

ARM1



Annual Representative Meeting 2020

Agenda

15 September 2020 (virtual conference)

#ARM2020

**ARM1
2020**

British Medical Association

**AGENDA
of the
ANNUAL REPRESENTATIVE MEETING**

**TO BE HELD VIRTUALLY ON
TUESDAY, 15 SEPTEMBER 2020**

**BMA Representative Body Chair:
Dr Helena McKeown**

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

Agenda of the ARM

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INDUCTION

An online teach-in session will be held at 8am on Tuesday 15th September 2020, prior to the commencement of the Annual Representative Meeting (ARM).

OPENING OF THE MEETING

9.00 – 9.30

Welcome and introductions by the BMA Representative Body chair, Dr Helena McKeown.

PROCEDURES, PROCESS AND TIMETABLES

- 1 **Motion** by BMA REPRESENTATIVE BODY CHAIR: That this meeting approves:-
 - i) the standing orders (Appendix I of document ARM1A) be adopted as the standing orders of the 2020 virtual meeting;
 - ii) that the precincts of the meeting be regarded as those members registered as representatives and logged in during the ARM on 15 September 2020;
 - iii) the timetable for elections to be carried out during the meeting as set out in ARM5;
 - iv) that in accordance with standing order 37, a ballot of representatives will be held on the day of the ARM to enable them to choose motions, amendments or riders which should be given priority (Chosen Motions - "C motions"). The ballot form has been circulated to representatives which should be returned by 10am on the day of the ARM, 15 September 2020.
- 2 **Confirm:** Minutes of the BMA Annual Representative Meeting held on 24 June to 27 June 2019 (ARM12 on the website and on the ARM app).
- 3 **Receive:** That the reports from branches of practice for the session 2019-20 are available from the website and on the ARM app.

Order of business

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

Tuesday 15 September 2020 - AM

09:00 Welcome and opening of the meeting (page 2, items 1-11)
09:30 Keynote address by the BMA council chair, Dr Chaand Nagpaul (page 4)
09:55 Prioritised Motion 1 (page 5, item 12)
10:15 Prioritised Motion 2 (pages 5-6, item 13)
10:30 Prioritised Motion 3 (pages 6-7, item 14)
10:45 Memorial in remembrance of all NHS and care staff who died due to COVID-19 (page 7)
11:00 One minute's silence in remembrance (page 7)
11:01 Break
11:15 Open Session: panel and open mic questions to panel (page 7)
12:00 Prioritised Motion 4 (page 8, item 15)
12:20 Prioritised Motion 5 (pages 8-10, item 16)
12:40 Prioritised Motion 6 (pages 10-11, item 17)
12:55 Contingency time
13:00 Session closes

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13:00 Annual General Meeting (AGM) (page 11)

Tuesday 15 September 2020 - PM

13:45 Motion on appointment of the BMA president for 2021-2022 session (page 12, item 18)

13:50 Installation of the president (page 12)

14:10 Prioritised Motion 7 (page 12, item 19)

14:25 Prioritised Motion 8 (page 12, item 20)

14:45 Finances of the Association (page 13, items 21-23)

15:05 Break

15:10 Prioritised Motion 9 (page 13, item 24)

15:30 Prioritised Motion 10 (pages 13-14, item 25)

15:45 Prioritised Motion 11 (pages 14-15, item 26)

16:00 Contingency time

16:10 Prioritised Motion 12 (page 15, item 27)

16:30 Motions arising from the ARM (page 20)

17:40 Contingency time

17:50 Closing business (page 20, item 61)

18:00 Close of the meeting

BMA policy

- 5 **Motion** by COUNCIL: That this meeting approves the recommendations for which policy be lapsed as indicated on document ARM10 (on the website).
- 6 **Receive:** That the BMA Representative Body chair will notify the meeting where items being considered by the meeting would, if approved, supersede existing policy and that such policies would be so marked in the policy book, and recommended to the subsequent ARM to be formally lapsed.
- 7 **Confirm:** That the motions marked with an 'A' (items 28 – 43) have been assessed by the agenda committee to be either existing policy or sufficiently uncontentious to be voted on without debate and published in the policy book, unless challenged at this point in the meeting.

(NB: Motions marked with an 'AR' (items 44 – 60) have been assessed by the agenda committee to relate to new matter and the council chair is prepared to accept these without debate as a reference to council).

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Articles

- 8 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 52 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.
- 9 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 56 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.
- 10 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the Representative Body approve the recommended changes to article 79 of the association as set out in appendix II of document ARM 1A/AGM3, and recommends the changes to the article to the Annual General Meeting for approval.

Bye-laws

- 11 **Motion** by THE ORGANISATION COMMITTEE CHAIR ON BEHALF OF COUNCIL: That the bye-laws of the association be amended as follows:-
- i) changes to bye-laws part 4 council in the manner shown in appendix III of document ARM1A;
 - ii) changes to bye-laws part 3 representative body and part 6 honours of the association in the manner shown in appendix III of document ARM1A;
 - iii) changes to the bye-laws part 5 committees and other bodies of the association and to the bye-law schedules in the manner shown in appendix III of document ARM1A.

(NB: This motion is the ARM bye-law proposals regarding the 'standard' or 'routine' changes to the bye-laws (such as changes of names of committees and councils, membership thereof, terms of reference etc.) that have been proposed by those committees or officers; and have been scrutinised and ultimately approved as part of the routine business of the organisation committee and subsequently approved by council. This motion therefore allows all the necessary changes to the bye-laws).

BMA COUNCIL CHAIR

9.30 – 9.55

Keynote address by the BMA council chair, Dr Chaand Nagpaul.

PRIORITISED MOTION 1

9.55 – 10.15

- * 12 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY YORKSHIRE REGIONAL COUNCIL): That this meeting notes the backlog of planned care resulting from the COVID-19 emergency and the likely effect on NHS waiting lists, and calls on the BMA to:-
- i) work with governments to develop a public information campaign on the likely timescale for the NHS to return to normal routine services;
 - ii) demand adequate funding for the NHS to increase its capacity to address the backlog of planned care;
 - iii) seek the return of public funds paid to the for-profit private sector to retain capacity which was under-used during the pandemic;
 - iv) promote the invitation of all patients on waiting lists to opt into a rescheduled appointment and an optional primary care review of the appointment's appropriateness.
- 12a **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting notes that the NHS Confederation believes that NHS waiting lists may increase to 10 million by the end of this year and calls on the BMA to lobby the government:-
- i) to give adequate funding to the NHS so that it can increase its capacity to cope with this;
 - ii) oppose diversion of public money to profit-making companies who can cherry-pick the more profitable cases from NHS waiting lists.
- 12b **Motion** by EAST MIDLANDS REGIONAL COUNCIL: That this meeting instructs council to pursue a policy with government for a public education campaign transparently displaying the timescale concerning the NHS capacity to return to normal routine services in light of the fact that the throughput of the National Health Service will not reach pre-COVID levels for very many months and possibly some years.
- 12c **Motion** by LEWISHAM DIVISION: That this meeting believes that with regard to the post-COVID NHS backlog of planned secondary care this meeting calls for the BMA to advocate:-
- i) the resources of the private sector are used up to the value of the £2.5billion given without return so far, at no extra cost;
 - ii) everyone on waiting lists be invited to opt in again to having a rescheduled appointment, and be offered a review of its appropriateness in primary care if desired.

PRIORITISED MOTION 2

10.15 – 10.30

- * 13 **Motion** by PUBLIC HEALTH MEDICINE COMMITTEE: That this meeting believes that the global pandemic has demonstrated the need for a well-resourced national health protection function to meet current and future communicable disease threats. This meeting, therefore, calls for:-
- i) a government review of the fitness for purpose of the UK's current health protection systems;
 - ii) Public Health England to be reconstituted as a fully independent arm's length NHS "Special Health Authority," integrated with the wider NHS and able to hold government to account on matters of public health;

iii) the establishment of a national public health “infection” service as part of PHE; professionally-led and in charge of strategy, operations, education and training, with an appropriate budget and regional offices;
iv) all consultants in public health to be employed on contracts equivalent to those of NHS consultants, with adequate guarantees of freedom to make professional advice public.

13a **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting recognises that various medically qualified advisers to government are civil servants. This can give a conflict of interest between their duties as a doctor and adherence to the civil servants code of conduct, and the COVID-19 pandemic has highlighted that lack of independence for professional civil servants creates a problem for public confidence. This meeting asks the BMA:-
i) to press for a clear separation of professional and civil service responsibilities for these doctors;
ii) to reiterate its call for Public Health England to be reconstituted as an NHS body;
iii) to reiterate its call for all consultants in public health to be employed on an NHS contract with adequate guarantees of freedom to make professional advice public.

13b **Motion** by ISLINGTON DIVISION: That this meeting acknowledges the COVID pandemic has exposed the error in defunding public health staffing and laboratories services through the years of austerity. We call upon the BMA to lobby the government to restore public health back to its previous position as a properly funded branch of NHS services.

PRIORITISED MOTION 3

10.30 – 10.45

* 14 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY LINCOLN DIVISION): That this meeting insists that there must be a public enquiry into the UK governments’ management of the COVID-19 pandemic in order to be better prepared for and to be able to follow best practice during any future overwhelming health crisis. As a minimum it should cover in its remit:-
i) the mismanagement of care homes;
ii) the purchase, delivery, quality control and guidelines for PPE;
iii) the testing strategy;
iv) health & care staff wellbeing;
v) the timing of interventions and the timing of the easing of restrictions.

14a **Motion** by LINCOLN DIVISION: That this meeting believes there were significant failings in the government’s response to COVID-19 in England and demands a full UK public inquiry. As a minimum it should cover in its remit:-
i) the mismanagement of care homes;
ii) the purchase, delivery, quality control and guidelines for PPE;
iii) the testing strategy;
iv) health & care staff wellbeing;
v) the timing of interventions and the timing of the easing of restrictions.

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- 14b **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes there were significant failings in the UK government's response to COVID-19 in England and demands a full public inquiry. As a minimum it should cover in its remit:-
- i) the mismanagement of care homes;
 - ii) the purchase, delivery, quality control and guidelines for PPE;
 - iii) the testing strategy;
 - iv) health and care staff wellbeing;
 - v) the timing of interventions and the timing of the easing of restrictions.
- 14c **Motion** by BURTON & DISTRICT DIVISION: That this meeting insists that there must be a public enquiry into HM government's management of the COVID-19 pandemic in the UK in order to be better prepared for and to be able to follow best practice during any future overwhelming health crisis, and into which the BMA should have a major input.

10.45 – 11.00

MEMORIAL IN REMEMBRANCE OF ALL NHS AND CARE STAFF WHO DIED DUE TO COVID-19

ONE MINUTE'S SILENCE IN REMEMBRANCE

11.00 – 11.01

BREAK

11.01 – 11.15

OPEN SESSION: LEARNING LESSONS FROM COVID-19

11.15 – 12.00

Learning lessons from COVID-19: embedding equalities and inclusion in healthcare delivery and work practices

An expert panel from across the medical profession will take part in this interactive open-mic discussion, looking at the challenges faced by different groups throughout the COVID pandemic and how these experiences can inform more equitable and inclusive ways of working in the future. This is an opportunity for all members to share their views on what more we can do to address inequality in medicine.

The open session also presents a chance for UK council members, the chairs of the branches of practices and professional committees' chairs to hear from grassroots members and representatives of the grassroots. Those who wish to speak will be required to submit a speaker slip.

PRIORITISED MOTION 4

12.00 – 12.20

- * 15 **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting affirms the rights of transgender and nonbinary individuals to access healthcare and live their lives with dignity, including having their identity respected and calls upon the government to:-
 - i) allow transgender and nonbinary individuals to gain legal recognition of their gender by witnessed, sworn statement;
 - ii) ensure that under 18s are able to access healthcare in line with existing principles of consent established by UK Case Law and guidelines published by the public bodies which set the standards for healthcare;
 - iii) enable trans people to receive healthcare in settings appropriate to their gender identity;
 - iv) ensure trans healthcare workers are able to access facilities appropriate to the gender they identify as;
 - v) ensure trans people are able to access gendered spaces in line with the gender they identify as.

- 15a **Motion** by NORTH WEST RJDC: That this meeting notes with dismay the scrapping of the planned Gender Recognition Bill and affirms the rights of transgender and non-binary individuals to access healthcare and live their lives with dignity, including having their identity respected and calls on the BMA to lobby the government to:-
 - i) ensure that transgender and non-binary individuals are able to gain legal recognition of their gender by witnessed, sworn statement;
 - ii) ensure that under 18s are able to access healthcare in line with existing principles of consent established by UK Case Law and guidelines published by the public bodies which set the standards for healthcare;
 - iii) protect the right of all people to access gendered spaces in line with the gender they identify as, rejecting so-called "bathroom bills" and regressive changes to the Equality Act.

- 15b **Motion** by MANCHESTER & SALFORD DIVISION: Following the government leaks to the Sunday Times, this meeting asks the BMA to oppose changes to the Equality Act designed to further exclude transgender and non-binary people from gendered spaces such as public toilets, oppose additional restrictions on healthcare for transgender young people, and lobby for progressive reform of the Gender Recognition Act.

- 15c **Motion** by JUNIOR MEMBERS FORUM: That this meeting asks the BMA to work with other relevant organisations to lobby the government to commit to reform the gender recognition act.

PRIORITISED MOTION 5

12.20 – 12.40

- * 16 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes the COVID-19 pandemic and the Black Lives Matter movement has demonstrated the importance of addressing health inequalities and racism in the UK. This meeting calls for:-
 - i) increased funding for public health to tackle ethnic, geographic and gender inequalities in the UK;
 - ii) greatly improved recording and analysis of ethnicity in the NHS;

- iii) specific action based on culturally sensitive research to address the health, social and educational problems caused to Black, Asian and minority ethnic school children and make recommendations to reduce these inequalities;
 - iv) all NHS trust and organisation boards should reflect the ethnic make-up of the workforce of the organisation which they manage;
 - v) every person involved in NHS recruitment should have training on diversity and unconscious bias;
 - vi) a mentorship scheme for Black, Asian and minority ethnic NHS managers and clinical leaders should be developed;
 - vii) transparent recruitment and promotion systems in all NHS organisations.
- 16a **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting is concerned that the death of George Floyd has shone a light on institutional racism in society and we:-
- i) pledge to call out racism in our working lives;
 - ii) recognise the structural injustice and intersectional prejudices exacerbating health inequalities and will work to put them right;
 - iii) commit to reducing all health inequalities;
 - iv) call for all revisions and implementations of BMA policies to have equality impact assessments;
 - v) demand the governments implement policies that have been scrutinised through the lens of equality.
- 16b **Motion** by NORTH WEST SASC: That this meeting believes that it was not the coronavirus pandemic that killed George Floyd; but the other pandemic of racism and discrimination that silently terrorises our planet and our NHS, in particular. We call on the BMA to:-
- i) champion the cause to tackle racism and discrimination in all its forms from the NHS;
 - ii) institute change from within by setting up a cross-BoP Black, Asian and minority ethnic forum to help tackle this scourge;
 - iii) work with the government and Regulators to consider mandatory targets and penalties for individuals and organisations to eradicate this disparaging behaviour and bring about culture change;
 - iv) mandate appointment of Equality and Diversity Champions in the NHS workplace to facilitate this culture change;
 - v) institute and spearhead a public and patient facing 'Wipe it out' campaign to exterminate this 'Silent terrorist'.
- 16c **Motion** by LINCOLN DIVISION: That this meeting is appalled that in 2020 there is still significant racial inequality in the leadership of the NHS and calls on the Departments of Health to ensure:-
- i) all NHS trust and organisation boards should reflect the ethnic make-up of the workforce of the organisation which they manage;
 - ii) every person involved in NHS recruitment should have training on diversity and unconscious bias;
 - iii) a mentorship scheme for Black, Asian and minority ethnic NHS managers and clinical leaders should be developed;

iv) there should be transparent recruitment & promotion systems in all NHS organisations.

- 16d **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned that the death of George Floyd has shone a light on institutional racism in society and we:-
- i) pledge to call out racism in our working lives;
 - ii) recognise the structural injustice and intersectional prejudices exacerbating health inequalities and will work to put them right;
 - iii) commit to reducing all health inequalities;
 - iv) call for all revisions and implementations of BMA policies to have equality impact assessments;
 - v) demand the governments implement policies that have been scrutinised through the lens of equality.
- 16e **Motion** by BUCKINGHAMSHIRE DIVISION: That this meeting acknowledges that responses to the COVID-19 pandemic have unmasked the inherent racism within the NHS and other parts of society and instructs BMA to demand action from all relevant medical departments, organisations and governments to ensure this problem is tackled as a priority.

PRIORITISED MOTION 6

12.40 – 12.55

- * 17 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY SOUTH CENTRAL REGIONAL COUNCIL): That this meeting commends the commitment and flexibility shown by doctors and healthcare staff in very difficult circumstances during the COVID-19 pandemic. They have worked outside their specialties, worked additional hours, and worked at increased risk to their health. This meeting mandates council and the branch of practice committees to pursue policies to:-
- i) ensure that temporary changes to job plans, working patterns and deployments cease with a return to pre-COVID-19 contractual requirements and job plans;
 - ii) ensure that all doctors are adequately remunerated for additional work done during the COVID-19 pandemic;
 - iii) ensure that no long-term changes to job plans or contracts can be imposed without proper negotiations with local, branch of practice or national negotiating committees;
 - iv) ensure that an additional reward is made to all healthcare staff to reflect the personal sacrifices and increase in risk to health made during this pandemic.
- 17a **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting commends the commitment and flexibility shown by doctors and healthcare staff in responding to the demands of the COVID-19 pandemic and insists that:-
- i) temporary changes to doctors' job plans / work patterns /rotas and working outside their specialty to cope with the pandemic should cease and the initial pre-COVID-19 job plans / contracts recommenced; and
 - ii) no long-term changes to job plans or contracts can be imposed but should be agreed through the job planning process.

- 17b **Motion** by THAMES VALLEY RJDC: That this meeting recognises that healthcare staff have worked in very difficult circumstances during the COVID-19 pandemic. They have worked flexibly in unknown scenarios, worked additional hours, at increased risk to their health and often made significant personal sacrifices. We call upon the government to:-
- i) uphold that no doctor should be financially worse off as a result of the COVID-19 pandemic;
 - ii) ensure that all doctors are adequately remunerated for additional work done during the COVID-19 pandemic;
 - iii) an additional reward is made to all healthcare staff to reflect the personal sacrifices and increase in risk to health made during this pandemic.
- 17c **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting demands that NHS employers do not bypass local negotiating committees and impose new or variant job plans or other changes to terms and conditions of service without due and proper negotiations which must reach agreement via LNCs.
- 17d **Motion** by SHEFFIELD DIVISION: That this meeting, recognising the impact of COVID rotas, calls on the BMA to:-
- i) lobby to ensure that time on harsh rotas is minimised;
 - ii) ensure that all work is recognised and paid regardless of usual practice such as job planning;
 - iii) ensure a return to contractual requirements as soon as possible;
 - iv) ensure no doctor works on a rota with a weekend frequency of less than 3 weeks beyond 2021.
- 17e **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting notes that a number of members have worked exceptionally hard in response to the COVID crisis and therefore calls upon the BMA to:-
- i) reaffirm the principle that "payment for work done" is sacrosanct;
 - ii) lobby all relevant bodies to pay doctors for all work done during the crisis.

Contingency time **12.55 – 13.00**

Session closes **13.00**

ANNUAL GENERAL MEETING **13.00**

188th ANNUAL GENERAL MEETING to be held virtually on Tuesday 15th September 2020 at 13.00 pm.

Further arrangements for the virtual meeting will be available to BMA members on the BMA website: bma.org.uk/agm

PRESIDENT OF THE BMA

13.45 – 13.50

- 18 **Motion** by COUNCIL: That Professor Neena Modi be appointed BMA president for the session 2021-22.

INSTALLATION OF THE PRESIDENT FOR 2020-2021 SESSION

13.50 – 14.10

Representative Body chair, Dr Helena McKeown to give thanks to retiring president, Professor Raanan Gillon and welcome to new president for 2020-2021 session, Professor Harry Burns.

(NB: Pre-recorded speeches from Professor Raanan Gillon and Professor Harry Burns are available from the website).

PRIORITISED MOTION 7

14.10 – 14.25

- 19 **Motion** by ISLINGTON DIVISION: On July 6th a Health Minister in the Commons announced a public consultation on the continuation of home use of mifepristone with remote consultation support for abortion, which had been agreed as a temporary measure in response to the COVID pandemic. This meeting urges the BMA to support continuation of these remote services post pandemic which are in line with best global practice and benefit women, particularly those at risk of domestic violence.

PRIORITISED MOTION 8

14.25 – 14.45

- * 20 **Motion** by SEVERN RJDC: That this meeting notes the possibility of an upcoming trade deal between the United States (US) and the United Kingdom (UK) and the threat it could pose to drug pricing and supply in the UK. This meeting therefore calls upon the BMA to lobby the relevant bodies to ensure such a trade deal:-
- i) does not result in a rise in UK drug prices;
 - ii) does not weaken the ability of the NHS and related bodies to negotiate drug pricing with US companies;
 - iii) does not adversely affect the safety and regulation of drugs and medical technologies distributed in the UK.
- 20a **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned about the lack of clarity regarding the future of the NHS with a no deal Brexit in the current climate and is asking the BMA to lobby for a secure healthcare procurement roadmap for the future.
- 20b **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting is concerned about the lack of clarity regarding the future of the NHS with a no deal Brexit in the current climate and is asking the BMA to lobby for:-
- i) an NHS that continues to be secure and free at the point of use;
 - ii) a secure healthcare procurement roadmap for the future.

FINANCES OF THE ASSOCIATION **14.45 – 15.05**

- 21 **Receive:** That the report from the BMA treasurer (Dr Trevor Pickersgill) for the session 2019-20 is available from the website (from early September 2020).

Opportunity for representatives to ask questions of the BMA treasurer (10 minutes).

- 22 **Motion** by TREASURER: That the annual report of the directors, treasurer's report and financial statements for the year ended 31 December 2019 as published on the website be approved.
- 23 **Motion** by TREASURER: That the subscriptions outlined in document ARM1A (appendix IV) be approved from 1 October 2020.

Break **15.05 – 15.10**

PRIORITISED MOTION 9 **15.10 – 15.30**

- 24 **Motion** by ISLINGTON DIVISION: The use of digital consulting has been essential during the pandemic for reducing the risk of infection in GP surgeries and in hospitals but there is a danger that those who have been arguing for a greater use of technology will change services in a way that impacts negatively on those most in need of care. We call on the Board of Science to examine the evidence base on the use of digital consulting and when this can be appropriately used.

PRIORITISED MOTION 10 **15.30 – 15.45**

- * 25 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY NORTH WEST REGIONAL COUNCIL): That this meeting:-
i) believes the pause in appraisal and revalidation has not resulted in any detriment to patient safety or standards of care;
ii) calls on the GMC to publish guidance stating that revalidation and appraisal to be meaningful and robust would require a minimum of 1.5 sessions in a job plan;
iii) demands a reduction in the GMC regulation imposed by annual appraisal and five yearly revalidation to encourage experienced clinicians to retire later.
iv) demands a proper independent audit of the processes of appraisal and revalidation to examine any alleged benefits and detrimental effects.
- 25a **Motion** by NORTH WEST REGIONAL COUNCIL: That this meeting believes the pause in appraisal and revalidation has not resulted in any detriment to patient safety or standards of care, and calls on the BMA to demand a proper independent audit of the processes, to examine any alleged benefits and to further assess the proven detrimental effects.
- 25b **Motion** by GLOUCESTERSHIRE DIVISION: That this meeting demands a reduction in the GMC regulation imposed by annual appraisal and five yearly revalidation to encourage experienced clinicians to retire later.

- 25c **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting calls on the GMC to publish guidance stating that revalidation and appraisal to be meaningful and robust would require a minimum of 1.5 sessions in a job plan. This has been endorsed by some Royal Colleges but national guidance affecting all doctors would be welcome.

PRIORITISED MOTION 11

15.45 – 16.00

- * 26 **Motion** by THE AGENDA COMMITTEE (TO BE PROPOSED BY YORKSHIRE REGIONAL COUNCIL): That this meeting acknowledges the significant work of UK doctors and medical students in fighting the COVID-19 pandemic and that this work was performed on a background of sustained real-terms pay erosion for doctors in the UK. We call on the BMA to:-
- i) survey members as to their opinions of the pay recommendations suggested by the DDRB in their 48th report (2020);
 - ii) survey members as to what actions they believe the BMA should take next, in regard to tackling this real-terms pay erosion, including the option of industrial action;
 - iii) to demand significant above inflation pay rise to compensate for a decade of freezes and sub-inflation pay rises;
 - iv) to formulate an action plan in case doctors are not offered a fair pay settlement;
 - v) withdraw from the DDRB before the end of 2020.
- 26a **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting acknowledges the significant work of UK doctors and medical students in fighting the COVID-19 pandemic also that this work was performed on a background of sustained real-terms pay erosion for doctors in the UK. We call on the BMA to:-
- i) survey members as to their opinions of the pay recommendations suggested by the DDRB in their 48th report (2020);
 - ii) survey members as to what actions they believe the BMA should take next, in regard to tackling this real-terms pay erosion, including the option of industrial action.
- 26b **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting asks the government to recognise the hard work and selfless devotion of NHS doctors to their patients at the cost of their own health and wellbeing during the COVID-19 pandemic and calls upon the BMA to:-
- i) convey to the government the anger among NHS doctors about years of pay restraint and below inflation pay rises;
 - ii) demand urgent remedial action to counter the deleterious effect of real-terms pay cuts;
 - iii) demand significant above inflation pay rises to reverse years of freezes and sub-inflation pay impositions;
 - iv) to formulate a definite action plan in case doctors are not offered a fair pay settlement;
 - v) to survey the membership to seek their views regarding the options being considered by the BMA UK council.
- 26c **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls for withdrawal from the DDRB before the end of 2020 unless this year's DDRB recommendation fully corrects our losses of the last decade.

- 26d **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting asks the government to recognise the hard work and devotion of NHS doctors to their patients even at the cost of their own health and wellbeing during the COVID-19 pandemic and calls upon the BMA to demand significant above inflation pay rise to compensate for years of freezes and sub-inflation pay rises.

Contingency time **16.00 – 16.10**

PRIORITISED MOTION 12 **16.10 – 16.30**

- 27 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned about the possible adverse impact that COVID-19 will have on the mental health of healthcare workers and carers:-
 i) with the potential for colleagues to experience anxiety, grief, unresolved anger, depression, moral injury and even PTSD as a result of their experiences;
 ii) and insists that governments and NHS departments must without delay make resources widely and rapidly available for all health workers and carers who need mental health support.

'A' AND 'AR' MOTIONS

- A** 28 **Motion** by LONDON REGIONAL COUNCIL: That this meeting condemns Boris Johnson's failure to honour his promise to remove NHS charges for international NHS staff and we call upon the BMA to lobby extensively till all such charges are abolished for international staff and their families.
- A** 29 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls on the Northern Ireland Department of Health to recognise that a high trust environment in health and social care encourages innovation, transformation and effectiveness and that oppressive inspection, a blame culture and criminal sanction is counterproductive.
- A** 30 **Motion** by WELSH COUNCIL: That this meeting insists that survivor benefits are added to the NHS pension scheme for those within 2 years of entry who die after contracting COVID-19.
- A** 31 **Motion** by WELSH COUNCIL: That this meeting calls on the government to reveal how it proposes to cover rota gaps and primary care appointments caused by doctors reducing hours to avoid penal taxation on their pension contributions.
- A** 32 **Motion** by SESSIONAL GPS COMMITTEE: That this meeting is saddened that the UK has lost its WHO 'measles-free' status and calls for immediate action to counteract the false news around vaccinations and re-establish immunisation levels sufficient to provide herd immunity.
- A** 33 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is concerned by the negative effects on health and wellbeing that not taking the full annual leave entitlement will have on junior

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doctors, whilst working intense and non-compliant rotas, and asks the BMA to lobby NHS Employers to ensure: -

- i) the full annual leave will be taken or remunerated if untaken;
- ii) enhanced wellbeing and pastoral support.

- A** 34 **Motion** by CONFERENCE OF MEDICAL ACADEMIC REPRESENTATIVES: That this meeting is concerned that the COVID-19 epidemic has disproportionately affected members of the Black, Asian, and minority ethnic communities and that the majority of the many health and social care workers who have died are of a Black, Asian and minority ethnic background.
This meeting, therefore welcomes recent investments into research in this area and calls for it to continue to be a high priority for biomedical and applied research into the contributing factors that have put the lives of our Black, Asian and minority ethnic colleagues at greater risk, and effective interventions to mitigate them.
- A** 35 **Motion** by WELSH COUNCIL: That this meeting insists that particularly in view of high levels of reported burnout and mental health symptoms in the medical workforce during the pandemic that all annual leave carry over for frontline staff is allowed even when moving between different hospital trusts or health boards.
- A** 36 **Motion** by SOUTH WEST REGIONAL COUNCIL: That this meeting asks the BMA to lobby for local authorities, through their directors of public health, to be required to issue timely public reports and guidance whenever there is the new occurrence of an imminent or immediate threat to the health of the wider community from an infectious disease or environmental threat.
- A** 37 **Motion** by WELSH COUNCIL: That this meeting notes that the incidence of severe COVID-19 complications in Black, Asian and minority ethnic individuals providing frontline healthcare seems to exceed the already higher rate in the general population and insists this is adequately recognised in risk assessments.
- A** 38 **Motion** by NORTHERN IRELAND COUNCIL: That this meeting calls on government to ensure adequate supplies of high-quality PPE for all healthcare workers in the UK.
- A** 39 **Motion** by NORTH EAST WALES DIVISION: That this meeting demands that doctors and other NHS staff are never again put in a position where they have to care for their patients without sufficient and appropriate PPE.
- A** 40 **Motion** by SHEFFIELD DIVISION: That this meeting wishes on behalf of all doctors to express our gratitude for the support and encouragement of the public and the patience and understanding of our patients. We remember those who have died and give our condolences to everyone who has lost someone.
- A** 41 **Motion** by YORKSHIRE REGIONAL COUNCIL: That this meeting is extremely concerned at the high number of deaths of healthcare workers during the COVID-19 pandemic and the disproportionate effect of COVID-19 infection on Black, Asian and minority ethnic healthcare workers and:-
i) believes that there was an inexcusable delay at the start of the pandemic to provide adequate PPE and guidance regarding appropriate identification and risk mitigation of NHS staff at an increased risk of having an adverse outcome from COVID-19 infection;

- ii) insists that NHS organisations use a fit for purpose risk assessment tool with appropriate risk mitigation steps;
- iii) insists that provision of adequate PPE to all health workers in all settings should always be ensured with adequate stocks maintained by the NHS keeping in mind the winter pressures and the risk of a second wave of COVID-19 infections;
- iv) is opposed to any downgrading of PPE guidance unless there is reliable evidence that such a step will not increase any risk to healthcare workers.

- A** 42 **Motion** by PRESTON CHORLEY & SOUTH RIBBLE DIVISION: That this meeting is concerned at the high number of deaths of healthcare workers during the COVID-19 pandemic:-
- i) believes there was an unacceptable delay in provision of PPE at the beginning and there were shortages and some of the equipment was not fit for purpose;
 - ii) risk assessment was inadequate.
- A** 43 **Motion** by SHROPSHIRE DIVISION: That this meeting is appalled by the brutal death of George Floyd caused by a US police officer. This meeting stands in solidarity with the Black Lives Matter movement.
- AR** 44 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting insists that our profession, which has risen to the challenge of coping with the COVID-19 pandemic, deserves to have its NHS pension problems resolved and:-
- i) while welcoming the new annual allowance tapering rules notes that this is not an adequate solution;
 - ii) demands that the unjust rules applying to less than full time GPs be rescinded and a fairer system applied;
 - iii) demands that the government stops prevaricating and enters into meaningful discussions with the BMA and other unions to sort this out in the next year.
- AR** 45 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting notes with horror the loss of life of healthcare staff in the UK in the line of duty providing care for patients and calls on the BMA to fund a statue/memorial for all doctors, medical students, retired members and BMA staff who have lost their life to COVID-19, from start to finish of the pandemic.
- AR** 46 **Motion** by SOUTH CENTRAL REGIONAL COUNCIL: That this meeting believes that many already distressed doctors are fearful of complaints; legal, regulatory or contractual, which relate to patients being unable to access appropriate and timely health care due to the COVID pandemic and:-
- i) has no confidence in the GMC statement that it “will take the pandemic situation into account” when considering a complaint;
 - ii) insists that no complaint should be entertained if it relates solely to the failure of the NHS to provide the necessary resources and services needed by doctors to care for patients during the pandemic;
 - iii) while excluding gross clinical negligence cases, urges the BMA to work with all relevant organisations to ensure doctors are protected from these regulatory and legal complaints.

- AR** 47 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that the support and training to divisions is currently insufficient and calls on the BMA to provide an improved “package of care” including:-
- i) induction and training for all new divisional honorary secretaries;
 - ii) induction and training for all new divisional honorary treasurers;
 - iii) induction and training for all new divisional press officers;
 - iv) a directory of points of contact within the BMA and related organisations, including who to contact in each BMA committee;
 - v) a directory of training available to divisional executive officers;
 - vi) free in-depth training courses for divisional executive officers on relevant skills, attitudes and behaviours including leadership;
 - vii) a BMA email account for all divisional executive officers;
 - viii) a section on the BMA website to hold all relevant documents pertaining to the running of divisions, including the current BMA expenses policy as well as the archive of divisional annual returns from each division to enable the sharing of best practice.
- AR** 48 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting believes that many already distressed doctors are fearful of complaints - legal, regulatory or contractual, which relate to patients being unable to access appropriate and timely health care due to the COVID pandemic and has no confidence in the GMC statement that it “will take the pandemic situation into account” when considering a complaint.
- AR** 49 **Motion** by LONDON REGIONAL COUNCIL: The evidence for the health benefits of minimum unit pricing of alcohol is extensive but disappointingly was not included as an action in the English Prevention Strategy. We now have evidence from Scotland that the policy of minimum unit pricing is not only delivering the expected health benefits but also is a policy which has widespread public acceptance. This meeting calls for the introduction of MUP in England utilising experience gained from Scotland and elsewhere.
- AR** 50 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting insists that our profession which has risen to the challenge of coping with the COVID pandemic deserves to have their NHS pension problems resolved and:-
- i) while welcoming the new annual allowance tapering rules notes that this is not an adequate solution;
 - ii) demands that the unjust rules applying to less than full time GPs be rescinded, and a fairer system applied;
 - iii) demands that the government stops prevaricating and enters into meaningful discussions with the BMA and other unions to sort this out in the next year.
- AR** 51 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is concerned about the decrease in activity to mitigate the effects of the annual allowance charges concerning pensions. The charges are impossible to predict, are punitive and counterproductive. The annual allowance limits should either be significantly increased or abolished completely for NHS staff.

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- AR** 52 **Motion** by WEST MIDLANDS REGIONAL COUNCIL: That this meeting urges HM Government to make changes in the employment laws to protect the rights of employees who need long-term isolation or shielding.
- AR** 53 **Motion** by WELSH COUNCIL: The UK's poor housing quality harms both patients and community health; causing the NHS increased workload costing £1.4 billion per year. The human cost is borne particularly by both poorer people and health services staff trying to help them. This meeting therefore, asks council to develop a policy on how the impact of housing can be improved for all, so workload on health care services can be reduced and requests doctors and others to lobby their governments to adopt this policy.
- AR** 54 **Motion** by WELSH COUNCIL: That this meeting notes research highlighting the potential differential attainment in medicine linked to specific learning difficulties (SpLDs). It is concerned that current medical training and assessment approaches may not enable equity in access to learning and achievement. It calls upon:-
i) the Royal Colleges and Faculties to produce data pertaining to the pass rate of college examinations of candidates declaring a SpLD and review with educational psychologists how their training programmes and assessment systems can be better tailored to individuals with SpLDs;
ii) the GMC to provide data pertaining to the proportion of trainees declaring a SpLD who obtain a Certificate of Completion of Training by speciality and their length of time to CCT. Additionally, to adjust their relevant surveys of doctors to allow determination of the proportion of Doctors by branch of practice who declare a SpLD and reported level of burnout.
- AR** 55 **Motion** by WELSH COUNCIL: That this meeting insists that where a member of the NHS pension scheme has to reduce their pensionable earnings to avoid taxation on their Annual Allowance that employer's contributions, which would have been due and which are part of their total reward, are paid to them (net of any increased NI employer liability).
- AR** 56 **Motion** by JUNIOR MEMBERS FORUM: That this meeting believes the current structure of hospital induction for new doctors and international medical graduates to their trust must be tailored to their previous level of experience. We therefore call on the BMA to lobby the relevant bodies across the UK to address and remedy these concerns by:-
i) ensuring a well-defined and comprehensive induction taking into consideration the role and experience of the doctor;
ii) allowing protection of time for this induction without fear of starting a shift later the same day;
iii) implementing support and a further induction geared towards the needs and concerns of these doctors.
- AR** 57 **Motion** by CARDIFF AND VALE OF GLAMORGAN DIVISION: That this meeting is seriously concerned about the impact of the NHS pension and annualisation changes on the workforce and demands that the GPC and the UK government urgently take steps to prevent penalising doctors.

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- AR** 58 **Motion** by EAST OF ENGLAND REGIONAL COUNCIL: That this meeting calls upon all employers to do an individualised COVID-19 risk assessment for all doctors as a mandatory requirement at regular intervals including at commencement of employment and that this assessment should not jeopardise chances of obtaining and retaining a job.
- AR** 59 **Motion** by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS: That this meeting is disappointed by the government's decision to scrap the free parking for NHS staff once the COVID-19 crisis ends and asks the BMA to lobby for the extension of free parking indefinitely as a way to ensure continued high quality of care.
- AR** 60 **Motion** by LONDON REGIONAL COUNCIL: That this meeting calls upon the government to:-
i) repeal the Health & Social Care Act (2012);
ii) restore to the Secretary of State for Health full responsibility for the provision of universal health care;
iii) ensure that the provision of all public services, including health, are fully exempt from any future transatlantic trade agreements.

MOTIONS ARISING FROM THE ARM

16.30 – 17.40

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

Contingency time

17.40 – 17.50

CLOSING BUSINESS

17.50 – 18.00

- 61 **Motion** by THE BMA COUNCIL CHAIR: That the BMA Representative Body chair be empowered on behalf of the meeting to approve the minutes of the meeting.

Closing remarks from the BMA Representative Body chair

ARM ENDS

18.00

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