

ARM Agenda No.	Resolutions	Outcome
421	<p>Monday am 9.45 is now the following emergency motion to be taken after the keynote address from the BMA council chair. The professional regulation, appraisal and the General Medical Council section to be taken from 10.00.</p> <p>Proposed: Dr Zahra Youssef (North West Regional Council)</p> <p>Seconded: Dr Sabriye Mehmood (Lambeth, Southwark and Lewisham division)</p> <p>That this meeting notes that some members of the 2024 ARM agenda committee attempted, sometime between 2 April and 25 May 2024, to remove over 30 motions from the agenda as detailed by the accompanying letter from Dr Latifa Patel, Representative Body Chair, attached to the ARM agenda released on 24 May. This meeting views this as an attempt to override the democratic processes of the BMA. This meeting censures the attempt to remove motions from the agenda and calls for the BMA to:-</p> <ul style="list-style-type: none"> <li>i) Declare no confidence in the ARM Agenda Committee 2024;</li> <li>ii) Ensure that all agenda committees publish transparent public reports documenting the decision; making process for selection or removal of motions;</li> <li>iii) Make recommendations to remove bias and standardise the motion selection procedure by reforming and strengthening standing orders and bye-laws;</li> <li>iv) Create a process for oversight of the motion selection process;</li> <li>v) Develop an escalation process to highlight concerns regarding motion submission, selection and prioritisation and take appropriate actions to remedy the situation including, as a last resort, <b>disciplinary action</b></li> </ul>	Carried (ii)-(iv)
7	<p><b>Motion</b> by EAST SUSSEX DIVISION: That this meeting asserts the importance of safeguarding the rights of healthcare workers and medical students engaged in activism, believing that such participation is fundamental to health equity and reducing inequalities. It calls for the BMA to:-</p>	<b>Carried as amended</b>

	<p>i) advocate for protections against punitive actions, such as being struck off the medical register or termination of employment, for doctors and equivalent actions against medical students participating in activism;</p> <p>ii) pressure organisations and institutions to uphold the freedom of speech and assembly for healthcare workers and medical students', collaborating with the GMC to develop guidelines that protect doctors' and medical students' rights to lawfully protest and express themselves, especially in contexts relevant such as climate change;</p> <p>iii) ensure mechanisms are in place to support healthcare workers and medical students' who face discrimination or retaliation due to their activism.</p>	
8	<p><b>Motion</b> by BUCKINGHAMSHIRE DIVISION: That this meeting instructs BMA to formally complain to the Charity Commissioners that the General Medical Council, whose charitable objectives relate only to the registration, education, standards of conduct and fitness to practice of registered medical practitioners and no other professional group, has breached its charitable charter by agreeing to regulate Physician Associates.</p>	<b>Carried</b>
10	<p><b>Motion</b> by LEICESTERSHIRE &amp; RUTLAND DIVISION: That this meeting regrets the disruption and uncertainty caused by late work schedules/rotas and leave approvals and calls on the BMA to negotiate an update to all employed doctor's terms and conditions such that:-</p> <p>i) employing organisations become liable for a penalty of one day's pay or one day's annual leave, at the preference of the doctor, for every day beyond a reasonable rota issuance deadline (6 weeks prior to commencing a post);</p> <p>ii) doctors cannot be compelled to cover shifts or arrange cover, including OOH work, for which they have given six weeks' notice of intention to take annual leave and had this agreed;</p> <p>iii) all leave requests must receive a response within five working days and be presumed granted if no response is given thereafter;</p> <p>iv) employers wishing to cancel agreed leave other than in an emergency occurring fewer than 48hrs prior to the work duty must do so with six weeks' notice and provide satisfactory reasoning;</p> <p>v) employers must be held liable for any financial loss, missed educational opportunities or loss of annual leave as a result of miscommunication on their part.</p>	<b>Carried (i-iii) and (iv) Carried as reference (v)</b>

11	<p><b>Motion</b> by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting calls upon the BMA to demand that the NHS urgently establishes and implements a total inclusion plan for sustainability and decreases its carbon footprint faster than the Government's aim of Net Zero by 2050. This plan should include:-</p> <ul style="list-style-type: none"> <li>i) a shift from single use equipment enabled by the development of innovative sterilisation procedures;</li> <li>ii) a shift away from fossil fuel derived power with investment in low carbon sources such as the Welsh Health Board developed solar farm that now provides all the electricity to run Morriston Hospital in Swansea.</li> </ul>	<b>Carried</b>
12	<p><b>Motion</b> by NORTH EAST REGIONAL COUNCIL: There have been multiple patient safety incidents attributable to Medical Associate Practitioners (MAPS) within the NHS. The BMA, GPCUK, Conference of Representatives of Local Medical Committees, the European Union of General Practitioners (UEMO) and the Fire Brigades Union (FBU), BMA Patient Liaison Group, and Silver Voices have expressed concerns over the increasing use of MAPS and potential substitution of doctors. That this meeting:-</p> <ul style="list-style-type: none"> <li>i) demands that MAPS are not used as a substitute for doctors and insists on a pause in recruitment and deployment of MAPS;</li> <li>ii) affirms the BMA traffic light system for MAPS and believes that MAPS must not prescribe or see undifferentiated patients within Primary or Secondary Care;</li> <li>iii) believes that appropriate education and training must be offered to doctors supervising MAPS and supports colleagues who refuse to supervise non-medical practitioners;</li> <li>iv) calls for an urgent public enquiry into reports that MAPS have worked outside of their competence including incidences of inappropriately signing prescriptions and requesting ionising radiation;</li> <li>v) affirms that doctors have a moral and professional duty, under GMC Good Medical Practice (paragraph 25) and GMC whistleblowing guidance, to raise concerns about anything that impacts patient safety or could impact patient safety.</li> </ul>	<p><b>Carried as amended</b></p> <p><b>Amended the motion so it now reads:</b></p> <p><b>Motion by COUNCIL: That Dr John Chisholm appointed BMA president for the session</b></p>
14	<p><b>Motion</b> by NORTHERN IRELAND COUNCIL: That this meeting calls on the Department of Health in Northern Ireland to ensure that terms and conditions and pay for doctors in NI are competitive with Sláintecare in the</p>	<b>Carried</b>

	Republic of Ireland. Failure to do this will mean we will lose experienced doctors in Northern Ireland.	
15	<p><b>Motion</b> by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting affirms its belief that Public Health is a medical specialty, with a well-established and well professionally regulated non-medical route of entry. This meeting also recognises that both this status as a medical specialty and the medical Public Health workforce itself, face significant threats because of a lack of medical terms and conditions in some employer organisations and because of pay disparities between organisations and across the four nations. This meeting further believes that this lack of medical terms and conditions and the pay disparities have resulted in attrition of Public Health doctors, particularly in local authorities in England and have also resulted in many vacant Public Health consultant posts. Therefore, this meeting calls for:-</p> <ul style="list-style-type: none"> <li>i) all doctors and dentists working in Public Health across the UK, including those working in OHID, UKHSA and local authorities in England, to be offered NHS medical and dental terms and conditions of service;</li> <li>ii) maintenance of the clinical ringfence in all of the national organisations which employ Public Health doctors and dentists;</li> <li>iii) full government funding of pay awards to Public Health doctors employed in the public sector, including in OHID, UKHSA, local authorities in England and universities;</li> <li>iv) the ending of pay disparities between Public Health specialists on either the GMC or UKPHR registers across all employing organisations across the UK;</li> <li>v) mutual recognition of service as a Public Health specialist in all employer organisations.</li> </ul>	<b>Carried</b>
16	<p><b>Motion</b> by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting, recognising the challenges facing the provision of healthcare in rural, coastal and remote areas across the UK, therefore:-</p> <ul style="list-style-type: none"> <li>i) considers that there is an overdue need for healthcare strategy for these areas in all four nations;</li> <li>ii) emphasises that joined up action needs to be speeded up across relevant government departments;</li> <li>iii) asks the BMA to highlight both the problems and solutions, and to lobby for national strategies and actions.</li> </ul>	<b>Carried as amended</b>

17	<b>Motion</b> by COUNCIL: That Dr John Chisholm be appointed BMA president for the session 2025-26.	<b>Carried</b>
18	<b>Motion</b> by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to the articles of the association as set out in appendix II of document ARM 1A/AGM3 and recommends the changes to the article to the Annual General Meeting for approval.	<b>Carried</b>
20	<b>Motion</b> by THE ORGANISATION COMMITTEE CO-CHAIRS ON BEHALF OF COUNCIL: That the bye-laws of the association be amended:- i) in the manner shown in appendix IV of document ARM1A; ii) in the manner shown in appendix V of document ARM1A; iii) in the manner shown in appendix VI of document ARM1A.	<b>Carried</b>
21	<b>Motion</b> by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting deplores the sudden significant reduction in funding for the NHS England LGBTQ diversity programme known as NHS Rainbow Badge scheme, reaffirms its commitment to promoting equality for LGBTQ+ people working and accessing care in our healthcare systems, and calls on the Government to:- i) reinstate funding for the LGBTQ+ diversity programme to ensure its continued service; ii) re-establish its partnerships with the representative LGBTQ+ charities involved in the scheme; iii) maintain its accreditation status.	<b>Carried</b>
22	<b>Motion</b> by NORTH EAST REGIONAL COUNCIL: The prevalence of obesity and rising need for weight-management interventions including bariatric surgery is rising in children and adults within the UK. Moreover, patients are resorting to overseas weight loss surgery with reports of patients needing emergency surgery on return to the UK. Obesity is associated with socioeconomic deprivation. That this meeting:- i) highlights the increasing pressures on the NHS due to the obesity epidemic, specifically in areas of socioeconomic deprivation;	<b>Carried as amended (i) – (iii)</b>  <b>Lost (iv)</b>

	<p>ii) demands an increase in funding for UK-based weight management services partially paid for by an extension to the sugar tax;</p> <p>iii) highlights the evolving health risks of ultra-processed foods;</p> <p>iv) calls for the inclusion of warning labels on obesogenic foods highlighting the health risks;</p> <p>v) endorses the British Obesity and Metabolic Surgery Society (BOMSS) and British Association of Aesthetic Plastic Surgeons (BAAPS) statement expressing concern that boom in surgical tourism is leading to a rise in serious post-surgery complications and deaths.</p>	
	<p>MEDICAL ETHICS AND HUMAN RIGHTS Monday 14.45 – 15.00</p>	
23	<p><b>Motion by SAS CONFERENCE: That this meeting is appalled that despite recommendations by NHS Employers and the Equality and Human Rights Commission, employers continue to record disability related absence as sick leave. This combined with the use of the Bradford Factor is discriminatory in its approach and we demand that the BMA lobbies all NHS and HSCNI employing organisations to implement recording of disability related absence separately.</b></p>	<p><b>Carried as amended</b></p> <p>Add the words “NHS and HSCNI” so the motion reads: <b>Motion by SAS CONFERENCE: That this meeting is appalled that despite recommendations by NHS Employers and the Equality and Human Rights Commission, employers continue to record disability related absence as sick leave. This combined with the use of the Bradford Factor is discriminatory in its approach and we demand that the BMA lobbies all NHS and HSCNI employing organisations to implement recording of disability related absence separately.</b></p>
	<p>INTERNATIONAL RELATIONS Monday 15.00 – 15.15</p>	
412	<p><b>Motion</b> by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH WEST REGIONAL COUNCIL): That this meeting reaffirms the BMA’s commitment to medical humanitarianism and recognises widespread member concerns regarding the Association’s current position and work on the ongoing conflict in Gaza. It furthermore condemns all violations of medical neutrality and, given the events documented in hospitals in Gaza, calls on the BMA to:-</p> <p>i) note recent developments, including the relevant UN special rapporteur report and ICJ case, and to review its position statement on Gaza accordingly, consulting with membership as appropriate;</p>	<p><b>Carried</b></p>

	<p>ii) review the mechanisms for grassroots members to raise and campaign on such matters within the Association structures, particularly on a local level;</p> <p>iii) conduct further work on this matter, including but not limited to, greater support to members affected, combatting antisemitism and anti-Muslim hatred, humanitarian assistance, and protecting the freedom of speech for members on these matters.</p> <p>iv) use their platform to highlight and continue forthright condemnation wherever they see violations of medical neutrality;</p> <p>v) lobby relevant parties to protect health care workers and their patients from hostilities in keeping with international law. This includes forcible displacement from hospitals and being forced to abandon patients who cannot be moved or are immobile;</p> <p>vi) lobby all relevant parties for urgent investigations into the destruction of medical infrastructure and medical schools, and the death and injury of health care workers in the line of duty in Gaza;</p> <p><b>vii) lobby the government to urge Egypt and Israel to allow access for full humanitarian assistance and medical supplies to the people of Gaza.</b></p>	
	<p>COMMUNITY AND MENTAL HEALTH Monday 15.30 – 15.45</p>	
25	<p><b>Motion</b> by EDGWARE AND HENDON DIVISION: That this meeting expresses increasing degrees of concern about the state of our children's mental health. The increase of mental health disorders in children shows a failure of the department of health to deal with the vast increment of cases. Children with mental health disorders can have problems at home, in school and in forming friendships and it has increased disproportionately since the pandemic. We urge the BMA to ask the departments of health:-</p> <p>i) to implement a task force to investigate the problem and find better ways of early diagnosis;</p> <p>ii) to increase the number of children's mental health care professionals in the UK;</p> <p>iii) to train and employ more full time health care professionals and counsellors in schools.</p>	<b>Carried</b>
	<p><b>MEDICAL STUDENTS Monday 15.45 – 16.00</b></p>	
26	<p><b>Motion</b> by EAST MIDLANDS REGIONAL COUNCIL: That as a matter of urgency the BMA take steps necessary to</p>	<b>Carried</b>

	ensure and influence the maintenance of the current UK rigorous curriculum, teaching, training, and examination standards required to achieve UK medical registration such that should the UK and Europe restart Mutual Recognition of Professional Qualifications (MRPQ), UK graduates are not at any disadvantage.	
	<b>GENERAL PRACTICE Monday 16.00 – 16.15</b>	
27	<b>Motion</b> by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to:- i) insist that sufficient funding is supplied to GMS contract holders, so as to restore the right of GPs to employ the staff they think best for their service and to maintain continuity of care; ii) support any industrial action the GPC may organise to this end.	<b>Carried (i)</b>  <b>Carried as reference (ii)</b>
	<b>LOCALLY EMPLOYED DOCTORS Monday 16.15 – 16.30</b>	
28	<b>Motion</b> by JUNIOR MEMBERS FORUM: That this meeting recognises that locally employed doctors (LED) are an integral part of the NHS workforce and demands that the BMA lobbies NHS bodies to ensure that:- i) LEDs are participating in local teaching programmes; ii) LEDs have representatives present at local stakeholder meetings to represent their views; and iii) LEDs are encouraged and given opportunities to participate in local projects to build their portfolios.	<b>Carried</b>
	<b>INTERNATIONAL MEDICAL GRADUATES Monday 16.30 – 16.45</b>	
29	<b>Motion</b> by WELSH COUNCIL: That this meeting recognises the substantial contributions of International Medical Graduates (IMGs) to the NHS and the considerable challenges they face upon migrating to the UK. It calls upon the BMA to lobby NHS organisations and UK governments to:- i) increase hospital accommodation capacity, including provisions for family units, ensuring adequate housing is available for all new IMG doctors; ii) establish formal mentorship and peer support programmes tailored for the integration of new IMG doctors;	<b>Carried as amended</b>  <b>In part iii of the motion change the word ‘specialist’ so part iii of the motion now reads:-</b>  <b>iii) offer <b>staff specialist</b>, associate specialist and specialty (SAS) contracts to IMGs in locally employed doctor positions, such as clinical fellowships, when suitable</b>

	<p>iii) offer specialist, associate specialist, and specialty (SAS) contracts to IMGs in locally employed doctor positions, such as clinical fellowships, when suitable;</p> <p>iv) abolish Immigration Health Surcharges for doctors working in the NHS;</p> <p>v) remove the personal cost for doctors applying for indefinite leave to remain in the UK;</p> <p>vi) reinforce the Medical Support Worker Scheme to better support the integration of IMGs into the NHS workforce.</p>	
	<p><b>CONSULTANTS</b> <b>Monday 16.45 – 17.00</b></p>	
30	<p><b>Motion</b> by LONDON REGIONAL COUNCIL: That this meeting believes that the use of the title ‘consultant’ by non-doctors misleads the public and should only be used in healthcare settings by registered medical practitioners on the GMC specialist or GP registers. This meeting therefore calls on the BMA to:-</p> <p>i) publicly call for an immediate halt to the use of the title in healthcare settings by those not on the GMC specialist or GP registers;</p> <p>ii) engage with stakeholders to end the use of the title ‘consultant’ in healthcare settings by those not on the GMC specialist or GP registers, including through amendment of job titles of those not on these registers but who are currently using the title;</p> <p>iii) lobby the Government to protect the use of the title in healthcare settings through legislative change;</p> <p>iv) consider, including by poll of members, the alternative title “attending” or other protectable titles if and/or when authorities will not protect the term “consultant”.</p>	<b>Carried</b>
	<p><b>SAFE DOCTORS, SAFER PATIENTS</b> <b>Monday 17.00 – 17.30</b></p>	
31	<p><b>Motion</b> by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the continuing increased risk of suicide among doctors and medical students and the time delay in ONS statistics being published, resulting in no real time monitoring or opportunity for intervention. We therefore call for the death by suspected suicide of a doctor holding an employment contract with the NHS (including temporary contracts), or the death of a medical student by suspected suicide whilst being registered at a UK medical school to be treated as a ‘Never Event’ enabling rapid investigation and mitigations to be put in place.</p>	<b>Carried as a reference</b>

32	<p><b>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises the dangerously low levels of medical staffing in the NHS across the UK (outside of industrial action periods) and the consequences this poses to patient safety and staff well-being. It therefore calls upon the BMA to work with partners, including NICE, to produce and promote robust and comprehensive guidance on safe medical staffing capacity and capability during normal NHS services, and to then encourage members to report <i>breaches</i> of this guidance.</b></p>	Carried