Agenda committee members 2019

Alan Stout, NIGPC chair

Brendan O’Hare, Chair of conference and Western LMC

Frances O’Hagan, Southern LMC

David Ross, Eastern LMC

Ian Kernohan, Northern LMC
Welcome from the chair of conference

I am delighted to welcome you all to the 2019 Annual Conference of Northern Ireland Local Medical Committees at the Merchant Hotel, Belfast.

The NILMC conference offers an important opportunity for GPs across Northern Ireland to influence policy of the BMA (NIGPC) Northern Ireland’s GP Committee. It is a chance to ensure the NIGPC negotiators understand your priorities and concerns and to provide your thoughts and ideas to improve general practice for the future. The motions you submit, and the policy formed are also communicated to stakeholders, including the Department of Health and the Health and Social Care Board.

The conference starts at 10.30am prompt (with registration at 10.00am). We will break for lunch at 1.00pm and conference will reconvene at 2.00pm before continuing with the conference debates.

This year our themed debate is 'addressing the needs of younger and older GPs'. We will welcome Dearbhla McManus and Arnie McDowell to the stage where they will give us their views on issues affecting them at their different stages of the journey as a GP.

Just after lunch we welcome to our conference, important influencers in the area of transformation, Sharon Gallagher and Chris Matthews. We will get a chance to hear first-hand their thoughts on how general practice is progressing and a Q&A and debate on 'is general practice turning the corner?'. I would also like to welcome our colleagues from GPC UK to our conference.

The conference will end at approximately 5pm. A drinks reception will be held at 7pm with dinner at 8.15pm. The entertainment for the evening will be provided by Ursula Byrne, a very talented performer who describes her act in five words 'dangerous harping; comedy; performance; unclassifiable', so we look forward to that!

Northern Ireland is going through a period of uncertainty and change; for example, we have had a 7% reduction in the number of GP practices from 2014 and an 11% increase in the number of patients per GP practice, with 52,500 new patients registered during 2018-19. The good news is that we are also seeing an increase in the numbers of GPs and this is now at 1,334, a 13% increase from 2014.

Sustaining the partnership model is key to the survival of general practice and a number of initiatives have been developed and are progressing. Every practice now has access to a pharmacist to help with workload and the development of multi-disciplinary teams is ongoing and increasing. Issues such as premises and indemnity as well as the impact on pensions due to changes in taxation rules are ongoing challenges and are reflected in the motions to conference.

So, we have a lot of areas to debate.

I am delighted to chair conference this year and I would like to thank the agenda committee for their support in putting together what we hope will be an interesting programme. I look forward to seeing you at conference and hearing your views.

Best wishes,

Brendan O’Hare
Conference chair
## Conference programme

### Schedule of business – 16th November 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
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<tbody>
<tr>
<td>10.00</td>
<td>Registration</td>
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<tr>
<td>10.30</td>
<td>Opening business</td>
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<tr>
<td>1.</td>
<td><strong>Welcome</strong></td>
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<td><strong>Receive</strong>: Opening address by Brendan O’Hare, Chair NILMC 2019 &amp; the delegate list be received.</td>
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<td>2.</td>
<td><strong>Standing orders</strong></td>
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<td></td>
<td><strong>Receive</strong>: The Chair (on behalf of the Agenda Committee) that the standing orders be adopted as the standing orders of the meeting (appendix 1).</td>
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<td>3.</td>
<td><strong>Resolutions of conference 2018</strong></td>
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<td></td>
<td><strong>Receive</strong>: Resolutions of the 2018 Annual Conference of Local Medical Committees (NI) (appendix 2).</td>
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<td>4.</td>
<td><strong>Statement of accounts</strong></td>
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<tr>
<td></td>
<td>Treasurer of NIGPC, Arnie McDowell: that the annual statement of accounts for year end 30.06.19 be received (appendix 3).</td>
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<td>5.</td>
<td><strong>Report from Chair NIGPC</strong></td>
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<td></td>
<td>Report to conference from Alan Stout, Chair NIGPC.</td>
</tr>
<tr>
<td>10.50</td>
<td><strong>Conference of Northern Ireland Local Medical Committees</strong></td>
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<td></td>
<td>Prior to the commencement of the motions debate, please note standing order 7(v) (e) &amp; 8. ‘A’ motions are considered to be a reaffirmation of existing conference policy. They shall be put to conference without debate.</td>
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<tr>
<td>11.35</td>
<td>Themed debate – addressing the needs of younger and older GPs</td>
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<tr>
<td>13.00</td>
<td>Lunch</td>
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<tr>
<td>14.00</td>
<td>Themed debate – Are we turning a corner? Sharon Gallagher, Deputy Secretary, Transformation, Planning and Performance Group, and Chris Matthews, Director of Primary Care, both from the Department of Health.</td>
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<tr>
<td>17.00</td>
<td>Finish with tea/coffee/biscuits</td>
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<tr>
<td>19.00</td>
<td>Drinks reception followed by dinner</td>
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Tips and things to remember

This agenda and guide
Please read this agenda, it contains all the information that you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to the debates on behalf of your LMC.

Standing orders
The procedures of the NILMC conference are covered by the Standing Orders, a copy of which accompanies this guide. These set out the formal rules of conference and there are times when they need to be rigidly applied. The NILMC conference usually adopts a relatively informal and interactive debating style.

Rules of debate
Standing order 9 explains in detail the rules of debate for this conference. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from representatives who signal to the chair that they wish to speak. The chair might ask who wants to speak for or against a motion, so that a balanced view is put across. When the chair asks representatives to vote, this shall be carried out by a show of hands. It may be proposed that a motion, if passed by conference, is taken as a reference. This means that the motion would not constitute conference policy, but that NIGPC would consider how best to take forward the sentiment of the motion.

Time constraints apply to all speeches. Three minutes are allowed for the proposer, no other speech from the floor shall exceed two minutes and this is indicated by ‘traffic lights’ located adjacent to the speakers’ podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.

Conference expenses and subsistence: for representatives only (excl observers and invited guests)
Expenses forms will be available on the day which delegates can fill out and return to Karen George at BMA Northern Ireland. Delegates can only claim travel expenses.

Feedback
We value your feedback and use this each year in designing the next year’s conference. Please complete your evaluation form and leave it in the box at the registration table at the end of the conference.

Media coverage at conference
You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in the national press. The BMA NI communications team are present at the event and will be posting updates on twitter throughout the event. Please follow on #NILMC19

We are grateful to our sponsors for this year:
Chase de Vere
GMC
Conference agenda

'A' Motions are included in the conference pack as per standing order 8.

10.50 Joint Law Society /BMA Consent Form
10.55 GMS
11.15 Government
11.25 Brexit
11.35 Themed debate: Addressing the needs of younger and older GPs
12.15 Education, training, research
12.35 Richard Vautrey – Chair GPC UK
13.00 LUNCH
14.00 Sharon Gallagher and Chris Matthews, Department of Health.
   Themed debate: Are we turning the corner? Q&A
14.40 GP Federations
14.50 Multi Disciplinary Teams (MDTs)
15.15 Premises
15.20 Indemnity
15.30 Pensions
15.40 Out of Hours
15.50 Pharmacy and prescribing
16.05 Secondary care
16.15 Urgent care review
16.20 Waiting times
16.25 Red flag referrals
16.35 End of life planning
16.40 Patient safety
16.45 And finally...

A motions
Motions which the agenda committee consider to be a reaffirmation of existing conference policy. They shall be put to conference without debate.

Education, training, research

A WLMC
That this conference calls on Northern Ireland General Practice Committee (NIGPC) and the Health and Social Care Board (HSCB) to put specific measures in place recognising the specific challenges rural communities and rural GPs face due to perceived and real accessibility issues for patients to primary and secondary care, geographical challenges and rural deprivation. Therefore (additional) support for rural GP/GP trainees should be in place through additional funding for retention and training structures with succession planning in mind.

Safeguarding

A ELMC
That this conference instructs NIGPC to work with all interested parties to direct the coordination of adequate resource, training and support for all GPs in regard to child and adult safeguarding.

Secondary care

A SLMC
That this conference calls on consultants to instruct their secretaries to stop asking GPs to write a letter to expedite their overdue appointments.
NILMC motions for debate

Joint Law Society/BMA Consent Form
10.50-10.55

1. **NILMC**
   That this conference commends NIGPC on its coordination with the Law Society of Northern Ireland in producing a joint consent form for patients/clients in addressing the mechanism of requesting patient notes under the GDPR legislation.

General medical service
10.55-11.15

2. **NILMC**
   That this conference instructs NIGPC to continue negotiating local enhanced services based on agreed principles that payment is dependent on work performed rather than estimates based around funding envelopes.

3. **ELMC**
   That this conference looks to the preparatory work for the 2003-4 contract and reiterates to HSCB that payment for enhanced services is payment for new work and looks to ensure that there is consistency across Northern Ireland in ensuring that this work is recognised uniformly.

4. **ELMC**
   That this conference recognises that provision of complex dressings is having significant impact on practice resources and calls on NIGPC to negotiate what dressings can and should be done under the umbrella of GMS services, and consider developing an appropriately resourced service for training and delivery of this is primary care.

5. **SLMC**
   That this conference calls on NIGPC to seek funding for the training of primary care administrative staff.

Government
11.15-11.25

6. **NILMC**
   That this conference calls for the immediate appointment of an accountable and responsible Minister of Health to address the crisis that is unique to the National Health Service in Northern Ireland.

7. **WLMC**
   That this conference calls on NIGPC to ask the Department of Health NI (DoH) to rationalise the delivery of healthcare in Northern Ireland by categorically outlining the future role of the HSCB and the integrated care dept, how this will change and who exactly will perform these roles. There is a need for clarity and certainty.

Brexit
11.25-11.35
WLMC
That this conference calls on NIGPC and the DoH to protect the settlement status of European doctors working in Northern Ireland and contributing to their communities after Brexit.

NLMC
That this conference condemns the lack of consideration towards the healthcare needs of the population of the UK and specifically Northern Ireland by political representatives local and national, throughout the Brexit process.

Themed debate: Addressing the needs of younger and older GPs 11.35-12.15

The themed debate will be conducted under Standing Order 9. The motions submitted by each LMC in this section considered by the Agenda Committee best covered by this theme are included in the agenda here and are numbered 10 to 16.

Dearbhla McManus and Arnie McDowell 11.35-11.45

Debate: Addressing the needs of younger and older GPs 11.45-12.15

WLMC
That this conference calls on NIGPC and the HSCB to rural proof their workforce planning by ensuring medical students are placed in rural settings as this will impact on GP recruitment in rural areas.

WLMC
That this conference calls on NIGPC and the BMA NI to convene a group, in collaboration with the Northern Ireland Medical and Dental Training Agency (NIMDTA), to look at the reasons why doctors finishing F2 are not entering training and find solutions to these issues.

ELMC
That this conference calls on the Royal College of General Practice (RCGP) to amend their curriculum for GP training to put a much greater emphasis on practice management and leadership of primary care teams and calls on NIMDTA to facilitate this throughout the 3-year training period.

ELMC
That this conference directs NIGPC to support and work collaboratively with DoH to look at ways to attract and recruit Northern Ireland domiciles from under-served and deprived areas into medical training, in keeping with the findings of the 2019 Gardiner Report.
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<tr>
<th></th>
<th><strong>SLMC</strong></th>
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<tr>
<td>14</td>
<td>The Agenda Committee, to be proposed by SLMC, that conference calls on NIMDTA and demands a review of the support and guidance provided to returning GPs and to provide clear guidelines for GPs mentors. This will facilitate consistent engagement of all GPs and maintain the appraisal process and a return to practice.</td>
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<td>The Agenda Committee, to be proposed by SLMC, that conference calls on NIMDTA and demands a review of the support and guidance provided to returning GPs and to provide clear guidelines for GPs mentors. This will facilitate consistent engagement of all GPs and maintain the appraisal process and a return to practice.</td>
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<td>16</td>
<td>That this conference calls on NIGPC and the HSCB to audit the intentions of GPs nearing retirement with a view to supporting them to continue in practice. This is particularly critical in Fermanagh where one third of the workforce will be drawing their pensions in the next two years and primary care will be decimated if they are not retained.</td>
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<tr>
<td>17</td>
<td>The agenda committee, to be proposed by SLMC, that conference calls on the DoH to review the remuneration given to GPs dedicated to the mentoring of returning GPs and to our returning GP colleagues. The current remuneration package across both is seen as humiliating and degrading and we demand that this is reviewed as a matter of urgency for such important groups.</td>
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**Education, Training, Research**

**12.15-12.35**

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<tr>
<td>17a</td>
<td>That this conference calls on NIGPC to ask the DoH on how they plan to address the medical workforce crisis in the north west following the recent statement from the head of the civil service that he is not willing to fund a medical school in the north west.</td>
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**ELMC**

- That this conference recognises that, due to the rapidity of change within the HSC, NIGPC directly supports increasing the number of medical school places in keeping with our English and Scottish counterparts. This includes further lobbying the need for a Northern Ireland postgraduate medical school.

**WLMC**

- That this Western LMC calls on NIGPC to recognise the value of a Graduate Entry Medical School (GEMS) to general practice in the west of Northern Ireland and petition the DoH to accelerate the opening of this school.

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<tr>
<td>18</td>
<td>That this conference calls on the HSCB to streamline the process for returning GPs to be accepted on the GP performers list.</td>
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<th><strong>WLMC</strong></th>
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<td>19</td>
<td>That this conference calls on NIGPC to ask the DoH to assess the cost effectiveness of using allied health professionals to deliver medical services in a generic setting such as primary care compared to increasing the number of doctors. The results of this will lead to more informed decisions regarding investment in the education and training of the health professionals of the future thereby ensuring that our health service is fit for purpose in the long term.</td>
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20  **ELMC**
That this conference directs NIGPC:
(i) to actively work with LMCs to upskill committee members in issues relating to practice stabilisation
(ii) to work with other GP organisations to develop meaningful leadership training for GPs of all age groups

21  **WLMC**
That this conference calls on NIGPC to work with the RCGP to highlight the benefits of a vibrant and active GP research department(s) within NI.

**Richard Vautrey – Chair GPC UK**
12.35-13.00

**LUNCH**
13.00-14.00

**Sharon Gallagher and Chris Matthews, DoH**
14.00-14.40

**Themed debate: Are we turning the corner? Q&A**

**Federations**
14.40-14.50

22  **SLMC**
That this conference believes that GP federations continue to be a success and that NIGPC will endeavour to use its influence to ensure future projects are piloted and rolled out as equitably as possible across all federations.

*23  **ELMC**
That this conference directs NIGPC to actively work with GP federations and the HSCB to secure access to a fully funded occupational health service for all current and future employees of the GP federations.

23 a  **WLMC**
That this conference calls on NIGPC and the HSCB to re-evaluate the distribution of additional funds through the structure of GP federations as it is not based on objective population needs assessment but on competitive tender using subjective needs assessment. This is creating health inequalities.

**Multi disciplinary teams**
14.50-15.15

*24  **NLMC**
That this conference instructs NIGPC to ensure that the HSCB ensures a roll out of multi-disciplinary teams (MDT) for primary care is highlighted allowing the planning to progress in the provision of the necessary infrastructure and funding.
24 a  **ELMC**  
That this conference instructs NIGPC to work with integrated care to acknowledge the increased workload and administration burden of the new MDT services on the practice staff and in particular the practice managers. It calls for adequate resources and training to ensure these new services can be implemented efficiently at practice level without compromising the function of the practices.

24 b  **SLMC**  
That this conference commends the roll out of multidisciplinary teams and instructs NIGPC to negotiate full coverage on an accelerated timetable with the DoH.

24 c  **ELMC**  
That this conference looks to PHA and HSCB that self-referral to Allied Health Professionals is equitable across the region and that the current variance is removed.

25  **WLMC**  
That this conference calls on NIGPC to ensure there are no further delays to the roll out of practice-based pharmacists and MDTs and their benefits are felt by all GPs and areas as soon as possible.

26  **ELMC**  
That this conference directs NIGPC to actively lobby the HSCB to secure additional resources for the GP crisis/ rescue team which includes nursing and administrative capacity, as gaps in non-medical cover can also tip a practice into crisis.

27  **SLMC**  
That this conference acknowledges the many different innovations in primary care delivery, including the use of paramedic practitioners, and instructs NIGPC to negotiate recurrent funding for the continued delivery of this programme of work and roll out across other areas.

28  **WLMC**  
That this conference calls on NIGPC and the HSCB to invest in interprofessional education in the context of the current GP recruitment crisis and the extension of multidisciplinary teams in primary care to ensure the teams learn how to work in collaboration and thereby achieve better patient outcomes, improved efficiency and healthcare professional work morale.

**Premises**  
15.15-15.20

29  **NLMC**  
That this conference instructs NIGPC to seek why there is a continued hiatus between the DoH / Trusts / HSCB getting a basic service level agreement for primary care practices who are tenants of Trusts.

**Indemnity**  
15.20-15.30

30  **WLMC**  
That this conference calls on the DoH to offer financial support with defence organisation fees to GP locums. This high cost is deterring many from working in general practice and they are choosing hospital SHO locum roles instead.
**Pensions**

*31* **NLMC**
That this conference calls upon the DoH to address the inequity regarding indemnity for primary care in Northern Ireland.

*a* **SLMC**
That this conference demands increased funding of GPs indemnity costs in view of the fact that NHSE has agreed a scheme in England.

**Out of Hours**

*35* **ELMC**
That this conference recognises that the current GP out of hours (OOH) service is no longer fit for practice and instructs NIGPC to develop an options paper for future models of out of hours care, that both defines the service to be provided and the estimated cost.

This should then be shared with the wider profession for a period of consultation, and the results passed to the HSCB and DoH.

*a* **ELMC**
This conference reiterates its opposition to the local development of an NHS111 service in any guise.

**SLMC**
That this conference calls on NIGPC to support the removal of patient choice regarding what out of hours base they are seen in. We suggest patients should only be seen in their designated bases, except in exceptional circumstances.
Pharmacy and Prescribing
15.50-16.05

37 SLMC
That this conference calls on NIGPC to instruct the HSCB to liaise directly with community pharmacies in relation to dispensing the most cost effective generically (non-branded) produced drugs.

38 NLMC
That this conference supports the new models of prescribing process which is trying to harmonise all non-medical prescribing issues across Northern Ireland so that patients get the correct medication/device from the most appropriate source without having to default to a general medical practitioner.

39 ELMC
That this conference asks that HSCB and PHA adopt or mirror the England and Wales guidelines around health care workers giving vaccinations in practices via a patient specific directive. Not doing so is otherwise a deterrent to delivering this vital service.

Secondary Care
16.05-16.15

40 ELMC
That this conference calls on NIGPC to reiterate to trust chief executives and medical directors to recognise and act on the issue of Med3s for hospital stays and expected recovery periods for inpatients and patients having regular treatment at hospital.

41 ELMC
That this conference believes that good liaison between LMCs and HSC Trusts is essential to achieving the goals of the Bengoa Report (Systems, Not Structures) and instructs LMCs to seek regular formal meetings with the Clinical Directors of the Trusts (at least quarterly) and the respective LMCs to ensure that the common goals are being progressed.

Urgent Care Review
16.15-16.20

42 NLMC
That this conference calls for NIGPC to highlight the role of General Practice in the Urgent Care Review to ensure the interface sequelae of any of its recommendations in primary care are highlighted.

Waiting times
16.20-16.25

*43 NLMC
That this conference demands a duty of candour from the DoH and HSCB with regard to the true nature of outpatient waiting lists/times and specifically highlight those that are deemed ‘not safe’ to allow the referring clinician to take the appropriate action with their patients care.
43a  **ELMC**

That this conference instructs NIGPC to lead a public debate on the current waiting times, which are an indicator of a non-service, and to develop a list of practical proposals to improve the situation for patients, if possible, in conjunction with consultant colleagues.

**Red Flag Referrals**

*16.25-16.30*

44  **ELMC**

That this conference calls on the HSCB, as the commissioner of services:

(i) to carry out a comprehensive review of the current red flag referral guidelines, given the severely restricted capacity available to appropriately manage those referrals in a safe and timely fashion.

(ii) To work with Trusts to develop fast tract processes for patients where the diagnosis has already been made in the GP surgery.

**End of life planning**

*16.35-16.40*

45  **SLMC**

The Agenda Committee, to be proposed by SLMC, that conference instructs NIGPC to engage with the Regulation and Quality Improvement Authority (RQIA) and other professional bodies to clarify the process around end of life planning for patients in care home settings.

**Patient safety**

*16.40-16.45*

46  **ELMC**

In the light of recent issues and patient recalls, conference directs NIGPC to work with DoH to lay out plans for a variance guardian or trusted friend at Trust senior management level to whom GPs could report soft concerns that they identify within a Trust.

**And finally...**

*16.45-finish*
Wellbeing support services

COUNSELLING | PEER SUPPORT
0330 123 1245

Our wellbeing support services are open 24/7 to all doctors and medical students. They’re confidential and FREE of charge.

Call us and you will have the choice of speaking to a counsellor, or taking the details of a doctor who you can contact for peer support.
Appendix 1

Conference of Representatives of Northern Ireland Local Medical Committees – Standing orders

1 Annual conference
The NI General Practitioners Committee [NIGPC] shall convene annually a conference of representatives of local medical committees.

2 Special conference
A special conference of local medical committees may be convened at any time by the NIGPC. No business shall be dealt with at the special conference other than that for which it has been specifically convened.

Membership

3 The members of conference shall be:
   i. the chair and deputy chair of the conference;
   ii. all elected or co-opted members of local medical committees;
   iii. the members of the NIGPC.

Interpretations

4 i. ‘Members of the conference’ means those persons described in standing order 3.
   ii. ‘The conference’, unless otherwise specified, means either an annual or a special conference.
   iii. ‘As a reference’ means that any motion so accepted does not constitute conference policy but is referred to the NIGPC to consider how best to procure its sentiments.

Standing orders

5 Motions to amend
   i. No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the NIGPC or a local medical committee.
   ii. Except in the case of motions from the NIGPC, such notice must be received by the Chair of the NIGPC not less than 20 days before the date of the conference.
   iii. The NIGPC shall inform all local medical committees of all such motions, of which notice is received not less than 10 days before the conference.

6 Suspension of
Any decision to suspend one or more of the standing orders shall require a two thirds majority of those representatives present and voting at the conference.
The agenda

i. Shall include:
   a. Motions, amendments and riders submitted by the NIGPC, and any local medical committee. These shall fall within the remit of the NIGPC, which is to deal with all matters affecting practitioners providing general medical services under the HPSS Orders, any Act/Order amending or consolidating the same, (including any proposed secondary or primary legislation), and to watch the interests of those practitioners in relation to those Orders/Acts.

ii. Any motion which has not been received by the NIGPC within the time limit shall not be included in the agenda.

iii. The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.

iv. When a special conference has been convened, the NIGPC shall determine the time limit for submitting motions.

v. Shall be prepared as follows:
   a. Priority motions: An appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the agenda committee (Chair of NIGPC, Chair of Conference and Committee Secretary) for priority in debate. Such motions shall be prefixed with the letter ‘P’ and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.

b. Grouped motions: motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. If any local medical committee submitting a motion so grouped objects in writing before the first day of the conference, the removal of the motion from the group shall be decided by the conference.

c. Composite motions: If it is considered that no motion or amendment adequately covers a subject, a composite motion or an amendment shall be drafted which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.

d. Rescinding motions: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters ‘RM’.

e. ‘A’ motion: motions which are considered to be a reaffirmation of existing conference policy, or which are regarded by the chair of the NIGPC as being noncontroversial, self-evident or already under action or consideration, shall be prefixed with a letter ‘A’.

f. ‘AR’ motions: motions which the chair of the NIGPC is prepared to accept without debate as a reference to the NIGPC shall be prefixed with the letters ‘AR’.
Procedures

i. Motions prefixed 'A' or 'AR' shall be put to the conference, without debate, unless any local medical committee indicates prior to the first day of the conference that it wishes such a motion to be proposed and debated normally. The chair shall have the discretion to allow the motion to be debated normally, or else, at the appropriate time, the local medical committee’s representative shall be allowed to address the conference for not more than two minutes. The chair shall then ascertain the wishes of the conference.

ii. An amendment shall – leave out words; leave out words and insert or add others (provided that a substantial part of the motion remains and the original intention of the motion is not enlarged or substantially altered); insert words; or be in such form as the chair approves.

iii. A rider shall – add words as an extra to a seemingly complete statement; provided that the rider is relevant and appropriate to the motion on which it is moved.

iv. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included on the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair’s discretion. For the first session, amendments or riders must be handed in before the session begins.

v. No amendment or rider shall be moved to a priority motion unless such amendment or rider has been published in the supplementary agenda, or is made by the chair, or by the agenda committee.

vi. No seconder shall be required for any motion, amendment or rider submitted to the conference by the NIGPC, a local medical committee, or the joint agenda committee, or for any composite motion or amendment produced by the agenda committee under standing order 7(v)(c). All other motions, amendments or riders, after being proposed, must be seconded.

Rules of debate

i. A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.

ii. Every member of the conference shall be seated except the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.

iii. A member of the conference shall not address the conference more than once on any motion, or amendment, but the mover of the motion, or amendment may reply, and, when replying, shall strictly confine themselves to answering previous speakers. They shall not introduce any new matter into the debate.

iv. Members of the NIGPC, who also attend the conference as representatives, should identify in which capacity they are speaking to motions.

v. The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.

vi. The chair shall take any necessary steps to prevent tedious repetition.
vii. Whenever an amendment or a rider to an original motion has been moved and seconded, no subsequent amendment or rider shall be moved until the first amendment or rider has been disposed of.

viii. Amendments shall be debated and voted upon before returning to the original motion.

ix. Riders shall be debated and voted upon after the original motion has been carried.

x. If any amendment or rider is rejected, other amendments or riders may, subject to the provisions of standing order 9(vii), be moved to the original motion. If an amendment or rider is carried, the motion as amended or extended, shall replace the original motion, and shall be the question upon which any further amendment or rider may be moved.

xi. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or ‘that the question be put now’, such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion, ‘that the question be put now’. If a motion, ‘that the question be put now’, is carried by a two-thirds majority, the chair of the NIGPC, and the mover of the original motion, shall have the right to reply to the debate before the question is put.

xii. If it is proposed and seconded that the conference ‘move to the next business’, the chair shall have power to decline to put the motion; if the motion is accepted by the chair, the chair of the NIGPC, and the proposer of the motion, or amendment under debate, shall have the right to reply to the debate, but not to the proposal to move to the next business, before the motion is put, 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 the next business’

xiii. Proposers of motions shall be given prior notice if the NIGPC intends to present an expert opinion by a person who is not a member of the conference.

xiv. All motions expressed in several parts and designated by the numbers (I), (II), (III), etc shall automatically be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.

xv. Any motion, amendment or rider referred to the conference by the joint agenda committee shall be introduced by a representative, or by a member, of the body proposing it. That representative, or member, may not otherwise be entitled to attend and speak at the conference, neither shall she/he take any further part in the proceedings at the conclusion of the debate upon the said item, nor shall she/he be permitted to vote. In the absence of the authorised mover, any other member of the conference, deputed by the authorised mover, may act on their behalf, and if there is no deputy, the item shall be moved formally by the chair.

### Allocation of conference time

i. The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.

ii. Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee’s report.
i. A period shall be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from constituencies of conference.

iv. Priority motions (defined in standing order 7(v)(a)) in each block shall be debated first.

v. Grouped motions, referred to in standing order 7(v)(b), which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.

vi. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders to them, which cannot conveniently be allocated to any block of motions.

vii. Motions prefixed with a letter 'A', (as defined in standing order 7(v)(e)) if not reached in the time allocated to motions in that block, shall be formally moved by the chair of the conference to be accepted without debate, before moving on to the next group of motions.

Motions not published in the Agenda

11 Motions not included in the agenda shall not be considered by the conference except those:

i. covered by standing orders relating to time limit of speeches, motions for adjournment or ‘that the question be put now’, motions that conference ‘move to the next business’ or the suspension of standing orders.

ii. relating to votes of thanks, messages of congratulations or of condolence.

iii. relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.

iv. which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the local medical committees concerned.

v. prepared by the agenda committee to correct drafting errors or ambiguities.

vi. that are considered by the agenda committee to cover ‘new business’ which has arisen since the last day for the receipt of motions.

Quorum

12 No business shall be transacted at any conference unless at least one third of the number of representatives appointed to attend are present.

Time limit of speeches

13 i. A member of the conference, including the chair of the NIGPC moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chair may extend these limits with the agreement of the conference members.
ii. The conference may, at any period, reduce the time to be allowed to speakers, whether in moving resolutions or otherwise, and that such a reduction shall be effective if it is agreed by the chair.

Voting

14

i. Only representatives of local medical committees (elected/co-opted member) may vote.

Majorities

ii. Except as provided for in standing orders 9(xi) and 9(xii) (procedural motions), decisions of the conference shall be determined by simple majorities of those present and voting, except that the following will also require a two-thirds majority of those present and voting:
   a. any change of conference policy relating to the constitution and/or organisation of the LMC/conference/NIGPC structure, or
   b. a decision which could materially affect NIGPC funds.

iii. Voting shall be by a show of hands.

Recorded votes

iv. If a recorded vote is demanded by 10 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.

v. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections

Chair

15

i. A chair shall be elected by the members of the conference to hold office from the termination of the BMA’s annual representative meeting (ARM) for a two-year term.

ii. The conference chair must be an elected/co-opted member of an LMC. In the event of the incoming chair no longer being an elected/co-opted member of an LMC then the deputy-chair shall take the conference chair.

iii. In the event of both the incoming chair and deputy no longer being elected/co-opted members of an LMC, the NIGPC Chair shall make an appointment to the conference chair.

iv. Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00am.

Deputy chair

16

i. A deputy chair shall be elected by the members of the conference to hold office from the termination of the ARM for a two year term.

ii. Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00am.
17 Returning officer
The Secretary of the BMA, or a deputy, nominated by the Secretary, shall act as returning officer in connection with all elections.

The press
18 Representatives of the press may be admitted to the conference, but they shall not report on any matters which the conference regards as private.

No Smoking
19 Smoking shall not be permitted within the hall during sessions of the conference.

Chair’s discretion
20 Any question arising in relation to the conduct of the conference, which is not dealt with in these standing orders, shall be determined at the chair’s absolute discretion.
Appendix 2

Resolutions of the Annual Conference Of Northern Ireland Local Medical Committees held on Saturday 17 November 2018

Support

1 That this conference thanks Dr Tom Black for his tenure as NIGPC chair and welcomes his successor Dr Alan Stout to the role.

Contract negotiations

2 That this conference recognises that the Enhanced Service mechanism is no longer sustainable as the only way to bring funding into practices and directs NIGPC to seek investment into core funding as its number one negotiating priority this year.

3 That this conference instructs NIGPC to negotiate additional funding to address the increasing salary needs of our support staff.

4 That this conference requests NIGPC ensure our Department of Health apply the best of and proven measures applied in England, Scotland or Wales in an attempt to maintain our service. Watered down indemnity and sickness cover arrangements have taken too long to come about and fall short of what is needed

Premises

5 That this conference recognises that premises issues are rapidly becoming one of the most significant threats to the viability of practices going forward. It directs NIGPC to seek ways to:
   i. Modernise the now badly outdated regulations
   ii. In the absence of any current constructive help from DOH or HSCB, Conference instructs NIGPC to produce a credible plan for buying premises from retiring partners or third party landlords to avoid further practice collapses
   iii. Aim to provide a primary care estate fit to deliver the multidisciplinary vision of the GP led review.

6 That this conference demands that NIGPC negotiate a Primary Care Capital Building Scheme with the Department of Health that ensures a revenue tail to allow the expansion that is required to facilitate the transformation necessary for patient care.

7 That this conference calls on the department of health to adopt the Scottish scheme for optional purchase/buyback of GP Premises. Taken as a reference

Federations

8 That this conference demands that NIGPC ensures that it is not a two-tier approach in developing GP Federation based services from the HSCB and ensures equitable provision going forward. Taken as a reference
Partnership model/contracts

That this conference accepts that the present GP Partnership model may no longer be the preferred choice for a significant number of GPs and is contributing to the present recruitment crisis. Conference instructs NIGPC to begin to examine alternative ways of being contracted to work in General Practice and therefore help recruitment to the profession.

That this conference believes general practice in NI needs immediate support from the Department of Health for the partnership model to include initiatives such as golden hellos and retention incentives.

NI assembly

That this conference calls on our elected representatives to form a government and address the dire waiting lists and health challenges faced by their constituents.

That this conference believes that the NI Assembly is failing patients as a result of their abdication of their duty of political representation. If the current stalemate continues this conference urges transfer of responsibility to those who can be accountable for executive decisions.

That this conference calls upon local politicians to exhibit the duty of candour at a level that they seem to be keen to enact towards the medical profession as a whole.

OOH

That this conference demands that DoH define the function of the GP OOH service, makes the public aware of its function, funds it adequately, and redesigns a service capable of fulfilling its function across the province.

Struggling practices/contingency planning

That this conference calls on the board to be pro-active in identifying struggling practices and working with LMCs to offer meaningful and workable alternatives to handing back of contracts.

That this conference commends the approach of NIGPC in its stabilisation agenda for primary care in Northern Ireland with reference to contingency planning, premises, and workforce development.

That this conference condemns the Department and BSO and the too little support which has been given too late for general practice which has resulted in recent contract resignations.

That this conference congratulates the HSCB in facilitating the set-up of a General Practice Rescue Service through the GP Federations and calls upon neighbouring practices to be aware of their colleagues in difficulty and signpost them to LMC officers.

That this conference strongly encourages all GPs to consider ‘safety in numbers’ and a collaborative working with neighbouring practices to see us through this unprecedented crisis we all face in general practice.
Sessional doctors/pensions

20 That this conference instructs NIGPC to work with the local GP NHS pensions team to extend the present deadline from 10 to 12 weeks for Pension Form A processing.

21 That this conference recognises the impact that the annual allowance charges are currently having and directs GPCUK to explore ways to allow GP principals to have flexibility with contributions as their sessional colleagues can already do.

IT

22 That this conference urges NIGPC in conjunction with UK GPC to lobby the UK Government for legislative changes to the present GDPR legislation to reduce or mitigate the now unresourced administrative burden on GP practices.

23 That this conference calls for the NIGPC to demand the prompt expedition of the GP2GP transfer and electronic prescriptions projects in effort to further help reduce clinical administration and workload for general practitioners.

Secondary care

24 That this conference calls on hospital staff to stop asking GPs to interpret and inform patients of results found on NIECR, which have been ordered by secondary care.

25 That this conference calls on Trust Management to put an end to the practice by medical secretaries of advising patients to attend their GP seeking another letter to expedite appointments/procedures.

26 That this conference calls on all Trusts to allow patients to self-refer, and nursing home staff to refer to physiotherapy OT, podiatry, SALT and dietitian.

27 That this conference demands all Trusts to implement a DNA policy to allow patients to book another appointment after a DNA, within an agreed timeframe, without a letter from GP to re-refer.

28 That this conference calls for LMCs to support the ‘Dear Colleague’ campaign and to impress upon BMA NI council the need for mutual respect and collaboration between primary and secondary care.

29 That this conference demands that Trusts ensure that sick lines are completed by secondary care doctors when appropriate and in line with DOH guidelines.

30 That this conference demands that the HSCB ensures there is an agreed, clinically robust anticoagulation protocol regarding bridging and peri-procedural management across all providers both secondary care and independent sector based.

PIP

31 That this conference calls for a reform of the PIP system and the requirements from a GP. The present paper form being cumbersome and time consuming.

Taken as a reference
Training/GP registrars

32 That this conference calls for NIMDTA to provide GP trainees with reasonable examination expenses for the first sitting of their professional college examinations in parity with our colleagues in Wales.

33 That this conference calls on the DoH and NIMDTA to incentivise GP Registrars to train in rural and border areas.

Vaccinations/immunisations

34 That this conference commends primary care in its unwavering ability to deliver the flu vaccine campaign this year despite the unnecessary complications inflicted on the service by those recommending changes without foreseeing the practical issues in implementing it.

Prescribing

35 That this conference recognises the opportunity and challenges in new ways of working in MDTs but wishes to ensure that GPs are not asked to underwrite prescribing for all other HCPs.

36 That this conference believes that hospital doctors should be supplied with means to easily prescribe within the community.

Leadership

37 That this conference believes that General Practice, although at times challenging, is a most rewarding and effective medical career. This conference instructs NIGPC to work with DOH / HSCB / RCGP / university to ensure this positive message goes to those junior doctors considering their future careers.

Practice based pharmacists

38 That this conference condemns the delayed acceleration of Wave 6 Practice Based Pharmacist Scheme by the Department of Health while expecting the same practices to exhibit the same level of 'value for money' that the other areas with greater resource have shown.

Safeguarding

39 That this conference asks NIGPC to negotiate with DOH / HSCB to ensure there are clear governance arrangements for GPs, including resourced training, in the area of safeguarding.

NHS at 70

40 That this conference wishes the NHS a belated happy birthday 70th but is mindful that in Northern Ireland she is tiring rapidly as evidenced by our spirally waiting list for hospital treatment and the mounting pressure on general practice.
Top BMA membership benefits for GPs

Our emphasis in Northern Ireland is on local support, local knowledge and local contacts: helping minimise the stress, distraction and hassle for hardworking doctors. Here are just some of the benefits that BMA membership brings:

**BMA Law**
BMA law is an independent law firm established by the BMA, offering expert, cost effective legal advice. Unlike other law firms it operates on a not-for-profit basis – reinvesting any surpluses back into services for doctors.

**BMJ Best Practice**
This resource allows GPs quick and easy access to authoritative information to underpin diagnosis and treatment decisions. Updated daily, it draws on the latest evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention.

**BMJ Learning**
This resource allows GPs quick and easy access to authoritative information to underpin diagnosis and treatment decisions. Updated daily, it draws on the latest evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention.

**BMA membership**
Remember, you can claim tax relief on your membership subscription.

**Tax and National Insurance**
A comprehensive guidance note is available to BMA members.

**Training**
We offer and provide training to practice managers and GPs in relation to all aspects of recruiting and employing staff, contracts of employment (content and changes), absence and performance management, grievance and disciplinary processes and family friendly policies.

**NI GP Staff Handbook – model policies and procedures**
Managing staff is a complex process. The key to success in this environment is ensuring you have appropriate policies and procedures in place. We also have a handbook for salaried GPs. Both are free to members.

**Employment law advice/support and General Practice health checks**
Make sure you contact us to help you or your practice manager deal with all your staffing issues. Contact us too if your staff policies and procedures need an overhaul.

**Locum GP Handbook**
This handbook, available to BMA members only, provides advice on starting out as a locum, setting up your business and establishing a contract for services with a provider as well as advice on professional considerations such as appraisal and networking. The handbook is also a valuable tool for GP providers.

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**Get in contact with us**
Call 0300 123 1233 or book a call. Email support@bma.org.uk. Learn more about member benefits at bma.org.uk

**Our BMA advisers can help**
if you have a question or need advice. Lines open 8am to 8pm weekdays and 9am-5pm Saturday, excluding UK bank holidays.