

Consultants conference 2022 resolutions



5 A47CC22 **Motion BY CONSULTANTS CONFERENCE AGENDA COMMITTEE**

That this conference believes that work life balance is increasingly important for consultants and that achieving this is increasingly difficult within the NHS. As a result, we call upon the BMA to:

- i) Support job planning approaches that value work life balance, including the development of materials to aid this such as model job plans.
- ii) Further develop “Retire and Return” arrangements within the NHS.
- iii) Meaningfully support consultants who wish to leave the NHS and be employed either within the charitable or private sectors.
- iv) Support consultants who wish to work abroad either temporarily or permanently by developing links with other doctors associations, providing a database of contacts and relevant requirements for doctors moving in either direction.
- v) Support extension of the flexible provisions relating to annual leave that were introduced in response to the Covid 19 pandemic.

8 A14CC22 **Motion BY EASTERN RCC**

That this conference urges the BMA to lobby the government to reconsider current draconian Adult Dependent Relative (ADR) visa rules which prevent elderly parents of international medical graduates to join their children working in the NHS.

9 A42CC22 **Motion BY MERSEY RCC**

That this conference believes that Emergency Departments across the UK are persistently severely crowded impacting on the safety of both patients and staff. The volume of attendances has increased substantially over 2021 with departments managing higher numbers of patients than previously recorded with no additional geographical space or staffing resource. This conference calls for:

- i) An urgent government led nation-wide public health campaign advising the public of alternative healthcare providers
- ii) A mandate from the government that individual staff members and organisations will not be held legally accountable if redirecting members of the public from the front door of the ED to an alternative service that is deemed suitable for their needs.
- iii) All governments to provide funding for departments with poor ventilation and undifferentiated patients to enable installation of appropriate air filtration or ventilation systems.

TAKEN IN PARTS – (i) and (iii) CARRIED, and (ii) CARRIED AS A REFERENCE

10 A44CC22 **Motion BY MERSEY RCC**

That this conference acknowledges that emergency departments UK wide are suffering from severe, sustained crowding which is detrimental to both patient safety and staff safety. The recent RCEM crowding report notes high numbers of preventable deaths related to ED crowding. Emergency department crowding is reflective of whole system failure. This conference calls for:

- i) Corridor care to be classed as a never event
- ii) An urgent nation-wide review into Emergency Department staffing ratios with clear, defined minimum staffing levels set
- iii) A nation-wide review into the scale of current bed shortages
- iv) Urgent funding for the social care sector to enable the discharge of medically fit but socially unsafe patients from hospitals

- 11 A12CC22 **Motion BY EASTERN RCC**
- That this conference acknowledges that appraisal and revalidation are here to stay and asks the BMA to work with the GMC, NHSE and other interested parties to:
- i) Ensure that the light-touch appraisal spearheaded by Appraisal 2020, with a focus on wellbeing, should remain in place for the foreseeable future
 - ii) Ensure revalidation is a smooth process that does not place unrealistic demands on doctors
 - iii) Revalidation should reflect the nature of the doctor's job and, therefore, Responsible Officers should exercise discretion upon which requirements are essential and which are dispensable, and that this should be tailored to each individual
- 12 A11CC22 **Motion BY SCOTLAND CONSULTANTS COMMITTEE**
- That this conference calls on the BMA to demand that the GMC fitness to practice procedures:
- i) focus investigations on referrals alleging significant breaches of Good Medical Practice;
 - ii) conduct all investigations in a more timely manner than is currently the case
 - iii) do not impose sanctions on vulnerable doctors in order to send a message to the wider medical profession
 - iv) commit to trauma-informed practice, recognising the impact of their investigations on subjects
 - v) commit to, at the very least, direct fact finding with the subjects of their investigations rather than relying entirely on 3rd party contributions to make their decisions
- 13 A21CC22 **Motion BY SOUTHERN RCC**
- That this conference notes that Consultants are increasingly being asked to deliver extra work over and above the work described in the 2003 consultant contract. We request that the Consultants Committee publish clear recommendations for the rates of pay consultants should be paid for extra contractual work including the following:
- a) Weekend on site working
 - b) On site working at night
 - c) Additional on calls over and above the frequency in the job plan
- 14 A10CC22 **Motion BY LONDON SOUTH RCC**
- This meeting recognises that consultant remuneration, including pay and pensions, has been significantly eroded for more than a decade, and calls for a Royal Commission into consultant remuneration.
- CARRIED AS A REFERENCE**
- 16 A27CC22 **Motion BY NORTHERN IRELAND CONSULTANTS COMMITTEE**
- That this conference agrees with the DDRB in saying that delays to the pay award process in NI continue to be unacceptable, including the recent payment of two awards in one year leading to AA charges for the majority of NI consultants through maladministration of process. We call on the BMA to lobby for:

- i) Previous pay awards to be correctly allocated to the relevant year for the purpose of Pension Input Amounts where the pay award was delayed beyond the same tax year.
- ii) The immediate introduction of pension mitigation strategies to allow consultants the ability to control the amount they pay into their pension.
- iii) An assurance that all future pay awards are paid within three months of the DDRB's recommendation, to allow accurate tax returns and time for certain mitigations to be arranged (e.g. taking unpaid leave).

TAKEN IN PARTS – (i) CARRIED AS A REFERENCE, AND (ii) and (iii) CARRIED

51 A23CC22

Motion BY SOUTH WEST RCC

That this conference believes that the BMA should stop trying to prop up the NHS it had opposed at its inception, and return to representing and advocating for doctors as their trade union and professional association, whomsoever they may work for

18 A49CC22

Motion by NORTH EAST LONDON RCC

That this conference deplores the invasion of Ukraine, a sovereign European state, by Russian armed forces and wishes to express support for the Ukrainians that are suffering the consequences of this outrageous action and solidarity with Ukrainian medical colleagues. We call on the UK government to urgently remove the immigration barriers that are preventing Ukrainian citizens from seeking refuge in the UK.