

Annual Representative Meeting 2024

Part 2 agenda [UPDATED]

Monday 24 – Tuesday 25 June 2024
ICC Belfast
Hybrid

Unity is strength

The motions in this part 2 agenda are unlikely to be reached unless they are voted as chosen motions.

#ARM2024

**ARM
2024**



British Medical Association

Part 2 agenda of the Annual Representative Meeting (motions not prioritised for debate) [UPDATED]

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)

Dear RB,

For the first time, your ARM Agenda Committee is providing feedback on the motions received and were unable to prioritise for debate. You may be aware that every year we receive hundreds of motions from different constituent bodies of the Association, and they have the difficult job of deciding which will be debated in the time we have available.

We hope that the feedback received will help you with writing motions in the future as well as help the representative body decide which motions you would like to vote for from the 'Part 2 agenda' as chosen motions.

As always, more advice on motion writing can be found on our webpage:

<https://www.bma.org.uk/what-we-do/annual-representative-meeting/writing-motions-for-arm-and-creating-bma-policy>

The reasons for not prioritising motions are wide ranging and often necessarily ruthless due to limited time we have for debate. Some of the issues can be minor like spelling and grammatical issues which mean the motion may be difficult to understand, particularly in the policy book in years to come. Other motions may be very well intended, but ultimately ask the BMA to do something it is either unable to do or don't ask for anything at all (motions of sentiment). Some motions may even ask the BMA to act in a way that would be unlawful.

We have therefore coded each motion that has not been prioritised and you can find the key to those codes on the next page. You may notice that many motions are coded 'F' – that is to say that while the motion is well thought through and competent, there simply is not enough time to prioritise it for debate.

Please note that this coding is not up for debate, it is there to simply guide you. In some instances, there may be more than one code that could be applied and more feedback we could give. We are trialling this as a direct response to the feedback you have given us, RB. If it is helpful – we will work hard to improve it next year. The codes and their definitions can be found overleaf.

Historically, your ARM Agenda Committee has not removed motions other than those motions which may be defamatory. Proposers of motions are sometimes asked to withdraw their motions if this is the case, or to amend them. In the past, Part 2 of the agenda has included motions which may be considered discriminatory, including motions which have been perceived as, for instance, racist, sexist, homophobic and transphobic. There is no doubt that some motions will have caused hurt or offence. To be transparent with the representative body, these motions have still been printed but have not been prioritised for debate.

Last year I took the decision to remove a motion on grounds of discrimination following a complaint that was made to me. As a result, this year, we established a new process with expert assistance to support me in highlighting any motions which are discriminatory. One motion was removed entirely from the Part 2 agenda for this reason and the member informed of my decision.

Concerns have been raised this year from within your ARM Agenda Committee regarding the accuracy of some of the motions, specifically where they were considered to contain assertions that may not be factual in nature or can't be proven. These concerns have been raised regarding the motions we have received on the current conflict between Israel and Gaza.

Following the concerns being raised, I consulted our staff teams and sought legal advice. Without waiving privilege, all the advice I received stated that no individual motion was discriminatory. However, when many of these motions are placed together, despite coming from different constituent bodies, they risk being perceived as discriminatory, more specifically, antisemitic.

I was asked to remove these motions by some members of your ARM agenda committee. Removing motions is not within the role or delegated authority of your elected ARM agenda committee. The agenda committee's duty is to vote on the prioritisation of the agenda. However, it is a power given to me according to Standing order 91.

'Any question arising, in relation to the conduct of the meeting, which is not dealt with in these standing orders shall be determined by the chair at his/her absolute discretion.'

On principle though, I personally do not believe that, as your democratically elected Chair I should be able to remove any of your submitted motions unless they *individually* fall into the categories of defamation or discrimination. Motions raising concerns have been submitted by separate constituent bodies - conferences, regional councils and divisions and not individual members.

I want to state very clearly, as your RB chair, as a chief officer and the BMA's equality lead, that I will not accept discrimination of any kind. It is incumbent on every member of the representative body to treat one another with both empathy and respect, and to remember the BMA's values. I ask that you, as a member of the representative body, consider carefully the feedback provided on each motion when voting on which chosen motions you believe should be debated and of course when you are on the podium, participating in debate.

Should anyone need to raise concerns please do get in contact with our independent complaints line on 0800 028 2092.

Should anyone require wellbeing support, this will be available both via telephone on 0330 123 1245 and face to face at the ARM.

If you would like to raise concerns directly with me so that I may remind RB of their duties, please do so via your agenda committee.

Being a member of the representative body is both a privilege and a responsibility. Remember – we are representing over 193,000 of our colleagues. I hope that all of us can live up to the BMA's values and that we can debate, discuss and ultimately make policy that will leave our association and our profession stronger and united as of course – unity is strength.

Dr Latifa Patel
Representative Body Chair

Feedback codes for motions in the Part 2 agenda

- A** Spelling and/or grammatical errors too great to form comprehensible policy
- B** Motion format incompatible/less compatible with the debate process
- C** Motion contains too many individual areas of debate to present in a 3 minute proposal
- D** Motion contains factual inaccuracies
- E** A motion on the same/similar topic was prioritised above this motion
- F** This motion whilst competent was prioritised lower in the list and therefore unreachable due to time constraints
- G** Motion is defamatory
- H** Motion may contain factual inaccuracies
- I** Not possible to carry out even if passed as policy
- J** Motion is unclear in its ask of the BMA or is a motion of sentiment
- K** Motion has no ask of the BMA
- L** Concerns raised by some members of the agenda committee about the accuracy of this motion, and the possibility of breaching BMA values and possible legal risk, if debated.
- M** Motion requires an amendment

(NB: Motions are submitted by members. All motions unless discriminatory or defamatory are printed. Motions in part 1 are prioritised for debate. Motions in part 2 are not but may be debated if chosen by the Representative Body).

Part 2 ARM Agenda

1

PART 2 - PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL	3
PART 2 – PENSIONS	9
PART 2 - DOCTORS' PAY AND CONTRACTS	9
PART 2 - NATIONAL HEALTH SERVICE	11
PART 2 – MAPS.....	17
PART 2 - NORTHERN IRELAND	22
PART 2 - PUBLIC HEALTH MEDICINE	23
PART 2 - MEDICINE AND THE GOVERNMENT	23
PART 2 - CULTURE, INCLUSION AND DIVERSITY	24
PART 2 - SCIENCE, HEALTH AND SOCIETY.....	27
PART 2 - MEDICAL ETHICS AND HUMAN RIGHTS	31
PART 2 - INTERNATIONAL RELATIONS	32
PART 2 - COMMUNITY AND MENTAL HEALTH	49
PART 2 - MEDICAL STUDENTS.....	49
PART 2 - GENERAL PRACTICE.....	54
PART 2 - LOCALLY EMPLOYED DOCTORS.....	60
PART 2 - INTERNATIONAL MEDICAL GRADUATES.....	60
PART 2 – CONSULTANTS.....	61
PART 2 - SAFE DOCTORS, SAFER PATIENTS.....	62
PART 2 - FINANCES OF THE ASSOCIATION.....	63
PART 2 - BMA STRUCTURE AND FUNCTION.....	64
PART 2 – WALES.....	76
PART 2 - HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY	77
PART 2 - MEDICAL ACADEMIC STAFF.....	78
PART 2 - ENGLAND.....	78
PART 2 - OCCUPATIONAL MEDICINE	79
PART 2 - FORENSIC AND SECURE ENVIRONMENTS.....	79
PART 2 - JUNIOR DOCTORS	79
PART 2 - MEDICO-LEGAL.....	80
PART 2 – WORKFORCE	81
PART 2 - PANDEMIC PREPAREDNESS AND RESPONSE.....	81
PART 2 - TRADE UNIONISM.....	81
PART 2 - TRAINING AND EDUCATION	82
PART 2 - RETIRED MEMBERS.....	85

Part 2 ARM Agenda

2

PART 2 - SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS 85
PART 2 - ASSISTED DYING 86

PART 2 - PROFESSIONAL REGULATION, APPRAISAL AND THE GENERAL MEDICAL COUNCIL

The motion(s) below, in the shaded area, are unlikely to be reached

UK	54	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the protection of a doctors ability to express political opinions without censorship or arbitrary, punitive actions. We ask the BMA to lobby the GMC to update and clarify in person and social media guidance to help differentiate between our right to free speech and actions that could warrant disciplinary or legal repercussions.</p>	E
UK	55	<p>Motion by WELSH COUNCIL: That this meeting notes the intention of the General Medical Council (GMC) to make medical school students sit the Medical Licensing Assessment (MLA), commencing in the 2024/25 academic year. The MLA must be passed in order to receive a provisional licence to practise as a medical doctor. Notwithstanding BMA opposition to the assessment, there must be a clear declaration that only Primary Medical Degree students or those that have studied for a Primary Medical Degree abroad, are eligible to ever sit the MLA. This meeting therefore:-</p> <ul style="list-style-type: none"> i) demands to the GMC that only those studying a Primary Medical Degree can ever attempt the MLA; ii) demands to the GMC that the MLA must be accompanied by a primary medical degree as the sole route to receiving registration for a licence to practise as a doctor. 	F
UK	56	<p>Motion by CONSULTANTS CONFERENCE: That this meeting:-</p> <ul style="list-style-type: none"> i) notes multiple ongoing serious problems between the GMC and the profession it regulates, where the GMC is not dissuaded from its course of action by the concerns of doctors and medical students; ii) believes that the GMC should not regulate PAs/AAs; iii) notes previous BMA policy calling for radical restructuring of the GMC (including the dismissal of its leadership team) to address inter alia issues relating to BME doctors and doctors under investigation; iv) notes previous BMA policy calling for an elected medical majority on the Council of the GMC; v) notes the increasing weaponization of GMC referrals in online and offline interactions with doctors; vi) notes that repeated expressions of no confidence in the GMC have not resolved these problems; vii) calls for the BMA to organise a coordinated threshold commitment to withhold GMC annual retention fees unless BMA Council is satisfied that sufficient action to resolve the above issues is underway by ARM 2025. 	I

Part 2 ARM Agenda

4

UK	57	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting rejects the regulation of non-doctors by the GMC and if the Government proceeds to introduce such regulation for Physician Associates and Anaesthetic Associates, mandates BMA Council to organise a mass withholding of GMC retention fees by the whole of the profession.	I
UK	58	Motion by SHROPSHIRE DIVISION: That this meeting demands that the GMC:- i) remembers the joint statement it signed, in 2019, with the BMA and the RCGP, recognising that general practitioners are specialists in family medicine/general practice; ii) acts on its commitment to register general practitioners as specialists; iii) produces a single register for all doctors in the interests of fairness, equity and the avoidance of discrimination.	F
UK	59	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting agrees that a 3 month window for Employment Tribunal applications is potentially too short a time frame in cases of dismissal due to illness. In interests of fairness this meeting demands an overhaul of the current procedures in this domain, and thus supports:- i) all cases of dismissal on health grounds to be reported to NHSE or the relevant Health Board by the employer who instructed it and to be subject to scrutiny; ii) action to lobby the relevant bodies to authorize a change to the current 3 month window thus enabling these applications to be deferred on medical grounds where appropriate.	F
UK	60	Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises the protection of a doctors ability to express political opinions without censorship or arbitrary, punitive actions. We ask the BMA to lobby the GMC to update and clarify in person and social media guidance to help differentiate between our right to free speech and actions that could warrant disciplinary or legal repercussions.	E
UK	61	Motion by BIRMINGHAM DIVISION: That the GMC has forgotten the Medical Act was to abolish and prevent the promotion of Quacks in the NHS, this includes Medical Act 1983 (as amended) preventing non-medically qualified people implying they are medical doctors. We call on all BMA members and doctors pay the same Annual Retention Fee as MAP until:- i) the GMC changes the names of associates to assistants; ii) the GMC to fully recognise and publicly acknowledged SAS doctors with a promise to protect their titles from any further disrespect; iii) the GMC restricts scope of practice with examinations based on defined curricula; iv) confidence in the GMC is voted as being restored by RB.	I
UK	62	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls upon the GMC to support doctors in their clinical roles by ensuring that the Responsible Officers are able to deal fairly with doctor's concerns.	H

Part 2 ARM Agenda

5

UK	63	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to:-</p> <ul style="list-style-type: none">i) campaign for the abolition of the current GMC as not fit for purpose;ii) take action itself to stop PAs doing the work of doctors in primary and secondary care;iii) ensure that the training opportunities being stolen by PAs, AAs and SCPs be used to train junior doctors and medical students;iv) encourage PAs, AAs and SCPs to train as fully qualified doctors.	H
UK	64	<p>Motion by CLWYD NORTH DIVISION: That this meeting notes that Vexatious and inappropriate referral of doctors to the GMC or police is wrong and calls on the BMA to:-</p> <ul style="list-style-type: none">i) work with the GMC and police to identify and define what constitutes a vexatious or inappropriate referral;ii) to campaign for an independent arbitrator for vexatious referral in terms of seeking redress or action against those making such a vexatious or inappropriate referral;iii) to support members subject to vexatious or inappropriate complaints;iv) support members subject to vexatious or inappropriate complaints in seeking appropriate redress;v) supporting complaints against those making vexatious or inappropriate complaints so that an appropriate action can be take against those making such referrals.	A
UK	65	<p>Motion by NORTH EAST REGIONAL COUNCIL: This meeting firmly rejects plans by the GMC to dilute standards of medical education and to register MAPs without a clear national scope limit and until these issues are resolved calls upon the BMA to:-</p> <ul style="list-style-type: none">- demand immediate review of the GMC by the professional standards authority.- refuse to engage with the GMC.- encourage members to refuse to continue to fund the GMC with annual retention fees.- lead the foundation of a new medical-led, medical-only regulator.	I
UK	66	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes that the General Medical Council is a charity (charity number 1089278) whose charitable objects all relate to the registration, education, standards of conduct and fitness to practice of registered medical practitioners (charity commission website General Medical Council governing document accessed online 20/3/24), and not to any other professional group. We, the representative body:-</p> <ul style="list-style-type: none">i) note that it is the medical profession that funds the GMC;ii) believes that the GMC's willingness to register physician and anaesthesia associates in advance of any change to the Medical Act 1983 was a breach of its charitable charter;iii) notes that in breaching the charitable charter the trustees of the GMC are liable under charity commission rules;iv) call upon the BMA to formally complain to the charities commission on this matter;	I

Part 2 ARM Agenda

6

v) call upon the BMA to survey the membership on their willingness to withhold payments to the GMC until this matter is addressed to BMA members' satisfaction.

- | | | | |
|----|----|---|---|
| UK | 67 | <p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting decries the GMC's plans to register but not regulate associate practice by Physician Associates and Anaesthetic Associates and calls for:-</p> <ul style="list-style-type: none">i) the BMA to call for the GMC to lose its charitable status;ii) clearly distinct GMC registration numbers and separate register on a separate page on the GMC website for Medical Associate Professionals (MAPs);iii) the BMA to campaign for the national roll out of the BMA MAPs safe parameters for working;iv) doctors to seek regulation by a new, independent and medical-led council and for the BMA to lead in this, with at least a proposal for how this might come about by ARM 2025. | I |
| UK | 68 | <p>Motion by WEST MIDLANDS REGIONAL COUNCIL: 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 without using fear. This meeting calls upon the BMA to:-</p> <ul style="list-style-type: none">i) investigate harm to doctors due to the way GMC investigation practices have been carried out;ii) resurrect one of our historical registers, 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 if lack of confidence in the GMC persists or it regulates unqualified staff ("quacks"). | I |
| UK | 69 | <p>Motion by YORKSHIRE REGIONAL COUNCIL: BMA should recognize the right of doctors to express political opinions without censorship or arbitrary, punitive actions. This meeting is concerned that doctors may face unjustified restrictions or sanctions for voicing their views on matters of public interest, such as the situation in Palestine. Therefore, we call on the BMA to:-</p> <ul style="list-style-type: none">i) lobby the GMC to update, clarify and make more precise the social media guidelines for doctors, potentially to align with the NMC social media guidelines which are more comprehensive and specific;ii) seek legal consult to help differentiate between legitimate dissent, and matters such as the right to demonstrate, assemble and free speech, and actions that could warrant disciplinary or legal repercussions, and to publish clear and accessible guidelines for doctors on this matter;iii) raise awareness of the vulnerabilities of manipulating disciplinary processes and potential racial bias, such as GMC referrals, which disproportionately affect ethnic minority doctors, and to discourage the use of such processes to silence or intimidate legitimate dissent or viewpoints. | E |

Part 2 ARM Agenda

7

UK	70	<p>Motion by WELSH COUNCIL: That this meeting recognises that the General Medical Council (GMC) has failed to properly engage members and address their concerns, in spite of numerous motions of no confidence being passed by the BMA and others over several years. It therefore calls upon the BMA to investigate and prepare possible options for collective action and campaigning against the GMC with an aim of securing vital reforms to its structure and governance. These options should be brought to ARM 2025 for discussion and debate.</p>	I
UK	71	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the protection of doctors ability to express political opinions without censorship or arbitrary, punitive actions.</p> <p>i) we urge the BMA to lobby the GMC to update, clarify and make more precise the social media guidelines, potentially to align with the NMC social media guidelines;</p> <p>ii) we urge the BMA to seek legal consult to help differentiate between legitimate dissent for example the right to demonstrate, assemble and free speech versus actions that could warrant disciplinary or legal repercussions and finally, publish new guidelines;</p> <p>iii) we urge the BMA to raise awareness around the utilisation of disciplinary processes such as GMC referrals, which are vulnerable to racial bias, to discourage legitimate dissent or viewpoints;</p> <p>iv) we urge the BMA to raise awareness on censorship by omission regarding the asymmetry in, general and medical media coverage, and organisational support which all perpetuates the phenomenon of false balance against the Palestinians. False balance by its very nature encourages unbalanced, biased and discriminatory views.</p>	E
UK	72	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the protection of doctors ability to express political opinions without censorship or arbitrary, punitive actions:-</p> <p>i) we urge the BMA to lobby the GMC to update and clarify its social media guidelines, to align with the NMC social media guidelines as an example;</p> <p>ii) we urge the BMA to seek legal consult to help differentiate between legitimate dissent and protest, for example the right to demonstrate, assemble and free speech, with actions that could warrant disciplinary or legal repercussions and publish guidelines based on this work with specific examples;</p> <p>iii) we urge the BMA to recognise and raise awareness around the utilisation of disciplinary processes such as GMC referrals, which are vulnerable to racial bias, and review the utilisation of the referral processes for evidence of manipulation to censor or discourage legitimate dissent;</p> <p>iv) we urge the BMA to raise awareness on censorship by omission regarding the asymmetry in, medical and general media coverage, and workplace communications or offered support, which can perpetuate the phenomenon of false balance, which has been noted in the case of the Palestinian-Israeli conflict. False balance by its very nature encourages biased and misleading views.</p>	E

Part 2 ARM Agenda

8

UK	73	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the protection of doctors ability to express political opinions without censorship or arbitrary, punitive actions.</p> <p>i) we urge the BMA to lobby the GMC to update, clarify and make more precise the social medica guidelines, potentially to align with the NMC social media guidelines;</p> <p>ii) we urge the BMA to seek legal consult to help differentiate between legitimate dissent for example the right to demonstrate, assemble and free speech versus actions that could warrant disciplinary or legal repercussions and finally, publish new guidelines;</p> <p>iii) we urge the BMA to raise awareness around the utilisation of disciplinary processes such as GMC referrals, which are vulnerable to racial bias, to discourage legitimate dissent or viewpoints;</p> <p>iv) we urge the BMA to raise awareness on censorship by omission regarding the asymmetry in, general and medical media coverage, and organisational support which all perpetuates the phenomenon of false balance against the Palestinians. False balance by its very nature encourages unbalanced, biased and discriminatory views.</p>	E
UK	74	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting notes increasing serious concerns with the General Medical Council (GMC) and an increasingly radical disconnect from doctors. Causes of this disconnect include:-</p> <ol style="list-style-type: none">1. structural racism2. regulation of physicians' associates3. deleterious plans for medical education4. lack of an elected medical majority on GMC Council5. a leadership team which fails to work with and respect doctors	K
UK	75	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting demands the GMC does not take regulatory action against any doctor involved in climate change protests.</p>	E
UK	76	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting believes that the GMC was founded by this Association to register and regulate doctors, and to guarantee the highest of educational standards for doctors and medical students. This meeting is concerned that the GMC's current direction will lead to devaluation in the standard of medical education and potential watering down of required knowledge to practice as a doctor. We therefore call on the BMA to:-</p> <p>i) consider a strategy of mass refusal of GMC subscription payments;</p> <p>ii) consider founding a new medical regulatory body solely for doctors;</p> <p>iii) coordinate and aid members in responding to any consultations run by the GMC or other stakeholders regarding changes to medical education;</p> <p>iv) work with relevant parties including medical schools, Royal Colleges and the Department of Health and Social Care to oppose these changes to medical education.</p>	I

Part 2 ARM Agenda

9

UK	77	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is concerned that some Medical Royal Colleges, the GMC and NHS England have blurred the boundaries between qualified doctors and MAPs and calls on the BMA to demand that all job descriptions and job plans for these posts are approved by an LNC or other appropriate BMA representative.	F
----	----	--	---

PART 2 – PENSIONS

UK	78	Motion by SCOTTISH COUNCIL: That this meeting believes it is wrong that doctors working less than full time have paid more pension contributions than colleagues for no additional benefit. We call for:- i) work to be done by the BMA to understand how much more doctors have paid; ii) the BMA to obtain new legal advice as to whether this has constituted discrimination; iii) the BMA to work with all relevant stakeholders to see doctors compensated for these additional contributions.	F
----	----	---	---

UK	79	Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting concludes that the current partial retirement scheme lacks sufficient motivation and encouragement for individuals interested in availing it. We believe that the obligation to decrease pensionable pay by 10% in the first 12 months shouldn't necessarily lead to a decrease in total pay. We call on the BMA to engage in discussions with NHSBSA and NHS employers to issue clear directives and comprehensive guidance to trusts on effectively dividing pre retirement pay into pensionable and non pensionable components enabling full time provision and maximising this flexibility.	F
----	----	---	---

PART 2 - DOCTORS' PAY AND CONTRACTS

UK	80	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that regional pay premia should be negotiated for high cost-of-living areas beyond London.	F
----	----	--	---

EN	81	Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that London weighting for consultant pay is no longer fit for purpose. It has the cost of accommodation in the capital, coupled with student debt, means that owning a home is increasingly unlikely for younger doctors. We call on all branches of practice to ensure that London weighting is included in all pay negotiations.	F
----	----	---	---

UK	82	Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting notes that delays in communications with doctors from administrative teams regarding leave requests may have a negative impact on the quality of life of doctors and their ability to plan for significant life events and professional milestones. Therefore, we mandate the BMA to negotiate in future iterations of contract terms and conditions:- i) that the employing organisation must respond to all leave requests made six (6) weeks in advance within 5 working days upon receipt of request; ii) clear response of either rejection or approval of leave must be given in the response, with appropriate reasonings for the decision taken;	F
----	----	---	---

iii) failure to respond to a doctor's request within five (5) working days will result in the automatic assumption that the leave is approved and the doctor may take steps to continue planning with this in mind. It will be the responsibility of the employing organisation to make arrangements for cover;

iv) in cases of requests made in less time than six (6) weeks, the trust must still respond with a decision within five (5) working days;

v) any changes to this decision must be communicated clearly to the doctors six (6) weeks prior to the requested leave date in normal circumstances. In cases of exceptional circumstances and emergency circumstances, the doctor must be clearly notified as soon as logistically possible with evidence that no other alternative option is available;

vi) if incidences occur regarding untimely communications resulting in loss of personal time, loss of educational experiences or incurrence of financial detriment the doctor reserves the right to escalate the issue to relevant persons within the employing organisation and the BMA to seek appropriate compensation such as a fixed penalty or time off in lieu for wasted time.

UK	83	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls upon the Trusts to provide protected time for doctors to be able to teach and for doctors to be remunerated for their teaching roles.	F
EN	84	Motion by SCUNTHORPE DIVISION: That this meeting believes that precise and meaningful e-modules (such as the primary and secondary care Interface Interactive Module used in North Lincolnshire Trust hospitals) should be made part of compulsory induction of all doctors and calls on the BMA to negotiate such an e-module into contractual obligations to ensure safer and smoother patient care and reduce inappropriate workload transfer.	F
EN	85	Motion by SCUNTHORPE DIVISION: That this meeting believes that general practice currently takes on an additional 5% workload created through a lack of understanding and miscommunication within secondary care as some clinicians may not be fully aware of their contractual obligations, and calls on the BMA to negotiate a recognised e-module induction scheme into contracts to require doctors in new posts to be fully aware of their obligations to colleagues.	F
UK	86	Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises the time needed to treat (TNT) makes explicit the estimated clinician time needed to improve the outcome for one person in the targeted population (TNTNNT), the clinician time needed to implement the recommendation for all eligible people in a practice (absolute TNT), and the proportion of total clinician time available for patient care that would be needed to implement the recommendation for all eligible patients (relative TNT). That this meeting demands that BMA negotiators should require TNT to be considered and allowed for:- i) in all clinical guidelines; ii) in all clinical contracts.	F

Part 2 ARM Agenda

11

UK	87	Motion by LONDON REGIONAL COUNCIL: The BMA supports the motion that the highest fee payable by a doctor will equal the highest fee payable by a MAP. Further, the actual take home pay of a GMC registered person should be used to set the fee tariff, not the role undertaken.	J
UK	88	Motion by CORNWALL DIVISION: That this meeting demands that United Kingdom governments ensure that early career doctors receive remuneration appropriate to their considerable expertise, responsibilities and their contribution to the care of patients.	J
PART 2 - NATIONAL HEALTH SERVICE			
UK	89	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes that medication supply problems are causing increased significant work and change in practice for doctors. We therefore urge NHS bodies and DHSC to give this their urgent attention and:- i) improve stock controls; ii) review its pricing logistics in line with other European countries.	F
UK	90	Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting calls on the BMA to work with NHS across the four nations to create fully funded ring fenced national and locally sensitive retention schemes relevant to later career doctors in all branches of practice	F
UK	91	Motion by LONDON REGIONAL COUNCIL: That this meeting endorses the first two reports from the BMJ Commission on the NHS, in particular:- i) its commitment to the founding principles of the NHS; ii) its recommendation that the next government declares a state of emergency in the NHS; iii) its recommendation that the next government makes an additional £8.5 billion a year funding available to the NHS to make up the £32 billion funding gap.	J
UK	92	Motion by NORTH EAST REGIONAL COUNCIL: Hospital groups spent £2.3 Billion on legacy Private Finance Initiative (PFI) projects in 2020-21, of which approximately £500 Million went on interest charges. Some hospitals spend more on PFI repayments than they do on medications. A total of 101 NHS Trusts still face almost £50 Billion in future unitary payments. That this meeting:- i) believes that funding is better spent on delivering high-quality health and social care; ii) reaffirms the view that PFI's represent a catastrophic waste of money; iii) calls for a ban on using PFI's to fund NHS Healthcare; iv) demands that Government legislates to rescind all NHS PFI debt.	F
UK	93	Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: This meeting believes that the state of the NHS and public health is grave enough to be classified as a national emergency justifying spending beyond fiscal rules, and, recognising the importance of the NHS to the working lives of so many members, it calls upon the BMA to campaign for all political parties to include a substantial increase in funding for the NHS and public health in their policy programmes.	F

Part 2 ARM Agenda

12

UK	94	Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is gravely concerned by the apparent lack of a coherent plan and adequate funding to tackle the massive backlog of NHS Estates maintenance including resolving, repairing or rebuilding hospitals, community and GP buildings affected by RAAC and asbestos, and insists that NHSE publish their plans to tackle this.	F
UK	95	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA to defend the right of patients to be diagnosed assessed and treated by fully qualified doctors in the NHS, whether in general practice, A&E or hospital outpatients, as was their right in 1948.	J
UK	96	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls on the BMA leadership to urgently wake up to this onslaught and:- i) fight for the return of a doctor-led National Health Service to fully address the health needs of our patients, while calling for the support of our nursing colleagues and paramedics in the other health unions; ii) campaign to end this Tory government.	F
EN	97	Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting deplores the lack of transparency from many NHS trusts in England regarding cremation fees, where money is sent, and whether this money is being used to support the doctors completing the cremation forms. Therefore, this meeting calls for:- i) campaigning that, where possible, cremation fees should be paid directly to the doctors completing cremation forms; ii) local negotiating committees (LNCs) in Trusts that charge an administration fee on cremation forms to negotiate to ensure that the fee is reasonable; iii) the creation of a freedom of information request proforma by the BMA that can be provided to LNCs, to facilitate information gathering on the use of the money generated by cremation fees within trusts; iv) the BMA to create an England-wide list of trusts that do, and do not, pay cremation fees directly to doctors; v) all money previously accrued from cremation fees (if future legislation leads to their discontinuation) to be distributed to support doctors in the trust.	F
UK	98	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes that NHS waiting lists have been too long for many years, leading to patient deaths, maybe many thousands in recent decades and:- i) regards all deaths on the cardiac surgery/intervention waiting lists as a tragedy; ii) insists that NHS bodies should be open and transparent about the size of this problem; iii) proposes that all deaths on the waiting list be counted and this data to be published annually; iv) proposes that up-to-date data to be provided to cardiologists and their patients in order to obtain Montgomery compliance informed consent for intervention; v) mandates the BMA to open negotiations with Health Departments to ensure all waiting list deaths are counted and this data published frequently.	F

Part 2 ARM Agenda

13

UK	99	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes that many NHS employers fail to provide a contract (a 'written statement of employment particulars') within 2 months from the start of the employment period as required by law and demands that all Trusts and Health Boards issue these contracts at least 2 weeks before the commencement of each post.	F
EN	100	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting condemns the current NHS England policy of refusal to permit retrospective study leave claims, resulting in undue financial pressures on postgraduate doctors in training and negatively impacting on their professional development and well-being. We note the disproportionate impact on doctors working LTFT and international medical graduates and:- i) demands the BMA lobby for a change in NHS England policy to allow post graduate doctors in training to retrospectively apply for study leave, acknowledging the diverse circumstances of doctors; ii) calls on the BMA to form a joint working group with NHS England the local constituent deaneries and relevant stakeholders to address the systemic disincentives to gaining additional qualifications and accreditation for postgraduate doctors in training.	F
UK	101	Motion by ENFIELD AND HARINGEY DIVISION: When 1 in 4 pregnancies end in loss during the pregnancy or birth the NHS should be a leading example in offering excellent bereavement support and leave to bereaved staff who in particular experience pre-24-week baby loss and currently are not guaranteed child bereavement leave. This meeting deplores that currently bereaved staff of pre-24 week losses may be limited to normal sickness absence provisions. This meeting recognises the National pregnancy and baby loss people policy framework (published March 2024), stating that NHS staff in England should be offered up to 10 days of paid leave for the person who is pregnant and 5 days for the partner for any pre-24-week baby loss, in addition to paid time off to attend medical appointments; and adequate mental health and occupational health support. This meeting calls on the BMA to campaign for the addition of these recommendations to the NHS terms and conditions of service for all NHS staff.	B
UK	102	Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that the officers, reps and staff members are chosen to champion and serve the interests of the Association's members and believes that this is incompatible with serving government, regulators, department of health and social care and agencies such as NHS England. It therefore calls for the BMA articles and bylaws, standing orders and all relevant rules to be amended so that:- i) a 5-year moratorium/non-compete agreement is mandatory for officers or representatives at national level taking up positions within the government, GMC, NHS England, NHS Employers, NHS confederation, NHS Improvement, the department of health and social care or any devolved nation equivalents whilst serving or following leaving their BMA roles; ii) a moratorium/non-compete agreement/contract term is mandatory on all future appointments of BMA staff, preventing them taking up employment within the following organisations within 5 years of leaving the BMA or during their time at the BMA: GMC, NHS England, NHS Employers, NHS confederation, NHS	I

Part 2 ARM Agenda

14

		Improvement, the department of health and social care or any devolved nation equivalents whilst serving or following leaving their BMA roles; iii) BMA UK Council to have a majority voting representation on the interview and decision-making panel for all appointments of BMA staff at Chief executive level, director level, grade 1 and grade 2 level.	
UK	103	Motion by CALDERDALE DIVISION: That this meeting notes the inconsistent and unfair methods used by NHS employers to calculate bank holiday (BH) and annual leave (AL) entitlements for less than full time (LTFT) staff, and calls on the BMA to:- i) lobby NHS employers to use a standardised method for calculating BH and AL entitlements for LTFT staff; ii) ensure that any future contract renegotiations clearly define the method to be used for calculating BH and AL entitlements for LTFT staff; iii) ensure that any future contract renegotiations consider LTFT staff working over 37.5 hours a week as full time for the purposes of calculating BH and AL entitlements.	F
UK	104	Motion by BIRMINGHAM DIVISION: That this meeting believes student loans are a burden on entry to medicine whilst retaining GPs is a crisis created by years of bad NHS and government policy. This meeting calls on government and NHSE to:- i) recognise the current NHS workforce plan is inadequate and unworkable; ii) provide either subsidised travel or bursaries for medical students; iii) wipe clean student loans after 5 years of occupation in a NHSE 'urgent recruitment to speciality' list.	F
UK	105	Motion by WELSH COUNCIL: That this meeting recognises that currently the NHS still has a far from green footprint and urges recommitment to net zero and sustainable healthcare, including restoration of re-usable equipment, where clinically safe.	J
UK	106	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the publication of the sexual safety charter by NHSE and the ongoing work across organisations highlighting that the workplace is still not a safe environment for individuals who have experienced sexual assault in the workplace. We call on the BMA to:- i) develop a dedicated webpage on this issue including a package of advice and support for victims to enable them to take any appropriate action with BMA support; ii) work with employers and others to shift attention away from the victims and towards the perpetrators when addressing concerns raised in the workplace, and to share best practice; iii) report back on progress to the 2025 ARM.	F
UK	107	Motion by JUNIOR DOCTORS CONFERENCE: That this meeting deplores the flawed practice of deprioritising ambulance dispatches to 'places of safety' where medical personnel are present with clinically deteriorating patients. This meeting therefore calls for the BMA to:- i) investigate the policy of downgrading such calls and;	F

		ii) recommend the establishment of clear protocols that prioritise ambulance responses based on each patients' clinical need rather than their location.	
UK	108	<p>Motion by CLWYD NORTH DIVISION: That this meeting recognises the dilemma and difficulty that doctors and other clinical staff face explaining that treatment to patients cannot be provided when facilities and staffing are inadequate. This meeting asks the BMA to:-</p> <p>i) highlight to NHS providers in all four nations that misadventure is increasingly likely in the current healthcare environment;</p> <p>ii) organise collectively in workplaces to escalate to the executive teams and boards in ICBs, secondary care, departments of health in each nation and politicians.</p>	F
UK	109	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the dire impact on public health of a failing NHS and:-</p> <p>i) regrets that the current NHS crisis hampers preventative care;</p> <p>ii) recognises the central importance of relationships in the delivery of equitable healthcare – both between healthcare professionals and continuity of care between doctors and patients;</p> <p>iii) recognises that plummeting continuity of care is damaging public health, and the impact is inequitable;</p> <p>iv) calls on the BMA to lobby relevant bodies to vastly improve continuity of care across all areas of health and social care;</p> <p>v) calls on the BMA to lobby relevant bodies to make continuity of care a key priority in commissioning and contracts.</p>	F
UK	110	<p>Motion by NORTH EAST REGIONAL COUNCIL: Medication and vaccination shortages and requests to prescribe alternative medication unnecessarily increase workload pressures for doctors and hamper patient care. The current supply chains raise both climate and ethical concerns. That this meeting calls for the BMA to work with relevant bodies to:-</p> <p>i) ensure appropriate supply of medications and vaccinations throughout the NHS;</p> <p>ii) endorse automatic cost-effective switching of medication doses by pharmacists to reduce the burden on doctors needing to amend medication regimes;</p> <p>iii) highlight the carbon footprint alongside the tariff price in both the BNF and electronic prescribing, and take steps to ensure minimal emissions from manufacturing and transport of medicines destined for UK patients by encouraging UK and/or EU manufacture of essential medicines;</p> <p>iv) resurrect the planned vaccine research and manufacturing site that was promised in the covid pandemic to ensure UK supply of critical vaccines;</p> <p>v) ensure that any non-UK/EU medicines required to be imported have no content from regimes involved in oppression of minorities and/or genocide.</p>	F

Part 2 ARM Agenda

16

EN	111	<p>Motion by NORTH EAST REGIONAL COUNCIL: BMA support no longer takes on cases in which concerns are raised to NHS England. That this meeting:-</p> <ul style="list-style-type: none">i) affirms the 2023 Bewick report, and that malicious referrals to NHS England and/or GMC can be an abuse of process and part of a corrosive culture of bullying;ii) commends the support offered by LMC officers to GPs facing investigation;iii) demands GPs receive BMA representation in NHS England hearings to ensure members receive appropriate employment and legal support;iv) demands a consistently adopted level of support throughout England.	B
UK	112	<p>Motion by WELSH COUNCIL: That this meeting is very concerned about stock issues of many commonly used drugs within the NHS, especially some diabetic treatments, that are causing problems for patients, doctors and pharmacists and calls upon UK Government to strengthen the medication acquisition mechanisms within the UK.</p>	F
UK	113	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting believes that only by restoring the 25,000 acute staffed hospital beds lost since 2000 can this A&E crowding be stopped. We call on the BMA to make this a key policy and campaign with other unions for a new socialist government to carry this out.</p>	F
UK	114	<p>Motion by NORTH EAST WALES DIVISION: That clinicians should bear in mind that to provide effective care to their patients they need to be kind and show empathy towards their patients and patient's families and fellow staff members/colleagues.</p>	K
UK	115	<p>Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting calls on the BMA to work with the Competition and Markets authority to campaign for a requirement that health "screening" products that fall outside the recommended NHS screening programs should include within their price some insurance premium to pay for any resulting follow up health costs.</p>	F
UK	116	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting notes the inconsistent and unfair methods used by NHS employers to calculate bank holiday (BH) and annual leave (AL) entitlements for less than full time (LTFT) staff, and calls on the BMA to:-</p> <ul style="list-style-type: none">i) lobby NHS employers to use a standardised method for calculating BH and AL entitlements for LTFT staff;ii) ensure that any future contract renegotiations clearly define the method to be used for calculating BH and AL entitlements for LTFT staff;iii) ensure that any future contract renegotiations consider LTFT staff working over 37.5 hours a week as full time for the purpose of calculating BH and AL entitlements.	F

PART 2 – MAPS

UK	117	<p>Motion by LONDON REGIONAL COUNCIL: In light of Medical Act 1858, which created the GMC, because “it is expedient that Persons requiring Medical Aid should be enabled to distinguish qualified from unqualified Practitioners””, this meeting:-</p> <ul style="list-style-type: none"> i) expresses no confidence in current GMC as a regulator; ii) rejects attempts to equate physician & anaesthetic associates with registered medical practitioners; iii) believes that the Anaesthesia Associates & Physician Associates Order 2024 was passed without due parliamentary scrutiny; iv) believes that there is no evidence of benefit of the physician associate role and that the role does not add to the MDT; v) calls upon HM Govt to reform the GMC to return it to its original focus; vi) calls on HM Govt to repeal the Anaesthesia Associates & Physician Associates Order 2024; vii) believes that the majority of overwhelming PAs intend well and have been misled, and that therefore they should be offered the opportunity to retrain in other clinical roles; viii) calls upon HM Govt to close all PA schools within the next 12 months, and to use the funding for medical school places; ix) calls upon the quadrinational Depts of Health to use funding currently being used for PA ‘training’ to be used for training junior doctors. 	F
UK	118	<p>Motion by BLACK COUNTRY DIVISION: That this meeting recognises that medical training is adversely affected by Medical Allied Professionals (MAP) Therefore, it calls for the BMA to lobby relevant government bodies, GMC, royal colleges, and individual trusts to:-</p> <ul style="list-style-type: none"> i) endorse and enforce the BMA Safe scope of practice for Medical Associate Professionals (MAPs); ii) establish reporting mechanism for MAPs acting outside their scope of practice; iii) further commission formal evaluations on MAPs impact on training quality/opportunity 	F
UK	119	<p>Motion by WELSH COUNCIL: That this meeting expresses significant concern regarding the disconnect between the perspectives of doctor members and the leadership within medical royal colleges and faculties. It emphasises the critical importance of democratic engagement, especially in the context of current debates, including those around Medical Associate Professional roles. This meeting calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) communicate these concerns to all medical royal colleges and faculties, including the Academy of Medical Royal Colleges, urging them to reflect the diverse voices within their membership; ii) call for all medical royal colleges and faculties to review their governance structures to ensure that mechanisms are in place for all members to vote on key decisions; iii) develop and provide tools and guidance to enable members to more effectively engage with and influence their respective medical royal colleges and faculties. 	F

UK	120	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the value of a mixed workforce but maintains the need for the reform of the Physicians' Associate (PA) role. We believe:-</p> <ul style="list-style-type: none"> i) the physician associate's role is to assist doctors. ii) the term "physician associate" should be replaced by "physicians' assistant"; iii) regulation of physicians' assistants should be by the Health & Care Professions Council and not the GMC; iv) supervision of physicians' assistants should be optional, and exclusively by consultants who have appropriate time in their job plans; v) physicians' assistants should not receive training opportunities at the expense of doctors in training; vi) and we reject the concept of autonomous practice for physicians' assistants and the 4 Tiers of practice described in the GMC consultations on PAs. <p>We call on BMA Council to prioritise these principles in consultations & negotiations with the Government.</p>	B
UK	121	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting has no confidence in the ability of GMC to fulfil its original and primary function of distinguishing doctors from medically unqualified care providers, and therefore requires the Association to:-</p> <ul style="list-style-type: none"> i) continue to apply pressure on regulators, NHS organisations and government to prevent or reverse MAP registration and regulation by the GMC; ii) work with regulators, royal colleges and NHS organisations to promote adoption of scope definitions described in the Association's "A Safe Scope of Practice for Medical Associate Professionals" document (reflecting the primacy of doctors in leading and delivering medical care and ensuring that training of doctors is safeguarded); iii) develop and implement a concurrent strategy in response to GMC registration of non-doctors, to include possible withholding of GMC fees and foundation of a new regulator to take over the professional regulation and registration functions of the GMC for doctors alone; iv) present a plan for fee withdrawal and a new regulator to BMA Council before ARM 2025 that can be actioned if the GMC has not sufficiently addressed the Association's concerns. 	F
UK	122	<p>Motion by TOWER HAMLETS DIVISION: That this meeting:-</p> <ul style="list-style-type: none"> i) acknowledges the good intentions, hard work and professionalism shown by Physician Associates, and calls for this Association to engage respectfully and constructively in debate about their role within healthcare; ii) regrets the failure of government to adequately address questions of supervision and regulation when introducing the PA programme; iii) calls for clear guidance for the supervision and career progression of PAs based on demonstration of professional competencies; iv) insists that training opportunities for junior doctors must not be compromised by the appointment of PAs; v) notes that the UK NHS needs more doctors, and other health professionals including nurses, and calls for pathways to be established to allow PAs the option 	F

to access appropriate training to become doctors, or other health professionals should they wish to do so.

UK	123	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that there are patient safety, doctor training and cost implications of the 'Medical Associate Practitioners' (MAPs) roll out and that it is not well evidence-based, standardised or adequately resourced. It therefore calls on the BMA to:-</p> <p>i) consider submitting MAP-related concerns, formal complaints and challenges to all charitable bodies associated with doctor training, registration and maintaining good medical practice via all available avenues, including the charity commission and legal action;</p> <p>ii) collaborate and campaign with patient safety groups and advocate for safeguarding patient safety around the introduction of MAPs;</p> <p>iii) further promote its MAPs portal and use the results to help ensure contractual obligations for doctors around educational training are met and not compromised by the supervising or training of MAPs, and that concerns related to the inappropriate supervision of MAPs are escalated to appropriate bodies.</p>	F
UK	124	<p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting notes that PAs and AAs have no clear scope of practice or role definition and requires the BMA to organise a campaign to promote members' refusal to supervise until scope of practice is agreed and doctors training concerns are addressed, with proposals ready for council to act upon by December 2024 at the latest.</p>	F
UK	125	<p>Motion by CORNWALL DIVISION: That this meeting demands that training of medical associate professionals in the United Kingdom should not be detrimental to the training of doctors and medical students.</p>	J
UK	126	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting demands the BMA call for the stopping of the appointment of Physicians Associates, Anaesthetic Associates and Surgical Care Practitioners in the NHS immediately.</p>	F
UK	127	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting condemns the government's expansion of physician and anaesthetic associate recruitment; condemns plans for regulation by the GMC without scope parameters; and calls for specific action led by the BMA to halt development and deployment of PAs until concerns about safety are met by:-</p> <ul style="list-style-type: none"> - Encouraging consultants to refuse to supervise PAs or AAs. - Encouraging general practitioners to refuse to supervise PAs. - Encouraging SAS doctors to refuse to supervise PAs or AAs. - Encouraging all branches of practice to prioritise medical doctors for training and recruitment. - Reaching agreement with other organisations that there can be no local or regional variation in associate practice and scope. - Negotiating changes to primary care funding such that PA roles are not displacing Locum and sessional GPs. 	B
UK	128	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the impact of the government's current policy in relation to physician</p>	F

associates. It notes the effect on patient care, with numerous recorded incidents of medical mishap; the very substantial amount of GP time taken away from patient care in order to provide the required level of supervision for PAs and the fact that many locum and salaried doctors have been made redundant to make way for physician associates, despite the fact that the latter are less qualified and often significantly better paid. This is a direct result of the policy of reimbursing only non-medical staff through the ARRS scheme. With this in mind we call upon government:-

i) to extend reimbursement under the scheme to allow it to be used for employment of doctors and nurses;

ii) to carry out a full evaluation of the scheme, including its risks and benefits, before any attempt is made to roll it out further.

UK	129	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting is concerned by the expansion of Medical Associate Profession (MAP) roles and their threat to the medical profession and calls upon the BMA to:-</p> <p>i) work with public bodies (such as the GMC, RCP, NHSE and DHSC) to ensure clearly defined and nationally imposed limits of scope of practice;</p> <p>ii) lead a campaign to engage members to refuse to supervise PAs and AAs until MAP scope is defined and enforced;</p> <p>iii) lobby for ARRS funding to include sessional and locum GPs.</p>	F
UK	130	<p>Motion by NORTH EAST REGIONAL COUNCIL: The GMC consultation: "Seeking views on the rules, standards and guidance required to regulate physician associates and anaesthesia associates" raises serious concerns on proposed regulation of MAPS. That this meeting:-</p> <p>i) affirms that the General Medical Council are not the most appropriate regulator for non-medical professionals;</p> <p>ii) affirms that the title "physician" is a protected title and to allow non-medical practitioners to use the "physician" title undermines the credibility of doctors;</p> <p>iii) believes failure to safely limit scope of MAP practice adversely affects doctors training and indirectly contributes to the development of discriminatory employment practices;</p> <p>iv) believes the subsidisation of MAP regulation fees by the DHSC discriminates against doctors;</p> <p>v) believes that it is indefensible that the GMC spend less on regulating MAPS compared to doctors and demands that the GMC justify the GMCs proposed lower fees for regulating MAPS.</p>	F
UK	131	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is depressed by the persistent undermining of the knowledge and skills of qualified doctors, particularly the current conflation of Physician Associates and non doctor "Consultants" without further clarification of their professional qualification, with medically qualified doctors:-</p> <p>i) which can cause patients to believe they have consulted with a doctor when they have not;</p> <p>ii) and insists that it must be made very clear to patients whether they have consulted with a medically qualified doctor or not;</p>	B

iii) and believes that the titles doctor, physician and consultant within a healthcare setting should be reserved for those who hold a medical qualification;
iv) and demands that the Government legislates to stop patients and the public being confused by the misuse of the titles physician and consultant within healthcare settings.

UK	132	<p>Motion by NORTH DEVON DIVISION: That this meeting, noting that Physician Assistants [Associates] should have supervision by a senior doctor, is deeply concerned that some current PA placements are on rotas where junior doctors, early in their careers, are called on to supervise, on top of their workload, and at a greater cost to their employer:-</p> <ul style="list-style-type: none"> i) demands that all responsibilities in clinical care are correctly allocated; ii) strongly supports every effort by the BMA to instal its recommendations on safe scope of practice in both secondary and primary care; iii) considers that investment should be allocated to Junior doctor training and speciality training expansion. 	F
UK	133	<p>Motion by CONSULTANTS CONFERENCE: That this meeting recognises the value of a mixed workforce but maintains the need for the reform of the Physicians' Associate (PA) role. We believe:-</p> <ul style="list-style-type: none"> i) the physician associate's role is to assist doctors; ii) the term "physician associate" should be replaced by "physicians' assistant"; iii) regulation of physicians' assistants should be by the Health & Care Professions Council not the GMC; iv) supervision of physicians' assistants should be optional, and exclusively by consultants who have appropriate time in their job plans; v) physicians' assistants should not receive training opportunities at the expense of doctors in training; vi) we reject the concept of autonomous practice for physicians' assistants and the 4 Tiers of practice described in the GMC consultations on PAs. <p>We call on BMA Council to prioritise these principles in consultations & negotiations with the Government.</p>	B
UK	134	<p>Motion by CORNWALL DIVISION: That this meeting expects all physician associates to wear a distinct uniform while at work, such that patients, relatives and others can readily identify that they are physician associates.</p>	J
UK	135	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is depressed by the persistent undermining of the knowledge and skills of qualified doctors, particularly the current conflation of Physician Associates and non-doctor "Consultants" without further declaration of their profession, with medically qualified doctors, and which can cause patients to believe they have consulted a doctor when they have not, and:-</p> <ul style="list-style-type: none"> i) believes that within the context of healthcare the titles doctor, physician and consultant should be reserved for those who hold a medical qualification; ii) demands the Government legislates to stop patients and the public being confused by the misuse of the titles doctor, physician and consultant within healthcare. 	B

Part 2 ARM Agenda

22

UK	136	Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes the GMC should regulate doctors alone; opposes regulation of MAPs by GMC; notes ambiguity about the role and scope of MAPs, and calls for the BMA to lead its members in a campaign of action to defund the GMC until concerns about MAP role and scope of practice have been resolved.	B
UK	137	Motion by SHROPSHIRE DIVISION: That this meeting asks the General Medical Council to remember that it was founded by doctors to protect patients from those who were not doctors and demands that:- i) it should continue to only regulate medically qualified doctors; ii) it should protect patients from harm; iii) that Physician Assistants should be regulated by those who regulate other ancillary health care professionals, such as the HCPC.	F
UK	138	Motion by CORNWALL DIVISION: That this meeting demands that until such time that it ceases to regulate medical associate professions, that the General Medical Council adopts a new organisational name to be used for its public and professional facing activities, which adequately identifies it as an organisation with a regulatory role extending beyond the medical profession.	F
UK	139	Motion by BIRMINGHAM DIVISION: That the GMC has forgotten the Medical Act 1958 was to abolish and prevent the promotion of Quacks in the NHS, this includes Medical Act 1983 (as amended) preventing non-medically qualified people implying they are medical doctors. We call on all BMA members and doctors pay the same Annual Retention Fee as MAP until:- i) the GMC changes the names of associates to assistants; ii) the GMC to fully recognise and publicly acknowledged SAS doctors with a promise to protect their titles from any further disrespect; iii) the GMC restricts scope of practice with examinations based on defined curricula; iv) confidence in the GMC is voted as being restored by RB.	F

PART 2 - NORTHERN IRELAND

NI	140	Motion by NORTHERN IRELAND COUNCIL: That this meeting calls on the Department of Health in Northern Ireland to consider facilitating the establishment of a strategic HSC NI employer body to ensure that:- i) doctors' terms and conditions can be negotiated and managed more effectively, at a national level where appropriate; ii) workforce policies can be developed on a streamlined 'once for Northern Ireland' approach that avoids duplication and encourages collaborative working between Trusts, the department and Trades Unions; and iii) employers can create the necessary working conditions which honours doctors professional values.	F
NI	141	Motion by NORTHERN IRELAND COUNCIL: That this meeting calls on the department of health to fund in-house consultant-led occupational health services in all 5 HSC NI Trusts so that doctors in Northern Ireland (including GPs and locums) have full access to consultant-led occupational health services, including by self-referral.	F

Part 2 ARM Agenda

23

NI	142	<p>Motion by N IRELAND (SOUTHERN) DIVISION: That this meeting calls on the Department of Health in Northern Ireland to fund in-house consultant-led occupational health services in all 5 HSC Trusts so that doctors in Northern Ireland (including GPs and locums) have full access to consultant-led occupational health services, including by self-referral.</p>	F
		PART 2 - PUBLIC HEALTH MEDICINE	
UK	143	<p>Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting demands that all public health consultant jobs in the UK be advertised with a medical and dental contract option.</p>	F
		PART 2 - MEDICINE AND THE GOVERNMENT	
UK	144	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes that in recent years a number of doctors have acquired criminal convictions in the course of non-violent direct action and political protest. A recent report by the United Nations special rapporteur on Environmental Defenders strongly condemns recent measures introduced by the UK government to crack down on environmental protest, some of which have been used directly to convict medical activists. This meeting:-</p> <ul style="list-style-type: none">i) commits to supporting BMA members facing fitness to practise tribunals and employment tribunals as a result of convictions arising from matters of principle or social conscience;ii) calls upon the General Medical Council to publish guidance on this topic, such as has been published by other regulators. <p>1. https://unece.org/sites/default/files/2024-01/Aarhus_SR_Env_Defenders_statement_following_visit_to_UK_10-12_Jan_2024.pdf</p> <p>2. https://www.sra.org.uk/solicitors/guidance/convictions-arising-social-conscience/#:~:text=Where%20a%20conviction%20arises%20as,us%20taking%20any%20regulatory%20action</p>	E
EN	145	<p>Motion by CONSULTANTS CONFERENCE: That this meeting, in the light of the tragic Letby scandal, demands wholesale reform of the Care Quality Commission to make it far more responsive to concerns raised by consultants and all healthcare professionals.</p>	F
EN	146	<p>Motion by NORTH EAST REGIONAL COUNCIL: Summarising an inspection by the Care Quality Commission (CQC) to a single outcome oversimplifies the complexities of delivering health and care. That this meeting:-</p> <ul style="list-style-type: none">i) demands publication of evidence-base for CQC recommendations;ii) has no confidence in the current CQC process;iii) calls for the leadership of the CQC to be dismissed and replaced with a team that commands the confidence and support of the medical profession.	F
UK	147	<p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: We mandate the BMA to specifically lobby the Government and publicly campaign that Mr Hunt undertakes no further Tax Cuts until Government fully funds the resolution of the NHS Permacrisis and specifically:-</p>	A

i) ensures viable, effective solutions to the NHS Permacrisis, beyond headline PR initiatives;

ii) ensures immediate investment in short and medium term Social Care as a solution to a major cause of the NHS Permacrisis;

iii) recognizes that "access to and provision of palliative and end of life care is patchy" and ensures the "levelling up" of Palliative Care across the UK;

iv) in the event of Assisted Dying legislation, ensure NHS Patients are protected from NHS Managers using such change as a tool for bed clearing/creating capacity. We demand real protection for Whistleblowers and our members from coercion, acquiescence or unwritten policies adversely affecting patients and/or shifting blame and responsibility from Trust Management to individual BMA members;

v) government performs their primary function to defend and ensure the safety of its citizens which includes protecting them from unnecessary illness or death due to the NHS Permacrisis.

UK	148	<p>Motion by TOWER HAMLETS DIVISION: That this meeting:-</p> <p>i) is horrified by the racist, misogynistic comments made by Frank Hester re Diane Abbott MP;</p> <p>ii) believes that he and others have been emboldened to make hate speech by the hostile environment which is continually fostered by the Tory Government;</p> <p>iii) condemns unreservedly the comments made by Frank Hester;</p> <p>iv) condemns the Tory Government for failing to return his donations;</p> <p>v) believes that Hester's comments contravene NHS England's Fit and Proper Persons Framework, introduced in response to the 2019 Kark review recommendations taking into account CQC requirements in relation to directors;</p> <p>vi) calls on NHS organisations not to renew contracts with Frank Hester's company The Phoenix Partnership.</p>	F
----	-----	--	---

UK	149	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting requests the Government to change the title Physician Associate to Physician's Assistant. The current title is misleading as it suggests that the individual is a doctor because the title "Associate" means a member of a profession, for example solicitors and dentists, but in a lower position in the hierarchy of that profession.</p>	B
----	-----	---	---

PART 2 - CULTURE, INCLUSION AND DIVERSITY

UK	150	<p>Motion by WELSH COUNCIL: That this meeting appreciates the BMA's ongoing efforts in anti-racism and improving representation, but recognises the need to modify ongoing efforts to more distinctly identify and address the unique challenges faced by different ethnic groups. It calls on the BMA to:-</p> <p>i) develop and implement strategies that specifically cater to the unique challenges of each ethnic group;</p> <p>ii) adjust all reports related to equality, diversity, and inclusion, so that they separately report statistics and concerns for each ethnic group rather than using the broad BAME categorisation, where possible without compromising anonymity of the data;</p> <p>iii) ensure that equality monitoring reports are created annually for councils and branch of practice committees across the UK;</p>	F
----	-----	---	---

		iv) annually review all BMA anti-racism strategies to ensure their ongoing effectiveness and relevance.	
UK	151	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting believes that attire policies across the country are outdated, not evidence based, and should no longer exclude:-</p> <ul style="list-style-type: none"> i) colourful hair; ii) tattoos; iii) colourful shoes and socks. 	F
UK	152	<p>Motion by NORTH EAST REGIONAL COUNCIL: Racism is abhorrent. Everyone has the right to come to work without fear of racism. That this meeting condemns any form of racism within healthcare, and:-</p> <ul style="list-style-type: none"> i) recognises the unacceptably high levels of racism directed toward staff in healthcare settings; ii) affirms the GMC professional standards document, "Racism in the workplace"; iii) support a zero-tolerance approach to racism; iv) agrees that all forms of racism have no place within the BMA. 	F
UK	153	<p>Motion by NORTH EAST REGIONAL COUNCIL: Deeply regrets that in the five years since LMC UK conference of 2019 there remains no universal safe, funded service for the provision of healthcare for Trans patients across any of the four nations. That this meeting:-</p> <ul style="list-style-type: none"> i) believes this shames all health secretaries, NHS leaders and commissioners who have failed to commission such a service when such a model has been developed in areas where the need has been recognised and acted upon; ii) affirms that patients requiring such services are able to explore their gender identity in a safe environment with expert clinicians and, if required, proceed with treatment prescribed and monitored by specialist services; iii) despairs at the fact that no NHS IT system developer has worked out and implemented a way to electronically transition a patient record across genders and demands that this be urgently rectified as a matter of patient safety; iv) is concerned that, in the absence of a safe, effective NHS system patients have a choice of using an array of private sector providers of variable quality, some of which practice are abroad and outside of GMC jurisdiction, or asking their GP to perform this work unresourced and without relevant expertise; v) demands that the health systems of all four nations do not let pass another five years without enacting safe, evidence-based, resourced, free-to-use services for this complex cohort of patients. 	F
UK	154	<p>Motion by EAST SUSSEX DIVISION: That this meeting acknowledges the disproportionate challenges faced by healthcare professionals with minority status or protected characteristics such as Muslim healthcare professionals. As evidenced by the British Islamic Medical Association (BIMA) members survey findings Nov-Dec 2023 on experiences of censorship, Islamophobia, and the lack of culturally sensitive support in the workplace. It calls on the BMA to:-</p> <ul style="list-style-type: none"> i) take immediate steps to offer support and advocate to protect doctors rights to freedom of expression, speech and assembly; ii) engage with employers to promote culturally sensitive support mechanisms that address the needs and well-being of all healthcare professionals who are part 	F

of minority or protected characteristic communities, especially those impacted by global conflicts like crises in Gaza;
 iii) implement strategies to combat prejudice in the workplace and in the BMA, ensuring a safe and inclusive work environment for all.

UK	155	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting notes with concern the widespread expression of polarising and extremist political views not directly related to UK healthcare, both in healthcare and related settings, and the negative impact of this on healthcare staff and patients' wellbeing and calls on the BMA to:-</p> <p>i) provide clear guidance for members about what constitutes racist, including Islamophobic and antisemitic, conduct in healthcare and related settings; ii) devise an up to date toolkit on racism awareness, including Islamophobia and antisemitism awareness, for BMA members; iii) launch a high profile campaign of zero tolerance to racism, including Islamophobia and antisemitism, in healthcare.</p>	F
UK	156	<p>Motion by EDGWARE AND HENDON DIVISION: That this meeting notes with concern the widespread expression of polarising and extremist political views not directly related to UK. healthcare, both in healthcare and related settings, and the negative impact of this on healthcare staff and patients' wellbeing and calls on the BMA to:-</p> <p>i) set out clear guidance for members about what constitutes racist, including Islamophobic and antisemitic conduct, in healthcare and related settings; ii) devise an up-to-date toolkit on racism awareness, including Islamophobia and antisemitism awareness, for all BMA members; iii) launch a high profile campaign for zero tolerance to racism, including Islamophobia and antisemitism, in healthcare.</p>	F
UK	157	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting notes the divisions within the profession over the treatment of patients with gender dysphoria and calls on the BMA to:-</p> <p>i) support evidence based policy on the management of patients gender dysphoria; ii) facilitate respectful discussion about safe and evidence based treatment of patients with gender dysphoria.</p>	F
UK	158	<p>Motion by BIRMINGHAM DIVISION: That this meeting is gravely concerned about the rhetoric from politicians about trans-only wards in the NHS. These suggestions would lead to worse health outcomes in trans patients, in the context of trans patients already having worse health outcomes.</p>	K
UK	159	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting remains concerned about the underestimated impact of intersectionality in maintaining and compounding inequality, and calls on the BMA to:-</p> <p>i) recognise that approaches to ending discrimination and disadvantage in one group in isolation will not be complete unless an intersectional approach is taken; ii) adopt a discrete and specific intersectionality lens of analysis when developing policy, guidance and position statements.</p>	F

UK	160	<p>Motion by WELSH COUNCIL: That this meeting recognises the progress made in securing better representation in medical politics for people with protected characteristics as well as the significant progress that still needs to be made, especially for disabled people, neurodiverse people, and LGBTQ+ people. It therefore calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) continue its efforts to ensure that the representatives in the Association reflect the make-up and diversity of membership and wider society; ii) further improve representation for disabled and/or neurodiverse people in the BMA, including the use of minimal quotas where appropriate and possible; iii) further improve representation for LGBTQ+ people in the BMA, including the development of a LGBTQ+ network/forum for representatives and officers. 	F
UK	161	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting welcomes the research the BMA has done to understand the impact of discrimination on the medical workforce but recognises that there are still significant gaps in research into the value of a diverse medical workforce and how it benefits the diverse patient population. We call on the government and Health and Social Care sector organisations to prioritise the promotion and retention of a diverse medical workforce, by:-</p> <ul style="list-style-type: none"> i) gathering experiential and published evidence to demonstrate the benefits of a diverse medical workforce to patient health outcomes; ii) communicating widely the positive impact on patient outcomes through a diverse medical workforce; iii) designing care delivery with consideration of the needs of a diverse medical workforce; iv) putting in place policies that actively support patients to access care from healthcare workers with cultural competence of their backgrounds and experiences to effectively meet their holistic medical needs. 	F
UK	162	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises the importance of name pronunciation and asks the BMA to lobby for patients to have the option to add the phonetic spelling of their name to their medical record.</p>	F

PART 2 - SCIENCE, HEALTH AND SOCIETY

UK	163	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting demands that all children have access to a safe environment and high-quality health and social care, and that:-</p> <ul style="list-style-type: none"> i) we are deeply concerned on reports of inadequate provision of care within care homes; ii) all placements must be properly registered and regulated; iii) consideration is given to nationalisation of care homes in order to achieve and maintain a national standard of residential care; iv) regulatory processes are in place to ensure private providers are held accountable and conform to the same standards of care and treatment as NHS counterparts; v) there is an increase in provision of residential care, so that children in need of supported accommodation or inpatient mental health care are not faced with 	F
----	-----	---	---

		travelling long distances or experience unnecessary delays in receiving the care that they require.	
UK	164	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting:-</p> <ul style="list-style-type: none"> i) notes the conclusions of the PHE report (Jan 2023) on gambling related harms including suicide; ii) notes that gambling increases the risk of suicidality particularly in young adults; iii) notes that online gambling now accounts for over one third of all gambling activity; iv) calls for a ban on all types of advertising for gambling with a particular focus on mainstream and online media. 	F
UK	165	<p>Motion by PUBLIC HEALTH MEDICINE CONFERENCE: Given the importance of inter-generational justice, and recognising that the nations of the UK are at different stages with regard to this legislation, this meeting calls on the BMA to:-</p> <ul style="list-style-type: none"> i) review and develop further actions to actively advocate for legislation and contribute to parliamentary processes, to ensure that consideration of the wellbeing of future generations is embedded within public policy frameworks; ii) review and develop further actions to raise awareness and build leadership within the public health community around safeguarding the wellbeing of future generations across the UK. 	F
UK	166	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for osteoporosis to be added to the list of conditions screened for in the national screening programme.</p>	F
UK	167	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting:-</p> <ul style="list-style-type: none"> i) calls for the BMA to introduce an ethical banking policy which excludes banks that finance the fossil fuel industry; ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels. 	F
UK	168	<p>Motion by BIRMINGHAM DIVISION: That this meeting believes that gambling advertisements can lead to ill health. Gambling advertisements should be treated the same as advertisements for smoking or alcohol, with restrictions:-</p> <ul style="list-style-type: none"> i) in UK broadcast media; ii) in other UK electronic media; iii) in UK printed media. 	F
UK	169	<p>Motion by NORTH EAST REGIONAL COUNCIL: The rise in homelessness and rough sleeping within the UK is a national shame. The average life expectancy for people experiencing homelessness is 46-years for men and 42-years for women. That this meeting:-</p> <ul style="list-style-type: none"> i) is deeply concerned by the worsening levels of homelessness and rough sleeping across the UK. ii) calls on medical schools and Royal Colleges to ensure that the health and social care needs of this population are included in their curriculum; iii) instructs health and social care organisations to explore integrated models of healthcare for people experiencing homelessness; 	F

iv) demands the UK government commit additional resources including dedicated emergency accommodation to support the health and social care requirements for people experiencing homelessness.

UK	170	<p>Motion by SHEFFIELD DIVISION: That this meeting notes that increasing levels of fuel poverty are resulting in increasing levels of preventable disease and death. This meeting calls on the BMA to endorse the Warm This Winter campaign and to lobby the Government:-</p> <ul style="list-style-type: none"> i) to provide immediate support to struggling households through the introduction of a social tariff; ii) to introduce urgently a large scale retrofitting programme to improve the energy efficiency of the housing stock; iii) to initiate an urgent just transition from fossil fuels to cheaper renewables. 	F
UK	171	<p>Motion by NORTH EAST REGIONAL COUNCIL: Approximately 3 million people received an emergency food parcel from the Trussell Trust foodbank in 2022/23, of which, 1.85 million parcels went to children. Roughly 3 million adults reported not eating for a whole day because they couldn't afford or get access to food. Moreover, 30% (4.3 million) UK children live in poverty. That this meeting believes it is travesty that inequalities are worsening and:-</p> <ul style="list-style-type: none"> i) praises charities including the Trussell Trust for highlighting the food poverty crisis within the UK, and commends all organisations who provide families with emergency food; ii) highlights the significant health impact of malnutrition in adults and children; iii) supports the increased provision of healthy free school meals and affirms that no child in the UK should go to bed hungry; iv) condemns repeated Governmental failures to tackle food poverty and associated health inequalities. 	K
UK	172	<p>Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting recognises the harms of alcohol and the ongoing epidemic of alcohol-related disease in the UK and notes the limited progress that has been made in tackling this epidemic. It therefore calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) align with and promote the WHO statement that there is no safe level of drinking, pushing for Chief Medical Officer guidelines to align with this; ii) lobby governments across the UK to legislate for a complete ban of alcohol advertising, including for low and 0% alcohol products; iii) lobby governments across the UK to introduced standardised labelling and packaging of alcoholic beverages (akin to plain cigarette packaging), with pictorial health warning labels; iv) lobby governments across the UK to introduce/maintain a Minimum Unit Price (MUP) for alcohol that is raised annually in accordance with the UK retail price index; v) lobby governments across the UK to define and enforce a legal maximum number of premises licensed to sell alcohol per square kilometre (licensing density); vi) lobby governments across the UK to ban the sale of alcoholic beverages in sporting grounds, in keeping with existing Scottish legislation. 	F

Part 2 ARM Agenda

30

UK	173	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting, recognising the challenges facing the provision of healthcare in rural and coastal areas in the UK:- i) considers that there is an overdue need for healthcare strategy for these areas; ii) emphasises that joined up action is needed across relevant Government departments to improve access to services and to reduce inequalities; iii) calls on the Board of Science to produce a report that the BMA can use to highlight the problems and solutions.	F
UK	174	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes with concern the discussion within government about bringing back imperial measures following Brexit and notes the recent consultation indicating strong public support for the metric system. It believes that:- i) the metric system is now established as the gold standard, not only in medicine and science, but also in industry and building; ii) the metric system is the only system taught in schools and therefore comprehensible to people under 50; iii) the use of dual units in the UK is a source of confusion, error, and, in a medical context, risk; iv) it is essential, regardless of Brexit, that the rollout of metric units continues, and the BMA would strongly condemn any return to use of imperial units.	J
UK	175	Motion by TOWER HAMLETS DIVISION: That this meeting:- i) stands in solidarity with doctors who protest about climate change; ii) does not believe that they should be struck off for trying to defend humanity against climate catastrophe.	E
UK	176	Motion by SHROPSHIRE DIVISION: That this meeting declares a climate emergency and an ecological emergency. This meeting:- i) believes that the climate crisis is the greatest threat to global population health; ii) calls on the Governments to prioritise a move towards safe, renewable energy and towards net zero carbon emissions.	F
UK	177	Motion by LONDON REGIONAL COUNCIL: That this meeting notes the BMA's commitment to act on the climate emergency. This meeting also notes the report 'Banking on climate chaos' which sets out how finance contributes significantly to the climate crisis'. https://www.bankingonclimatechaos.org/wp-content/uploads/2023/08/BOCC_2023_vF.pdf	F
UK	178	Motion by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting is concerned by the alarming availability and usage of Phenibut, particularly among the most vulnerable, with complex healthcare needs. We call upon the Medicines & Healthcare products Regulatory Agency to urgently recommend the restricted use of Phenibut in the UK and HM Government to act on these recommendations.	F

PART 2 - MEDICAL ETHICS AND HUMAN RIGHTS

UK	179	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting is appalled by the postcode lottery regarding availability of palliative care in this country and:-</p> <ul style="list-style-type: none"> i) calls on the BMA to lobby relevant bodies to provide palliative care that is fit for purpose; ii) recognises that palliative care must be available throughout the United Kingdom as a round-the-clock service iii) calls on the BMA to battle against health inequality in the provision of palliative care; iv) notes that nobody should feel driven to suicide due to poor palliative care provision. 	F
UK	180	<p>Motion by MEDICAL STUDENTS CONFERENCE: That this meeting recognises that Female Genital Mutilation is prevalent in the UK, in spite of the revisions made to the Female Genital Mutilation Act (2003). The following recommendations can be implemented:-</p> <ul style="list-style-type: none"> i) establish that doctors attend teaching sessions on this topic and provide thorough teaching in medical schools so that students understand the immediate and long-term implications of FGM; ii) teach cultural competency to students so they can better serve various patient groups' needs; iii) collaborate with academics and students around the country to identify gaps in the existing curriculum and endeavour to adapt current materials and incorporate new content; iv) provide teaching on other potentially associated procedures such as virginity testing and hymenoplasty operations. 	F
UK	181	<p>Motion by WELSH COUNCIL: That this meeting recognises the legal status of medical cannabis in the UK and its increasing use for a wide range of medical conditions. It calls on the BMA to:-</p> <ul style="list-style-type: none"> i) lobby for patients to have the right to continue using legally prescribed medical cannabis treatment while in hospital, without risk of confiscation; ii) encourage doctors to discuss all concerns about their patients' medical cannabis use, including drug interactions or adverse effects, with a medical cannabis prescriber before acting on these concerns; iii) lobby for increased professional and public education on the therapeutic benefits and research underpinning medicinal cannabis. 	F
UK	182	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting recognises the current unacceptable disparate access to organ transplantation for patients with impaired decision-making capacity, exemplified by cases like William Verden's and:-</p> <ul style="list-style-type: none"> i) laments the absence of specific guidance which would ensure equitable, non-discriminatory access to potential available organs for patients deemed to lack decision making capacity; ii) instructs the BMA to work with relevant organisations to develop concise guidelines delineating the decision-making process for clinicians, patients and carers, for assessing eligibility for organ transplantation in patients deemed to lack decision making capacity; 	F

iii) insists that data on transplant recipients' decision-making capacity be included in routine transplant reporting.

UK	183	<p>Motion by SHROPSHIRE DIVISION: That this meeting insists that the safeguarding of a child from significant harm should neither depend on the child's sex nor on the beliefs of their parents. This meeting:-</p> <p>i) insists that childhood protection from non-consenting ritual genital cutting should be universal;</p> <p>ii) notes that many adults subjected to childhood ritual genital cutting feel harmed and traumatised by the practice;</p> <p>iii) demands that the GMC and the BMA withdraw their respective assertions that they have no policy on non-therapeutic male circumcision, which unreasonably discriminates against some children on the grounds of sex and parental belief by actively creating an exemption from standard safeguarding guidance.</p>	F
----	-----	--	---

PART 2 - INTERNATIONAL RELATIONS

UK	184	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that Gaza will require unprecedented, by all accounts of internationally recognised humanitarian organisations and extensive international medical support and input to rebuilding the healthcare infrastructure in Gaza.</p> <p>i) we urge the BMA to lobby for the royal colleges to formulate, with the aid of Gazan/Palestinian territory doctors educational plans, to help rebuild and re-establish both undergraduate and postgraduate medical educational programmes;</p> <p>ii) we urge the BMA to lobby the government, Royal colleges to create financially supported, clinical attachments for Gazan medical students;</p> <p>iii) we urge the BMA to lobby the government, Royal colleges to create financially supported, two-year training posts for Gazan doctors to come to the UK to restore medical knowledge and practice;</p> <p>iv) we urge the BMA to lobby the government to assist and reduce the difficulties in obtaining visas for these placements and training posts described above.</p>	F
UK	185	<p>Motion by LONDON REGIONAL COUNCIL: 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:-</p> <p>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;</p> <p>ii) to encourage the royal colleges to help support Palestinian doctors with rebuilding and re-establishing undergraduate and postgraduate education programmes.</p>	F
UK	186	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the importance of free speech and expression and calls on the BMA:-</p> <p>i) to informally and anonymously survey doctors regarding any professional repercussions individuals have faced due to speaking out about events in Israel and occupied Palestine;</p> <p>ii) to publish any survey results obtained in regards to the above;</p>	F

		iii) to take formal surveys and investigations as guided by the initial findings above.	
UK	187	<p>Motion by SHEFFIELD DIVISION: That this meeting believes in the importance of advocating for the civilian population in war and conflict zones and the right of healthcare workers to speak out about the denial of access to healthcare and the targeting of healthcare facilities and workers.</p> <p>We call on the BMA to:-</p> <ul style="list-style-type: none"> i) advocate and facilitate donations to the Red Cross and other Aid Organisations; ii) give guidance and support to doctors who feel threatened by employers for speaking out about such situations; iii) commit to sharing resources and knowledge (such as e-learning, BMJ) to support degraded health services in war zones. 	F
UK	188	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the government's failure to negotiate mutual recognition of professional qualifications with EU countries in the Trade and Cooperation Agreement (TCA) of 2020. This has been greatly to the disadvantage of UK professionals wishing to work in other European countries, and also to staffing levels in the NHS and elsewhere. We call upon the government to negotiate more advantageous terms, at the very latest when the TCA comes up for five-year review in 2025.</p>	F
UK	189	<p>Motion by EAST SUSSEX DIVISION: That this meeting recognizes the critical role of global collaboration among medical professionals and their unions in enhancing mutual understanding, solidarity, and support. We call on the BMA to:-</p> <ul style="list-style-type: none"> i) strengthen bonds with healthcare worker unions and organizations globally, including but not limited to Palestine, aiming to build a network of shared resources and knowledge to support rebuilding of their healthcare facilities; ii) commit to engaging with international health worker collaborations, ensuring support for unions affected by conflict through virtual meeting participation, and the exchange of expertise and available resources; iii) initiate a program to facilitate cross-border educational exchanges and collaborative research projects with Palestinian healthcare worker unions; iv) launch a crowd-funded solidarity fund to provide financial and material support to healthcare workers in conflict zones, starting with Palestine, to aid in the reconstruction of medical facilities and ensure the continuous delivery of healthcare services; v) advocate for the protection of healthcare workers and the unimpeded delivery of healthcare services in conflict zones through international forums and diplomatic channels, reinforcing the importance of healthcare access as a fundamental human right. 	F
UK	190	<p>Motion by BIRMINGHAM DIVISION: That this meeting acknowledges medical healthcare as a fundamental human right, condemning the unacceptable civilian casualties in the ongoing conflict in Gaza, and calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) raise awareness of the humanitarian crisis in Gaza with a wider audience and publicly denounce the targeting of civilians and healthcare workers; ii) advocate or support advocacy efforts for mechanisms to enable critically ill and injured children in Gaza to access medical treatment being offered in the UK; 	L

iii) reinforce the principle of medical neutrality and call for the protection of healthcare workers and facilities in Gaza, allowing them to operate safely and with immunity.

- | | | | |
|----|-----|--|---|
| UK | 191 | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting understands the importance of medical neutrality and is appalled by the reports of targeting health workers and facilities in Gaza. We call on the BMA to:-</p> <ul style="list-style-type: none"> i) lobby all relevant parties for a full and impartial investigation into all alleged breaches of international law; ii) collaborate with other organisations and individuals in efforts to rebuild Gaza's health infrastructure; iii) support Palestinian doctors including but not limited to access to educational resources, supporting exchange programmes and mentorships; iv) to amplify the verified accounts of health workers and patients who have been or are in Gaza. | L |
| UK | 192 | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting condemns all violations of medical neutrality and given the events documented in hospitals in Gaza calls on the BMA to:-</p> <ul style="list-style-type: none"> i) use their platform to highlight and continue forthright condemnation wherever they see violations of medical neutrality; ii) 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; iii) 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; iv) lobby the government to urge Egypt and Israel to allow access for full humanitarian assistance and medical supplies to the people of Gaza. | F |
| UK | 193 | <p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes the loss of collegiality with our European colleagues imposed by Brexit; recognises that our members subsequently gain little tangible benefit from continued participation in and funding of European medical organisations; and therefore instructs the Association to withdraw, by the time of ARM 2025, from membership of:-</p> <ul style="list-style-type: none"> i) standing Committee of European Doctors (CPME); ii) European Union of Medical Specialists (UEMS); iii) European Union of General Practitioners (UEMO); iv) European Junior Doctors Association (EJD). | F |

UK	194	<p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting calls upon the BMA to lobby the Secretary of State for Health to establish a scheme whereby the UK pays to train 2 doctors or nurses in non-G20 countries for each doctor or nurse recruited from these countries.</p>	F
UK	195	<p>Motion by BLACK COUNTRY DIVISION: In 1983 the Report of the BMA Board of Science on the Medical Effects of Nuclear War stated that: ‘The NHS could not deal with the casualties that might be expected after the detonation of a single one megaton weapon over the UK. It follows that multiple nuclear explosions over several cities would force a breakdown of medical services across the country as a whole. The provision of individual medical or nursing attention for victims would become remote and only the most primitive services would be available from a fellow survivor.’ The current global nuclear arsenal contains 12 thousand nuclear weapons 3 thousand of which are on high alert. The theory that nuclear deterrence will prevent the use of nuclear weapons is out of date. The concept relies on rational decision makers and efficient communication both of which are fallible. Nuclear launches could be made by Non State Actors. Accidental nuclear launches can be made by computer errors or technical problems caused by cyberwarfare. The Treaty for the Prohibition of Nuclear Weapons which came into force in January 2021 prohibits States Parties from assistance to enable nuclear weapon production. Prohibitions which affect banks, companies and pension schemes involved in financing or maintaining nuclear weapons and their associated systems. Therefore:- i) that this meeting calls on the BMA members and BMA itself to consider moving their bank accounts to banks which do not finance nuclear weapons production and maintenance.</p>	B
UK	196	<p>Motion by NORTH EAST REGIONAL COUNCIL: Reminding you that in 1983 the Report of the BMA Board of Science on the Medical Effects of Nuclear War stated that: ‘The NHS could not deal with the casualties that might be expected after the detonation of a single one megaton weapon over the UK. It follows that multiple nuclear explosions over several cities would force a breakdown of medical services across the country as a whole. The provision of individual medical or nursing attention for victims would become remote and only the most primitive services would be available from a fellow survivor.’ Informing you that the current global nuclear arsenal contains 12 thousand nuclear weapons 3 thousand of which are on high alert. Advising you that the theory that nuclear deterrence will prevent the use of nuclear weapons is out of date. The concept relies on rational decision makers and efficient communication both of which are fallible. Nuclear launches could be made by Non State Actors. Accidental nuclear launches can be made by computer errors or technical problems caused by cyberwarfare.</p>	B

Informing you that the Treaty for the Prohibition of Nuclear Weapons which came into force in January 2021 prohibits States Parties from assistance to enable nuclear weapon production. Prohibitions which affect banks, companies and pension schemes involved in financing or maintaining nuclear weapons and their associated systems. Therefore, this meeting calls on the BMA members to consider moving their bank accounts to banks which do not finance nuclear weapons production and maintenance. Some of which are Nationwide, the Cooperative Bank and the Triodos bank.

UK	197	Motion by JUNIOR DOCTORS CONFERENCE: That this meeting understands both its position and limitations as a professional association and a trade union and resolves not to involve itself in contentious geopolitical events (such as wars or conflicts) that it could never hope genuinely to influence.	F
UK	198	Motion by NORTH WEST REGIONAL COUNCIL: We see with horror the humanitarian catastrophe that has unfolded in Gaza, as Israel launched a war to defend itself. We offer solidarity to all doctors caught up in war zones. We call on the BMA to demonstrate this solidarity to the doctors working under immense difficulties in Gaza in both words and deeds by:- i) considering donations towards charities on the ground, e.g. MAP, Red Crescent; ii) facilitating medical students and doctors from Gaza to continue their education by allowing them free access to BMA online education and library facilities, as all the universities have all been destroyed; iii) forging links with Palestinian and Israeli medical unions to advocate in defending for medical impartiality and being signatories to the Colombo Declaration.	F
UK	199	Motion by TOWER HAMLETS DIVISION: That this meeting:- i) is alarmed to hear that motions on Gaza have been censored by some BMA Agenda committees; ii) condemns the indiscriminate bombardment of Gaza, including hospitals; iii) insists on the right of BMA members to submit motions on Gaza and expect them to be considered for debate.	L
UK	200	Motion by WELSH 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. Accordingly, it calls upon the BMA to:- 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; ii) review the mechanisms for grassroots members to raise and campaign on such matters within the Association structures, particularly on a local level;	F

		<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>	
UK	201	<p>Motion by NORTH WEST REGIONAL COUNCIL: Campaigns which use the tactics of boycott, divestment and sanctions (BDS) are part of the fabric of democracy: they provide a peaceful way for people to push for justice and pressure regimes, institutions, or companies to change abusive, discriminatory, or illegal practices, including practices that can harm the health or life of people. This meeting calls on the BMA to:-</p> <p>i) affirm that in principle it believes in the right to campaign using the tactics of boycott, divestment and sanctions;</p> <p>ii) join nearly 70 civil society organisations that have signed a statement calling on the government to immediately halt the “Economic Activity of Public Bodies (Overseas Matters) bill (or anti-boycott bill as it is known) and impress our right as a civil society to mobilise support of the right to boycott in the cause of justice;</p> <p>iii) affirm that it will boycott and divest from companies and institutions that are in violations of international law.</p>	F
UK	202	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that apartheid is a crime against humanity (as defined in the Geneva convention) and is a significant barrier to health equity. It also remembers and honours the BMA's anti-apartheid history, taking action against apartheid South Africa in 1977. It therefore calls on the BMA to commission an investigation into reports that Israel commits systematic apartheid, as reported by Amnesty international, Human Rights Watch, B'Tselem, Yesh Din and the UN special rapporteurs, and to:-</p> <p>i) publish the results of their findings and recommendations for improving barriers of access to healthcare based on systematic discrimination;</p> <p>ii) write to the World Medical Association to lobby them over the findings;</p> <p>iii) survey members based on the findings of the report of appropriate actions including academic and scientific boycotting.</p>	L
UK	203	<p>Motion by EAST SUSSEX DIVISION: That this meeting recognises the catastrophic impact of global conflicts on healthcare professionals and facilities, particularly the attacks on healthcare systems in Gaza. It urges the BMA to:-</p> <p>i) lobby the UK government and international bodies to call for an immediate permanent ceasefire in Palestine and to take immediate actions to address and mitigate this catastrophe, prioritizing the protection of healthcare workers, civilians, patients and hostages;</p> <p>ii) lobby for international scrutiny and accountability for attacks on healthcare across conflict zones, advocating for urgent measures to safeguard medical professionals;</p> <p>iii) lobby for immediate unimpeded and safe access to deliver much needed humanitarian aid to conflict zones including Palestine;</p>	L

iv) lobby the UK government to issue and prioritize medical evacuation visas for those injured in Gaza.

UK	204	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting is extremely concerned by the ongoing humanitarian crisis in Gaza. The documented attacks on healthcare staff and facilities are known, and represent significant violations of international humanitarian law. This meeting is aware that the damage to the health infrastructure of Gaza is such that the immediate and adequate delivery of healthcare aid is crucial in preventing further harm and suffering to the Palestinian people and to our medical colleagues in Gaza.</p> <p>We call on the BMA to lobby the Government:-</p> <ul style="list-style-type: none"> i) to support an immediate and long-acting ceasefire in Gaza; ii) to stop supplying weapons and military aid to Israel and to advocate for the protection of healthcare personnel, infrastructure and equipment against military attack as per international law; iii) and Royal Colleges to take urgent action including but not limited to providing financial and humanitarian aid in Gaza in coordination with the United Nations and other humanitarian agencies. 	L
UK	205	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting believes that in the light of the huge loss of civilian life and targeting of medical facilities and staff in Gaza, that the BMA should call for an immediate ceasefire and the entry of food, water and medicines to relieve the deadly siege of 2 million people.</p>	L
UK	206	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that in the light of the huge loss of civilian life and targeting of medical facilities and staff in Gaza, that the BMA should call for an immediate and sustainable ceasefire.</p>	L

Part 2 ARM Agenda

39

UK	207	<p>Motion by TOWER HAMLETS DIVISION: That this meeting:-</p> <ul style="list-style-type: none">i) is horrified by the bombardment of Gaza and the targeting of hospitals;ii) calls on the BMA to condemn the attacks on Gaza unreservedly and to demand an immediate and permanent ceasefire.	L
UK	208	<p>Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises that over 30000 Palestinians have been killed. Not enough aid is reaching Gaza, civilians are dying from starvation and there are infectious disease outbreaks and a collapsing health care system with children having amputations without anaesthesia. Therefore, we urge the BMA to:-</p> <ul style="list-style-type: none">i) lobby the UK government to vote in favour of an immediate and sustained ceasefire;ii) lobby the UK government to support humanitarian aid and healthcare resources reaching the civilian population;iii) lobby the UK government to object to the supply of military weapons to Israel;iv) lobby the UK government to ensure that they condemn actions that are breaking international law such as targeting of hospitals;v) to recognise and raise awareness that the occupation has a direct impact on healthcare inequalities and to call for an end to the occupation of Palestinian territories and dismantle the illegal Apartheid system.	L
UK	209	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that over 30000 Palestinians have been killed. Not enough aid is reaching Gaza, civilians are dying from starvation and there are infectious disease outbreaks and a collapsing health care system with children having amputations without anaesthesia. Therefore, we urge the BMA to:-</p> <ul style="list-style-type: none">i) lobby the UK government to vote in favour of an immediate and sustained ceasefire;ii) lobby the UK government to support humanitarian aid and healthcare resources reaching the civilian population;iii) lobby the UK government to object to the supply of military weapons to Israel;iv) lobby the UK government to ensure that they condemn actions that are breaking international law such as targeting of hospitals;v) to recognise and raise awareness that the occupation has a direct impact on healthcare inequalities and to call for an end to the occupation of Palestinian territories and dismantle the illegal Apartheid system.	L

UK	210	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises the humanitarian catastrophe in Palestine and acknowledges that the International Court of Justice found it plausible that Israel's acts in Gaza could amount to genocide. It therefore calls on the BMA to:-</p> <ul style="list-style-type: none">i) lobby the UK Government to work with other countries and organisations to provide unimpeded humanitarian aid to the civilian population in Gaza, and create humanitarian corridors to allow medical evacuations from Gaza;ii) lobby for an immediate and permanent ceasefire;iii) lobby for the release of hostages on both sides of the conflict;iv) lobby the UK Government to stop supplying weapons to the region;v) lobby the UK government to recognise that there is no military solution to the conflicts in Palestine and call for the undoing of all illegal settler occupations in Palestine, to recognise the rights of the Palestinian people to self determination and call for an end to the systematic discrimination of Palestinians that leads to health inequalities;vi) provide access to BMA knowledge and resources alongside advocating for training opportunities for Palestinian healthcare workers.	L
UK	211	<p>Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting condemns the genocide committed by Israel in Gaza and believes in the solidarity with Palestinian Healthcare workers and acknowledges that many Doctors and Medical Students working and studying in the UK have close ties to people directly impacted by the conflict. We therefore urge the BMA:-</p> <ul style="list-style-type: none">i) to advocate for a safe corridor for the civilians and for the international medical agencies to provide treatment and medical supply in Gaza;ii) to lobby that the Israeli military should not target Healthcare workers, health care facilities, healthcare infrastructure and ambulances. That they don't forcibly enter healthcare infrastructures to abduct or kill neither patients nor healthcare workers;iii) to advocate to allow for the required healthcare aid to enter Gaza immediately;iv) to lobby the government, royal colleges to create financially supported, clinical attachments for Gaza medical students;v) to advocate for financially supported two- year training posts for Gazan doctors to come to the UK to restore their medical knowledge and skills.	L
UK	212	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the genocide and humanitarian tragedy occurring in Gaza. As per the official day 140, United Nations Office for the Consideration of Humanitarian Affairs figures, approximately 30,000 Palestinian civilians have been killed, including approximately 144 children killed per day. Approximately 70,000 civilians with injuries, including 10 children per day suffering a limb amputation.</p>	L

Pre hostilities approximately 500 trucks/day were entering Gaza. At best, on an optimistic day ~180 trucks enter Gaza. For many weeks in the last four months no aid trucks have been allowed to enter Gaza at all. Leaving 2.3 million Gazans in crisis, emergency or catastrophic levels of food insecurity, as per the WHO rating system. It is imperative as healthcare workers that we advocate for the preservation of all civilian lives. Therefore, we urge the BMA to:-

- i) lobby the United Kingdom government to vote in favour of an immediate and sustained ceasefire at the upcoming united nations assembly;
- ii) lobby the government and international communities for the creation of a safe, humanitarian corridor, that delivers appropriate quantities of aid to the Gazan civilian population;
- iii) lobby the government to help broker the release of hostages from both sides of the hostilities;
- iv) lobby the government to stop selling and supplying the state of Israel with military weapons;
- v) lobby the government to support and facilitate the ease of sending in donations, identifying legal processes and charitable agencies to channel this aid into Gaza.

UK

213

Motion by NORTH WEST REGIONAL COUNCIL: That this meeting condemns the ongoing humanitarian crisis & genocide of Palestinian people & supports the call for a permanent ceasefire with the rapid establishment of humanitarian aid and healthcare. As healthcare workers, we have a duty to protect and promote life, health and well-being of all people, regardless of their nationality, ethnicity, religion, or political affiliation. We therefore call on the BMA to lobby the Government:-

- i) to call for an immediate and permanent ceasefire & to support the UN assembly and condemn violations of International Law;
- ii) to halt all supplies of weapons and military support to Israel, as it continues to occupy and oppress the Palestinian people, flouting International Law;
- iii) to establish a safe and secure humanitarian corridor to deliver aid to the Gazan population, in coordination with the UN and other humanitarian agencies;
- iv) to remember those health workers killed, and support all calls to stop the targeting of healthcare workers and health facilities;
- v) to take effective action to end the illegal occupation and apartheid of the Palestinian territories and uphold the rights of the Palestinians;
- vi) to support the rights of doctors to freedom of speech, and expression of political opinions without censorship.

L

UK	214	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes the targeting of health care workers and hospitals by the Israeli Defence Force in the conflict in Gaza; the subsequent huge loss of life of Doctors and other Clinicians, as well as the increased suffering of the civilian population with loss of access to healthcare. This contravenes international law and the convention of medical neutrality. That this meeting:-</p> <ul style="list-style-type: none">i) remembers those killed, stands with our colleagues in and from Palestine, and supports all calls to stop this targeting of healthcare workers and health facilities;ii) calls on our government to stop arming Israel and thus supporting this flouting of an important convention for all our members, wherever we work;iii) call on our government to instead work to help reinstate some semblance of humanitarian aid and health services to Gaza.	L
UK	215	<p>Motion by YORKSHIRE REGIONAL COUNCIL: Up to date in Gaza, more than 30,000 civilians have been killed, 70,000 injured, and 2.2 million face famine and disease. As healthcare workers, we have a duty to protect and promote the health and well-being of all people, regardless of their nationality, ethnicity, religion, or political affiliation. Therefore, we call on the BMA to:-</p> <ul style="list-style-type: none">i) lobby the UK government to support an immediate and lasting ceasefire at the UN assembly and to condemn any violations of international humanitarian law by any party to the conflict;ii) lobby the UK government and the international community to establish a safe and secure humanitarian corridor to deliver sufficient and timely aid to the Gazan population, in coordination with the UN and other humanitarian agencies;iii) lobby the UK government to facilitate the release of hostages and prisoners from both sides of the conflict, in accordance with the Geneva Conventions and human rights standards;iv) lobby the UK government to stop selling and supplying weapons and military equipment to Israel, as long as it continues to occupy and oppress the Palestinian people and to use disproportionate and indiscriminate force against civilians;v) lobby the UK government to provide guidance and support for individuals and organizations who wish to donate to legitimate and effective humanitarian causes in Gaza.	L
UK	216	<p>Motion by SHEFFIELD DIVISION: That this meeting believes in the importance of standing with persecuted peoples and the right for healthcare workers to speak out about unjust denial of access to healthcare, nationally and internationally. We call on the BMA to:-</p> <ul style="list-style-type: none">i) support doctor's freedom of expression in condemning the Israeli attacks on Palestinians and the targeting of healthcare institutions;ii) encourage, advocate and facilitate donations to the Red Cross and Medical Aid for Palestinians;	L

iii) create guidance for doctors who feel threatened by employers for speaking out on Gaza and the West Bank (Palestine);
 iv) commit to sharing resources and knowledge (such as e-learning, BMJ) to support degraded health services in areas of persecution – such as Palestine;
 v) lobby the UK Government to end licencing of arms exports to Israel to prevent breeches of international humanitarian law, in line with UN Expert Advice.

UK 217 **Motion** by BIRMINGHAM DIVISION: That this meeting recognises the importance of freedom of speech and expression, and calls on the BMA:- L

i) to affirm its support for doctors' and medical students' right to participate in boycott campaigns, including in response to the Israeli occupation of Palestine;
 ii) to lobby the U.K. Government to abandon the 'Economic Activity of Public Bodies (Overseas Matters) Bill 2022-23';
 iii) to affirm its support for doctors' and medical students' right to organise for health, including participating in international missions;
 iv) to affirm its support for doctors' and medical students' right to wear symbols of solidarity;
 v) to survey doctors and medical students regarding any repercussions faced after speaking out about events in Israel and occupied Palestine.

UK 218 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the importance of freedom of speech and expression, and calls on the BMA:- L

i) to formally affirm its support for doctors' right to participate in boycott campaigns, including in response to the Israeli occupation of Palestine;
 ii) to lobby the U.K. Government to abandon the 'Economic Activity of Public Bodies (Overseas Matters) Bill 2022-23';
 iii) to formally affirm its support for doctors' right to organise for health, including participating in international missions;
 iv) to formally affirm its support for doctors' right to wear symbols of solidarity, including the Keffiyeh and;
 v) to survey doctors regarding any repercussions faced after speaking out about events in Israel and occupied Palestine.

UK	219	<p>Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises the state of Israel is committing human rights violations and breaches the Geneva convention. We urge the BMA to:-</p> <ul style="list-style-type: none">i) follow the precedence set in 1977 by the BMA/RCP and in 1985 by the American medical association (against the then south African apartheid government) by taking up acts of boycotting and exerting political pressure for economic sanctions against the state of Israel as it continues to break international law and violates human rights, including for the BMA to boycott Israeli medical journals, conferences and academic/commercial exchanges;ii) specifically ban Israeli doctors/academics who support illegal actions performed by the state of Israel; for example, the 100 doctors who co-signed an open letter to the Israeli military asking for the bombing of Gazan hospitals, thereby encouraging collective punishment and abetting war crimes;iii) call on the Israeli Medical Association to condemn the actions of the Israeli offensive on Gaza and the West Bank.	L
UK	220	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the state of Israel is committing human rights violations and breaches the Geneva convention against the people of Palestine. We urge the BMA to:-</p> <ul style="list-style-type: none">i) follow the precedence set in 1977 by the BMA/RCP and in 1985 by the American medical association (against the then south African apartheid government) by taking up acts of boycotting and exerting political pressure for economic sanctions against the state of Israel as it continues to break international law and violates human rights, including for the BMA to boycott Israeli medical journals, conferences and academic/commercial exchanges;ii) specifically ban Israeli doctors/academics who support illegal actions performed by the state of Israel; for example, the 100 doctors who co-signed an open letter to the Israeli military asking for the bombing of Gazan hospitals, thereby encouraging collective punishment and abetting war crimes;iii) call on the Israeli Medical Association to condemn the actions of the Israeli offensive on Gaza and the West Bank.	L
UK	221	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the state of Israel is committing human rights violations and breaches the Geneva convention.</p> <ul style="list-style-type: none">i) we urge the BMA to follow the precedence set in 1977 by the BMA/RCP and in 1985 by the American medical association (against the then south African apartheid government) by taking up acts of boycotting and exerting political pressure for economic sanctions against the state of Israel as it continues to break international law and violates human rights;ii) we urge the BMA to boycott Israeli medical journals, conferences and academic/commercial exchanges;iii) we urge the BMA to specifically ban Israeli doctors/academics who support illegal actions performed by the state of Israel. For example the 100 doctors who co-signed an open letter to the Israeli military asking for the bombing of Gazan hospitals, thereby encouraging collective punishment and abetting war crimes.	L

UK	222	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the state of Israel is committing human rights violations and breaches the Geneva convention.</p> <p>i) we urge the BMA to follow the precedence set in 1977 by the BMA/RCP and in 1985 by the American medical association (against the then south African apartheid government) by taking up acts of boycotting and exerting political pressure for economic sanctions against the state of Israel as it continues to break international law and violates human rights;</p> <p>ii) we urge the BMA to boycott Israeli medical journals, conferences and academic/commercial exchanges;</p> <p>iii) we urge the BMA to specifically ban Israeli doctors/academics who support illegal actions performed by the state of Israel. For example the 100 doctors who co-signed an open letter to the Israeli military asking for the bombing of Gazan hospitals, thereby encouraging collective punishment and abetting war crimes.</p>	L
UK	223	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that the state of Israel is committing human rights violations and breaches of the Geneva convention as well as currently being on trial for genocide at the International Court of Justice:-</p> <p>i) we urge the BMA to follow the precedent set in 1977 by the BMA and the Royal College of Physicians (RCP), as well as by the American Medical Association (AMA) in 1985, against the then apartheid South African state, by taking up acts of boycotting, exerting political pressure for economic sanctions against the state of Israel as it continues to break international law and violate human rights, including illegal occupation;</p> <p>ii) we urge the BMA to boycott Israeli medical journals, conferences and academic or medical exchanges whilst the state of Israel continues to break international and humanitarian law, including Occupation of Palestinian Territories;</p> <p>iii) we urge the BMA to ban Israeli doctors or academics who support illegal actions performed by the state of Israel. A specific example is the 100 doctors who co-signed an open letter to the Israeli military encouraging the bombardment of Gazan hospitals, perpetrating collective punishment and abetting war crimes.</p>	L

UK	224	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting strongly condemns the humanitarian catastrophe in Gaza and the actions of the state of Israel that, according to the ruling of the International Court of Justice, amount to a case of plausible genocide. According to the World Health Organisation (WHO), 685 Gazan health care workers have been killed and 902 injured, 30 hospitals are damaged and 99 health facilities are affected. We call on the BMA:-</p> <ul style="list-style-type: none"> i) to demand from the UK government an immediate and lasting ceasefire at the UN assembly and to condemn any violations of international humanitarian law by any party to the conflict; ii) to demand from the UK government to establish a safe and secure humanitarian corridor to deliver sufficient and timely aid to the Gazan population, in coordination with the UN and other humanitarian agencies; iii) to demand from the UK government to facilitate the release of hostages and prisoners from both sides in accordance with the Geneva Conventions and human rights standards (there are more 7,000 Palestinian prisoners, more than 2,000 of them are being held in administrative detention indefinitely without charge or trial); iv) to demand from the UK government to stop selling and supplying weapons and military equipment to Israel; v) to demand that the UK government reinstates the funding of UNRWA that was discontinued without any evidence following the unfounded allegations by the state of Israel; vi) to take up acts of boycotting and exerting political pressure for economic sanctions against the state of Israel and by doing so to follow the example of medical associations who boycotted the South African apartheid regime (e.g. BMA, Royal College of Physicians, [1977], American Medical Association [1985]); vii) to specifically ban Israeli doctors/academics who support or endorse illegal actions performed by the state of Israel (such as the 100 doctors who co-signed an open letter to the Israeli military asking for the bombing of Gazan hospitals, thereby encouraging collective punishment and the perpetration of war crimes) from conferences and educational events and to report them to the World Medical Association and the relevant professional bodies and authorities. 	L
UK	225	<p>Motion by EAST AND NORTH HERTFORDSHIRE DIVISION: That this meeting deplores the unimaginable conditions that our medical colleagues in Gaza are being forced to endure under occupation and whilst being targeted themselves. We call on the BMA to:-</p> <ul style="list-style-type: none"> i) denounce the inequality and discrimination they face by the illegal occupation and apartheid regime; ii) lobby the Royal Colleges, UK government and media to push for vital medical supplies and aid to be allowed into Gaza; iii) use its voice across all available channels to support an immediate ceasefire. 	L

UK	226	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the healthcare disparities between Palestinian and Israeli citizens across Israel and the Palestinian occupied territories. There is evidence to suggest that one in five Palestinians residing in the state of Israel currently have shorter life expectancy and increased multimorbidity than Israeli citizens living in the state of Israel.</p> <p>World bank data from 2022, suggests that the Palestinians who live in Palestinian territories have approximately five to ten years shorter life expectancy compared to the Israeli civilians, likely secondary to decreased healthcare access, lower socio-economic conditions and as a direct consequence of the occupation. Therefore:-</p> <ul style="list-style-type: none"> i) we ask the BMA to advocate for equal access to healthcare across Israel and Palestinian occupied territories irrespective of race/religion/nationality; ii) we ask the BMA to recognise and raise awareness that occupation has a direct impact on healthcare inequalities; iii) we ask the BMA to recognise within undergraduate and postgraduate medical education there should be reference to health inequalities that occur as a consequence of this and other occupations; iv) we ask the BMA to encourage and advocate for more research and equitable publication on the health inequalities, challenges as a consequence of occupation and hostilities. 	L
UK	227	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that by the world health organisation and international court of justice definition the Palestinian occupied territories are in a perpetual state of illegal, military occupation and apartheid racist segregation.</p> <ul style="list-style-type: none"> i) we urge the BMA to call for an end to the occupation of Palestinian territories and dismantle the illegal Apartheid system; ii) we urge the BMA to recognise and raise awareness of the direct impact that the occupation and apartheid has on all aspects of health and social wellbeing of Palestinians. 	L
UK	228	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the genocide and humanitarian tragedy occurring in Gaza. As per the official day 140, United Nations Office for the Consideration of Humanitarian Affairs figures, approximately 30,000 Palestinian civilians have been killed, including approximately 144 children killed per day. Approximately 70,000 civilians with injuries, including 10 children per day suffering a limb amputation.</p> <p>Pre hostilities approximately 500 trucks/day were entering Gaza. At best, on an optimistic day ~180 trucks enter Gaza. For many weeks in the last four months no aid trucks have been allowed to enter Gaza at all. Leaving 2.3 million Gazans in crisis, emergency or catastrophic levels of food insecurity, as per the WHO rating system. It is imperative as healthcare workers that we advocate for the preservation of all civilian lives. Therefore, we urge the BMA to:-</p>	L

- i) lobby the United Kingdom government to vote in favour of an immediate and sustained ceasefire at the upcoming united nations assembly;
- ii) lobby the government and international communities for the creation of a safe, humanitarian corridor, that delivers appropriate quantities of aid to the Gazan civilian population;
- iii) lobby the government to help broker the release of hostages from both sides of the hostilities;
- iv) lobby the government to stop selling and supplying the state of Israel with military weapons;
- v) lobby the government to support and facilitate the ease of sending in donations, identifying legal processes and charitable agencies to channel this aid into Gaza.

UK

229

Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the genocide and humanitarian tragedy occurring in Gaza. We urge the BMA to lobby political partners; United Kingdom government, royal colleges, pressure groups and charitable organisations to allow for the required healthcare aid to enter Gaza immediately. There are enormous numbers of limb amputations, crush injuries, white phosphorus burns and fractures.

L

- i) to lobby and advocate that healthcare infrastructures are not military targets, as per international law;
- ii) to lobby and advocate that the Israeli military do not forcibly enter healthcare infrastructures, neither to kill patients nor healthcare workers and to uphold international law;
- iii) to lobby and advocate that healthcare infrastructures energy sources must be restored and not to be strategically interrupted again, as per international law;
- iv) to lobby and advocate for the safe passage of international medical agencies to provide treatment and medical supplies. Particularly the passage of anaesthetics, analgesics and internal fixation devices.

UK

230

Motion by LONDON REGIONAL COUNCIL: That this meeting recognises the protection of a doctors ability to express political opinions without censorship or arbitrary, punitive actions. I am mainly raising this issue in regard to the genocide against the people of Palestine. We ask the BMA to lobby the GMC to update and clarify in person and social media guidance to help differentiate between our right to free speech and actions that could warrant disciplinary or legal repercussions.

L

PART 2 - COMMUNITY AND MENTAL HEALTH

UK	231	<p>Motion by NORTH EAST REGIONAL COUNCIL: The mortality rate of patients with eating disorders continues to be unacceptably high. That this meeting:-</p> <ul style="list-style-type: none"> i) notes that no UK nation has a resourced, easily-accessible service for patients with eating disorders; ii) believes the failure to commission appropriate services is a mark of failure of will on the part of those involved with commissioning; iii) understands that, ethically, it is potentially indefensible to fail to commission adequate healthcare for vulnerable groups; iv) affirms that it is unacceptable for eating disorder services to transfer monitoring of high-risk eating disorder patients to Primary Care without prior written shared-care agreement; v) demands urgent Governmental review of eating disorder services to ensure that a safe, effective service is developed and provided across the UK, in order to enable such patients to receive the care they need and to prevent unnecessary deaths. 	F
UK	232	<p>Motion by WELSH COUNCIL: That this meeting acknowledges, with despair, the negative impact of the lack of timely and adequate social care provision on overcrowding in hospitals, as well as the great burden of unpaid care responsibilities placed on individuals across the UK. It demands that the BMA lobby all UK governments to:-</p> <ul style="list-style-type: none"> i) enhance provision of social and community care through improved recruitment and retention of high-quality care workers; ii) implement initiatives to alleviate the emotional, physical and financial strain on unpaid carers, including increased access to respite care programmes and improved financial assistance; iii) encourage employers to offer flexible working arrangements and paid leave policies for individuals balancing caregiving responsibilities with employment. 	F

PART 2 - MEDICAL STUDENTS

UK	233	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting abhors attempts to dilute the quality of medical standards in the UK and calls on the BMA to:-</p> <ul style="list-style-type: none"> i) continue to oppose scope creep from professions without medical degrees and lead on setting out clear boundaries of practice; ii) continue to uphold that a medical degree must be obtained by a traditional route of 5 years medical training or 4 years by graduate entry medicine, or IMG equivalent, and excluding apprenticeship; iii) discontinue any support of, and lobby to end all medical apprenticeship courses or pilot schemes immediately with an option to convert anyone already on such a course to a traditional medical degree. 	F
UK	234	<p>Motion by MEDICAL STUDENTS CONFERENCE: That this meeting acknowledges that the new UKFPO preference informed allocation system can result in individuals receiving a less desirable deanery and less desirable jobs therein. Therefore, this meeting calls upon the UKFPO to:-</p>	B

i) allow applicants to register for UKFPO allocation by a set deadline, after which all applicants are given their random allocation position;

ii) give applicants the option to then rank deaneries by a second deadline with knowledge of their allocation position, thereby allowing them to make an informed decision, maximising chances of being placed in an optimal foundation program;

iii) consult with medical students nationally on this change before it is put in place.

In the interim period before this change being introduced, offer the following:-

iv) a form of reimbursement to those placed in lesser ranked choices, e.g. financial, housing;

v) set a limit on where an individual can be placed based on their desirable/preferred address;

vi) work with NHS England to produce an overall increase in foundation programme places for medical graduates in the long-term, particularly focused on more densely saturated areas.

UK	235	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that the degradation of the value in the NHS bursary for medical students and the clunky, bureaucratic and onerous administration of the scheme is a significant threat to the continuation of the UK medical profession. We mandate that the BMA lobby all relevant branches of government and the NHS to, within the next two years:-</p> <p>i) fully restore the NHS bursary back to 2012 values (adjusted for inflation using Retail Prices Index (RPI)) and increase future NHS bursary value at least in line with RPI or with increases in mainstream student finance (whichever is greater);</p> <p>ii) immediately evaluate current means-testing criteria for students for equalities impact and appropriateness, with a view to reducing the onerousness of means-testing;</p> <p>iii) extend eligibility for bursary funding to all years of study towards a Primary Medical Qualification;</p> <p>iv) provide an easy, accessible and expedient application process for the NHS Bursary.</p>	F
UK	236	<p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting believes that the degradation of the value in the NHS bursary for medical students and the clunky, bureaucratic and onerous administration of the scheme is a significant threat to the continuation of the UK medical profession. We mandate that the BMA lobby all relevant branches of government and the NHS to, within the next two years:-</p> <p>i) fully restore the NHS bursary back to 2012 values (adjusted for inflation using Retail Prices Index (RPI)), and increase future NHS bursary value at least in line with RPI or with increases in mainstream student finance (whichever is greater);</p> <p>ii) immediately evaluate current means-testing criteria for students for equalities impact and appropriateness, with a view to reducing the onerousness of means-testing;</p> <p>iii) extend eligibility for bursary funding to all years of study towards a Primary Medical Qualification;</p>	F

Part 2 ARM Agenda

51

		iv) provide an easy, accessible and expedient application process for the NHS Bursary.	
UK	237	Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting recognises that the variation in admission criteria to postgraduate qualification degrees is discriminatory and inadequate. It asks the BMA to:- i) liaise with universities to standardise admission criteria; ii) lobby universities to ensure that if a doctor lives and works in the UK then they should be eligible to pay a "home" fee rather than an international fee.	F
UK	238	Motion by EAST MIDLANDS REGIONAL COUNCIL: That as a matter of urgency the BMA take all steps necessary to ensure and influence the maintenance of the international reputation and desirability of the degree level, university-based UK primary registrable qualification as a registered medical practitioner.	F
UK	239	Motion by MEDICAL STUDENTS CONFERENCE: That this meeting recognises and supports the escalating doctor retention crisis and the persistent pay dispute within the NHS. Doctors are saddled with enormous student loans, accruing interest, linked to RPI, at a far greater rate than the loans can be repaid. This conference urges the BMA to lobby the UK Government to:- i) halt student loan repayments as soon as individuals enter NHS service as a Foundation Year 1 Doctor; ii) clear student loan balances of doctors following a period of work within the NHS.	F
UK	240	Motion by MEDICAL STUDENTS CONFERENCE: That this meeting is concerned that with the massive increases in student numbers, the medical degree apprenticeship, and the expansion of physician associate numbers, students on the traditional medical degree will face unfair competition for adequate clinical exposure. This meeting calls upon the BMA to:- i) lobby medical schools to prioritise teaching opportunities for medical students over PAs and ensure teaching for medical students is protected; ii) survey medical students on how often teaching opportunities are lost due to PA students' on placements, and assess the scope of the issue amongst hospitals and medical schools; iii) create guidance for medical students who are turned down from teaching due to PA students or students not on the traditional medical degree; iv) lobby the GMC to update Promoting Excellence: Standards for Medical Education and Training to include a provision that medical students on the traditional and apprenticeship route are an equal priority for clinical training.	F
UK	241	Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting supports the aim of doubling the number of medical school places in the UK in order to improve the doctor-patient ratio in the UK, improve the quality of doctors' working lives and to reduce reliance on international recruitment. This meeting also supports innovation in preregistration medical education but not mass tinkering with the future of medical students and the safety of their future patients. This meeting also notes that over a thousand five-year medical school places are taken by graduates who could undertake a four-year graduate entry course if more were available. This meeting, therefore, calls for:-	B

- i) a clear long-term plan for the expansion in medical student numbers so that medical schools can build the necessary infrastructure and recruit the staff needed with confidence that such expansion will be funded;
- ii) the initial expansion of medical student numbers to focus on expansion of existing and new 4 year graduate entry programmes so that all successful applicants who wish to undertake an accelerated programme can do so thus freeing up additional places for post A' level applicants;
- iii) all innovative programmes to be piloted and evaluated before their wider adoption;
- iv) the evaluation of innovative programmes to expand medical student numbers to include student welfare, wellbeing and completion rates, impacts on equality and diversity and widening participation, and patient and public perspectives on programme outcomes.

UK	242	<p>Motion by MEDICAL STUDENTS CONFERENCE: With the introduction of the medical doctor degree apprenticeship, a precedent has been set for medical students to receive payment whilst undertaking clinical placement. With increasing numbers of medical students facing financial hardship, it is not appropriate nor equitable that some medical students are remunerated for activities undertaken on clinical placement, whilst others are paying for the privilege to do so. Therefore, this meeting calls on Health Education England, the Department for Health and Social Care, NHS Business Services Authority, and the Department of Education to:-</p> <ul style="list-style-type: none"> i) recognise that activities undertaken on clinical placement by medical students are service provision and would thereby classify these individuals as workers; ii) in state employment rights for medical students including (but not restricted to) receiving the national minimum wage, pension contributions, statutory paid holidays and sick pay; iii) introduce a standardised salary commensurate to the number of hours worked on clinical placement. 	F
UK	243	<p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting reaffirms that good education for medical students is inhibited by high learner to supervisor ratios and increasing competing burdens on doctors' time. We therefore instruct the BMA to liaise with relevant bodies to produce and enforce:-</p> <ul style="list-style-type: none"> i) maximum medical student to patient and medical student to junior/resident doctor ratios for different clinical settings; ii) minimum standards for proportion of time in direct patient contact for medical students and alternative plans for effective non-patient contact clinical education delivered primarily by doctors; iii) given appropriate and effective ratios of learners to directly supervising doctors; a reassessment of current placement capacity in all healthcare settings and a safe plan to expand this capacity. 	I
UK	244	<p>Motion by CORNWALL DIVISION: That this meeting notes with great concern that the cost of applying and undertaking post graduate medicine training is prohibitive to many individuals and damaging to the expansion of the medical workforce. This meeting calls for UK governments to provide additional subsidies</p>	F

Part 2 ARM Agenda

53

and bursaries to be available to all those applying for training in post graduate medicine and dentistry.

UK	245	Motion by BUCKINGHAMSHIRE DIVISION: That this meeting instructs BMA to negotiate with the Government and relevant bodies to allow the use of Disabled Students Allowance funding to cover the medical costs of healthcare needed to allow medical students to continue their studies, that the NHS currently cannot provide in a timely manner.	F
UK	246	Motion by JUNIOR MEMBERS FORUM: That this meeting calls on the BMA to lobby government to extend the disabled students' allowance (DSA), so that it can be used for medical costs for healthcare that is difficult to access on the NHS.	F
UK	247	Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting recognises that cadaveric dissection in medical school can be traumatic. Therefore, we urge the BMA to lobby the relevant bodies to:- i) implement an opt-in system for cadaveric dissection; ii) offer medical students alternatives to cadaveric dissection (e.g. prosection or simulations) within all UK medical schools; and iii) carry out a longitudinal study to determine whether doing cadaveric dissection in medical school is necessary.	F
UK	248	Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that cadaveric dissection in medical school can be traumatic. Therefore, we urge the BMA to lobby the relevant bodies to:- i) implement an opt-in system for cadaveric dissection; ii) offer medical students alternatives to cadaveric dissection (e.g. prosection or simulations) within all UK medical schools; and iii) carry out a longitudinal study to determine whether doing cadaveric dissection in medical school is necessary.	F
EN	249	Motion by NORTH DEVON DIVISION: That this meeting, in the knowledge that the NHS Long Term Workforce Plan aims to double the number of medical schools training places, but there is little mention of increasing the graduate-entry places, and that many five year undergraduate courses have a large proportion of students with existing degrees, also very few places available nationally for the four-year graduate-entry courses, and as the aim is to rapidly increase workforce numbers, enabling more eligible students to attend a four-year graduate-entry course will be the most effective means to achieve this, urges the BMA to strongly lobby NHS England to ensure any expansion of medical student places includes at least a proportional increase in graduate-entry medical student places.	B
UK	250	Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting is concerned that the proposal in the LTWP to shorten the non-graduate entry medical degree course to 4 years risks withdrawal of international recognition of the UK's primary medical qualification. This meeting believes that this will have multiple adverse effects on individuals, the health education economy, equality and diversity, the reputation of UK training and, ultimately, on patient care. This meeting calls on the BMA to denounce this dangerous change in	B

the medical education as short-term expediency at the price of irreparable harm to UK health care and to oppose its adoption by all means at its disposal.

UK	251	<p>Motion by LOTHIAN DIVISION: That this meeting recognises that the lengthy and frequent travel that UK medical students must do to attend placement, especially in remote and rural locations, puts undue financial and emotional burden upon students, and calls upon:-</p> <p>i) the Scottish government to expand its existing framework of free bus travel for under-22s to all medical students in Scotland;</p> <p>ii) the UK and other devolved governments to create a framework of free travel for all medical students in the UK, similar to the framework used in Scotland for under-22s.</p>	F
UK	252	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting is opposed to the setting up of employer-led of apprenticeships as a means to achieving a medical degree. It will be impossible to achieve the depth and intensity of teaching and learning when employed by a trust at the same time. It will produce a second class degree which is not fair for the students involved.</p>	B
EN	253	<p>Motion by CORNWALL DIVISION: That this meeting notes with disbelief and dismay the lack of transparency and inflated costs attributed to the training of medical students which has been used by the English Government to argue against higher remuneration for doctors, and has limited the expansion of the medical workforce and fuelled a push for allied health professions. This meeting calls for:-</p> <p>i) an urgent re-evaluation of the training cost of medical students;</p> <p>ii) the costs to be transparent and include only that which is directly attributable to the training and supervision of medical student.</p>	F

PART 2 - GENERAL PRACTICE

EN	254	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting notes that GPs and GP Registrars across England have spoken with unity and strength in GPCE's referendum regarding the imposed 24/25 contract and derisory 1.9% uplift to baseline funding, and:-</p> <p>i) warns of devastating consequences to patient services across the U.K. from the starvation of core practice funding including the closure of NHS practices;</p> <p>ii) notes a growing expansion in private provision leading to two tier primary medical care and worsening health inequalities;</p> <p>iii) builds on 2022 policy by deploring NHSE, DHSC and the Government pursuing the narratives of inter alia Primary Care Networks, the Additional Roles Reimbursement Scheme, "Modern General Practice" and the recommendations of the "Fuller Stocktake" instead affirming its support for a GP-led holistic model of relationship-based primary medical care;</p> <p>iv) commends the actions hitherto taken and supports the ongoing efforts of GPCE in galvanising general practice across England in opposition to this Government's "constructive dismissal" of general practice.</p>	J
----	-----	--	---

Part 2 ARM Agenda

55

UK	255	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting deplores the loss of GPs to the profession through lack of work opportunities and attrition of early years newly qualified GPs and:-</p> <ul style="list-style-type: none">i) calls for targeted funding to support GP practices in engaging GP locums with the aim of ensuring practices can work safely;ii) calls for renewed new-to-practice fellowship funding, available for all newly qualified GPs in the first five years of practice.	F
UK	256	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes with the exception of the GPCs, the BMA no longer adequately represents the interests of GPs and calls for the wider BMA to work with the GPCs to re-establish the BMA as a strong union for all GPs.</p>	F
UK	257	<p>Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That meeting believes that if NHS general practice is allowed to fail, then the NHS will fail.</p>	K
UK	258	<p>Motion by WELSH COUNCIL: That this meeting applauds the Save our Surgeries campaign instigated by the Welsh general practitioners committee and urges all UK Governments to recognise the parlous state of British general practice, the devastating consequences on the whole of NHS should general practice disintegrate, and the need for resource restoration in general practice.</p>	K
UK	259	<p>Motion by NORTH DEVON DIVISION: That this meeting, recognising the challenges facing the provision of healthcare in rural and coastal areas across the UK, as specified in recent comprehensive reports:-</p> <ul style="list-style-type: none">i) emphasises that joined up action needs to be speeded up across relevant government departments, including, for example, housing, employment, transport, social care, mental and public health;ii) together with other staffing elements, regards freeing up of resources for GP employment as essential;iii) asks the BMA to highlight both the problems and solutions, by such means as holding a conference, and to lobby for national strategies.	F
UK	260	<p>Motion by NORTH EAST WALES DIVISION: That this meeting is concerned that when services are moved from secondary care to primary care the resources do not follow the transfer. The health authorities should be instructed to rectify this.</p>	J
UK	261	<p>Motion by CONFERENCE OF LMCS: That this meeting firmly believes that arranging ongoing specialist care when patients move inside the UK, should not fall to GPs, and demands that:-</p> <ul style="list-style-type: none">i) specialist teams should be responsible for identifying, handing over and arranging patients' specialist care to equivalent specialist providers when a patient moves area;ii) in this situation the patient joins the care pathway at the same point that they occupied in their former location and should only be placed on a waiting list if they were previously on one;iii) the ongoing specialist care, including the direct prescribing of shared care drugs, should be the responsibility of the original specialist team until a hand-over	F

to local specialist services has been completed and, where necessary, a local shared care protocol has been agreed with the patient's new GP.

UK	262	<p>Motion by CONFERENCE OF LMCS: That this meeting is appalled at the lack of adequate ADHD and other neurodiversity services across the NHS, with demand for services continuing to rise sharply, impacting on GP workload. We upon on the GPCs to work with and lobby relevant stakeholders to:-</p> <ul style="list-style-type: none"> i) fund and commission comprehensive local NHS ADHD and other neurodiversity services, delivered by appropriately trained and regulated clinicians, with the responsibility for initiating, monitoring, prescribing, and titrating any medications prescribed; ii) ensure that no GP is expected to take over responsibility of ADHD medication prescribing or monitoring without a shared care agreement and appropriate funding to facilitate any required monitoring; iii) provide support to GPs who do not feel comfortable facilitating shared care agreements for prescribing ADHD medications following an assessment that they do not feel has been conducted to a suitable standard; iv) produce clear patient resources to explain NHS ADHD services and the role of GPs in ongoing prescribing, where felt appropriate, under shared care agreements; v) allow patients to self refer to NHS ADHD and other neurodiversity services, without the requirement to consult their GP. 	F
UK	263	<p>Motion by CONFERENCE OF LMCS: That this meeting deplores the current ambulance wait times, offers allyship to paramedics who are working with insufficient staffing levels, and calls for:-</p> <ul style="list-style-type: none"> i) acknowledgement that longer ambulance wait times change the risk: benefit ratio for patients and GPs when deciding to wait for ambulance conveyance compared to transferring using their own or public transport; ii) access to real-time information for patients and GPs for ambulance conveyance so that patients can make an informed decision on whether to transfer to hospital independently; iii) ambulance services to advise patients and GPs regarding, and take clinical and legal responsibility for determining, the safest mode of conveyance. 	F
UK	264	<p>Motion by SHROPSHIRE DIVISION: That this meeting deplores the inadequate funding, resourcing and staff of general practice and asks for:-</p> <ul style="list-style-type: none"> i) an equitable share of the health budget; ii) a recognition that general practice is absorbing an unprecedented demand for health care; iii) an agreement that robust, well trained and fairly rewarded general practice is the base of any cost-effective health care system. 	F
UK	265	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting demands a primary care wide policy for long-term sickness management and return to work provision for GPs with long-term health issues, and in the interest of GP retention thus supports:-</p> <ul style="list-style-type: none"> i) standardised and regulated employment and long-term sickness procedures in general practice; 	F

		<p>ii) mandatory occupational health referral and assessment if absent for 3 months or more, and before return to work;</p> <p>iii) adequate resourcing of practices in order to ensure reasonable adjustments can be made to the GP role, as recommended by occupational health;</p> <p>iv) re-deployment within the practice team or wider primary care network if appropriate, where reasonable adjustments to the role are not possible.</p>	
UK	266	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that general practice remains significantly under-resourced and that its increasing workload pressures are unsafe and unsustainable. It therefore supports exploring and disseminating the findings of all available options of collective action for GPs and, furthermore, calls on the BMA to:-</p> <p>i) create an effective strategy with full ethical, risk assessments and mitigations for withdrawal from non-contractual work such as Primary Care Networks and shared care agreements;</p> <p>ii) promote the rights of GPs to self-organise within the BMA by allowing them to utilise mailing lists, divisional meetings and other means, such as social media, to explore organising and collective action;</p> <p>iii) develop policy to clarify and protect the rights of all doctors to disseminate BMA meeting and voting information via all available means, including direct communication;</p> <p>iv) formulate a withdrawal strategy for those GPs wishing to withdraw from current existing GP contracts with alternate contract and funding structures.</p>	F
EN	267	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes that Integrated Care Boards across the country are attempting to reshape general practice through the use of Same Day Access Hubs. According to this model, all patients requesting a same day appointment will be triaged remotely and the majority will be offered an appointment at a Same Day Access Hub. This appointment is likely to be with a non-doctor with GP supervision.</p> <p>1) This meeting opposes the imposition of the same day access hub model of general practice on the grounds that it:-</p> <p>i) will result in more patients seeing a non-doctor (e.g. physician associate or paramedic) which will reduce the safety and quality of the care they receive;</p> <p>ii) disrupts continuity of care for all but the most complex patients;</p> <p>iii) makes safeguarding of families much more difficult;</p> <p>iv) is impractical, uneconomic and environmentally unfriendly, requiring patients to travel further for care.</p> <p>2) In areas where this model is adopted by some Primary Care Networks, practices who wish to continue to look after their own patients must not be financially penalised for declining to join the scheme. Access to funding via Integrated Care Boards must not be contingent on adoption of this model of care.</p>	B
UK	268	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls for definitive guidance for GP contractors with respect to understanding NHS pensions and the process to be followed when claiming the NHS pensions to be developed and published on the BMA website.</p>	F
EN NI	269	<p>Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for GP trainees flexible pay premium to rise in line with hospital colleagues pay.</p>	F

Part 2 ARM Agenda

58

SC			
UK	270	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting calls for GP trainees to obtain SDT time when on hospital placements so that they can work on their portfolios. This is essential when the portfolio counts for a significant portion of evidence for CCT.	F
UK	271	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting acknowledges the important role pharmacists and pharmacies play in our health and social care systems and regrets the closure of so many community pharmacies and the difficulties that this brings to both patients and doctors and:- i) believes that the Pharmacy First scheme is distracting pharmacies from their primary function and generating more work for GPs; ii) recognises that examining patients in premises not designed for it (or providing appropriate privacy) is inappropriate; iii) calls on the BMA to work with other stakeholders to lobby for improved pharmacy commissioning, dispensing, and accessibility over interventions such as Pharmacy First; iv) calls on the Departments of Health to address Medicines shortages and Community Pharmacy/ Dispensing funding.	F
UK	272	Motion by WELSH COUNCIL: That this meeting recognises the excellent menopause care given by general practice to the women who request treatment, but urges greater awareness and better access of specialist services for those women whose care is more difficult or is standard treatment resistant.	F
UK	273	Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting regrets the proposals in "Serving Your Needs Better" as they:- i) do not address where it expects to find "keen" members locally to form the new "place of work" units as they are unlikely to transform current local inactivity into enthusiasm; ii) are likely to fail especially as hospital doctors and GPs already have functional LNCs and LMCs; iii) will result in a myriad of new local committees which will be unable to attract enough officers thereby requiring considerable additional BMA secretarial support; iv) should have addressed a means of retaining active divisions as functioning units rather than demoralise the keen and dedicated officers.	J
UK	274	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting applauds the masterly multi-skills of general practitioners as the bedrock of the NHS, and encourages continuity of care to:- i) enhance patient confidence and increase practitioner job satisfaction; and ii) reduce repeat appointments, save time and increase efficiency.	J
UK	275	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that in primary care, the aim should be to have all GP appointments for not less than fifteen minutes, and that this should be built in to NHS calculations for the numbers of GPs needed now and in the future.	F

UK	276	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting is concerned that vaccination rates are falling and infectious disease outbreaks rising and:-</p> <p>i) believes that vaccination is a key role for GP surgeries to provide, particularly in areas of deprivation, given the advantages of continuity, access and local credibility;</p> <p>ii) notes the evidence of reduced uptake in areas where vaccination has been moved out of general practice;</p> <p>iii) is concerned that we will see further outbreaks of preventable infectious diseases as a result of reduced vaccine uptake and international migration;</p> <p>iv) demands that vaccination be primarily provided from GP surgeries, with item of service fees annually uplifted to match inflationary costs;</p> <p>v) demands that the GMC act against doctors using social media to propagate unevidenced anti-vaccination messages, noting the harm such messages cause to individuals and the wider population.</p>	F
UK	277	<p>Motion by WELSH COUNCIL: That this meeting urges all Governments to recognise the huge inflationary pressures on general practice that is defunding services and calls for the expenses element of remuneration to match inflation at all times if General Practice is to survive.</p>	F
UK	278	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting is disappointed that given the workload pressures that GPs are under, they continue to be forced to participate in Annual Appraisals. This is despite any consistent and systematic evidence of its on patient safety. It calls upon the GMC and Government to immediately stop mandatory Annual Appraisals indefinitely.</p>	F
EN NI SC	279	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting recognises that the GP registrars committee within GPCUK is the only component committee within GPC UK with a democratic mandate to represent GP registrars in general practice settings in all matters, and is concerned at the current ambiguity within GPC UK's current and proposed standing orders and the operational risk this poses and so calls on:-</p> <p>i) GPC UK to amend its standing orders to delegate responsibility to the GP registrars committee on all matters pertaining to GP registrars in general practice settings;</p> <p>ii) each national GPC to ensure that their standing orders reflect (i);</p> <p>iii) GPC UK to review and submit amendments to the BMA Articles and Byelaws to accurately represent the place of GP registrars within GPC UK;</p> <p>iv) GPC UK to recognise GPRC as a committee within GPC UK in parity with each national GPC in all relevant governance documentation".</p>	D
UK	280	<p>Motion by NORTH EAST REGIONAL COUNCIL: The prevalence of Attention Deficit/Hyperactivity Disorder (ADHD) is rising in children and adults within the UK. Moreover, there are a rise in online private providers using non-medical practitioners to diagnose ADHD. BBC Panorama recently exposed serious failings with online private ADHD clinics. That this meeting:-</p> <p>i) calls for an urgent review of private online providers and warns on the potential need to re-assess patients diagnosed by these providers;</p>	F

ii) affirms that it is not the responsibility of Primary Care to prescribe and monitor ADHD medications, and that prescribing by GPs must only be undertaken with prior written shared care agreements;

iii) warns that shared-care agreements become null and void if private clinics collapse, and that the Government must address the urgent need to increase NHS ADHD services;

iv) calls for an increase in the use of non-pharmacological interventions to help people with ADHD.

PART 2 - LOCALLY EMPLOYED DOCTORS

UK	281	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes that Locally Employed Doctors (LED) are the only significant group without a standard contract, and calls on the BMA to develop and negotiate a UK wide standard model contract for these doctors.	F
UK	282	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting notes that local hospital trusts can employ LEDs (Locally Employed Doctors) outside the standard NHS national terms and conditions for junior doctors. It has been a long-standing desire of this government to end national terms and conditions for NHS staff and the NHS long term workforce plan 2023 confirms the aim to allow local employers to employ staff how they will. This meeting calls on the BMA to campaign hard to close this loophole and prevent its extension.	F
UK	283	Motion by CORNWALL DIVISION: That this meeting notes with dismay the lack of a requirement for a senior General Medical Council registered doctor as a supervisor for non-consultant locally employed doctors and believes this situation is unsafe for patients and unsatisfactory for doctors. This meeting calls for urgent implementation by NHS trusts of suitable supervision with time allocated to senior doctors to provide this.	F

PART 2 - INTERNATIONAL MEDICAL GRADUATES

UK	284	Motion by YORKSHIRE REGIONAL COUNCIL: That this meeting is appalled that international doctors and medical students working in the NHS require Indefinite Leave to Remain (ILR) in order to access IVF treatment, and calls on the BMA to:- i) raise awareness of this requirement to ensure that international doctors and medical students are aware of the need to hold ILR before attempting to access IVF treatment; ii) lobby relevant stakeholders to allow international doctors and medical students working in the NHS at least one trial of IVF treatment, irrespective of their immigration status.	F
----	-----	--	---

Part 2 ARM Agenda

61

UK	285	Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: This meeting notes the potential problems that proposed changes to the BMA structure risk through disenfranchising members who are not part of a workplace. This includes International Medical Graduates with refugee status who are still working toward achieving GMC registration and who have no connection to a workplace or educator institution. This meeting insists that any new structures are truly inclusive	F
UK	286	Motion by ENFIELD AND HARINGEY DIVISION: This meeting asks the BMA:- i) recognizes the invaluable contributions of international medical graduates to healthcare delivery and patient care in the United Kingdom and worldwide; ii) advocates for policies and practices that facilitate the integration, support, and equitable treatment of IMGs within the UK healthcare system, including streamlined pathways to medical licensure, residency training, and employment opportunities; iii) calls upon relevant stakeholders, including government bodies, regulatory agencies, healthcare institutions, and professional associations, to collaborate in removing systemic barriers and addressing the challenges faced by IMGs; iv) promotes cultural competency training and initiatives aimed at fostering an inclusive and welcoming environment for IMGs and other healthcare professionals from diverse backgrounds by implementing a similar training programme; v) commits to ongoing dialogue and collaboration with IMGs and their representative organizations to identify and address emerging issues and concerns related to their training, practice, and well-being; vi) encourages continued engagement in international medical education and collaboration to promote the exchange of knowledge, skills, and best practices across borders.	F
UK	287	Motion by BLACK COUNTRY DIVISION: That this meeting recognises that mistakes can happen in the clinical and professional practice of any doctor, with the risk of devastating consequences for our patients, our interpersonal relations, and our wellbeing. It therefore calls on the BMA to lobby the Medical Schools Council and UK Foundation Programme to expand teaching on the following topics in the medical curriculum and in teaching materials for IMG doctors:- i) mitigating the risk of clinical and professional mistakes in practice; ii) navigating through complaints and investigations in the NHS; iii) caring for our own personal wellbeing.	F
UK	288	Motion by JUNIOR MEMBERS FORUM: That this meeting recognises the barriers faced by IMGs integrating into the NHS, and calls on the BMA to lobby all relevant parties to:- i) stop discrimination against IMGs on the basis of prior NHS experience; and ii) implement a nationally recognised induction framework for IMGs starting their first non-training post in the NHS.	F
PART 2 – CONSULTANTS			
UK	289	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting demands to eliminate the need for doctors taking partial retirement to reduce their work	F

hours by 10% for one year. This change will improve morale and job satisfaction leading to better patient care. This Meeting urges all NHS Trusts to implement this change with immediate effect.

UK	290	<p>Motion by WELSH COUNCIL: That this meeting is gravely concerned at the erosion of the consultant title in medical practice and the implications this has for the medical profession. It therefore calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) promote a clear definition of consultant as pertaining to fully qualified medical practitioners on a relevant specialist register(s) and that this should be the only use of consultant in a clinical context; ii) investigate and consult with membership regarding other potential forms of nomenclature in case erosion of the title continues. 	F
UK	291	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes that the title of “consultant” is popularly assumed to refer to a doctor and reflects the skills, experience and knowledge required to achieve CCT/CESR; notes the government’s intention to protect PA and AA titles; and therefore calls upon the association to work with the government, GMC and other stakeholders to:-</p> <ul style="list-style-type: none"> i) reserve the title “consultant” in a healthcare setting to medically qualified doctors holding CCT/CESR; ii) adopt the term “attending physician/surgeon” as an exclusive term for doctors as a potential alternative to consultant; iii) reserve the words “physician” and “surgeon” to medically qualified doctors; iv) ensure that registration on the speciality and GP registers of the GMC is granted exclusively to doctors. 	I
UK	292	<p>Motion by NORTH EAST REGIONAL COUNCIL: That this meeting believes that the proliferation of “consultant practitioners” is misleading for patients, believes “consultant” should only (clinically) mean a doctor on the specialty register or with CESR, and calls for the adoption of an alternative protected title such as “attending” if the title “consultant” cannot be legally reserved for doctors.</p>	I

PART 2 - SAFE DOCTORS, SAFER PATIENTS

UK	293	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting is saddened but not surprised by the lack of care and support offered to doctors, particularly junior doctors, and insists that:-</p> <ul style="list-style-type: none"> i) rapid access to specially commissioned mental health services similar to , or an expanded version of, the Practitioner Health service available for GPs be enshrined in all NHS doctor contracts; ii) any NHS doctor burnout should be investigated as a serious event; iii) NHS doctor burnout should be recognised as an occupational acquired illness, allowing the necessary time off work to ensure full recovery without the threat of the doctor losing their job or GP partnership; iv) BMA negotiate the necessary changes to all branch of practice contracts to ensure proper support for doctor wellbeing from NHSE and reg devolved Governments. 	F
----	-----	---	---

Part 2 ARM Agenda

63

UK	294	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting is concerned about the levels of burnout within the profession, notes that this is an occupationally acquired condition and calls for extended time away from the workplace to be the norm in managing this condition.	J
UK	295	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting demands that the Government affords human beings the same level of protection from unqualified practitioners as it does for animals.	J

PART 2 - FINANCES OF THE ASSOCIATION

UK	296	Motion by ENFIELD AND HARINGEY DIVISION: This meeting:- i) calls for the BMA to introduce an ethical banking policy which excludes banks that finance the fossil fuel industry; ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels.	F
UK	297	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting notes with dismay the disproportionate impact of changes to honoraria in the year 2023-24 on representatives on lower incomes and those who are self-employed and requires that an Equality Impact Assessment is undertaken prior to any future changes in threshold or amount of honoraria for representatives.	F
UK	298	Motion by TOWER HAMLETS DIVISION: That this meeting notes the BMA's commitment to act on the climate emergency. The meeting also notes the report 'Banking on climate chaos' which sets out how finance contributes significantly to the climate crisis'. https://www.bankingonclimatechaos.org/wp-content/uploads/2023/08/BOCC_2023_vF.pdf That this meeting:- i) calls for the BMA to introduce an ethical banking policy which excludes banks that finance the fossil fuel industry; ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels.	F
UK	299	Motion by NORTH EAST REGIONAL COUNCIL: That this meeting notes the BMA's commitment to act on the climate emergency. That this conference also notes the report 'Banking on climate chaos' which sets out how finance contributes significantly to the climate crisis. https://www.bankingonclimatechaos.org/wp-content/uploads/2023/08/BOCC_2023_vF.pdf That this meeting:- i) calls for the BMA to introduce an ethical banking policy which excludes banks that finance the fossil fuel industry;	F

ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels.

UK	300	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting notes the BMA's commitment to act on the climate emergency. That this conference also notes the report 'Banking on climate chaos' (https://www.bankingonclimatechaos.org/wp-content/uploads/2023/08/BOCC_2023_vF.pdf) which sets out how finance contributes significantly to the climate crisis. That this meeting:-</p> <p>i) calls for the BMA to introduce an ethical banking policy which excludes banks that finance the fossil fuel industry;</p> <p>ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels.</p>	F
----	-----	---	---

PART 2 - BMA STRUCTURE AND FUNCTION

UK	301	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting believes divisions have historically been hard to access for members, and efforts must be made to ensure equitable access for all members. We therefore call on the BMA, including through changes to the Association's articles and bye-laws and division rules, to:-</p> <p>i) mandate that all division meetings offer a hybrid option at a minimum;</p> <p>ii) mandate that all minutes of division and division executive meetings are emailed to members and published on the divisions website within 7 days of the meeting occurring;</p> <p>iii) mandate that the names and roles of all officers and executive members of divisions are emailed to members and updated on the divisions website within 7 days of elections taking place;</p> <p>iv) remove the ability of division executives/officers to reject a call for a special general meeting of their division where the requisite number of signatories have been verified independently by BMA staff;</p> <p>v) enrol all members in their division's mailing list as with other Union emails, except where members have expressly opted out in line with GDPR principles;</p> <p>vi) ensure that the above principles apply to any future branch structure that replaces the existing divisions structure".</p>	F
UK	302	<p>Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting:-</p> <p>i) emphasises that bullying in any form must not be tolerated within the BMA;</p> <p>ii) is concerned that recording of votes could be used to bully members into voting in particular ways;</p> <p>iii) requires the facility to record votes to be removed from the representative body's standing orders.</p>	F
UK	303	<p>Motion by SALISBURY DIVISION: That this meeting is extremely concerned with the process of implementation of online election of representatives without due consultation with the Divisions and Regional Councils. The meeting also:-</p> <p>i) agrees with the concept of online election of ARM representatives;</p> <p>ii) believes that the online process gives right to every member in the division to elect their representatives;</p>	F

Part 2 ARM Agenda

65

		<p>iii) concerned that elected representatives may not have attended or briefed on motions discussed, thereby leading to failure of this process;</p> <p>iv) recommends urgent review of this process with consultation of Divisions and Regional Councils.</p>	
UK	304	<p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting deplores the recent changes to the selection process for divisional representatives at the ARM.</p>	K
UK	305	<p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting supports the move to online elections for representatives to the representative body from divisions, but deplores the precipitous way it was implemented without prior consultation of divisions and scrutiny at an ARM, this has caused, weakening of the governance of the BMA, and requires the BMA to review the background to the decision and any expected or unexpected consequences and report to ARM 2025.</p>	B
UK	306	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting supports the aim of increasing member participation in all electoral processes but does not accept the imposition without consultation of the changes to the election of representatives to the 2024 ARM by active Divisions, and:-</p> <p>i) wonders if there is a hidden agenda which necessitated the rapid imposition of these changes without proper consultation with members and approval by the RB (Representative Body);</p> <p>ii) demands an explanation from Council why these changes were imposed without impact, equality and diversity assessments;</p> <p>iii) raises concerns that this imposed change to the electoral process risks the Association being unduly influenced by an external faction;</p> <p>iv) insists that if Council genuinely wants to increase democratic representation at the ARM , then it should to allocate seats for the Regional Councils which are elected by all members in the region and are a constituent body of the ARM;</p> <p>v) insists that these imposed changes are withdrawn until a full discussion with representatives and decision has been made at an SRM or ARM.</p>	F
UK	307	<p>Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting supports the aim of increasing member participation in all electoral processes but does not accept the imposition without consultation of the changes to electing representatives to the ARM by active divisions this year, and:-</p> <p>i) wonders if there is a hidden agenda which necessitated the rapid imposition of these changes without proper consultation with members and approval by the representative body;</p> <p>ii) demands an explanation from council why these changes were imposed without impact and equality and diversity assessments;</p> <p>iii) believes this change breaches the Articles of the Association;</p> <p>iv) raises concerns that this imposed change to the electoral process risks the Association being unduly influenced or even controlled by an external faction;</p> <p>v) calls upon council, if council genuinely wants to increase democratic representation, to explain why it continues to refuse to reserve seats at the ARM for regional councils, openly elected constituent bodies of the ARM;</p>	F

vi) insists that these imposed changes are withdrawn until a full consultation and decision is made by all the members of the BMA.

UK	308	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes elections should be more accessible to members, and believes representation of female members needs addressing, therefore:-</p> <p>i) welcomes the recent changes to move the election of division representatives to ARM to an online election;</p> <p>ii) requires that where any future seats for ARM are allocated through divisions, or any other method as defined in the articles and byelaws, they are elected through an online election open to all members within their respective boundaries;</p> <p>iii) where there are two or more seats for a division, one seat must be run for candidates who identify as a woman. The other seat or seats will remain open to persons of all genders. Where there is only one seat for a division it will remain open to persons of all genders.</p>	F
UK	309	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting believes in open and democratic elections, supports the recent changes made to the election process for ARM reps, and believes elections should be more accessible to members. We therefore call on the BMA, including through changes to the Association's articles and bye-laws, to:-</p> <p>i) ensure all future ARM representatives from divisions are elected through an online election open to all members in that division;</p> <p>ii) ensure that where any future seats for ARM are allocated through a regional or devolved council, they are elected through an online election open to all members in that region or devolved nation;</p> <p>iii) apply a gender maxima for divisions entitled to elect three or more representatives to ARM of $n-1$, where n = the number of representatives that division is entitled to elect, except where there aren't enough applicants of different genders to facilitate this, in which case the remaining seat should be re-allocated by UK Council but must still be filled by someone of a gender not reached in the division's maxima;</p> <p>iv) ensure that the above principles apply to any future branch structure that replaces the existing divisions structure;</p> <p>v) update elections to regional and devolved councils so one third of seats in each council are elected on a rolling yearly basis, with no change to existing three-year terms.</p>	F
UK	310	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting appreciates the demanding work undertaken by BMA council, believes that members deserve consistent representation, and calls for amendment to articles and bylaws to enforce automatic removal of council members that fail to attend >25% of committee meetings within a twelve-month period (except for parental leave, military deployment and with exceptions appropriate to other protected characteristics), without option for re-nomination of the removed incumbent at the subsequent by-election.</p>	F
UK	311	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting believes in transparent elected representation and calls for urgent amendment of committee</p>	F

Part 2 ARM Agenda

67

byelaws, articles & standing orders to facilitate yearly elections to all national & regional branch of practice committees, open to all BMA members from the appropriate branch of practice who reside or work within the relevant region, without any other requirement.

UK	312	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting reaffirms that any proposed changes to BMA function or structure significantly affecting any branch of practice or group of members require proper prior consultation, Equality Impact Assessment and adherence to the articles and byelaws, and that such due process cannot be bypassed in the interests of expediency.	F
UK	313	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting has deep concerns at the recent accelerated changes made by the organisation committee and UK council regarding the process for election of representatives to the 2024 ARM, including an inadequate consultation; a clear risk of disenfranchisement of smaller branches of practice and democratically elected regional councils; the consequent adverse effects upon equality and diversity; and a widely-circulated and co-ordinated social media campaign calling for infiltration of the ARM by a pressure group. These changes constitute an abrogation of democratic due process which threatens the representation, reputation, integrity, and future of the Association, and therefore we demand that a special representative meeting (SRM) be convened as soon as is practicable, in accordance with the articles & bye-laws of the Association, for the purpose of scrutinising the reasons, circumstances, and governance implications of decisions made by the organisation committee and council regarding changes to the ARM election processes.	B
UK	314	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting has deep concerns at the recent accelerated changes made by the organisation committee and UK Council regarding the process for election of representatives to the 2024 ARM, including an inadequate consultation; a clear risk of disenfranchisement of smaller branches of practice and democratically elected regional councils; the consequent adverse effects upon equality and diversity; and a widely-circulated and co-ordinated social media campaign calling for infiltration of the ARM by a pressure group. These changes constitute an abrogation of democratic due process which threatens the representation, reputation, integrity, and future of the Association, and therefore we demand that an independent review should be urgently convened, for the purpose of scrutinising the reasons, circumstances, and governance implications of decisions made by the organisation committee and council regarding changes to the ARM election processes.	B
UK	315	Motion by BUCKINGHAMSHIRE DIVISION: That this meeting demands that a special representatives meeting be held as soon as is practicable to discuss the recent imposed changes to the process for electing divisional representatives to the 2024 ARM, including the absence of any consultation, the clear risk of disenfranchising smaller branches of practice and the regional councils, the lack of an equality and diversity assessment, the failure to respond to the widely circulated social media campaign by an external faction calling for infiltration of	B

Part 2 ARM Agenda

68

the ARM by a pressure group, and to scrutinise the reasons, circumstances and governance implications of the decisions made by Council.

UK	316	Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting recognises the important representative work local negotiating committees (LNCs) do for the BMA's members. However, we note with concern that staff-side representation is often not proportional to the size of different branches of practice among doctors working at the employing organisation(s) covered by the LNC. We believe that there is strength in the diversity of experience of an LNC. As such we call on every LNC to review membership to ensure that it is proportional to the numbers of different branches of practice among doctors working in the relevant employing organisation(s); with particular regard to the numbers of junior/resident doctors; specialty, associate specialist and specialist doctors and locally employed doctors.	B
UK	317	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting recognises issues with junior doctor representation on BMA local negotiating committees and applauds work that is underway to improve LNC structures, processes, training and support.	J
UK	318	Motion by NORTH EAST WALES DIVISION: That this meeting is concerned by use of affiliation with political groups or movements within candidate election statements. Therefore, we call on the BMA to prohibit the mention of affiliation with political groups / movements within candidate statements when standing for internal BMA elections.	I
UK	319	Motion by CONSULTANTS CONFERENCE: That this meeting believes that the BMA should refuse to engage with the Sun newspaper other than when demanding apologies and corrections. All interviews and requests for comments should be refused and Sun journalists should not be permitted to attend any BMA events e.g. the ARM.	F
UK	320	Motion by RETIRED MEMBERS CONFERENCE: That this meeting notes the BMA guidance on defamation, included in the ARM guidance notes annually, and instructs the organisation committee to use this as a basis for a formal policy on defamation to be applied throughout the BMA, to be brought to ARM 2025 and if passed by RB, to be included as policy in the BMA bye-laws and code of conduct.	F
UK	321	Motion by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the ambiguity of BMA committee roles and calls upon the association to:- i) introduce standardised induction to all roles with detailed explanations of specific roles and responsibilities and; ii) develop educational materials to cover all committees and aspects of the BMA infrastructure.	F
UK	322	Motion by SCUNTHORPE DIVISION: That this meeting rejects the proposals outlined in "Serving Your Needs Better" as destructive because they:- i) fail to offer a cohesive branch of practice meeting forum for members on a local basis; ii) fail to retain local expertise and experience of keen and dedicated officers; iii) fail to allow active members to select their ARM representatives;	F

Part 2 ARM Agenda

69

iv) abandon the needs of retired members and relegate them to relate to enormous regions;
v) replace cohesive, active divisions with a set of disparate committees which will split the membership into silos with no evidence that they will function any better than existing divisions;
and calls on the Association to abandon these proposals.

UK	323	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that the process of grassroots members submitting motions and contributing to BMA policy could be simplified and made more transparent in order to increase members ability to participate in the BMA. We therefore call on the BMA to:-</p> <p>i) ensure there is a centralised BMA web resource making clear the relevant deadlines of all conferences and the ARM and contact details; ii) regularly engage with all BMA members about policy forming processes and deadlines in the ARM and their respective branches of practice; iii) mandate that local and regional representatives must directly engage with members regarding the formulation and prioritisation of motions.</p>	F
UK	324	<p>Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: That this meeting condemns the conduct of the BMA in its systematic underinvestment in divisions, only to then criticise them as ineffectual. We call on the BMA to invest in divisions with support from IROs and the whole BMA secretariat, and geographically align them with the Integrated Care Schemes.</p>	F
UK	325	<p>Motion by LOTHIAN DIVISION: That this meeting believes the GP registrars committee should have full delegated authority to act in relation to all matters within its terms of reference, and calls on the organisation committee to propose amendments to the Articles and Bye-laws at ARM 2025 to enable this to be enacted.</p>	F
UK	326	<p>Motion by LOTHIAN DIVISION: That this meeting notes there can be occasions when implementation of a resolution of the representative body might be felt to be either untimely or undesirable in the interests of the Association, and asks that the option to undertake a plebiscite of members in such circumstances be retained, but calls for:-</p> <p>i) such plebiscites to be conducted by electronic voting; ii) council to resolve when such plebiscites should include all members resident in the United Kingdom, in order to determine policy of the Association; iii) council to have the ability to limit such plebiscites to only those members based in England, or Wales, or Scotland, or Northern Ireland, in order to determine policy of the Association relevant and applying solely to the respective nation; iv) the national councils of Wales, Scotland and Northern Ireland to henceforth have the ability to independently initiate such plebiscites of members based in each of their respective nations, in order to determine policy of the Association relevant and applying solely to Wales, Scotland and Northern Ireland respectively.</p>	F

Part 2 ARM Agenda

70

UK	327	Motion by LOTHIAN DIVISION: That this meeting calls for the electorate in future elections for the chair of BMA council to be extended to include all voting members of the Association.	F
UK	328	Motion by LOTHIAN DIVISION: That this meeting:- i) calls for the Association to review its emailing system so that; ii) communications about trade union business are regarded as an essential part of membership, with no option for members to opt out of receiving them; iii) options to unsubscribe to messages about professional activities of the Association, and the BMJ, should be retained.	B
UK	329	Motion by LOTHIAN DIVISION: That this meeting:- i) recognises that there is potential for greater involvement in divisions of enthusiastic members, with the introduction of the electronic voting system for election of ARM representatives, and; ii) believes that the honorary secretaries of active divisions, or their equivalent in regional and national councils, should be supplied the contact details of all candidates, to promote their further engagement.	F
UK	330	Motion by CALDERDALE DIVISION: This meeting believes that representatives must be accountable to the membership and demands amendment of association articles and byelaws to enact recording by default and publication in minutes of how members have voted:- i) at ARM; ii) at UK, national and regional council meetings; iii) in all national, regional and branch of practice committees; iv) with the option for members in the minority to submit an explainer to be published as an addendum; v) with the option for members to have their vote redacted where there is a legal, professional or safety reason accepted by the chair.	F
UK	331	Motion by EAST SUSSEX DIVISION: That this Meeting believes that grassroots members participating in the BMA should have their views and motion submissions represented fairly and proportionately. We therefore call on the BMA to:- i) develop a fair and transparent guidance on the consideration of motions to be sent to all relevant constituent bodies; ii) provide an appropriate means for members to raise concerns with the BMA when motions and subjects for debate are unreasonably rejected by the leadership of the respective constituent body; iii) increase transparency in the motion submission process by releasing information and statistics by email or on the website on submitted motions to increase accountability; iv) to develop guidelines of investigation and management in case of future censorship reports.	F
UK	332	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting calls upon the BMA to provide an adequate service to doctors with regards to dealing with queries.	F

UK	333	<p>Motion by ENFIELD AND HARINGEY DIVISION: That this meeting notes that over two thirds of motions sent in by BMA members are thrown into a grey book and are difficult to find and read. This meeting calls on the BMA to restore these motions to their rightful place with all the other motions received in just ONE book, as used to pertain. There, every motion should be found under the appropriate topic heading so that members can easily see ALL the motions on any particular topic and which the agenda committee have starred for debate. It gives an idea of what topics members find most important and will make it easier to select chosen motions.</p>	B
UK	334	<p>Motion by NORTH DEVON DIVISION: That this meeting, understanding that many BMA members are unfamiliar with the broader scope of BMA activities outside of the ongoing contract negotiations, as communications tend to focus on actions such as voting, recommends a monthly newsletter be sent out to all members highlighting key work being undertaken by the BMA, from local to international, to increase engagement and buy-in from members who would otherwise be unaware of the substantial work that is done behind the headlines.</p>	B
UK	335	<p>Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting believes that the information held by the Association regarding members' professional information may not reflect the breadth of their professional activities and may be limited to their primary speciality. Whereas professional information held by the BMA determines which communications are deemed relevant to the member, as well as determines eligibility for committee membership and voting rights, this information needs to be as complete as possible at all times. Whilst members can record multiple specialities in their professional membership, it is recognised that many members have not done so. This meeting believes that accurate and complete data is required in order to ensure communications that are relevant to all aspects of their professional practice, their democratic right are preserved, and to ensure the Association remains representative of the membership. This meeting calls on the BMA to:-</p> <ul style="list-style-type: none"> i) undertake an information based communications campaign, to inform the membership of the issue and potential consequences of their information being incomplete; ii) update communications sent to members (in all formats) prompting them to update their information to include the issue of primary and secondary specialities. 	B
UK	336	<p>Motion by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting agrees that:-</p> <ul style="list-style-type: none"> i) BMALaw must not bring an action against a BMA member on behalf of a non-member (without the members explicit consent); ii) should BMALaw not agree to (i) BMALaw should change its name so as not to appear to be a part of the BMA; iii) should BMALaw not agree to (i) BMALaw should no longer be located at BMA House nor operate services from BMA premises; iv) should BMALaw not agree to (i) BMALaw should no longer be able to attend BMA events unless there are overwhelming reasons for it do so; v) BMALaw must not bring an action against a BMA member. 	F

UK	337	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on the BMA to undertake a representative sample of members' wellbeing and levels of burnout using standardised measures every 3 years as minimum.	F
UK	338	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting notes the BMA's commitment to act on the climate emergency. This meeting also notes the report 'Banking on climate chaos' which sets out how finance contributes significantly to the climate crisis and:- i) calls for the BMA to introduce an ethical banking policy; ii) calls upon the BMJ to stop receiving advertising funding from banks and organisations that finance fossil fuels.	F
UK	339	Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting believes that elections to regional, NI, Scottish and Welsh councils should be staggered such that new councillors are elected annually on a rolling cyclical schedule of three classes each encompassing a three-year term to ensure an open opportunity for members to get involved.	F
UK	340	Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting recognises and respects the importance of editorial independence of the British Medical Journal (BMJ), allowing the full spectrum of opinion and experience within the medical profession to be published. However, there is concern that the current advertising of physician associate roles in the vacancies section of the BMJ is at odds with the position of the BMA, advertising for positions with scope extending beyond the boundaries outlined in the recent medical associate professionals scope document, and at a time when we are calling for a moratorium of recruitment. This meeting therefore calls upon the BMA to work with the BMJ to stop advertisement of all physician associate vacancies, including roles for lecturing and clinical teaching positions.	B
UK	341	Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting believes that:- i) elections from a smaller number of larger constituencies enable a greater diversity of representation than from a larger number of smaller constituencies; ii) constituencies for elections for geographical seats for future representative bodies should be based on the regional councils in England and the national councils of the devolved nations, rather than on a larger number of smaller constituencies; iii) the distribution of seats between the constituencies should be based on their proportionate shares of the total BMA membership; iv) each such constituency should have at least one but not more than four seats prioritised for its officers; v) there must be electoral constraints to ensure branch of practice spread and diversity; vi) there must be electoral constraints to ensure representation from members across the constituencies' geography.	F
UK	342	Motion by WEST MIDLANDS REGIONAL COUNCIL: That this meeting believes that:-	F

Part 2 ARM Agenda

73

i) it is neither fair nor reasonable for any one or a few members in effect to have a veto on whether motions are carried;
ii) A and AR motions should only require a majority in favour to be carried, not absence of any votes against.

UK	343	<p>Motion by WELSH COUNCIL: That this meeting applauds the BMA's efforts to improve engagement with members and democratisation. It calls upon the BMA to:-</p> <p>i) create an ongoing, structured consultation process that councils may use to collate themes which are important to their local members; ii) facilitate the annual establishment of working groups within national and regional councils, dedicated to engaging with members from all branches of practice to develop motions for submission to the ARM; iii) institute transparent processes for feedback and improvement of submitted motions, encouraging broader participation and more effective policy formulation; iv) improve the accessibility and inclusiveness of the motion submission process, with special emphasis on engaging underrepresented groups within the BMA, ensuring a wide range of perspectives in conference debates.</p>	F
NI SC WA	344	<p>Motion by WELSH COUNCIL: That this meeting acknowledges the difficulties faced by national councils and branch of practice committees in Scotland, Wales, and Northern Ireland, marked by limited resources and a disproportionately high workload. It therefore calls for a comprehensive review and consultation on these committees' roles, functions, and resourcing. The results should be published, alongside any recommendations, ahead of ARM 2025 for debate and discussion there.</p>	F
UK	345	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting notes the influence and potential of regional and national councils for effective pan branch of practice grassroots engagement and representation. It therefore calls upon the BMA to:-</p> <p>i) empower, resource, and encourage these councils to undertake greater grassroots engagement, including widely advertised open meetings; ii) mandate these councils to regularly solicit member views via survey, votes or other electronic means and to communicate these to the wider BMA and the annual representative meeting; iii) ensure these councils will have representation at future annual representatives meetings amidst ongoing changes to division structures and electoral processes.</p>	F
UK	346	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: There have been many recent examples of poor governance practices by the BMA. These include failure to consult on important issues e.g. honoraria payments and new voting systems and a tacit acceptance of the use of defamatory statements in election materials. There is also clear evidence that on many issues there is a lack of member engagement for example less than 2% of those eligible voted for an ARM division representative which must ask us to question how representative is the BMA of its membership. Therefore this meeting calls on the BMA:-</p>	B

i) to set up a group with Hon Sec representation to review the governance policies and procedures of the BMA taking into account accepted good governance practice, and producing a report with recommendations to the ARM 2025 and council on how to improve our policies and practices;

ii) to set up a group with Hon Sec representation to recommend how to improve member engagement in an efficient and cost-effective manner. The recommendations should include SMART success criteria. The group should make recommendations to ARM 2025 and council.

UK	347	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting notes the rapid progression of the BMA project to replace divisions, and calls on the BMA to urgently establish a working party with honorary secretary representation to explore how best the corporate memory, skills and functions of current honorary secretaries can be preserved in the new structures.</p>	F
UK	348	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting recognises the risk that key bodies in the BMA may pass motions widely considered to be problematic. For motions or amalgamations of motions passed at an annual representative meeting, special representative meeting or by council within a session, this conference calls for the articles and bylaws to be amended so that motions that are deemed by council or a branch of practice committee to be significantly detrimental to the membership or one or more branches of practice, must be confirmed by a referendum of the whole membership.</p>	F
UK	349	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting expresses concern that “Serving Your Needs Better” does not address the nomination of representatives to the ARM and therefore continues to support:-</p> <p>i) nomination by active divisions;</p> <p>ii) nomination by regional councils on behalf of inactive divisions;</p> <p>iii) the relation between ARM representative and their divisional members, and calls on the Association to address the very real concerns of members who want to retain what is good and works well.</p>	F
UK	350	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting expresses its deep concern at:-</p> <p>i) the failure to involve or even consult honorary secretaries in the recent significant changes to the ARM electoral process;</p> <p>ii) the rescinding without justification of divisional elections already held under the pertaining articles and bylaws.</p>	F
UK	351	<p>Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes there is an ongoing need for a discussion forum and representation of those members providing service to the BMA by organising and administering local units, be those divisions, regional councils or any new title, and thus considers it vital that the conference of honorary secretaries should continue in future, if necessary adopting the chosen nomenclature of the Your Local BMA Review.</p>	F

Part 2 ARM Agenda

75

UK	352	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting:-</p> <ul style="list-style-type: none">i) condemns the fact that the method of obtaining a seat at the ARM was changed without consulting the relevant representative body;ii) calls for EDI data to be made available about the results of the new process;iii) calls for this to be followed by a review of the process including a consultation with, and survey, of the 2023 representative body.	F
UK	353	<p>Motion by LONDON REGIONAL COUNCIL: Should significant progress not be made on these issues by ARM 2025, we call on BMA Council have in readiness means of bringing pressure upon the GMC, including:-</p> <ul style="list-style-type: none">1. developing a parallel register of medical practitioners and2. coordinating a threshold commitment to withhold GMC annual retention fees.	A
UK	354	<p>Motion by LONDON REGIONAL COUNCIL: That this meeting believes that increasing transparency and removing barriers to participation in our Association is a key priority. We therefore call on the BMA to:-</p> <ul style="list-style-type: none">i) require that all minutes of, and results of votes taken by, councils, committees, and divisions are published for members once confirmed;ii) remove restrictions for applying to elected branch of practice committee seats, other than branch of practice or to meet regional and diversity constraints;iii) ensure that all elections to councils and committees are held online, aside from where this conflicts with trade union law.	F
UK	355	<p>Motion by CORNWALL DIVISION: That this meeting recognises the risk that key bodies in the BMA may pass motions widely considered to be problematic. For motions or amalgamations of motions passed at an annual representative meeting, special representative meeting or by council within a session, this meeting calls for the articles and bylaws to be amended so that motions that are deemed by council or a branch of practice committee to be significantly detrimental to the membership or one or more branches of practice, must be confirmed by an electronic or postal referendum of the whole membership.</p>	F
UK	356	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that the proposals published in the document Abolition of Divisions Your Local BMA Consultation findings (circulated in February/March 2024) be rethought:-</p> <ul style="list-style-type: none">i) as the outcome will inevitably produce the result that NHSE has been striving to achieve for years, the isolation of branches of practice from each other, depriving them of mutual support;ii) as they could drive GP members away from the BMA as they seek increased support from their local medical committees;iii) as they see no useful role for retired members who will be marginalised, isolated in regional units, and no longer meeting with working colleagues except for 1 or 2 educational evenings per year;iv) and therefore refuses to accept any changes to the Articles and Byelaws at this ARM which are pertinent to the proposals in this document or any of its successors published before this ARM.	F
UK	357	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting:-</p>	F

i) supports the use of online elections of division reps (or equivalent moving forward) so that any member is able to nominate themselves for the representative body;
 ii) requires that reasonable adjustments are made to ensure that the elections are equally accessible to all members.

UK 358 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting calls on the BMA leadership to consult appropriately and fully with the membership before making changes to the availability and distribution of The Doctor magazine. F

UK 359 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting does not accept the proposals published in the document 'Your Local BMA consultation findings' (circulated in Feb/March 2024):-
 i) as the outcomes will inevitably produce the result that NHSE has been striving to achieve for years, the isolation of branches of practice from each other depriving them of mutual support;
 ii) which could cause GP members to rethink whether there are any benefits to BMA membership above those provided by their LMCs (Local Medical Committees);
 iii) which sees no useful role for Retired members who will be marginalised and isolated, no longer meeting with working colleagues except for 1 or 2 educational events per year;
 iv) and therefore, refuses to accept any proposed changes to the articles and byelaws or the BMA at this ARM which are pertinent to the proposals in this document or any of its successors. F

UK 360 **Motion** by NORTH EAST REGIONAL COUNCIL: That this meeting recognises that the GP registrars committee within GPC is the only component committee within GPC with a democratic mandate to represent GP registrars in all matters pertaining to primary care posts, and is concerned at the current ambiguity within GPC UK's current and proposed standing orders and the operation risk this poses and so calls on:-
 i) GPC UK to amend its standing orders to delegate responsibility to the GP registrars committee on all matters pertaining to GP registrars in primary care posts;
 ii) each national GPC to ensure their standing orders reflects (i);
 iii) GPC UK to review and submit amendments to the BMA Articles and Bylaws to accurately represent the place of GP registrars within GPC UK;
 iv) GPC UK to strive for GPRC to be formally recognised by the BMA as a committee within GPC in parity with its national committees. F

PART 2 – WALES

WA 361 **Motion** by WELSH COUNCIL: That this meeting believes that the Welsh language plays a vital role in the delivery of healthcare in Wales, and the daily lives of Welsh-speaking BMA members. This meeting therefore calls upon the BMA to:- F

- i) lobby HEIW, NHS Wales Employers, and Welsh Government to provide and promote additional support and resources for doctors to learn the Welsh language, including use of study leave and budget
- ii) provide BMA Cymru Wales with appropriate resources to increase both internal and external use of the Welsh language
- iii) increase its use of courtesy Welsh at a UK level.

WA	362	Motion by NORTH EAST WALES DIVISION: That this meeting is concerned by the continuing issue of unacceptably long waiting times for treatment in the NHS, which is exacerbated by the ongoing industrial dispute. We urge the Welsh government to come to a negotiated settlement with the BMA and end this dispute to help shorten the waiting time for treatment in the NHS.	F
----	-----	--	---

PART 2 - HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

UK	363	Motion by NORTH EAST REGIONAL COUNCIL: 'Paperless' is the default operating mode for many healthcare systems globally. The ransomware attack on NHS Dumfries and Galloway in March 2024 highlights the vulnerabilities of NHS organisations to hacking threats, the dangers of using outdated operating systems, and the impact of hacking on healthcare delivery. That this meeting:- i) reaffirms that NHS IT vulnerabilities, including the use of slow and inefficient systems, compromise patient safety and reduce the ability to deliver high-quality care; ii) believes that NHS IT vulnerabilities pose a threat to national security and demand tighter safeguards for health and social care IT systems; iii) criticises the £10 Billion abject failure of the 2002 National Program for IT (NPfIT) and demands that frontline clinical Health and Social Care staff are fully engaged in future procurement of IT systems; iv) demands that clinical priorities take greater priority of data collection; v) demands that no patient data transferred outside of the UK.	F
UK	364	Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes the potential threat to public safety that results from doctors (other than the individuals GP) completing Group 2 DVLA drivers medicals (D4, lorries and buses) without access to medical records. This has already resulted in tragic consequences and we propose that all doctors completing such medicals must access the relevant health information.	F
UK	365	Motion by WORCESTERSHIRE AND HEREFORDSHIRE DIVISION: The rush to digital in Health continues apace. The NHS database is possibly the most comprehensive in the world and is an extraordinarily rich source of health information. This meeting calls upon the BMA to demand that the Government only allows access to NHS data with a clear future benefits plan based on 3 key principles:- i) joint/proportionate intellectual property rights in perpetuity; ii) purchase of the refined end products from the data mining at agreed prices that properly take into account the worth of the original raw material; iii) a meaningful share of profits/future royalties from the sale of the refined end products.	B

PART 2 - MEDICAL ACADEMIC STAFF

UK	366	<p>Motion by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting notes that both the review of UK commercial clinical trials and the House of Lords inquiry on the role of clinical academics in the NHS highlighted the essential nature of a robust medical academic workforce to:-</p> <ul style="list-style-type: none"> i) facilitate the generation of evidence based medicine; ii) promote the role of research as an integral part of medical practice; iii) ensure that the future of care in the UK is both innovative and patient orientated. <p>This meeting, therefore, calls on the BMA to:-</p> <ul style="list-style-type: none"> i) ensure that academic activity with appropriate clinical academic leadership is recognised as a priority in the implementation of the NHS Long Term Work Plan; ii) insist upon immediate implementation of pay and contract parity between academic and NHS doctors at all levels; iii) work to ensure that there is sufficient Government funding provided for pay and contract parity including by working with the Association of Medical Research Charities, Medical Schools Council, UKRI and NHS. 	B
----	-----	--	---

PART 2 - ENGLAND

EN	367	<p>Motion by CONFERENCE OF LMCS: That this meeting notes with concern the absence of GPC England from the BMA's own articles and bye laws, unremedied for a full eight years since the Meldrum Reforms, alongside the inequitable lack of a national council for England, and:-</p> <ul style="list-style-type: none"> i) notes with regret, under the articles and bye-laws, the subsequent requirement to undertake a referendum of BMA divisions in December 2023 in order for GPC England to be able to submit evidence to the DDRB, whilst devolved nation GPCs were able to submit via their devolved national councils; ii) demands the BMA create a national council for England as a matter of urgency; iii) believes that if, and when, a national BMA council for England has been created, the BMA UK council be reformed into a smaller executive body with strategic oversight for pan-UK issues; iv) demands that any change to the membership of GPC UK be dependent on the enshrinement of GPC England within the BMA's articles and bye-laws, as a matter of equity with the GPCs of Scotland, Wales and Northern Ireland. 	F
EN	368	<p>Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes with concern the absence of GPC England from the BMA's own articles and bye laws, unremedied for a full eight years since the disastrous Meldrum Reforms, and:-</p> <ul style="list-style-type: none"> i) notes with regret, the consequent requirement to undertake a referendum of BMA divisions in December 2023 in order for GPC England to be able to submit evidence to the DDRB, whilst devolved nation GPCs were able to submit via their devolved national councils; ii) demands the BMA create a national council for England as a matter of urgency; iii) believes that if and when a national council for England is created, the U.K. Council be reformed into a smaller executive body with strategic oversight; iv) demands that any change to the membership of GPCUK be halted until GPC England is enshrined in the structures of the BMA on an equitable level to the other devolved nations. 	F

Part 2 ARM Agenda

79

UK	369	Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that general practice is on the brink of collapse, with a complex picture of GP unemployment against a background of sustained underfunding. We call on the entire profession to support the GP members and committees of the BMA in fighting to protect NHS GP, up to and including industrial action if that is required as a last resort.	F
EN	370	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting calls on the BMA to implement the changes promised in the regionalisation policy for England by:- i) increasing support for regional councils; ii) allocating seats for ARM Representatives to regional councils; iii) requesting the organisation committee to scope plans for an English council.	F
EN	371	Motion by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting notes with concern the absence of GPC England from the BMA's own articles and bye laws, unremedied for a full eight years since the disastrous Meldrum Reforms, and:- i) notes with regret, the consequent requirement to undertake a referendum of BMA divisions in December 2023 in order for GPC England to be able to submit evidence to the DDRB, whilst devolved nations were able to submit evidence via their devolved national councils; ii) demands the BMA create a national council for England as a matter of urgency; iii) believes that if and when a national council for England is created, the UK Council be reformed into a smaller executive body with strategic oversight; iv) demands that any change to the membership of GPC UK be contingent upon GPC England being enshrined in the structures of the BMA on an equitable level to other devolved nations and branches of practice.	F

PART 2 - OCCUPATIONAL MEDICINE

UK	372	Motion by CONSULTANTS CONFERENCE: That this meeting is concerned that the GMC's document The state of medical education and practice in the UK: Workforce 2023 demonstrates that the numbers of licensed doctors on the specialist register for Occupational Health has continued to fall and was 11% lower in 2022 than in 2018. We call on the BMA to lobby stakeholders for an increase in training numbers and investment in this vital specialty for ensuring the health and wellbeing of all healthcare staff.	F
----	-----	---	---

PART 2 - FORENSIC AND SECURE ENVIRONMENTS

UK	373	Motion by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting agrees that in respect of persons held under immigration powers within immigration removal centres in the UK, the Home Office should adopt and accept all recommendations by physicians regarding rule 35(1). At present Home Office case workers give insufficient weight to the opinion of the attending GP as to whether someone's health might be injuriously affected by continued detention (Rule 35 (1) of the Detention Centre rules 2001). We call upon the Home Office in their review of Rule 35, to give effect to the opinion of the General Practitioner as to the likely harmful effects of ongoing detention.	F
----	-----	--	---

PART 2 - JUNIOR DOCTORS

Part 2 ARM Agenda

80

UK	374	<p>Motion by JUNIOR MEMBERS FORUM: That this meeting recognises that burnout and disillusionment is prevalent at the beginning of foundation training. Therefore, we ask the BMA to lobby relevant bodies to:-</p> <ul style="list-style-type: none">i) allocate one day per each foundation rotation which can be used for developing wellbeing - such as team building exercises, discussing emotional resilience, and sustainable strategies for exercising these - with scope to increase these days and to incentivise the workforce; andii) the provision of a lifestyle medicine/wellbeing point of contact for all foundation doctors to access when needed to create a BMA framework regarding the wellbeing of Foundation Trainees, which can be promoted to Trusts.	F
UK	375	<p>Motion by SALISBURY DIVISION: That this meeting urges BMA to lobby the government to do everything possible to retain the junior doctors. This includes:-</p> <ul style="list-style-type: none">i) support the human rights of the junior doctors in training;ii) junior doctors in their Foundation and Core training should get regional placements;iii) given appropriate morale support to continue their training jobs.	B
UK	376	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting notes that the starting salary for a Foundation 1 doctor is 28.6 % lower than the starting salary of a Physician Associate (£41,660), who works shorter hours, has far less training and is not a doctor. The Representative Body respectfully suggests that JDC campaign on the basis of an unfair pay discrepancy.</p>	F
UK	377	<p>Motion by TOWER HAMLETS DIVISION: That this meeting commends the junior doctors for their continuing action against a derisory pay offer and continues to stand in solidarity with them.</p>	J
UK	378	<p>Motion by LEICESTERSHIRE & RUTLAND DIVISION: That this meeting deplores the situation around 2023/24 UKFPO foundation job allocations as there appears to be a distinct lack of preferences truly informing the algorithm behind these allocations. We mandate the BMA to lobby for a full review of the effectiveness of this years process before the end of 2024 to inform improvements to the 2024/25 process.</p>	F
UK	379	<p>Motion by CORNWALL DIVISION: That this meeting notes that the provision and stipulations for a "Common room or 'mess'" in the BMA Fatigue and Facilities charter are unclear and have potential for abuse and calls for:-</p> <ul style="list-style-type: none">i) revision of the charter;ii) existing messes provided exclusively for doctors to not be dissolved or transformed into rest areas for other staff without the specific agreement of a majority of the doctors affected.	F
PART 2 - MEDICO-LEGAL			
UK	380	<p>Motion by BUCKINGHAMSHIRE DIVISION: That this meeting insists that the current system of litigation for clinical negligence must be reformed and instructs BMA to campaign for legislation to be introduced for a non adversarial system which appropriately compensates patients who suffer injury or harm while undergoing NHS medical treatments.</p>	F

Part 2 ARM Agenda

81

UK	381	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes the current adversarial system of litigation in clinical negligence matters is not fit for purpose and benefits neither patient nor professional. It demands that the BMA:- i) works closely with other organisations representing the medical profession to campaign for law reform; ii) lobbies the Department of Health and Social Care to actively consider and legislate for a non-adversarial system in order to compensate patients where they suffer injury or damage in the course of clinical treatment.	F
----	-----	--	---

PART 2 – WORKFORCE

UK	382	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the de-professionalisation of doctors and; in view of the concerns expressed by patients with regards to identity of who is treating them, encourages trusts and other health care centres to clearly identify doctors with visible id badges advising their titles clearly as doctors.	F
----	-----	--	---

UK	383	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned that RMOs (Resident Medical Officers) continue to be employed on unfavourable terms and calls upon Trusts to:- i) employ these doctors on the same terms as locally employed doctors; ii) fully support these doctors.	F
----	-----	---	---

PART 2 - PANDEMIC PREPAREDNESS AND RESPONSE

EN	384	Motion by NORTH EAST REGIONAL COUNCIL: Requirements for Personal Protective Equipment (PPE) rose significantly during the Covid-19 pandemic. That this meeting:- i) condemns the initial failures to provide suitable PPE for health and social care workers; ii) is appalled that PPE contracts handed out by the Government through the “VIP Lane” were on average 80% more expensive than those through other suppliers; iii) is horrified that £10 billion of unused PPE equipment purchased for the Covid-19 pandemic has been written off; iv) believes that that this money should not be included in claims of NHS budgetary increases; v) demands thorough investigations into alleged fraud and corruption with PPE contracts;	F
----	-----	--	---

PART 2 - TRADE UNIONISM

UK	385	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting is concerned that doctors participating in strike action have been threatened with extension of training and believes that recommendations for completion of training should be based solely on meeting required outcomes and competencies, as evidenced by their ARCP outcome.	H
----	-----	---	---

Part 2 ARM Agenda

82

UK	386	Motion by BIRMINGHAM DIVISION: That this meeting recognises the vital role that solidarity and coordination with other workers plays in successful trade unionism and therefore calls on the BMA to:- i) show solidarity with all workers who have been on strike in the past year; ii) co-ordinate with other relevant workers and trade unions, both within and beyond industrial disputes; iii) accept we cannot join all the Trade Union associations, as we are a pan United Kingdom organisation, but apply for respective observer status for each nation.	F
UK	387	Motion by ENFIELD AND HARINGEY DIVISION: That this meeting opposes the anti-union laws brought in by the Tory government, and pledges to organise in collaboration with other trade unions to take joint industrial action to defeat these laws, if necessary by change of government.	F
UK	388	Motion by ENFIELD AND HARINGEY DIVISION: This meeting therefore authorises the BMA to:- i) join the TUC (Trade Union Congress) and take general strike action as necessary to restore the NHS and all the privatised public services to public ownership; ii) and campaign for a workers' government and socialism to perform this task.	A
UK	389	Motion by BIRMINGHAM DIVISION: That this meeting urges / recommends that doctors do not work with and / or supervise physician assistants and associates (MAPs) or student MAPs until:- i) MAPs are appropriately regulated by an appropriate professional regulator; ii) MAPs have a national competency based exit exam and appropriate specialty specific curriculums agreed by the relevant medical royal colleges.	F
UK	390	Motion by EAST SUSSEX DIVISION: That this meeting believes in the power of activism within the medical profession and recognises the need to encourage members to self organise and promote such groups within the BMA. We calls upon the BMA to:- i) empower and facilitate members to create special interest groups within the BMA that are dedicated to achieving activist goals, ensuring these groups are empowered to make recommendations and guide policies on activism causes; ii) issue comprehensive guidance to medical institutions and the General Medical Council (GMC) on navigating activism, especially in cases leading to arrests, to protect doctors' rights to freedom of expression and assembly; iii) actively work with relevant bodies to formulate guidance that supports medical professionals in their activist endeavors, emphasizing the importance of activism in healthcare to improve health outcomes.	F

PART 2 - TRAINING AND EDUCATION

UK	391	Motion by NORTH WEST REGIONAL COUNCIL: That this meeting recognises the impact that forced rotational training has on doctors with worsening competition ratios affecting doctor's ability to choose where they work & therefore live, laments the negative impact of forced relocation on doctors' mental health and mandates the BMA to lobby governments, NHS and educational bodies to:-	F
----	-----	---	---

- i) increase and simplify access to interdeanery transfer, at any stage of training, with no subsequent delay in progression;
- ii) remove the need for defined requirements to apply for a transfer of deanery;
- iii) ensure doctors applying for a transfer are able to be transferred at the earliest availability of a post becoming available.

UK	392	<p>Motion by WELSH COUNCIL: That this meeting notes with frustration the administrative burden placed on doctors and the difficulties in accessing study budget funds, especially in instances where budgets are capped at amounts that do not reflect current market value for professional development courses. We therefore ask that the BMA:-</p> <ul style="list-style-type: none"> i) lobbies for a review of study budget in line with the market value of courses and for a commensurate increase in personal study budget caps, where such caps exist; ii) advocates for direct access to study funds for doctors each academic year to use at their discretion provided a commitment to probity is given and claims are retrospectively evidenced and reviewed in appraisal/annual reviews as appropriate. 	F
UK	393	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting has no confidence in the DHSC & NHS England's ability to effectively support national recruitment for specialty training and provide the long-term workforce plan that doctors and patients desperately require. It notes an inadequate number of speciality training positions to tackle the scarcity of senior doctors in the UK. Consequently, it directs the BMA to lobby relevant stakeholders to:-</p> <ul style="list-style-type: none"> i) annually review the number of speciality training posts available, with a view to increasing this to balance with the number of doctors completing their foundation year two the preceding year; ii) annually review the number of consultant posts available, with a view to balancing this with the number of doctors achieving CCT the preceding year; iii) review and minimise the use of uncoupled training programmes (as opposed to run-through programmes) to minimise unnecessary bottlenecks for speciality progression; iv) assess current recruitment procedures with input from stakeholders and ensure that any specialty training recruitment method employed is grounded in evidence, guided by medical expertise, and suitable for its intended purpose; v) guarantee that funding allocated for specialty training and consultant positions remains safeguarded and is never redirected towards the recruitment and training staff who do not possess a traditional medical degree. 	F
UK	394	<p>Motion by NORTH WEST REGIONAL COUNCIL: That this meeting has no confidence in the ability of DHSC & NHS England to fulfil their functions of appropriately facilitating national recruitment for speciality training. This meeting believes there is an insufficient number of training posts to address the shortage of senior doctors in the UK, and mandates the BMA to work with stakeholders to:-</p> <ul style="list-style-type: none"> i) increase the number of speciality training posts available, in line with the number of doctors completing their foundation years; ii) increase the number of consultant posts available, in line with the number of doctors completing their speciality training; 	F

iii) review and minimise uncoupled training programmes to minimise bottlenecks for speciality progression;

iv) ensure that increases in medical school places are proportionate to speciality training posts available;

v) review current existing recruitment processes with stakeholder input and ensure that any recruitment process that is utilised is evidence-based, medical-led and fit for purpose;

vi) ensure that funding for speciality training and consultant posts is protected against and never diverted to recruitment and training of medical associate professions and advanced practitioners.

EN	395	<p>Motion by PUBLIC HEALTH MEDICINE CONFERENCE: That this meeting notes the proper place of public health as part of the NHS and calls on the BMA to lobby for:-</p> <p>i) training programmes in England to increase the proportion of public health training taking place in substantive NHS organisations, such as integrated care boards and NHS trusts;</p> <p>ii) full funding for the relevant employers for additional nationally agreed speciality training places in Public Health across the UK.</p>	F
UK	396	<p>Motion by EAST MIDLANDS REGIONAL COUNCIL: That this meeting demands that as a matter of extreme urgency the BMA seek legal protection of the titles Registered Medical Practitioner and Registered Medical Professional to denote a GMC registered qualified medical doctor who has, as a minimum:-</p> <ul style="list-style-type: none"> -successfully completed a Primary Medical Qualification awarded by a university medical school (equivalent to a Bachelor of Medicine and Bachelor of Surgery degree). -following a course of teaching, training and experience closely supervised by the university awarding institution and with appropriate assessment/examination. -at least equivalent to the duration required of such courses for certification within the European Union (currently 5500hrs prior to the point of registration). -and without a compulsory employment component. <p>Thereafter completed a period of satisfactory supervised practice in employment equivalent to Foundation Year one.</p>	B
UK	397	<p>Motion by CORNWALL DIVISION: That this meeting notes with dismay the effect of unrestricted access to application for higher specialty training in exacerbating training bottle-necks, damaging career prospects and increasing the attrition rate of doctors practicing medicine in the UK. In doing so it also notes the woefully inadequate number of high specialty training posts. This meeting demands that:-</p> <p>i) there is an expansion in the number of higher specialty posts;</p> <p>ii) there should be a minimum amount of post-graduate NHS experience required for eligibility to apply for those specialty training posts where there are high levels of competition for places.</p>	F
UK	398	<p>Motion by NORTH EAST REGIONAL COUNCIL: The inability of trainees to complete Royal College online examinations due to technical failures has a significant impact on trainees. That this meeting:-</p>	F

- i) demands a full open and honest explanation and apology from Royal Colleges where there are shortcomings in their examination process, and assurances that these mistakes are not repeated;
- ii) expects financial compensation for trainees affected by this debacle;
- iii) believes that Royal Colleges must solely focus on trainees and should have no role in the training of MAPs;
- iv) believes that failure in Royal Colleges to urgently debate and implement the above should result in a vote of no confidence in the Royal College.

PART 2 - RETIRED MEMBERS

UK	399	Motion by EAST OF ENGLAND REGIONAL COUNCIL: That the BMA should develop a toolkit for addressing 'Health Disinformation' for initial use in a trial by the willing retired doctors in the Eastern Region. A suitable starting point would be The Community Toolkit for Addressing Health Misinformation published by the Office of the US Surgeon General.	F
WA	400	Motion by NORTH EAST WALES DIVISION: That this meeting is disappointed that retired members lunch/lectures that were held yearly in North and South Wales have been discontinued by BMA Cymru and that they should be restarted.	F
UK	401	Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting deplores the fact that the removal of impacted ear wax is no longer available for patients on the NHS in some areas. This unacceptable postcode lottery further disadvantages patients who are on a low income and already subject to health inequalities. This meeting calls on the BMA to press governments across the UK to restore this service to all patients who require it.	M

PART 2 - SPECIALIST, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

EN	402	Motion by SAS CONFERENCE: That this meeting congratulates SASC UK for coordinating the pay campaign for SAS doctors in England, including for the first time ever getting a mandate for industrial action. We call upon the BMA to:- i) ensure that any further deals apply to all SAS doctors in England irrespective of the type of contract; ii) ensure that the Negotiating Committee continues to negotiate with Westminster Government for a better pay restoration offer; iii) ensure that DDRB reform is part of the offer; iv) ensure that the BMA gives robust evidence to the DDRB in all future years on behalf of SAS doctors.	F
EN	403	Motion by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting expresses its disapproval of the Government's different pay rise offers to SAS doctors on 2008 and 2021 SAS contracts. This conflicts with the fundamental principles of equality, diversity and inclusivity. Therefore, this Meeting demands immediate action to rectify this unjust and unfair situation urgently and demands that the Government provides equal pay rise offers to SAS doctors on both 2008 and 2021 contracts.	F

UK 404 **Motion** by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises the work of the SAS collective, which is a grassroots social media campaign that is aiming to introduce positive change for SAS doctors working across the UK. This meeting supports the #SASsix actions, i.e., SAS having equal access to educational supervision, leadership, and professional development opportunities; all eligible Speciality doctors can become specialists; and locally employed doctors working for more than 2 years are offered SAS contracts. F

UK 405 **Motion** by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises the work of the SAS collective, which is a grassroots social media campaign that is aiming to introduce positive change for SAS doctors working across the UK. The BMA will lobby trusts in all regions to request data specific to the #SASsix asks to encourage good practice. F

PART 2 - ASSISTED DYING

UK 406 **Motion** by JUNIOR DOCTORS CONFERENCE: That this meeting recognises the significance of ongoing debates on the legislation of assisted dying and euthanasia throughout the UK. We recognise the important perspective of doctors in this debate and ask the BMA to campaign to ensure that:- F

- i) doctors with experience in end of life and palliative care services are consulted in debates on the legislation of medically assisted dying in the UK;
- ii) patients with protected characteristics, especially physical and mental disabilities, are consulted in debates on the legislation of medically assisted dying in the UK;
- iii) should legislation be passed legalising assisted dying in the UK, the funding for this would not be taken from or in any way reduce funding for palliative care from any funding body, whether governmental or charitable and;
- iv) palliative care services remain independent of services providing assisted dying.

UK 407 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on all those involved in discussions about assisted dying to ensure that:- F

- i) none of the costs of an assisted dying service are funded from specialist or general palliative care budgets;
- ii) no provider of health or social care services is penalised in any way for providing assisted dying-free care;
- iii) a clear distinction is drawn between the provision for self-administration of lethal drugs (assisted suicide) and clinician administered injection of lethal drugs (euthanasia);
- iv) appropriate mental health support is available for patients at the time of receiving news of a diagnosis of life-threatening disease or of progression of such disease;
- v) access to specialist palliative care, in particular face-to-face access 8 hours a day, 7 days a week, in all hospitals/sites and in the community is also a priority when establishing any assisted dying service;

vi) all patient-facing staff across health and social care have mandatory core palliative care training and suicide prevention training every 3 years in order to address the overall deterioration in care of patients and their families as identified in the NACEL report 2023.

UK	408	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting, noting that the Health and Care Act 2022 required every part of England to provide specialist palliative care but only applied to England, and that as of 2024, provision remains patchy, and also noting the deleterious effects on palliative care in many jurisdictions that have legalised assisted suicide / euthanasia such as Belgium and Canada, plus the extension of the grounds for this to include disability and potentially mental health and the loss of conscientious objection, calls on the BMA to:-</p> <ul style="list-style-type: none"> i) to work with the governments in all of the UK and crown dependencies to ensure sufficient funded provision of palliative care (as defined by the Association for Palliative Medicine) across all of them within the next 10 years, including the requisite increase in training places to provide sufficient CCT-trained consultants; ii) support the right of conscientious objection of hospices and palliative care teams and specialists who resist any involvement of their teams and premises in assisted suicide and euthanasia, should it become legal in any of these jurisdictions; iii) oppose the offer of assisted suicide / euthanasia to any vulnerable adult, child or disabled person worldwide. 	F
UK	409	<p>Motion by TOWER HAMLETS DIVISION: That this meeting notes that motion A26CC24 was passed by the consultant committee, demanding that consultants are not expected to be involved in providing assisted dying services,</p>	J
UK	410	<p>Motion by SOUTH EAST COAST REGIONAL COUNCIL: That this meeting notes the ongoing media and political pressure to legalise assisted dying in the UK, and the widespread assumption that this will be carried out by doctors. It further notes the clear evidence from the BMA's 2020 assisted dying survey, which shows most doctors are unwilling to either be involved in the prescribing of drugs for assisted suicide or in performing euthanasia, this being most notable among the doctors who care for the greatest number of dying patients, namely care of the elderly and palliative medicine specialists, most hospital medical specialists, and GPs. It is clear that the adoption of a neutral position on assisted dying does not correctly represent the views of our membership to politicians and the public. It urges the BMA:-</p> <ul style="list-style-type: none"> i) to return to a position of opposition to the introduction of assisted dying; ii) to ensure that doctors are not expected to be involved in provision of assisted dying in any way. 	F

Part 2 ARM Agenda

88

UK

411

Motion by BIRMINGHAM DIVISION: That this meeting reaffirms the responsibility of the BMA as a constituent member of The World Medical Association to affirm the principles of The Declaration of Venice (1983, revised 2022) and in particular that "The WMA remains firmly opposed to euthanasia and physician-assisted suicide, as set forth in the WMA 'Declaration on Euthanasia and Physician-Assisted Suicide'."

F



bmastrikefund.raisely.com

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

© British Medical Association, 2024

BMA 20240456