BMA

Consultants conference agenda

Wednesday 19 May 2021

#consultantsconf

British Medical Association
bma.org.uk

Agenda

To be held on:

Wednesday 19 May 2021

Virtual (streaming link to be shared 12th May)

Chair
Dr Andy Thornley

Deputy Chair
Dr Shanu Datta

Conference Agenda Committee
Dr Nupur Gandhi
Dr Helen Neary
Dr Phillip De Warren-Penny
Dr Helen Fidler
Dr Robert Harwood
Dr Sunil Nodiyal
Dr Kevin O'Kane
Dr Sabine Schaefer
Dr Vishal Sharma
Dr Anne Thorpe
Dr Simon Walsh

A brief guide to the 2021 consultants conference

Function of conference

The primary purpose of the Consultants Conference is to provide policies for the CC (consultants committee) to take forward over the coming year.

Agenda outline

The conference agenda outlines the schedule for the day, with the morning session comprised of motions for debate, a keynote address by the chair of the committee and motion debates. The afternoon is comprised of a panel session with a Q&A and further debates.

Motions are received from a number of constituent bodies such as MSCs (medical staff committees), RCCs (regional consultants committees) and from the subcommittees of the CC. In addition, motions from other BMA conferences are sometimes transferred to the Consultants Conference for consideration if they are directly relevant to consultants. The deadline for receipt of motions was 12pm on 15 March 2021.

What is a motion?

A motion is a proposal for action or statement of opinion which, if passed, becomes CC policy.

How are the motions organised?

A number of motions are received each year from our constituent bodies. These are grouped and prioritised for debate by the conference agenda committee. This year a number of key topics were identified for debate and the majority of motions are based around these areas.

In the agenda, each new topic appears in bold with the time allocation alongside. Similar motions on a specific element of that topic are grouped in a bracket (appearing as a thick black line to the left) with only the starred motion being debated and voted on. As such, the starred motion is the only motion that has the potential to become policy. Any constituent is able to speak in a debate although the chair will usually give priority to speakers from constituencies with motions within the bracket. Greyed out motions signify motions that are unlikely to be reached for debate.

You may object to the choice of starred motions either because you do not agree with what the motion is proposing or you feel that another motion within that bracket would be preferable. In such instances, you are able to suggest changes to the bracketing/starring. These must be received by 12pm on Monday 17 May 2021. In addition, conference can vote to prioritise one further motion for debate. There will be a virtual poll for this motion.

Types of motion

In addition to the motions prioritised for debate in the main agenda, there are two types of motion to be aware of:

- **'A' motions** prefixed with 'A' are in line with accepted BMA policy and are therefore not debated.
- **Topical motions** consider issues which have arisen since the deadline for receipt of motions and which could not have reasonably been considered before that date. If you wish to submit a topical motion, the deadline is **12pm on 17 May 2021.**

Revision of the agenda post-publication

Amendments to the motions on the agenda must be submitted to the agenda committee by 12pm on Monday 17 May 2021. You can do this by emailing info.cc@bma.org.uk.

An updated Supplementary Agenda will be issued on the day of conference. The agenda committee continues in session through conference to help and guide you through the day and to advise and provide the chair with a list of speakers for each debate. Withdrawn motions or minor clarification on the day must be submitted by 12pm 17 May to info.cc@bma.org.uk for approval by conference.

How is the debate conducted?

- In order to take part in a debate you will need to complete an electronic speaker's slip on the streaming platform. These must be submitted 30 minutes before the debate is scheduled to take place. You should complete the speaker slip as appropriate; indicating whether you are speaking for or against, and if you have any particular expertise in the area of debate.
- Please note that filling out a speaker slip does not mean that you are obliged to speak. You may decide not to speak when the time comes and in such cases please let the agenda committee know through our platform if you choose to withdraw your speaker slip.
- The agenda committee will provide a list of speakers for the chair. The conference chair balances debate by calling speakers both for and against. The proposer speaks up to three minutes whilst other speakers have two minutes. The chair of CC/deputy chairs of CC and the Chief Officers of the BMA then have the opportunity to respond to the debate.
- The proposer has the right to reply to the debate in up to two minutes. However, no new points may be made in the reply. To help move the debate along, proposers may be asked to waive the right of reply.

(a) Proposing a motion:

- Following publication of the agenda you will be contacted in advance by Consultants Committee secretariat to check if you are happy to propose your motion on the day of the conference.
- Try to communicate your point as briefly as possible; the debate is time-limited. It is useful to back your point up with supporting evidence in order to communicate your message as effectively as possible.
- Avoid defamation. We would like to remind all representatives and members of conference that this is a public arena and they are prohibited from making any allegations and/or statements direct or indirect, towards any individual or organisation or any other entity which could give rise to a claim in defamation.
- In the event that any comments made give rise to any such claim or result in damages or any other costs to any third party then the member or representative making the comment will be deemed to take sole responsibility and liability in respect of the consequences.
- Having proposed a motion, listen to and note the debate as you may wish to reply before the vote to the points raised.
- If there are concerns from other speakers about parts of your motion, consider taking your motion 'as a reference' to the CC to see if a part of it can be enacted.

(b) Speaking for or against

- If you are called to speak for or against a motion, you will receive an invite to a Microsoft teams meeting before the debate is due. Please join this meeting with your video off and microphone on mute. Open the chat function where you will be notified in the chat function when to speak. It is important to mute the live stream when you leave to join the Teams call. When the chair calls your name for you to speak for or against the motion, please unmute your microphone and speak. After your speech please leave the meeting and return to the live stream to vote.
- You will be given two minutes to speak on the points that the proposer has raised, or the motion as a whole.
- Debate ends when time runs out.
- A vote is taken on the motion, electronically. Motions that have more than one part may be voted on separately.
- The chair has a casting vote if necessary.
- Most decisions are made upon a simple majority. Some motions however required a two-thirds majority such as: 'rescinding a resolution of conference', 'proceed to the next business', 'vote be taken', 'Standing Orders be suspended', or if substantial expenditure of the Association's funds be incurred.
- The chair can rule that if a motion is carried linked subsequent motions are either covered or fall.

After motions have been passed, they are referred to the CC for consideration and action. Some can also be referred to the BMA's annual representative meeting for further debate.

New attendees

Before the start of the conference, there will be an introductory session for new representatives to outline the format of the day, set out how the conference works and to answer any questions.

Notes

Under standing order 7, in this agenda are printed all notices of motions for the annual conference received up to 12pm on 15 March 2021. Although 15 March was the last date for receipt of motions, any RCC, MSC or member of the conference, has the right to propose an amendment to a motion appearing in this agenda, and such amendments should be sent to the secretariat by 12pm on Monday 17 May 2021 prior to the conference (info.cc@bma.org.uk).

The agenda committee has acted in accordance with standing order 17 to prepare the agenda, grouping together motions or amendments, which cover substantially the same ground and marking with an asterisk in the agenda, or forming a composite motion or amendment, on which it proposes that discussion should take place.

The committee has identified the most important topics in the agenda and selected for priority in debate an appropriate number of motions or amendments on those topics that it deems to be of outstanding importance. Representatives are also able to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Ballot for chosen motions will be taken before the conference.

Schedule of business Wednesday 19 May 2021

Time		Motions
10.00	Introduction and preliminaries	1–3
10.20	**Report by chair of consultants committee**	4
10.30	COVID-19 response	5–9
10.50	Personal protective equipment	10–13
11.10	**Break**	
11.20	Workforce and wellbeing	14–16
11.40	Public health	17
12.00	Healthcare policy	18
12.30	**Lunch**	
13.30	Panel session	
14.30	Education and training	19–20
14.50	Terms and conditions of service	21
15.10	**Break**	
15.20	Clinical excellence awards	22
15.40	Pay and pensions	23
16.00	SAS doctor contract	24–26
16.20	Chosen motion	
16.40	A/AR motions	27–32
16.50	Any other Business	
16.55	**Close**	

Elections at consultants conference 2021

Election timetable:

- Nominations open – **12pm Friday 14 May**
- Nominations close – **1pm Wednesday 19 May**
- Voting opens – **3pm Wednesday 19 May**
- Voting closes – **3pm Thursday 20 May**

Results will be announced via email soon after the close of voting.

Positions to be elected:

- Chair of Consultants Conference 2022
- Deputy Chair of Consultants Conference 2022
- Six members of the Consultants Conference Agenda Committee 2022*

* at least one of whom must not have previously been a member of the Consultants Committee or the Consultants Conference Agenda Committee

All voting members of the consultants conference are eligible to nominate themselves and vote in this election.

Nominations and votes should be submitted online via the BMA's online election system.

1

Return of representatives

Return of members attending the conference (to be shared ahead of the conference).
10.00 – 10.20

2

Minutes

Minutes of the last conference held on 4 March 2020 (CAC 4, 2020-21 enclosed herewith).

3

Report of the agenda committee

i. That the agenda committee is charged under standing order 17 with recommending the order of the agenda and selecting for priority in debate an appropriate number of motions or amendments on those topics which it deems to be of outstanding importance;
ii. That in accordance with standing orders 16 and 17, the conference agenda committee, having considered those resolutions due to lapse as policy, recommends the following continue to be policy (CAC 17, 2020-21 herewith).

4

Report by chair of consultants committee

Report from Dr Robert Harwood, Chair of Consultants Committee
10.20 – 10.30

COVID-19 response

10.30 – 10.50

* 5 A49CC21 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for an open Public Enquiry into the handling of COVID-19 by the UK and devolved governments. This enquiry should also address avoidable public and health care workers deaths due to the COVID-19 and put systems in place to minimise deaths in any future pandemic.

6 A13CC21 **Motion** BY SOUTH WEST RCC This Conference believes that an urgent full and transparent independent interim COVID-19 response inquiry must be commissioned and undertaken without delay to enable constructive learning which can guide an enhanced ongoing pandemic management whilst a difference can still be made.

7 A23CC21 **Motion** BY NORTH WEST RCC That this conference notes that the Prime Minister has taken personal responsibility for the excessive number of deaths in the UK from Covid infection. However, this does not explain the gross failure by Government to prevent excessive deaths. This Conference therefore calls for a timely, fully independent enquiry.

8 A58CC21 **Motion** BY YORK RCC That this conference is extremely concerned at the high number healthcare workers losing their lives during the COVID-19 pandemic and the disproportionate deaths of healthcare workers from ethnic minority backgrounds and demands that government sets up a Public Inquiry to look into reasons for it.

9 A66CC21 **Motion** BY EASTERN RCC That this conference demands that in any review of the handling of COVID-19, the NHS openly and honestly reveals:
i. Numbers of patients and staff members who have probably or definitely contracted COVID-19 in hospital
ii. How many have subsequently died of COVID, and
iii. Explain what action was taken between the first and subsequent waves of COVID to prevent any reoccurrence.

Personal protective equipment

10.50 – 11.10

* 10 A65CC21 **Motion** BY NORTH EAST LONDON RCC That this conference has no confidence in the recommendations of the government and Public Health England (PHE) regarding Personal Protective Equipment (PPE) during the pandemic for healthcare workers working in areas that are not designated as 'Aerosol Generating Procedure' areas and calls for the government:

i. To explain the three to fourfold risk of healthcare workers being infected with and dying from SARS-CoV-2 compared with the general population
ii. To recognise COVID-19 as an 'Occupational Disease'
iii. To recommend the use of Respiratory Protective Equipment (such as FFP3 masks) in all patient-facing work where COVID-19 has not been excluded
iv. To adopt fully the guidance made by the World Health Organisation regarding PPE in December 2020, which states that where respirators are available they should be considered for wider use

11 A9CC21 **Motion** BY MERSEY RCC That this conference recognises both the airborne status of COVID and the significant impact of nosocomial COVID infections within hospitals and care homes and acknowledges that surgical facemasks are not sufficient protection for health care workers working in close proximity to COVID positive patients. We call upon the government to:

i. Mandate that FFP3 or equivalent masks are worn in all clinical areas where patients with diagnosed COVID positive status are treated.
ii. Set minimum prevalence rates for COVID infection at which point clinical staff working in areas with undifferentiated, un-swabbed patients such as emergency departments and acute medical units, should wear FFP3 masks for all patient encounters
iii. Set minimum prevalence rates for COVID at which point all staff during any clinical encounter with a patient should wear FFP3 masks.

12 A15CC21 **Motion** BY NORTH WEST RCC That this conference believes that current standards of PPE in general clinical areas are inadequate and calls for higher standards of clinically appropriate protection for all clinical staff who are exposed to risk of SARS-COV-2 infection.

13 A55CC21 **Motion** BY YORK RCC That this conference is extremely concerned at the high number of deaths of healthcare workers during the COVID-19 pandemic 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 keeping in view increasing evidence of airborne transmission of SARS CoV-2 virus and emergence of more contagious variants, provision of adequate PPE (including FFP3 masks) to all health workers in settings where they may have contact with patients either with or suspected COVID-19 infection should always be ensured.

Break

11.10 – 11.20

Workforce and wellbeing

11.20 – 11.40

* 14 A68CC21 **Motion** BY CONFERENCE AGENDA COMMIITTEE That this conference recognises that difficult decisions made in response to the COVID pandemic and the ongoing pressures dealing with the backlog of work has resulted in moral injury to a number of consultants. We demand that:

i. NHS employing organisations across the UK acknowledge this and provide timely access to psychological support to individuals who need it
ii. all NHS employing organisations and health departments across the UK deploy a 'no blame' approach when seeking 'lessons to learn' from the pandemic response
iii. all NHS bodies engage the public with an honest appraisal to what is achievable by doctors in the coming months, to manage the publics expectations and reduce the risk of further moral injury amongst health professionals
iv. a funded and audited Preventing Burnout Charter is developed for consultants

15 A6CC21 **Motion** BY MERSEY RCC That this conference recognises that difficult decisions made in response to the COVID pandemic and the ongoing pressures dealing with the backlog of work has resulted in moral injury to a number of consultants. We demand that:

i. NHS Employers and Trusts acknowledge this and provide timely access to psychological support to individuals who need it
ii. NHS England and DHSC deploys a 'no blame' approach when seeking 'lessons to learn' from the pandemic response
iii. NHS England engages the public with an honest appraisal to what is achievable by doctors in the coming months, to manage the publics expectations and reduce the risk of further moral injury amongst health professionals"

16 A32CC21 **Motion** BY LONDON SOUTH RCC This Conference is pleased to see a funded and contractual Fatigue and Facilities Charter for junior doctors being implemented by Trusts and overseen by LNCs, and asks that a funded and audited Preventing Burnout Charter is developed for Consultants both within the future contract and as a model policy for LNCs to promote where appropriate.

Public health

11.40 – 12.00

* 17 A21CC21 **Motion** BY NORTH WEST RCC That this conference opposes the introduction of mandatory domestic COVID-19 'passports' for these reasons

i) It is ethically unsound to discriminate against individuals on immunological grounds
ii) It is the thin of a wedge which sees private healthcare data entering the public domain
iii) Proof of vaccination is not proof of immunity

Healthcare policy

12.00 – 12.20

* 18 A21CC21 **Motion** BY LONDON SOUTH RCC This Conference is appalled that the NHS White Paper does not specifically include non-management secondary care clinicians within Integrated Care System structures. We demand that this is rectified, and consultants are given a central voice.

Lunch

12.30 – 13.30

Panel session

Followed by Q&A

13.30 – 14.30

Education and training

14.30 – 14.50

* 19 A45CC21 **Motion** BY LONDON SOUTH RCC This conference is deeply concerned by proposals to establish a Medical Doctor Apprenticeship Scheme that will lead to a two-tier system for medical professionals. This conference calls on the CC to:

i. reject these plans outright, particularly any ability of local employers to determine entry standards of medical students, apprentice or otherwise.
ii. lobby for increased accessibility to financial support by way of bursaries, grants and subsidised tuition fees instead of apprenticeship
iii. propose the inclusion of optional extracurricular roles as HCA which are remunerated to financially support undergraduates.
iv. recognise the impact on training of current medical students, doctors in training and educational supervisors

20 A43CC21 **Motion** BY LONDON SOUTH RCC That this meeting supports widening access to medical school but opposes the proposed development of "medical apprenticeships".

Terms and conditions of service

14.50 – 15.10

* 21 A40CC21 **Motion** BY LONDON SOUTH RCC This meeting calls upon UK Consultants' Committee to produce a model contract for consultants who "retire and return" to the NHS. This contract should include:

i. The right to recommence work at the same point on the NHS Consultant salary scale, including any CEAs, as at the time of retirement
ii. Mandatory full "recycling" of the employers' pension contribution
iii. Appropriate DCC:SPA ratioAnd we call on CC to ask for urgent talks with NHSE and their devolved counterparts with a view to implementing appropriate variations of this contract quadrinationally.

Break

15.10 – 15.20

Clinical excellence awards

15.20 – 15.40

* 22 A3CC21 **Motion** BY MERSEY RCC That this conference recognises that the Gender Bonus Gap is reflected in Clinical Excellence Awards and is unacceptable in most NHS organisations. The current pro-rata reduction applied to Clinical Excellence Awards payments for Less Than Full Time doctors disadvantages female doctors as a greater proportion work part-time. This systematic inequality contributes to widening the Gender Pay Gap in Medicine. The BMA recommends that this practice must stop and that this pro-rata reduction for Less Than Full Time doctors should cease.

Pay and pensions

15.40 – 16.00

* 23 A3CC21 **Motion** BY LONDON SOUTH This Conference is pleased to see that Judges have enacted pension reform to allow them to practice to their full capabilities without worry of annual and lifetime allowance. We demand that full priority is given to negotiating a tax-unregistered pension scheme with the government, which will allow today and tomorrows Doctors to take on NHS works as required whilst mitigating the consequences of unfair and complicated taxation.

SAS doctors contract

16.00 – 16.20

* 24 A52CC21 **Motion** BY OXFORD RCC That this committee congratulates SASC on their successful completion of contract negotiations, but notes the proposed title for doctors appointed to the new senior specialty doctor grade is to be "Specialist Doctor", and:

1. is concerned that this title may be confusing to patients, as the proposed entry criteria to the new grade do not require doctors to be on the specialist register
2. suggest that the long-established title "Associate Specialist" is already well respected and understood for senior grade specialty doctors
3. believes the term "Specialist" is normally reserved for doctors who are on the specialist register - as is common throughout Europe
4. requests that the proposed title of the new senior specialty doctor grade "Specialist Doctor" should be modified, with advice from BMA PLG and Council, to denote that they are not required to be on the specialist register
5. or alternatively requests that consideration is given to modification of the entry criteria to the new senior grade specialty Doctor, for example to include membership of the specialist register

25 A37CC21 **Motion** BY LONDON SOUTH RCC That this Conference is concerned to see that the BMA has agreed that the new Associate Specialist role will be termed Specialist. We note that all consultants are on the GMC Specialist Register, and that our trainees are Specialist Trainees, and we believe that this new title will cause confusion between this role and that of the Consultant, who are regarded by both the profession and the public as the specialists.

This Conference:

1. Censures the BMA for allowing this matter to progress to the current stage without having formal input from CC.
2. Calls upon Chairman of Council to liaise with the GMC to find an alternative designation such as Senior Staff Doctor which conveys their positions as senior substantive members of the medical workforce to avoid confusion with Specialist Registrars and those doctors on the Specialist Register.

26 A44CC21 **Motion** BY LONDON SOUTH RCC This conference is dismayed by the potential impact of the proposed change in designation for Staff and Associate Specialist to 'Specialist'. Whilst we support our SAS colleagues improving their terms and conditions, we believe such a change will cause confusion for patients, undermines the role of 'consultant' as a specialist in that field and allow employers to obfuscate in future workforce planning.

This conference:

i. censures the BMA for failure to give adequate or appropriate consideration to the consultant committee before proceeding to a referendum
ii. demands that the BMA acknowledges the term consultant is generally accepted to mean 'Specialist' in that field as demonstrated by entry on the Specialist Register and that the proposed change will cause avoidable confusion
iii. calls on the BMA to reverse the decision to change the title for SAS doctors to Specialist
iv. calls on the BMA to lobby NHS Employers, DHSC and GMC for the term 'consultant' to be reserved for medical consultants who are on the Specialist Register

Chosen motion

16.20 – 16.40

'A' motions

16.40 – 16.50

AR	27	A64CC21	**Motion** BY NORTH EAST LONDON That this conference acknowledges the enormous effort made by consultants as leaders in the NHS response to the pandemic, demonstrating their work ethic, flexibility, and dedication amongst many other qualities. This conference calls for the government: i) To ensure that NHS employers fairly remunerate consultants for the additional work that they have taken on during the pandemic ii) To ensure that consultants are supported in taking extended periods of leave and paid sabbaticals in order to recover from the stress endured during the pandemic iii) To ensure that stress, burnout and other physical and mental health problems arising from the response to the pandemic are acknowledged and that appropriate support is provided to all those that need it
A	28	A16CC21	**Motion** BY NORTH WEST RCC That this conference recommends the BMA invest in research in inequalities in medicine and develops policies to tackle discriminatory practices.
A	29	A2CC21	**Motion** BY MERSEY RCC Whilst this conference recognises that hospital trusts must react flexibly in response to a pandemic, this does not excuse a lack of communication and negotiation with local negotiating committees. Issues such as variance of individuals' rights to leave and the removal and fair restitution of SPA activities should rightfully be discussed.
A	30	A27CC21	**Motion** BY NORTH WEST LONDON RCC That this conference notes that applause does not compensate for the large drop in pay that has occurred in the last decade and urges the government to think again in its shameful recommendation to the DDRB for a 1% pay rise for consultants, effectively a pay cut.
A	31	A53CC21	**Motion** BY YORK That this conference asks the Government to recognise the hard work and selfless devotion of NHS consultants 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 consultants 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 NHS consultants are not offered a fair pay settlement.
A	32	A62CC21	**Motion** BY NORTH EAST LONDON RCC That this conference is dismayed that, despite the clear consequences of punitive pension taxation for consultants, including early retirement and reduction of hours worked, at a time when the NHS needs every consultant more than ever in order to recover from the effects of the pandemic, the government has failed to resolve the issues and indeed has worsened the situation by removing the indexation to Life Time Allowance (LTA.) This conference calls for the government: i) To reinstate the indexation to the Life-Time Allowance ii) To scrap the Annual Allowance for Defined Benefit pension schemes

A	33	A56CC21	**Motion** BY YORK RCC That this conference believes that for UKCC to fully understand, represent and advocate the feelings and aspirations of BMA consultant members it should: i) take active steps to ensure that its membership is as ethnically diverse as the BMA consultant membership it represents; ii) take practical steps like mentorship and training of its ethnic minority elected members to prepare/ encourage them to step into executive roles to ensure that UKCC executive is as ethnically diverse as the BMA consultant membership; iii) encourage regional consultant committees in England and consultant committees of devolved nations to take practical steps to become as ethnically diverse as the consultant BMA membership they represent.

Any other business

16.50 – 16.55

Close

16.55 – 17.00

Grey motions

34	A26CC21	**Motion** BY NORTH WEST LONDON RCC That this conference notes that the Public Accounts Committee considers that there is no evidence that the government's "world-beating" Test & Trace system has reduced Coronavirus infections or prevented repeated lock-downs and that it has so far cost £37 billion, including paying management consultants up to £6,000 a day. We urge the government to fund existing local public health teams and NHS laboratories properly for this work and to wind down the separate, private and ineffective system.
35	A11CC21	**Motion** BY SOUTH WEST RCC This Conference believes that NHS Trusts in England are operating with medical workforce levels that are far below that required to ensure patient safety and quality of care. Until safe minimum levels of medical staff are defined, this situation will continue. We call on the BMA to: i. work with NHS England, the DHSC and Royal Colleges to define what constitutes the minimum safe medical staffing levels, by clinical area and specialty, and; ii. publish the findings of such work, and: iii. acknowledge that patient safety and quality of care will be at significant risk until this is done and implemented across the NHS.
36	A54CC21	**Motion** BY YORK RCC That this conference believes that senior management of NHS organisations should reflect the ethnic diversity of its workforce as without this change it will not be possible to bring lasting change in workplace factors like hesitancy to raise concerns, workplace bullying and harassment which have contributed to the disproportionate deaths of BAME health care workers due to COVID-19 infection.
37	A18CC21	**Motion** BY NORTH WEST RCC That this conference believes that Government mismanagement has portrayed the NHS in a bad light. It reaffirms the NHS as being the best value healthcare system in the world which despite political failings has coped admirably with the devastating pandemic.
38	A19CC21	**Motion** BY NORTH WEST RCC That this conference does not believe the government has actually "followed the science" during the pandemic and laments the lack of significant scientific qualifications within the body politic. Bearing that in mind, it asks the BMA to lobby for greater governmental transparency regarding which scientific advice has been followed, and which has been largely ignored.

39	A20CC21	**Motion** BY NORTH WEST RCC That this conference has expressed lack of confidence in several Health Secretaries in the past. Bearing in mind that all things are relative, it is surprised to find that the current incumbent still fails to inspire our confidence, especially with regard to the management of the COVID-19 pandemic.
40	A10CC21	**Motion** BY MERSEY RCC That this conference expresses its deepest regret that to date over 800 health care workers in the UK have lost their lives to COVID and believes that the government's handling of the pandemic, specifically in regards to PPE provision for healthcare workers has been wholly inadequate. The UK was unprepared for a pandemic after the government failed to follow its own guidance on PPE stockpiling in the event of a pandemic and, as such, health care workers during wave one were left unprotected with trusts scrambling to acquire PPE. The government has failed to both admit these failings, or apologise for them. This conference calls for: i. A public apology from the Government over its failings to acquire effective PPE in a timely fashion ii. A public enquiry into the mishandling of PPE acquisition iii. The immediate resignation of health secretary Matt Hancock
41	A46CC21	**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference condemns a failure of this devolved government to adequately protect its frontline doctors by not preferentially ensuring they were adequately vaccinated when vaccine became available.
42	A50CC21	**Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference notes that lateral flow testing for HCWs in NI is still yet to be implemented, which has likely contributed, and continues to contribute, to nosocomial spread of COVID-19 in NI hospitals and calls for immediate implementation in NI.
43	A14CC21	**Motion** by South West RCC This Conference believes that the various iterations of guidance from Public Health England (PHE) on appropriate Personal Protective Equipment (PPE) requirements within the NHS has been both deficient in respect of and unresponsive to emerging evidence, thereby placing doctors, other staff and patients at increased risk of contracting COVID-19. We call upon the Government to commission an independent review of PHEs guidance on PPE during the pandemic, and the processes behind its development.
44	A25CC21	**Motion** BY NORTH WEST RCC That this conference is appalled by the secretive awarding of billions of pound worth of contracts for PPE equipment, without open tender, to friends and sponsors of the government, many of which had no relevant experience and many of which did not deliver suitable equipment. That this secretive fast track for the well-connected was unlawful has been confirmed by a High Court Judge. We urge the BMA to campaign for a public inquiry into this scandal and for accountability for this abuse of public funds.
45	A17CC21	**Motion** BY NORTH WEST RCC That this conference asks the BMA to examine the impact of Long Covid on the lives of health care professionals, and by collaborating with other stakeholders, report back with recommendations
46	A29CC21	**Motion** BY NORTH WEST LONDON RCC That this conference believes that doctors have been socialised to be self-sacrificial, and should not feel that not wanting to risk their lives for their patients makes them bad at being a doctor.
47	A22CC21	**Motion** BY NORTH WEST RCC That this conference would like the Board of Science to examine the 'real evidence' behind the Government's claims that removal of restrictive measures against Covid can proceed solely on the basis of numbers of vaccinations carried out, without reference to other transparent data.

48 A7CC21 **Motion** BY MERSEY RCC That this conference believes that the way 12 hour emergency medicine breaches are being recorded is not a true reflection of the severe state of crowding within departments and masks the true scale of the problem. Although Emergency department targets are under review, this will take some time. In the interim, we therefore call for changes to the way 12 hour breaches are recorded as follows:

i. A 12 hour breach should be recorded from time of arrival to the department, not from the DTA time which may not occur for several hours after arrival.
ii. The total numbers of all patients exceeding 12 hour length of stay must be recorded and reported in a timely fashion and made available for public scrutiny.

49 A8CC21 **Motion** BY MERSEY RCC That this conference acknowledges that Corridor care in Emergency Departments has become normal practise in recent years and poses a significant risk to patient safety. In the wake of the Covid pandemic , having undifferentiated, un-swabbed patients on corridors where social distancing is not possible, the risks to both staff and patients has increased substantially. We call upon the government to:

i. Make Corridor Care a never event
ii. Mandate that every case of a patient queuing on a corridor is recorded and reported.
iii. Provide immediate funds to increase hospital bed capacity which is amongst the lowest per population in Europe
iv. Provide additional funding to communities to expand the provision of social care to
v. enable medically fit patients to be discharged from hospital safely, thus freeing up
vi. hospital bed capacity.

50 A42CC21 **Motion BY** LONDON SOUTH RCC That this Conference believes that the reconfiguration set out in the Government NHS White Paper is bad for doctors, bad for patients and bad for the NHS. We call upon Council to highlight and oppose the proposed:
(i) regionalisation of medical training(ii) regression from doctors' national terms and conditions of service(ii) unaccountable privatisation of NHS services

51 A51CC21 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference condemns the UK's worst waiting figures in Northern Ireland, noting that these existed for many years before COVID and believes that they have resulted in large tranches of timely elective and semi elective care being effectively privatised in the region since devolution.

52 A60CC21 **Motion** by NORTHERN RCC That this conference notes with concern the mismatch of numbers between CCT holders and available consultant posts for certain specialities resulting in oversubscription for some and under provision for others. Conference urges the GMC and Royal Colleges to engage with doctors representatives to:
a/ ensure the quality of specialist training is maintained
b/ consider strategies to link specialist training to workforce planning
c/ consider integrating careers advice into medical training at undergraduate level

53 A67CC21 **Motion** BY EASTERN RCC That this conference asks that the NHS must ensure that all workplaces in NHS facilities have been risk assessed for safety and adequate mitigations put in place to make them safe for all staff.

54 A28CC21 **Motion** BY NORTH WEST LONDON RCC That this conference:

i) believes that many clinicians have had no meaningful appraisal for at least a year now, and that this does not seem to have had demonstrably bad consequences;
ii) believes that appraisal and revalidation as conducted prior to the SARS-CoV-2 pandemic were not contributing positively to the NHS, patient outcomes or doctors' working lives;
iii) calls for the GMC and BMA to work together with the Royal Colleges, employers and others to bring about a radical change to how appraisals and revalidation are conducted in the UK, aiming to reduce the burden on clinicians and maximise the benefits in ways that are shown with evidence to improve outcomes for patients and the working lives of doctors.
iv) calls on the BMA to explore whether it would be a viable action to advise doctors to cease engaging with GMC revalidation processes en masse until they have been improved and relaunched

55 A34CC21 **Motion** BY LONDON SOUTH RCC That this Conference welcomes the reduction in bureaucracy and emphasis on wellbeing within the Appraisal 2020 format, and asks that:

i) BMA support this initiative and the drive towards a long term innovative leaner appraisal system for secondary care
ii) GMC and NHS England further develop the wellbeing component with appraiser training and signposting of resources
iii) Employers assume responsibility for uploading governance data that is available to them, rather than this being the role of individual doctors
iv) Time for appraisal and revalidation is fully supported in job planning with a minimum of 1.5 Supporting Professional Activities allocated for full and part time consultants

56 A24CC21 **Motion** BY NORTH WEST LONDON RCC That this conference calls on the BMA, GMC and MDOs to work together to capture as soon as possible the details of how the practice of medicine has been different since the pandemic began to ensure that this is taken into account for future case investigations, complaints, or litigation.

57 A1CC21 **Motion** BY DONCASTER & BASSETLAW HOSPITALS TRUSTS LNC Gender, ethnicity and disability pay gap for doctors is discussed in BMA's independent review on "Mend the Gap". Consultants are autonomous practitioners & hold medicolegal responsibility when things go wrong. The model consultant contract in England defines a 7.5DCC and 2.5 SPA split in England and Northern Ireland. The 2.5 SPA time is intended for consultants acting as leaders to have time and opportunity to develop & lead their local services, by improving pathways of care for their patients. They also provide education and training of junior doctors. SPA allows ordinary (without paid management roles) consultants to have opportunity for demonstrating leadership in their sphere of local practice. Lack of SPA results in reduced CEAs and contributes to pay gap for gender and race. BMA should survey all hospital consultants "How many total PAs? and How many DCC PAs?" This will allow BMA to get information on how many non-DCC PAs are available for consultants, and compare it for gender, ethnicity and disability. Additional Responsibilities PAs – are given for Trust appointed positions (exceptions LNC or MSC Chair who are elected) – eg MD, DMD, DD, CDs, CCIO, Guardian for JD, Deputy Directors etc. BMA should ask Trusts for data on additional responsibility PAs, and ask whether appointed or elected, and compare it for gender, ethnicity and disability.

58 A4CC21 **Motion** BY MERSEY RCC That this conference recognises the right for every consultant to have annual job planning, but believes job planning processes fail to occur and fail to recognise fully the work done by consultants. This has been exacerbated by the COVID pandemic where changes in working practices with telemedicine, social distancing and PPE have further increased workload pressures. We

1. believe a minimum annual job plan review is essential, including during a pandemic
2. call on the BMA to investigate the proportion of consultants receiving annual job planning meetings
3. call upon Trusts to recognise the additional time required for patient interactions due to COVID restrictions
4. demand all Trusts halt unilateral changes to job planning that have occurred due to COVID pandemic and engage in meaningful job planning
5. insist that back-up or shadow rotas, if still deemed necessary, are recognised within a job plan and appropriately remunerated
6. demand that when a job plan review is requested by an individual, if this does not occur within 4 weeks, the PA difference in proposed job plan is paid until a formal job plan review is undertaken
7. demand that changes in PAs agreed in job planning be remunerated within 4 weeks of agreement

59 A30CC21 **Motion** BY NORTH WEST LONDON RCC That this conference calls on the BMA to demand a New Deal for NHS workers from Governments, backing up the clapping with actual reward, including (but not limited to) restitution for real-terms pay decline and pension tax reform, significant funding for schemes to fill staffing gaps, and actions to ensure staff safety is never compromised again as it was with PPE shortages in 2020. Attempts to modify employment contracts to extract more work for the same or worse conditions must not be a part of this New Deal.

60 A35CC21 **Motion** BY LONDON SOUTH RCC That this Conference notes that there is a lack of clarity for less than full time (LTFT) Consultants in the 2003 Terms and Conditions of Service and that this conference:

i) Demand that the Consultant LTFT forum is stood up with immediate effect and funded for a one year pilot to explore the barriers to parity of working conditions for LTFT consultants.
ii) Demands that the negotiating team provide 4 monthly updates to Consultants Committee with regard to progress in insuring non-pro rata'd study leave and funding, SPA time, clarity around working on a non-working day, entitlement to pro-rata on call requirements and other specific needs for LTFT consultants as they arise in the negotiating process
iii) Demands that Consultants Committee implement in full the Romney recommendations
iv) Demands that BMA Equality Diversity and Inclusion team undertake work to look at barriers to equality of opportunity for career progression for LTFT consultants

61 A33CC21 **Motion** BY LONDON SOUTH RCC That this Conference is pleased to see that the National ACCEA committee encourage involvement of and applications from those with protected characteristics and asks that the BMA request that this is backed up by actions such as:

– Explicitly stating that childcare is provided to sit on ACCEA committees
– Describing in what way and through what mechanisms they support those with specific disabilities
– Investigating the BAME representation and overcoming barriers to BAME doctors
– Provide yearly updates on their committee membership and application demographics to monitor progress

62 A61CC21 **Motion** BY ROYAL FREE LNC That this Conference notes with dismay how some NHS trusts have withheld payment of the 2020 local CEA. NHS Employers, the BMA and HCSA received government approval to recommend that employers distribute funds equally among all eligible consultants as a one-off payment in 2020. While some trusts honoured this agreement, others have made the payment conditional on completion of mandatory and statutory training (MAST), despite being aware that many consultants would be unable to comply with this requirement because of COVID rota commitments, sickness due to COVID-19 or cancellation of training due to restrictions on face-to-face training.

This one-off payment was in recognition of the enormous contribution made by consultants in the fight against COVID. To locally introduce additional criteria, that are unrelated to eligibility for the award, is a kick in the teeth for colleagues that risked their lives on the frontline during the pandemic.

This Conference demands that NHS trusts immediately make these payments to all eligible consultants without unjustifiable application of additional criteria

63 A5CC21 **Motion** by Mersey RCC That this conference requests the outdated payment thresholds/ banding for out of hours consultant on call cover now needs to be reviewed to make them fairer such that they truly reflect the frequency and amount of work being undertaken. The current thresholds must be reviewed by:

i) Reviewing current banding arrangement for on call frequency and determine if these are outdated
ii) Recognition that there is an increased requirement to undertake intensive on site working during on call periods.
iv) Recommendations to be made to NHS employers on a more appropriate system for renumerating out of hour working

64 A36CC21 **Motion** BY LONDON SOUTH RCC This Conference is disappointed that provisions have failed to be made for withdrawal from the DDRB by either the BMA or Government despite four years of Consultants' Conference policy and repeated motions at Conference and ARM and call upon officers to consider their positions. Most recently Motion 26 from the ARM in 2020 has not been followed through.

Specifically, broader Consultant members were not surveyed on their opinions of the 2020 DDRB report, members have not been surveyed regarding taking action to tackle real-term pay erosion, and we have not withdrawn from the DDRB.

The BMA has asked the government to commit to "a significant pay uplift which goes well above RPI". We demand that if the DDRB does not recommend a pay uplift of at least 3% (double the 2020 RPI) we immediately withdraw from the DDRB process.

65 A41CC21 **Motion** BY LONDON SOUTH RCC This meeting notes that many regional HR directors' groups are unilaterally proclaiming capped rates on locum work and waiting list initiative activity. We also note that these caps have no legal basis, and we call upon CC to issue guidelines to consultants about how to mobilise locally or regionally to set their own minimum rates for additional NHS activity.

66 A57CC21 **Motion** BY YORK RCC That this conference recognises concerns among NHS workforce regarding gender and ethnicity pay gap in medicine and urges BMA to highlight this and to:
i) lobby governments, health departments and the NHS to look at the root causes of gender and ethnicity pay gap;
ii) launch a campaign reminding employers of their responsibility and members of their rights regarding pay and equality in the workplace.

67 A59CC21 **Motion** BY YORK RCC That this conference notes that the NHS manpower crisis is being exacerbated by NHS pension fiasco and calls upon the government to:
i) immediately reform pension taxation legislation for defined benefit pension schemes to remove the annual allowance from NHS pensions as recommended by Office of Tax Simplification;
ii) take back without delay the recent decision to freeze the lifetime allowance by removing indexation from the lifetime allowance

68 A48CC21 **Motion** by Northern Ireland Consultants Committee That this conference condemns a failure of this devolved government to provide parity over pension tax relief and pay with the other UK nations causing huge retention issues in NI.

69 A39CC21 **Motion** BY LONDON SOUTH RCC That this conference calls upon the BMA to provide comprehensive pensions advice as a membership benefit, including full personalised projections on request for doctors with more than ten years of continuous membership and within ten years of projected retirement date.

70 A47CC21 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference condemns the failure of this devolved government to commission abortion services in NI following the implementation of the Abortion (Northern Ireland) Regulations 2020.

Appendix I

Consultants conference resolutions 2020

The 2020 consultants conference took place only weeks before the initial lockdown due to COVID-19. Over the past year, the BMA has been predominately focussed on helping members through the pandemic and tackling the issues caused by COVID-19. Accordingly, not every resolution from last year's conference has yet been actioned. We ask that you take this into account when considering the below update. This is a progress document and will continually be updated and reviewed.

Healthcare policy and commissioning

Motion BY EMERGENCY MEDICINE SPECIALTY LEAD That this conference recognises that under this government the NHS is plunging deeper into its worst ever crisis, with waiting times and trolley waits in emergency departments reaching record levels, ever-increasing delays in out-patient appointments and lengthening waiting lists for operations. This conference:

i. is dismayed that the government is deflecting attention from the scale of this crisis by choosing this moment to talk about scrapping or changing the 4 hour target;
ii. demands that the government acknowledges the scale of this crisis in the NHS;
iii. demands that the government commits to increasing the NHS budget by 4.1% per annum as stated by the BMA in order to save our NHS; and
iv. recognises that the NHS is being propped up by the extraordinary efforts of frontline staff, including consultants in all specialties, who are working in unsustainable working patterns because they care so deeply about our NHS.

Regarding (i): In February, the BMA submitted a response to NHSE's consultation on the recommendations of the clinically-led review of NHS access standards (CRS) around the transformation of urgent and emergency care (UEC) and the measurement of performance of services that patients receive.

As part of its response, the BMA argued that while there are imperfections in the current approach of measuring performance of UEC services, it will only be able to fully support the implementation of a new approach to measuring performance if and when there is clear and clinical evidence that it has potential benefits to improve patient care in UEC services.

It also argued that regardless of the potential benefits and risks of any new approach to measuring performance in UEC services, the change in standards can only have a limited impact on the quality and timeliness of the services patients receive and is no replacement for adequate NHS funding. The BMA reaffirmed that prior to the pandemic NHS services were already struggling to cope with significant resourcing challenges. The NHS has experienced a decade of under-spending which has made it difficult for it to provide a robust response to the challenges posed by the pandemic and beyond, including the growing backlog and the non-COVID winter pressures.

The BMA also called for a careful consideration of the timetable to implement these proposals given the level of pressure facing NHS services and the considerable transformation that the replacement of the four-hour historic target represents.

Regarding (ii): The BMA has continued to highlight the intense pressure the NHS and doctors face (including the role of the COVID-19 pandemic in exacerbating that pressure) in our work and carries out monthly analysis of pressures data (published on the BMA website) to illustrate the scale of the challenges services face.

Regarding (iii): The BMA wrote to the chancellor ahead of the budget to highlight the need to increase core funding for the NHS beyond 2021/22 by at least 4.1% to help it cope with increasing demand. This would take core health spend to £174 billion by 2023/24.

However, this year's budget was a missed opportunity to announce vital support for the NHS and its workforce. Last year, the chancellor set out that the government would give the NHS 'whatever' it needs to get through the COVID-19 crisis. However, this budget failed to mention any significant additional funding for the NHS to cope with the impact of COVID-19 or ensure the sustainability of the NHS.

The BMA also lobbied the government to transfer more funding to the NHS to help manage the backlog of non-COVID care, which is continually growing.

The BMA estimates that between April and December 2020 there were between 989,000 and 1.3 million fewer first elective treatments than would normally have been expected. This is potentially costing the NHS between £4 billion and £5.4 billion to work through.

The comprehensive spending review in November 2020 announced £1 billion to go towards clearing the backlog of elective care. This falls far short of what is needed and we are extremely disappointed that this budget did not take the opportunity to announce further support.

Motion BY AGENDA COMMITTEE (OXFORD RCC PROPOSING) That this conference recognises the increasing burden placed upon consultants by employers who have been directed to provide reports under Section 49 of the Mental Capacity Act 2005 by Court Order, particularly as the Court can order an NHS body to produce a report even if it isn't party to the Court proceedings, or the individual isn't even their patient. We call upon:

i. NHS England to set up and operate a national recording scheme for trusts for section 49 requests to assess their impact upon clinical services; and
ii. the BMA and NHS employers to negotiate a policy for section 49 assessments that allocates sufficient agreed time set aside for their satisfactory completion and ensures that the care of other patients is not disrupted.

Resolution action still in progress.

Motion BY EMERGENCY MEDICINE SPECIALTY LEAD That this conference:

i. notes that the number of new infections with HIV has fallen significantly appreciably in the UK since 2012, notably by 71% in gay and bisexual men;
ii. believes this reduction to be due to intensified HIV testing, more immediate initiation of antiretroviral medication, and the scale-up of its use as PrEP (Pre-Exposure Prophylaxis);
iii. notes that PrEP is freely available to high risk patients in Scotland and Wales, unlike in England where it is only available to some people through a clinical trial;
iv. notes that at least 15 people have tested positive for HIV while waiting for a place on the clinical trial of PrEP in England;
v. notes that the Secretary of State for Health wants to end HIV transmission by 2030; and
vi. calls on the Secretary of State for Health to make PrEP freely available through the NHS in England immediately.

In March 2020, the government committed to making PrEP available across England.

The BMA has more broadly continued to highlight the importance of adequate funding for public health services (including sexual health service), including calls to reverse cuts to the public health grant in our submissions to the budget and spending review.

Clinical Excellence Awards (CEAs)

Motion BY TRENT RCC That this conference, regarding local English clinical excellence awards:

i. believes that the deal for the new style awards was necessary;
ii. accepts that there is a perception that the new style awards are less attractive;
iii. accepts that it is not possible to determine whether the decreasing number of applications for clinical excellence awards is due to the change in the nature of the award or due to current pension taxation issues;
iv. recognises that 50% of hard working consultants don't receive a clinical excellence award;
v. acknowledges that clinical excellence awards are most often given for undertaking additional work rather than doing excellent work within the job plan;
vi. agrees that additional work should be remunerated prospectively rather than there being a hope of achieving a retrospective award for that work; and
vii. instructs the BMA consultant negotiators to explore the option of converting the clinical excellence award funding into basic pay.

The BMA consultant negotiators have explored the option of converting clinical excellence award funding into basic pay in negotiations, however other stakeholders have not been receptive to this approach so far. We believe that the majority of consultants deliver excellence and we are exploring ways that ensure those consultants are appropriately rewarded and are seeking to move away from the overly competitive system that rewards a small proportion of consultants. However, employers and other stakeholders continue to favour a competitive process. We continue to argue that, as outlined in (iv), many consultants who are working at an excellent level are not receiving local clinical excellent awards (LCEAs). We are also clear that any new scheme must recognise excellent work rather than 'additional' work and continue to negotiate on this basis.

We acknowledge that the pension taxation system has resulted in people being deterred from applying for LCEAs. However, following BMA lobbying there was an increase in the threshold income by £90,000 and as a result the majority of consultants will be removed from the effect of the tapered annual allowance. This should enable the majority of consultants to apply for LCEAs without the risk of financial detriment if they are successful.

We have also produced guidance instructing consultants to ensure that remuneration for additional work is agreed prospectively, rather than consultants seeking retrospective recognition of that additional work, and advising that this is negotiated in advance and confirmed in writing.

Motion BY TRENT RCC That this conference instructs the British Medical Association to determine whether all the funding for clinical excellence awards is being awarded and if not take action against the trusts that are in breach of contract.

At the local level, LNCs continue to be supported by the national BMA structures in challenging Trusts who have not correctly awarded LCEA funding and in bringing forward breach of contract claims. We have had a number of trusts contact us with queries and to date these have all been resolved without legal action. In addition, the 2020 LCEA round was suspended and the money distributed equally amongst eligible consultants. This distribution included the distribution of any unspent LCEA funding from 2018 and 2019. This direction has been issued to Trusts via a joint statement between the BMA and NHS Employers and we are in the process of finalising an amendment to Schedule 30 that will make this a contractual requirement.

Motion BY SOUTHERN RCC That this conference believes that the current CEA scheme discriminates on the basis of age as they are only advantageous to younger consultants who are less likely to be affected by annual allowance taxation. **Passed as a reference.**

LCEAs in England were changed to be non-pensionable in 2018 in exchange for the funding for these being contractually guaranteed. However, this led to an interaction with the tapered AA in that higher earning consultants who received a non-pensionable CEA may have exceeded the threshold income level, resulting in tapering of their AA. In some cases, this led to higher earning consultants, who were often older, being financially disadvantaged if they received such an award.

However, this disadvantage is not caused by the CEA scheme but the unsuitability of the pension taxation system on defined benefit schemes such as the NHS. The BMA has been campaigning extensively to scrap the AA in defined benefit schemes. As a result of our campaigning, the level of the threshold income has been increased from £110k to £200k. This has had the effect of removing the vast majority of consultants from the effects of the taper. Figures from government suggested that only 2% of consultants remain affected by the tapered AA. Whilst this change does not solve all of the problems caused by the AA in the NHS pension scheme, for the majority of doctors it means that they will be able to receive a non-pensionable CEA without exceeding the new level of threshold income.

Workforce and wellbeing

Motion BY EASTERN RCC That this conference believes that with rising tuition fees, a worsening work environment, gradually diminishing pay and conditions, a rapidly worsening pension scheme, and in the face of uncertainty about the future of UK health services, medicine has become an unattractive career choice for the most able students in the UK.

The important issues for consultants highlighted by this resolution are being taken forward under different workstreams within the BMA.

Motion BY SOUTH WEST RCC That this conference believes that, in light of recent widespread voluntary reduction in workloads, the BMA should endeavour to proactively establish a knowledge base of members' current attitudes towards work-life balance and career sustainability in order to more accurately guide policy to reflect Consultants' perceptions of the Consultant job role.
Passed as a reference.

The most effective way of tracking changing consultant attitudes and beliefs will be for the consultants committee to report on annual progress in relation to its retention and workforce recommendations published in the consultant workforce shortages reports for England (2020) and Scotland (2021). LNCs will also play an important role here in terms of regularly gauging local/regional consultant perceptions and reporting on the progress employers are making to improve work-life balance and working conditions.

Emergency Motion BY AGENDA COMMITTEE That this conference has grave concerns regarding the proposal that "out of practice" doctors be brought back into practice to help with the outbreak of COVID-19. Should such deployment occur, this conference demands that:

i. consultants should not be obliged to supervise these doctors; and
ii. these doctors will not be allowed to supervise doctors in training.

Motion was not adopted by UK consultants committee

BMA structure and function

Motion BY LONDON SOUTH RCC That this conference welcomes BMA's drive to achieve gender balance in terms of committee representation but insists that measures to achieve BAME representation are progressed at the same rate.

The best ways to achieve this representation are currently being considered by the consultants committee's equalities working group.

Motion BY NORTHERN RCC That this conference notes the important role of Industrial Relations Officers for BMA members working in hospitals throughout the 4 nations. We call upon BMA council and the BMA treasurer:

i. to increase funding for BMA IROs to increase their availability within employing organisations; and
ii. to undertake a review of the BMAs complex and arcane representative structures with the aim of rationalisation to free resources for key front line representation of members through IROs and EAs.

The BMA representative structures working group is currently exploring the association's democratic structures, and will share its findings and recommendation in due course.

Motion BY TRENT RCC That this conference believes diversity is a factor leading to good performance of committees and organisations.

This conference believes that at least two genders should be represented amongst the three elected members from regional consultants committees to the UK consultants committee.

The consultants committee has worked with RCC chairs to create a new RCC model constitution, which includes a clause about this. It asks that no more than two of the three total representatives sent from a RCC to the UK consultants committee be of the same gender.

Education and training

Motion BY SOUTH WEST RCC That this conference believes that much of the unreasonable bureaucratic and burdensome form filling demanded by HEE and the Royal Colleges from educational supervisors is not linked with any evidence base or visible benefit for trainers or trainees and must be curbed.

The resolution has been noted by BMA's regulation, education and training team and mechanisms for seeking further feedback from members on the specifics of this issue are being considered.

Pay and pensions

Motion BY AGENDA COMMITTEE (LONDON NORTH EAST RCC PROPOSING) That this conference notes that the NHS crisis is being exacerbated by the government's tardy and inadequate response to the pension taxation fiasco, and that doctors are being financially penalised should they undertake additional work to meet the clinical need. In response to this:

i. we call upon the government to immediately reform pension taxation legislation for Defined Benefit pension schemes by adopting the recommendation of the Office of Tax Simplification to remove the annual allowance from defined benefit pension schemes; and
ii. if HMG has not resolved these issues to the satisfaction of the consultant body as determined by ballot before October 2020, this meeting calls upon Council to ballot all eligible members on industrial action in support of our total remuneration package.

Regarding (i): The BMA strongly campaigned against the application of AA and, in particular, the tapered AA in the NHS pension scheme. The campaign was centred around the Office of Tax Simplification (OTS) solution throughout, and included extensive lobbying for urgent reform of the AA tax charges, building awareness of the issue to BMA members and extensive press work. It resulted in the Chancellor announcing in March 2020 a change to pensions taxation that raised the pensions threshold from £110,000 to £200,000. This effectively removed the majority of consultants form the effect of the annual allowance taper.

Although it has fallen short of the BMA's primary ask of scrapping the taper in public sector defined benefit schemes, the changes announced at the budget were significant for members. The pensions committee, recognising that it does not resolve the wider pension taxation issues, has continued to work on this. In light of the recently announced reformed judiciary pension scheme, the BMA is now focusing our efforts on campaigning for the NHS pension scheme to be offered a similar solution of a 'tax unregistered scheme' to mitigate the current punitive pension taxation system.

Regarding (ii): The BMA pensions committee lobbied extensively last year, successfully securing the NHS England and NHS Wales AA repayment scheme for 2019/20. The scheme guarantees that any AA tax charge for eligible clinicians will be compensated for at the time of retirement. The Scottish Government instead implemented a REC (Recycling Employers Contributions) Scheme part way through the 2019/20 tax year, which allowed for payment of the employer pension contributions as additional basic salary at a rate of 18.365%, in addition to employee contributions, which could be saved by opting out of the pension scheme (typically 13.7-14.7%) – both these amounts are subject to income tax and national insurance deductions in the usual way. Unfortunately for Northern Ireland, and despite our best efforts, their government didn't introduce any scheme to mitigate the impact of pension tax charges on doctors for the 2019/20 tax year in this devolved nation. This is inequitable, and we therefore ask the DDRB to support our ask that there be a fair repayment scheme for AA charges across all four nations. We acknowledge that these do not solve the AA taxation problems in its entirety, though they at least attempt to somewhat alleviate them for the 2019/20 tax year.

In addition to this, we have continued to lobby the government via parliamentary briefings and MP questions, repeatedly flagging the impact at the pension scheme governance boards and significant campaigning efforts. We have also submitted extensive evidence to the DDRB to ensure they fully appreciate the impact of pension taxation so that they can take this into consideration in making their recommendation to the government on this year's pay uplift and also support us in our call for AA scrapped in a defined benefit scheme.

Regarding a ballot of the membership, we have not progressed this given the demands on the NHS over the past year as well as the aforementioned schemes being in place. The possibility of balloting members on this issue was also debated at length at council, pensions committee and consultants committee – all of these committees acknowledged the significant movement at the budget (see above) but that ongoing problems remain.

The devaluing of pensions will also form part of our 'Fairness for the Frontline' campaign, which was launched in March 2021.

Motion BY LONDON NORTH EAST RCC That this conference notes that one of the few alternatives that many consultants have to stopping additional work when faced with punitive pension taxation charges is to opt out of the NHS pension scheme. In these circumstances then the employer should pay the employee the contributions that they were making to the employee's pension scheme as this is part of the employee's rewards package. This conference:

i. is dismayed that some employers are not agreeing to recycle employer's pension contributions when they are forced to opt out of the NHS pension scheme;
ii. is dismayed that a group of London NHS Trusts has agreed to offer only 10% recycling when the employer's contribution is 20.6%; and
iii. demands that the government direct all NHS Trusts to introduce FULL recycling of employer's contributions when employees are forced to opt out of the pension scheme in these circumstances.

The pensions committee has continued to look at options to mitigate pension taxation once tax limits have been reached. This includes lobbying the government to ensure that the recycling of employer contributions is mandated for secondary care doctors so that a member's total reward package is maintained. There is a balance to be had to enable members to save for their retirement in a fair manner that also allows them to take on additional work without being penalised by punitive taxation rules.

Recent announcements that an exemption to the punitive effects of pension taxation had been agreed for the judiciary have demonstrated that the government is able/willing to explore solutions to redress the workforce and retention issues caused by pension taxation. Therefore, we will also be pushing the government to offer a similar tax unregistered defined benefit pension scheme for those affected in the NHS.

Consultant contract negotiations

Motion BY EASTERN RCC That this conference calls for all NHS Trusts in the UK to follow the example of Milton Keynes University Hospital in boosting morale and improving staff retention through various initiatives including:

i. free parking for staff;
ii. free refreshments at work;
iii. increase in flexible working opportunities;
iv. increase in special leave; and
v. enhanced wellbeing holiday.
WITH AMENDMENT TO:
– enhanced wellbeing "services".

Regarding (i): Car park charges for staff have been dropped for the duration of the pandemic and we continue to press the NHS and government to ensure that this is made permanent.

Regarding (ii): The BMA's Fatigue & Facilities Charter calls for free refreshments to made available to all doctors within a 'common room' and every hospital in England now has access to funding to implement this.

Regarding (iii): The NHS People plan states that it will be good practice for Trusts to offer flexible working to all staff and that Trust KPIs will take this into account. This will need to be reflected in local system people plans and we'll be monitoring this locally.

Regarding (iv): In our new COVID NHS staff recovery publication, we have called for all healthcare workers to be permitted to take leave as/when they need it and employers must allow staff to carry over any unused leave. We've also identified the importance of employers being supported with additional funding and resource to provide cover for staff when on leave. We've also called for sabbatical leave to be offered as an incentive for established consultants across all stages of their careers. We will now be lobbying for these changes to be introduced.

Regarding (v): We've been actively lobbying NHSEI to expand the national wellbeing offer to NHS staff over the past year. Through our engagement with the NHS People Plan advisory group, and alongside other staff-side trade unions as a member of the Social Partnership Forum, we have helped to shape the evolving NHS health and wellbeing framework, which will be published this spring. We have also called for additional funding for wellbeing, occupational health and psychological services in our submission to the 2020 Comprehensive Spending Review and in a letter to the Chancellor ahead of the March 2021 budget.

Motion BY EASTERN RCC That this conference calls for a nationally negotiated minimum study leave budget, which rises with inflation, to cover necessary study leave expenses to support revalidation.

While a nationally negotiated minimum study budget seems attractive, it may encourage employers to try to reduce existing budgets above this figure down to the minimum. It would be more helpful if consultants committee policy called for study budgets to fully cover all necessary expenses relating to achieving successful revalidation. Consultants working in different specialties are likely to incur different study costs, so a nationally agreed minimum may be unhelpful for many.

Motion BY EASTERN RCC That this conference calls on the BMA to negotiate extra fully paid parental leave for parents of premature babies. **Passed as a reference.**

In March 2020, the Chancellor's Budget announced that parents of premature babies would be given extra statutory paid leave for every week their child is in neonatal care, up to a maximum of 12 weeks. The BMA will be taking the ask of this motion forward in terms of contractual pay when contract negotiations resume.

Devolved nations

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference believes that the introduction of an Individual Duty of Candour with criminal sanctions in Northern Ireland will have negative unintended consequences for both patients and doctors and urges the Minister for Health and the Department of Health (DoH) in Northern Ireland to look to the evidence from around the world, which shows how to promote a just culture shifting from fear and blame when things go wrong, to transparency for learning and improvement as part of the safety agenda.

BMA Northern Ireland (NI) continues to action and progress the work undertaken on the recommendation from the Inquiry into Hyponatraemia Related Deaths (IHRD) report to introduce an organisational and an individual duty of candour with criminal sanctions. Following on from the major conference (Better Culture, Better Care: Creating Trust, Learning and Accountability within Health and Social Care) in December 2019, which positioned key patient safety debates within the themes of creating a better culture, a number of actions and initiatives were undertaken to progress this issue further.

Alongside this, political engagement and a series of events have taken place throughout 2020, including roundtable events in July and November with other healthcare professional organisations and key stakeholders, in order to increase the awareness of the impact that an individual duty of candour with criminal sanctions would have on regulated healthcare professionals. It was important to present a consensus view to refute the introduction of the individual duty of candour with criminal sanctions for regulated healthcare professionals, irrespective of the setting in which they work. A primary care workshop was held in September 2020, where GPs expressed opposition to the introduction of a statutory duty of candour with criminal sanctions and concerns were raised to DoH regarding its introduction.

The statutory duty of candour proposals in the IHRD report have been published for consultation by the DoH. They have announced that a Statutory Duty of Candour and Being Open Framework will create a legal responsibility for all healthcare organisations and individual staff to be honest when things go wrong. In relation to the criminal sanctions component this will apply to organisations but the duty of candour workstream could not come to a consensus on linking criminal sanctions to individuals and as such three options are being consulted on. These are:

1. Go ahead with the O'Hara recommendation
2. Withdraw the criminal sanctions component and leave this to the employer, regulators and professional bodies
3. Separate out the criminal sanctions and create a separate offence for those who withhold, amend information etc.

BMA NI will be engaging with members on this aspect across a number of platforms and responding to this consultation.

Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference is appalled that NI consultants do not have parity of pay compared to consultants elsewhere in the UK. This has been a result of successive failures on behalf of the Department of Health (NI) to adhere to and pay the DDRB uplift in the relevant year, on top of the lack of CEAs. We call on the DoH in Northern Ireland to address this issue immediately by restoring pay parity to enable us to provide safe and timely care for our patients and to assist recruitment and retention issues by making NI a more attractive place to work.

Doctors in Northern Ireland face an added difficulty with the DoH NI continually awarding annual pay awards much later than the rest of the UK, despite assurances that such delays would be reduced in future. In some cases, it can also have a negative impact on their pensions through AA charges arising from their pay being significantly backdated, meaning they are penalised for receiving their pay uplift. We continue to raise concerns with DoH through BMA NI/DoH NI HR Engagement Forum and the Minister for Health in relation to consultant recruitment and retention issues, and emphasise that the continuing lack of pay parity and CEAs will make NI a less attractive place to work. The NI CEAs legal case continues, albeit slowly, with an anticipated court date in early 2022. Pay parity and CEAs remain an integral part of the NI consultants committee's workplan.

Terms and conditions of service

Motion BY AGENDA COMMITTEE (SOUTH WEST RCC PROPOSING) That this conference believes that unilaterally setting terms for locum rates within, for example, STPs worsens rather than prevents the imbalance of provision and cost pressures and should be abolished. The similar practise of setting terms on issues such as recycling employers' pension contributions on a regional basis rather than nationally should also be abolished. We call upon CC to protest to NHS England, NHS Employers and the Department of Health and Social Care about this practice.

The BMA continues to argue for nationally agreed rates of pay rather than pay being set a local/ regional level. During the COVID-19 pandemic, the BMA lobbied NHS Employers and DHSC to agree national rates for extra-contractual work but DHSC refused to sanction this, insisting that this should be determined locally. The BMA continues to lobby for this and has included this in our evidence to the DDRB. In the absence of a national agreement, the BMA has produced sample guidance on extra-contractual work and indicative rates of pay for such work. With regards to recycling of employer pension contributions, the BMA strongly believes that not only should this be available across the UK, but that this should be mandatory and managed at pension scheme level. We continue to lobby DHSC and Treasury on this. In the absence of such a scheme live agreement, the BMA has produced a model policy on the recycling of employer contributions for adoption by Trusts in England. Scotland previously had a national recycling policy in 2019/20 and BMA Scotland continue to lobby for this to be continued.

Motion BY WELSH CONSULTANTS COMMITTEE That this conference condemns examples where hospital managers acknowledge that a service is unsafe but then demand that doctors continue to practice in an unsafe manner, and asks that the BMA:

i. provides resources and commitment to actively support members locally who are placed in this position;
ii. escalates concerns directly to those responsible (Executive Medical Directors); and
iii. takes ownership of patient safety concerns when contacted by more than one member to ensure that an appropriate and independent discussion takes place with those responsible with a view to resolving the concerns as soon as possible (in addition to formal agreed mechanisms).

TAKEN IN PARTS

ii. and iii. – Passed as a reference

The BMA maintains and regularly updates guidance for members, elected representatives and Local Negotiating Committees on raising concerns at work.

In addition, at national level, in England, the BMA is working with other staff representative bodies, including the Royal College of Nursing, and our main stakeholders, e.g. MPs and the Department of Health and Social Care, to lobby for provisions to be included in the new NHS Bill around Secretary of State for Health and Social Care accountability for safe staffing levels and workforce planning. We are also pressing for duties on employers to establish formal risk escalation mechanisms to enable staff to report each instance of unsafe staffing. Under our developing joint proposals, integrated care systems, strategic transformation partnerships and primary care networks would be expected to publish reports for their localities / regions too, whilst the NHS in England, the Care Quality Commission and parliament would also have duties to closely monitor staffing risks and challenges for the NHS.

Scotland already has detailed staffing legislation, i.e. duties for ministers, parliament, Health Improvement Scotland, Health Boards and providers / employers, which include risk escalation and detailed workforce planning, but had to pause the process of developing supplementary guidance for the NHS system whilst the pandemic response is ongoing. This will resume as soon as practically possible.

The Northern Ireland Health Minister has established a safe staffing working group, which includes representation from the BMA. The group is exploring how to deliver safe staffing levels in the NHS as soon as possible.

In Wales, the Health Minister has publicly committed to improving quality across the NHS and BMA Wales has been lobbying to ensure this includes vastly improved workforce planning and projections. The pandemic response somewhat halted lobbying efforts, but these will resume in earnest as soon as practically possible.

Motion BY LANCASHIRE TEACHING LNC That this conference believes that the Job Planning process has become extraordinarily bureaucratic and lengthy with bullying of colleagues. There are numerous sign off phases that take 6 months or more for the cycle to complete before a new one starts again. We demand that the BMA urgently consider the support and representation available to consultants at job planning meetings.

The BMA member relations team sends a Senior Employment Advisor to attend job planning meetings to represent members in cases where there are issues of, for example, ill health or bullying. Members are also represented at job planning appeal hearings. However, the BMA does not have the capacity to send a Senior Employment Advisor to every job planning meeting. There are also meetings that prohibit the presence of third parties.

Motion BY MERSEY RCC That this conference notes the increasing administrative burden placed upon consultants and acknowledges that this is negatively impacting the time available to provide high-quality clinical care. In order to address this:

i. all consultants should be allocated a named personal assistant;
ii. that the amount of personal assistant support allocated should be appropriate for each speciality and the administrative workload of the consultant;
iii. that job plans must appropriately recognise the increased administrative burden, including the increased time for dealing with email correspondence;
iv. that the consultant committee speciality leads should develop guidance on the amount of personal administrative time that should be allocated to consultants working in different specialities, acknowledging that this may vary within specialities; and
v. that the consultant committee speciality leads should develop guidance on how much administrative time should be allocated in job plans for consultants working in different specialities, acknowledging that this may vary within specialities.

The consultants committee undertook a bureaucracy survey in September 2020 looking at bureaucratic barriers that have fallen away as a result of COVID-19, ensuring that the removal of these barriers becomes embedded in NHS culture. We developed a survey to capture the changes that had resulted from needing to respond to the pandemic as quickly as possible. The survey built on the 2019 iteration of the bureaucracy survey, with a view to understanding bureaucracy in consultant roles more broadly, as well as related to the pandemic. The survey was UK wide and we received around 1,800 responses. The results of the survey were used as part of the BMA's response into the DHSC inquiry into bureaucracy.

With regards to personal assistant support the results of the survey found:
– 66% of respondents stated that their department has reduced the availability of administrative/clerical staff to consultants in the last two years
– 76% of respondents stated that they need support from administrative/clerical staff with drafting discharge/consultation letters/test results and reports etc

With regards to job planning the results of the survey found:
– 59% of respondents stated that their job plan stipulates sufficient supporting resources to assist in the administrative aspects of their clinical work
– 58% of respondents stated that sometimes supporting resources stipulated within their job plan were available to them

Regarding (v): This will be considered at the upcoming specialty leads meeting.

Information technology

Motion BY EMERGENCY MEDICINE SPECIALTY LEAD That this conference:

i. notes the expansion in use of Artificial Intelligence (AI) and machine learning in the healthcare setting;
ii. believes that there is little effective regulation in this emerging and highly dynamic field in the UK;
iii. calls for the BMA to lobby for better regulation to ensure that AI/machine learning systems for use in healthcare (including healthcare research) are efficacious, based on current evidence and free of bias; and
iv. calls for the BMA to lobby for all AI/machine learning systems adopted by, or approved by, or endorsed for use in the NHS to be open-sourced. This will allow transparency about how it reaches its conclusions.

Although the pandemic response has delayed progress on this policy area somewhat, each aspect of this resolution remains important for the BMA as initially set out in our 2019 Caring, Supportive, Collaborative NHS IT Vision. The role of UK consultants committee representatives will be vital in helping the BMA to drive this agenda forward on behalf of the whole medical profession.

Motion BY NORTHERN RCC That this conference notes that the current health secretary is particularly keen on the use of modern technology in the NHS. Unfortunately the reality for many consultants on the ground is out dated, poorly functioning Information Technology. This conference calls upon the BMA to lobby for:

i. a significant new investment in NHS IT to upgrade both PCs and network infrastructure within all NHS providers; and
ii. that a minimum standard for IT equipment is agreed within the NHS to ensure rolling replacement programmes occur.

The BMA wrote to NHSX Chief Executive Matthew Gould and consultants committee representatives met with him and other senior colleagues from NHSX to raise both of the points above. NHSX were receptive and have indicated a willingness to work with the consultants committee to better facilitate these calls.

The BMA has repeatedly called for an audit of the IT estate in the NHS in order to better understand where need is and what the cost of meeting it would be. We intend to repeat these calls as the NHS White Paper becomes legislation and passes through parliament.

NHS funding

Motion BY NORTH WEST RCC That this conference calls on the BMA to hold the government accountable for the promises made during the last election. Specifically:

i. that the NHS is not for sale;
ii. to provide the appropriate funds to improve the services provided by NHS;
iii. to increase the number of doctors; and
iv. to increase the number of nurses.

Regarding (i): The BMA health policy team are currently responding to a NHSEI's consultation on a new NHS Provider Selection Regime. The BMA has long campaigned for the end of enforced competitive tendering and against the increased outsourcing of NHS contracts to private, for-profit providers that has led to the fragmentation of services and undermined collaboration. While we have welcomed the removal of competitive tendering, our submission has called for the NHS to be established as the preferred provider of NHS services and that only NHS bodies and providers – including general practice – should be eligible to be awarded contracts without competitive tender.

We continue to highlight the impact of outsourcing of public health services during the pandemic. For example, the BMA submitted evidence to the Public Accounts Committee in January and recently to the National Audit Office on the effectiveness of the Test and Trace system, highlighting that the generous sums of money paid to companies with no relevant public health experience represent a missed opportunity to restore and resource the UK's public health network.

Regarding (iii) and (iv): The BMA will use the recommendations in its consultant workforce shortages reports, as well as existing and emerging analytical evidence and policy from other branch of practice committees (e.g. on public health doctors, clinical academics and GPs) to underpin our ongoing multi-pronged approach to lobbying governments, health departments and NHS bodies responsible for medical and clinical workforce planning, retention, recruitment and wellbeing. This includes securing clear lines of accountability from ministers all the way down to employers, as well as requisite funding/resourcing for the NHS in each UK nation.

Motion BY NORTH EAST RCC That this conference notes that NHS England's Long Term Plan states that reforming outpatient care, including increasing the use of 'remote consultations', via telephone calls, video calls and other 'telemedicine' "will avoid spending an extra £1.1 billion a year on additional outpatient visits were current trends simply to continue." This conference:

i. believes that the cost-savings have been overestimated by NHS England;
ii. notes that NHS England have not explained how they arrived at this figure and demands that they do so;
iii. notes that 'remote consultations' require similar (if not greater) consultant time than face-to-face consultations;
iv. notes that remote consultations require a suitably private room for consultants to undertake confidential discussions with patients; and
v. demands that any proposed reforms of outpatient services are led by patients and clinicians rather than anticipated unrealistic financial savings.

The BMA is in ongoing discussions with central bodies to determine how best to move forward with new expectations to work remotely in a greater proportion of consultations than before. As immediate pressures from the pandemic subside, the BMA will engage with NHSE/I to scrutinise the claims made in the long-term plan and will work to ensure no unrealistic expectations are placed on the consultant workforce with regard to remote consultations.

Motion BY NORTHERN IRELAND CONSULTANTS CONFERENCE That this conference is concerned about the spread of COVID-19 across the UK and several countries across the world since January and calls on the BMA to:

i. use the current BMA COVID page to collate all relevant guidelines and research papers in one hub for ease of member access;
ii. work with BMJ Learning or other providers to produce educational modules on COVID-19 and the relevant Infection Prevention and Control measures and make these available freely;
iii. lobby the Department of Health and Social Care (and devolved equivalents) to update the Fingertips dashboard (or equivalent) to show metrics of relevance to managing and controlling any COVID-19 outbreak, such as confirmed cases by region, hospital and ICU bed capacity/occupancy, COVID-19 related staff absence etc.;
iv. lobby the Department of Health and Social Care (and devolved nation equivalents) to ensure that all hospital refurbishments and builds in the future include a provision for sufficient negative pressure ventilation side rooms in both wards and ICUs; and
v. lobby the Department of Health and Social Care (and devolved nation equivalents) to address the shortage of doctors in infection related specialties as a matter of urgency to ensure that this expertise is retained for the future. **Taken in parts, (iii) passed as a reference.**

Regarding (i): All of the BMA's web guidance on various aspect of COVID-19 can be found on the BMA website.

Regarding (ii): BMJ learning now have a suite of COVID-19 materials.

Regarding (iii): PHE publish a dashboard showing a range of metrics across the UK.

Regarding (iv): The BMA'S 'Rest, Recover Restore' report includes a specific ask on this point.

Regarding (v): This will be taken forward as part of the BMA's general priority to push for medical workforce expansion in each UK nation.

Regulation

Motion BY YORKSHIRE RCC That this conference calls for the BMA to lobby the GMC to reduce charges for doctors to join the specialist register in view of the costs already paid by the members to their training board during training. **Passed as a reference.**

This motion passed as a reference and has been noted by BMA's regulation, education and training team.

'A' motions

Motion BY NORTHERN IRELAND CONSULTANTS CONFERENCE That this conference acknowledges the escalating problem of medical waste which encompasses a broad spectrum from poor stock control allowing equipment to go out of date, to drug wastage, to excessive packaging, to failure recycle packaging etc and calls on the BMA to take a leadership role in raising awareness of this issue and act on the opportunity to save money whilst also helping our ailing planet with a more green agenda.

Last year we published a report on climate change and achieving net-zero emissions in the health service, which included a call for all Trust and health boards to have a policy to reduce single-use plastic waste and to explore and support the sterilisation of reusable medical equipment. On the wider green agenda, we continue to work with the UK Health Alliance on Climate Change (of which we are a founding member). Separately, the general practitioners committee have produced a policy report on sustainable and environmentally friendly general practice.

Motion BY LONDON SOUTH RCC That this conference calls upon the BMA to continue to support all medical EU Nationals working in the NHS following Brexit, including calling for automatic right to remain and access to NHS services for them and for their families.

In the absence of free movement, the BMA called on the government to introduce a flexible immigration system that meets the needs of the health and care sector. EU nationals resident in the UK before the 31 December 2020 are eligible to confirm their residence under the settled status scheme. Those arriving into the UK to work beyond that date have to apply under the new immigration system. Following BMA lobbying, the government introduced the health and care visa in August 2020, where doctors are eligible for a visa at a reduced rate and can expect a decision within five days as well as being exempt from the health surcharge. The BMA welcomed these policy changes, which cut down the huge financial burden for international doctors and their families.

Accordingly, EU nationals and their families, including EU medical students, who have applied under the settled status scheme, or those who have to apply under the new immigration system, will be able to access NHS services.

Motion BY LONDON NORTH EAST RCC That this conference notes that NHS consultants are increasingly being subjected to confrontational and aggressive job-planning strategies co-ordinated by trust management teams. Consultants are often told that this is in the name of 'increasing productivity.' This conference:

i. notes that the national terms and conditions of service of the consultant contract state that a typical consultant job plan should have 7.5 PAs of DCC and 2.5 PAs of SPA;
ii. refutes the assertion that increasing the proportion of DCC in a consultant job-plan makes them more productive;
iii. calls on the medical royal colleges to withhold approval of proposed job-plans that have less than 2.5 PAs of SPA described; and
iv. calls on the BMA to continue supporting consultants in resisting aggressive job-planning.

We continue to support consultants in resisting aggressive job-planning. We have raised this issue multiple times with NHS Employers, and we continue to resist attempts to link other forms of assessment to job planning.

Motion BY OXFORD RCC That this conference condemns the use of torture, beatings, and sexual assaults by the Chilean police which, as indicated by Human Rights Watch, are tantamount to human rights violations perpetrated by the police. Of particular concern has been the widespread use of pellet guns causing serious eye damage to civilians.

The BMA opposes all violations of human rights across the world and believes human rights should be respected everywhere, without exception. This resolution encapsulates this sentiment with respect to the situation in Chile in 2020. No specific action was taken by the BMA on this issue as we have clear rules of engagement on human rights matters meaning we focus on healthcare, assaults on doctors, and doctors complicity in human rights abuses. This is to maximise the BMA's impact and ensure we focus on our areas of expertise. Our rules of engagement can be found on the BMA website here.

Appendix 2.

Standing orders

1. The UK Consultants Conference
The BMA Consultants Committee (CC) shall convene each year a conference of representatives of consultants, specialists and Senior Hospital Medical Staff. The Conference shall be held on a date to be determined by the CC. The Conference shall be known as the UK Consultants Conference.

CC may convene one or more extra conferences at dates to be determined by the CC and Conference Agenda Committee. Such a conference shall be known as a 'Special Conference' and shall usually be called on matters of policy requiring expedient decisions of the representatives of consultants, specialists and Senior Hospital Medical Staff.

2. Members of Conference
The Conference shall be composed of voting and non-voting consultant representatives.

Voting members:
- One consultant representative elected by each NHS Medical Staff Committee or equivalent in the United Kingdom or, where a Medical Staff Committee is not active, the relevant Local Negotiating Committee.
- All voting members of the Consultants Committee.
- The Chair of the Committee for Medical Managers and the CC Specialty Leads.
- 3 consultants elected by the Medical Women's Federation.
- The Chair and Deputy Chair of the Consultants Conference (from the previous year's Conference election).
- All members of the Conference Agenda Committee.

Non-voting members:
- All non-voting members of the Consultants Committee if not otherwise specified below.
- 1 non-voting consultant representative from each organisation that represents doctors from minority groups; the organisations to be those on the list published by the BMA Equality and Diversity Committee.
- 2 General Practitioners appointed by the General Practitioners Committee of the BMA.
- 2 Junior Doctors appointed by the Junior Doctors' Committee of the BMA.
- 2 SAS Doctors appointed by the SAS Committee of the BMA.
- 2 consultants appointed by the British International Doctors Association.
- 1 consultant representative of the Academy of Medical Royal Colleges.

In the event of there being spare places available, these will be allocated on a regional basis to any consultant who wishes to attend.

3. Appointment of Deputies
i. Deputies may be appointed for each representative. They may attend the Conference and act as a representative should the appointed representative be unable to attend.
ii. The responsibility for appointing deputies shall lie either with the body that appointed the representatives or, in the case of regional and national members of the CC, with the relevant regional or national committee. A regional or national committee may, if it wishes, delegate to the CC the responsibility of finding a deputy, who may be appointed from outside the region or nation.
iii. Deputies for those members of the CC elected by the Representative Body shall be appointed by the CC for the representatives from England and by the relevant national consultants committee for the representatives from Scotland, Wales and Northern Ireland.

4. Interpretation of 'Representatives'
Wherever in these Standing Orders the words 'Representative' or 'Representatives' are used they shall mean Representatives appointed under Standing Order 2 and shall include the Deputy so appointed under Standing Order 3 for any Representative who is absent.

5. Eligibility of Representatives
All voting representatives shall at the time of their election be medical practitioners who are or who have within the preceding six months been under contract as a consultant as defined from time to time within the Articles and Bye Laws of the BMA/Standing Orders of the CC.

6. Tenure of Office of Representatives
The Representatives elected to act at the Annual Conference shall continue to hold office until the commencement of the succeeding Annual Conference, unless the CC is notified to the contrary by the Committee or Subcommittee concerned.

7. Composition of the Agenda

a. Motions, amendments and riders for the Conference Agenda may be submitted by Medical Staff Committees (or LNCs), the regional and national consultants committees and the CC, its subcommittees and the specialty leads. Motions, amendments and riders submitted to the Conference Agenda must include a proposer and seconder from the constituent body with the exception of motions, amendments and riders submitted by specialty leads. The seconder for a motion, amendment or rider submitted by a specialty lead should be seconded by a consultant from the same broad specialty. The proposer and seconder must include contact details when the motion is submitted, including their email address and/or their phone number.
b. Subject to the next following subsection, there shall not be included in the Agenda any motion which has not been received by the Secretary of the CC by a date to be determined annually by the CC. Any amendment or rider (submitted by a Committee or Subcommittee) to any items on the Agenda must be notified to the Secretary of the CC by 12 noon on the Friday of the week preceding the week in which the Conference takes place.
c.
    i. There may be included in the agenda such other motions, amendments or riders (or composite motions, amendments, or riders as the case may be) which have been set down for consideration by the ARM of the BMA, as may be recommended by the Conference Agenda Committee or Joint Agenda Committee to facilitate debate on matters pertaining to the business of Conference.
    ii. There may be included in the Agenda 'topical motions' on events that have occurred since the deadline for motions and before the start of the final meeting of the Conference Agenda Committee before conference. It shall be the decision of the Agenda Committee whether such motions submitted are 'topical' and pertaining to new business which could not have been foreseen prior to the deadline for submission of motions and should be put to the conference for debate. Time shall be set aside in the second session of conference for debate on topical motions. Any amendments or riders to topical motions must be submitted to the Agenda Committee by 11.00am on the day of Conference.
    iii. Emergency motions on events that have occurred since the final meeting of the Agenda Committee may be submitted to the Conference Agenda Committee. It shall be the decision of the Agenda Committee whether such motions submitted are 'emergencies' and should, therefore, be put to the conference for debate. Amendments to Emergency Motions will only be acceptable if designed to obtain minor textual clarification of the motion.
d. No motion to rescind any resolution of a previous Conference shall be in order unless it is passed by a two thirds majority of those members of Conference present and eligible to vote. The Chair of Conference shall indicate at the beginning of the debate on those motions which he considers would constitute a reversal of Conference policy and which would accordingly require a two thirds majority.

e. In addition to the motions prioritised by the Conference Agenda Committee, representatives will be invited to indicate motions (other than those already scheduled to be discussed) which they would like to see given preference for debate during the meeting. Representatives will be invited to indicate ~~up to three~~ one item~~s on a form~~ electronically which should be completed and returned in advance ~~on~~ of the ~~morning of~~ Conference. The ~~THREE~~ most popular item~~s~~ selected will then be prioritised for debate under the "Chosen Motion~~s~~" section of the agenda.

8 Motions not published in the Agenda

Motions not included in the Agenda shall not be considered by the Conference with the exception of:

a) Motions covered by Standing Order 10 (Order of Business), 11 (Time limit of speeches), 14(h) (Motions for adjournment or that the vote be taken), 14(i) (Motions that the Conference proceed to next Business), 22 (Suspension of Standing Orders), and 23 (withdrawal of Strangers).
b) Motions relating to votes of thanks, messages of congratulations or of condolence.
c) Composite motions replacing two or more Motions already on the Agenda and agreed by Consultants' Conference Agenda Committee mentioned in Standing Order 7 (a).

9. Motions not dealt with

Should the Conference be concluded without all the Agenda having been considered, and motions (except those prefixed by the Agenda Committee with an "A" or "AR" under SO 18c(iii) and (iv)) not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the CC. Any motions prefixed by the Agenda Committee with an "A" or "AR" not considered at the close of Conference shall not require to be referred back to the sponsoring constituency but shall stand as policy of Conference.

10. Order of Business

a) The order of business may, in exceptional circumstances be varied at any time by the vote of two thirds of those present and voting.
b) Prior to the beginning of debate, representatives will receive the Standing Orders of the Conference and a notification of any amendments. In the event that any representative wishes to raise an objection to the Standing Orders or any amendment thereof, he/she shall submit his/her request in writing, indicating his/her reasons to the Agenda Committee prior to 5pm the evening before the commencement of the Conference. The Chair shall have discretion to allow the member concerned to address the Conference for not longer than two minutes and shall thereafter ascertain the wishes of the Conference.

11. Speeches

a) Time limit of speeches:
   i. A Member of the Conference proposing a motion shall be allowed to speak for three minutes.
   ii. The speech introducing the report of the CC by the Chair (or Deputy) of the CC shall be limited to 10 minutes.
   iii. During debate of 'P' motions as defined under SO 17(c)(ii) and other open microphone sessions speeches shall be limited to one minute.
   iv. All other speeches on a motion under debate both for and against, shall be limited to two minutes.
   v. The Conference may at any time reduce the time to be allowed to speakers and in exceptional circumstances a speaker may be granted an extension of time as Conference permits.
b) Notification of an intention to speak in any debate (with the exception of open microphone sessions) shall usually be by the filling out of a 'speaker slip' to be handed in to the Agenda Committee before the commencement of debate. Members must indicate on which debate they wish to speak and whether they are 'for' or 'against' or if they are proposing the motion. Under exceptional circumstances and only with the permission of the Chair may members speak during a debate having not filled out a speaker slip.

12. Voting

Only 'voting members' of the Conference as defined in SO2 shall be entitled to vote at the conclusion of debates and in elections.

13. Mode of Voting

Voting shall be by ~~show of hands, voting cards or~~ such electronic methods as may be approved by the Conference Agenda Committee from time to time; ~~unless a formal division is demanded by 20 members of the Conference, signified by their rising in their places, in which case the names and votes of the Members present shall be recorded~~. In the event of an equality of votes, the Chair shall have a casting vote to be used at their discretion.

14. Rules of Debate

a) A Member will stand whenever possible to speak and shall address the Chair.

b) Debates on all motions, amendments and riders shall proceed as follows:
   a. The Proposer of the motion
   b. Speakers on the motion (either for or against, generally to be taken alternately)
   c. The Chair of CC (or their Deputy) and/or Chief Officers to reply to the debate
   d. The Proposer in reply to the debate
   e. Voting

c) A Member shall not speak more than once on any motion, amendment or rider, but the mover may reply at the end of debate, and in their reply shall strictly confine themselves to answering previous speakers and shall not introduce any new matter into the debate.

d) "P" Motions as defined under SO 17(c)(ii) shall normally be debated as 'open microphone' sessions ~~without the use of speaker slips other than for the proposer of the motion.~~

e) No amendment to any motion, amendment or rider, save those put forward by the Conference Agenda Committee to facilitate debate under SO 7(c) shall be considered unless a copy of the same with the names of the proposer and seconder and their constituencies has been ~~handed in writing~~ forwarded to the Chair, before the commencement of the session in which the motion is due to be moved, except at the discretion of the Chair. Such late amendments will only be acceptable if designed to obtain minor textual clarification of the motion, amendment or rider. Amendments which substantially change the meaning of the original motion will not be accepted.

f) Whenever an amendment to an original motion has been moved and seconded, no subsequent amendment shall be moved until the first amendment has been disposed of, but notice of any number of amendments may be given.

g) If an amendment be carried, the amendment or motion, as amended, shall take the place of the original motion, and shall become the question upon which any further amendment may be moved.

h) If it be proposed and seconded that the Conference do now adjourn or that the debate be adjourned, or that the vote be taken, such motion shall immediately be put to the vote without discussion, provided always that the Chair shall have the power to decline to put to the Conference the motion that the vote be taken. If a motion that the vote be taken is carried by a two-thirds majority, the Chair of Committee or other duly authorised spokesman of the Committee, shall be permitted to respond and the mover of the original motion shall have a right of reply before the vote.

i) If it be proposed and seconded that the Conference move to next business without further debate or vote, the Chair shall have power to decline to put such a motion to the Conference. If the motion is accepted by the Chair the proposer of the preceding motion, amendment or rider shall have the right to reply to the relevant debate and the proposal to move to next business before the motion to move to next business is put to the Conference (without prejudice to the right to reply to new matter if the original debate is ultimately resumed). A two-thirds majority of those present and voting shall be required to carry a proposal that the Conference move to next business.

j) In the event that any member objects to a motion having an "A" or "AR" designation, the "A" or "AR" shall be removed from the motion and the motion will not be debated or passed as policy (unless the motion becomes a chosen motion).

15. Election of Chair and Deputy Chair

a) At each Conference a Chair and Deputy Chair shall be elected who shall hold office from the termination of that Conference until the termination of the next following Conference. All voting members of the Conference shall be eligible for nomination.

b) Nominations for Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

c) Nominations for Deputy Chair must be in writing and delivered to the Returning Officer on the day of the Conference.

16. All resolutions passed by the Conference shall lapse as policy after 5 years unless reaffirmed by Conference. The Agenda Committee shall recommend in a motion to Conference those resolutions to be reaffirmed for a further 5 years and Conference shall vote on that motion. Amendments may be put to that motion to exclude or include individual resolutions.

17. Conference Agenda Committee

a) The Agenda Committee shall consist of:
- The Chair and Deputy Chair of the Conference
- The Chair and Deputy Chairs of the CC
- 6 members elected by the Conference at least one of whom must not have previously been a member of CC or the Conference Agenda Committee

b) Nominations for the Agenda Committee for next year's conference must be handed in on the prescribed form before or on the day of the Conference, the voting, if any, taking place during the afternoon session. Any voting Member of the Conference may be nominated for the Agenda Committee.

c) The duties of the Agenda Committee shall be:

i. to group items covering substantially the same topic(s) with a bracket, and mark with an asterisk that item which it recommends for debate. If the Committee considers that no motion, amendment or rider in the group adequately covers the ground, the Committee shall have power to draft a composite motion, amendment or rider. The Committee or Subcommittees submitting the motions so grouped shall be informed of the decision of the Agenda Committee, and if anyone raises objection in writing prior to the day of the Conference, the matter shall fall to be decided by the Conference. The mover of an Agenda Committee composite motion shall be the constituency whose motion is first in the bracket immediately below the Agenda Committee's motion;

ii. ii. to identify the most important topics in the Agenda, and select for priority in debate an appropriate number of motions or amendments on those topics which it deems of outstanding importance. Such motions or amendments shall be printed in heavy type and be given the prefix "P";

iii. iii. to prefix with a letter 'A' those motions which it considers to be reaffirmation of existing policy or which are regarded by the Chair of the CC as being non-controversial, self-evident or already under action or consideration, 'A' motions will not be voted on separately but will be presented in an appendix at the end of the agenda and automatically become policy of the conference;

iv. to prefix with the letters 'AR' any motions relating to new matters which the Chair of the CC is prepared to accept for further consideration without debate as a reference.

v. to make recommendations to the Conference as to the order of the Agenda, and the conduct of the business of the Conference;

vi. to consider, and if thought fit, to make recommendations under Standing Order 7(c).

vii. consider those resolutions which are due to lapse as policy and to recommend to conference which of them should continue to be policy. In making their decision the Agenda Committee shall consider whether the resolution has been superseded by events or by new policy or is out of date.

viii. to shade grey motions which it considers should not be prioritised for debate. Such motions shall be listed at the end of any relevant timed section of the agenda but not usually debated. These motions are however eligible to be chosen as per SO 7(e).

18. Joint Agenda Committee
The two Representatives of the Conference Agenda Committee to be appointed to the Joint Agenda Committee in accordance with By-Law 53(1) of the By-Laws of the BMA shall normally be the Chair of Conference and the Chair of the CC.

19. Visitors to CC
Conference may propose Conference Representatives to CC to take up office immediately after Conference until the following Conference. Any consultant member of Conference may stand subject to the rule that they shall not have previously sat as an ordinary member of CC or as a previous visitor via any other visitor scheme. The number of such Conference Representatives and their method of appointment shall be determined annually by the CC and notified to members of Conference.

20. Returning Officer and method of Election
The Secretary of the BMA or a deputy shall act as Returning Officer in connection with all elections. All elections by Conference shall be by the Single Transferable Vote method.

21. Chair's Decision
Any question arising in relation to the conduct of the Conference, which is not covered by these Standing Orders, or relates to the interpretation of the same, shall be determined by the Chair, whose decision will be final.

22. Suspension of Standing Orders
Any one or more of the Standing Orders may be suspended by the Conference provided that two thirds of those present and voting shall so decide.

23. Withdrawal of Strangers
It shall be competent at any time for a Member of the Conference to move that persons who are not Members be requested to withdraw, but it shall rest on the discretion of the Chair to submit or not to submit such motion to the Conference.

24. Press
Representatives of the Press shall be admitted to the Conference only on the understanding that they will not report any matters which the Conference decides should be regarded as private.

25. Quorum
No business shall be transacted at any Conference unless there be present at least one third of the number of Representatives appointed to attend such Conference.

26. Minutes
Minutes shall be taken of the proceedings of the Conference and the Chair shall be empowered to approve and confirm such Minutes.

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