Resident Doctors Conference 2025

Please find below the list of motions along with their motion code – please review these motions and then fill in this **survey** to express your preference for the top 10 motions or themes you wish to see debated at this year's resident doctors conference. The four highest ranking motions will be included on the conference agenda for debate – you can read more about the motion selection process on our website.

You will need your BMA membership number to complete the survey. Any surveys completed using an invalid number or a membership number for a member who is not a resident doctor will be removed. All resident doctor members are eligible to vote on motions, even if you are not attending the conference.

Composite motions
Some submitted motions are on similar topics asking for similar actions. These motions are grouped together and are suggested to be 'composited' by the agenda committee, where a new motion will be created which encapsulates the asks of the original motions. The composites will be drafted by the agenda committee after the vote has closed and will be agreed with the original writers via their regional and national RDC chairs.

A motions
Submitted motions that were in line with existing policy have been removed from the preference vote. These motions will be voted on as a block at the start of conference as 'A motions'.

Motions pre-selected for the agenda
A small number of motions have been pre-selected by the agenda committee and the devolved nations in order to protect motions affecting smaller groups of residents or niche issues from being overshadowed.

Themes
Many of the submitted motions this year have sought to address the competition ratios for specialty training places. Due to the high volume of motions received on this topic, and due to the differences in proposed solutions, the conference agenda committee have grouped these into three themes:

Theme 1: Expanding specialty training posts
Theme 2: UK graduate prioritisation
Theme 3: Equal access to training posts

You can vote for a theme in the same way that you vote for other motions. If you vote for one or more themes, you'll then be asked to select your preferred motion for debate within the theme(s) that you selected. **If a theme is prioritised for debate, the preferred motion within that theme will be the motion debated at conference.**

This is a new approach that the conference agenda committee have implemented following an unprecedented number of similar and conflicting motions on a topic, which has meant forming composite motions has not been feasible.

If you have any questions, please contact the conference agenda committee secretariat Holly McIntyre (hmcintyre@bma.org.uk).

Motion no.	Motion
Theme 1: Expanding specialty training posts	
RD25001	That this Conference is concerned about the significant competition ratios for doctors applying to specialty training programmes and recognises the urgent need to expand training opportunities, and: i) Acknowledges that increasing specialty training requires additional supervision and enhanced access to clinical experience; ii) Calls upon the BMA to work to ensure that eligible foundation doctors are given priority and appropriate protection when entering specialist training pathways; iii) Calls upon the UKRDC to collaborate with the UK Consultant Committee to discuss proactive, sustainable, and safe solutions for expanding specialty training posts.
RD25002	That this meeting addresses bottle necks in training for core and specialty training. **This motion has been noted as incompetent by the conference agenda committee, and the proposer has been contacted*.
RD25003	This meeting welcomes the review of NHS Long-term workforce plan (LTWP) due to be published in summer 2025. It provides an opportunity to remove the artificially imposed postgraduate speciality training bottlenecks. We call on the BMA to: i) Lobby key stakeholders to expand the number of UK Foundation Program training places, by a commensurable amount to the expansion of undergraduate medical school places previously outlined in the NHS LTWP. ii) Lobby key stakeholders to re-allocate funding which had been planned to expand the medical associate workforce and instead invest it into rapidly expanding postgraduate speciality training places. iii) Lobby key stakeholders to continually review the NHS LTWP, and take the appropriate action to avoid an undersupply or oversupply of doctors in the future.
RD25004	That this conference notes the chronic shortage of training posts for resident doctors across the UK, leading to significant workforce strain and compromised patient care. Therefore, this conference: i) Believes that the current number of training posts is insufficient to meet the growing demand for healthcare services and the professional development needs of resident doctors. ii) Calls for immediate strike action or action short of strike action to pressure the government and healthcare authorities to increase the number of training posts available to resident doctors. iii) Demands that the BMA negotiates with relevant stakeholders to secure a commitment to a substantial increase in training posts within the next fiscal year.
Theme 2: UK graduate prioritisation	
RD25005	This conference believes the UK government should bring back the RLMT to prioritise UK Medical graduates.
RD25006	This conference believes the MSRA, and NHS jobs should be prioritised for UK graduates.

RD25007	For UK graduates to be prioritised for training programme places. **This motion has been noted as incompetent by the conference agenda committee, and the proposer has been contacted.*
RD25008	That this conference calls on the BMA to lobby for UK graduates to be prioritised in postgraduate speciality training applications.
RD25009	That this conference urges the BMA to demand from UK Government departments and NHS organisations the prioritisation of UK graduate trainees for core and specialty training applications.
RD25010	This conference notes that UK medical graduates have increasing difficulty in accessing training posts and calls for prioritising UK medical graduates for speciality training posts.
RD25011	Due to the increasing number of International Medical Graduates (IMGs) applying for speciality training, primary medical qualification (PMQ) holders from British medical schools are finding it difficult to obtain speciality training places. Given the considerable costs borne by the UK taxpayer for both undergraduate and postgraduate medical training, prioritising local graduates is necessary to maximise taxpayer value and bring us into line with international norms. Therefore, this conference demands that: i) Appointable British PMQ holders should be prioritised for speciality training posts over IMGs ii) Appointable British PMQ holders should be prioritised for resident non-training posts over IMGs
RD25012	This conference condemns the lack of specialty training posts; endorses the principle of ensuring that adequate opportunities are available for UK graduates; and calls on the BMA to: i) Lobby for a temporary freeze on PLAB examinations and introduce policy to ensure the number of PLAB examinations are reflective of current workforce trends. ii) Lobby relevant stakeholders to introduce the following restrictions to the existing two round application model: Round one: Only open to those with a PMQ obtained from a university within the UK. Round two: Only open to those with a PMQ obtained from a university outside of the UK. iii) Ensure that IMGs currently working as doctors in the UK (and especially those on decoupled training programmes) are not disadvantaged by and have a grace period before implementation of any changes to speciality recruitment.
RD25013	That this conference recognises the growing crisis surrounding specialty training, exemplified by skyrocketing competition ratios, chronic understaffing and the paradoxical threat of widespread medical unemployment. It calls on the BMA to: i) Escalate lobbying efforts for the expansion of training posts to support career progression and meet workforce demands ii) Call on UK and devolved governments, along with their respective statutory education bodies, to establish lawful and transparent specialty recruitment systems that prioritise posts for doctors whose primary medical qualification was awarded by a UK medical school

	iii) Push to ensure that international medical graduates already working in the UK are not disproportionately disadvantaged by future changes to specialty training recruitment iv) Ensure all doctors in the UK are appropriately consulted on and informed about any significant future changes made to specialty training recruitment. v) Campaign for fairer local recruitment and employment practices, ensuring that doctors working in non-training roles are provided with training opportunities and clear pathways for long-term career progression outside of conventional training programmes.
RD25014	That this conference recognises the concerning ever-increasing competition ratios for specialty training and believes that specialty training applications should focus on fairness and commitment to the NHS and therefore: i) Calls for specialty training applications to solely, or dramatically, weight UK-based clinical experience and portfolios. ii) Recommends introducing a minimum number of NHS years of experience for specialty training eligibility. iii) Affirms that applications should not discriminate based on country of origin or graduation, so long as the Resident Labour Market Test (RLMT) remains abolished. iv) Urges the BMA to lobby for the reintroduction of the RLMT to prioritise UK-based applicants in alignment with workforce needs. v) Supports giving preference to UK medical graduates only after the RLMT is reinstated, so as not to penalise current non-UK graduates for the decision made by government in abolishing the RLMT in 2020.
RD25015	That this meeting is gravely concerned about the exponential climb in competition ratios across many specialities at the CT1/ST1 level and urgently calls for the following changes to national recruitment: i) all candidates must possess a minimum of two years full-time NHS experience, equivalent to the UK Foundation Programme ii) a new subsection to be created for all specialty programme applications for the allocation of points exclusively to candidates who have completed or are due to complete the UK Foundation Programme after graduation from a UK medical school
RD25016	That this conference believes an urgent and extensive expansion of postgraduate training posts is required in light of successive UK Governments failing to recognise and meet the needs of the UK population and concurrent increasing demand for training, therefore: i) empowers UK and devolved national RDCs to lobby their relevant governments and NHS/HSC bodies for the implementation of clear and sustainable workforce plans which prioritise the career progression and security of all UK medical graduates, including for a lawful specialty recruitment system that recognises and rewards NHS/HSC experience as a medical doctor or medical student ii) directs the BMA to ensure any changes lobbied for are implemented with sufficient notice and consultation to prevent undue disadvantage to international medical graduates (IMGs) already contributing to the NHS, including by championing equal access to specialty training for IMGs who are already registered and practicing in the UK at the time of any change iii) calls on UK and devolved RDCs to work with employers towards reform and regulation of local recruitment and employment practices, so that resident

	doctors in non-training posts are free from exploitation, career uncertainty and risk of excessive financial burdens, and are able to seamlessly evidence the experience they gain in these posts against equivalent time in training iv) mandates the BMA to continue to lobbying for increased funding for the expansion of postgraduate training posts and affirms it as a priority for the 2025/6 and 2026/7 sessions, at least.
Theme 3: Equal access to training posts	
RD25017	This conference calls for the BMA to lobby stakeholders to prioritise NHS experience over graduation location in specialty training applications.
RD25018	This conference is not in favour of discriminating against IMGs working in the NHS for training opportunities.
RD25019	I have always been proud to work in the NHS, a system founded on fairness, equality, and care for all, regardless of background. However, I am deeply concerned about recent discussions and policies that appear to prioritize local graduates over international medical graduates (IMGs). It's understandable that UK graduates would welcome policies supporting their careers. However, an organisation that represents all doctors must advocate for fairness across the board, ensuring that everyone feels valued and supported, regardless of where they trained. International doctors have played a vital role in the NHS for decades, helping to fill workforce gaps and providing high-quality care. For the NHS to continue attracting top global talent, it must offer meaningful opportunities for professional development, robust training pathways, and a supportive work environment—values that go far beyond financial incentives. I am a strong supporter of the NHS's core principles and take great pride in helping people from all walks of life. However, narratives that create division or suggest a two-tier system risk undermining the unity and shared purpose that make the NHS unique. I believe it's essential to foster inclusivity and fairness for all doctors, ensuring that the NHS remains a place where everyone feels welcome and valued. **This motion has been noted as incompetent by the conference agenda committee, and the proposer has been contacted*.
RD25020	That this conference recognises the vital contribution of all doctors working in the NHS, including those with Primary Medical Qualifications (PMQs) obtained overseas, and calls upon the RDC to: i) Ensure that all doctors, regardless of where they obtained their PMQ, have equitable access to specialty training opportunities based on merit and qualifications. ii) Acknowledge that supporting all doctors to progress in their careers is essential for maintaining staffing levels and delivering high-quality patient care across the NHS. iii) Advocate for the expansion of specialty training places to address workforce shortages, reduce competition ratios, and improve career prospects for all medical graduates in the UK. iv) Commit to policies that foster unity among doctors, recognising the shared challenges faced by UK and international medical graduates in building fulfilling careers within the NHS.

RD25021	This conference notes the chronic shortage of training posts for resident doctors across the UK, leading to significant workforce strain and compromised patient care. This conference calls on the BMA to: i) Pressure the government and healthcare authorities to increase the number of training posts available to resident doctors and to open more specialty training posts to all, without any discrimination or victimisation and regardless of place of graduation ii) Introduce a criteria where CREST Form must be signed by a current working CCT UK consultant iii) Ensure an applicant must have at least 1 year of UK experience iv) Remove the barrier of needing 3-6 months NHS experience so IMGs can gain 1 year experience in the NHS v) Create an alternative pathway for unemployed doctors to enter the NHS who have the right to work in the UK to reduce unemployment via non training posts vi) Introduce an Induction to be mandatory for Trust Grade doctors who begin work in the NHS
RD25022	That this conference fights for increase in training spaces and fair equality for both local UK and international medical graduates.
RD25023	That this conference notes the NHS's heavy reliance on International Medical Graduates (IMGs), particularly in non-training posts; and i) believes that changing policies to favour UK graduates exclusively is unfair to IMGs; ii) calls for criteria such as NHS experience to be introduced to ensure fairness for both UK and international graduates
RD25024	That this conference notes the extreme disappointment felt by IMG doctors in Northern Ireland and the rest of the UK, regarding the wording of the recent UK RDC motion outlining plans to lobby UK government to prioritise UK graduates applying for specialty training. Whilst this may not have been the intention, many IMG doctors have felt let down by the BMA as a result of this decision. IMGs provide a significant contribution to the health service which would struggle to function without their support. We call on this conference to provide reassurance to the IMG doctors that any plans to review current specialty training application processes will not be to the detriment of IMG doctors currently training and working with the NHS.
All other motions (not allocated into themes)	
RD25026	This conference recognises that NHS and broader healthcare managers including those in non-clinical roles (hereafter referred to as "managers") should have a responsibility to enable delivery of safe and effective healthcare provision, and at present make decisions that significantly impact upon the public's health and wellbeing with relative impunity. It also recognises that resident doctors are often put into high risk positions through dangerous staffing practices by managers and through contraventions of their working rights and terms and conditions. We therefore insist that the BMA lobbies relevant stakeholders, including lobbying for legislative change, to ensure that: i) A new statutory register is promptly formed for all managers. ii) A new and separate regulator is formed for all such managers so as to constitute the requirements of statutory regulation, including ensuring adequate training and revalidation is completed to perform these roles to a demonstrable standard.

	iii) It would become an offence to perform in these manager roles whilst not registered. iv) a robust investigatory and tribunal service is established, which may erase managers from the register to protect the public and NHS from acts including but not limited to: misconduct, incompetence, negligence, and failure to staff healthcare facilities safely. v) managers are appropriately scrutinized, and held directly accountable for their actions in post by a regulatory body and the public whom they serve. vi) The CQC or another appropriate body directly determines the definition of safe staffing levels in hospitals and healthcare settings to which managers must adhere. vii) significant penalties would be incurred by managers who do not take reasonable steps to ensure safe staffing, including adequate recruitment, use of bank or agency staff, and where required, closure of units and facilities.
RD25027	This conference notes that many doctors are frustrated by the competitive pinch point at entry to training at SHO and SpR level. Many are also frustrated by working with new doctors to the country who don't know how to work in the NHS system, and calls for: All doctors applying to a training post to have at least one GMC registered doctor reference and 1 years experience in the NHS.
RD25029	This meeting deplores the increasing use of corridor care (“Boarding Patients”) due to a lack of available inpatient bed space. We recognise the detrimental effect it has both on patient care and doctors' morale. We call on the BMA to: i) Lobby relevant stakeholders to increase the available UK wide inpatient 'general and acute' bed base, aiming to return average overnight occupancy to the safe level of 85% over the next 3 years, thereby ending the practice of corridor care. ii) Lobby key stakeholders to end corridor care as soon as possible. iii) Issue a policy statement within 28 days outlining that 'Virtual Hospital at Home Beds' are not a replacement for inpatient 'general and acute' overnight hospital beds and therefore must never be used in impatient bed statistics as this would obfuscate the current inpatient bed crisis.
RD25030	That this meeting notes that a hospital’s failure to cover sickness absences or known rota gaps leads to extra work being done by the doctors on shift. Therefore, this conference calls on the BMA to lobby relevant stakeholders to ensure the following: i) Promptly cover sickness absences and known rota gaps by implementing escalated pay rates that are high enough to make the shifts attractive. ii) Provide the doctors on shift with the divided amount of the escalated pay rates, plus an additional 50%, in cases where sickness absences or known rota gaps remain uncovered.
RD25031	That this meeting notes that professional fees and examination costs for doctors constitute a significant amount of non-compensated expenses. Therefore, this conference calls on the BMA to lobby relevant stakeholders to ensure the following: i) Professional fees, including mandatory portfolio costs, are fully covered by employers. ii) The first attempt at the exams is free of charge, provided that passing the exam is a mandatory requirement of the training program.

	iii) Successfully passing exams, including Master's degrees and PhDs, results in a salary uplift to reflect the advanced skills and knowledge acquired.
RD25032	That this conference notes with dismay that the London Weighting has not kept up with inflation and significantly falls short of what Agenda for Change (AfC) staff receive, and calls for the BMA to address this issue by: i) lobbying relevant stakeholders to increase the London Weighting in line with AfC staff as a starting point ii) lobbying relevant stakeholders to increase London Weighting in line with RPI inflation every year iii) negotiating with relevant stakeholders for the changes above to be in place by end of 2025, otherwise balloting London doctors for industrial action
RD25033 To be composited with RD25060	This conference recognises the increasing concern among all members regarding the increased competition ratios for specialty training applications and the CREST forms used to enter training. Therefore, this conference instructs that the BMA to lobby relevant bodies to: i) Revert the CREST form from the 2024 version to its previous iteration in 2021. ii) Ensure CREST forms should only be signed by a UK consultant on the GMC specialist register based on a portfolio of work done in the UK, thus ensuring NHS experience before applications. iii) Increase the number of posts available in specialty training, given the planned increase in medical students per the long-term workforce plan. iv) Provide equal opportunity for applications from local graduates or those with a UK consultant-signed CREST form.
RD25034	That this meeting notes that compliance with the Working Time Directive (WTD) (or the New Deal Limits if applicable) is a legal requirement in the United Kingdom, and breaches can constitute a criminal offence. Experience has shown repeated failures by employers to protect resident doctors' rights regarding maximum weekly working hours. Consequently, resident doctors frequently work additional unpaid hours and/or without breaks. Therefore, this conference calls on the BMA to lobby the Health and Safety Executive (HSE) to ensure the following: i) The implementation of frequent, random inspections by the HSE in hospitals to ensure compliance with the WTD (or the New Deals Limits if applicable). These inspections should include a retrospective review of documentation to identify instances of extra hours worked, such as documentation made before or after scheduled shifts or exception reports. ii) These findings should then be cross-checked with exception reports. In cases where an exception report has not been submitted, the employer should be fined accordingly.
RD25035	This January 2025 the Resident Doctor Committee (RDC) passed a policy which resolves to lobby for UK graduate prioritisation in specialty training applications. This is despite a similar motion, which called on UKJDC to lobby the UK Government to ensure that specialty training recruitment is subject to the Resident Labour Market Test (RLMT), falling at the Junior Doctor Conference 2024. This conference: i) Believes this represents an effort by the RDC to bypass and overrule the democratic processes of the BMA

	ii) Retracts the policy passed unilaterally by RDC in January 2025: "This committee resolves to prioritise lobbying for a method of UK graduate prioritisation for specialty training applications and on the issue of training bottlenecks during this session." iii) Calls for a review of how committees pass policy outside of conferences to ensure the BMA remains democratic and fairly represents all its members.
RD25036	That this meeting recognises the importance of presenting a unified front against further pay degradation and in any future pay dispute in England and calls upon the BMA and especially the UK Resident Doctors Committee to address this situation by: i) Supporting an immediate reintroduction of a national rate card for hourly extra-contractual rates for resident doctors ii) Committing to a yearly review of the national rate card in line with RPI inflation iii) Standing against withdrawal of the national rate card during negotiations with the government in any future pay dispute in England iv) launching a national campaign aimed at ensuring locum rates adhere to the proposed national rate card
RD25037 To be composited with RD25040	This conference believes that the current provision of specialty training opportunities is grossly inadequate and innovative measures are required to ensure acceptable access to training for resident doctors. This conference therefore calls on the BMA to lobby key external stakeholders at local, regional, and national level—including but not limited to NHS Trusts, Postgraduate Medical Deans, and NHSE—to secure support for locally organised training such that: i) all eligible doctors not enrolled in a national training programme are given the opportunity by their employing organisations to complete an in-house equivalent; and ii) in-house training programmes are developed and maintained to the same rigorous standards as their national counterparts; and iii) completion of in-house training is formally recognised with the same national qualification and career progression opportunities as those achieved through established national training programmes.
RD25038	This conference notes that the current Resident Doctors' Contract states: "A doctor will be prepared to perform duties in occasional emergencies and unforeseen circumstances (for example short-term sickness cover), if they are able and safe to do so, where the employer has had less than 48 hours' notice, and the duty is for less than 48 hours' duration of cover." This conference believes that the good faith of doctors is open to exploitation by employers under this provision. We therefore call on the BMA to negotiate an amendment which clarifies explicitly that any preparedness of the doctor to provide cover in such circumstances remains wholly contingent upon a mutual agreement on remuneration and/or time off in lieu (TOIL), without which no obligation shall exist.
RD25040 To be composited	A motion to turn all jobs in the nhs into training themed jobs similar to US and Germany.

with RD25037	
RD25041	That this conference highlights and promotes the contribution of the international medical community in keeping NHS running and implore the government to reduce the minimum years required before Indefinite Leave to Remain (ILR).
RD25042	Removing MSRA as an entry exam and conducting portfolio reviews & interviews for speciality training instead **This motion has been noted as incompetent by the conference agenda committee, and the proposer has been contacted*.
RD25044	This conference believes that the current visa system with fixed income requirements discriminates against international medical graduates (IMGs) who may wish to work or train on a flexible or less than full time basis for family or any other reason, and calls for the BMA to support reform of the visa system to allow IMGs to enable IMGs to access LFTF training or work on an equal footing with UK graduates.
RD25045	Review (1) Eligibility of non UK graduates into Speciality Training and (2) criteria for recruiting International Training Fellow without passing PLAB exam. **This motion has been noted as incompetent by the conference agenda committee, and the proposer has been contacted*.
RD25046	That this conference recognizes the significant challenges faced by doctors in securing annual leave on desired dates, including the need to negotiate multiple shift swaps. This can result in back-to-back on-call duties that adversely affect doctors' wellbeing and patient safety. This conference urges the BMA to address these challenges by: i) Advocating for doctors to be allowed and encouraged to indicate their preferred leave dates before rotas are published, ensuring these preferences are considered and minimizing the likelihood of being on-call during requested days. ii) Encouraging the development of transparent and equitable systems for granting leave, which prioritize factors such as personal commitments, well-being, and leave already taken, while avoiding bias or favoritism. iii) Supporting policies that enable doctors to request leave even if on-call, with the responsibility for arranging cover—via rota coordinators facilitating swaps or releasing locum shifts—falling on the trust/clinical lead if the doctor demonstrates a valid reason for needing leave on specific dates.
RD25047	This meeting is deeply concerned by the lack of adequate support for foundation trainees during some oncall shifts. This is particularly the case during night shifts, which can result in significant distress, increased risk of errors, and compromised patient safety. This conference calls on the BMA to: i) Encourage better face-to-face support from senior colleagues during night shifts, ensuring accessibility and approachability for immediate advice and guidance. ii) Promote the establishment of peer support groups or night-shift buddy systems to reduce isolation and foster collaboration. iii) Recommend regular, protected debrief sessions following night shifts to address stress, share experiences, and enhance learning.

	iv) Advocate for national implementation of measures that enable foundation doctors to express distress when feeling overwhelmed, including access to additional support through locum staff or out-of-hours Clinical Nurse Practitioners to manage excessive workloads. v) Lobby for safe staffing levels and robust handover procedures to alleviate the workload burden on foundation trainees during night shifts. vi) Request that the BMA promotes guidance discouraging multiple bleeps to the same trainee within a short timeframe, allowing adequate time for responses and prioritisation of tasks.
RD25048	This conference is deeply concerned by the widespread issue of harassment faced by doctors in the workplace, both from colleagues and patients, which significantly impacts their mental health, well-being, and professional performance. This conference calls on the BMA to: i) Advocate for the implementation of clear, accessible policies that protect doctors from harassment, including a confidential reporting mechanism and swift, transparent action against perpetrators, whether from colleagues or patients. ii) Support the establishment of a dedicated resource or helpline for doctors facing harassment, offering guidance, support, and legal advice when necessary. iii) Encourage the introduction of regular, confidential surveys to monitor harassment levels within NHS trusts, with results made publicly available to ensure accountability and drive meaningful change. iv) Promote mandatory training for all staff on appropriate workplace behaviour, focusing on fostering a respectful and supportive environment for all healthcare professionals, and including strategies to manage inappropriate patient behaviour. v) Recommend that healthcare organisations implement clear protocols for dealing with harassment from patients, including escalation processes, removal from clinical areas if necessary, and support for doctors in these situations.
RD25049	That this meeting notes that the profession has repeatedly expressed a lack of confidence in the General Medical Council's (GMC) ability to set standards and regulate doctors fairly and acting against its origins, to paradoxically regulate non-doctors. This meeting calls upon the BMA to:- i) Openly highlight to all related bodies, the medical profession no longer self-regulates; ii) Resurrect one of our historical registers to create a parallel register for doctors-only, at a non-profit annual cost; iii) lobby European professional organisations and the UK Government to officially recognise our resurrected professional register; iv) take feasible collective action against the GMC that against its historical remit, now regulates unqualified non-doctors.
RD25050	That this meeting believes antisemitism and any form of racial discrimination is unacceptable to maintain the trust of our patients and colleagues, the BMA affirms we cannot achieve equality for some without equality for all. Given the numerous Israel-Palestine conflicts, the BMA strongly: - a) state both Israel and Palestine should exist; whilst continuing to oppose both Apartheid and ethnic-cleaning from any government; b) opposes all hateful racial discrimination;

	c) opposes hateful religious discrimination including but not limited to anti-Judaism, Islamophobia, anti-Christianity, thus all forms of discrimination with hatred; d) opposes use of the weaponised to be discriminatory, Israeli International Holocaust Remembrance Alliance non-legal working definition of antisemitism (IHRA-WDA), and calls for alternative approach to fight anti-Judaism or anti-Semitism that distinguishes between hate speech and political speech, whilst being respectful of race and religions; e) opposes medics in the line of their work or members of the public being tortured
RD25051	This conference notes that resident doctors are routinely denied their contractually stipulated annual leave entitlement, by challenging years spent in NHS service. This conference further notes the acuity of this problem as increasing numbers of residents are forced to take up work as locally employed or bank doctors due to speciality training constraints. This conference calls on the BMA to address this through: i) Officially publishing that resident doctors whose contract stipulates an annual entitlement of 32 days of annual leave following 5 years of completed NHS reckonable service must be granted that contractual entitlement and employers who seek to deny that entitlement through misinterpretation or miscalculation must be condemned and corrected. ii) Surveying current practice and policy by employers at local, regional and national levels, to assess the scale of the problem, and circulating this data to stakeholders, including general membership. iii) Producing official BMA policy prescribing an appropriate method to calculate NHS reckonable service for the purposes of this contractual entitlement. Promulgating this policy through accessible documentation made available to membership, committees and LNCs, including a playbook to challenge employers who deny their resident employees their contractually entitled annual leave on this basis. Increase membership awareness through advertising this accessible documentation through a BMA campaign, with subsequent assessment of the impact on completion.
RD25053	This conference is alarmed by the pressure placed on doctors to fill last-minute rota gaps at substandard pay, risking both workforce wellbeing and patient safety, and therefore calls upon the BMA to: i) gather evidence by working with national bodies such as NHS Employers, Health Education England and HSC to determine how coerced short-notice shift coverage affects patient care and doctor wellbeing, then publish clear mitigation strategies; ii) negotiate fair remuneration by seeking national and local agreements for short-notice shifts to be paid at or above relevant BMA rate cards, acknowledging the inconvenience and burnout risk involved; iii) strengthen local protocols by collaborating with Local Negotiating Committees and Resident Doctors Committees to ensure trusts must pre-agree pay rates in advance of any extra or short-notice shifts, thereby reducing confusion and disputes; iv) prohibit coercive tactics by collaborating with the Care Quality Commission, the National Guardian's Office, and relevant devolved counterparts to establish transparent reporting systems and robust whistleblowing

	protections, ensuring doctors can refuse unsafe or exploitative requests without fear of reprisal; v) preserve rate cards as a standard by keeping the BMA's locum rate card as the acknowledged benchmark for fair compensation, and pursuing additional mechanisms—such as mandatory exception reporting triggers—if employers fail to uphold these standards.
RD25055	That this conference reaffirms the BMA's support for the decriminalisation of abortion across the UK. Whilst this has been achieved in Northern Ireland, the rest of the UK continues to lag behind. This conference recognises that current UK abortion law is outdated, fails to protect patient privacy, and does not adequately serve patients or providers. This conference therefore calls on the BMA to: i) Reiterate that criminalisation of abortion is not in the public interest and that abortion should be treated like other comparable medical procedures, free from unnecessary legal barriers. ii) Condemn the record number of criminal investigations, proceedings and prosecutions against those seeking to end their own pregnancies in recent years iii) Lobby all UK governments for the removal of the requirement for two doctors' signatures to authorise an abortion iv) Lobby all UK governments for the removal of 'clauses' that set out specific grounds patients must meet in order to access abortion v) Lobby all UK governments for the removal of legal requirements mandating the sharing of patient data, including identifiable information such as postcode and date of birth, with governments when accessing abortion care.
RD25058 To be composited with RD25059	This conference; i) calls for the British Medical Association (BMA) to ensure that International Medical Graduates (IMGs) are considered in all future decisions and are given prior intimation before passing any policies that affect them. ii) believes that the BMA represents all doctors, including IMGs, and urges the association to explicitly state its commitment to supporting IMGs in future decisions. iii) calls for transparency so if such support is not provided, IMGs can seek representation from organizations that advocate for them.
RD25059 To be composited with RD25058	The BMA represents all doctors working in the Uk and should not show any bias by lifting and improving some at the detriment of others.
RD25060 To be composited with RD25033	This conference mandates the BMA to lobby relevant stakeholders so that only GMC-registered consultants, who are working in the UK at time of signature, are permitted to sign CREST/CREHST forms.
RD25061	This conference is opposed to the introduction of any condition which imposes a minimum service commitment to an employer before gaining access to specialty training or career progression

RD25064	This conference calls on the BMA to negotiate a contractual clause which clearly states that resident doctors [in training or locally-employed] must never be used by employers as the supervisor for non-medical staff including ANPs, PAs, ACCPs, SCPs, AAs, ANNPs, ACPs.
RD25066	This conference noting the escalating competition ratios for medical specialty training posts i) affirms that there is a resident doctor workforce crisis in the UK affecting both UK and international medical graduates and, ii) acknowledges that there are many IMG doctors with full GMC registration unable to find jobs therefore, ii) demands that the GMC must immediately temporarily suspend issuing any new PLAB exam seats and, iii) calls on the GMC to urgently engage with statutory and non-statutory medical bodies to conduct a capacity assessment for the UK medical workforce to ensure that the PLAB exam capacity is reinstated in a planned and proportionate way
RD25067	This conference notes that rotational training requires doctors to commute and travel frequently; believes that the expenses provided have been subject to real terms cuts; and therefore, calls on the BMA to lobby relevant stakeholders to: i. Reduce the current mileage threshold for travel expenses of 17 miles to 5 miles ii. Change mileage calculations to use the quickest and most reasonable route rather than the "shortest geographical route." iii. Require trusts to pay renting deposits upfront when a doctor must change accommodation solely for training purposes iv. Ensure that, in the event a doctor owns a house and their commute to a new rotational hospital is extended by 30 minutes or more than their current commute, the trust provides hospital accommodation of "good standard" at no expense to the doctor or reimburses the doctor a fixed amount (location adjusted) for a private tenancy. v. Ensure that doctors in training posts who live outside their deanery are not disadvantaged in terms of travel and accommodation expenses vi. Require trusts to provide travel reimbursement, accommodation, or private taxi services where doctors with long commute times are in effect not receiving their mandated 11-hour rest period.
RD25068	That this conference recognises that increasing numbers of doctors are taking additional time out of training and are finding that their additional experience is not reflected in their nodal point when they start higher speciality training. Therefore we call on the BMA to: i) lobby for dedicated clinical fellow, educational fellow, or equivalent posts to be recognised as valid additional experience for nodal point progression for all UK doctors (including those already in speciality training).