

Conference News

Annual Conference of Local Medical
Committees Representatives
18 and 19 May 2023

Part I: Resolutions

Part II: Election results

Part III: Remainder of the agenda

PART I
ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2023
RESOLUTIONS

SURVIVAL OF GENERAL PRACTICE

4. That conference requests that the BMA supports GPC UK by undertaking a series of FOI requests to:
- (i) determine the number of practices which have been dispersed; merged; novated; or reprocedured via APMS across the UK
 - (ii) determine the total cost of NHS-funded management consultancies across the UK since the contracts were devolved to single nations
 - (iii) extrapolate how many patients are now 'without' a GP assuming recommended ratio of 1 whole-time equivalence to registered list size
 - (iv) then publicise the real crisis around a depletion of patient choice, and fractured continuity of care by the destruction of general practice.

Carried nem con

Proposed by Ben Curtis of Cambridgeshire LMC

GMC

5. That conference thanks the GMC for confirming they will not act against junior doctors taking industrial action and demands that the same pledge be extended to GPs, should they also invoke their legal right to take industrial / coordinated action.

Carried unanimously

Proposed by Paul Evans of Gateshead and South Tyneside LMC

COST OF LIVING CRISIS

6. That conference notes with dismay the destabilising effect of rapidly increasing expenses and energy costs which are being absorbed by GP practices and instructs GPC UK to negotiate an urgent package of support measures for all practices.

Carried nem con as a reference

Proposed by Conor Moore of Northern Ireland Conference of LMCs

COLLAPSE OF THE NHS

7. That conference acknowledges patients are increasingly seeking healthcare privately, including travelling abroad for surgery. We call on the GPCs to work with appropriate authorities and stakeholders to:
- (i) ensure patients are not required to seek approval from their NHS GP prior to accessing private healthcare
 - (ii) obligate private providers to inform patients of the total cost of recommended investigations, treatments and follow-up, highlighting these may not be provided by their NHS GP
 - (iii) obligate private providers to act upon investigations undertaken, and not simply pass results or further management suggestions onto NHS GPs to action
 - (iv) ensure that those who cannot access required follow up are not left without adequate specialist care
 - (v) ensure any involvement in a patient's care by an NHS GP as requested by a private healthcare or insurance provider is remunerated appropriately.

Parts (i), (ii), (iii), and (v) carried

Part (iv) carried nem con

Proposed by David Reid of Forth Valley

GP WORKING SCHEDULES

8. That conference:
- (i) believes referring to GPs as "full time", "part time", or "full time equivalent" in terms of numbers of "sessions" worked fails to capture the real hours worked by many GPs
 - (ii) demands that any new BMA model contract or new GMS contracts define GP working schedules in terms of hours rather than sessions
 - (iii) demands that any workforce data collection (eg for NHS workforce planning) be done on the basis of hours worked, not contracted sessions.

Parts (i), (ii), (iii) carried

Proposed by Bethan Roberts of Conference of England LMCs

UK SALARIED MODEL CONTRACT

9. That conference believes that the model contract for salaried GPs must be strengthened, with improved advised rates of pay, and calls on GPC UK and the Sessional GP Committee to:
- (i) rapidly arrange mechanisms to renegotiate the model contract, with ongoing review reinstated

Stem carried

Parts (i) carried

Proposed by Lucy-Jane Davis of GP Trainees Committee

THE ROLE OF THE EXPERT GENERALIST

10. That conference recognises that GPs have a key role in primary care with providing continuity, dealing with complex physical and psychosocial presentations whilst leading the MDT team and:
- (i) agrees that GPs are expert medical generalists whose training allows them to deal with complexities in patient presentations that no other members of the primary care team can
 - (ii) recognises the importance of RCGP exam and CCT to ensure GPs have been trained to a high standard to enable them to deal with the complexities involved in being a GP in 2023
 - (iii) demands the GMC immediately merge the specialist register with the GP register and recognise the profession as specialists in primary care
 - (iv) calls on UK government to appreciate this key role GPs play by rebranding GPs as consultants in family medicine

Stem carried

Parts (i), (ii), (iii), (iv) carried

Proposed by Samantha Fenwick of Grampian LMC

PRIMARY CARE

11. That conference believes that the terms primary care and general practice are neither synonymous nor interchangeable and believes that:
- (i) general practice is part of primary care
 - (ii) primary care funding is being used to obfuscate a lack of funding in general practice
 - (iii) appropriate recognition be given to the specialism of general practice in all arenas.

Carried unanimously

Proposed by Roger Scott of Liverpool LMC

PRIMARY CARE DOCTORS - MAJOR ISSUE DEBATE

12. That conference asks GPC to reject the GMC's proposed changes to the Performers' List to enable non-CCT holders to work within general practice as primary care doctors.

Carried

Proposed from the chair

GP RECRUITMENT AND RETENTION

16. That conference believes that more strident efforts should be taken to induce medical students and newly qualified doctors to choose general practice as their medical career path, and calls upon governments to provide financial incentives:
- (i) that provide an MOD-style sponsorship for GP VTS
 - (ii) that include a medical student debt cancellation scheme
 - (iii) with eligibility based on a prescribed number of years' service as a salaried or principal GP.

Parts (i), (ii) and (iii) carried

Proposed by Liam Hosie of Wigan LMC

17. That conference is aware that in some areas 86% of GP trainees are NHS naïve at the point of entry to training. These require much more assistance than those with NHS knowledge. A fully funded NHS induction course is needed for this group of trainees as is extra reimbursement, to recognise the extra workload for their trainers.

Carried nem con

Proposed by Claire Barnsley of Wakefield LMC

MRCGP

18. That conference, in respect of the MRCGP examination:
- (i) asks GPC UK and its component committees to lobby and work with RCGP and other stakeholders to ensure no GP trainee is forced to extend their training due to lack of availability of examination sittings
 - (iv) notes the significant financial impact MRCGP examination and mandatory RCGP membership fees have on GP trainees and calls upon GPC UK and its component committees to lobby governments and education bodies to fund the first attempt at MRCGP examinations.

Parts (i) and (iv) carried

Proposed by Sara Bodey of North Wales LMC

GP TRAINEES CONFERENCE

19. That conference notes the significant value GP trainees derive from attending LMC conferences across the UK. We call on:
- (i) GP trainees committee to organise an annual UK GP trainees conference

Part (i) carried

Proposed by Andrew John Wilson of GP Trainees Committee

GPC UK

20. That conference, with respect to GPC UK:
- (i) expects the committee to represent the interests of all GPC committees and focus on addressing pan-UK issues affecting all components GPC committees, including sessional and GP trainee committees
 - (ii) demands clarity on the composition of GPC UK
 - (iii) expects any changes to the composition of GPC UK to allow it to function as intended, focusing on pan-UK issues, without any one component committee dominating the membership of the committee.

Parts (i), (ii) and (iii) carried

Proposed by Annie Farrell of Liverpool LMC

PROFESSIONAL STANDARDS

22. That conference recognises the incredible strain that GPs and other doctors across the UK are working under, and:
- (i) calls on regulators to be cognisant of these pressures when investigating and responding to complaints related to stresses upon the system
 - (ii) applauds the move to a light touch, supportive, wellbeing focused appraisal process adopted in Scotland during the pandemic and supports the maintenance of this approach to appraisal going forward in all four nations
 - (iii) rejects any assertion that GPs must use commercial packages for the presentation of appraisal evidence, insists that appraisal evidence can always be presented without cost to the appraisee, and instructs GPC UK to negotiate to this end.

Parts (i), (ii) carried unanimously

Part (iii) carried

Proposed by Chris Palmer of Lothian LMC

PUBLIC HEALTH

23. That conference notes how the effects of the Strep A campaign in December 2022 caused widespread panic and unprecedented demand that could not be met by a system under pressure and:
- (i) calls on governments and public health bodies to take into consideration the wider system effects of sending public health messages around single diseases
 - (ii) calls on governments and public health bodies to perform a comprehensive significant event analysis of the effects of national communications surrounding the Group A Streptococcal outbreak in December 2022
 - (iii) believes that GPs are not responsible for the management of communicable disease outbreaks as this is the role of public health believes that general practice is not responsible for the management of asymptomatic communicable disease contacts, as it is the role of public health protection teams to arrange chemoprophylaxis
 - (iv) calls on the relevant national agencies to ensure mechanisms are put in place to commission the prescribing of any necessary and timely treatments.

Parts (i), (ii), (v) carried unanimously

Parts (iii) and (iv) carried

Proposed by Selvaseelan Selvarajah of Tower Hamlets LMC

FUTURE FORMATS FOR CONFERENCE

25. That conference believes that the current format of the UK conference of LMCs is no longer as relevant compared to nation specific conferences due to the divergence of contracts across the four UK nations (and the consequent limited number of UK issues for debate). Conference therefore requests a wholesale review of the current format of the UK Conference of LMCs, and such a review to report back in advance of the 2024 UK conference of LMCs and to include reflections on:
- (i) relevance to all four UK nations and subject matter for debate
 - (ii) timing and length of conference
 - (iii) cost of conference including costs for individual LMCs
 - (iv) method of attendance including virtual and hybrid options
 - (v) recommendations for future formats.

**The motion received a 2/3 majority necessary due to cost implication arising from the motion and was carried
Proposed from the chair**

THE INDEPENDENT CONTRACTOR

26. That conference supports protection of the independent contractor model of GP partnership and believes that:
- (i) the GP partnership model is deliberately portrayed as inefficient and unsustainable in order to facilitate abolishment of the partnership model and a transition to a salaried service
 - (ii) the current model has the ability to thrive, if provided with adequate primary care funding alongside greater GP involvement and autonomy in key decision making.
- (Supported by COVENTRY)

Part (i) carried

Part (ii) carried nem con

Proposed by Karen Somal of Warwickshire LMC

FIREARMS

27. That conference notes the tragic loss of life in Plymouth in August 2021 and the subsequent renewed media attention on firearms licensing. Conference:
- (i) believes that assessment of eligibility to possess firearms is a matter for police forces, not GPs
 - (ii) believes that the role of GPs in the licensing process is to provide medical facts, not provide an opinion on eligibility
 - (iii) demands that BMA work with representatives of police forces and government to agree processes whereby relevant factual information can pass from the GP data controller to the police directly, reducing the possibility of an applicant tampering with the information provided
 - (iv) demands that the work involved in delivering firearms licensing be properly resourced, for example through a fee paid by the applicant

Parts (i), (ii), (iii) and (iv) carried

Proposed by Mark Green of Berkshire LMC

PRIVATE PRACTICE

28. That conference notes that unlike dentists and pharmacists, GPs cannot currently offer many private services to their NHS patients, and believes that:
- (i) GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are not routinely offered by the NHS
 - (ii) GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are routinely offered by the NHS but are not accessible in a time frame that the patient deems reasonable
 - (iii) GPs can be trusted to manage potential conflicts of interests arising from offering paid for services to their NHS patients
 - (iv) the BMA should state that the wellbeing of its members is a higher priority than the delivery of NHS services.

Parts (i), (ii) and (iii) carried

Part (iv) carried as a reference

Proposed by Stefan Kuetter of Buckinghamshire LMC

PAY RESTORATION

- 270 (29) That conference applauds the organisation and courage of the Junior Doctors' Committee and:
- (i) fully supports junior doctors in England in their strike action and drive for pay restoration
 - (ii) demands a similar approach to be taken by GPs for full pay restoration for general practice
 - (iii) believes GPs must consider industrial action to achieve full pay restoration for general practice

Stem carried unanimously

Part (i) carried unanimously

Parts (ii) and (iii) carried

Proposed by Mark Green of Berkshire LMC

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES MAY 2023

ELECTION RESULTS

Chair of UK Conference

Katie Bramall-Stainer

Deputy Chair of UK Conference

Matt Mayer

GPC UK

Manu Agrawal

Rachel Ali

Catherine Chapman

Mark Coley

Andrew Cowie

Lisa Harrod-Rothwell

Zishan Syed

Early career GP to be cop-opted on to GPC – Mairi Elizabeth Reid

The outcome of the Agenda Committee election won't be announced until after this year's ARM.

PART III

REMAINDER OF THE AGENDA

UK SALARIED MODEL CONTRACT

9. That conference believes that the model contract for salaried GPs must be strengthened, with improved advised rates of pay, and calls on GPC UK and the Sessional GP Committee to:
- (ii) ensure that salary rates are increased to reflect pay restoration, with a view to protecting the profession in a time of crisis
 - (iii) amend the model salaried GP contract to be consistent, by including the BMA safe working limits of 25 patient contacts per day.

LOST

Proposed by Lucy-Jane Davis of GP Trainees Committee

THE ROLE OF THE EXPERT GENERALIST

10. That conference recognises that GPs have a key role in primary care with providing continuity, dealing with complex physical and psychosocial presentations whilst leading the MDT team and:
- (v) calls on governments to include leadership of MDT as a contractual requirement with appropriate funding and time for this role.

LOST

Proposed by Samantha Fenwick of Grampian LMC

PRIMARY CARE DOCTORS - MAJOR ISSUE DEBATE

These motions were not debated due to motion 12 being carried, as per the format of the major issue debate.

13. That conference believes that medically qualified doctors who are not on the GP Performer's List could provide valuable workforce capacity within general practice, if undertaking work within their scope, or under supervision.

Submitted on behalf of Avon LMC

14. That conference respects the significant contributions of sessional and staff grade (SASG) doctors to the health system both in primary and secondary care, and:
- (i) notes that (non-training grade) doctors delivering primary medical services are currently required to be on the GMC's GP register and also to be on a performers list
 - (ii) notes that sessional and staff grade (SASG) doctors working in secondary care settings do not have to be on either a performers list, or the GMC GP or specialist registers
 - (iii) demands that any move to employ non training grade doctors, who are also not on the GP register, in GP settings must only occur in a strictly controlled pilot programme, set up to assess outcomes for those doctors and for general practice
 - (iv) recommends that BMA explore the potential to recognise both "GPs" and "non training grade doctors working in general practice", similar to the system of employing consultants and SASG doctors in secondary care.

Submitted on behalf of Oxfordshire

FUTURE OF GP TRAINING

15. GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is spent in a primary care setting.

LOST

Proposed by Gerard McHale of GP Trainees Committee

274. *GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is spent in a primary care setting. **When based in primary care, no GP registrar should be rostered for any secondary care out-of-hours shift as part of their training.***

Rider rejected as motion 15 was lost.

MRCGP

18. That conference, in respect of the MRCGP examination:
- (ii) calls on all GPCs to work with the RCGP towards a system that will offer GP trainees who score under 480 on selection four- or five-year training at the outset rather than waiting for them to “fail” their examinations
 - (iii) believes that single sitting, "big bang" RCGP exams such as AKT are no longer an appropriate assessment and calls for them to be replaced by an educationally evidence based assessment

LOST

Proposed by Sara Bodey of North Wales LMC

GP TRAINEES CONFERENCE

19. That conference notes the significant value GP trainees derive from attending LMC conferences across the UK. We call on:
- (ii) GPDF to fund an annual UK GP trainees conference.

Failed to secure a 2/3^{rds} majority necessary due to cost implications arising from the motion thus fell

Proposed by Andrew John Wilson of GP Trainees Committee

LMC GOVERNANCE

21. That conference has concerns about the overarching governance of LMCs and requests that GPDF and NI GPDF investigate how they may support accountability and consistency across LMCs.

Failed to secure a 2/3^{rds} majority necessary due to cost implications arising from the motion thus fell

Proposed by Chris Palmer of Avon LMC

DEATH CERTIFICATION

24. That conference demands that regulations should be modernised around death certification and expanded to include other qualified health care professionals completing certification if they have been involved in a patients care.

LOST

Proposed by Catherine Chapman of North Yorkshire LMC

FIREARMS

27. That conference notes the tragic loss of life in Plymouth in August 2021 and the subsequent renewed media attention on firearms licensing. Conference:

- (v) believes that current electronic flagging systems or “firearms markers” on GP medical records are unlikely to improve public safety and should be removed.

LOST

Proposed by Mark Green of Berkshire LMC