culture of openness and safety where staff feel valued and able to highlight concerns.

278h  **Motion** by AVON LMC: That this Meeting deplores bullying wherever it occurs and believes that:-
   i) bullying in the NHS will continue until politicians acknowledge their own role in creating a bullying culture;
   ii) such behaviour by ministers is as unacceptable in them, as it is in all others;
   iii) health ministers should undertake to lead by example and to model respect, kindness and empathy;
   iv) the Department of Health should promote the well-being of all staff in the NHS, and
   v) the making of such an undertaking should be a prerequisite for anyone accepting political or senior office within the NHS.

278i  **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting believes that the first duty of a doctor should always be the care of their patients above political, ideological and financial pressures and targets.

278j  **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that the recent cuts in healthcare spending in the NHS have been partly responsible for the creation of a culture of “efficiency first, patient second” in the NHS as exemplified in the extreme case of the Mid Staffordshire Trust detailed in the Francis Report and therefore calls on both the current and previous governments to accept responsibility for driving this culture from central government into the NHS.

278k  **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis Report, medical leaders have not been encouraged to have an equal say in the running of NHS services and demands that in the future, medical leaders must be able to have real influence in both the running and development of the NHS.

278l  **Motion** by EDGWARE & HENDON DIVISION: That this Meeting believes that the “culture change” in the NHS recommended in the Francis Report should begin at the top in terms of government policy itself which has fuelled many of the significant adversities described in the Report.

278m  **Motion** by CLWYD NORTH DIVISION: That this Meeting reminds doctors that their first duty of care is to the patients already in their care. We call upon all managers to support doctors and other clinical staff in achieving this.

278n  **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting deplores the attempts by government ministers to seek medical and nursing scapegoats following the release of the Francis Report and yet at the same time did not believe that anyone in senior NHS management positions should be individually accountable for the failings identified in the report.

278o  **Motion** by EASTERN REGIONAL COUNCIL: That this Meeting endorses the statement in the government’s response to the Francis Inquiry that good leadership is critical to ensuring that patients receive excellent care from well supported and well-motivated staff, and therefore calls on the Secretary of State to:-
   i) give a clear commitment to zero tolerance of bullying and harassment by leaders at all levels in the NHS;
   ii) recognise the risk that top-down targets can result in a bullying culture;
   iii) work in partnership with the BMA and others to promote clinical leadership and tackle unacceptable leadership styles.

278p  **Motion** by BRISTOL DIVISION: That this Meeting believes that failures such as those that occurred at Mid Staffs cannot be averted until the Department of Health’s need to suppress negative data is addressed.
Motion by Wirral LMC: That this Meeting believes that the Mid Staffordshire debacle is a prime example of how target driven management of the NHS has destroyed the caring culture of the NHS, by focussing on mechanical number crunching and box ticking rather than individualised and compassionate patient care.

Motion by Tower Hamlets Division: That this Meeting deplores the appalling events at Mid Staffs NHS Trust and notes that the Francis Report clearly identified ignored warnings from clinical staff, target driven care and cost cutting to achieve foundation trust status as the main causes.

Motion by North West Wales Division: That this Meeting believes that the lesson of the Francis Report is that NHS institutions driven by financial targets alone do so at the expense of clinical and patient safety and calls for all NHS institutions to put patient safety first.

Motion by Kingston and Richmond LMC: That this Meeting believes that politically motivated clinical targets distort health outcomes and are ultimately harmful.

Motion by Shropshire Division: That this Meeting believes it is important that the public understands that many of the recent failings in the NHS care, for which health care professionals are being blamed, are the result of changes introduced by politicians and implemented by administrators.

Motion by Enfield and Haringey Division: That this Meeting notes that the Francis Report, whilst exposing the awful care at Mid Staffs hospitals from 2005 to 2009 as a result of making £10mn cuts to become a foundation trust, also recommends making criminal charges against clinical staff and closing hospitals with poor care, as a solution. This Meeting calls on the BMA to strongly:
- i) oppose the hounding of clinical staff in such hospitals with police prosecutions;
- ii) oppose the closure of such hospitals;
- iii) call for proper funding of such hospitals;
- iv) oppose the forced transformation of NHS trusts into foundation trust businesses.

Motion by London Regional Council: That this Meeting notes that the Francis Report, whilst exposing the awful care at Mid Staffs hospitals from 2005 to 2009 as a result of making £10m cuts to become a foundation trust, also recommends making criminal charges against clinical staff and closing hospitals with poor care, as a solution. We call on the BMA to strongly:
- i) oppose the hounding of clinical staff in such hospitals with police prosecutions;
- ii) oppose the closure of such hospitals;
- iii) call for proper funding of such hospitals;
- iv) oppose the forced transformation of NHS trusts into foundation trust businesses.

Motion by Edgware & Hendon Division: That this Meeting laments that in spite of the Francis Report’s recommendations, that there is little evidence of any change to the financial drivers, targets and organisational interests that pervade the NHS in England, and believes that a radical revision in central health policy is required to address this.

Motion by Edgware & Hendon Division: That this Meeting believes that the recommendations of the Francis Report are incompatible with a competitive provider market in the NHS.

Motion by Tower Hamlets Division: That this Meeting accepts that lessons must be learned from the appalling events at Mid Staffs, but rejects attempts by politicians and the media to shift the blame onto health care workers when the Francis Report clearly stated the main reasons as being target driven care in an environment of cost cutting and gagging.

Motion by Doncaster LMC: That this Meeting, in the wake of the Francis’ report, demands the urgent registration and monitoring of NHS managers and policy makers, and that this should be regulated with the same rigour that is applied to the medical profession.

Motion by Croydon LMC: That this Meeting believes the conclusion of the Francis Report means NHS managers should have a professional regulator.

Motion by South Tyneside Division: That this Meeting is of the opinion that there needs to be a mechanism at national level by which managers can be held accountable for their actions.

Motion by North West RSASC: That this Meeting deplores the events that led to the Mid-Staffordshire tragedy and:
- i) calls on health professionals’ to work closely with other groups to prevent such occurrences;
- ii) calls for the managers who led this fiasco to be held accountable;
- iii) calls for the establishment of statutorily mandatory accountability arrangements for managers.
Motion by BUCKINGHAMSHIRE LMC: That this Meeting insists that managers working in the NHS at all levels must:
   i) have undergone formal training to ensure they are competent to undertake their roles;
   ii) be regulated in a manner similar to doctors and nurses;
   iii) be held accountable for their actions and omissions.

Motion by LIVERPOOL LMC: That this Meeting believes that managers in the NHS must be held accountable for the serious consequences of their poor decisions especially when these adversely affect patient safety.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting:
   i) believes that with ultimate power comes ultimate responsibility;
   ii) are tired of the culture prevalent within NHS where management incompetence, wrongdoing or professional failure frequently results in re-deployment, promotion or a handsome pay off without any transparent sanction being imposed;
   iii) calls for NHS managers to be on a register and undergo periodic competency and efficiency checks.

Motion by DERBYSHIRE LMC: That this Meeting:
   i) believes that with ultimate power comes ultimate responsibility;
   ii) is tired of the culture prevalent within NHS where management incompetence, wrongdoing or professional failure frequently results in re-deployment, promotion or a handsome pay off without any transparent sanction being imposed;
   iii) calls for NHS managers to be on a register and undergo periodic competency and efficiency checks.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting insists that managers in the NHS should:
   i) have undergone formal training to ensure that they are competent to undertake their jobs;
   ii) be regulated in a manner similar to doctors and nurses;
   iii) be held accountable for their actions and omissions.

Motion by LEEDS LMC: That this Meeting deplores the attempts by government ministers to seek medical and nursing scapegoats following the release of the Francis Report and yet at the same time did not believe that anyone in senior NHS management positions should be individually accountable for the failings identified in the report.

Motion by NORTH WEST WALES DIVISION: That this Meeting believes NHS managers should be subject to professional regulation similar to nursing and medical staff and have to undergo revalidation.

Motion by BIRMINGHAM DIVISION: That this Meeting asks the government to put in place a system which licences and supervises the work of healthcare managers and:
   i) holds them to account for decisions affecting clinical services to patients;
   ii) includes the ability to withdraw a licence to work in healthcare management if patients have been put at risk;
   iii) this system should be comparable to that of the GMC.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that all managers in the NHS should be subject to professional regulation.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis Report, it is absolutely essential that NHS managers are fully regulated so that they can be held accountable for both their actions and inaction.

Motion by ROTHERHAM DIVISION: That this Meeting believes that senior non-clinical managers in the NHS should be members of a statutory professional body similar to the GMC with the power to withdraw their registration due to malpractice or poor performance.

Motion by WELSH COUNCIL: That this Meeting calls on all senior NHS Managers to be regulated by a statutory body, similar to the GMC, that is responsible to the public and not politicians.

Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting deplores that the government has not introduced a statutory regulatory framework for administrators and managers of healthcare in its response to the Francis Report. The problem remains that healthcare managers can not be held professionally accountable for their actions by a regulatory body and removed from a register to protect the public from those who are incompetent. This Meeting insists:
   i) that the government legislates for a statutory regulatory body of administrators and managers who commission and provide services for the National Health Service;
   ii) that this body introduces a robust code of conduct that sets out the principles and values on which good administrative and managerial practice is founded.
Motion by CLWYD NORTH DIVISION: That this Meeting calls for medical and non-medical managers to be regulated and revalidated in a system akin to Royal College accreditation and GMC registration with explicit standards and specific sanctions for failing below acceptable standards of practice.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting welcomes the recommendation by Robert Francis QC that senior NHS managers must be governed within a system of accreditation similar to the GMC, and that within that regulatory system there are clear sanctions that can be imposed on failing managers. We recommend that the BMA presses for this to be developed as a matter of urgency.

Motion by TOWER HAMLETS DIVISION: That this Meeting demands that government:

i) removes the obligation on the NHS to make £20 billion “efficiency savings”;
ii) makes above-inflation real-term annual investments in keeping with David Cameron’s election pledge;
iii) implement the recommendations in the Francis Report which call for statutory minimum staffing levels in NHS facilities.

Motion by TOWER HAMLETS DIVISION: That this Meeting calls upon the BMA to:

i) use all available means to disseminate the findings of the Francis Report;
ii) to campaign for properly staffed and funded hospitals and other health care settings which enable patients to receive excellent, safe and compassionate care that is driven by clinical need.

Motion by LONDON REGIONAL COUNCIL: That this Meeting deplores the appalling events at Mid Staffs NHS Trust and notes that the Francis Report clearly identified ignored warnings from clinical staff about target driven care and cost cutting to achieve foundation trust status as one of the main causes. We call upon the BMA to:

i) use all available means to disseminate the findings of the Francis Report;
ii) to campaign for properly staffed and funded hospitals and other health care settings which enable patients to receive excellent, safe and compassionate care that is driven by clinical need.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that to prevent the deplorable situation in Mid Staffs from ever happening again that hospitals should be adequately staffed and financially resourced.

* 279 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE PLYMOUTH DIVISION): That this Meeting:

i) calls for a review of incident reporting and feedback mechanisms in the NHS to focus on identifying errors and facilitating improvement and development;
ii) calls for mandatory reporting periods for Serious Untoward Incidents and Never Events, informing the reporting staff member within 3 months of the outcome of the investigation;
iii) believes that protecting those who report adverse events is more likely to help improve patient safety than prosecuting those who do not;
iv) insists that gagging clauses or unwritten gagging pressure must not be allowed to prevent individuals from raising issues about patient safety;
v) requires systems to be developed to allow health professionals to express concerns in a climate of free speech and, if required, confidentiality.

Motion by PLYMOUTH DIVISION: That this Meeting:

i) in the light of management failures at Mid Staffordshire NHS Foundation Trust, facilitating adverse event reporting is essential;
ii) protecting those who report adverse events is more likely to help improve patient safety than prosecuting those who do not; and in particular;
iii) those reporting adverse events should not, as a result of such reporting, be subject to disciplinary investigations or measures by their employer or licensing authority, nor criminal sanctions by the courts.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that:

i) in the light of management failures at Mid Staffordshire NHS Foundation Trust, facilitating adverse event reporting is essential;
ii) protecting those who report adverse events is more likely to help improve patient safety than prosecuting those who do not; and in particular;
iii) those reporting adverse events should not, as a result of such reporting, be subject to disciplinary investigations or measures by their employer or licensing authority, nor criminal sanctions by the courts.
Motion by SHROPSHIRE DIVISION: That this Meeting notes that previous attempts to protect whistle blowers have been ineffective and that current assurances that gagging clauses in the NHS severance agreements will be outlawed, disregards the fact that senior NHS managers sanctioned gagging clauses that were illegal, because they were ‘contracts’ to conceal serious misconduct. We call on the UK government to provide genuine safeguards for whistle blowers and to take effective measures to outlaw gagging clauses to ensure that concerns about patient safety are not concealed.

Motion by SALISBURY DIVISION: That this Meeting in the light of the Francis Report, asks the BMA to:- i) provide a mechanism of co-ordinating and encouraging the reporting failures in health and social care through the devolved nations and the regional structure; ii) asks that the BMA provides adequate protection to whistle-blowers.

Motion by HOLLAND DIVISION: That this Meeting believes that confidentiality clauses about financial settlements in NHS compromise agreements should not be allowed to prevent the same individual from raising issues about patient safety.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that critical incident reporting in the NHS is not fit for purpose due to the lack of corrective outcomes and feedback to staff and calls for an overhaul of incident reporting systems in the NHS.

Motion by NORTHERN IRELAND SASC: That this Meeting calls on the BMA to work with employers across the UK to ensure that there is a transparent and confidential policy for doctors to raise concerns about patient safety.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that in view of the position of doctors in the NHS, there should be protected channels to enable doctors to raise concerns.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that there remains a culture of victimisation of doctors who make mistakes and that instead the focus should be on seeking to identify all errors so that improvements can be made to patient care and the appropriate development of doctors.

Motion by LINCOLN DIVISION: That this Meeting welcomes the support offered within the Francis Report for clinicians who raise concerns about patient safety, but is concerned about the danger of “complaint fatigue” inherent in the current lack of feedback from NHS bodies to reporting clinicians. We call on the UK governments to implement mandatory reporting periods for Serious Untoward Incidents and Never Events, so that the reporting clinician is informed in writing, within 3 months of the outcome of the investigation.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting welcomes the support offered within the Francis Report for clinicians who raise concerns about patient safety, but is concerned about the danger of “complaint fatigue” inherent in the current lack of feedback from NHS bodies to reporting clinicians. We call on the UK governments to implement mandatory reporting periods for Serious Untoward Incidents and Never Events, so that the reporting clinician is informed in writing, within 3 months, of the outcome of the investigation.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting acknowledges that doctors do not have much faith in the current NHS incident reporting systems due to the lack of response and action being taken after concerns are raised and therefore calls for the NHS to ensure that incident reporting is fit for purpose so that doctors can be confident that concerns will be dealt with promptly.

Motion by ISLINGTON DIVISION: That this Meeting welcomes the publication of the Francis Report and recognises the important principle that anyone who reports a ‘serious untoward incident’ should get feedback about the investigation in a timely and transparent manner. This meeting calls for a mandatory, standardised process to feedback the findings of an investigation and actions to the informant.

Motion by CLWYD NORTH DIVISION: That this Meeting in the wake of revalidation and Francis, calls for it to be the duty of all NHS employees, employers and politicians to take a whole system approach, listening to concerns from clinical front line staff, patients and relatives and changing bad practice and policies at the top of the organisation. This Meeting therefore demands an open and transparent use of clinical information with robust mechanisms in place to allow exploration and interrogation of data being used to close services.
Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises, following recent high-profile patient safety concerns, that although junior doctors hold a privileged position to identify and raise such issues, they may feel unaware, unempowered or unable to do so. This Meeting calls on the BMA to:

i) promote accessible education of medical students and junior doctors on the importance and methods of raising concerns;
ii) provide support for those raising patient safety issues;
iii) lobby trusts and health boards to provide tangible feedback on concerns raised and subsequent actions taken to address the issues identified.

Motion by EDGWARE & HENDON DIVISION: That this Meeting opposes a statutory duty of candour on health professionals in the NHS, believing this to be misguided and counterproductive.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting demands that:

i) Council oppose any movement towards a statutory duty of candour with criminal sanction;
ii) Council looks at devising methods which engender a culture where health professionals will feel supported when raising concerns about patient safety.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is aware that:

i) in his response to the Francis Report, Jeremy Hunt said that the government would introduce “a new statutory duty of candour” into the NHS Constitution “to ensure that honesty and transparency are the norm” but has subsequently reneged on this intention;
ii) and demands that the BMA confront him with his retreat from one of the key recommendations of the Francis Report.

Motion by MID MERSEY LMC: That this Meeting would like to commend all whistle blowers for their courage and conviction to stand up and tell the truth.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that confidentiality clauses imposed on doctors and other health care workers who raise legitimate concerns in good faith have no place in the NHS. Given the requirements of the Public Interest Disclosure Act (PIDA), the new duty of candour and the ethical imperative of learning from mistakes, the NHS must:

i) formally waive all confidentiality clauses signed by doctors hitherto;
ii) encourage them to tell their stories where constructive lessons can still be learned;
iii) ban all further use of such clauses.

Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting strongly supports the principle of whistle-blowing by members of the medical profession in their workplace when the safety of patients are at risk, as highlighted in the Francis Report, thereby totally supporting the action of such whistle-blowers concerned, instead of punishing them.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that confidentiality clauses imposed on doctors and other health care workers who raise legitimate concerns in good faith have no place in the NHS. Given the requirements of the Public Interest Disclosure Act (PIDA), the new duty of candour and the ethical imperative of learning from mistakes, the NHS must:

i) formally waive all confidentiality clauses signed by doctors hitherto;
ii) encourage them to tell their stories where constructive lessons can still be learned;
iii) ban all further use of such clauses.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that on the background of Francis Report the BMA should insist that Department of Health instruct that the:

i) trusts should have mechanisms that will allow anonymous whistle blowing without having to go through a complex process but also any concerns raised should be discussed openly on a regular basis outlining the actions taken to improve patient and staff confidence;
ii) any unexplained deviation of care from nationally accepted standards should be treated as a serious untoward incident and investigated accordingly to prevent future recurrences.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis Inquiry calls on the BMA to:

i) to campaign against the increasingly imposed risky corporate model of health care antithetic to a publicly owned NHS;
ii) support clinicians who argue for patient need and safety;
iii) to proactively provide, and advertise widely, legal support for whistle blowers;
iv) campaign to ensure the Francis Inquiry is not used to scapegoat professional groups.
Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that non-disclosure agreements should be totally banned in the NHS as they inevitably lead to a cover up culture.

Motion by EDGWARE & HENDON DIVISION: That this Meeting demands that gagging clauses or unwritten gagging pressure should be expunged from the NHS, and requires systems to be developed to allow health professionals to express concerns in a climate of free speech, and confidentiality if desired.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes:-
1) that the entire organisation of the NHS from Ministers and the Department of Health down is complicit in suppressing whistle-blowing due to political imperatives to produce positive data for governments;
2) that it is unrealistic to expect that staff will routinely put their future employability at risk to ensure safety of patients;
3) that patient care and safety will not be optimised until this is recognised and corrected;
4) that a whistle blowing and no fault reporting system independent of these pressures which fully protects staff who take measures to defend standards of safety and care is required;
5) that BMA Council should promote such a system.

Motion by EDGWARE & HENDON DIVISION: That this Meeting calls for the government to affirm that there will be a total and absolute amnesty on all gagging clauses in the NHS - past, present, and future.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes the Francis Report has established that the NHS has developed a culture where any person pointing out any shortcoming in service is reprimanded rather than commended due to lack of openness.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes the findings of the Francis Public Inquiry into the events at Mid-Staffordshire NHS Trust. This Meeting:-
1) regrets that doctors involved felt unable to have their concerns recognised by management;
2) continues to support whistleblowers who are raising genuine concerns of patient safety;
3) believes that the focus on government targets may have contributed and continues to negatively affect the care of patients within the NHS.

Motion by RETIRED MEMBERS FORUM: That this Meeting has no confidence in Sir David Nicholson.

Motion by EAST KENT DIVISION: That this Meeting has lost confidence in Sir David Nicolson as the Chief Executive of the NHS and calls for his resignation.

Motion by SOUTH WEST RSASC: That this Meeting calls on Sir David Nicholson to resign forthwith and accept responsibly for establishing a culture where financial and non-clinically essential targets severely compromise patients safety and led to the appalling standards of clinical care at Mid Staffordshire Hospital which occurred on his ‘watch’. Further it is deeply concerned that the NHS should not blindly accept the so-called ‘Nicholson Challenge’ to save £20 billion which can only lead to further tragedies similar to that at Mid Staffs.

Motion by DERBYSHIRE LMC: That this Meeting believes that in the light of the Francis report Sir David Nicolson should fall on his sword and resign as Chief Executive of the NHS.

Motion by OXFORD DIVISION: That this Meeting believes that civil servants and other senior managers in the NHS should seriously consider their positions when failures such as at Mid-Staffs occur, and particularly when ignoring medical advice.

Motion by NORTH YORKSHIRE LMC: That this Meeting believes that following the Francis Report that David Nicholson and his management style are unsustainable and as such he is now morally bankrupt and should now resign.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting, in the wake of the Francis Report, calls upon:-
1) Sir David Nicholson to resign as Chief Executive of the NHS, failing which;
2) the Secretary of State for Health to require him to resign; failing which;
3) David Cameron to sack both Sir David Nicholson and then Jeremy Hunt for dereliction of duty.

Motion by SOUTH STAFFORDSHIP LMC: That this Meeting has no confidence in Sir David Nicholson following the Francis Inquiry into Mid Staffordshire Hospital and calls for his resignation.
Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting is deeply concerned that the NHS should
not blindly accept the so-called ‘Nicholson Challenge’ to save £20 billion and:-
i) believes will lead to further tragedies similar to that at Mid Staffs;
ii) calls on Sir David Nicholson to resign forthwith and accept responsibly for establishing a culture where
financial and non-clinically essential targets severely compromise patients safety and led to the appalling
standards of clinical care at Mid Staffordshire Hospital which occurred on his ‘watch’.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that the reported
deterioration of healthcare at Mid-Staffordshire NHS Trust was caused by:-
i) the imposition of cuts in resources by the Shropshire and Staffordshire SHA and the Board of Mid-
Staffordshire NHS Trust in order to meet stringent government financial targets;
ii) a bullying business culture by managers at Stafford Hospital resulting in a catastrophic lack of common
cause in caring for patients and calls for the resignation of Sir David Nicholson, who was at the time
chairman of the Shropshire and Staffordshire Strategic Health Authority and did nothing to raise morale
when patient care reached its nadir.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting notes that the
issues and challenges raised by the Francis Report are not limited to the hospital sector, but are
found across the health and social care system. This Meeting calls on the public health profession to
use its leadership role to act as an agent for cultural change, taking forward the recommendations of
the Francis Report, for the benefit of the whole population.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting noted in the government
response to the Francis Report that Jeremy Hunt insisted on “a culture in which the needs of patients
are central, whatever the pressures of a busy, modern health service” (26 March 2013) and in later
remarks stated that patients’ needs are “aspirational” (29 March 2013) and calls on the BMA to
persuade him to reverse this change of principle.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis
Report, clinical frontline staff should be liberated from the ever increasing bureaucracy of the NHS
and instead allowed to give patients quality care with compassion.

Motion by SOUTH TYNESIDE DIVISION: That this Meeting is of the opinion that the
recommendations of the Francis Report should be implemented without delay.

Motion by EDGWARE & HENDON DIVISION: That this Meeting declares that CCGs do not currently
have the necessary capacity to implement the Francis Report’s recommendations on commissioners’
responsibilities, and will only be possible with commensurate additional resources and infrastructure
support as has been specifically proposed in the Report.

Motion by OXFORD DIVISION: That this Meeting encourages that all NHS managers undertake
courses in hazard /risk assessments and the statistical analysis required in the interests of health and
safety, care of patients and the avoidance of reputational damage.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that considerable resources
have been spent on the Francis Report to establish the causes which have led to the failure of Mid
Staffordshire acute trust with Robert Francis QC suggesting 290 recommendations. This Meeting
calls on government to implement all those recommendations without further delay.

Motion by OXFORD DIVISION: That this Meeting insists that all hospital trusts should fully consult
with medical staff committees and particularly any complaints re patient care and other matters. The
BMA should also lobby the government to make this a statutory requirement. If this advice is not
taken, then the trust administrations should accept legal responsibility for any problems caused.

Motion by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to use all available
means to defend health care workers and to restate the findings of the Francis Report.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting deplores the standard of care at
Mid-Staffs NHS Foundation Trust and acknowledges that professionals must work with patient and
carer groups constructively in order to prevent such events happening in the future.
Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that within the Francis Report that a lot of criticism is a matter of non medical nature which has affected the overall care of the patient leading to substandard provision of care of the patient and therefore doctors should not be implicated and made responsible.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that, in the light of the Francis Report, development and enhancement of medical leadership is key to changing the culture of the NHS and demands that government put in place proper support for medical leadership and establish programmes to develop future medical leaders.

NHS FUNDING AND FINANCE

Tuesday 10.20 – 11.00

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that the NHS is under immense strain as it strives to make unprecedented “efficiency savings” of £20 billion and that NHS cuts affect all sectors of society but especially the most vulnerable. We call on the BMA to work with the public, other trade unions and campaign groups to resist cuts and privatisation of the NHS.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting recognises that the government policy of making £20bn cuts to the health service by 2015 is resulting in dangerous reductions in frontline staff in all hospital, ambulance and community trusts. This Meeting calls on BMA Council and the branch of practice committees to:

i) publicly oppose this gigantic slashing of the budget as a huge risk to patient care;
ii) state its opposition to annual tariff reductions, wage freezing, and staff redundancies;
iii) ballot for industrial action as necessary to prevent compulsory redundancies of members.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that the current and planned cuts in healthcare spending are having a detrimental effect on the quality of care for patients in the NHS due to unwise cuts in frontline NHS staff and calls for NHS senior management to halt and reverse future staff cuts and concentrate savings in other areas.

Motion by LONDON REGIONAL COUNCIL: That this Meeting recognises that the government policy of making £20bn cuts to the health service by 2015 is resulting in dangerous reductions in frontline staff in all hospital, ambulance and community trusts. We call on BMA Council and the craft committees to:

i) publicly oppose this gigantic slashing of the budget as a huge risk to patient care;
ii) state its opposition to annual tariff reductions, wage freezing, and staff redundancies;
iii) ballot for industrial action as necessary to prevent compulsory redundancies of members.

Motion by TOWER HAMLETS DIVISION: That this Meeting notes that the NHS is under immense strain as it strives to make unprecedented “efficiency savings” of £20 billion, and that NHS cuts affect all sectors of society but especially the most vulnerable.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting shares the concerns of the Parliamentary Public Accounts Committee on the £20 billion of NHS efficiency savings targets, and that:

i) only the easiest savings had been made so far;
ii) there is little evidence of service transformation, but instead of further cuts to services and staffing levels.

Motion by LEWISHAM DIVISION: That this Meeting believes that caring for deprived populations requires extra resources compared with age/sex matched affluent populations in order to reduce health inequalities, and that this should be recognised by an enhanced deprivation element in capitation payments for clinical commissioning groups and general practitioners. This Meeting calls on the BMA to negotiate such enhanced payments.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE ENFIELD AND HARINGEY DIVISION): That this Meeting condemns the setting aside of large sums of public money to fund failure regimes with the intention of closing hospitals.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting notes the government has allocated £300m to pay for “failure regimes” all over England to close 20 to 60 district general hospitals. This Meeting calls on BMA Council to condemn the use of “failure regimes” to promote a mass wipe-out of NHS hospitals.

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that the government has allocated £300m to pay for “failure regimes” all over England with the intention of closing 20 to 60 district general hospitals. We call on BMA Council to condemn the use of “failure regimes” to promote a mass wipe-out of NHS hospitals.
* 296  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE MERTON, SUTTON & WANDSWORTH DIVISION): That this Meeting believes that Private Finance Initiatives (PFI) continue to be a drain on the public purse and demands that:-
   i) government directly fund new NHS capital projects;
   ii) government renegotiate PFI contracts to ensure a better deal for the taxpayer;
   iii) government enables existing PFI schemes to be bought out by the NHS.

296a  **Motion** by MERTON, SUTTON & WANDSWORTH DIVISION: That this Meeting is appalled at the scandalous waste of money which continues with Private Finance Initiatives projects.

296b  **Motion** by TOWER HAMLETS DIVISION: That this Meeting demands that the government:-
   i) directly funds new NHS capital projects;
   ii) approves no further NHS capital projects to be funded through PFI;
   iii) allows existing PFI schemes to be bought out by the NHS as a whole.

296c  **Motion** by LOTHIAN DIVISION: That this Meeting believes:-
   i) that PFI and similar commercial contracts continue to be a drain on the public purse; and
   ii) the BMA should lobby the governments to renegotiate PFI and similar contracts to ensure a better deal for the taxpayer.

296d  **Motion** by TOWER HAMLETS DIVISION: That this Meeting notes that the annual deficit of South London Health Care Trust can be largely accounted for by its annual PFI obligation, and further notes many other hospital trusts are in financial difficulty due to crippling PFI contracts.

296e  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting notes that the annual deficit of South London Health Care Trust can be largely accounted for by its annual PFI obligation. Moreover, many hospital trusts are reported to be in financial difficulty due to crippling PFI contracts, threatening to irreversibly destabilise the NHS. Therefore we demand that the government:-
   i) enters into no further PFI or similar contracts;
   ii) rescinds all existing PFI agreements and brings their assets into public ownership.

296f  **Motion** by CITY & HACKNEY DIVISION: That this Meeting calls on the BMA to actively lobby the government to compulsorily purchase, renegotiate or nationalise the PFI contracts.

296g  **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting calls for all English NHS PFI projects to be terminated and for the buildings involved to be moved back into public ownership.

296h  **Motion** by LAMBETH & SOUTHWARK DIVISION: That this Meeting calls on the BMA to lobby the government to take all hospital premises leased under PFI agreements into national ownership and for all new premises to be paid for by direct funding.

296i  **Motion** by ISLINGTON DIVISION: That this Meeting demands that all PFIs should be brought back under national control and that PFI debt should be brought back from private to state ownership (in the same way that bank debts have been nationalised). This Meeting calls on the BMA to lobby the government to buy out PFI contracts, highlighting that this will make long and short-term savings and will remove profits from the private sector.

*The motion(s) below, in the shaded area, are unlikely to be reached*

297  **Motion** by EDGWARE & HENDON DIVISION: That this Meeting believes that performance managing NHS trusts and commissioners on achieving annual financial balance is:-
   i) damaging sensible planning of healthcare;
   ii) creates a financially driven culture of short-termism, rather than one of “invest to save”;
   iii) is counterproductive to achieving health gain and productivity savings;
   iv) places NHS trusts at a disadvantage to private providers;
   v) is to the detriment of patient care;
   and this Meeting calls for a longer three year financial timeframe of budgetary balance.

298  **Motion** by CONSULTANTS CONFERENCE: That this Meeting is dismayed by the excessive millions spent by government on management consultancy firms to help justify and push through the NHS reforms that lead to increased privatisation. We call for this wasteful use of scarce resources to stop.

299  **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting asserts that “Personal Health Budgets” could create untold dilemmas for doctors and the patients they are treating when there is no clear cut remedy to address the eventuality of sufficient funds running out during a treatment programme. The BMA calls upon the government to introduce safeguards which will prevent such an event coming to fruition to ensure “piece of mind” to all those concerned.
<table>
<thead>
<tr>
<th>Motion</th>
<th>SHEFFIELD LMC: That this Meeting believes the 'receivership' model for financially disadvantaged trusts disempowers local service users and local commissioners and should be abandoned.</th>
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<tbody>
<tr>
<td>Motion</td>
<td>SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes that the current NHS Funding Formula creates differences of more than 40% in the per capita funding available for different parts of England, but that the costs of commissioning secondary care in England are now largely fixed by national PBR tariffs. We therefore call on the BMA to: i) publicise the fact that the existing NHS Funding Formula is now outdated, unfair, and no longer fit for purpose; ii) insist that the government replaces the current NHS Funding Formula with a fairer system; iii) proposes a system with a Minimum Basic Level of Healthcare Funding per capita, which is set at a level close to that of the current average level of funding in England, and is “topped up” with tailored funding support for populations that demonstrate a need for additional healthcare resources.</td>
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<td>Motion</td>
<td>NORTH WEST REGIONAL COUNCIL: That this Meeting once more deplores the millions of pounds of tax payers money wasted on management consultancies who bring dubious benefit to the NHS.</td>
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<td>Motion</td>
<td>CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that the proportion of the NHS budget spent on primary medical services should be maintained in real terms.</td>
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<tr>
<td>Motion</td>
<td>CITY AND EAST LONDON LMC: That this Meeting calls on the BMA to demand of the Department of Health the establishment of a unit to monitor the shift of NHS money into the private sector including making public the commercial contracts awarded, the levels of service offered, and the number of staff employed and with what pay and conditions.</td>
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<td>Motion</td>
<td>LONDON REGIONAL COUNCIL: That this Meeting believes that there is no place for making shareholder profit out of healthcare, and calls for non-NHS providers to re-invest all surplus funds back into the provision thereof.</td>
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<td>Motion</td>
<td>CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting believes that NHS funding should be targeted at healthcare and that services such as patient literature translation should be performed by voluntary agencies and community groups.</td>
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<td>Motion</td>
<td>SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting demands that the Department of Health urgently increases the payment by results tariffs for treating complex trauma patients so that the costs of care are adequately reimbursed and to facilitate the investment required in rolling out the national programme of trauma networks and centres.</td>
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<tr>
<td>Motion</td>
<td>SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that ever increasing patient demand based on 'want' rather than 'need' is adversely affecting the ability of the health service to adequately provide for the population in need. We support the concept of members of the public who abuse services being issued with a mock invoice for services, and details of the opportunity cost, in order to help them understand the financial consequences of their actions.</td>
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<td>Motion</td>
<td>ROCHDALE AND BURY LMC: That this Meeting believes that in the current financial climate the NHS budget must remain ring fenced to protect the health of the nation.</td>
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<td>Motion</td>
<td>SOUTH EAST COAST REGIONAL COUNCIL: That this Meeting asserts that it is absurd that while the government tries to reduce the overall health budget, that it also pays some doctors to encourage them to restrict referring patients to secondary care, while also promoting the &quot;patient choice&quot; agenda. The BMA deplores this anomaly and calls upon the government to immediately introduce processes which spend tax payers money more wisely and sensibly.</td>
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<tr>
<td>Motion</td>
<td>CITY &amp; HACKNEY DIVISION: That this Meeting calls on the BMA to actively campaign for all monies made from the sale of NHS assets by PropCo to be retained in the NHS budget.</td>
</tr>
<tr>
<td>Motion</td>
<td>LONDON REGIONAL COUNCIL: That this Meeting demands that all profits from the sale of assets by PropCo be retained within the NHS.</td>
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**MEDICAL STUDENTS**

**Tuesday 11.00 - 11.35**

313 **Receive**: Report by the Co-Chairs of the Medical Students Committee (Alice Rutter / William Seligman).

* 314 **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE COVENTRY AND WARWICKSHIRE DIVISION): That this Meeting is dismayed by the mistakes made by the United Kingdom Foundation Programme (UKFPO) and the Medical Schools’ Council (tMSC) in the recruitment of Foundation doctors and:-
   i) believes the UKFPO and tMSC should be held accountable for any mental and financial stresses that they may have caused to current final year medical students;
   ii) insists that the UKFPO seeks avoidance of such a situation in future years by carrying out rigorous and extensive testing of the system in advance;
   iii) demands that the agreed “thorough and independent review” of this year’s situation actually happens.

314a **Motion** by COVENTRY AND WARWICKSHIRE DIVISION: That this Meeting deplores the farcical situation in which offers were made and then withdrawn within 48 hours because of errors in the marking of the SJT and urges the BMA to support provision of adequate places on the foundation programme for all eligible graduates.

314b **Motion** by SCOTTISH SASC: That this Meeting fully supports any medical student who was adversely affected by the UK Foundation Programme Office’s inability to mark their application forms accurately and calls upon the BMA to insist that this be avoided in future years by carrying out rigorous and extensive testing of the system.

314c **Motion** by SCOTTISH COUNCIL: That this Meeting is angry over the disgraceful errors made with the 2013 Foundation Programme application process, which has caused much anguish to our junior colleagues, and calls upon the BMA to seek avoidance of this in future years by insisting that the UK Foundation Programme Office carries out rigorous and extensive testing of the system in advance.

314d **Motion** by NORTH WEST REGIONAL COUNCIL: That this Meeting is dismayed by the repeated mistakes made year on year by the UKFPO and tMSC in the recruitment of foundation doctors.
   i) this Meeting wholeheartedly believes that this is unacceptable;
   ii) believes that the UKFPO and tMSC should be held accountable for any mental and financial stresses that they may have caused to final year medical students;
   iii) calls on the UKFPO to ensure that no further mistakes are made and adequate provisions for any foreseeable circumstances including adequate welfare support are in place.

314e **Motion** by JUNIOR MEMBERS FORUM: That this Meeting recognises that the Situational Judgement Test scanning debacle of 2013 was deplorable. We call on the BMA to:-
   i) recognise that students have a general feeling of a lack of confidence in the UKFPO and the Medical Schools Council;
   ii) lobby the UK departments of health so that students who were financially disadvantaged as a consequence should be remunerated.

314f **Motion** by WESSEX RJDC: That this Meeting:-
   i) notes final year medical students applying for foundation programme jobs through FPAS were allocated posts, these offers were later withdrawn due to errors in marking the situational judgement test (SJT);
   ii) notes students were re-allocated posts 10 days later, on 8th March, after manual marking of all SJTs;
   iii) notes 148 students had their deanery allocation changed, of whom 8 were moved onto the reserve list having previously been offered a foundation post;
   iv) notes the BMA medical students committee have written to the Secretary of State expressing “deep concerns at the huge implications for students of the SJT scanning errors and asking for assurances that in future a reliable system is used to scan and record answers from the SJT papers”;
   v) believes information given to students initially was insufficient and communication was poor but that this improved, partly thanks to BMA involvement;
   vi) resolves that the BMA continue to work closely with FPAS on this issue, and on assisting the students on the reserve list;
   vii) resolves to ensure that the “thorough and independent review” agreed does take place;
   viii) resolves that the BMA be involved at all stages of this review;
   ix) resolves that the junior doctors committee also write to the Secretary of State, in support of the medical students committee, echoing their concerns.
Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting condemns the mismanagement of the allocation of F1 jobs by implementing an untested grading system and demands that all affected individuals:-
   i) are offered a suitable F1 post;
   ii) are compensated for any financial losses incurred.

Motion by SCOTTISH COUNCIL: That this Meeting believes it is unacceptable for any candidate applying to the foundation programme to be removed from the application process on the basis of achieving a low Situational Judgement Test (SJT) score and calls on the UK Foundation Programme Office to ensure no student is excluded on this basis alone.

Motion by SHEFFIELD DIVISION: That this Meeting notes the report on fair access to professional careers published in 2012, which criticises the medical profession for taking too little interest in fair access to medicine and becoming more socially exclusive. Therefore this Meeting mandates the BMA to:-
   i) prioritise fair access to medicine as a policy requiring action from all branches of practice;
   ii) invest more resources from the BMA budget to support widening participation initiatives;
   iii) endorse the recommendations that the profession as a whole should work together to widen access to medicine and publish its intention for so doing;
   iv) explore the options to increase access to work experience for prospective medical students and promote successful schemes;
   v) lobby medical schools and the Medical Schools Council for greater transparency on how fair access and contextual data are incorporated into application procedures;
   vi) work with the GMC, NHS employers, the NHS Confederation and the Medical Schools Council to champion the systematic collection of information on social backgrounds of staff in the medical sector.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting notes the findings of the report on Fair Access to Professional Careers by the Independent Reviewer on Social Mobility that students from lower socio-economic backgrounds still face significant barriers to accessing medicine as a career. Whilst it notes the success of access schemes at some medical schools, it is concerned that the quality and quantity of such schemes is hugely variable across the UK. Therefore this Meeting calls:-
   i) on the UK government to mandate medical schools to demonstrate the existence of substantive widening access schemes and policies;
   ii) on the BMA to work with the UK government, GMC and other stakeholders to develop guidelines as to what constitutes a widening access background;
   iii) on the GMC to incorporate widening access schemes into the quality assurance process;
   iv) on the GMC to work with stakeholders including the BMA to develop principles and assessment criteria for widening access schemes to adhere to.

Motion by SHEFFIELD DIVISION: That this Meeting notes the findings of the report on Fair Access to Professional Careers by the Independent Reviewer on Social Mobility that students from lower socio-economic backgrounds still face significant barriers to accessing medicine as a career. Whilst it notes the success of access schemes at some medical schools, it is concerned that the quality and quantity of such schemes is hugely variable across the UK. Therefore this Meeting calls on the:-
   i) UK government to mandate medical schools to demonstrate the existence of substantive widening access schemes and policies;
   ii) UK government and devolved national governments to implement a 10% minimum of admissions to be from widening access backgrounds;
   iii) BMA to work with the UK government, GMC and other stakeholders to develop guidelines as to what constitutes a widening access background;
   iv) GMC to incorporate widening access schemes into the quality assurance process;
   v) GMC to work with stakeholders including the BMA to develop principles and assessment criteria to which widening access schemes should adhere.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting notes the report on Fair Access to Professional Careers published in 2012, which criticises the medical profession for taking too little interest in fair access to medicine and becoming more socially exclusive. Therefore this Meeting mandates the BMA to:-
   i) prioritise fair access to medicine as a policy requiring action from all branches of practice;
   ii) request that the BMA’s medical workforce group develop and implement practical ways in which the Association can improve access to medicine for students from all backgrounds, and ensure that adequate funding is available where appropriate;
   iii) endorses the recommendation that the profession as a whole should work together to widen access to medicine and publish its intentions for doing so;
   iv) explore the options to increase access to work experience for prospective medical students and promote successful schemes;
   v) lobby medical schools and the Medical Schools Council for greater transparency on how fair access and contextual data are incorporated into application procedures;
   vi) work with the GMC, NHS Employers, the NHS Confederation and the Medical Schools Council to champion the systematic collection of information on social backgrounds of staff in the medical sector.
Motion by HOLLAND DIVISION: That this Meeting is concerned that the Student Loan Company continues to make errors in payment to student with demands for return of overpayments being made in a short time scale causing financial hardship to those students, and calls on the government to address this issue.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting remains concerned that, despite our calls for action last year, the Student Loan Company continues incorrectly to award Tuition Fee Loans to students studying Medicine as a second or subsequent degree. We note the Secretary of State’s promise of an agreed process for handling cases where funding has been withdrawn, and call on the Parliamentary Unit to lobby the Business Innovation and Skills Commons Select Committee to investigate the errors made by the Student Loan Company.

Motion by LINCOLN DIVISION: That this Meeting remains concerned that, despite our calls for action last year, the Student Loan Company continues incorrectly to award Tuition Fee Loans to students studying Medicine as a second or subsequent degree. We note the Secretary of State’s admission that “mistakes can happen”, and his promise of an agreed process for handling cases where funding has been withdrawn, but highlight the continued distress to students and their families in cases where thousands of pounds have suddenly to be repaid to Universities. We call on the Parliamentary Unit to lobby the Business Innovation and Skills Commons Select Committee to investigate the errors made by the Student Loan Company.

Motion by JUNIOR MEMBERS FORUM: That this Meeting:-

i) recognises that medical students with young dependents require additional support from their university administration;

ii) is committed to identifying best practice for supporting medical students with dependents;

iii) notes that there is no formal recommendation in the BMA’s publication “Guidance for medical students with dependents” regarding provision of facilities for students who are breast feeding;

iv) calls on the BMA to lobby the Medical Schools Council to ensure the provision of appropriate facilities, as defined in NHS guidance, for medical students who wish to breast-feed or express breast milk in accordance with NHS guidance and the Health and Safety Executive;

v) recommends that facilities for medical students who wish to breast-feed or express breast milk be made available at each educational and clinical site where students who require them are placed.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting believes that, as indicated by the presence of the SJT (situational judgment test) in the application process for the Foundation Programme (FP), qualities of professional judgment should be (and are) considered in allocating places to applicants and to better serve this purpose calls for:

i) an investigation into the feasibility of interviews to be employed in similar manner to those conducted for applicants to medical and/or clinical schools as well as specialty training posts;

ii) feedback from foundation schools on the possibility of using interviews to decide the best suited candidates for their available positions.

Motion by MANCHESTER & SALFORD DIVISION: That this Meeting recognises that a strong and active grassroots membership is essential for successful campaigning, but that members often lack the skills with which to carry out BMA/MSC policy at a grassroots level and calls upon:-

i) BMJ Learning to extend its current online resources for campaigning to also cover skills such as lobbying decision makers (e.g. senior medical school staff, MPs, CCGs etc) media relations, public speaking, social media etc. These resources should cover – but not be exclusive to – campaigning against NHS cuts and privatisation;

ii) the BMA to extend it’s campaigns training for MSC and ISC reps to cover skills such as lobbying, public speaking, social media, how to run an effective branch meeting etc. This training should include – but not be exclusive to – campaigning against NHS cuts and privatisation;

iii) the BMA to run similar campaigns and training sessions open to unelected BMA members but in a way that would be of minimal cost to the union e.g. not refunding travel and accommodation. This training should include – but not be exclusive to – campaigning against NHS cuts and privatisation;

iv) the BMA to provide each MSC rep a minimum of £50 to fund campaigns that fall under BMA/MSC policy (not necessarily in the form of money e.g. sending posters and flyers directly);

v) the BMA to work in collaboration with NUS, local students’ unions and local branches of trade unions where appropriate.
Motion by PLYMOUTH DIVISION: That this Meeting:-

i) notes the difficulties faced by medical students with the fiasco of the SJT results this year;

ii) calls for the Departments of Health to guarantee every UK graduate a foundation job this year and up to 2015;

iii) asks for a review of the foundation allocation system to reduce the stress of last minute allocations to those students placed on the reserve list.

Motion by NORTHERN RSASC: That this Meeting supports the BMA in calling for medical schools to provide more information on how they spend student tuition fees.

WORKFORCE

Tuesday 11.35 – 12.15

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR MEMBERS FORUM): That this Meeting recognises the increasing potential for stress and burnout in doctors and medical students, and that those affected do not always come forward to ask for help. It therefore calls upon the BMA to:-

i) identify how widespread stress and burnout is among doctors and medical students;

ii) undertake an assessment of factors leading to stress and burnout in doctors and medical students;

iii) ensure that comprehensive guidance is produced to help recognise and provide support to doctors and medical students affected;

iv) work with the Medical Schools Council to ensure that effective pastoral support is available in every medical school.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the increasing potential for stress and burnout amongst GP trainees;-

i) asks that comprehensive guidance and support is given to trainers to help recognise and provide appropriate support to trainees if there are concerns;

iii) asks that any further changes to the curriculum and assessment process should be made with due consideration to trainee health and welfare.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting:-

i) recognises that medical students are at high risk of developing mental health conditions including but not limited to eating disorders, burnout, depression and stress;

ii) recognises that medical students with mental health conditions do not always come forward to ask for help or receive the support they need when they do come forward;

iii) recognises that one of the greatest barriers to students asking for academic, financial and emotional assistance is uncertainty of the information that the medical school will hold about them, if/how this information is shared within and beyond the faculty and if/how this may impact their future career;

iv) recognises that within medical school a large stigma persists surrounding mental health and that this prevents many students from coming forward to ask for help;

v) believes that medical schools need to equip medical students with tools to be able to cope with the inevitable stress, rather than only focusing on support after the event;

vi) calls upon the MSC to continue to work with the Medical Schools Council, the General Medical Council and/or other key organisations to:-

a. Research and implement methods of stress reduction and mental health protection in medical students;

b. Ensure that effective pastoral support is in place in every medical school with meetings timetabled to prevent clashes with other responsibilities of either the student or the tutor;

c. Increase student awareness of the high prevalence and risk of mental health conditions in themselves and their colleagues;

d. Increase transparency within medical schools of medical school policies, in particular relating to disciplinary procedures, transfer of personal information and examples of the aid they are able to give students who are suffering from health conditions e.g. examples of reasonable adjustments;

e. Implement the GMC’s best practice guidance produced by the GMC’s Medical Student Mental Health Operation group when published.

Motion by LINCOLN DIVISION: That this Meeting is deeply concerned by recent research which shows almost half of GPs showing ‘emotional exhaustion’ and is concerned by the effect this has on GP’s mental health and the ability to recruit and retain doctors to maintain UK General Practice as the best in the world. This Meeting therefore mandates the BMA to undertake an assessment of factors leading to the level of burnout in GPs today, and the lobby the government and other relevant bodies with its findings.

Motion by SHEFFIELD DIVISION: That this Meeting recognises the increasing potential for stress and burnout amongst trainees and:-

i) asks the BMA to identify how widespread stress and burnout is amongst trainees;

ii) asks that comprehensive guidance and support is given to trainers to help recognise and provide appropriate support to trainees if there are concerns;
Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes in due process when there are performance issues affecting doctors, but that they must be taken in context of current working pressures. We believe that stress in doctors as a cause or consequence of performance processes is under-recognised and call on the Occupational Health Committee to examine issues of doctors health and local resolution processes and to make recommendations.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE ISLINGTON DIVISION): That this Meeting views with great concern the recent Royal College of Physicians report that found that 37% of trainee physicians describe the workload of the medical registrar as unmanageable, and calls upon the BMA to:-
   i) lobby for implementation of recommendation 23 of the Francis Report to develop standards for minimum staffing levels;
   ii) work with relevant bodies to develop evidence-based tools for appropriate minimum medical staffing levels for different services;
   iii) lobby deaneries, LETBs and other relevant bodies to ensure that training is protected in the face of high workloads.

Motion by ISLINGTON DIVISION: That this Meeting supports the Francis Report recommendation number 23 to develop a measure on minimum staffing levels. This Meeting calls on the BMA to work with the Royal Colleges and the Nursing and Midwifery Council to provide a benchmark for the minimum number of an appropriate skill mix of qualified nursing staff, healthcare assistants/support workers, junior and senior doctors etc. for each service.

Motion by NORTH THAMES RJDC: That this Meeting views with great concern the conclusion of the Francis Report on Staffordshire scandal and mandates JDC to:-
   i) lobby for the implementation of recommendation no 23 regarding the need to develop measures on minimum staffing levels, involving the National Institute of Health and Clinical Excellence;
   ii) work with other relevant bodies to develop evidence based tools to establish the minimum staff numbers;
   iii) ensure these measures and tools should be used to establish minimum staffing needs for each service and should be readily implemented by healthcare organisations.

Motion by JUNIOR MEMBERS FORUM: That this Meeting is alarmed by the workload of the acute on-call medical and surgical teams and believes that this has a detrimental effect on patient safety, doctor satisfaction and on recruitment. We call on the BMA to:-
   i) lobby the NHS Employers to perform a formal investigation into the current situation and to implement any changes recommended by these investigations;
   ii) bring this issue of patient safety to the attention of the UK health departments;
   iii) work with relevant parties to find appropriate ways to benchmark on-call workload and duties.

Motion by JUNIOR MEMBERS FORUM: That this Meeting notes the recent Royal College of Physicians report into the working practices of medical registrars, which identified that “37% of trainee physicians describe the workload of the medical registrar as ‘unmanageable’”. In order to make this career option more attractive, we call on the BMA to:-
   i) support existing medical registrars who are working in these roles with their increasing demands and pressures;
   ii) lobby deaneries and LETBs to ensure that training is protected despite the workload experienced by these doctors;
   iii) ensure that deaneries and LETBs and workforce planners ensure that an adequate number of training posts are created to meet the demand of workloads, which will reduce the pressure on medical registrars.

Motion by JUNIOR MEMBERS FORUM: That this Meeting notes that the number of junior doctors providing out-of-hours ward cover is variable across different hospitals and departments. Junior doctors often cover large numbers of patients and wards, leading to unsafe situations when multiple problems arise at once, and are unable to take any breaks during long shifts. These conditions impact on both mental and physical health of juniors, and the quality of service provision and patient safety. This Meeting calls on the BMA to lobby NHS organisations:-
   i) to ask NHS Employers to publish their out-of-hours ward cover doctor-to-patient ratios;
   ii) to analyse and compare the workload, safety and practicality of these ratios, including appropriate break provisions in line with the European Working Time Directive and the New Deal;
   iii) to commit to providing a safe and consistent doctor-to-patient ratio appropriate for clinical needs and that is more consistent between hospitals.
Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting urges the medical community to recognise the vital importance of rehabilitating doctors who are forced to have a career break due to illness or personal circumstances and suggests:

i) enabling the implementation of a streamlined pathway in order to facilitate their smooth re-integration into the system, supporting them at all stages, from treatment to eventual recovery and re-employment;

ii) the Physicians Health Programme, which has shown commendable results in the London area, be rolled out to the rest of the country to benefit doctors all over Great Britain.

Motion by JUNIOR MEMBERS FORUM: That this Meeting:

i) notes a divergence of opinion within the profession regarding the impact of the European Working Time Regulations on postgraduate medical education and training;

ii) notes that this polarisation only serves to divide the profession, and plays into the hands of politicians seeking to circumvent a key piece of legislation promoting employee welfare and patient safety;

iii) calls upon the BMA and the Royal Colleges to develop joint policy that focuses on effective delivery of training within the European Working Time Regulations framework, rather than seeking to undermine the Directive.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting:

i) notes with dismay that the UK foundation programme is oversubscribed for the third year running;

ii) regretfully considers that it is possible that in future UK graduates may be denied foundation programme jobs;

iii) recognises that failure to secure an FY1 post is a barrier to full GMC registration and therefore employment as a doctor;

iv) is concerned that alongside the recent increase in university fees, this uncertainty will deter future applicants to medicine, in particular those from widening participation backgrounds;

v) calls on the MSC to produce guidance to be provided to UK graduates placed on the FP reserve list regarding their options if they do not secure an FY1 post.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting asks the BMA to investigate the feasibility of undertaking a comprehensive workload assessment of doctors in the UK and considers the use of a 24 hour snapshot workload survey as part of this work.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting notes that certain groups of doctors are facing significant barriers in returning to practice following a career break or working overseas, and calls on the BMA to:

i) renew its call for a return to a fully funded returner scheme;

ii) to support affected doctors in any difficulties they encounter with respect to registration, appraisal and revalidation.

Motion by NORTH THAMES RJDC: That this Meeting:

i) acknowledges that there is less time available in each year for training than there was prior to WTR implementation;

ii) believes that extending working hours again is not the correct response to concerns about experience;

iii) calls for training programmes to be extended where concerns about experience are shown to be justified, to allow more experience to be gained while competencies are achieved.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting deplores the pressure of work and the increased workload and targets created by the imposition of the new contract and fears it will create a low morale, workload saturation.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is dismayed at the current climate in the NHS where lack of time and targets fetter compassion leaving patients to die needlessly; where relationships between colleagues and junior doctors are more often competitive and less nurturing and supportive; and where the stress doctors face impacts adversely on their own health and asks the BMA to revisit and redefine the core values of the medical profession to ensure that doctors can:

i) deliver conscientious and compassionate care to patients;

ii) encourage and nurture colleagues so they can flourish and retain integrity;

iii) promote the health and wellbeing of the medical workforce;

iv) have appropriate access to health care themselves.
Motion by NORTHERN IRELAND SASC: That this Meeting highlights the dangers of imposing more work on GPs through the new contract while also shifting work from secondary to primary care.

Motion by NORTHERN RJDC: That this Meeting believes that unfilled rota gaps represent a potential risk to patient care and data on these should be routinely collected, and reported to the department of health, or devolved equivalent.

Motion by JUNIOR MEMBERS FORUM: That this Meeting notes current BMA policy regarding stigmatising attitudes within the medical profession towards staff with mental health issues, and recognises that these attitudes are still present within the medical profession at all stages of training.

This Meeting calls on the BMA to:-
i) review what action was taken on the proposals of the Daksha Emson report;
ii) work with NHS employers and key stakeholders to ensure that action is taken to reduce stigmatisation of staff with mental health issues and increase support for such medical professionals throughout medical school and employment;
iii) ensure that a transparent pathway of support exists for medical students and doctors suffering from mental health issues, which is publicised in all medical schools as well as the work place.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that supervised medical work experience is essential for successful application to medical school and affirms that there is no standardised means of supporting this, and that maintaining and widening the range of applicants to medical school of all backgrounds is especially important in view of increases to university fees. We therefore call on the BMA to:-
i) lobby the GMC to champion the widening access of medical applicants by recognising the supervision of work experience students in the revalidation process;
ii) lobby deaneries, trusts and health boards to form or support active outreach schemes to local schools in order to raise awareness of opportunities in medical and healthcare careers;
iii) consider the creation of a national network of contacts who are running active outreach schemes to local schools in order to raise awareness of opportunities in medical and healthcare careers.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the increasing role of nurse/advanced practitioners, the varied routes of training for these professionals, and the vital role they play in service provision and patient safety. We recognise BMA policy calling for the clarification of the medico-legal position of these colleagues. This Meeting calls upon the BMA to:-
i) clarify the outcome of any action which was taken as a result of the previous policy passed regarding the medico legal position of these colleagues;
ii) campaign for the standardisation of training and nomenclature for these colleagues, to aid the understanding of their roles amongst both patients and other colleagues;
iii) campaign for the clarification of the supervision arrangements for these colleagues, especially outside of normal working hours;
iv) campaign to ensure that trainee doctors’ education and clinical experience is not compromised or considered of secondary importance to service provision.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting notes that the workload of an average GP list is already dangerous enough to impact on the mental and physical health of the GP, and that the ever increasing care of the silver storm of multimorbidity will further compromise the health and safety of doctors, ultimately endangering the health and safety of patients. Additional resources are essential and mandatory for proper care and compassion.

Motion by EDGWARE & HENDON DIVISION: That this Meeting is deeply concerned by the exponential, excessive, unresourced and often inappropriate transfer of workload from secondary care onto general practitioners, which can put pressure on GPs to provide care outside their competence, and without the capacity to deliver this increased workload, and to the detriment of GPs’ responsibility to provide essential primary medical services to their patients.

Motion by OXFORD DIVISION: That this Meeting enjoins the BMA to ensure with the government that disciplinary procedures for medical staff should always conform to agreed national patterns, and that trusts should not consider professional matters regarding patients as personal conduct, thus bypassing safeguards, including legal representation.

Motion by WALTHAM FOREST DIVISION: That this Meeting notes that, in view of the implications of successive white papers, and despite government claims to the contrary, the supply of doctors does not match the demand, and insists that the government address the central issue of workforce planning instead of attempting to populate the workplace with alternatives to trained doctors.
Motion by WALTHAM FOREST DIVISION: That this Meeting condemns the poor career structure for part-time doctors in all branches of the profession, and calls on the government, in the interests of maintaining a comprehensive workforce, to find an urgent remedy for this problem.

Motion by WALTHAM FOREST DIVISION: That this Meeting is alarmed at increasing government attempts to populate primary and secondary care with poorly trained support staff in the provision of clinical duties and demands that the government pay due attention to issues of training, experience and clinical governance.

Motion by SHEFFIELD DIVISION: That this Meeting should ask all the medical/surgical royal colleges to offer free membership to members who are on maternity leave on the date of their annual renewal.

Motion by OXFORD DIVISION: That this Meeting urges the RCN to return the training of nurses to the delivery of efficient and compassionate patient care.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting asks that the BMA as stakeholder in the medical paradigm as a 'profession' should investigate, report and act to (re)define and promote, not only the career but the fullest parameters and opportunities of our cadre within society.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting regrets the passing of the hospital generalist.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the growing proliferation of 'mandatory' assessments and paperwork to be completed by nursing staff is diverting skilled nurses from patient care, we support the concept of putting patients before paperwork.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that there are staffing level difficulties in many hospitals, particularly due to unfilled posts. This Meeting recognises the concerns raised by patients and families when delays in care occur. Therefore this Meeting calls upon the BMA to campaign for hospitals to publish their doctor-to-patient and nurse-to-patient ratios at different times of day, and by individual specialties.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting believes that rigid adherence to the European Working Time Regulations is unhelpful for both continuity of patient care and for junior doctor training, and calls on the BMA to change its position of support for these regulations.

Motion by OXFORD DIVISION: That this Meeting continues to believe that the current limits in concentrating working hours, as a result of the EWTD, continue to have a significant negative impact upon medical training and patient safety and the BMA urges the government to negotiate to amend EU regulations re this.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting believes that the current limits on working hours, as a result of the EWTD, continue to have a significant negative impact upon medical training, medical professionalism and patient safety. The present BMA policy in this area appears to be out of step with the views of large numbers of doctors in training in the United Kingdom, as evidenced by recent survey data e.g. Remedy Surgical Trainee Survey 2011 (1), Remedy Foundation Survey 2011 (2), GMC National Trainee Surveys (3). This Motion thus calls for an urgent survey of BMA members to determine the views of doctors of specific training grades and sub-specialties. This data must then be used to create training grade and sub-specialty specific policy as regards working hours based on the views of members.


Motion by SOUTH WESTERN RJDC: That this Meeting whilst welcoming the new ‘extended paternity leave’ provisions, notes that male partners have no access to independent occupational paternity funding. We believe that the lack of proper funding for the scheme is a significant disincentive to families taking up the scheme and is discriminatory against men. We ask the BMA to campaign to improve the provision of funding for ‘extended paternity leave’ in line with more family-friendly working practices.
Motion by BRISTOL DIVISION: That this Meeting whilst welcoming the new ‘extended paternity leave’ provisions, notes that male partners have no access to independent occupational paternity funding. We believe that the lack of proper funding of the scheme is a significant disincentive to families taking up the scheme and is discriminatory against men. We ask the BMA to campaign to improve the provision of funding for ‘extended paternity leave’ in line with more family-friendly working practices.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting remains concerned at reports of UK medical graduates being unable to secure places on foundation programmes on graduation, and repeats its call for better matching of numbers of foundation places to expected demand for posts.

Contingency time

Tuesday 12.15 – 12.20

ANNUAL GENERAL MEETING

Tuesday 12.20 – 12.30

Session closes

Tuesday 12.30

Victor Horsley Scientific Session II

12.30 - 13.45 Tinto Room

Topic: Recent advances in rehabilitation from severe injuries: focus on amputees

Speaker: Professor Jai Kulkarni, Clinical Lead in Rehabilitation Medicine, University Hospital of South Manchester NHS Foundation Trust

ARM ADDITIONAL PROGRAMME

Tuesday 14.00 -17.15

‘What’s so special about being alive?’ An ethics drama and debate. Cromdale Hall:

This year’s additional programme is an acted scenario that was first seen in 2012 as part of the innovative conference Morals and Medicine: a changing landscape. The format of the event is described below:

‘What’s so special about being alive?’ – that is just one of the questions raised in this ethics drama produced by the BMA’s medical ethics department. Sarah is in a minimally conscious state following an accident and her family is convinced she would not want to be kept alive and would want her artificial nutrition and hydration (ANH) withdrawn. Through the discussion between her husband, Tom and her consultant, Dr Lee, the clinical, legal, ethical and economic issues are explored. The dialogue is interspersed with short interventions from a range of experts who answer Tom’s many questions about who should decide about the withdrawal of ANH and how.

Among the experts advising Tom are: Professor Karl Claxton, Professor of Economics, Centre for Health Economics, University of York; Professor Raanan Gillon, Emeritus Professor of Medical Ethics, Imperial College, London; Mrs Helen Gill-Thwaites, SMART Consultant and Developer, Specialist in Disorders of Consciousness, Royal Hospital for Neuro-disability; Professor David Jones, Director, Anscombe Bioethics Centre; Mr David Lock QC, Barrister, No5 Chambers; Professor David Menon, Professor of Anaesthesia, University of Cambridge; Mr Alastair Pitblado, Official Solicitor to the Senior Courts; This will be followed by a facilitated debate led by the Broadcaster, Mr Glenn Campbell.

Installation of the President and Awards Ceremony

18.00 for 18.30. The Music Hall, The Assembly Rooms, 50 George Street, Edinburgh
PENSIONS

358 Receive: Report by the Pensions Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

359 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST LONDON DIVISION): That this Meeting:-
   i) believes that the BMA has failed as a trade union in its role over pensions;
   ii) believes the BMA day of industrial action in June 2012 was insufficiently strong and failed to achieve appropriate media coverage;
   iii) believes the BMA should ensure that any future action on pensions should be supported by both primary and secondary care doctors;
   iv) believes the deterioration in NHS pensions for doctors will have significant detrimental effects on recruitment and retention;
   v) calls on the BMA to seek urgent negotiations with government to improve the current pensions’ situation;
   vi) calls on the BMA to seek a judicial review of the pension contribution changes in relation to younger and part time doctors.

359a Motion by NORTH WEST LONDON DIVISION: This Meeting acknowledges that the grass roots of the BMA hold the belief that BMA negotiators have failed in the pensions negotiations to stop the deterioration of the NHS pensions for doctors, which has impacted negatively especially on junior doctors. This Meeting further believes that the only result is to undermine the public relations image of doctors as they were portrayed as greedy and immoral doctors only in the profession to make a profit.

359b Motion by BIRMINGHAM DIVISION: That this Meeting believes the BMA day of industrial action in June 2012 was insufficiently strong and failed to achieve appropriate media coverage particularly of hospital doctors.

359c Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that the BMA should address the pensions issues urgently as trainees will be severely disadvantaged. This Meeting believes that the BMA should embark upon urgent negotiations with the government to improve the current situation.

359d Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that the pensions dispute has divided the profession between the primary and secondary care doctors. This Meeting therefore believes the BMA should ensure that any future action on pensions should be supported by both primary and secondary care doctors before any action is taken.

359e Motion by ISLINGTON DIVISION: That this Meeting believes that the BMA has failed as trade union in its role over pensions and the Health and Social Care Act. It notes that elected BMA Council members are currently considered as board of the organisation and that this obliges them to be loyal to the organisation, hindering their ability to object to policy and effectively gagging them from being able to speak out on trade union issues. This Meeting calls on the BMA to separate out the trade union and board of director roles, to prevent this conflict of interest.

359f Motion by LONDON REGIONAL COUNCIL: That this Meeting deplores the dropping of the BMA fight over pensions, despite strong and repeated calls for industrial action from members and representatives. We believe that:-
   i) that the ballot should have been called in good time immediately after ARM 2011 so that joint action with other trade unions on 30th November 2012 could have been taken;
   ii) the over 50% response rate and an over 70% vote for industrial action only led to one day of protest, not even amounting to “emergencies only”, which was inadequate;
   iii) the overwhelming vote at ARM 2012 that “further industrial action over pensions is necessary”, should not have been ignored by Council;
   iv) the sluggish and weak reaction by the BMA to the onslaught on our pensions, has only encouraged the government to attack our contracts;
   the leadership sold out the membership over pensions and insist that there is not a similar sell- out over our contracts.
Motion by ENFIELD AND HARINGEY DIVISION: This Meeting deplores the dropping of the BMA fight over pensions, when ARM 2011 voted 87% to authorise Council to call a ballot for industrial action, and then voted overwhelmingly for IA and IA short of a strike with a large turnout in the ballot of May 2012, followed by an overwhelming vote to continue industrial action at ARM 2012. This Meeting believes that-
i) that the ballot should have been called in good time immediately after ARM 2011 so that joint action with other trade unions on 30th November could have been taken;
ii) the over 50% response rate and an over 70% vote for industrial action only led to one day of protest, not even amounting to ‘emergencies only’, which was inadequate;
iii) the overwhelming vote at ARM 2012 that ‘further industrial action over pensions is necessary’, should not have been ignored by Council;
iv) the sluggish and weak reaction by the BMA to the onslaught on our pensions, has only encouraged the government to attack our contracts;
v) the leadership sold out the membership over pensions and this meeting insists that there is not a similar sell-out over our contracts.

Motion by LAMBETH & SOUTHWARK DIVISION: That this Meeting deplores the paucity of general publicity provided by the BMA surrounding the industrial action on June 21st 2012 and believes it is imperative that the BMA significantly increases its traditional and social media profile if it is to effectively represent and defend its members and the NHS.

Motion by BRISTOL DIVISION: That this Meeting calls for the BMA to seek a judicial review of the pension contribution changes because these discriminate against part time employees a large number of whom are women with child care responsibilities.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting condemns unfairness of the severity of the attack on the pensions of secondary care doctors with the move to career averaging, extreme increase in contributions and taxation changes which shows that we are not “all in it together”. These changes will continue long after the economy has recovered and funded pensions with it.

Motion by OXFORD DIVISION: That this Meeting rejects the government’s current proposed changes to the NHS pension scheme and believes that it will have significant detrimental effects on the recruitment and retention of secondary care doctors within the NHS.

Motion by NORTH WEST WALES DIVISION: That this Meeting notes with dismay the blatant age discrimination inherent in the new NHS pension arrangements, such that only those aged 50 and above in 2012 have guaranteed 10 year transitional protection, and calls upon the UK government to address this appalling situation by extending the same option to all scheme members, irrespective of age. Furthermore, if the UK government refuses to do this, this Meeting calls upon the BMA to pursue legal action under the Equality Act 2010.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting rejects the government’s current proposed changes to the NHS pension scheme and believes that it will have significant detrimental effects on the recruitment and retention of secondary care doctors within the NHS.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by BRISTOL DIVISION: That this Meeting believes that in the light of the move to career averaging in pensions that the income of secondary care doctors should be renegotiated so as to be more evenly distributed through their career.

Motion by NORTH WEST LONDON RCC: That this Meeting believes that with doctors working longer till they reach retirement age there should be an alteration in working arrangements to allow for less onerous on-call duties and night-time commitments.

Motion by SCOTTISH COUNCIL: That this Meeting is disgusted that MPs will not face the same rise in pension contributions as other public sector workers and calls upon the BMA to seek greater equity.

Motion by BIRMINGHAM DIVISION: This Meeting believes that locum doctors contributing to the NHS pension scheme should contribute and benefit equitably with other doctors.

Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that if the government had applied the Cypriot methodology to the increase in pension contributions it would have been a more honest method to gather taxes for the government. This Meeting instructs the BMA to re-enter negotiations with the government to put a halt on further pensions increases.
Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting believes that BMA should continue to fight the unfair increase in pension contributions and strongly oppose any increase in the retirement age other than the currently agreed, as it will lead to unemployment of younger professionals but also create a tier of exhausted senior clinicians due to the fact that hospitals are becoming fewer.

Motion by BRISTOL DIVISION: That this Meeting believes it is wrong that senior doctors in the NHS pension scheme pay a higher proportion of their pay towards their pension than any public sector employee or politicians.

Motion by WIRRAL LMC: That this Meeting firmly opposes the proposed changes to doctors’ pensions.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting condemns continuing pension contribution increases being implemented by the government in the light of the total lack of logical or financial rationale for tiered pension contributions for CARE schemes and demands that any further increases in the rates of pension contributions are halted.

CHANGES ARISING FROM ARTICLES AND BYE-LAWS ENACTMENT

Wednesday 09.40 - 09.45

Motion by CHAIRMAN OF THE REPRESENTATIVE BODY: To be tabled.

ARMED FORCES

Wednesday 09.45 - 09.55

Receive: Report by the Chairman of the Armed Forces Committee (Brendan McKeating).

Motion by ARMED FORCES CONFERENCE: That this Meeting believes that serving Armed Forces personnel who have reached their pension lifetime allowance should receive their salary unabated.

MEDICAL ETHICS

Wednesday 09.55 - 11.05

Receive: Report by the Chairman of the Medical Ethics Committee (Tony Calland).

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE HARROGATE DIVISION): That this Meeting:-

i) notes that recent adverse media coverage has caused some patients and relatives to lose confidence in the Liverpool Care Pathway (LCP);
ii) affirms the value of the Liverpool Care Pathway in delivering excellent end of life care for dying patients;
iii) believes that strategies to implement the LCP must reward quality of care and not the frequency of use;
iv) supports the use of the Liverpool Care Pathway and palliative care in the UK;
v) asks the BMA to lobby the Medical Schools Council to ensure that teaching on the Liverpool Care Pathway is delivered in every medical school.

Motion by HARROGATE DIVISION: That this Meeting:-

i) affirms the value of the Liverpool Care Pathway in encouraging excellent care for dying patients;
ii) insists that strategies to increase use of the Liverpool Care Pathway must reward quality of implementation, not simply frequency of use;
iii) requests that teaching in using end of life care pathways should be part of all medical school curricula.

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting notes:-

i) that a doctor’s first obligation is to do no harm;
ii) that the issues surrounding end of life care are contentious and emotive;
iii) that, in certain situations, the withdrawal of life prolonging treatment is generally well accepted in UK medical practice under the Liverpool Care Pathway;
iv) that the ‘Daily Mail’ published a lengthy series of articles critical of the Liverpool Care Pathway, suggesting that it is utilised as a money-making exercise;
v) that the ‘Daily Mail’ enjoys the second largest readership in the UK.

This Meeting believes:-

i) that the UK has further to go on the provision of end-of-life care, and improving this should be a priority;
ii) that the cynical media coverage by the ‘Daily Mail’ is damaging to not only palliative care in the UK but also to the doctor-patient relationship and potentially to the NHS as a whole.

This Meeting resolves that the BMA issues a robust statement of support for both the Liverpool Care Pathway and palliative care in the NHS in order to go some way to regaining the confidence of the British public.
373c Motion by EAST DORSET DIVISION: That this Meeting believes the Liverpool Care Pathway (LCP) is currently the best means of helping a patient achieve a "good death". This should be communicated to the general public in light of recent adverse media coverage.

373d Motion by JUNIOR MEMBERS FORUM: That this Meeting:-
   i) affirms the value of the Liverpool Care Pathway in encouraging excellent care for dying patients;
   ii) insists that strategies to increase use of the Liverpool Care Pathway must reward quality of implementation, not simply frequency of use;
   iii) requests that all medical school curricula include teaching of the use of end of life pathways.

* 374 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SUFFOLK DIVISION): That this Meeting recognises the value of good research, but is concerned that negative results are not always published and calls upon the government to:-
   i) establish a mandatory open register of all clinical trials relating to drugs and other therapeutic interventions for NHS use;
   ii) make it compulsory that all results of registered clinical trials are published, whether negative or positive;
   iii) make it compulsory that all results of registered clinical trials are openly available within a year of each trial being completed.

374a Motion by SUFFOLK DIVISION: That this Meeting, recognising the value of good research, insists that the result of all research projects, whether positive or negative, should be published, or at the very least should be in the public domain.

374b Motion by SHROPSHIRE LMC: That this Meeting believes the government should establish a mandatory open register of all clinical trials relating to drugs and other therapeutic interventions for NHS use, and make it compulsory that results are published and openly available within a year of each trial being completed.

374c Motion by RETIRED MEMBERS FORUM: That this Meeting recognising the concerns recently expressed in the BMJ and elsewhere about the failure to report the negative results of clinical trials, asks Council to insist that all the results of all audited clinical trials should be published and or at the very least made available in the public domain.

374d Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting deplores the withholding from publication of clinical trial data for commercial reasons and:-
   i) urges the Ethics Committee of the BMA to achieve a more prominent part in the public debate;
   ii) congratulates the BMJ on its campaign to expose this activity.

374e Motion by SHROPSHIRE DIVISION: That this Meeting believes that the UK government should mandate that Ethics Committees must require that all clinical trials are registered on approved and accessible websites and that the full trial results and full data (with the exception of patient identities) are published and freely available within one year of completion of the trial.

375 Motion by BRISTOL DIVISION: That this Meeting is concerned by the personal views expressed by senior politicians on reducing the time limit of abortion. This Meeting believes that in view of the technical limitations of screening at earlier gestational stages it would be unacceptable to change the time limit of abortion.

376 Motion by LOTHIAN DIVISION: That this Meeting notes the ‘opt out with safeguards’ policy of organ donation and calls upon the BMA to:-
   i) discuss in more detail what those safeguards will be;
   ii) ensure that the public are aware of the proposed policy and those safeguards;
   iii) explore whether those safeguards will work in practice to prevent the unwitting removal of organs without consent.

377 Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting states that:-
   i) selective non-publication of unflattering trial data is research misconduct;
   ii) registered medical practitioners who give grounds to believe they have been involved in such conduct should have their fitness to practice assessed by the GMC.
The motion(s) below, in the shaded area, are unlikely to be reached

Motion by LOTHIAN DIVISION: That this Meeting asks the Medical Ethics Committee to provide guidance for doctors about accepting payments with conditions which restrict their ability to talk about problems in the NHS (“gagging contracts”).

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting welcomes the GMC’s guidance on encouraging or assisting suicide and believes no change in the current law should be made.

Motion by SUFFOLK DIVISION: That this Meeting requests that in the event of a government Bill on assisted dying, the BMA represents both the views of those members who are in favour of and those who are opposed to doctor assisted dying.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting would not object to a change in the law to allow assisted death in a small number of special cases.

Motion by SHROPSHIRE DIVISION: That this Meeting:–
   i) calls for all children to be safeguarded from serious harm whatever their gender and whatever the beliefs or social status of their parents or guardians;
   ii) deplores the fact that children are still suffering from serious harm caused by ritual genital cutting resourced by the NHS and performed by GMC registered doctors;
   iii) insists on equality between GMC policies for doctors concerning females and males in respect of non-therapeutic genital surgery;
   iv) calls for no further commissioning or funding of non-therapeutic genital surgery of children in the NHS.

Motion by ISLINGTON DIVISION: That this Meeting calls on the BMA to set up a working party to look at the possibility of decriminalising abortion.

Motion by LONDON REGIONAL COUNCIL: That this Meeting congratulates the Massachusetts Medical Society on their work with disability rights groups to impose Question 2 in the November 2012 election maintaining that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer”.

Motion by BIRMINGHAM DIVISION: That this Meeting believes the use of the Liverpool Care Pathway be a clinical decision not influenced by managerial targets.

Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting considers that the post mortem collection of organs without prior free consent of the “donor”, is not donation and should not be described as such.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting understands that RCTs are necessary to determine the clinical effectiveness of drugs. However, we would like the BMA and the BMJ to promote the following as good practice:–
   i) a compulsory imposition on all pharmaceutical companies to make transparent all their findings;
   ii) the establishment of a central register which records all data of trials including those with negative results which are generally not published in scientific journals;
   iii) there should be no expected obligation on the NHS to pay for the cost of continuation of a trial drug;
   iv) the rigors and ethics of research to extend globally to developing countries;
   v) scientific journals must refrain from publishing any research which raises ethical issues.

Motion by ISLINGTON DIVISION: That this Meeting supports the new papal position, approving the use of contraception if it prevents disease and fully endorses the use of barrier contraception methods to prevent the spread of infection.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting believes that in terminal illness:–
   i) not all suffering at the end of life can be satisfactorily alleviated;
   ii) that at these times it is reasonable to see death as a release from suffering;
   iii) that at times it may be the wish of patients to choose this release rather than continue suffering;
   iv) that it is not always unethical for doctors to support this release by assisting;
   v) that the Ethics Committee publish a document exploring the issues that would need to be addressed for this to be safely legalised.
Motion by BRISTOL DIVISION: That this Meeting believes that:-
  i) it is a right to be able to end your life when you deem that this is preferable to continued
     suffering in terminal and severe chronic illness;
  ii) with the right legal safeguards, those doctors who have no moral or religious objection should be
       able to assist patients;
  iii) the BMA Council should commission a report on how this could be enabled safely.

Motion by GLOUCESTERSHIRE DIVISION: That this Meeting notes that:-
  i) a majority of the public supports the availability of assisted dying to those in the terminal stages of
     an illness, as identified by British Social Attitudes Surveys (2010 and 2007);
  ii) doctors are divided about the issue of assisted dying.

Therefore, this Meeting believes that it is wrong to portray doctors as group to be against Assisted
Dying (AD) and we call on the BMA to adopt a position of neutrality on the issue of Assisted Dying.

Motion by HARROGATE DIVISION: That this Meeting:
  i) notes with concern the incremental extension of euthanasia and assisted suicide in European
     jurisdictions which have legalised it;
  ii) affirms its opposition to the legalisation of assisted suicide and/or euthanasia.

INTERNATIONAL AFFAIRS

Wednesday 11.05 - 11.40

Receive: Report by the Chairman of the International Committee (Terry John).

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting insists that the NHS must not
be part of a global trade deal (US/EU Free Trade Agreement) which could allow international
corporations to have legal rights to buy lucrative parts of the NHS and demands that the BMA
campaign against this agreement.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE YORKSHIRE REGIONAL
COUNCIL): That this Meeting believes that doctors should not become agents of the UK Border
Agency or its successor and should not have a role in deciding whether someone is eligible or not for
NHS care.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that practices should not become
agents of the UK Border Agency or its successor and should not have a role in deciding whether someone
is eligible or not for NHS care.

Motion by GREENWICH, BEXLEY & BROMLEY DIVISION: That this Meeting takes full cognisance of
the World Report on Disability of 2011, published by the WHO and the World Bank, thereby making
sure that disability issues across the world are mainstreamed and no longer left at the margins.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by MEDICAL STUDENTS CONFERENCE: That this Meeting notes that in the UK the NHS
spends more than £30 billion per year on the procurement of goods and services and that there is
growing evidence that, in some cases, the basic employment rights of people in these supply chains
are being infringed (such as the use of child labour and unsafe working conditions.). This Meeting
calls on the BMA and the Medical Students Committee to:-
  i) improve the pay and conditions of people involved in the supply of goods/services by working on a
top-down approach by asking suppliers procuring on behalf of the NHS, as well as trusts themselves,
to sign up to the Ethical Trade Initiative Base code of labour practice (or equivalent). This will help
suppliers and trusts to put ethical trade policies to effect. Evidence and action plans for improvement
should be made available if discrepancies with the ETI code are found;
  ii) help NHS Trusts develop an ethical purchasing strategy, by engaging in the BMA’s online
Workbook for NHS Procurement, which is designed to be worked through in manageable steps;
  iii) promote ethical trade in the student population using tools, such as the Fair Med Trade campaign
film, to raise awareness and understanding amongst colleagues;
  iv) ensure that university’s purchasing and procurement is sourced ethically as it is done entirely
separately to hospital procurement. Universities should sign the Worker’s Rights Consortium.

Motion by N IRELAND (WESTERN) DIVISION: That this Meeting deplores the actions of the Saudi
Arabian government in obstructing research into the Mecca-coronavirus, possibly the next big
pandemic.
Motion by NORTH WEST RSASC: That this Meeting calls on the BMA to vociferously oppose and seek reversal of the recent immigration policy, which makes it almost impossible for doctors to bring in their elderly dependent parents to live with them in UK.

Motion by MANCHESTER & SALFORD DIVISION: That this Meeting recognises the difficulty to control the spread of multi drug resistant bacterial strains particularly Klebsiella, C diff and the impact it would have on our health care services in future and calls for the BMA to liaise with Medical Associations in other countries to effectively influence the respective governments to step up their campaign and provide stringent measures particularly in International ports and airports.

Motion by NORTH THAMES RJDC: That this Meeting calls on the UK government to have nothing to do with any organised scheme to train large numbers of doctors from countries with a repressive government unless it can be demonstrated convincingly that the scheme will improve the human rights situation in the country in question.

Motion by TOWER HAMLETS DIVISION: That this Meeting:–
  i)  condemns the continued imprisonment of Bahraini health workers without charge and resolves to write to the Bahraini authorities calling for their immediate release, and for the release of all other political prisoners in Bahrain;
  ii)  further condemns the British government’s continued willingness to sell arms to Bahraini authorities despite the ongoing repression there.

Motion by TOWER HAMLETS DIVISION: That this Meeting notes the continuing imprisonment of health workers in Bahrain, merely for treating members of the opposition for injuries sustained during the uprisings of 2011 and further notes the UK’s continuing sale of arms equipment to Bahrain that can be used to suppress its own population.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting:–
  i)  condemns the harassment of Palestinian healthcare staff by the armed forces in the Occupied Territories;
  ii)  calls on the BMA to help with requests from Palestinian doctors for medical books and assist them in accessing training, because there is a shortage of both under the occupation.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:–
  i)  condemns the harassment of Palestinian healthcare staff by the armed forces in the Occupied Territories;
  ii) calls on the BMA to help with requests from Palestinian doctors for medical books and assist them in accessing training, because there is a shortage of both under the occupation.

Contingency time Wednesday 11.40 - 11.45

COMMUNITY CARE AND MENTAL HEALTH Wednesday 11.45 – 12.30

Receive: Report by the Chairman of the Committee on Community Care (Helena McKeown).

* 407 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SOUTH WEST REGIONAL COUNCIL): That this Meeting is disappointed that government has had little success in planning support for an increasingly elderly population and:–
  i)  is appalled that many care homes and hospitals do not attain minimum nutritional standards or basic dignity standards for older people;
  ii)  calls on the BMA to repeat its 2008 survey of members’ opinions of care homes.

407a Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting expresses ongoing concern about the quality of the personal care given to vulnerable dependent care home residents and asks the BMA to repeat the 2008 survey of members’ opinions of that care at the earliest opportunity.

407b Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting realises that the government:–
  i)  has met with little success in planning support for the ever-increasing population of the elderly;
  ii) is aware that 2000 Care Homes are not attaining a minimum nutritional standard and seven out of ten local councils cannot afford free help for the elderly in their homes;
and therefore asks the BMA to launch a campaign to persuade the government to take measures to remedy the situation.
Motion by SALISBURY DIVISION: That this Meeting recognises that most doctors would not want to be an elderly dependent resident in many of the care homes doctors visit and demands members are supported in raising our concerns at all professional levels.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting recognises that most of us would not want to be an elderly dependent resident in most or any of the care homes any of us visit.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting notes that in the recent programme of unannounced inspections of hospitals and care homes, the Care Quality Commission (CQC) found that more than a third do not respect the basic dignity of older people and calls on BMA Council to demand that the government must act to rectify this failure.

Motion by WREXHAM BOROUGH DIVISION: That this Meeting is concerned with the difficulty hospital clinicians are experiencing in organising safe transfer of care and safe discharge of patients due to the speed of bed closures, pressure to discharge patients and lack of support in community.

* 409 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SHEFFIELD DIVISION): That this Meeting:-
  i) believes that NHS mental health services are lagging behind NHS acute services in setting standards of patient care;
  ii) is concerned by the inappropriate admission of adolescent mental health patients to adult medical wards;
  iii) recognises that patients with dual psychiatric diagnoses often receive substandard care;
  iv) demands more integration of social and NHS care in mental health services;
  v) calls on government and commissioners to rapidly rectify these issues.

Motion by SHEFFIELD DIVISION: That this Meeting believes that the mental health services are lagging behind the acute NHS services in setting standards of patient care and calls on the BMA to demand rapid rectification of this situation.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises that patients with dual psychiatric diagnoses often receive substandard care, and calls for newly founded Clinical Commissioning Groups to commission services specifically for these patients.

Motion by WREXHAM BOROUGH DIVISION: That this Meeting is concerned with the number of inappropriate admissions of adolescent patients in adult medical wards due to lack of Child and Adolescent Mental Health services during weekends, bank holidays and out of hours.

Motion by BRISTOL DIVISION: That this Meeting demands that the government takes steps to ensure continued progress towards:-
  i) integration of social and NHS care in mental health services in the light of its reversal in Bristol;
  ii) specialised social work services in view of the threat by Bristol City Council to make its social workers generic.

Motion by ISLINGTON DIVISION: That this Meeting notes with concern that commissioning for addictions services is moving under public health rather than CCGs. Addictions have widespread health implications and cannot be sidelined or separated away from medical services in primary and secondary care. This Meeting calls on the BMA to lobby for addictions services commissioning to come under the remit of CCGs.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting condemns local authorities who only reimburse care agencies for contact time and the use by care agencies of zero hour contracts in the employment of care staff and asks the BMA to high-light these practices as a contributor to the poor care of our elderly and vulnerable.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that to enable psychiatric patients to lead more rewarding and fulfilling lives, the BMA must demand:-
  i) social rehabilitation schemes linked to those in the community to promote life skills such as money management, counselling, confidence building and support with work and;
  ii) greater availability and promotion of psychotherapy.

Motion by WREXHAM BOROUGH DIVISION: That this Meeting demands that health authorities and councils ensure as an urgency that back up mechanisms are present at times of adverse weather conditions, to look after elderly people who are dependent on care in community services.
Motion by SHEFFIELD DIVISION: That this Meeting urges the BMA to make sure that the interests of doctors working in community sexual health clinics continue to be protected after funding is taken over by local authorities in April 2013, and ring-fencing is discontinued after one year.

Motion by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting sees no advantage of the proposed 21 clusters for mental health which will only increase the workload of GPs without having their input to address the local needs.

Motion by SHEFFIELD DIVISION: That this Meeting believes that sexual health services can be provided in a more holistic and cost-effective way by current NHS services than the private and charitable providers that have been awarded contracts in a number of areas in England.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that community nursing care should be provided without charge to the user to all patients in all parts of the UK.

Motion by SHEFFIELD DIVISION: That this Meeting calls upon the Committee on Community Care to investigate the relative costs of treating sick elderly patients in hospital or at home.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting notes the continuing transfer of new work from secondary to primary care (i.e. phlebotomy, anticoagulation etc) without investing and developing community based intermediate care. This would lead to disastrous effects to the frail and elderly ill patients, as GP’s are not equipped to provide such care.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting deplores the lack of funding for continued training for doctors and nurses, more importantly the primary care staff to drive excellence in service to patients in the community.

Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting:-
  i) depletes that, in spite of the increasing numbers of frail older people in the UK, County Councils are being required to make massive savings in their social care budgets;
  ii) notes that this has already rebounded on secondary care services resulting in an increasing numbers of patients whose discharge from hospital is delayed on account of lack of available social care; and
  iii) requests the government to urgently provide funds for Councils to as a minimum, restore their previous level of spending but preferably increase the provision in proportion to the increasing demand for services.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting demands that government takes action to ensure continued progress towards the integration of social and health care which is under threat from many pressures such as tendering of services and budget cuts.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that dementia care should be across the social paradigm within the greater community integrated with, but not dominated by the medicalisation of disability.

Motion by DERBYSHIRE LMC: That this Meeting believes children are still children when they reach the age of five years and consequently, health visitors should still see children over the age of five, especially if there are multiple children in a household and one or more is under five years old.

CHARITIES

Receive: Report by the Chairman of the Charities Committee (Michael Wilks).

CIVIL AND PUBLIC SERVICES COMMITTEE

Receive: Report by the Chairman of the Civil and Public Services Committee (Alan Mitchell).
FORENSIC MEDICINE

Wednesday 12.40

Receive: Report by the Forensic Medicine Committee will be available on the ARM website and also from the ‘spares table’ at the ARM.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by FORENSIC MEDICINE COMMITTEE: That this Meeting with regards to medical evidence within the criminal justice system:
   i) notes that there is wide variation in the quality of both written and verbal evidence;
   ii) believes that poor quality evidence is a significant impediment to justice;
   iii) requests that the Forensic Medicine Committee work, with other bodies as appropriate, to investigate and implement ways of raising standards.

Session closes

Wednesday 12.40

Victor Horsley Scientific Session III
12.45 - 14.00 Tinto Room
Topic: ‘The secret life of the brain: breakthroughs in brain imaging’
Speaker: Professor Geraint Rees, Director, Institute of Cognitive Neuroscience, University College London.

FINANCES OF THE ASSOCIATION

Wednesday 14.00 – 14.30

Receive: Report by the Treasurer (Andrew Dearden).

Motion by TREASURER: That the standard rate of subscription be increased by 2% according to the subscription ranges set out in Appendix VI with effect from 1 October 2013.

Motion by JUNIOR MEMBERS FORUM: That this Meeting calls on the BMA to provide free membership for members on maternity or paternity leave.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SUNDERLAND DIVISION: That this Meeting feels very strongly and concerned about membership dues:-
   i) BMA should not make any rises;
   ii) rise should not be done specially when doctors have not seen any pay rises since five years;
   iii) division feels it will impact on membership and recruitment.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the BMA should not spend funds derived from membership subscriptions on charitable donations.

BRITISH MEDICAL JOURNAL

Wednesday 14.30 - 14.35

Receive: Report by the Chairman of the BMJ Publishing Group (Michael Chamberlain).

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SHEFFIELD DIVISION: That this Meeting believes that HIV prevalence figures should be published regularly in the BMJ to alert medical staff to the need for wider testing in the community, as Health Protection Agency data suggest that about 96,000 people in the UK are HIV positive but that a quarter are unaware that they are infected.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes, that often, publications particularly in the BMJ Careers section are out of step with BMA policy. We call upon the BMA to ensure that articles in the BMJ do not contradict official BMA policy.

Motion by LOTHIAN DIVISION: That this Meeting calls on BMJ publishing to refuse to publish, where
a pharmaceutical company has breached the ABPI code of practice within the last five years, any:-

i) advertising for that company; and

ii) scientific papers sponsored by that company.

Motion by RETIRED MEMBERS FORUM: That this Meeting requests that BMJ Obituaries be restricted to those who were members at the time of death or until they were incapacitated; if commercial value of including noteworthy others is overriding then space should be minimal.

Motion by RETIRED MEMBERS FORUM: That this Meeting requests that notice of all members deaths, whenever BMA learns of them, should be listed weekly, preferably with place and year of qualification.

BMA STRUCTURE AND FUNCTION Wednesday 14.35 – 15.25

* 440  Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE ISLINGTON DIVISION): That this Meeting notes the decision by BMA Council not to implement the ARM resolution of 2012 on the recording of votes on medico-political and trade union issues and:

i) deplores the failure by BMA Council to implement this ARM resolution;

ii) requires Council to implement a system of transparency and accountability of Council members;

iii) asks that reports of debates at Council should, (subject to delay on items which are under active negotations), be circulated to devolved and regional councils, branch of practice committees, and divisions;

iv) insists that Council adopt a system of recording all such votes, which is made available to the membership.

440a  Motion by ISLINGTON DIVISION: That this Meeting expresses disappointment at the lack of candour and undemocratic processes of BMA Council in rejecting the policy of recording Council votes. This Meeting censures Council to:

i) disclose a detailed account for why BMA Council deferred the policy voted by RB;

ii) implement a democratic, transparent system in order that Council members should be accountable to those who elect them;

iii) allow BMA Council members who feel conflicted about voting to be allowed to abstain from voting.

440b  Motion by WIGAN DIVISION: That this Meeting is deeply concerned by the BMA Council’s rejection of the passed 2012 ARM motion by Enfield and Haringey Division: “That this Meeting calls for the deliberations of BMA to be transparent. It proposes that votes on medico-political and trade union issues at BMA Council be recorded, so that members can see what Council members stand for.” This Meeting call for its reinstatement and adoption as policy, since its rejection undermines the whole democratic purpose and direction of the Annual Representative Meeting.

440c  Motion by EASTERN RJDC: That this Meeting is concerned that, despite policy from ARM last year that votes on medico-political and trade union issues at BMA Council be recorded, this has failed to happen. If we are to keep the faith of the profession, the public and the government our processes must be democratic and accountable. We demand:

i) a full and honest answer as to the reasons this mandate was abrogated;

ii) that when council vote against what the Representative Body has decided, a record of individual voting must be available to the membership.

440d  Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting is critical of the fact that the following motion passed at ARM 2012, was overturned by BMA Council soon after: “That this Meeting calls for the deliberations of the BMA to be transparent. It proposes that votes on motions on medico-political and trade union issues at BMA Council be recorded, so that members can see what council members stand for.” This Meeting proposes the same motion again in the interests of democratic accountability, as it would allow the BMA membership to draw their own conclusions about who to vote on to Council.

440e  Motion by LONDON REGIONAL COUNCIL: That this Meeting is critical of the fact that the following motion, passed at ARM 2012, was overturned by BMA Council soon after: “That this Meeting calls for the deliberations of the BMA to be transparent. It proposes that votes on motions on medico-political and trade union issues at BMA Council be recorded, so that members can see what council members stand for.” We therefore propose the same motion again in the interests of democratic accountability, as it would allow the BMA membership to draw their own conclusions about who to vote on to Council.

440f  Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting deplores the BMA Council’s rejection of the passed 2012 ARM motion by Enfield and Haringey Division: “That this Meeting calls for the deliberations of BMA to be transparent. It proposes that votes on medico-political and trade union issues at BMA Council be recorded, so that members can see what council members stand for.” Furthermore, we call for its reinstatement and adoption as policy, regardless of Council’s objections.
440g  **Motion** by CITY & HACKNEY DIVISION: That this Meeting instructs BMA Council to publish all votes of Council members on public BMA policy.

440h  **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting asks that detailed reports of debate and votes at Council meeting should, subject to delay on items which are under active negotiation and to protections for individuals who are at risk of reprisals by employers or others:-
   i) circulated to devolved and regional councils and divisions;
   ii) made available electronically to those members who request it.

440i  **Motion** by SOUTH WEST REGIONAL COUNCIL: That this Meeting reiterates its call for recorded votes on political, representative, professional and scientific matters, subject to delay on items which are under active negotiation and to protections for individuals who are at risk of reprisals by employers or others to be published in the context of a detailed report available to members electronically on request.

*  441  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LONDON REGIONAL COUNCIL): That this Meeting believes that the following aspects of the ARM should be reviewed:-
   i) the mechanism for distributing seats at the ARM;
   ii) guidance for constituencies on selecting representatives.

441a  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting requires the BMA to review the mechanism whereby seats to ARM are allocated through consultation with all the groups entitled to send representatives.

441b  **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting calls for clearer guidance for divisions and regional councils on the process by which they should select representatives to the Representative Body.

441c  **Motion** by LINCOLN DIVISION: That this Meeting calls for clearer guidance for divisions and regional councils on the process by which they should select representatives to the Representative Body.

*  442  **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting insists BMA Council members should be able to speak openly and freely even if critical of the BMA policy decisions.

442a  **Motion** by ISLINGTON DIVISION: That this Meeting notes that those standing for election to BMA Council will in future have to sign up to a Code of Conduct for directors in order to be eligible for election. This document forbids criticism of the BMA under any circumstances including when speaking at the ARM, at local BMA meetings or in a personal capacity. This meeting believes that this represents an inappropriate restriction on free speech.

442b  **Motion** by LONDON REGIONAL COUNCIL: That this Meeting notes that those standing for election to BMA Council will in future have to sign up to a Code of Conduct for directors in order to be eligible for election. This Meeting believes that this represents an inappropriate restriction on free speech and calls on Council to abandon this requirement. *  

*  443  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTHERN IRELAND COUNCIL): That this Meeting believes that the following principles should apply to BMA officers, leaders and representatives:-
   i) the BMA should develop programmes to ensure individuals receive induction and training appropriate to their roles;
   ii) the BMA should invest in leadership training of future medical politicians.

443a  **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting recognises the importance of effective leaders chairing each committee within the BMA and asks that the BMA undertakes to develop a curriculum of required learning and skill development for those holding those leadership roles.

443b  **Motion** by NORTHERN IRELAND COUNCIL: That this Meeting recognises that the democratic process underpinning the compilation of BMA committees often results in the formation of teams who are unsure of their roles within that team, and asks that the BMA reviews and strengthens its induction programmes for its committees.
Motion by HERTFORDSHIRE LMC: That this Meeting directs GPC to invest in leadership training initiatives and support for grassroots and young GPs to equip the profession with the next generation of medical politicians.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE EAST MIDLANDS REGIONAL COUNCIL): That this Meeting believes the BMA, in order to strengthen its local support for members and influence within new NHS structures, should:
   i) expand and review its network of Industrial Relations Officers and Employment advisers;
   ii) provide encouragement, support and resources to LNCs and Divisions;
   iii) encourage LNC members to undertake appropriate training;
   iv) enable divisions to communicate effectively with all their members.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting insists that, with the potential future threats of local negotiating, the BMA must:
   i) expand the capacity of the network of Industrial Relations Officers and Employment Advisers;
   ii) encourage Local Negotiating Committee members to undertake appropriate training.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the BMA to reconsider the ratio of employment advisers to industrial relations officers so as to ensure more work is properly passed to IROs.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that the BMA has not been sufficiently involved at a local level in the development of care in secondary care settings and calls on the BMA to strengthen and expand the role of LNCs and MSCs so that they are able to effectively influence quality of care and patient safety in discussions with employers.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting calls upon the BMA to:
   i) support the LNC roles in the hospital;
   ii) ensure good communication strategies to disseminate information;
   iii) protect LNC members in their role of raising concerns.

Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that a notional baseline budget should be allocated to each division:
   i) for operational management of divisional meetings and communications;
   ii) to be managed by the officers of the division;
   iii) which may be increased if approved following application to the Treasurer of the BMA;
   iv) which shall be accounted for annually by the divisional officers.

Motion by RETIRED MEMBERS FORUM: That this Meeting urges the BMA to assist retired doctors work to ensure the continued existence of BMA Divisions:
   i) by providing secretarial support with a named secretary;
   ii) and remove the burden in computer work necessary to circulating information about meetings etc to divisional members.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting feels strong local representative structures, which discuss and debate local and regional issues affecting the whole profession, are critical for the future of the Association and demands that:
   i) any future local structures do not replace but build on already existing, robust Regional Councils and divisions;
   ii) future structures must be fully encouraged centrally and adequately resourced.

Motion by OXFORD DIVISION: That this Meeting reaffirms its support to BMA divisions, notes their value in making elections to the ARM and asks that the BMA provides help for the divisions particularly with secretarial work such as sending out notices of meetings, events, etc. It also notes with pleasure that BMA News is printing short notes about some of these meetings.

Motion by OXFORD DIVISION: That this Meeting believes that the BMA should encourage more cooperation between GPs and consultants via the Divisions.

Motion by NORTH EAST REGIONAL COUNCIL: That this Meeting feels that, with the advent of the HSCA, it is very important to foster and develop relationships with the new bodies at both local and national levels and believes that:
   i) BMA Council work on this area and particularly on models of integration of health and social care;
   ii) this will have a considerable impact on commissioning.
The motion(s) below, in the shaded area, are unlikely to be reached

Motion by LOTHIAN DIVISION: That this Meeting values the opportunity to elect members of various BMA committees at each ARM but:-
   i) notes that the Association has previously opposed the use of organised bloc voting in these elections;
   ii) believes that organised bloc voting continues to occur in these elections in contravention of the Association’s stated position;
   iii) believes that all candidates in these elections have a right to expect equal treatment;
   iv) believes that the manner in which the elections are currently conducted does not result in all candidates being treated equally;
   v) demands that the Association review the current electoral procedures;
   vi) demands that the Association introduce measures to ensure all candidates can be confident of equal treatment in the electoral process.

Motion by NORTHERN IRELAND SASC: That this Meeting would ask BMA council to keep its general membership informed as to which motions/policies are being actively pursued and the outcomes; and is also asked to ensure discussion time at conference on issues that have been accepted as policy but continue to be ignored by our employers/DHs.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting proposes that the Articles of the Association (including the Standing Orders of this Meeting) should be amended to require Council to give a session of time to report back and verbally justify to the Representative Body any policies set by the Representative Body that it has failed to implement.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that doctors tasked with trades union roles:-
   i) should relinquish their NHS duties in favour of full time union work;
   ii) should be full time salaried trades union representatives.

Motion by ISLINGTON DIVISION: That this Meeting believes that members in elected positions on committees at the BMA should be time limited, serving for no more than 8 consecutive years.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting requests that motions be limited to five parts to ensure that each can be aired adequately, and instructs Council (or the relevant body) to alter the Articles of the Association and Standing Orders of the meeting to implement this change.

Motion by LOTHIAN DIVISION: That this Meeting believes that given the divergence of healthcare systems and contractual terms for doctors between the four nations, and the increasing impact of devolution, that the BMA as currently configured will no longer be capable of properly representing the profession on a UK basis, particularly on terms and conditions matters. Therefore the BMA should become a federation of four national medical associations, with pooled resources for professional matters which can genuinely still be best dealt with on a 4 nation basis. This Meeting tasks the Association to produce a report on how best to achieve this to be presented to BMA Council and to the RB within 2 years.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting asks for the establishment of a BMA English Council.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting recognises that commercial models of corporate governance have been extremely damaging to the NHS and the universities, as well as to other public bodies, such as the BBC. This Meeting therefore resolves that the models of corporate governance used within the BMA must regard the following as being amongst the interests of the Association:-
   i) its interests as a scientific body and a scientific publisher in promoting free scientific debate;
   ii) its interests as a trade union in being seen to operate an open and effective democratic system;
   iii) its interests, as an opponent of commercial governance in the NHS and the universities, in demonstrating the workability of alternative governance models.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting resolves that the governance of the Association must have regard to:-
   i) the BMA’s interest as a Trade Union in being seen to have a functioning democratic representative process;
   ii) the BMA’s interest as a publisher of a major scientific journal in maintaining free scientific debate.
Motion by MERTON, SUTTON & WANDSWORTH DIVISION: That this Meeting demands that there should be a change to the constitution so that Council will be disallowed to over ride decisions made at the ARM.

Motion by LONDON REGIONAL COUNCIL: That this Meeting notes that BMA Council is the body elected by members to represent their interests. We call upon BMA Council to:-
   i) implement the policies decided at ARM;
   ii) report to members within 6 months of ARM on progress on implementation of the policies decided at ARM.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes and accepts Council’s decision not to publish full recorded votes after every Council meeting because of the risks to individuals subject to potential reprisal and because of the risk of revealing differences of opinion at critical times in negotiations. However, this Meeting believes that there are practical solutions to both these problems (such as delayed publication when votes occur at critical times, and not recording the votes of certain members in certain circumstances) and therefore asks Council to explore ways of ensuring that, the deliberations of BMA are transparent so far as is feasible and votes on medico-political and trade union issues at BMA Council are normally recorded, so that members can usually see what Council members stand for.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes the current system whereby Members of Council are also Directors of the BMA represents a conflict of interest and calls on Council to empower the Organisation Committee to separate these roles.

Motion by EAST KENT DIVISION: That this Meeting believes that the ARM of the BMA should last three days.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting believes that informal sporting events held during the ARM are an excellent and healthier way for delegates of all sexes, race and creed to network informally than high fat alcohol fuelled dinners, and should be supported by the BMA accordingly.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting feels that after the success of the London 2012 Olympic and Para-Olympic games that sport should be re-introduced into the ARM.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting demands the re-institution of the Annual golf match at the ARM, a popular, healthy and useful networking event that was discontinued seven yrs ago without reference to RB.

Motion by SHROPSHIRE DIVISION: That this Meeting welcomes the diversity of BMA members. This Meeting:-
   i) notes that the Reflection and Thanksgiving meeting offers ‘readings from different faiths and belief systems’;
   ii) calls for the organisers of the ARM to justify why BMA funding and ARM publicity are both provided for the ‘fringe’ Reflection and Thanksgiving Meeting which takes place before the business of the ARM whilst other reflective meetings, potentially of interest to all representatives, are given neither funding nor publicity;
   iii) instructs that formal BMA-sanctioned services or meetings of a religious nature should be discontinued, and that members of RB with a religious, or personal belief interest should be encouraged to arrange such meetings privately and at their own expense.

Motion by SOUTH DEVON DIVISION: That this Meeting notes that Professor Edzard Ernst spoke about alternative medicine at a meeting for reflection held at the Sheraton Grand Hotel at 5:30 p.m. on Sunday 23rd June, prior to the Chairman’s Reception, and calls on the Organisation Committee to ensure that future equivalent meetings are properly noted and announced in the ARM programme.

Motion by LOTHIAN DIVISION: That this Meeting wishes to encourage involvement of members in the committee work of the BMA and believes that one way of doing so would be to revise the honoraria payment system. This Meeting calls upon the BMA to:-
   i) remove the requirement to attend a specified number of meetings before payment of an honorarium is made;
   ii) reduce the value of that honorarium to maintain or reduce the cost to the association;
   iii) reduce the value of that honorarium where 2 or more meetings are attended which have a similar content;
   iv) consider replacing the attendance based system with a work intensity based system.
Motion by SHROPSHIRE DIVISION: That this Meeting recognises and welcomes the valuable contribution of freelance/locum doctors to the NHS and to the BMA and insists that:-

i) it is discriminatory to require the production of receipts for locum cover from locum doctors in order to receive reimbursement;

ii) freelance GPs who hold divisional secretary posts are reimbursed in proportion to their usual hours of work for the loss of income when attending the Honorary Secretary’s Conference.

Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting regrets that the BMA payment of £400/day is insufficient to provide a locum for a GP attending a BMA medico-political event and requests the Treasurer to increase the payment to a more realistic level.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting requests the BMA and BMJ devise a system by which the educational benefits of medico-political work for the Association could be formally recognised through the awarding of CME points, which would help with revalidation evidence and increase the credibility of such work for the purpose of obtaining leave.

Motion by CONSULTANTS CONFERENCE: That this Meeting requests that the BMA and BMJ explore the possibility of setting up a mechanism to recognise BMA activity for the purposes of CME.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting would like all educational events conducted by any BMA committee to be run on the basis of CPD approval and would ask the BMA to issue CPD certificates to all attendees who require these.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting welcomes the contribution of the Academy of Medical Royal Colleges, acknowledges its stated aim “to promote, facilitate and where appropriate co-ordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare”, and notes that the Academy does not aspire to be the body which speaks for “the majority of the UK’s doctors”, as reported by the BBC.

Motion by LINCOLN DIVISION: That this Meeting welcomes the contribution of the Academy of Medical Royal Colleges, acknowledging its stated aim “to promote, facilitate and where appropriate co-ordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare”, and noting that the Academy does not aspire to be the body which speaks for “the majority of the UK’s doctors”, as reported by the BBC.

Motion by CITY & HACKNEY DIVISION: That this Meeting believes the BMA Chairman, widely perceived as the leader of the BMA as a whole, not just BMA Council, should be elected on a one member, one vote electoral system.

Motion by EAST DORSET DIVISION: That this Meeting urges the BMA to amend its constitution so that elections can be conducted electronically, when desired.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting calls on the BMA to invest in an electronic voting system for use in all of its conferences and not restrict the use of such a system to the ARM.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting calls on the BMA to join the TUC.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on the BMA to join the TUC.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that as a trades union the BMA should seek affiliation to the TUC.

Motion by LAMBETH & SOUTHWARK DIVISION: That this Meeting deplores the complete lack of response from the BMA to the Trust Special Administrator for South London Healthcare NHS Trust’s consultation on the future of health services in Southeast London, and calls on the BMA to always submit a formal response to consultations on reconfigurations that may affect either the terms and conditions of doctors or the health of the public.

Motion by ISLINGTON DIVISION: That this Meeting calls on the BMA to join the “People’s Assembly”.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting would like the articles of the association to be amended so that medical students of recognised overseas medical schools can apply to be members of the BMA.
Motion by TOWER HAMLETS DIVISION: That this Meeting notes the dispute between cleaners at BMA House last year and their employer, a private contractor, Interserve, over refusal to pay the cleaners the London living wage. This Meeting calls on the BMA:-

i) not to contract with any organisation in the future which does not pay its workers at least the London living wage;
ii) not to renew the contract with Interserve, or any other private contractor if they refuse to pay at least the London living wage;
iii) to amend the contract with Interserve and all other private contractors to pay at least the London living wage at the earliest opportunity.

Motion by LONDON REGIONAL COUNCIL: That this Meeting sadly notes that the cleaning staff contracted to work in BMA House are paid less than the London living wage. We call upon Council to take immediate measures to ensure that all staff directly employed by the BMA, or working in BMA House in sub-contracted roles, are paid not less than their local living wage.

Motion by BRISTOL DIVISION: That this Meeting notes that the BMA does not currently recognise joint officer status at divisional level. This is outdated and should be reviewed in line with officer status of other BMA committees.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting resolves that the BMA modifies the process for granting exemption from collective responsibility so that any of the chief officers may give exemption.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that should a general strike be called:-

i) the BMA should participate fully;
ii) a strike fund for this purpose requires creating.

Motion by LONDON REGIONAL COUNCIL: That this Meeting meeting regrets the lack of an effective alternative mechanism for criticising the BMA's leadership and actions other than tabling critical motions in a public arena.

Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this Meeting recommends that the BMA Council should provide extra support to the members employed by trusts that are put into special administration/measures, and in particular for Mid Staffordshire Hospitals Trust.

Motion by SALISBURY DIVISION: That this Meeting demands that if it is appropriate to refer a patient to a specialist in accordance with Good Medical Practice the BMA will support members in their adherence to professional practice.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that where a BMA member is facing difficulty regarding provision of services affecting patient care that the BMA should through its local structures help and facilitate any dialogue with the trust.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting believes that it is the custom of the BMA to remove a doctor’s membership of the Association if they are suspended by the GMC. This rule causes especial anguish, because at the very point where the members whole livelihood maybe at stake, his union abandons him/ her. This Meeting calls on the BMA to changes its rules so that membership of the BMA is not affected by actions of the GMC.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the valuable work done by the BMA Counselling and Doctor Advisor service and asks that the BMA:-

i) increase the promotion of this service at BMA events;
ii) highlights the 24/7 nature of the BMA Counselling service in its advertising;
iii) uses local telephone area codes (i.e. those included in typical mobile phone contract inclusive minutes) for this service.

Motion by WELSH SASC: That this Meeting calls upon the BMA to renegotiate its contract with its counselling service so that callers are no longer placed on a very lengthy waiting list to speak to a counsellor.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the BMA to renegotiate its contract with its counselling service so that callers are no longer placed on a very lengthy waiting list to speak to a counsellor.
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<th>Motion</th>
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<tr>
<td>495</td>
<td><strong>Motion</strong> by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the BMA to bring the first point of contact service back within the organisation and accordingly sever the current external contract arrangement.</td>
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<td>496</td>
<td><strong>Motion</strong> by BRISTOL DIVISION: That this Meeting believes in view of the proposed public sector pension changes and the implied changes to employment for doctors that the BMA should review its policy on providing a bespoke pension for doctors.</td>
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<td>497</td>
<td><strong>Motion</strong> by SOUTH WEST REGIONAL COUNCIL: That this Meeting demands &quot;First point of contact&quot; quality assurance includes a &quot;mystery shopping&quot; style checking of the quality of its service to members in addition to other satisfaction measures henceforth.</td>
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<td>498</td>
<td><strong>Motion</strong> by EAST DORSET DIVISION: That this Meeting urges the BMA to take a more robust approach in its dealings with the media so that it has more impact in promoting the positive aspects of the profession and patient care.</td>
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<td>499</td>
<td><strong>Motion</strong> by TOWER HAMLETS DIVISION: That this Meeting:- i) notes the unrelenting negative press coverage of the NHS; ii) believes that this is a deliberate policy in order to soften up the public for privatisation and transformational change for which there is little evidence of benefit; iii) demands that the BMA swiftly provides spokespeople from the leadership to publicly defend the NHS from unfair, adverse stories in the media.</td>
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<td>500</td>
<td><strong>Motion</strong> by JUNIOR MEMBERS FORUM: That this Meeting calls upon the BMA to:- i) engage better with medical students and junior doctors to promote the BMA's recent achievements and campaigns; ii) increase awareness of the multitude of services and benefits offered by BMA membership, by producing more engaging and dynamic presentations and material to better connect with medical students and junior doctors.</td>
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<td>501</td>
<td><strong>Motion</strong> by NORTHERN IRELAND COUNCIL: That this Meeting acknowledges there are many reasons that junior doctors are not members of the BMA or involved in regional committees and groups, and asks that local, regional and national committees consider what they can do to involve juniors.</td>
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<td>502</td>
<td><strong>Motion</strong> by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting insists that the BMA regional offices should email every member possible in defunct divisions annually to remind them what they are missing, and to ask for volunteers to revive the division.</td>
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<td>503</td>
<td><strong>Motion</strong> by SOUTH ESSEX DIVISION: That this Meeting requests the BMA News editors to filter the topic in the voluminous communications according to the specialty and send to relevant doctors to improve compliance and encourage them to actually read them.</td>
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<td>504</td>
<td><strong>Motion</strong> by SUNDERLAND DIVISION: That this Meeting feels very strongly:- i) members of the division should have a direct contact to their local division office bearers; ii) there should be a clear and direct communications freedom for the division office bearers and the members.</td>
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<td>505</td>
<td><strong>Motion</strong> by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting supports the BMA in the annual collection of diversity data to address issues of underrepresentation in its democratic structures and believes that:- i) the data collected should be extended to include all diversity strands as defined in the 2010 Equality Act; ii) members should have the right to decline to participate in all or part of the diversity monitoring exercise; iii) where under-representation of a minority group is apparent, committees, Councils and Boards should be encouraged to produce positive action statements to encourage minority groups to stand for election; iv) in order to establish if the members of representative structures truly reflect the diversity of the membership as a whole, all members should be invited to complete diversity monitoring in order to populate the membership database.</td>
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<td>506</td>
<td><strong>Motion</strong> by EAST DORSET DIVISION: That this Meeting asks the BMA to reinstate &quot;Talking Health&quot; as an anonymous forum for members to express their views.</td>
</tr>
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| 507  | **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS: That this Meeting believes that each BMA division should be entitled to send an annual postal mailing to its members.
Motion by SCOTTISH COUNCIL: That this Meeting calls on the BMA to:-
i) recognise the divergence in the four UK National Health Services;
ii) produce plans for the Association’s future structure and governance that fully take into account
the implications of devolution.

Motion by MANCHESTER & SALFORD DIVISION: That this Meeting calls on the BMA to provide
complete transparency on subsequent outcomes of all motions passed at the Annual Representatives
Meeting (ARM) each year. Clear updates should also be provided on work being done by the BMA to
ensure that implementation is in progress. Clear information should also be provided work in
progress on motions that are taken as reference.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on BMA Council to have a formal
agenda item on the motions passed at ARM in the morning of the July full meeting of Council.

Motion by LEWISHAM DIVISION: That this Meeting requires the BMA to improve its accountability to
the ARM by keeping an updated log of action against all successful conference motions, easily found
by members and public on its website.

Motion by JUNIOR MEMBERS FORUM: That this Meeting urges the BMA to recognise the JMF’s
contribution to the BMA membership in representing ‘Grass Roots’ views, ideas and opinions, and
calls on the association to:-
i) continue to support the JMF and its work;
ii) work with the JMF to encourage and promote Junior Member engagement with the BMA.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on Council to establish a formal
register of interests which is mandatory for all elected BMA Officers.

Contingency time
Wednesday 15.25 - 15.30

TREASURER’S QUESTION AND
ANSWER SESSION
Wednesday 15.30 - 15.45

JUNIOR DOCTORS
Wednesday 15.45 - 16.00

Receive: Report by the Chair of the Junior Doctors Committee (Ben Molyneux).

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes that increasing numbers of
trusts/hospitals are seeking PFI new builds: as a result many new builds have been designed in short
sightedness without the adequate provision of mess facilities and on-call/rest rooms: and
i) urges all trusts/hospital to reconsider their short sighted behaviour and ensure that adequate
facilities are put in place to promote safe working conditions;
ii) calls on the BMA to include the provision of mess facilities in any future amendments to the junior
doctors contract;
iii) calls upon the BMA to update and promote its guidance on minimum requirements in accordance
with HSC1998/240.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by NORTHERN RJDC: That this Meeting following on from Channel ‘4s recent ‘Dispatches’
highlighting the often still excessive length of juniors working hours, despite supposed
implementation of Working Time Regulations by NHS employers this Meeting calls upon JDC:-
l) to further renew its efforts to highlight the negative impact such tiredness and overwork can have
not only on patients but on the doctors themselves in media and to government;
ii) to ensure that any contract negotiations restate the importance of compliance with appropriate
hours controls in juniors rotas.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting regrets the passing
of continuity of care in our acute hospitals and the subsequent lack of training in this for our junior
doctors secondary to the European Time regulations and requests the BMA to set up a specialist
committee to address this.
Motion by PLYMOUTH DIVISION: That this Meeting this meeting believes that:-

i) despite European Working Time Directive compliant rotas junior doctors and registrars are working in excess of 48 hours per week;

ii) that there is still an ongoing risk to patient safety as a result of this practice.

GENERAL PRACTICE

Wednesday 16.00 – 16.55

Receive: Report by the Chairman of the General Practitioners Committee (Laurence Buckman).

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE CAMBRIDGE, HUNTINGDON & ELY DIVISION): That this Meeting deplores the recent unilateral imposition of the GP contract changes whilst the GPC was holding negotiations in good faith and:-

i) believes an imposed GP contract is likely to compromise patient safety and quality of care;

ii) believes that this demonstrates government’s failure to learn the lessons identified in the Report of the Francis Inquiry;

iii) is concerned that this will result in a crisis of recruitment and retention of GPs;

iv) demands the withdrawal of all unilateral impositions and a return to bilateral contract negotiations;

v) requests the GPC to discuss with the BMA GP membership the basis on which future negotiations will take place.

Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting deplores the imposition of the GP Contract as:-

i) it will result in a crisis in both the recruitment and retention of GPs;

ii) the reduction in services will result in an increased attendance at already overloaded secondary care services;

iii) there is a lack of evidence for the value of many of the additional services expected from GPs; and

iv) requests the GPC to discuss with the BMA GP membership on establishing a basis on which future negotiations will take place.

Motion by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting:-

i) deplores the unilateral imposition by this government of the general practice contract whilst the profession was holding negotiations with the government in good faith;

ii) demands the withdrawal of all unilateral impositions and a return to bilateral contract negotiations;

iii) believes that in light of the Francis report on Mid Staffs that the government has shown that bullying in the NHS emanates from the top as demonstrated by its imposition of the GP contract for 2013-14;

iv) believes that a unilateral GP contract imposition is likely to compromise patient safety and quality of care delivered and that patients are likely to see unintended and negative consequences from the changes imposed on general practice;

v) compels the GPC to investigate the legality of these actions through the European Courts and to take legal action against the Department of Health wherever this is possible.

Motion by LEWISHAM DIVISION: That this Meeting deplores the imposition of the 2013 changes to the General Practice contract.

Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting notes the imposition of a new contract, whilst the profession is holding negotiations with the NHS employers is deplorable: -

i) we believe the proposed impositions are bad for doctors, patients and for general practices;

ii) BMA should mount an awareness campaign by displaying posters and distributing leaflets in all surgeries;

iii) seek legal opinion on the aspects of new contracts, which can be legally challenged.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that, by imposing GP contract changes that increase the pressure to achieve more and harder targets, the government have failed to learn the lessons identified in the Francis Report.

Motion by EDGWARE & HENDON DIVISION: That this Meeting deplores that the government has unilaterally imposed sweeping adverse changes to the GP contract in England, with iniquitous damaging consequences to English GPs and patients, and which is in stark contrast to the devolved nations which have achieved negotiated contractual agreements.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting condemns the government in England for imposing changes to the GP contract which will be bad for patients, practices and GPs.
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520h **Motion** by LONDON REGIONAL COUNCIL: That this Meeting notes that the government is imposing a new contract on GPs for 2013/14 which will result in an increase in workload and reduced funding. We see this as a provocative move to hasten the rundown and closure of smaller GP general practices and bring about their amalgamation into large commercial multi-practices. We call on BMA/GPC to:

i) ballot for industrial action to stop the imposition of the 2013/4 contract changes;
ii) include the option of a boycott of CCGs on the ballot paper.

520i **Motion** by ENFIELD AND HARINGEY DIVISION: That this Meeting notes that the government is imposing a new contract on GPs for 2013/14 which will result in an increase in workload and reduced funding. This Meeting sees this as a provocative move to hasten the rundown and closure of smaller GP general practices and their amalgamation into large commercial multi-practices. This Meeting calls on BMA/GPC:

i) to ballot for industrial action to stop the imposition of the 2013/4 contract changes;
ii) to include the option of a boycott of CCGs on the ballot paper.

* 521 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting deplores the continued lack of investment in primary care despite the ever increasing shift of work from secondary care and increasing complexity of general practice. We believe that:

i) general practice has reached workload saturation and oppose any further increase in workload without sustainable long term investment;
ii) the impending crisis in recruitment and retention of GP partners has now arrived.

521a **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that there is currently a GP recruitment and retention workforce crisis and that governments should take urgent steps to address this.

521b **Motion** by SHEFFIELD DIVISION: That this Meeting, taking into account the recent changes to NHS pensions, recruitment and educational concerns, and the contract imposition by the government this Meeting can no longer recommend general practice in the UK as a positive career choice and recommends trainees migrate to Australia or other countries where GPs are treated fairly.

* 522 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting:

i) condemns the governments move to transfer the responsibility for paying employers superannuation for locums from PCOs to practices;
ii) insists that all practices should treat locums fairly and pay employers superannuation contributions in addition to the locum fee whenever the locum is still in the pension scheme.

522a **Motion** by CONFERENCE OF LMCs AGENDA COMMITTEE: That this Meeting:

i) condemns the plans to transfer the responsibility for paying employers superannuation for locums from PCOs to practices and demands the UK government reverses this change to the pension regulations;
ii) is concerned that changes to the employers contribution of superannuation payments for locum GPs by the NHS in England threatens the stability of the locum GP pool to the detriment of general practice in general;
iii) demands that funds allocated to GP practices to meet GP employer’s contributions for freelance/locum GPs at the required 14% are used solely for that purpose;
iv) demands that the NHS pension scheme benefits for GP locums be reviewed to bring them in line with all other GP members of the scheme.

522b **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the government to reconsider their decision to include a fixed amount for superannuation for freelance GPs as part of the global sum. This has the potential to lead to decrease in the use of freelance GPs due to rising costs and the decrease in the daily rate of freelance GPs.

522c **Motion** by DARTFORD GRAVESEND & MEDWAY DIVISION: That this Meeting thinks that the government directive is illogical to say the least that one self employed such as a GP paying and administering the pension contributions of another self employed such as a locum GP.
523 Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE SHEFFIELD DIVISION):
That this Meeting is concerned that the quality of GP training is being compromised and calls on the BMA to lobby COGPED to:-
  i) ensure adherence to the current guidelines for GP training which include a minimum of 18 months training in general practice;
  ii) ensure, when four year GP training is implemented, a minimum of twenty four months training in general practice;
  iii) ensure hospital training posts are of an appropriate length for GP training;
  iv) publicly name the deaneries (or equivalent bodies) that are failing to adhere to their guidance.

523a Motion by SHEFFIELD DIVISION: That this Meeting believes the quality of the GP training programmes make good GPs, not simply the length of training, and calls for COGPED and RCGP to ensure that before any extension to training is introduced:-
  i) the educational content of training posts must be made explicit to trainees before they commence training;
  ii) no GP trainee should be asked to spend more than 6 months (full-time equivalent) in a single broad hospital specialty;
  iii) no GP trainee should be asked to spend less than 4 months (full-time equivalent) in a single hospital specialty;
  iv) trainees who are able gain the competencies in less than 4 months (full-time equivalent), should be offered this element as a part of integrated GP post.

523b Motion by SHEFFIELD DIVISION: That this Meeting is concerned that the quality of GP training is being compromised due to financial and capacity issues in primary care, and calls on COGPED to:-
  i) strictly implement their own current guidance which states “To deliver all the competencies necessary to practice safely and competently in UK general practice, training programmes should include at least 18 months as a specialty registrar in general practice under the supervision of an approved GP trainer (or the part time equivalent)”;
  ii) publicly name the deaneries (or equivalent bodies) that are failing to adhere to their guidance by August 2013.

523c Motion by SHEFFIELD DIVISION: That this Meeting in reference to enhanced GP training, believes that:-
  i) an amendment to the Medical act 1983 section 34 J is the only way to ensure that GP trainees receive a minimum of 24 months training in General Practice when four year training is implemented;
  ii) any further extensions to GP training should be predominantly based in General Practice.

523d Motion by SHEFFIELD DIVISION: That this Meeting recognises the importance that individual study budgets have to GP Trainees and demands that:-
  i) top-slicing never occurs without educational justification;
  ii) there are appropriate mechanisms in place to keep a register of individual applications;
  iii) applications are audited by budget holders in a transparent manner.

524 Motion by EDGWARE & HENDON DIVISION: That this Meeting believes that the progressive movement of complex and chronic care into the community has made the 10 minute GP consultation totally outdated, wholly inadequate and failing the needs of patients, and demands that there should be a deliberate workforce strategy for requisite GP numbers to enable longer consultations with patients.

525 Motion by LINCOLN DIVISION: That this Meeting notes the increasing pressure to meet targets through incentivisation schemes such as the Quality and Outcomes Framework. We are alarmed at the trend towards non-evidence based criteria and the move away from patient-centred medication reviews towards target driven medication reviews which potentially ignore the individual’s true needs. We mandate the GPC to lobby the government to ensure all such targets are based on robust evidence that they improve health outcomes, reduce health inequalities and do not lead to reduced access to general practice for patients who are ill.

526 Motion by SHROPSHIRE DIVISION: That this Meeting recognises the inevitable inequalities of scale suffered by small rural practices and:-
  i) notes that some small rural practices are now struggling to recruit new GP partners;
  ii) is concerned that small rural practices will be disproportionately affected and potentially further destabilised by having to take on the responsibility for Locum doctors’ employer’s superannuation contributions;
  iii) is concerned at the lack of availability of non-principal GPs in some rural parts of the UK;
  iv) calls on the UK government and the devolved nations to call a halt to incessant contractual changes which may lead to an inability to recruit new GPs particularly in rural areas.
Motion by REDBRIDGE & STRATFORD DIVISION: That this Meeting notes the down grading of PMS funding in line with GMS funding will destroy the pioneering work done by the PMS practices over the years and this will lead to denying patients:—
  i) improved access;
  ii) innovative clinical services;
  iii) redundancies in medical and nursing jobs, who drove the improved primary care to the patients.

Motion by MID-SURREY KINGSTON & ESHER DIVISION: That this Meeting advises that the maximum number of patients on the list of one GP Principal should be 3,500.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting is concerned that the national credit shortage will make it difficult for younger GPs to obtain the large financial loans needed to become property owning partners, and that this will threaten the survival of the large proportion of primary care premises which are owned by their GP partners, when so many of the older partners are due to retire imminently, and deplores the continued lack of investment in primary care premises through cost and notional rent arrangements.

Motion by SOMERSET LMC: That this Meeting asserts that the inexorable increase in workload and patient expectation means that GPs no longer have the capacity to act as gatekeepers for NHS services whilst remaining advocates for their patients.

Motion by SHROPSHIRE DIVISION: That this Meeting recognises the importance of the appraisal process for all doctors. This Meeting:-
  i) recognises the additional difficulties that freelance/locum GPs have in collating the necessary evidence for their appraisal from multiple locations;
  ii) is dismayed that some Local Area Teams have selectively withdrawn appraisal funding for freelance/locum GPs;
  iii) calls for Local Area Teams to re-instate proper resourcing for the appraisal process for locum GPs.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the governments’ GP contract imposition has:-
  i) undermined QOF as an evidenced based tool that supported improvements in health;
  ii) left QOF as a box-ticking burden;
  iii) led to many QOF points being significantly under-priced and so not cost effective for practices to do;
  iv) not taken in to account the concerns of patients who are increasingly irritated by being asked the same questions year after year;
  v) created a potentially dangerous mix of higher thresholds and more challenging targets that could lead to adverse impacts on patients.

Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this Meeting believes that the NHS GP Principal is becoming an endangered species and requests the BMA set up a working party with the Royal Colleges to study the causes of this threat and recommend measures to reverse the decline.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that a good quality general practice in the future may rightly consider it not good for their patients or practice to achieve all QOF points.

Motion by SHROPSHIRE DIVISION: That this Meeting believes that:-
  i) the Quality and Outcome Framework should return to the principal of an evidence-based approach;
  ii) resists further government driven targets which distance clinical priorities and divert scarce resources.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting wants the patients choice and freedom to be maintained so that the GPs are allowed to refer them for their NHS secondary care needs.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls on the BMA to publicly campaign against the constant incentives from government to reduce GP referrals to secondary and tertiary care in order to save money. GPs must have the freedom to refer patients to a consultant if it is in the patient’s best interest.

Motion by LONDON REGIONAL COUNCIL: That this Meeting requires the BMA to raise public awareness of the risks to patients of attempts to limit GP referrals to secondary care.
Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting calls on the BMA to insist that GPs should be allowed refer patients to the most appropriate NHS provider without undergoing any financial penalty.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting calls upon the BMA to oppose financial incentives to dissuade GPs from referring patients to hospital for a consultation.

Motion by TOWER HAMLETS DIVISION: That this Meeting welcomes that hospital doctors and some salaried GPs have their defence subscriptions paid by their employers, but regrets that this does not apply to all salaried GPs.

Motion by TOWER HAMLETS DIVISION: That this Meeting calls on the BMA to:-
   i) support consistency and fairness for all employed doctors;
   ii) add a clause to its model contract for salaried GPs that GP employers should pay their employees’ defence subscriptions.

Motion by LONDON REGIONAL COUNCIL: That this Meeting welcomes that hospital doctors and some salaried GPs have their defence subscriptions paid by their employers, but regrets that this does not apply to all salaried GPs. We call on the BMA to:-
   i) support consistency and fairness for all employed doctors;
   ii) add a clause to its model contract for salaried GPs stating that GP employers should pay their employee’s defence subscriptions.

Motion by ENFIELD AND HARINGEY DIVISION: That this Meeting calls on GPC leaders who signed up in principle in December 2011 (before the Health Bill became law) to the position that, subject to successful passage of the Health and Social Care Bill all GP practices in England would be contractually required to be a member of a Clinical Commissioning Group, or lose their contract—should resign.

Motion by LONDON REGIONAL COUNCIL: That this Meeting calls for the resignation of GPC leaders who in December 2011 signed up in principle to the position that subject to the successful passage of the Health and Social Care Act, all GP practices in England would be contractually required to be a member of a Clinical Commissioning Group, or lose their contract.

Motion by LIVERPOOL LMC: That this Meeting believes that entrance of large ‘for profit’ organisations into general practice will not drive up standards, but will adversely affect continuity of patient care and will lead to cost containment strategies whose consequences will not be effectively monitored.

Motion by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting is concerned about the funding disparity highlighted in the Nuffield Trust review “Anatomy of Health Spending 2011/12”, which highlights further decline in the proportion of NHS spending in Primary Care in England. This Meeting is concerned about the future of Primary Care because resource allocation has diminished and GP pay has fallen in the face of rising demand, and calls on the General Practitioners’ Committee to continue to lobby for balanced resource distribution across all sectors of the NHS.

Motion by HARROGATE DIVISION: That this Meeting:-
   i) welcomes the NHS Commissioning Board’s document, ‘Securing Excellence in Commissioning for Offender Health’;
   ii) supports the widening of the remit of the BMA prison GP rep on GPC to cover all secure environment GPs;
   iii) calls for a numerical increase in secure environment GP representation within the BMA.

Motion by MID-SURREY KINGSTON & Esher DIVISION: That this Meeting requests Council to enquire into the working of locum agencies and where appropriate make representations to government departments.

Motion by GENERAL PRACTITIONERS COMMITTEE: That this Meeting asks the RCGP to offer free membership to members on maternity leave on the date of their annual renewal.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting has anecdotal evidence that the loss of the personal tax allowance on crossing the higher rate income tax threshold is a considerable barrier to some GPs working in out of hours services at a time when services struggle to fill shifts, and calls on the government to reconsider its policy.
Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting requests that the BMA puts pressure on the DH to allocate prescribing numbers to locum GPs so they can assume responsibility for their prescribing.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting is very disappointed that the information cascade by PCT/CCG to locum GPs is not being implemented despite the resolution passed at the 2011 ARM and asks that the BMA ensures that the information cascade to locum GPs is implemented by the CCGs.

Motion by LEWISHAM DIVISION: That this Meeting believes that in view of the predictions of insufficient GP workforce it is important to maximise the chances of GPs returning to work after a career break. This Meeting calls on the BMA to negotiate for funding for GP returner and retainer schemes to be reinstated nationally.

CONSULTANTS

Wednesday 16.55 - 17.30

Receive: Report by the Chairman of the Consultants Committee (Paul Flynn).

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE BIRMINGHAM DIVISION): That this Meeting:-

i) believes that the Report of the Francis Inquiry has demonstrated that too much focus on management targets harms patient care;

ii) believes that the recommendations of the DDRB report into consultant remuneration with its managerial paradigm would greatly impede consultants’ work and risk reducing quality of care and patient safety;

iii) believes that the changes proposed by the DDRB on consultant remuneration and career structure will have significant detrimental effects on the recruitment and retention of secondary care doctors;

iv) believes that negotiation on the basis of the DDRB report into consultant remuneration is not in the interests of patients and is therefore neither sensible nor prudent;

v) condemns the DDRB recommendation that consultant pay progression and CEAs be dependent on achieving management targets at managerial discretion;

vi) demands that government formally reject any link between managerial targets and consultant remuneration.

Motion by BIRMINGHAM DIVISION: That this Meeting in view of the findings of the Francis Report, this meeting:

i) condemns the DDRB recommendation that consultant pay progression and CEAs be dependent on achieving management targets at managerial discretion;

ii) calls on the BMA to lobby government to formally reject any link between managerial targets and consultant remuneration.

Motion by CONSULTANTS CONFERENCE: That this Meeting believes that the Francis reports have exposed shocking shortcomings in the NHS and that:

i) the focus needs to be firmly redirected to quality of care and patient safety;

ii) consultants have a duty to advocate for patients individually and on a population basis;

iii) consultants are willing to advocate for patients individually and on a population basis;

iv) the recommendations of the DDRB report into consultant remuneration with its managerial paradigm would greatly impede consultants in advocating for patients individually and on a population basis;

v) in the light of the Francis reports the recommendation of the DDRB reports into consultants remuneration risk reducing quality of care and patient safety. This Meeting believes that the BMA should tell government, employers, and the public that negotiation on the basis of the DDRB report into consultant remuneration is not in the interests of patients and is therefore neither sensible nor prudent.

Motion by OXFORD DIVISION: That this Meeting rejects the changes proposed by the DDRB to the Clinical Excellence Awards scheme and consultant pay scales and believes that they will have significant detrimental effects on the recruitment and retention of secondary care doctors within the NHS and recommends that they should continue in value pari passu with those before the recent cuts were made.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting rejects the changes proposed by the DDRB to the Clinical Excellence Awards scheme and consultant pay scales and believes that they will have significant detrimental effects on the recruitment and retention of secondary care doctors within the NHS.
Motion by CONSULTANTS CONFERENCE: That this Meeting supports changing consultants’ working patterns, where there is evidence that such a change would improve patient safety and quality of care. This Meeting insists that this must be backed by the full support services for that work, and the contractual basis is equal to, or better than current provisions.

Motion by EAST KENT DIVISION: That this Meeting insists that the consultant contract must retain the right of all consultants to publish independently research, audit and reviews of clinical services.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by CONSULTANTS CONFERENCE: That this Meeting believes that the DDRB proposals to create yearly, non-pensionable payments for ‘excellence’ will create a ‘bonus’ culture in the NHS, which will lead to a lack of sustained innovation, and quality improvement due to the short-term nature of such awards and therefore calls on the BMA to oppose such ‘bonus’ payments.

Motion by OXFORD DIVISION: That this Meeting is appalled by the large number of fully trained post CST trauma and orthopaedic surgeons who have not yet been able to secure substantive NHS consultant posts and calls for the urgent resumption of consultant expansion and more robust workforce planning in the future.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting is appalled by the large number of fully trained post CST trauma and orthopaedic surgeons who have not yet been able to secure a substantive NHS consultant post and calls for the urgent resumption of consultant expansion and more robust workforce planning in the future.

Motion by CONSULTANTS CONFERENCE: That this Meeting reaffirms its strong view that local Clinical Excellence Awards recognise excellence and are not in any way a bonus scheme.

Motion by BIRMINGHAM DIVISION: That this Meeting believes that the present system of Clinical Excellence Awards:-
   i) is not fit for purpose;
   ii) should be abolished;
   iii) should be replaced by a system to ring-fence and redistribute CEA resources to reward excellence in clinical teams.

Motion by CONSULTANTS CONFERENCE: That this Meeting believes that introduction of a two tier consultant service (standard and principal consultant) will be detrimental to both consultants and to their patients and therefore calls on the BMA to ensure that in any future negotiations on the consultant contract that such a two tier consultant model is not agreed.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that resident working for consultants outside normal usual working hours should be appropriately remunerated at rates equal to other workers’ of pay to take account of the antisocial nature of working at these times.

Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes the fallacy of a consultant delivered service is under the present working practices feasible only for a select number of specialties. A 24 hour consultant delivered service is expensive. This Meeting calls on the BMA to negotiate:-
   i) that the consultant delivering that 24 hour 7 day service is not reduced to the status of a technician;
   ii) that this type of service is entirely on a voluntary basis;
   iii) that the salary reflects the commitment and compensates the individual for unsocial hours.

Motion by NORTH WEST LONDON DIVISION: That this Meeting believes that the BMA should not engage with the government to discuss or negotiate a new consultants contract. It is believed that engagement will indicate that there is a willingness to reduce the terms and conditions of consultants. If there is an imposition or deterioration in terms and conditions the BMA will challenge and resist any enforced changes.

Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting deplores the actions of some NHS trusts who seek to undermine the national terms and conditions of employment for NHS consultants.
CHAIR OF COUNCIL’S QUESTION AND ANSWER SESSION  
Wednesday 17.30 – 17.45

Session closes  
Wednesday 17.45

PUBLIC HEALTH MEDICINE  
Thursday 09.30 – 09.55

Receive: Report by the Co Chairmen of the Public Health Medicine Committee (Mark Temple / Penelope Toff).

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting notes with concern the amount of “public health” work done by unregulated management consultancy firms. As such, this meeting calls for any public health advice provided by these companies to be published with a clear declaration of all conflicts of interest those preparing the advice have. We also call upon the government to report regularly on:-
  i) the proportion of public health advice provided by these companies;
  ii) the amount of public expenditure given to these companies;
  iii) and the qualifications and competencies of the staff in these companies who are providing the advice.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that, following the introduction of the statutory regulation, non-medical public health consultants working for Public Health England (PHE), the NHS or local authorities should be offered employment on the medical consultant contract.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by BRISTOL DIVISION: That this Meeting notes that the “Department of Public Health” as promised in the 2010 Green Paper never materialised and that public health as a specialty has now been almost completely divorced from the NHS. We condemn these changes and mandate the BMA to continue to campaign on the value of the many facets of public health to the NHS and to bring public health specialists back to the NHS workforce.

Motion by CAMBRIDGE HUNTINGDON & ELY DIVISION: That this Meeting regrets the removal of the public health service from the NHS into local government:-
  i) as it will result in the service lacking medically qualified staff whose knowledge is essential to public health;
  ii) as it will result in a split between the public health service and health rather than an integrated service;
and as it is unlikely that the split will now be reversed we ask that;
  iii) and all future public health trainees should spend at least one year working in the NHS; and
  iv) and CCGs must have a duty to consult with the public health service as part of their development and commissioning of health services.

Motion by OXFORD DIVISION: That this Meeting urges the Department of Health to ensure that money is ring fenced by the local authorities for public-health – particularly the continuation of immunisation funding.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting notes the serious burdens placed on clinical commissioning groups in many parts of the country by the consequences of inadequate preventive strategies and it therefore called for public health spending in all local authorities to be increased to the levels of the best quartile.

Motion by BRISTOL DIVISION: That this Meeting notes the value of public health is often in long-term projects and planning and that this is at odds with proving a value in a short-term, marketised health care context. We would remind politicians and the department of health that public health is invaluable to caring for the health of the public and that this should be adequately reflected in funding allocation.
Receive: Report by the Chairman of the Board of Science (Professor Averil Mansfield).

Motion by BIRMINGHAM DIVISION: That this Meeting believes the Board of Science should review the variety and adequacy of the different types of service in mental health care and psychiatry.

Motion by SCOTTISH COUNCIL: That this Meeting calls on the UK and devolved government education departments to ensure that all secondary school pupils receive Emergency Life Support Skills (ELS) training as part of the school curriculum.

Motion by SCOTTISH SASC: That this Meeting calls on the Education department and devolved nation governments to ensure that all school children receive training in Emergency Life Support Skills (ELS) within the curriculum as part of a community resuscitation programme.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting believes that their new duty to improve the health of their population requires all Local Authorities not to hold any shares in tobacco companies.

Motion by WEST MIDLANDS RJDC: That this Meeting:-
   i) is extremely concerned about the health impact that smoking near hospital entrances has on patients and staff;
   ii) believes that rules banning smoking near the entrances to hospitals are routinely ignored;
   iii) feels that the NHS must introduce and enforce tougher penalties for any staff or patients who smoke near the entrance to hospitals;
   iv) calls on NHS trusts to promote smoking cessation services more widely to patients and staff.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE NORTH WEST REGIONAL COUNCIL): That this Meeting expresses concern that:-
   i) health inequalities have continued to rise in the last three years;
   ii) reduction in welfare benefits will have detrimental effects on the health of those who are already disadvantaged.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting expresses concern that despite the noble efforts of Sir Michael Marmot, health inequalities have continued to rise in the last three years. We recognise that austerity measures are necessary to bring credit ratings back on track but deplore the fact that this is being done at the expense of health indicators.

Motion by BEXLEY LMC: That this Meeting is concerned by the negative impact and detrimental effects on the reduction of benefits on health care of those who are already disadvantaged.

Motion by NORTHERN IRELAND SASC: That this Meeting notes that under the health of the nation proof of vaccination should be mandatory before starting school.

Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE LEICESTERSHIRE & RUTLAND DIVISION): That this Meeting applauds the action of the Chair of BMA Council in establishing a petition with the Alcohol Alliance to impose a minimum unit pricing of alcohol;

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting deprecates the vacillation of HM government which in order to placate the alcohol industry refuses to set a minimum charge for a unit of alcohol despite unanimous medical support for the measure and:-
   i) applauds the action of the BMA Chair of Council in establishing a petition with the Alcohol Alliance to impose a minimum unit charge;
   ii) calls on the BMA to increase its parliamentary activities to secure such a vital change in improving the country’s health.

Motion by BUCKINGHAMSHIRE DIVISION: That this Meeting condemns the government for abandoning its proposed legislation for minimum alcohol pricing.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting condemns the government for ignoring the potential health and economic health benefits of minimum alcohol pricing and dropping its proposed measures to legislate for minimum alcohol pricing and demands that this decision is promptly reversed in the interests of both patients and the public.
Motion by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes the decision of the Chancellor of the Exchequer to reduce the duty on beer by 1p was inappropriate and mere window dressing when the government had failed to implement a minimum fixed price per unit for alcohol in England and Wales and:-

i) calls on the BMA to continue to pressure HM government to implement a fixed minimum alcohol price per unit;

ii) calls on BMA to lobby HM government for the introduction for prominent health warning labelling on all alcohol bottles and cans sold in the United Kingdom and NI, similar to the clear warnings on cigarette packets, in preference to the current small typeface health advice labelling on the maximum units per day for men and women.

Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this Meeting is very disappointed at the government’s refusal to tackle the harm caused by alcohol using the most cost effective intervention available to it; namely minimum unit pricing.

Motion by LOTHIAN DIVISION: That this Meeting welcomes the plans of the Scottish government to introduce a minimum price per unit for alcohol sales and insists that similar minimum pricing legislation for alcohol be introduced across the whole of the UK.

Motion by ROCHDALE AND BURY LMC: That this Meeting believes that the government’s U-turn on minimal pricing per unit of alcohol shows lack of insight into the problem and the power of the drinks industry.

Motion by SUNDERLAND DIVISION: That this Meeting strongly supports BMA in their efforts:-

i) to persuade government to honour their minimum price pledge on the price of the alcohol;

ii) by reducing alcohol intake, it will reduce alcohol related physical/Mental illness.

Motion by LOTHIAN DIVISION: That this Meeting welcomes the plans of the Scottish government to introduce a minimum price per unit for alcohol sales and insists that similar minimum pricing legislation for alcohol be introduced across the whole of the UK.

Motion by ROCHDALE AND BURY LMC: That this Meeting believes that the government’s U-turn on minimal pricing per unit of alcohol shows lack of insight into the problem and the power of the drinks industry.

Motion by BIRMINGHAM DIVISION: That this Meeting believes the BMA should continue to advocate for the minimum unit pricing of alcohol.

Motion by SOUTH THAMES RJDC: That this Meeting is appalled by the governments apparent u-turn on the introduction of minimum pricing for alcohol and urges all its members to sign the e-petition on the HM Government website http://epetitions.direct.gov.uk/petitions/47073 to show their support.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting unanimously rejects the coalition government’s arguments against minimum pricing of alcohol. We urge the BMA to demand a U-turn from the government.

Motion by JUNIOR MEMBERS FORUM: That this Meeting condemns the government’s recent reversal of its position on minimum alcohol pricing, as evidenced in the 2013 budget. This Meeting calls on the BMA to hold the government to account for its failure to take action to reduce the mounting cost incurred by the NHS of treating alcohol-related patient injury and disease.

Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this Meeting insists that the government should rethink its strategy and introduce minimum price as advocated by the BMA there by saving not only individual’s health but millions of pounds that goes into treating alcohol related diseases.

Motion by LINCOLN DIVISION: That this Meeting is greatly disappointed in the UK government’s decision not to pursue minimum pricing of alcohol. Research by the University of Sheffield suggests a minimum price of 50p per unit would prevent 1000 deaths, 31,000 alcohol related hospital admissions and 18,000 crimes per year compared to 45p per unit. This Meeting mandates the Board of Science to continue to lobby the government in order to reverse this decision.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting asks the BMA to lobby the DH and NHS Confederation to ensure that all NHS premises should display clearly the health risks involved with junk food and drinks, especially in kitchen areas and on vending machines.

Motion by NORTH WEST REGIONAL COUNCIL: That this Meeting calls for a ban on all junk food and drinks in NHS hospitals.

Motion by SHEFFIELD DIVISION: That this Meeting believes that the provision of hospital food, including that available from vending machines and coffee bars, should aim to educate in healthy eating.
Motion by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE JUNIOR MEMBERS FORUM): That this Meeting recognises the health benefits of fruit and vegetables and:-
   i) calls on the BMA to campaign for a reduction in the price of fruit and vegetables;
   ii) urges government to extend free fruit and vegetable initiatives to include all primary school children and to ensure these items are available five days a week.

Motion by JUNIOR MEMBERS FORUM: That this Meeting recognises the health benefits of fruit and vegetables and calls on the BMA to campaign for a reduction in the price of fruit and vegetables.

Motion by SCOTTISH CONFERENCE OF LMCS: That this Meeting urges the government to extend the free fruit and vegetable initiative to include all primary school children, rather than just P1 and P2 children, and extend the number of days these items are available from three to five days a week.

The motion(s) below, in the shaded area, are unlikely to be reached

Motion by SOUTHERN RSASC: That this Meeting believes that Bexsero - the new vaccine against meningitis B should become part of the NHS immunisation programme.

Motion by LONDON REGIONAL COUNCIL: That this Meeting:-
   i) notes with concern the reported rise in the number of maternal deaths in London;
   ii) is dismayed by the delay in resolving the future of the audit programme for reviewing national maternal, newborn, and infant clinical outcomes;
   iii) recognises that women’s experiences of maternity services differ between phases of care, and between women with varying clinical needs;
   iv) calls on the BMA Board of Science to review the UK’s approach to addressing maternal risk and to consider what developments are needed to improve women’s experience of maternity services.

Motion by COVENTRY AND WARWICKSHIRE DIVISION: That this Meeting deplores the proliferation of advertising of on line and mobile gambling and demands that the Board of Science evaluates the potentially negative affects.

Motion by WILTSHIRE LMC: That this Meeting is dismayed at the relentless increase in patient demand fuelled by successive governments and insists that there is a need for a coherent strategy from our governments to appropriately decrease patient demand.

Motion by SOUTH WEST REGIONAL COUNCIL: That this Meeting:-
   i) believes that demand for healthcare is outstripping available resources in both primary and secondary care;
   ii) believes that demand for healthcare can be cost-effectively reduced by encouraging greater self care;
   iii) calls on the BMA to work with government in all four countries of the UK to:-
      (a) promote the benefits of self care to the public;
      (b) make the promotion of self care, including for minor ailments, an integral part of the strategy for demand management;
      (c) educate children about the prevention of ill health, lifestyle modification and self care as part of the national curriculum.

Motion by LONDON REGIONAL COUNCIL: That this Meeting believes that demand for healthcare is outstripping available resources in both primary and secondary care, and that demand can be cost-effectively reduced by encouraging greater self care. We call on the BMA to work with government in all four countries of the UK to:-
   i) promote the benefits of self care to the public;
   ii) make the promotion of self care, including for minor ailments, an integral part of the strategy for demand management;
   iii) educate children about the prevention of ill health, lifestyle modification and self care as part of the national curriculum.

Motion by NORTH WALES LMC: That this Meeting urges government to stress to the population that the individual has a responsibility for his own health.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that the use of electronic cigarettes is merely a method of giving patients regular doses of nicotine and therefore demands that electronic cigarettes are classified as drug delivery systems and brought under full regulatory control.
Motion by NORTHERN IRELAND COUNCIL: That this Meeting believes that electronic cigarettes continue to expose both the user and those in the vicinity of the user to substances which are harmful to health and therefore calls on the government to bring electronic cigarettes under regulatory control.

Motion by WELSH COUNCIL: That this Meeting, whilst welcoming the range of nicotine replacement modalities available to help people give up cigarette smoking, is concerned that ‘e-cigarettes’ are being openly smoked in hospitals and other healthcare premises and demands that urgent action is taken by the health departments to prevent this absurd practice.

Motion by DEVON LMC: That this Meeting calls upon media organisations and politicians to use statistics honestly when reporting to the public on medical issues. We will campaign to insist that:
  i) relative risk reductions for populations are always accompanied by the more relevant absolute risk reduction for an affected individual;
  ii) number needed to treat or harm becomes a recognised term in medical media discussions;
  iii) health journalists and any doctors working in public relations for BMA or GPC can demonstrate their understanding of statistics.

Motion by HULL AND EAST YORKSHIRE LMC: That this Meeting demands that, where comparative data is published about health services, the statistical significance of the data is clearly displayed alongside the crude data, in a form which is easily understood by the general public.

Motion by MORGANNWG LMC: That this Meeting calls on any new press regulator to issue best practice guidelines on science and health journalism as detailed by the Science Media Centre to Leveson and to ensure publishers are made properly accountable for making false claims and misleading the public.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting would like the BMA to campaign for a smoking ban in all public spaces.

Motion by SHEFFIELD DIVISION: That this Meeting supports a reduction in the permitted blood alcohol concentration for driving to 50mg/100ml.

Motion by LOTHIAN DIVISION: This Meeting notes that research shows that children who learn to play a musical instrument benefit in many ways, including improved language skills, mathematical skills, enhanced co-ordination, better reading and social skills, and is beneficial especially for those with developmental delay and autism. This Meeting therefore:
  i) deplores that some educational authorities are charging fees for music lessons;
  ii) calls upon the BMA to lobby educational authorities to provide free music lessons in primary schools.

Motion by NORTHERN IRELAND COUNCIL: That this Meeting:
  i) notes that there has been a significant increase in the number of cases of skin cancer in the UK over the last 25 years, and that malignant melanoma is now the second highest cause of common cancer in young adults in the UK;
  ii) believes that the UK government has failed to take sufficient steps to address this largely preventable disease, and calls on the BMA to lobby for stronger action in this area.

Motion by EAST KENT DIVISION: That this Meeting congratulates the Board of Science on the revision of ‘Growing Up in the UK’ and asks Council to convene a conference at BMA House of all relevant stakeholders to promote the necessary improvement of child health and welfare services in the UK.

Motion by NORTH & MID STAFFORDSHIRE DIVISION: That this Meeting asks the BMA to identify the cost effective interventions available to tackle the obesity epidemic in England and the UK and ensure that it is placed in the hands of the Secretary of State.

Motion by SHEFFIELD DIVISION: That this Meeting recommends that road safety should be part of the national curriculum.

Motion by COVENTRY AND WARWICKSHIRE DIVISION: That this Meeting demands that the BMA campaigns for appropriate legislation to make the wearing of helmets compulsory for quad bike riders.
Motion by LONDON REGIONAL COUNCIL: That this Meeting:

i) notes that while Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME) is relatively common, its management and treatment is impeded by a lack of awareness of this illness among medical professionals, uncertainty about the clinical management of patients with severe CFS / ME presentations, and inequitable access to specialist services;

ii) calls on the Board of Science to address this under-researched issue, with a view to raising awareness about this potentially treatable condition among medical professionals, commissioners and policy makers.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting notes that a) the "Werther effect" - that there is an increase in the suicide rate when there is sensational reporting of a celebrity suicide or attempted suicide, and calls on the media to be more responsible in their reporting of suicide; b) When there are reports of a celebrity who has successfully dealt with suicidal ideation, the suicide rate drops, and calls on the media to report these events when a celebrity makes these public.

Motion by RETIRED MEMBERS FORUM: That this Meeting requests that the Board of Science investigates the advisability of treating elderly patients with severe dementia in system based wards (e.g. cardiology, orthopaedics) rather than in their own special area.

Motion by SHROPSHIRE LMC: That this Meeting demands, in order to protect the health of the nation, all members of Parliament and senior civil servants are required to declare every meeting or conversation with representatives of the tobacco, food and drink, pharmaceutical and health industries within three months of them taking place.

Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this Meeting believes that the published percentage changes in MRSA, C. difficile and E. Coli are misleading and:

i) calls on the BMA to lobby the Health Protection Agency to insist on changes in levels of hospital acquired infections in acute hospitals be given in absolute figures and;

ii) ask the BMA to work with healthcare organisations to ensure that hospitals have robust and sustainable infection prevention and that staff have the adequate skills, knowledge and resources to ensure a safe environment.

Motion by SHEFFIELD DIVISION: That this Meeting calls on the Board of Science to investigate the apparent increase in mortality in hospitals at weekends and clarify the factors behind this.

Motion by ANNUAL CONFERENCE OF PUBLIC HEALTH MEDICINE: That this Meeting calls on the UK government to follow the evidence that a graduated drivers licence would be popular, reduce public expenditure and save lives, and introduce such a scheme forthwith.

Motion by NORTH WEST LONDON DIVISION: That this Meeting calls on the BMA to campaign against child obesity which will affect the ability of children to grow into healthy adults who are able to enjoy a healthy lifestyle within society.

Motion by LOTHIAN DIVISION: That this Meeting demands the elimination of industrially produced trans-fats in foods for human consumption.

Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting notes that for the approximately 18,000 people in the UK with mitochondrial disorders, the blue food dye E133 interferes with electron transport chain function and exacerbates their disease. We call on food and confectionary manufacturers to:

i) seek alternative less harmful food colourings; and

ii) label packaging clearly in a manner similar to that seen for gluten sensitivity and nut allergy to notify consumers that the produce could be harmful to those with mitochondrial disorders.
**Medication and prescribing**

* 619  **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this Meeting highlights the unacceptable and novel commercial practices of the pharmaceutical industry and its supply chains to maximise their profits at the expense of drug availability for patients and requires Council to take the necessary actions to highlight these issues and to write to government requesting investigation and action to protect the NHS budget and the supply chain for patients’ medications.

619a  **Motion** by HULL AND EAST YORKSHIRE LMC: That this Meeting believes that patients are being harmed by shortages caused by problems in medicines’ supply chains, and calls for effective action from governments to protect supplies, which might include export controls or the ‘naming and shaming’ of those exporting medications which subsequently become unavailable.

619b  **Motion** by CONFERENCE OF LMCS AGENDA COMMITTEE: That this Meeting feels the government should:-

i) ensure that the supply chain for all medicines, is secured as a matter of urgency;

ii) create a better system for informing GPs when medicines will be temporarily unavailable.

619c  **Motion** by WAKEFIELD LMC: That this Meeting calls on the government to address the problems in the medicines supply chain that lead to unavailability of critical drugs for patients, as a matter of urgency.

619d  **Motion** by YORKSHIRE REGIONAL COUNCIL: That this Meeting believes that the frequent lack of availability of commonly used prescription drugs is not only inconvenient but is putting patients at risk and calls on the UK government to do more to address this problem.

619e  **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this Meeting deplores the staggering price increases and shortages of long established generic medicines and urges an enquiry into the circumstances leading to this situation.

* 620  **Motion** by THE AGENDA COMMITTEE (MOTION TO BE PROPOSED BY THE HULL AND EAST YORKSHIRE LMC): That this Meeting:-

i) is disappointed that the document ‘GMC Good Practice in Prescribing’ fails to endorse the use of widely recognised and effectively used prescribing of drugs not licensed for particular conditions as reasonable alternative to licensed preparations;

ii) notes with alarm that the GMC’s current prescribing guidance regarding the use of licensed drugs for non licensed indications places doctors prescribing accepted treatments in jeopardy;

iii) calls for urgent action from the GMC to allow doctors to continue clinically effective prescribing.

620a  **Motion** by HULL AND EAST YORKSHIRE LMC: That this Meeting notes with alarm that the GMC’s current prescribing guidance regarding the use of licensed drugs for non licensed indications places doctors prescribing accepted treatments in jeopardy, and calls for urgent action from the GMC to allow doctors to continue cost and clinically effective prescribing.

620b  **Motion** by HERTFORDSHIRE LMC: That this Meeting is disappointed that the document ‘GMC Good Practice in Prescribing’ fails to endorse the use of widely endorsed, effectively used, evidence based prescribing of unlicensed drugs for a condition as reasonable alternative to licensed preparations and calls on GPC to oppose vigorously this threat to choice of therapy.

621  **Motion** by NORTH THAMES RJDC: That this Meeting believes that we are heading towards a post-antibiotic age, and calls

i) on the government to introduce much tighter regulation to significantly reduce the use of antibiotics in farming practice;

ii) on the BMA to press for much tighter antimicrobial prescribing rules both within the UK and internationally with the aim of preserving antimicrobial sensitivity for as long as possible;

iii) on the Board of Science to consider the impact of tighter antimicrobial prescribing rules on medical practice;

iv) for the government to review this issue and find ways to incentivise the development of new classes of antimicrobials as well as variations on existing ones.
The motion(s) below, in the shaded area, are unlikely to be reached

622 Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this Meeting is concerned at the proliferation of patients being encouraged to manage their own medication whilst hospital inpatients and believes that:

i) adequate risk assessments need to be in place to identify suitable patients including assessment of capacity;

ii) patients should not retain medication in hospital if any risks are identified.

623 Motion by HULL AND EAST YORKSHIRE LMC: That this Meeting believes that PGDs are being misused to sell prescription-only medicines to the public and calls on governments and regulatory organisations to act to end this practice before and not after patients are harmed.

Contingency time

MOTIONS ARISING FROM THE ARM Thursday 11.20 - 11.25

APPROVAL OF THE ANNUAL REPORT OF COUNCIL Thursday 12.45

624 Motion by THE CHAIR OF COUNCIL: That the Annual Report of Council be approved.

PROVISIONAL APPROVAL OF THE MINUTES

625 Motion by THE CHAIR OF COUNCIL: That the Chairman of the Representative Body be empowered on behalf of the Meeting to approve the minutes of the meeting.

ARM ENDS Thursday 13.00