

Motions outcomes day 2 ARM day 2024

MOTIONS OUTCOMES - DAY 2 ARM 2024			
	MOTION	FINANCES OF THE ASSOCIATION	MOTION OUTCOME
	34	<p>Motion by TREASURER: That:-</p> <ul style="list-style-type: none"> i) the subscriptions outlined in document ARM1A (appendix VII) be approved from 1 October 2024; ii) the subscription rates that are rising for 2024-25 to be increased by a further 1 per cent to allow for a budget allocation to be made to the strike fund, as outlined in document ARM1A (appendix VIII). 	CARRIED
	35	<p>Motion by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2023 as published on the website be approved.</p>	CARRIED
UK	36	<p>Motion by SAS CONFERENCE: That this meeting, while understanding the financial situation that the BMA is currently in, fears that the abrupt move to 24 sessions to be carried out free of charge before honoraria can be claimed has disproportionately affected female doctors, and most especially SAS. This will adversely impact on BMAs ability to implement the Romney recommendations. Given the concerns that female doctors are now stepping back from BMA roles as they cannot afford to continue, this meeting calls on the BMA:-</p> <ul style="list-style-type: none"> i) to publish the findings and recommendations of the external consultation carried out into the honoraria system; ii) to clarify if an equality, diversity, and inclusion (EDI) assessment was carried out on the decision to move to 24 sessions and if so, that this be published immediately; iii) to carry out and publish such an impact assessment as a matter of urgency, if no such EDI assessment was completed. 	CARRIED
BMA STRUCTURE AND FUNCTION			
UK	37	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting notes:-</p> <ul style="list-style-type: none"> i) that there was no equality impact assessment in advance of the divisional elections to ARM and demands that this become a recognised step in any change to election processes instituted in the BMA; ii) that there needs to be urgent review and improvement to election processes to ensure that the representative body looks like the membership it represents; iii) the lack of seats to ARM allocated from regional and national councils and calls for a significant proportion of seats to be nominated via regions and devolved nations, with a view to being able to improve the equality, diversity and inclusion of the representative body via multi-member constituencies; iv) that the BMA introduces quota systems to ensure EDI representation to ARM is balanced to reflect membership. 	CARRIED as amended
WALES			
WA	39	<p>Motion by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting recognises that, despite local efforts, the level of time for 'Supporting Professional Activities (SPAs)' for consultants and SAS doctors in Wales varies considerably across the country and, in some cases, is below recommended, or</p>	CARRIED as amended

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		<p>even contractually agreed, levels. This in turn undermines medical training, recruitment and retention, contributing to record medical vacancies here. It therefore calls upon the BMA to:-</p> <ul style="list-style-type: none"> i) further raise awareness of recommended SPA levels and the Welsh SAS Charter for all relevant members; ii) survey all relevant members to understand how much SPA time they have and what activities these are expected to perform within SPA time; iii) lobby Welsh Government and NHS Wales employers to resolve inappropriate variation in SPA levels amongst Welsh local health boards; iv) mandate that doctor SPA must not be used to deliver training to MAPs before obligations to train medical doctors are fulfilled. 	
		HEALTH INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY	
UK	40	<p>Motion by CONFERENCE OF LMCS: That this meeting recognises that AI is likely to impact the provision of care significantly over the next decade and calls for appropriate controls to ensure the safe introduction of systems in primary care, in particular that:-</p> <ul style="list-style-type: none"> i) only a doctor with full training and appropriate levels of experience will be able to effectively challenge an AI when it produces questionable results; ii) AI has the potential to improve consistency and safety of doctor led care, but only when doctors are enabled and indemnified to challenge it; iii) while AHPs are likely to see similar gains in productivity, consistency and safety the use of AI will not remove the need for doctor oversight of patient care; iv) any introduction of AI should take lessons from sectors such as aviation and ensure that doctors are not so far removed from routine cases that they become de-skilled; v) GPCs should make it clear that primary care without GPs, especially in a world of data hungry AI, will lead to an unsustainable increase in cost and ultimately a two-tier NHS. 	CARRIED Part(i) carried as a reference
		MEDICAL ACADEMIC STAFF	
UK	41	<p>Motion by THE AGENDA COMMITTEE (TO BE PROPOSED BY CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES): That this meeting notes the importance of research in general practice compared to the relatively small proportion of academic GPs in the UK and calls for:-</p> <ul style="list-style-type: none"> i) development of a cross branch of practice working group to explore barriers to entry and progression in academic GP careers; ii) the implementation of ringfenced, targeted funding to support GPs to enter academic careers at any stage of their clinical career; iii) a mentoring programme to support GPs who do not hold academic positions, but would like to explore how they might develop an academic career; iv) universities to ensure that the agreed Senior Academic GP contract is offered as standard to all Senior Academic GP appointments; v) the NHS in each nation of the UK to clarify who should offer the honorary contract to Senior Academic GPs; vi) the BMA to negotiate an honorary NHS contract for junior academic GPs. 	CARRIED
		SCOTLAND	

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SC	43	<p>Motion by LOTHIAN DIVISION: That this meeting recognises the detrimental effect on personal and professional well-being resulting from inadequate support on return to work after prolonged leave, and:-</p> <ul style="list-style-type: none"> i) welcomes the SuppoRTT initiative and the positive impact it has had in England; ii) recognises that there is no process in Scotland resembling the SuppoRTT initiative in England; iii) recognises that doctors in Scotland returning from maternity leave and other prolonged leave are frequently under supported; iv) calls for enhanced support to be provided within NHS Scotland for those returning from prolonged periods of leave; v) calls for all Health Boards in Scotland to take proactive steps to ensure that those planning, taking, and returning from prolonged periods of leave suffer no undue detriment with regard to pay and entitlement to further leave. 	CARRIED
		ENGLAND	
UK	44	<p>Motion by SOUTH WEST REGIONAL COUNCIL: That this meeting believes that the creation of a BMA England council is overdue and mandates that this is planned and initiated immediately after the start of the 2025-26 BMA year.</p>	CARRIED As A Reference
		OCCUPATIONAL MEDICINE	
UK	45	<p>Motion by OCCUPATIONAL MEDICINE COMMITTEE: That this meeting notes with regret that the majority of consultants working in occupational medicine work outside the NHS as this discipline has never been incorporated. Hence the majority do not have job plans and are obliged to spend all their paid time on direct clinical care activities (DCCs), with no time for supporting professional activities (SPAs), which results in exhaustion and demoralisation. Therefore, this meeting calls for the BMA to take a policy position in which consultant occupational physicians working outside the NHS are supported to have job plans with equivalent protection to those of doctors working in the NHS, including a balanced working week of DCCs and SPAs.</p>	CARRIED
		FORENSIC AND SECURE ENVIRONMENTS	
UK	46	<p>Motion by FORENSIC AND SECURE ENVIRONMENTS COMMITTEE: That this meeting agrees that doctors should never be excluded from providing healthcare within secure custodial environments by vetting processes which are disproportionate, extreme, and non-transparent and do not provide a credible recourse to appeal.</p>	CARRIED
	24	<p>Motion by LAMBETH, SOUTHWARK AND LEWISHAM DIVISION: That this meeting recognises that Gaza will require unprecedented and extensive international medical support and input to rebuilding its healthcare infrastructure. Therefore, we ask the BMA to:-</p> <ul style="list-style-type: none"> i) lobby the government and Royal Colleges to create financially supported clinical attachments/work placements for any Palestinian medical students or doctors who come to the UK and assist in obtaining visas for these positions; 	CARRIED

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		ii) encourage the royal colleges to help support Palestinian doctors with rebuilding and re-establishing undergraduate and postgraduate education programmes.	
		ARMED FORCES COMMITTEE	
UK	47	<p>Motion by AFC: That this meeting mandates the BMA to endorse the principles of the Pride in Veterans Standard (PiVS) of the Fighting with Pride charity, to complement the BMA code of conduct, values and behaviour principles, and nominates the armed forces committee to lead on ensuring the BMA undertakes the actions in the PiVS and to:-</p> <ul style="list-style-type: none"> • warmly welcome LGBT+ Veterans, serving personnel and their families; • have a clear understanding of the needs of LGBT+ Veterans and tailor support to meet their specific needs; • promote inclusion, dignity and respect for LGBT+ people in everything they do; • ensure all staff, volunteers and members have an awareness of the different challenges faced by LGBT+ people, in particular, those who were impacted by the Armed Forces “gay ban”; • understand that for some LGBT+ Veterans, their experiences have impacted their mental health, so ensure any support in this area is tailored to meet their specific needs; • vi) recognise the different groups in the LGBT+ community and understand their needs may be different. 	CARRIED as amended
		JUNIOR DOCTORS	
UK	48	<p>Motion by ENFIELD AND HARINGEY DIVISION: We request that the British Medical Association (BMA) hereby:-</p> <p>i) advocates for the implementation of subsidies for food expenses incurred by junior doctors during their shifts, including access to affordable and nutritious meal options within healthcare facilities;</p> <p>ii) calls for the provision of subsidies or allowances to assist junior doctors in meeting accommodation expenses, including rental costs, utilities, and related living expenses, particularly in high-cost areas;</p> <p>iii) urges healthcare institutions and employers to provide subsidised or discounted parking facilities for junior doctors working in hospitals and healthcare settings, ensuring convenient and affordable access to parking spaces;</p> <p>iv) highlights the importance of addressing financial barriers faced by junior doctors as part of broader efforts to enhance workforce well-being, retention, and recruitment in the healthcare sector;</p> <p>v) encourages ongoing dialogue and feedback from junior doctors and their representative bodies to ensure that subsidy programs are effectively tailored to meet their evolving needs and priorities.</p>	CARRIED. Part (iii) carried as a reference.
		MEDICO-LEGAL	

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EN WA	49	<p>Motion by NORTH EAST REGIONAL COUNCIL: Lasting Powers of Attorney (LPA) abuse and predatory marriage are of increasing concern in the UK. A 2021 British Medical Journal editorial highlighted safeguarding concerns on plans to modernise LPAs in England and Wales. That this meeting:-</p> <ul style="list-style-type: none"> i) joins with legal professionals and families in expressing mounting alarm on LPA abuse and predatory marriage, and calls for greater safeguards for doctors where there are concerns on potential LPA abuse; ii) calls for greater awareness of health and social care professionals to recognise the signs of cognitive decline, LPA abuse, and predatory marriage; iii) highlights the lack of state-backed indemnity for doctors undertaking LPA capacity assessments; iv) believes that LPA capacity assessments should be more rigorous and holistic in their approach, and undertaken by specially trained professionals; v) demands the Ministry of Justice urgently develop regulation to safeguard vulnerable individuals from (LPA) abuse and predatory marriage. 	CARRIED as amended
MOTIONS ARISING FROM THE ARM			
CHOSEN MOTIONS			
	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:- 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.</p>	CARRIED
	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 at least 5 academic years medical training or 4 years by graduate entry medicine (3 years for qualified dentist), or IMG equivalent, and excluding apprenticeship models; 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. 	CARRIED as amended

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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 unless clinical review by the receiving specialty is needed before listing for investigations or procedures in which case this must be done urgently and then expedited accordingly; 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 to local specialist services has been completed and, where necessary, a local shared care protocol has been agreed with the patient's new GP. 	CARRIED as amended
369	<p>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.</p>	CARRIED