

Order of Business

CHOSEN MOTIONS

- EN 228 **Motion** by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the current lack of adequately funded and equitably provided high quality palliative care across the UK, with its unjust reliance on charitable giving. It applauds the government for starting to address this, by accepting Baroness Finlay’s amendment to the Health and Care Bill mandating commissioning of palliative care, as NHS policy, and:-
- i) demands this legislation is backed up by a funded policy for comprehensive hospice, community, and hospital specialist palliative care services nationwide, along with imposition of a duty on all NHS commissioners to ensure these services are made available to all who need them;
 - ii) opposes any attempt to legalise assisted dying in a climate of such under-resourcing of quality end of life care.
- UK 261 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes, given the high proportion of inactive and dormant divisions, it is no longer feasible for the division to be the foundation organisational unit of the BMA. We therefore mandate the organisation committee to develop a proposal for removing a reliance on divisions from the articles and byelaws of the Association whilst ensuring local support and organisation of members continues. This proposal must be brought to ARM 2023 for consideration.
- UK 265 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting asks the BMA to allow changes to the standing orders of BMA policy conferences to amplify the member voice that:-
- i) enable BMA Officers to contextualise and inform at the start of debate, rather than comment at the end;
 - ii) prevent BMA Officers from using any “top table” or “Officer comment” time to steer;
 - iii) ensure movement through the agenda by placing similar time limits on all speakers including BMA Officers.
- UK 270 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting identifies that the BMA has a severe problem with politics by complaints: the quality of our debate is being stifled by vexatious complaints while serious infractions are going unpunished. We mandate that the BMA:-
- i) produces a report on the number of complaints initiated, investigated and upheld; the cost of this to members; the spread of sanctions applied and any other actions taken in response to the ARM (as a paper) on an annual basis;
 - ii) institutes a time-limit for each section of the complaints process (limit to be agreed with the resolution process working group within 8 weeks);
 - iii) commissions the working group on the resolution process to consider a process for identifying and addressing vexatious complaints which will be brought to ARM 2023 for discussion;
 - iv) takes responsibility for supporting members involved in the complaints process and for making restitution to members where complaints have proven unfounded;
 - v) educates members in the clearest and strongest terms possible that BMA complaints are not to be used as a threat against members or staff.

- UK 300 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes with concern that there seems to be a glass ceiling for women in the BMA: there has never been a female Chair of BMA Council or Treasurer; and that the recommendations of the Romney review do not appear to be progressing towards full implementation. We call for:-
- i) an investigation into the progress of the BMA against the outcomes of the Romney review. Reporting to ARM 2023;
 - ii) a professional independent of the BMA to conduct rigorous exit interviews with women who leave/have left senior BMA positions with the aim of identifying points for future organisational change.
- UK 336 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that the BMA provides poor representation to Locally Employed Doctors (LEDs) and particularly to International Medical Graduates in such posts. We are also losing out on engaging doctors who are experienced and effective trade union organisers. We instruct the BMA to:-
- i) form a working group including representatives from Consultant, SAS and Junior Doctor branches of practice to decide how to investigate this lacuna in our support for our members and to remediate this problem reporting to Organisation Committee in preparation for a package of measures to be approved at ARM 2023;
 - ii) immediately instigate and publicise improved support for LEDs in individual local contract negotiations to avoid employers taking advantage of this vulnerable worker group;
 - iii) immediately negotiate for all LEDs to have access to exception reporting, time-sheets, monitoring or any other mechanism to report and be paid for overwork and lack of development in their roles and support them to access these systems;
 - iv) negotiate such that Locally Employed Doctors are not employed in "Trust Grade" posts for lengthy periods of time if they are eligible for Specialty Doctor or Associate Specialist posts.

EMERGENCY MOTIONS

Emergency motion 1

Proposed: Dr Marina Politis (Scottish council rep)

Seconded: Dr Emma Runswick (North west regional council / Council rep) and Dr Alessia Waller (Junior doctor's conference).

That this meeting believes that the US Supreme Court decision to overturn Roe vs Wade removes the Constitutional right to safe, legal abortion. This decision will cause immeasurable harm by allowing states to remove reproductive rights, which are deemed essential human rights by the UN. This meeting calls upon the BMA to:-

- i) Continue to condemn the overturning of Roe vs Wade and lobby all UK governments to condemn this decision;
- ii) Lobby the GMC, all UK governments and other stakeholders to stand in solidarity with healthcare workers providing safe abortion care including disregarding any criminal charges or convictions for providing safe abortion care when considering UK registration applications;
- iii) Work with the American Medical Association to support doctors providing medical and surgical abortions in the US;
- iv) Support the provision of free & safe abortion care to all nationals seeking this in the UK without subjecting them to the overseas patient upfront tariff, regardless of borders;
- v) Call on all UK Governments to strengthen their own abortion provision and decriminalise abortion;

vi) Support the Safe Access (Abortion Services) Scotland Bill, which would introduce safe access zone around abortion clinics and healthcare settings that provide abortion services through creation of a criminal offence of contravening the zone and lobby to have this approach adopted on a UK basis.

Emergency motion 2

Proposed: Dr Jo May Sutton-Klein (JDC/Council-elect rep)

Seconded: Dr Emma Runswick (North west regional council/Council rep) and Miss Becky Bates (Medical students conference/Council-elect rep)

This meeting stands in solidarity with the many unions that have been taking, and preparing to take industrial action in the past month. This conference calls on the BMA to:-

- i) publish formal expressions of solidarity with other workers taking industrial action this summer, including workers in RMT union, PCS and Unite;
- ii) make donations of £1000 to each of the strike funds for RMT, PCS and Unite;
- iii) create resources to educate members about the strategic importance of solidarity between unions
- iv) publicly condemn the recent statements by Conservative party politicians which have attempted to pit striking RMT members against NHS staff;
- v) enable and encourage regional councils to publish formal expressions of solidarity with workers in their regions taking industrial action.

Emergency motion 3

Proposed: Dr John Hughes (retired members conference rep)

Seconded: Miss Becky Bates (Medical students conference / Council rep)

That this meeting shares the major concerns of many members regarding the recent GMC investigation and MPTS hearing of Dr Manjula Arora, and calls on the BMA to urge the GMC to:-

- i) urgently undertake a root and branch review of its investigation thresholds and process;
- ii) ensure that investigations do not simply seek supportive evidence for the allegation made, but also mitigating or exonerating evidence;
- iii) approach referred doctors as being innocent until proven guilty;
- iv) urgently address its failure to achieve more than marginal improvements in its record on racial inequality.