

ARM1



Annual Representative Meeting 2024

Agenda

Monday 24 – Tuesday 25 June 2024
ICC Belfast
Hybrid

Unity is strength

BMA COUNSELLING AND PEER SUPPORT SERVICES: 0330 123 1245

#ARM2024

Our behaviour principles

It is the responsibility of BMA members to role model and promote positive behaviours, and to encourage a culture of inclusion and respect at the BMA. The behaviour principles that have been created by members for members and that the BMA has committed to upholding are:

- **Be professional**
- **Be accountable**
- **Be kind**
- **Be representative**
- **Respect others**

These principles should be kept in mind and role modelled whenever representing the BMA and interacting with fellow members. They can be put into practice in many ways.



Be professional

- Attend and actively participate in meetings by listening, being present and contributing
- Mentor and support new members
- Prepare for meetings by reading papers ahead of time
- Remember that the expected professional behaviours of a doctor apply to your BMA roles also
- Be open to collaborative working, listening and learning from others

Be accountable

- Challenge constructively – when making a point or providing feedback consider the time, the place and the impact on others
- Actively disclose and manage any potential conflicts of interest
- Explain your decisions and actions to your constituents
- Maintain and respect confidentiality
- Support democratic decisions in public – debate in private, but respect and stand by collective decisions
- Take personal responsibility for your behaviour and the impact it may have on others
- Be constructive and keep to the topic – do not dominate conversations and restate the same arguments

Be kind

- Be welcoming and inclusive of others, particularly new members
- Challenge disrespectful behaviour appropriately – do not humiliate or degrade others
- Recognise positive behaviour from colleagues
- Remember to criticise ideas, not people

Be representative

- Act in the best interest of members
- Be aware of who is being represented in the room and whose ideas are most prominent within discussions
- Where possible, seek the views of those you represent on the issues that affect them and take them into account when voting, even if you don't personally agree with them
- Take care in public to ensure that your personal views are not interpreted as BMA views
- Where possible, share relevant information and feed back any outcomes that are not confidential to your constituents

Respect others

- Avoid dominating conversations and instead make space for others to speak, especially as chair
- Be open to others' ideas and opinions
- Be prepared to change your mind
- Remember that everyone has a right to contribute and should be encouraged to do so
- Help to create a collaborative environment in which everyone can respectfully and constructively be honest and express differences of opinion or dissent
- Listen to one another and do not interrupt
- Value all contributions, including viewpoints that differ from your own



The BMA has endeavoured to print all material relating to ARM 2024 using recycled or FSC-certified paper. We have done this to uphold BMA policy (see below) and the Representative Body's wish to look after the environment.

That this meeting calls for all papers relating to BMA ARM and AGM to be printed on either 100% recycled paper or 100% FSC-certified paper from sustainable sources. (2016)

**ARM1
2024**



British Medical Association

**Agenda of the
Annual Representative Meeting**

To be held in a hybrid format (in person/virtual)

Monday 24 – Tuesday 25 June 2024

Unity is strength

BMA representative body chair

Dr Latifa Patel

*(NB: The appendices to the ARM agenda will be
in a separate document, ARM1A)*

Agenda of the ARM

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INDUCTION

An online teach-in session is available to view on the BMA website.

REFLECTION

Monday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

OPENING OF THE MEETING

Monday 9.00 – 9.19

Welcome and introductions by the BMA representative body chair, Dr Latifa Patel.

PROCEDURES, PROCESSES AND TIMETABLES

- 1 **Motion** by BMA REPRESENTATIVE BODY CHAIR: That this meeting approves:-
 - i) the standing orders (Appendix I of document ARM1A) be adopted as the standing orders of the 2024 "hybrid" meeting;
 - ii) that the precincts of the meeting be regarded as the whole of the conference centre and those members registered as representatives to the ARM and logged in on 24 and 25 June 2024;
 - iii) the timetable for elections to be carried out during the meeting as set out in ARM5;
 - iv) that in accordance with standing order 37, a ballot of representatives will be held on the first day of the ARM to enable them to choose motions (Chosen Motions - "C motions"). A link to the ballot form will be circulated to representatives which should be returned by 12pm on the first day of the ARM, 24 June 2024.
- 2 **Confirm:** Minutes of the BMA Annual Representative Meeting held on 3 to 5 July 2023 (ARM12 on the website).
- 3 **Receive:** That committee, council and board meeting reports for the session 2023-24 are available from the website.

Order of business

- 4 **Motion** by THE AGENDA COMMITTEE: That the business be taken in the order and at the times indicated below:-

Monday 24 June 2024 - AM

08:55 Reflection (page 3)

09:00 Welcome and opening of the meeting (pages 3-5, items 1-6)

09:19 One minute's silence in remembrance (page 5)

09:20 Keynote address by the BMA council chair, Professor Phil Banfield (page 5)

09:45 Professional regulation, appraisal and the General Medical Council (page 5, items 7-8)

10:15 Pensions (page 6, item 9)

10:30 Doctors' pay and contracts (page 6, item 10)

10:45 Break

11:00 National Health Service (page 6, item 11)

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11:15 MAPs (page 7, item 12)
11:30 Northern Ireland (page 7, items 13-14)
11:45 Public health medicine (pages 7-8, item 15)
12:00 Medicine and the government (page 8, item 16)
12:15 Motion on appointment of the BMA president for 2025-2026 session
(page 8, item 17)
12:30 Session closes

Monday 24 June 2024 - PM

13:30 Articles and Bye-laws (page 9, items 18-20)
14:15 Culture, inclusion and diversity (page 9, item 21)
14:30 Science, health and society (page 10, item 22)
14:45 Medical ethics and human rights (page 10, item 23)
15:00 International relations (page 10, item 24)
15:15 Break
15:30 Community and mental health (page 11, item 25)
15:45 Medical students (page 11, item 26)
16:00 General practice (page 11, item 27)
16:15 Locally employed doctors (page 11, item 28)
16:30 International medical graduates (page 12, item 29)
16:45 Consultants (page 12, item 30)
17:00 Safe doctors, safer patients (pages 12-13, items 31-32)
17:30 Close of the meeting

Tuesday 25 June 2024 – AM

08:55 Reflection (page 14)
09:00 Finances of the Association (page 14, items 33-36)
10:00 BMA Structure and function (page 15, item 37)
10:15 Wales (page 15, items 38-39)
10:30 Health information management and IT (pages 15-16, item 40)
10:45 Break
11:00 Medical academic staff (page 16, item 41)
11:15 Scotland (page 17, items 42-43)
11:30 England (page 17, item 44)
11:45 Occupational medicine (page 17, item 45)
12:00 Forensic and secure environments (page 17, item 46)
12:20 Session closes
12:20 Annual General Meeting (AGM) (page 18)

Tuesday 25 June 2024 - PM

13:30 AFC (page 19, item 47)
13:45 Junior doctors (page 19, item 48)
14:00 Medico-legal (page 20, item 49)
14:10 'A' motions (page 20, items 50-52)
14:15 Motions arising from the ARM (page 21)
14:30 Break
14:45 Motions arising from the ARM (page 21)
15:45 Closing business (page 21, item 53)
16:00 Close of the meeting

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BMA policy

- 5 **Motion** by COUNCIL: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website).
- 6 **Receive:** That the BMA representative body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed.

ONE MINUTE'S SILENCE IN REMEMBRANCE

Monday 9.19 – 9.20

KEYNOTE ADDRESS FROM BMA COUNCIL CHAIR

Monday 9.20 – 9.45

Keynote address by the BMA Council chair, Professor Phil Banfield.

(Questions for the BMA Council chair should be sent via email to the ARM agenda committee through the online platform who will forward for a response. The deadline for questions to be submitted is 12:00 on Monday 24 June. All responses will be published on the ARM website)

Monday 9.45 – 10.15

PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

- UK 7 **Motion** by EAST SUSSEX DIVISION: That this meeting asserts the importance of safeguarding the rights of healthcare workers engaged in activism, believing that such participation is fundamental to health equity and reducing inequalities. It calls for the BMA to:-
- i) advocate for protections against punitive actions, such as being struck off the medical register or termination of employment, for doctors participating in activism;
 - ii) pressure organisations and institutions to uphold the freedom of speech and assembly for healthcare workers, collaborating with the GMC to develop guidelines that protect doctors' rights to lawfully protest and express themselves, especially in contexts relevant such as climate change;
 - iii) ensure mechanisms are in place to support healthcare workers who face discrimination or retaliation due to their activism.
- UK 8 **Motion** 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.

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PENSIONS

Monday 10.15 – 10.30

- UK 9 **Motion** by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting calls on the NHS pensions agency to send an annual allowance statement to all members annually.

DOCTORS' PAY AND CONTRACTS

Monday 10.30 – 10.45

- UK 10 **Motion** by LEICESTERSHIRE & 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:-
- 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);
 - 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;
 - iii) all leave requests must receive a response within five working days and be presumed granted if no response is given thereafter;
 - 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;
 - iv) 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.

BREAK

Monday 10.45 – 11.00

NATIONAL HEALTH SERVICE

Monday 11.00 – 11.15

- UK 11 **Motion** 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:-
- i) a shift from single use equipment enabled by the development of innovative sterilisation procedures;
 - 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.

MAPS

Monday 11.15 – 11.30

UK

12

Motion by NORTH EAST REGIONAL COUNCIL: There have been multiple patient safety incidents attributable to Medical Associate Practitioners (MAPS) within the NHS. The BMA, GPC and the European Union of General Practitioners (UEMO) have expressed concerns over the increasing use of MAPS and potential substitution of doctors. That this meeting:-

- i) demands that MAPS are not used as a substitute for doctors and insists on a pause in recruitment and deployment of PAs;
- 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;
- iii) believes that appropriate education and training must be offered to doctors supervising MAPS and supports colleagues who refuse to supervise non-medical practitioners;
- 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;
- v) affirms that doctors have a moral and professional duty, under GMC Good Medical Practice (paragraph 25), to raise concerns about anything that impacts patient safety or could impact patient safety.

NORTHERN IRELAND

Monday 11.30 – 11.45

13

Receive: Report from the BMA Northern Ireland council chair (Dr Tom Black).

NI

14

Motion 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 Republic of Ireland. Failure to do this will mean we will lose experienced doctors in Northern Ireland.

PUBLIC HEALTH MEDICINE

Monday 11.45 – 12.00

UK

15

Motion 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:-

- 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;
- ii) maintenance of the clinical ringfence in all of the national organisations which employ Public Health doctors and dentists;

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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;

iv) the ending of pay disparities between Public Health specialists on either the GMC or UKPHR registers across all employing organisations across the UK;

v) mutual recognition of service as a Public Health specialist in all employer organisations.

MEDICINE AND THE GOVERNMENT

Monday 12.00 – 12.15

UK

16

Motion 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:-

i) considers that there is an overdue need for healthcare strategy for these areas in all four nations;

ii) emphasises that joined up action needs to be speeded up across relevant government departments;

iii) asks the BMA to highlight both the problems and solutions, by such means as holding a conference, with other bodies as appropriate, and to lobby for national strategies and actions.

APPOINTMENT OF THE BMA PRESIDENT

Monday 12.15 – 12.30

17

Motion by COUNCIL: That the council nominee be appointed BMA president for the session 2025-26.

Session closes

Monday 12.30

ARTICLES AND BYE-LAWS

Monday 13.30 – 14.15

Articles

18 **Motion** 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.

19 **Motion** 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 III of document ARM 1A/AGM3 and recommends the changes to the article to the Annual General Meeting for approval and that if those be approved, the associated bye-laws in appendix III of document ARM 1A be approved.

Bye-laws

20 **Motion** 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.

CULTURE, INCLUSION AND DIVERSITY

Monday 14.15 – 14.30

EN

21 **Motion** 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.

SCIENCE, HEALTH AND SOCIETY

Monday 14.30 – 14.45

- UK 22 **Motion** 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;
 - ii) demands an increase in funding for UK-based weight management services paid for by an increase in the sugar tax;
 - iii) highlights the evolving health risks of ultra-processed foods;
 - iv) calls for the inclusion of warning labels on obesogenic foods highlighting the health risks;
 - 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.

MEDICAL ETHICS AND HUMAN RIGHTS

Monday 14.45 – 15.00

- EN 23 **Motion** by SAS CONFERENCE: That this meeting is appalled that despite
SC recommendations by NHS Employers and the Equality and Human Rights
WA 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 employing organisations to implement recording of disability related absence separately.

INTERNATIONAL RELATIONS

Monday 15.00 – 15.15

- UK 24 **Motion** by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises that Gaza will require unprecedented and extensive international medical support and input to rebuilding the healthcare infrastructure in Gaza. Therefore, we ask the BMA to:-
- i) lobby the government and Royal colleges to create financially supported clinical attachments/work placements for any Gazan medical students or doctors who come to the UK and assist in obtaining visas for these positions;
 - ii) encourage the royal colleges to help support Palestinian doctors with rebuilding and re-establishing undergraduate and postgraduate education programmes.

BREAK

Monday 15.15 – 15.30

COMMUNITY AND MENTAL HEALTH

Monday 15.30 – 15.45

- UK 25 **Motion** 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:-
- i) to implement a task force to investigate the problem and find better ways of early diagnosis;
 - ii) to increase the number of children's mental health care professionals in the UK;
 - iii) to train and employ more full time health care professionals and counsellors in schools.

MEDICAL STUDENTS

Monday 15.45 – 16.00

- UK 26 **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That as a matter of urgency the BMA take steps necessary to 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.

GENERAL PRACTICE

Monday 16.00 – 16.15

- UK 27 **Motion** 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.

LOCALLY EMPLOYED DOCTORS

Monday 16.15 – 16.30

- EN
NI
WA 28 **Motion** 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.

INTERNATIONAL MEDICAL GRADUATES

Monday 16.30 – 16.45

- UK 29 **Motion** 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;
 - iii) offer staff, associate specialist, and specialty (SAS) contracts to IMGs in locally employed doctor positions, such as clinical fellowships, when suitable;
 - iv) abolish Immigration Health Surcharges for doctors working in the NHS;
 - v) remove the personal cost for doctors applying for indefinite leave to remain in the UK;
 - vi) reinforce the Medical Support Worker Scheme to better support the integration of IMGs into the NHS workforce.

CONSULTANTS

Monday 16.45 – 17.00

- UK 30 **Motion** 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:-
- 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;
 - 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;
 - iii) lobby the Government to protect the use of the title in healthcare settings through legislative change;
 - 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”.

SAFE DOCTORS, SAFER PATIENTS

Monday 17.00 – 17.30

- UK 31 **Motion** 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.

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- UK 32 **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 breaches of this guidance.

Session closes

Monday 17.30

REFLECTION

Tuesday 8.55 – 9.00

An opportunity for us all to reflect on the events of the past year and the year ahead of us. Reflection will be led from the podium. You may of course reflect individually.

FINANCES OF THE ASSOCIATION

Tuesday 9.00 – 10.00

- 33 **Receive:** Report from the BMA treasurer, Dr Trevor Pickersgill, for the session 2023-24.

(Questions for the BMA treasurer should be sent via email to the ARM agenda committee through the online platform who will forward for a response. The deadline for questions to be submitted is 12:00 on Monday 24 June. All responses will be published on the ARM website)

- 34 **Motion** by TREASURER: That:-
i) the subscriptions outlined in document ARM1A (appendix VII) be approved from 1 October 2024;
ii) the subscription rates that are rising for 2024-25 to be increased by a further 1 per cent to allow for a budget allocation to be made to the strike fund, as outlined in document ARM1A (appendix VIII).

- 35 **Motion** by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2023 as published on the website be approved.

- UK 36 **Motion** by SAS CONFERENCE: That this meeting, while understanding the financial situation that the BMA is currently in, fears that the abrupt move to 24 sessions to be carried out free of charge before honoraria can be claimed has disproportionately affected female doctors, and most especially SAS. This will adversely impact on BMAs ability to implement the Romney recommendations. Given the concerns that female doctors are now stepping back from BMA roles as they cannot afford to continue, this meeting calls on the BMA:-
i) to publish the findings and recommendations of the external consultation carried out into the honoraria system;
ii) to clarify if an equality, diversity, and inclusion (EDI) assessment was carried out on the decision to move to 24 sessions and if so, that this be published immediately;
iii) to carry out and publish such an impact assessment as a matter of urgency, if no such EDI assessment was completed.

BMA STRUCTURE AND FUNCTION

Tuesday 10.00 – 10.15

- UK 37 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting notes:-
- i) that there was no equality impact assessment in advance of the divisional elections to ARM and demands that this become a recognised step in any change to election processes instituted in the BMA;
 - ii) that there needs to be urgent review and improvement to election processes to ensure that the representative body looks like the membership it represents;
 - iii) the lack of seats to ARM allocated from regional councils and calls for a significant proportion of seats to be nominated via regions, with a view to being able to improve the equality, diversity and inclusion of the representative body via multi-member constituencies;
 - iv) that the BMA introduces quota systems to ensure EDI representation to ARM is balanced to reflect membership.

WALES

Tuesday 10.15 – 10.30

- UK 38 **Receive:** Report from the BMA Welsh council chair (Dr Iona Collins).
- WA 39 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that, despite local efforts, the level of time for 'Supporting Professional Activities (SPAs)' for consultants and SAS doctors in Wales varies considerably across the country and, in some cases, is below recommended, or even contractually agreed, levels. This in turn undermines medical training, recruitment and retention, contributing to record medical vacancies here. It therefore calls upon the BMA to:-
- i) further raise awareness of recommended SPA levels and the Welsh SAS Charter for all relevant members;
 - ii) survey all relevant members to understand how much SPA time they have and what activities these are expected to perform within SPA time;
 - iii) lobby Welsh Government and NHS Wales employers to resolve inappropriate variation in SPA levels amongst Welsh local health boards;
 - iv) mandate that doctor SPA must not be used to deliver training to PAs before obligations to train medical doctors are fulfilled.

Tuesday 10.30 – 10.45

HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

- UK 40 **Motion** by CONFERENCE OF LMCS: That this meeting recognises that AI is likely to impact the provision of care significantly over the next decade and calls for appropriate controls to ensure the safe introduction of systems in primary care, in particular that:-
- i) only a doctor with full training and appropriate levels of experience will be able to effectively challenge an AI when it produces questionable results;
 - ii) AI has the potential to improve consistency and safety of doctor led care, but only when doctors are enabled and indemnified to challenge it;
 - iii) while AHPs are likely to see similar gains in productivity, consistency and safety the use of AI will not remove the need for doctor oversight of patient care;

iv) any introduction of AI should take lessons from sectors such as aviation and ensure that doctors are not so far removed from routine cases that they become de-skilled;

v) GPCs should make it clear that primary care without GPs, especially in a world of data hungry AI, will lead to an unsustainable increase in cost and ultimately a two-tier NHS.

BREAK

Tuesday 10.45 – 11.00

MEDICAL ACADEMIC STAFF

Tuesday 11.00 – 11.15

UK

* 41

Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES): That this meeting notes the importance of research in general practice compared to the relatively small proportion of academic GPs in the UK and calls for:-

- i) development of a cross branch of practice working group to explore barriers to entry and progression in academic GP careers;
- ii) the implementation of ringfenced, targeted funding to support GPs to enter academic careers at any stage of their clinical career;
- iii) a mentoring programme to support GPs who do not hold academic positions, but would like to explore how they might develop an academic career;
- iv) universities to ensure that the agreed Senior Academic GP contract is offered as standard to all Senior Academic GP appointments;
- v) the NHS in each nation of the UK to clarify who should offer the honorary contract to Senior Academic GPs;
- vi) the BMA to negotiate an honorary NHS contract for junior academic GPs.

UK

41a

Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes the importance of research in general practice, compared to the relatively small proportion of academic GPs in the UK and calls for:-

- i) development of a cross branch of practice working group to explore barriers to entry and progression in academic GP careers;
- ii) the implementation of ringfenced, targeted funding to support GPs to enter academic careers at any stage of their clinical career;
- iii) a mentoring programme to support GPs who do not hold academic positions, but would like to explore how they might develop an academic career.

UK

41b

Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that many Senior Academic GPs (SAGPs) especially in Scotland are not provided with the agreed honorary NHS contract and therefore miss out on the benefits it offers, including job planning and appraisal across clinical and academic roles and the provision of Supporting Professional Activities (SPA) sessions. This meeting, therefore, calls on:-

- i) universities to ensure that the agreed Senior Academic GP contract is offered as standard to all SAGP appointments;
- ii) the NHS in each nation of the UK to clarify who should offer the honorary contract to SAGPs;
- iii) the BMA to negotiate an honorary NHS contract for junior academic GPs.

SCOTLAND

Tuesday 11.15 – 11.30

- 42 **Receive:** Report from the BMA Scottish council chair (Dr Iain Kennedy).
- SC 43 **Motion** by LOTHIAN DIVISION: That this meeting recognises the detrimental effect on personal and professional well-being resulting from inadequate support on return to work after prolonged leave, and:-
- i) welcomes the SuppoRTT initiative and the positive impact it has had in England;
 - ii) recognises that there is no process in Scotland resembling the SuppoRTT initiative in England;
 - iii) recognises that doctors in Scotland returning from maternity leave and other prolonged leave are frequently under supported;
 - iv) calls for enhanced support to be provided within NHS Scotland for those returning from prolonged periods of leave;
 - v) calls for all Health Boards in Scotland to take proactive steps to ensure that those planning, taking, and returning from prolonged periods of leave suffer no undue detriment with regard to pay and entitlement to further leave.

ENGLAND

Tuesday 11.30 – 11.45

- UK 44 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the creation of a BMA England council is overdue and mandates that this is planned and initiated immediately after the start of the 2025-26 BMA year.

OCCUPATIONAL MEDICINE

Tuesday 11.45 – 12.00

- UK 45 **Motion** by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes with regret that the majority of consultants working in occupational medicine work outside the NHS as this discipline has never been incorporated. Hence the majority do not have job plans and are obliged to spend all their paid time on direct clinical care activities (DCCs), with no time for supporting professional activities (SPAs), which results in exhaustion and demoralisation. Therefore, this meeting calls for the BMA to take a policy position in which consultant occupational physicians working outside the NHS are supported to have job plans with equivalent protection to those of doctors working in the NHS, including a balanced working week of DCCs and SPAs.

FORENSIC AND SECURE ENVIRONMENTS

Tuesday 12.00 – 12.20

- UK 46 **Motion** by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting agrees that doctors should never be excluded from providing healthcare within secure custodial environments by vetting processes which are disproportionate, extreme, and non-transparent and do not provide a credible recourse to appeal.

Session closes

Tuesday 12.20

ANNUAL GENERAL MEETING

Tuesday 12.20

192nd ANNUAL GENERAL MEETING to be held in the ICC Belfast, Belfast and virtually on Tuesday 25th June 2024 at 12.20 pm.

Further arrangements for the hybrid meeting is available to BMA members on the BMA website: bma.org.uk/agm

AFC

Tuesday 13.30 – 13.45

UK

47

Motion by AFC: That this meeting mandates the BMA to endorse the principles of the Pride in Veterans Standard (PIVS) of the Fighting with Pride charity, to complement the BMA code of conduct, values and behaviour principles, and nominates the armed forces committee to lead on ensuring the BMA undertakes the actions in the PIVS and to:-

- i) warmly welcome LGBT+ Veterans, serving personnel and their families;
- ii) have a clear understanding of the needs of LGBT+ Veterans and tailor support to meet their specific needs;
- iii) promote inclusion, dignity and respect for LGBT+ people in everything they do;
- iv) ensure all staff, volunteers and members have an awareness of the different challenges faced by LGBT+ people, in particular, those who were impacted by the Armed Forces “gay ban”;
- v) understand that for some LGBT+ Veterans, their experiences have impacted their mental health, so ensure any support in this area is tailored to meet their specific needs;
- vi) recognise the different groups in the LGBT+ community and understand their needs may be different.

JUNIOR DOCTORS

Tuesday 13.45 – 14.00

UK

48

Motion by ENFIELD AND HARINGEY DIVISION: We request that the British Medical Association (BMA) hereby:-

- i) advocates for the implementation of subsidies for food expenses incurred by junior doctors during their shifts, including access to affordable and nutritious meal options within healthcare facilities;
- ii) calls for the provision of subsidies or allowances to assist junior doctors in meeting accommodation expenses, including rental costs, utilities, and related living expenses, particularly in high-cost areas;
- iii) urges healthcare institutions and employers to provide subsidised or discounted parking facilities for junior doctors working in hospitals and healthcare settings, ensuring convenient and affordable access to parking spaces;
- iv) highlights the importance of addressing financial barriers faced by junior doctors as part of broader efforts to enhance workforce well-being, retention, and recruitment in the healthcare sector;
- v) encourages ongoing dialogue and feedback from junior doctors and their representative bodies to ensure that subsidy programs are effectively tailored to meet their evolving needs and priorities.

MEDICO-LEGAL

Tuesday 14.00 – 14.10

EN
SC
WA

- 49 **Motion** by NORTH EAST REGIONAL COUNCIL: Lasting Powers of Attorney (LPA) abuse and predatory marriage are of increasing concern in the UK. A 2021 British Medical Journal editorial highlighted safeguarding concerns on plans to modernise LPAs in England and Wales. That this meeting:-
- i) joins with legal professionals and families in expressing mounting alarm on LPA abuse and predatory marriage, and calls for greater safeguards for doctors where there are concerns on potential LPA abuse;
 - ii) calls for greater awareness of health and social care professionals to recognise the signs of cognitive decline, LPA abuse, and predatory marriage;
 - iii) highlights the lack of state-backed indemnity for doctors undertaking LPA capacity assessments;
 - iv) believes that LPA capacity assessments should be more rigorous and holistic in their approach, and undertaken by specially trained professionals;
 - v) demands the Ministry of Justice urgently develop regulation to safeguard vulnerable individuals.

'A' MOTIONS

Tuesday 14.10 – 14.15

- 50 **Confirm:** That the motions marked with an 'A' (items 51 - 52) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.
- UK **A** 51 **Motion** by CORNWALL DIVISION: That this meeting calls on the government to restore the personal tax allowances for all doctors earning more than £100,000 whose marginal rate of tax is 62% with loss of eligibility for the free childcare scheme. Doctors are disincentivised in taking additional responsibilities and performing extra sessions which would be beneficial for the provision of healthcare.
- UK **A** 52 **Motion** by BLACK COUNTRY DIVISION: That this meeting recognises the financial burden imposed on junior doctors for speciality training in the form of examinations and courses. Therefore this meeting calls on the BMA to lobby relevant royal colleges that the cost of a first attempt at any course or examination deemed to be mandatory for speciality training be reimbursed in full or discounted.

Agenda of the ARM

21

MOTIONS ARISING FROM THE ARM

Tuesday 14.15 – 14.30

Chosen motions as voted on by the Representative Body.

BREAK

Tuesday 14.30 – 14.45

MOTIONS ARISING FROM THE ARM

Tuesday 14.45 – 15.45

Chosen motions as voted on by the Representative Body and emergency motions as identified and ordered by the ARM agenda committee.

WORKFORCE

No motions were prioritised for debate in this section.

PANDEMIC PREPAREDNESS AND RESPONSE

No motions were prioritised for debate in this section.

TRADE UNIONISM

No motions were prioritised for debate in this section.

TRAINING AND EDUCATION

No motions were prioritised for debate in this section.

RETIRED MEMBERS

No motions were prioritised for debate in this section.

SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

No motions were prioritised for debate in this section.

ASSISTED DYING

No motions were prioritised for debate in this section.

PRIVATE PRACTICE

No motions were submitted for debate in this section.

PROFESSIONAL FEES

No motions were submitted for debate in this section.

CLOSING BUSINESS

Tuesday 15.45 – 16.00

53 **Motion** by THE BMA COUNCIL CHAIR: That the BMA representative body chair be empowered on behalf of the meeting to approve the minutes of the meeting.

Closing remarks from the BMA representative body chair.

ARM ENDS

Tuesday 16.00

'Thank you for giving me the financial security to be able to stand up to the government and advocate for a fair deal for doctors.'

George, Core Trainee



PAY
RESTORATION FOR
DOCTORS

Going on strike is always a difficult decision for doctors to take. However, for some junior doctors the financial consequences of losing pay by going on strike are more serious.

With the current cost of living crisis and average medical student debt on graduation now at £100,000, we need to do everything we can to support them to the picket line.



Help doctors get the pay they deserve



bmastrikefund.raisely.com

British Medical Association
BMA House, Tavistock Square
London WC1H 9JP
bma.org.uk

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BMA 20240321