TITLE: RESOLUTIONS - 2019 ANNUAL REPRESENTATIVE MEETING

Monday 24 June 2019

ARM agenda No.	Resolutions
	MEDICAL STUDENTS
12	That this meeting recognises that medical student support services, especially in relation to mental health, can be involved in both fitness to practice and academic progression processes. We therefore call for the BMA to lobby relevant bodies to: - i) establish clear separation between student support and academic progression services; ii) be transparent about how medical student support services data is used and the limits of confidentiality; iii) provide examples of best practice solutions of confidential student support services; iv) ensure student support services are fully confidential. **(AS A REFERENCE)**
13	That this meeting believes that Looked After Children wanting to apply to medicine have equal value to the profession as other applicants and: - i) calls that children from care should not be discouraged from applying due to their personal background or lack of family support; ii) calls that children from care should receive additional support and information from universities during the application/interview process if requested; iii) calls that children from care should be allocated a contact from the university responsible for all students from care once a student at the university; iv) calls that children from care should be provided help in finding summer time accommodation for students with no out-of-term time base; v) the BMA should lobby each medical school to produce a 'looked after children' policy to increase participation by people who were looked after children.

	NATIONAL HEALTH SERVICE
15	That this meeting affirms its belief in a publicly funded and provided NHS and calls on the BMA to: - i) lobby relevant decision-makers to ensure the NHS is protected from future trade agreements which would threaten this status; ii) work with like-minded stakeholders to resist the privatisation of the NHS; iii) oppose the use or sale of NHS patient information for commercial purposes; iv) insist on an open national register of private contracts with full transparency of accounts, staff qualifications and quality of service.
16	That this meeting is concerned about multiple reports of problems with private providers of NHS services and demands: - i) rigorous evaluation of outcomes compared with NHS services; ii) that contracts must enable the provision of integrated, multidisciplinary care; iii) private providers undertaking NHS contract work are required to treat a representative population case mix rather than excluding all but the lowest risk patients; iv) that contracts should be withdrawn from private providers which fail to provide services of the required standard; v) private providers which fail to provide services of the required standard are not eligible to bid for future NHS work.
17	That this meeting, in respect of access to NHS services, the BMA should negotiate with NHS bodies to ensure: - i) parity of access is equitable, clear and non-discriminatory for all patients; ii) decision-making is based on clinical assessment of need and potential for benefit to the individual patient; iii) services which alleviate pain, promote mobility and improve quality of life will remain within the NHS; iv) commissioning decisions will include equity impact assessment, and public and clinical consultation.
18	That this meeting, in respect of the NHS Long Term Plan: - i) believes that many of the ambitions of the Plan will be largely unachievable because of underfunding of the NHS; ii) asks the BMA to highlight to government and the public that the reforms and structural changes proposed are not in the interest of the NHS; iii) believes launching the Plan without an adequate workforce strategy will precipitate a greater crisis.
19	That, in respect of the NHS Long Term Plan, this meeting: - i) does not support the imposition of funding cuts through efficiency savings; ii) does not support the shift of care from hospitals into the community without concomitant increase in resources; iii) believes that the NHS should be a system to provide healthcare according to clinical need; iv) opposes the NHS Long Term Plan as a plan for a market-driven healthcare system.

20	That this meeting believes that performance targets within the NHS: - i) must be evidence-based and must not be driven purely by political agendas; ii) must not attract financial sanctions for non-achievement; iii) should not include the measurement of productivity.
	WORKFORCE
28	That this meeting is seriously concerned about the extent of bullying and harassment in the NHS and: - i) condemns bullying and salutes those who stand up to it; ii) congratulates the BMA on the stance adopted and the work undertaken thus far; iii) welcomes the Sturrock review and calls for the recommendations of that report to be implemented across the wider NHS; iv) calls for the annual reporting by all NHS bodies of bullying and harassment cases and their outcomes.
29	That this meeting is concerned that increasing workload and staff shortages are resulting in doctors of all grades experiencing stress and burnout and: - i) demands that future working patterns of doctors are sustainable; ii) demands that pastoral support be made available to all NHS staff; iii) demands that mentoring be made available to all NHS staff; iv) calls for annual reporting of staff wellbeing, morale and burnout by all NHS bodies.
30	That this meeting welcomes the increasing role of non-medical members of the clinical workforce, with the following provisos: - i) they must be fully trained for the role by a national certified body, preferably linked to a royal college; ii) they must belong to a regulatory body; iii) appropriate indemnity must be agreed with the employing body; iv) they must be subject to an annual appraisal in the role leading to revalidation; **AS A REFERENCE** v) they must be seen to be part of a multidisciplinary team; vi) they must have a title which makes it clear that they are not medically qualified.
31	That this meeting recognises the need for mechanisms to allow doctors to raise and resolve concerns affecting their health and welfare and calls for: - i) exception reporting to be made available for all grades of doctors; ii) negotiating of contractual safeguards to allow senior hospital doctors the ability to withdraw from long term second on-call in appropriate circumstances.

32	That this meeting calls upon the Department of Health, Health Education England, the GMC, Royal Colleges, the BMA and other stakeholders to work together to improve the professional and pastoral support offered to overseas doctors, particularly those that are recruited via online or other "virtual" facilities, to ensure that they are properly equipped to adjust to the high pressure environment in an unfamiliar country and fully enabled to fulfil the expectation of working within the NHS.
	AFC
35	That this meeting condemns the gagging of the BMA Armed Forces representatives serving as reservists and calls upon the MoD to urgently review the policy of preventing a reservist expressing any opinion on government matters.
36	That this meeting notes that a majority of senior doctors and dentists in the Armed Forces have stated an intention to leave the Services due to the disproportionate impact that taxation rules on Annual Allowance have on Armed Forces doctors and calls upon the BMA to lobby both MoD and Treasury to take urgent action to prevent this outflow.
	PENSIONS
38	That this meeting: - i) notes that restrictions on annual and lifetime allowances in the NHS pension scheme have had a detrimental effect on retaining doctors in clinical practice; ii) believes that increasing the NHS pension scheme Employer Contributions Rate to over 20% will inevitably reduce the impact of any increase in NHS funding; iii) calls on the BMA to actively lobby the Treasury to act decisively to improve the NHS pension scheme; iv) demands that all NHS workers should have a choice to pension only part of their earnings in the NHS pension scheme; v) demands that NHS workers should not be subject to annualisation of their earnings for NHS pension scheme contribution rate purposes; vi) demands that, in a Career Average Revalued Earnings (CARE) scheme, all NHS workers should contribute the same net rate to the NHS pension scheme.
39	That this meeting acknowledges the unfairness of calculating pension contributions on the basis of full time equivalent earnings for doctors who work LTFT and that they should instead be based on actual earnings. We call on the government to calculate the loss of earnings to affected individuals and recompense them in full.

40	That this meeting demands that NHSE and Government stop prevaricating and take action to: - i) terminate, or at least sanction, the contract with Capita due to its catastrophic failings in dealing with GP pension contributions; ii) declare a tax amnesty for doctors facing excessive tax bills due to Capita failing to forward their pension contributions for several years and then the backdated contributions are found to exceed the annual or lifetime allowances; iii) investigate and, where necessary, compensate doctors who have become ill as a result of Capita's failings in handling their pension contributions; iv) compensate doctors who have not been able to retire due to Capita's inability to manage their pension contributions.
	MEDICINE AND GOVERNMENT
41	That this meeting welcomes the UK government's agreement to scrap the annual cap on the number of tier 2 visas, but believes there are still too many barriers to the recruitment of international healthcare professionals. This meeting calls on the BMA to: - i) lobby the government to significantly reduce the £30 000 salary threshold to reflect NHS pay scales; ii) lobby the government for priority status for visas to be established for health care staff at all grades; **AS A REFERENCE** iii) lobby the government for the abolition of the Immigration Health Surcharge; iv) join with other unions and professional organisations to campaign for changes to the tier 2 visa system.
42	That this meeting notes that in a pilot to check eligibility for free NHS Care only 1/180 people were deemed ineligible and: - i) this meeting believes that it is not cost effective to monitor eligibility for NHS Care; ii) this meeting calls for the policy of charging migrants for NHS care to be abandoned and for the NHS to be free for all at the point of delivery; iii) that this meeting believes that the overseas visitors charging regulations of 2011 threaten the founding principles of the NHS and that the regulations should be scrapped. **AS A REFERENCE**
43	That this meeting is frustrated with the misinformation that has been provided by politicians, leading to untold uncertainty over the last three years. This meeting demands that politicians who willfully misinform should be punished appropriately using the Recall of MPs Act 2015. **AS A REFERENCE**

TITLE: RESOLUTIONS - 2019 ANNUAL REPRESENTATIVE MEETING

Tuesday 25 June 2019

ARM agenda No.	Resolutions
	MEDICAL ACADEMIC STAFF
53	That this meeting notes with concern the decrease in academic doctor numbers and asks for any workforce strategy to consider the positive contribution of academic medicine to the UK.
	MEDICAL ETHICS
57	That this meeting notes the recent decision by the Royal College of Physicians to adopt a neutral position on assisted dying after surveying the views of its members, and: - i) supports patient autonomy and good quality end of life care for all patients; ii) recognises that not all patient suffering can be alleviated; iii) calls on the BMA to carry out a poll of its members to ascertain their views on whether the BMA should adopt a neutral position with respect to a change in the law on assisted dying.
58	That this meeting condemns the fact that women in Northern Ireland are currently being discriminated against in their inability to access safe and legal abortions in Northern Ireland. This meeting: - i) notes with alarm that in 2016/2017 only 13 abortions were performed in Northern Irish hospitals compared to 861 abortions for Northern Irish women and girls in hospitals on mainland UK in 2017; ii) calls on the UK government to repeal sections 58 and 59 of the 1861 Offences Against the Person Act; iii) calls for the repeal of section 25 of the Criminal Justice Act (Northern Ireland) 1945.
	FORENSIC AND SECURE ENVIRONMENTS
62	That this meeting believed the vast majority of post mortems (PMs) are performed in England and Wales under the jurisdiction of Her Majesty's Coroner. The Coroner PM examination and the storage of tissue removed during PM examination do not require consent from the family of the deceased. However once the coroners authority has ended, consent is required from the deceased's relatives to retain the slides and tissue. In practice this results in most histology slides and paraffin blocks of tissue taken at Coroners' PMs are disposed of and are lost for teaching, educational and audit purposes. This meeting: - i) believes this a loss to medical education and maintaining good medical practice; ii) asks the BMA to discuss with the Royal Colleges, Coroners' Society and other stakeholders the need to change the rules; iii) asks the BMA to lobby for a change in the Human Tissue Act and Coroner Rules in England and Wales to facilitate retention of the histology slides and paraffin blocks taken at Coroner's autopsy for teaching, education and audit without the need of deceased relatives' consent.

63	That this meeting believes that painful control & restraint methods should be outlawed for use in secure children's homes.
	INTERNATIONAL
65	That this meeting fully endorses the BMA's continued membership of the World Medical Association for the opportunity it provides to support and influence the development of global health policy.
	WALES
68	That this meeting notes with dismay that Welsh Government has stated that it supports GPs on the one hand but demonstrates contempt for them on the other in announcing that GP indemnity is to be funded from the GMS contract, and calls upon the BMA to: - i) campaign for provision and funding of indemnity in line with that provided in secondary care; **AS A REFERENCE** ii) campaign for formal health economic assessment of the costs of health board managed practices and the value of GP Partnerships.
	NORTHERN IRELAND
71	That this meeting warns that attaching criminal sanctions to the professional duty of candour for individual doctors in Northern Ireland is out of step with patient safety developments elsewhere in the UK and Ireland and calls on the department of health in Northern Ireland to: - i) create the conditions for openness and transparency by providing protections for doctors, such as the Open Disclosure provisions in the Republic of Ireland to enable doctors to raise concerns and protect patients; ii) acknowledge best practice in patient safety and raising concerns from other health jurisdictions and urgently adopt these in Northern Ireland; iii) commit to the development of a culture where learning not blaming is a priority, lessons are learnt and disseminated across the healthcare system.
72	That this meeting is dismayed at the ongoing lack of a functioning devolved government in Northern Ireland and is concerned that this is having a negative impact on the delivery of health and social care. We call on politicians to urgently re-form the devolved Northern Ireland Executive and to take the key decisions that are needed to protect the health and social care needs of the population in Northern Ireland.
73	That this meeting recognises the unacceptably high suicide rate in Northern Ireland, with more people having died by suicide since the Good Friday Agreement 1998 than the total number of lives lost due to the Troubles and calls on the government to fund mental health services and other stakeholders adequately, at least to the level of that in the rest of the UK, in order to address this.