

# Consultants conference 2025 resolutions

5      A22CC2025      **Motion BY YORKSHIRE RCC**

That this conference recognises the growing evidence of collaboration and organisation amongst employers at a regional and ICB level with regards to extracontractual work and calls on the BMA to reintroduce the national extra-contract rate card.

**CARRIED**

6      A14CC2025      **Motion BY NORTH WEST RCC**

This meeting is gravely concerned that the pay restoration for consultants promised by the previous government is not high on the agenda of the current Labour government. We demand that the BMA makes it clear to the current government that the consultant medical workforce will take Industrial Action if there is any deviation from the agreement reached on pay reform with the last government.

**CARRIED**

7      A42CC2025      **Motion BY CONFERENCE AGENDA COMMITTEE**

That this conference continues to decry the persistent late payment of DDRB uplifts in Northern Ireland, and notes that this has been criticised by the BMA and the DDRB in previous years. We are also appalled at plans from DoH (NI) to pay the backdated 24/25 DDRB uplift in instalments instead of at once. We call on the BMA to:

- i. Demand that any DDRB uplifts are paid by relevant health departments on time across all nations rather than being delayed excessively, and
- ii. Specifically criticise the new concept of paying by instalment in their evidence to DDRB. Doctors cannot be employed on a “buy now, pay later” basis.

**CARRIED**

10      A19CC2025      **Motion BY YORKSHIRE RCC**

That this conference strongly opposes the government’s intention in its recent announcement to increase NHS contractual work with private sector providers and calls on the BMA to request that government focus on:

- i. Allocating public funds towards establishing and enhancing NHS services rather than the private sector;
- ii. Training more doctors and nurses rather than fostering a two-tier system that completely undermines the principles of universal healthcare.

**CARRIED**

11 A43CC2025 **Motion** BY CONFERENCE AGENDA COMMITTEE

This conference is deeply concerned about the rising crisis in emergency care which is resulting in unprecedented crowding in Emergency Departments and delays in ambulance responses leading to unacceptable delays in patient care and avoidable harm, including excess deaths, in hospitals and communities. We call upon the BMA to collaborate with the Royal Colleges to:

- i. Lobby the government to rectify the situation as a matter of urgency tackling shortfalls such as understaffing and under-resourcing in both NHS trusts and social care organisations.
- ii. Lobby the government to introduce reporting for trusts to record the maximum number of patients being cared for on corridors in each 24-hour period and ensure this data is publicly accessible.
- iii. Recommend that all doctors record in their notes the location they are reviewing a patient if not in a proper cubicle/trolley space.
- iv. Work with other unions and colleges collaboratively to increase pressure on the government to manage this crisis.

**CARRIED**

15 A37CC2025 **Motion** BY CHESHIRE AND MERSEY RCC

This conference recognises the new legislation placing a duty on employers to prevent sexual harassment of their employees, but more must be done to prevent, investigate, and support those who report sexual harassment in medicine. We call on: -

- i. NHS trusts to include Active Bystander Training within programs of mandatory training for all staff.
- ii. The BMA to lobby for a national anonymous reporting structure for sexual harassment.
- iii. NHS organisations to investigate reports of sexual misconduct with investigators trained in trauma investigations, external to the Trust.
- v. The BMA to work with stakeholders, including Working Party on Sexual Misconduct in Surgery, to develop guidelines for providing ongoing support for victims as witnesses in tribunals.

**CARRIED**

16 A8CC2025 **Motion** BY SOUTHERN RCC

Many consultant BMA members are not employed by NHS trusts, for example those working for charitable institutions such as hospices and for commercial organisations such as occupational health providers. They are therefore not represented on regional consultants' councils, as current constitutions only allow members to

be drawn from NHS trusts. The constitutions of RCCs must be amended urgently to allow representation for these groups.

**CARRIED**

17      A35CC2025      **Motion** BY IMPERIAL COLLEGE HEALTHCARE NHS TRUST LNC

This conference has no confidence in the GMC and calls for the BMA to take active measures to collectively withdraw the support of the profession from it in ways that will result in the shuttering and replacement of the GMC with a new regulator solely of doctors.

**CARRIED**

18      A26CC2025      **Motion** BY YORKSHIRE RCC

That this conference strongly condemns human rights violations committed by all parties and calls for comprehensive accountability and justice for serious breaches of the laws of armed conflict and gross human rights violations in Gaza, the West Bank, Israel and

- i. notes with dismay that humanitarian situation in Gaza has reached a critical point, with the healthcare system on the brink of collapse. The World Health Organization (WHO) reports that out of 36 main hospitals serving over 2 million people in Gaza, only 17 are partially functional, severely limiting access to medical care;
- ii. calls upon UK government and the international community to provide financial support for urgent health needs and the reconstruction of Gaza's healthcare system.

**CARRIED**

19      A5CC2025      **Motion** BY SOUTHERN RCC

The Terminally Ill Adults (End of Life) Bill passed its second reading on 29 November 2024. This raises serious potential moral hazards for consultants, and serious potential adverse impacts on health services. In discussions with the government regarding assisted dying, the BMA must be clear that, if the bill were to become law:

- i. An opt-in model is adopted for providers, and no consultant shall be expected to be involved in any part of the assisted dying process, including having no obligation to either suggest assisted dying to patients, nor refer patients for it;
- ii. Assisted dying is not a health activity and it must not take place in NHS or other health facilities, and assisted dying providers must be employed under separate contractual arrangements.

**CARRIED IN PARTS**