

# GPDF

General Practitioners  
Defence Fund

# BMA

Cymru Wales

# Welsh Conference of Representatives of Local Medical Committees January 2018 Agenda

**Saturday 20 January 2018**

DoubleTree by Hilton Hotel & Spa, Chester



British Medical Association  
[bma.org.uk](http://bma.org.uk)



# Welsh Conference of Representatives of Local Medical Committees January 2018

## AGENDA

to be held on:  
Saturday 20 January 2018  
at 9.15 a.m.

DoubleTree by Hilton Hotel & Spa, Chester  
Warrington Road  
Hoole  
Chester  
CH2 3PD

### **Chair of Conference**

Dr Nimish Shah

### **Deputy Chair of Conference**

Dr Sara Bodey

### **Conference Agenda Committee**

Dr David Bailey (Gwent)  
Dr Sara Bodey (North Wales)  
Dr Tim Davies (North Wales)  
Dr Mike Griffiths (Gwent)  
Dr Peter Horvath-Howard (Dyfed Powys)  
Dr Charlotte Jones (Chair GPC Wales)  
Dr Nimish Shah (Morgannwg)  
Dr Phil White (North Wales)

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# Schedule of Business – Saturday 20 January 2018

	Motions	Time	Allocation
<b>START – 9:15</b>	–	9:15 – 9:30	15 mins
Receive minutes of Welsh Conference of Local Medical Committees 2017	–		
Standing orders	–		
Video address Mr Vaughan Gething AM, Secretary for Health, Well-being and Sport	–	9:30 – 9:45	15 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	–	9:45 – 10:05	20 mins
Welsh Government	1 – 8	10:05 – 10:25	20 mins
Health Boards	9 – 10	10:25 – 10:30	5 mins
GMS contract	11 – 17	10:30 – 10:50	20 mins
<b>MORNING COFFEE BREAK</b>	–	<b>10:50 – 11:05</b>	<b>15 mins</b>
Funding	18 – 20	11:05 – 11:15	10 mins
Minimising risk	21 – 25	11:15 – 11:30	15 mins
Workload	26 – 32	11:30 – 11:45	15 mins
Cluster development	33 – 40	11:45 – 12:00	15 mins
Indemnity	41 – 43	12:00 – 12:10	10 mins
IM&T	44 – 47	12:10 – 12:20	10 mins
Workforce	48 – 59	12:20 – 12:45	25 mins
Soap box	–	12:45 – 13:05	20 mins
<b>LUNCH</b>	–	<b>13:05 – 13:50</b>	<b>45 mins</b>
Pensions	60	13:50 – 13:55	5 mins
Premises	61 – 62	13:55 – 14:00	5 mins
Demonstrating quality	63 – 65	14:00 – 14:10	10 mins
Secondary care	66 – 71	14:10 – 14:30	20 mins
Integration	72 – 74	14:30 – 14:40	10 mins
Vaccinations and immunisations	75 – 77	14:40 – 14:50	10 mins
Public health	78 – 79	14:50 – 15:00	10 mins
Recruitment and training	80 – 82	15:00 – 15:10	10 mins
<b>AFTERNOON TEA</b>	–	<b>15:10 – 15:20</b>	<b>10 mins</b>
<b>Themed discussions:</b> <b>1 Heath Board boundary changes and impact on LMC/GPCW representation</b> <b>2 Maintaining engagement with all GPs in the current climate</b>	–	15:20 – 16:00	40 mins
Ask the Negotiators	–	16:00 – 16:15	15 mins
Any other business	–	16:15 – 16:25	10 mins
CLOSE	–	16:25	

# Welsh LMC Conference January 2018

9:15

## Minutes

Receive minutes of 2017 Welsh LMC Conference as approved by the Chair of Conference (page 14)

## Standing Orders

Receive Standing Orders of the Welsh Conference of Local Medical Committees (page 37)

Receive Proposed Standing Orders of Welsh LMC Conference (Summary of Changes) (page 42)

Consider the Proposed Standing Orders of Welsh LMC Conference (page 51)

9:30

## Keynote Speaker

Video address from Mr Vaughan Gething AM, Secretary for Health, Well-being and Sport

9:45

## General Practitioners Committee (Wales)

Receive annual report from Dr Charlotte Jones, Chair GPC Wales (page 27)

## Welsh Government

10:05 – 10:25

- |    |           |  |
|----|-----------|--|
| 1* | Morgannwg | <b>That Conference demands Welsh Government put an end to the needless postcode lottery, euthanise ineffective and unsupportive Health Boards with their needlessly expensive primary care management structures and create a single primary care body to administer primary care.</b>   |
| 2  | Bro Taf   | That this Conference calls upon Welsh Government to establish an All Wales body directly to look after general practice. This needs to address the systematic failure of LHBS to manage and support the GMS contract.  |
| 3  | Bro Taf   | That Conference insists on Welsh Government commissioning a cross-party review of the organisational structure of NHS Wales and calls on GPC Wales to lobby for the abolition of Health Board control of primary care services.  |
| 4  | Bro Taf   | That this Conference welcomes the work done over the last year for transgender management commissioning, but urges Welsh Government to ensure that proposals are implemented speedily at all levels of the pathway.  |
| 5  | Morgannwg | That Conference is appalled by the increase in homelessness, the increasing inability of Councils to fund effective emergency housing, the subsequent demands on GP services and calls on Welsh Government to urgently fund a proper Welsh solution for this vulnerable group.   |
| 6* | Bro Taf   | <b>That this Conference calls upon Welsh Government to use appropriate fiscal policies to improve the health of the Welsh nation.</b>  |
| 7  | Bro Taf   | That this Conference calls upon Welsh Government to do more to criticise and mitigate the UK government's austerity policies, particularly the inhumane benefit policies. Not only are the policies causing great harm and increasing inequalities, they are causing a drain upon the time of GPs as they try to help patients. This help is both medical in treating consequent mental and physical illness and in writing support documents.   |
| 8  | Bro Taf   | That this Conference calls upon GPC Wales and Welsh Government, in their negotiations for a new contract, to take note of the work done and lessons learned in Glasgow by the "GPs at the Deep End" project about working in deprived areas. <a href="https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/">https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/deepend/</a> |

## Health Boards

10:25 – 10:30

- 9 Gwent Conference demands that Welsh Government instructs Health Boards to develop appropriate communication strategies to inform the public of the difficulties facing Primary Care and of any new models of working.
- 10 Dyfed Powys That Conference asks GPC Wales to support the principle that in an era of supposed austerity where nurses and other healthcare professionals have inflationary increases capped, its utterly unacceptable that managers in certain Health Boards have been awarded above cap increases in income.

## GMS contract

10:30 – 10:50

- 11\* Morgannwg **That Conference:**
- (i) **is appalled that Welsh Government allows Health Boards to ignore nationally binding negotiations,**
  - (ii) **is appalled that Welsh Government delegates solutions to ineffective and morally bankrupt Health Boards to find local solutions for patently national issues,**
  - (iii) **is appalled that Welsh Government allows Health Boards to squirrel funding away from GMS for secondary care access schemes such as ‘Musculoskeletal screening’ and ‘community cardiology’,**
  - (iv) **believes that GPCW should set up a working party to explore changing the structure of LMCs in Wales to develop a stronger and more coherent voice to lay bare and correct this behaviour.**
- 12 North Wales Conference asks GPCW to work to close the legislative loopholes that have meant nationally agreed Enhanced Services have been delayed or not completely implemented in some areas of Wales
- 13 Bro Taf That Conference deplores Welsh Government’s and Health Boards’ failures, resulting in a woeful missed opportunity to raise the standard of diabetes care in Wales, in the recent Diabetes Directed Enhanced Service, and calls for a renegotiation to ensure all the modules are given DES status.
- 14 Morgannwg That Conference commends Welsh GPs for soldiering on in the face of current pressures and believes that with merely 11% of the Welsh NHS budget, minimal interference from Health Boards and a high degree of trust, hardworking GPs could provide many of the solutions secondary care-obsessed Health Boards have been unsuccessful in addressing, transforming Welsh Healthcare for the better.
- 15 North Wales Conference calls for an entirely new contract keeping the craft of primary care as a medical specialism with doctors at the helm.
- 16 Morgannwg That Conference calls on GPC Wales to negotiate a contract that is entirely activity based as this represents the only bar to excessive workload shift into practices by Health Boards and ultimately is the only feasible option to maintain the sustainability of Welsh General Practices in the coming years.
- 17 Morgannwg That Conference calls on Welsh Government to implement the BMA quality first guidance in full to prevent unnecessary clinical transfer of work to GPs and for GPCW to negotiate a ‘catch all’ DES for unfunded and unnecessary buck passing of clinical work from secondary to primary care, as the only language Health Boards understand when addressing workload shift is pounds, shillings and pence.

**MORNING COFFEE BREAK****10:50 – 11:05****Funding****11:05 – 11:15**

- |    |           |   |
|----|-----------|---|
| 18 | Bro Taf   | The GMS contract and independent contractor status is the foundation stone of the primary health care system in Wales. In order to maintain independent contractor status, Conference requests Welsh Government to ensure that Health Boards provide enhanced investment in independent contractor GMS practices in preference to managed practices and cluster work. |
| 19 | Gwent     | That Conference demands transparency around the costs of new models of care which are independently assessed and audited and compared to traditional GMS models.  |
| 20 | Morgannwg | That Conference calls for the return of fundholding as GPs are better placed to prioritise spend on their patients than wasteful monolithic Health Boards.  |

**Minimising risk****11:15 – 11:30**

- |    |             |  |
|----|-------------|--|
| 21 | Gwent       | That Conference demands that Welsh Government and Health Boards should go further than “Letters of Comfort” and offer tangible assurance to GPs to confirm that they will not be left as the last person standing with the responsibility of a building and staff redundancies should they struggle to recruit following resignation and retirement of partners. |
| 22 | Gwent       | Conference demands that Health Boards provide information on what support is made available to practices who request help via sustainability applications, to allow direct comparison between areas.   |
| 23 | Morgannwg   | That Conference calls on Welsh Government to direct Health Boards and Health Inspectorate Wales (HIW) to ensure that all nurses in charge of care homes and senior district nurses are able to verify natural passing of patients in the community.  |
| 24 | Morgannwg   | That Conference is concerned that changes proposed to the Alternative Primary Healthcare Provision (Violent patient scheme) are not consistent with the zero tolerance policy regarding NHS staff when applied to GPs, and demands that GPC Wales is represented on any working group or committee reviewing the schemes within Wales.                           |
| 25 | North Wales | That Conference recognises that only when the heat map of Wales includes significant numbers of surgery closures along the M4 corridor will the generality of Welsh Assembly members recognise real constituent fears that it will be their GP surgery to close next.  |

**Workload****11:30 – 11:45**

- |      |    |  |
|------|----|--|
| AC1* | AC | <p><b>That Conference calls on GPC Wales to define and agree with government a manageable and safe workload for GP teams and introduce measures to stop practices being forced to take on more work above this level. This would include:</b></p> <ul style="list-style-type: none"> <li><b>(i) a sensible cap on the number of patients a GP can be expected to safely see in a day for the safety of patients and sanity of GPs.</b></li> <li><b>(ii) clarity that GPs facing sustainability challenges can decline to treat foreign nationals and signpost to the Health Board for alternative provision</b></li> </ul> |
|------|----|--|

- 26 Gwent That Conference calls on GPC Wales to define and agree with government a manageable and safe workload for GPs and introduce measures to stop practices being forced to take on more patients above this level.
- 27 Gwent That Conference urges a sensible cap is agreed on the number of patients a GP can be expected to safely see in a day for the safety of patients and sanity of GPs.
- 28 Morgannwg That Conference calls on Welsh Government to recognise that the demands of 21st century GMS cannot be met in a 10 minute GP appointment and either (a) levels with the public that waiting longer to see their GP is necessary, or (b) commits to fund the gap in resource which would allow practices to meet the increased patient wait/demand when moving to fewer, longer routine appointments
- 29 Morgannwg That Conference calls on GPCW to highlight the impact on practices with sustainability issues of treating foreign nationals and to clarify that GPs can decline to treat such patients in such conditions and signpost them to the Health Board for alternative provision.
- 30 Bro Taf That Conference:  
 (i) acknowledges that GP workload continues to increase due to work being delegated to GPs by our secondary care colleagues without remuneration  
 (ii) seeks to more clearly define core GP work  
 (iii) demands that work delegated by secondary care that is over and above core GP work is properly funded with money moved from secondary to primary care.
- 31 Morgannwg That Conference is frustrated by the increasing demands from the DVLA for medical reports, medical assessments and their increasing transfer of responsibility to GPs regarding the decision of a patient's fitness to drive whilst calling on them to remunerate GPs promptly and commensurately for the work involved.
- 32 Dyfed Powys That Conference advises the Welsh Government that despite public announcements on the reorganisation of the application process for Blue Badges, the local authorities continue to involve GPs in the application process.

### Cluster development

11:45 – 12:00

AC2\* AC

- That Conference calls Welsh Government and the Health Boards to accept that general practice must be at the centre of developing new platforms for delivering cluster working. As such, the conference:**
- (i) **calls for clusters to be given adequate funding free from Health Board interference and full budgetary autonomy.**
- (ii) **urges Welsh Government to extend the funding budget for clusters to a three year cycle, as recommended by the Health Committee to rationalise expenditure.**
- (iii) **demands that Welsh Government instructs Health Boards that unspent cluster funds in annual allocations may be carried over for a defined length of time.**
- 33 Gwent That Conference calls on Welsh Government and the Health Boards to accept that primary care must be at the centre of developing new platforms for delivering cluster working.
- 34 North Wales Conference calls for clusters to be given full budgetary autonomy.
- 35 Morgannwg That Conference calls for GP clusters to have their funding allocated directly without Health Board interference and inertia, to finally allow clusters to improve the range of services and efficiency required to meet the needs of the Welsh population.

- 36 Morgannwg That Conference believes GP clusters have improved the conversation and local landscape, allowing GPs to work closer together, but that to survive and prosper they need to be funded properly, allowed to manage their finances free from Health Board finance department oversight and be trusted to deliver better local healthcare.
- 37 North Wales That Conference urges the WG to extend the funding budget for clusters to a three year cycle, as recommended by the Health Committee to rationalise expenditure.
- 38 Gwent That Conference demands that Welsh Government instructs Health Boards that unspent NCN (Neighbourhood Community Networks) funds in annual allocations may be carried over for a defined length of time.
- 39 Morgannwg That Conference believes that 'big is better' and that GPCW negotiates a contract which actively rewards, supports and encourages practices to merge or federate into larger local primary care organisations where necessary.
- 40 Morgannwg That Conference feels 'Waiting list initiative' funding should be devolved to/ managed by clusters and initiatives which reduce the generation of waiting lists are prioritised.

### Indemnity 12:00 – 12:10

- AC3\* AC **That Conference believes that Wales has a unique opportunity to design an indemnity solution which could:**
- (i) **better the new proposals being implemented in England regarding professional indemnity, and Wales should ensure that new regulations are implemented with haste.**
  - (ii) **be for GPs in substantive posts and not locum GPs, and thereby bring GPs back into permanent positions and go some way to ease the recruitment crisis**
- 41 North Wales That Conference urges Welsh Government to better the new proposals being implemented in England regarding professional indemnity, and ensure that new regulations are implemented with haste.
- 42 Gwent That Conference believes that Wales has a unique opportunity to design an indemnity solution that will bring GPs back into permanent positions thus going some way to easing the recruitment crisis.
- 43 Gwent That Conference would welcome a state-backed indemnity scheme but feels that it should be for GPs in substantive posts and not locum GPs.

### IM&T 12:10 – 12:20

- 44 Morgannwg That Conference believes that the physical act of signing a WP10 is a needless waste of ink/GP time and that an alternative labour saving change which satisfies the legalities of prescribing should be expeditiously sought
- 45\* Bro Taf **That Conference asks the Welsh Government to increase funding preferentially to primary care IT services to improve connectivity and communication with regard to patient care.**
- 46 Gwent That Conference demands that given the significant rise in the number of sessional GPs, urgent provision is made for NHS email ID and access to the Welsh Clinical Portal including Clinical Work Station and WCCG to improve the communication and the quality of care to patients.

47 Gwent That Conference demands that centralised IT protocols are developed nationally and released for all existing DES and QOF areas and are available for both clinical systems in Wales.

**Workforce**  
**12:20 – 12:45**

**AC4\* AC**

**That Conference demands that Welsh Government undertake detailed scoping of the shortfall of GPs across Wales to plan the provision of safe and timely care to patients, and to subsequently:**

- (i) develop measures to improve the retention of GPs in primary care to mirror the success of the incentives offered to improve uptake of north and west Wales GP training schemes.**
- (ii) widen access to incentives to all areas of Wales where practices have had vacancies exceeding a specified period of time.**
- (iii) match any incentives paid to GPs in England to move to unpopular areas lest the existing funding differential worsens.**
- (iv) survey and address the aspirations of recently qualified General Practitioners**
- (v) acknowledge there is insufficient clinical manpower to maintain a “fit for purpose” primary care service in much of North Wales.**

48 North Wales Conference needs Welsh Government to understand there is insufficient clinical manpower to maintain a “fit for purpose” primary care service in much of North Wales.

49 Gwent That Conference demands urgent detailed scoping of the shortfall of GPs across Wales to highlight the extent of recruitment and retention crisis and to plan the provision of safe and timely care to patients.

50 Dyfed Powys That Conference calls on the Welsh Government to develop measures to improve the retention of GPs in primary care to mirror the success of the incentives offered to improve uptake of north and west Wales GP training schemes.

51 North Wales That Conference urges Welsh Government to match any incentives paid to GPs in England to move to unpopular areas lest the existing funding differential worsens, aggravating manpower difficulties.

52 North Wales That Conference agrees that the aspirations of recently qualified General Practitioners should be surveyed, assessed and addressed.

53 Gwent Conference demands that incentives to recruit GPs are widened to all areas of Wales where practices have had vacancies exceeding a specified period of time.

**54\* Gwent**

**That Conference calls on Wales Government to show their appreciation for independent contractors by significantly rewarding them for keeping General Practice alive in the crisis that we are in.**

55 Gwent Conference calls for Wales Government to identify and implement measures to make General Practice partnership more attractive and to ensure the survival of clinical leaders within General Practice.

56 Gwent That Conference calls on the UK Government to hold a single performers list enabling GPs to work without restriction throughout the UK.

57 Gwent Conference demands that GP Out of Hours providers treating GPs as “employed for taxation purposes” should now allow GPs to accrue annual and sick leave and offer a contract of employment which would compensate them for their loss of self-employed benefits.

58 North Wales That Conference agrees that the availability of a salaried General Practice service will be necessary in some general practice areas.

59 North Wales Conference does not believe that a mixed economy of GMS and managed practices in a locality is viable long term.

**Soap box**  
**12:45 – 13:05**

**LUNCH**  
**13:05 – 13:50**

**Pensions**  
**13:50 – 13:55**

60 Bro Taf That Conference feels sessional GPs should not have access to the NHS pension scheme, in order to preserve advantage in the independent contractor status.

**Premises**  
**13:55 – 14:00**

61 Morgannwg That Conference calls on Welsh Government to direct Health Boards to assume heads of leases of GP surgeries and resource centres as this is deterring doctors from entering into trading partnerships resulting in sustainability issues.

62 Gwent That Conference expresses concern that the ad hoc use of many thousands of pounds of GMS monies, which are being spent on GP buildings infrastructure to improve infection control, is not based on robust evidence of effectiveness collated from primary care. We request that a national policy is developed to advise Health Boards on what work, if any, is needed across all GP estates in Wales, and that this work is then adequately funded by Wales Government.

**Demonstrating quality**  
**14:00 – 14:10**

AC5\* AC

**That Conference believes that access to protected learning and professional development sessions for GPs are vital to maintaining quality care, and:**

- (i) believes that Health Boards should be contractually mandated to fund these sessions in addition to existing GMS or cluster monies.**
- (ii) agrees that SPAs (supporting professional activities) should be contractually paid for within the GMS contract.**

63 Morgannwg That Conference believes access to protected learning and professional development sessions for GPs is vital to maintaining quality care and Health Boards should be contractually mandated to fund this in addition to existing GMS or cluster monies.

64 North Wales That Conference agrees that SPA's supporting professional activities should be contractually paid for within the GMS contract.

65 North Wales Conference calls for compulsory annual appraisal to be set aside and a more reasonable expectation of two appraisals in each revalidation cycle to be introduced.

## Secondary care

14:10 – 14:30

- 66 Morgannwg That Conference believes GPs are better placed to assess the acuity of USC (Urgent Suspected Cancer) referrals and that secondary care colleagues who have not yet assessed our patients should be prevented from downgrading USC referrals.
- 67\* Gwent **That Conference calls for patients to be able to directly request that their secondary care appointment be expedited without the need to involve their GP.**
- 68 Bro Taf That this Conference calls upon Welsh Government to revise the inflexible and patient unfriendly outpatient appointment management system. The current system causes huge workload for GPs and disadvantages and discriminates against the most vulnerable groups in Wales.
- 69 Gwent Conference demands that secondary care doctors should make direct inter-departmental referrals for patients they are seeing, removing the current requirement for these patients to wait for their GP to make this referral.
- 70 Bro Taf That Conference calls on Welsh Government to review referral to treatment waiting times. The current waiting time which is 26 weeks is putting our patients at risk and leaving them vulnerable.
- 71 Morgannwg That Conference calls for:
- (i) all discharges from acute and inpatient secondary care to be accompanied by a discharge letter as the patient leaves the hospital,
  - (ii) non-compliance with this basic standard of care to be easily monitored with a dashboard
  - (iii) Health Boards to take seriously the performance issue of non-compliance once and for all.

## Integration

14:30 – 14:40

- 72 Morgannwg That Conference believes every practice requires commensurate and centrally funded access to primary care allied staff such as clinical pharmacists and physiotherapists in order to survive the current workforce crisis.
- 73 Dyfed Powys That Conference reminds LHBs that shared care protocols can only operate properly where there is a sharing of care between secondary and primary care professionals; the discharge of patients removes the secondary care partners and any possibility of sharing care.
- 74 Morgannwg That Conference believes that GPC Wales should negotiate with WG/HBs a 'once for Wales' agreement on referral pathways from primary care for common secondary care referrals.

## Vaccinations and immunisations

14:40 – 14:50

- AC6\* AC **The Conference asks that Welsh Government should:**
- (i) **insist that Health Boards reconsider their advice of 2017 regarding the preferential use of trivalent influenza vaccines, particularly in light of the influenza outbreak in Australasia**
  - (ii) **urgently progress the implementation of the agreed “cover all” vaccination Enhanced Service for Welsh General Practice, which has been thus far severely delayed much to the disappointment of the conference.**

- |    |             |   |
|----|-------------|---|
| 75 | Gwent       | In the light of the influenza outbreak in Australasia, Conference should insist that Health Boards across Wales reconsider their advice of 2017 regarding the preferential use of trivalent influenza vaccines. |
| 76 | North Wales | The Conference is disappointed at the slow pace of implementing an agreed “cover all” vaccination Enhanced Service for Welsh General Practice and urges rapid resolution of the situation.                      |
| 77 | Morgannwg   | That Conference believes the HPV vaccination should be offered to all school age children of both sexes and should be administered at primary school to be more effective.                                      |

### Public Health 14:50 – 15:00

- |    |           |   |
|----|-----------|---|
| 78 | Morgannwg | That Conference calls on GPC Wales to challenge the BMA to stop spending members’ fees on public health campaigns as such campaigns should be funded by the Government through public health departments and local authorities. |
| 79 | Morgannwg | That Conference demands that Welsh patients are screened for bowel cancer with the new more robust FIT test when it is introduced in the other U.K. countries, rather than persisting with the old screening test.              |

### Recruitment and training 15:00 – 15:10

- |    |             |   |
|----|-------------|---|
| 80 | North Wales | Conference calls for longitudinal GP practice based F2 posts to be developed in Wales as are currently being introduced in the North West of England.   |
| 81 | North Wales | Solutions to the workforce crisis need to be wider than a purely Wales based solution. Conference calls on GPCW and Welsh Government to recognise that solutions for North Wales need to recognise the natural links with the North West of England and build on those in addition to the work being done in Cardiff and Swansea. |
| 82 | North Wales | Conference calls for all graduate entrants to medical degrees to be eligible for student loans from year one regardless of whether they are on a 4 or 5 year course.  |

### AFTERNOON TEA 15:10 – 15:20

### Themed discussions 15:20 – 16:00

**Theme 1:**  
***Health Board boundary changes and impact on LMC/GPCW representation***

**Theme 2:**  
***Maintaining engagement with all GPs in the current climate***

### Ask the Negotiators 16:00 – 16:15

### Any other business 16:15 – 16:25

**'A' Motions**

- |    |             |   |
|----|-------------|---|
| 83 | North Wales | That Conference believes the maintenance of the independent contractor status is the best model compatible with a thriving primary care.  |
| 84 | North Wales | With the perilous state of GMS keeping the experienced older workforce is vital; golden handcuffs and other measures to support and retain them should be urgently pursued by WG.   |
| 85 | Morgannwg   | That Conference demands GPs should be allowed to declare a 'Black Alert' when their services are under acute and unavoidable pressure and that Health Boards create Overspill Hubs or allow GPs to redirect patients to ED as many HB managed practices already do.   |
| 86 | Morgannwg   | That Conference believes that it is an inappropriate use of GPs expertise and time to expect them to write prescriptions for food products/supplements/hosiery/dressings etc and that such products should be supplied directly to patients via an order from the requesting nurses, dieticians or where necessary prescribed by those requesting clinicians. |
| 87 | Bro Taf     | That this Conference calls on Welsh Government to find a solution to ever increasing indemnity liabilities currently laid upon GPs.   |
| 88 | Bro Taf     | That this Conference instructs GPC Wales to negotiate a legal agreement with Welsh Government such that liability lies with LHBs when they issue "position statements" which GPs are urged to follow, despite conflicting with, for example, MHRA advice highlighted in the BNF.  |
| 89 | Morgannwg   | That Conference demands that primary care clinicians have appropriate access to diagnostics, commensurate with secondary care colleagues and that in 2018 no investigation should ever be declined just because 'a GP requested it'   |
| 90 | Dyfed Powys | That Conference asks the Welsh Government to mandate LHBs to produce their local flu plans, including PGDs, by the 1st August each year to allow GPs to plan their practice plans.  |
| 91 | North Wales | Conference calls for GPs to be placed on the UK Home Office "shortage list" of professionals immediately.   |
| 92 | Gwent       | Conference demands that Welsh Government lends its support for GPs to be included on the Home Office Shortage Occupation list.  |
| 93 | Morgannwg   | That Conference calls on the Deanery/HEIW to ensure all foundation doctors complete at least one 4 month placement in primary care and calls on WG to fully fund these placements.  |

# Welsh LMC Conference 2017

## Return of Representatives

8:45

### Minutes

Receive minutes of 2016 Welsh Conference of Local Medical Committees as approved by the Chairman of Conference (Page 16)

### Standing Orders

Receive Standing Orders of the Welsh Conference of Local Medical Committees (Page 40)

9:00

### Keynote Speaker

Address from Mr Vaughan Gething AM, Secretary for Health, Well-being and Sport

9:20

### General Practitioners Committee (Wales)

Receive annual report from Dr Charlotte Jones, Chair of GPC Wales

## Workforce

9:40 – 10:00

AC1\*

**That Conference calls for steps to be taken to encourage GPs nearing retirement to stay in the workforce, measures should include:**

- i. a solution to the high indemnity costs **PASS**
- ii. offer assistance with the process of appraisal and revalidation **LOST**
- iii. the opportunity to adjust workload to a more sustainable and manageable level in a supported way **PASS**
- iv. extra financial incentives to retain the existing GP workforce. **PASS**

1 North Wales

That steps should be taken to encourage GPs nearing retirement to stay in the workforce, such as:

- i. a solution to the high indemnity costs that many such GPs bear
- ii. assistance with the process of appraisal and revalidation if needed
- iii. the opportunity to adjust workload to a more sustainable level in a supported way

2 Bro Taf

That Conference calls on the Welsh Government to consider extra financial incentives to retain the existing GP workforce.

3 Dyfed Powys

That Conference requests the Welsh Government introduces an incentive scheme to retain the GP workforce in Wales.

AC2\*

**That Conference:**

- i. expresses deep concern at working conditions in primary care which lead to excellent GPs leaving the profession for alternative careers
- ii. calls on Welsh government to collect information to clarify the seriousness of this situation and inform future preventative action **PASS**

4 Gwent

That Conference expresses deep concern at working conditions in primary care which lead to excellent GPs leaving the profession for alternative careers and calls on Welsh government to collect information to clarify the seriousness of this situation and inform future preventative action.

5 Dyfed Powys

That Conference requests that Welsh Government looks to introduce pioneering, innovative and original schemes to address the crisis in the GP workforce. **NOT REACHED**

- 6 **Bro Taf** That Conference calls on Welsh Government to strongly argue to the UK Government that immigration changes are needed to recruit more doctors for primary care from abroad. – **NOT REACHED**
- 7 **Morgannwg** That Conference congratulates Welsh Government for initiating the incentive scheme designed to attract new GPs to work in some parts of Wales, but calls on Welsh Government to acknowledge that the whole of Wales is facing a crisis with regards to recruitment of GPs and that the scheme should cover the whole of Wales. **NOT REACHED**
- 8 **Bro Taf** That Conference calls on Welsh Government to acknowledge the workforce shortage in Primary Care (namely GPs) and develop a long-term workforce strategy in conjunction with other relevant partner agencies. **NOT REACHED**

## Workload and Resources

10:00 – 10:20

- AC3\*
- That Conference calls for GPC Wales and Welsh Government to discuss options for what happens when demand in primary care cannot be met by the current capacity in a safe and sustainable way, in particular:
- i. considering the development of overspill centres for dealing with unscheduled care that cannot be safely seen within existing practices. **PASS**
  - ii. supporting practices to close their lists to new registrations when they reach a workload level where safety is threatened. **PASS**
  - iii. suspension of QOF, LES, and DES reporting whilst maintaining the level of income for practice deemed to be near collapse. **TAKEN AS A REFERENCE**
  - iv. the implementation of a reduction in primary care bureaucracy, as envisaged in the 2001 report 'Making a Difference – reducing general practitioner paperwork'. **PASS**
  - v. that a safe workload for general practice be defined to protect GPs. **PASS**
- 9 **North Wales** That Conference calls for GPC Wales and Welsh Government to discuss options for what happens when demand in primary care cannot be met by the current capacity in a safe and sustainable way, in particular:
- i. considering the development of overspill centres for dealing with unscheduled care that cannot be safely seen within existing practices
  - ii. supporting practices to close their lists to new registrations when they reach a workload where safety is threatened
  - iii. suspension of QOF, LES, and DESs reporting whilst maintaining the level of income for practice deemed to be near collapse.
- 10 **North Wales** That Conference seeks the implementation of the reduction in primary care bureaucracy envisaged in the 2001 report 'Making a Difference – reducing General Practitioner paperwork'.
- 11 **North Wales** That Conference urgently requests that a safe workload for GP be defined by GPC Wales and Welsh Government.
- 12 **Morgannwg** That Conferences believes every GP has a basic human right to work-life balance and that workload levels need to be capped centrally to prevent GPs from extinction.
- 13 **Gwent** That Conference demands a cap is put on the number of patients a GP can safely see in a day for the safety of patients and sanity of GPs.
- 14 **Morgannwg** That Conference requires Welsh Government to resource GMS practices sufficiently to reduce workload to a manageable level, which as a minimum allows each GP to be able to take 2 comfort breaks and a 30 minute designated lunch break each day without interruption. **PASS**

- 15 **Dyfed Powys** That Conference urges Welsh Government to undertake an assessment of the workload of the GP workforce in Wales to ensure medical staff are not burning out prematurely as a result of workload pressures. **NOT REACHED**
- 16 **North Wales** That Conference calls on Welsh Government and Public Health Wales to:
- i. take into account the increased demand on Primary Care that might result from health campaigns
  - ii. consider other ways of delivering these campaigns to minimise this demand. **NOT REACHED**
- 17 **Morgannwg** That Conference believes the All Wales Complaints Process is not fit for purpose, is driving GPs to resign and retire and that a ‘contractor’s charter’ should be introduced to protect GPs and the service from vexatious and damaging complainants. **NOT REACHED**
- 18 **Dyfed Powys** That Conference requires the UK Governments to ensure that the introduction of the medical examiner process does not increase the workload of primary care and GPs without appropriate recompense. **NOT REACHED**

#### GMS Contract 10:20 – 10:30

- 19 **Gwent** That Conference believes that the partnership premium should be restored as a matter of urgency to recognise the additional administrative work undertaken and the extra responsibilities held by GP principals in comparison with their sessional colleagues. **PASS**
- 20 **Morgannwg** That Conference recognises that the foundation stone of general practice and the NHS in Wales and the UK is the independent contractor status and that GPC Wales should not relinquish this. **PASS**
- 21 **Dyfed Powys** That Conference reluctantly suggests that as a consequence of the undermining of independent contractor status, GPC Wales considers the development of a salaried service model. **LOST**
- 22 **North Wales** That Conference believes that provision of phlebotomy services is not core GMS, and where it is provided in general practice, it must be fully funded. **PASS**
- 23 **Gwent** That Conference demands that the system for practices who find themselves in the unfortunate position of terminating their contracts midway through a contract year is reviewed. **PASS**

#### MORNING COFFEE BREAK 10:30 – 10:45

#### Quality and Outcomes Framework (QOF) 1 10:45 – 10:55

- 24 **Morgannwg** That Conference believes that the QOF has demonstrated that GPs continue to deliver high quality clinical care but that it has now outlived its purpose, is hindering patient-centred individualised care and should now be abolished with the funding retained within the global sum. **PASS**
- 25 **North Wales** That Conference calls for the end to the QOF, which has clearly run its course, and for any subsequent quality monitoring to be truly light touch. **LOST**

**Enhanced Services****10:55 – 11:05**

- 26 **Morgannwg** That Conference directs GPCW to phase out the Local Enhanced Services and concentrate on providing a bigger, better basket of Directed Enhanced Services, given the behaviour of Health Boards in negotiations and the financial priority they afford to primary care within their organisations. **TAKEN AS A REFERENCE**
- 27 **Morgannwg** That Conference calls for locally determined Enhanced Services budgets to be handed over to primary care clusters as they are best placed to decide what the money is spent on. **NOT REACHED**
- 28 **Morgannwg** That Conference insists Health Boards and/or Welsh Government publish Enhanced Services budgets and funding floors in advance of any local negotiations. **NOT REACHED**
- 29 **Gwent** That Conference demands the mandatory arrangement of appropriately remunerated Enhanced Services, such as more GP-led rehab beds in the community, in order to care for frail patients discharged early following the loss of acute beds despite the creation of larger specialist hospitals, such as that in Gwent. **NOT REACHED**

**Sustainability****11:05 – 11:15**

- 30 **Dyfed Powys** That Conference insist that Welsh Government simplify the sustainability framework and make it into a vehicle to facilitate Health Board assistance to practices before they reach crisis point. **PASS**
- 31 **Dyfed Powys** That Conference proposes that Welsh Government requires Health Boards to establish a robust scheme of support for practices whose neighbours have handed back their GMS contracts to prevent a domino effect amongst GP surgeries in the area. **PASS**
- 32 **Morgannwg** That Conference believes Welsh Government should not just direct Health Boards to measure and assess primary care levels of sustainability via the matrix, but should actually put its money where its mouth is and fund the solutions directly. **PASS**
- 33 **Gwent** That Conference recognises the valuable work of practice managers in our sustainability and demands that Welsh Government matches the lead taken in NHS England's "Forward View" to support the development of this vital workforce. **PASS**

**EMERGENCY MOTION**

- 119 **GPC Wales** That Conference, in show of support to our GP colleagues across the border, calls on the UK population to lobby their MPs for a vote of no confidence in the Prime Minister as she has deliberately placed the blame for NHS failures in England at the doorstep of GPs whilst conveniently forgetting that it is the gross under-resourcing that has plunged the NHS into crisis. **PASS**

## Primary Care Workforce

11:15 – 11:20

### AC4\*

That Conference demands that in light of the increasing trend of diversification of the Primary Healthcare team:

- i. the current numbers of allied health professionals is ascertained to allow accurate workforce planning with the presumed reliance on these groups
- ii. robust monitoring and impact measurement on the contribution of allied healthcare practitioners is in place
- iii. Welsh Government introduce the direct prescription by optometrists of lubricant eye drops and gels
- iv. the prompt provision of daily pharmacist support to practices is provided, at least to the level of one whole-time equivalent per 30,000 patients as specified in NHS England's 2016 'Forward View'.
- v. the continuing existence of the extended primary health care team should be supported and all future Health Board initiatives for community care should promote team-working with general practice for good patient care as their first priority. **PASS**

34 Gwent

That Conference demands that the numbers of allied health professionals is ascertained to allow accurate workforce planning with the presumed reliance on these groups.

35 Gwent

That Conference demands, in light of the increasing trend of diversification of the primary healthcare team, a robust monitoring and impact measurement on the contribution of allied healthcare practitioners is undertaken.

36 North Wales

That Conference requests Welsh Government to introduce the direct prescription by optometrists of lubricant eye drops and gels.

37 North Wales

That Conference calls for prompt delivery of daily pharmacist support to practices, at least to the level of one whole-time equivalent per 30,000 patients as specified in NHS England's 2016 'Forward View'.

38 Gwent

That Conference believes that the continuing existence of the extended primary health care team should be supported and insists that all future health board initiatives for community care should promote team-working with general practice for good patient care as their first priority.

39 North Wales

That Conference;

- i. recognises the essential and increasing role of ancillary (non-clinical) practice staff, and;
- ii. calls for significantly increased central funding for their training;
- iii. including accreditation and certification to external standards and syllabuses, where appropriate and wished;
- iv. calls for greatly increased training availability, both at local health board level and nationally.

## Secondary Care

11:20 – 11:30

40 Gwent

That Conference demands that targets are placed on Health Boards with regard to transfer of resources to primary care and general practice. **PASS**

41 North Wales

That Conference calls for a formal agreement, such as that now in England to be put in place, to make it clear that General Practice cannot be expected to chase or interpret investigations organised in secondary care. **PASS**

- 42 **Gwent** That Conference demands transparent communication about action on patient flow systems in secondary care to avoid impact on primary care consequent to Welsh Ambulance Service Trust (WAST) delays. **NOT REACHED**
- 43 **Morgannwg** That Conference requests Welsh Government take steps to ensure no Health Board demands that contractor GPs provide any services that are beyond the requirements of GMS care without prior appropriate financial and workforce support. **NOT REACHED**

### Training 11:30 – 11:45

- AC5\* That Conference calls for the following action to be taken by Welsh Government to revive GP training in Wales:
- i. an urgent increase in the number of GP training posts across the whole of Wales **PASS**
  - ii. the development of a workforce plan for general practice that is realistic **PASS**
  - iii. a response to the severe workload, resource and workforce deficits that are impacting on career choices **PASS**
  - iv. mechanism to specifically encourage Welsh domicile applicants given they are more likely to end up working in their home communities. **TAKEN AS A REFERENCE**
- 44 **North Wales** That Conference asks that there be an urgent increase in the number of GP training posts across the whole of Wales.
- 45 **Morgannwg** That Conference believes that the target for recruitment of medical students and GP Specialty Trainees has been kept artificially low to mask embarrassment from low recruitment figures and that Welsh Government needs a workforce plan for General Practice that is realistic.
- 46 **Gwent** That Conference congratulates Welsh Government on its first tentative steps to attract GP trainees to parts of Wales but demands further action to address the severe workload resource and workforce deficits that are impacting on career choices.
- 47 **Morgannwg** That Conference believes Welsh Government needs to urgently develop a reliable plan to encourage GP training and recruitment in Wales before the service completely collapses due to lack of workforce and that this should inevitably require a degree of positive discrimination in favour of Welsh domiciled applicants given they are more likely to end up working in their home communities.
- 48 **Gwent** That Conference calls on Welsh Government to train more medical students in Wales to help fill the medical manpower shortage. **PASS**
- 49 **North Wales** That Conference calls for the uneven distribution of GP training places in Wales to be addressed. That Conference asks the Deanery to recognise the current uneven distribution. **'A' MOTION**
- 50 **Gwent** That Conference believes that innovative ways of increasing the potential future pool of GPs are required. **PASS**

- 51\* North Wales
- That Conference calls for:**
- i. all foundation training doctors to have a four month GP placement included in their rotations in time for the August 2018 starters
  - ii. GPC Wales and Welsh Government to continue exploring ways of enabling junior doctors to undertake supervised posts within general practice without having to be formally on a training rotation.
- NOT REACHED**

- 52 Bro Taf
- That Conference requests GPC Wales to negotiate an agreement for part of the two-year foundation training for all newly qualified doctors to involve a placement in general practice. **NOT REACHED**

- 53 Morgannwg
- That Conference believes that remuneration for educational supervision is unacceptable, is not a 'labour of love' and that GPs undertaking this work should be remunerated appropriately for backfill, preparation and expertise in mentoring doctors in training. **NOT REACHED**

### Premises 11:45 – 11:55

- 54\* North Wales
- That Conference calls on Welsh Government to urgently resolve the situation around third party leases, to ensure that GPs working in such premises are not personally at risk if the practice is unable to continue for whatever reason. PASS**

- 55 North Wales
- That Conference believes that the tie-ins existing in third party premises leases are:
- i. damaging recruitment to those practices working from such premises
  - ii. forcing doctors to work beyond an acceptable age.
  - iii. exacerbating mental health issues in the profession.

- 56 Dyfed Powys
- That Conference urges the Welsh Government and Health Boards to recognise the danger of the "last man standing" concept in the premature collapse of GP services and take practical measures to address it.

- 57 Dyfed Powys
- That Conference requests GPC Wales to work with Welsh Government and the Health Boards to promote innovative ways of developing the primary care estate; including a mechanism to avoid the jeopardy of the last man standing.

- 58 Morgannwg
- That Conference believe that practices who have entered into premises lease agreements in good faith in order to provide GMS on behalf of Health Boards, should have the right to transfer the lease to the Health Board on relinquishing the contract for GMS, either as an individual or a group.

- 59 Morgannwg
- That Conference calls on Welsh Government to ensure that Health Boards develop estates strategies that are fit for purpose and undertake to fund GP owned surgeries on a par with third party developers, as well as allowing extension and modernisation of premises in order to be able to continue to deliver modern flexible services. **NOT REACHED**

### Models of Primary Care 11:55 – 12:00

- 60 North Wales
- That Conference proposes the time is right for an honest appraisal of the different models of delivering primary care that are now in place in Wales, including hidden as well as overt costs **PASS**

- 61 Gwent
- That Conference demands that Health Boards must reveal to LMCs the full cost of running Health Board managed practices. **NOT REACHED**

## Indemnity 12:00 – 12:30

### Themed Debate

**Question: Should GPC Wales propose the direct funding of medical indemnity costs? YES – PASS**

- 62 **Gwent** That Conference demands that to help recruitment and retention, serious consideration is now given for GPs to have crown indemnity in view of unaffordable high and ever increasing medical defense costs.
- 63 **North Wales** That Conference believes that the current level and rate of rise of indemnity payments is threatening the future of general practice and attempts to find a solution should be prioritised.
- 64 **Dyfed Powys** That Conference advises the Welsh Government that the impact of rising indemnity costs for GPs and the wider primary care is impacting on the sustainability of general practice in Wales.
- 65 **North Wales** That Conference demands that Welsh Government enables and supports equitable indemnity at affordable levels for primary care in order to maximise the workforce to deliver primary care.

## LUNCH 12:30 – 13:15

## IM&T 13:15 – 13:25

- 66 **Gwent** That Conference demands, all sessional GPs are also provided with a NHS email ID and access to the clinical work station to improve the communication with GPs and the quality of care to patients. **PASS**
- 67 **North Wales** That Conference believes that patient safety requires a willingness to allow similar IT solutions for practices and patients using hospitals in England as those available in Welsh hospitals, specifically for NHS staff in contiguous areas to have access to laboratory, radiology and clinical reports across the England-Wales border. **PASS**

## Health Boards 13:25 – 13:35

- 68 **Morgannwg** That Conference believes that the Individual Patient Funding Requests (IPFR) process is unduly bureaucratic, has been specifically designed to deter clinicians and patients from applying, is used by Health Boards to prevent patients from accessing a specialist opinion and reduce waiting list backlogs and that it should be scrapped, with a much simpler clinically agreed process replacing it. **PASS**
- 69 **Morgannwg** That Conference believes that Health Boards have a duty to appropriately protect its GP contractors from registering and exposing themselves to patients who are still considered by the emergency and custodial services to be a risk. Health Boards should make suitable alternative arrangements for these patients, without waiting for GPs to make a referral. **PASS**
- 70 **Morgannwg** That Conference believes that Health Boards should pay more than lip service to the transfer of funding when shifting services from secondary to primary care. **NOT REACHED**
- 71 **Morgannwg** That Conference believes that there is no place in modern medicine for 'Downgrading of USC referrals' as the clinician best placed to decide if a patient should be investigated via a USC pathway is the referring doctor who has seen that patient. **NOT REACHED**

72 Gwent That Conference congratulates ABUHB on funding an offsite solution for patient notes storage and commends this solution to the rest of the UK. **NOT REACHED**

73 Bro Taf That Conference calls on GPC Wales to negotiate with all Health Boards to fulfil their obligations under Ask and Act legislation to provide evidence based, cost effective training for all practice teams to promote early intervention and support in cases of domestic abuse. **NOT REACHED**

**Welsh Government**  
**13:35 – 13:55**

74\* Dyfed Powys **That Conference requires the Welsh Government to address the relative year on year reduction in funding for primary care if it is to “make primary care the engine room of the Welsh NHS.” PASS**

75 Bro Taf That Conference requests Welsh Government to acknowledge that chronic and increasing underfunding, accompanied by increasing micromanagement by Government and Health boards of general practice, is the reason for the poor morale in, and the potential failure of, primary care, and must be addressed with urgency if independent contractor status in General Practice is to survive.

76 Dyfed Powys That Conference demands that Welsh Government invests additional funding in practice development, not just cluster development, if the GP practice is not to slowly wither and die.

77 Dyfed Powys That Conference requests that the Welsh Government reviews the arrangements for Local Medical Advisory Groups (LMAG) to ensure that Health Boards receive appropriate independent medical advice into their policy making. **PASS**

78 Dyfed Powys That Conference requests Welsh Government and GPC Wales work to scrap the post payment verification process in primary care. **TAKEN AS A REFERENCE**

79 Morgannwg That Conference believes that Welsh patients having to endure significantly longer waits for outpatient appointments and surgical procedures, compared to English counter-parts is unacceptable, and places an avoidable burden on overstretched general practices. **PASS**

80\* Bro Taf **That Welsh Government realises that GPs are ultimately accountable for their population’s care and that the disorganised, poorly funded and under-regulated services of Paramedics, Advanced Nurse Practitioners, Physician’s Assistants and Pharmacists is compromising patient safety and adding to GP workload. LOST**

81 Gwent That Conference demands that Welsh Government put pressure for the professional regulation of Physicians Associates.

82\* Morgannwg **That Conference believes Welsh Government should remove responsibility for primary care from failing Local Health boards and set up a Wales Wide Primary Care Organisation with proper levels of funding. TAKEN AS A REFERENCE**

83 Dyfed Powys That Conference proposes that Welsh Government establishes a Primary Care Health Board responsible for the management of primary care in Wales.

84 Gwent That Conference demands that the First Minister provides evidence, once and for all, of his assertion that a salaried service provides greater value for money than independent contractor status. **NOT REACHED**

### Soap Box 13:55 – 14:15

### Clusters 14:15 – 14:25

- 85 **Bro Taf** That Conference requests Welsh Government to recognise that clusters have failed to provide increased sustainability for general practice and should be abolished. **LOST**
- 86 **Gwent** This Conference believes that the main route for investment in primary care needs to be through the Global Sum and not through clusters. **PASS**

### Vaccination and Immunisation 14:25 – 14:35

- 87 **Bro Taf** That Conference calls for all Welsh practices to order the quadrivalent flu vaccine to ensure maximum protection of the public. **PASS**
- 88 **Morgannwg** That Conference calls on Welsh Government to re-design the current seasonal influenza claims system and consider implementing aspirational or advance payments, so that practices are funded to plan better services which encourage uptake, whilst maintaining value for money for the NHS. **PASS**

### Access 14:35 – 14:50

- 89 **Morgannwg** That Conference believes that GP practices are best placed to allocate appointments and any attempt to extend this role to 111 should be resisted. **PASS**
- 90 **Morgannwg** That Conference believes practices will not be able to continue to maintain and improve access without a fundamental change in the funding structure to support practices and that a reinstatement of a basic practice allowance would support the ability of practices to engage more GPs. **TAKEN AS A REFERENCE**
- 91 **Morgannwg** That Conference urges Welsh Government to ensure that funding arguments and 'turf wars' never prevent GPs and patients accessing the most convenient services, even where those services sit across health and social care boundaries. **PASS**

### Medical Certificates and Reports 14:50 – 15:05

- 92\* **Morgannwg** That Conference believes a specialist service should be set up to advise the police on medical fitness to hold a firearms licence and that it is the GPs role to provide proper access to the patient's medical record in such cases and not to decide upon fitness. **NOT REACHED (MOVE TO NEXT BUSINESS)**
- 93 **Morgannwg** That Conference is disappointed by the actions of and guidance given by BMA regarding the provision of medical evidence/opinion to the police responsible for the issue of firearms licences; in particular the requirement that GPs remain permanently responsible for informing the police of any change in medical circumstance that may, even remotely, impact on the eligibility of the person to hold a firearms licence.
- 94 **Dyfed Powys** That Conference Condemns the BMA for the handling of the firearms licensing procedure and demands that GPs are offered practical advice, within their contractual obligations, on their involvement in the process.

- 95 **Morgannwg** That Conference calls on GPC Wales to reiterate to DWP / Capita and other agencies that GPs must be paid for providing all non-contractual reports that are requested, even if those reports are not utilised by the requesting agency and particularly if the report has been lost by DWP /Capita. **PASS**
- 96 **Gwent** That Conference demands Welsh Government prohibit GPs from completing short or medium-term fit notes required by patients to receive their benefit payments due to the fact that GPs risk relationship breakdown by essentially making decisions on their eligibility for payments. **PASS**
- 97 **Morgannwg** That Conference believes the requirement for supporting medical evidence from applicants GPs in benefits applications is either scrapped in its entirety or funded properly via collaborative fees and not at the expense of often vulnerable patients. **PASS**
- 98 **Dyfed Powys** That Conference requests that the Welsh Government looks at an alternative mechanism to facilitate sickness certification. **PASS**

### Emergency Services 15:05 – 15:15

- 99\* **Gwent** That Conference demands that GP's are not to be regarded as an emergency service and used as a substitute to attend an emergency because of a failure of the ambulance service to respond appropriately. **PASS**
- 100 **Dyfed Powys** That Conference confirms that GPs are not emergency care practitioners and should not routinely be expected to provide emergency medical services.
- 101 **Gwent** That Conference urges the ambulance service not extend response times for patients with life threatening conditions because the patient is with a GP or other healthcare worker.
- 102 **Dyfed Powys** That Conference is concerned about the delays in responding to calls for urgent ambulance attendance at GP premises and calls on WAST to acknowledge that an assessment by a medically qualified person that an urgent ambulance is required should not be downgraded because the patient is being attended by a medically trained person.
- 103 **Gwent** That Conference demands that WAST reverses its decision to downgrade the response time to patients with myocardial infarction or stroke which it states has helped improve its performance figures.
- 104 **Morgannwg** That Conference believes that ambulance queuing at Hospital front doors is adversely affecting community care and that hospitals and Health Boards should view the inability of an ambulance to transfer a patient to its care within 15 minutes as a 'never event'. **NOT REACHED**

### AFTERNOON TEA 15:15 – 15:30

### Ask the negotiators 1 5:30 – 15:55

**Co-payments****15:55 – 16:25****Themed Debate****Question: To pay or not to pay? That is the question?****NO VOTE FOR CO-PAYMENTS (NON-BINDING VOTE IN FAVOUR OF PRESCRIPTION CHARGES)****Conference****16:25 – 16:35****105 North Wales**

That Conference advises GPC Wales should commit to a feedback process that involves those who propose conference motions that are passed, thus ensuring that conference is truly part of democratic representation for the GP voice in Wales. **NO VOTE**

**Other****16:35 – 16:45****106 Morgannwg**

That Conference feels that secondary care and other services should publish their waiting times on-line, deal with requests to expedite appointments themselves and be answerable directly to patients when those times are excessive. **PASS**

**107 Gwent**

That Conference demands that the Choose Well App is made more informative and becomes more than just a list of services but a true educational and proactive tool as part of a wider campaign to “choose well” **PASS**

**108 Gwent**

That Conference deplores the criminalisation of health care professionals who make mistakes and calls on the police and Crown Prosecution Service to be more tolerant of human error. **PASS**

**109 Gwent**

That Conference demands vitamins for J.A.M. not just those on Breadline. Conference calls for Welsh Government to make Healthy Start vitamins available free of charge to all pregnant and breast feeding women and children under the age of five. **PASS**

**'A' motions****110 North Wales**

That Conference calls for the additional resource made available to managed practices (both financial and workforce that isn't counted as GMS) must be matched by comparative additional resource made available to GMS practices.

**111 North Wales**

That Conference believes that the additional resource that is currently being poured into managed practices should be made available to practices to help avoid them closing rather than waiting until they have collapsed.

**112 Morgannwg**

That Conference insists Health Boards remove any block on GP access to investigations which they feel are appropriate for their patient and within their level of expertise to request and interpret the result.

**113 Bro Taf**

That Conference calls on the Welsh Government to launch a 'self-care' health campaign regarding using the common ailments service provided by Community Pharmacists, to reduce the workload on primary care.

**114 Bro Taf**

That Conference calls on the Welsh Government to scrap the flu vaccination scheme in its current form by community pharmacists, as it has reduced practice incomes, making it more difficult to survive in challenging times.

**115 Dyfed Powys**

That Conference demands that Health Boards introduce rigorous audit and post payment verification processes to flu vaccinations given by pharmacies, in line with the scrutiny of services in GP practices.

- 116 Morgannwg** That Conference demands that GPC Wales continue to insist on core hours being 8am-18.30pm mon-Fri and that any attempt by Welsh Government to extend the core hours in the current negotiations is a line in the sand.
- 117 Morgannwg** That Conference demands urges Welsh Government and other agencies that are encouraging demand for routine GP services during evenings and weekends, consider extending the remit of out of hours providers to provide routine appointments for patients during the OOH periods.
- 118 Morgannwg** That Conference is appalled by the poor access and availability of Child and adolescent Mental health services in Wales and the long term effects on health this can lead to and calls for an urgent National review and solution to be developed.

## WLMC 2017 resolutions – progress report

All motions passed unless otherwise stated

	Resolution	Progress
	<b>Workforce</b>	
AC1*	<p>That Conference calls for steps to be taken to encourage GPs nearing retirement to stay in the workforce, measures should include:</p> <ul style="list-style-type: none"> <li>i) a solution to the high indemnity costs.</li> <li>ii) offer assistance with the process of appraisal and revalidation. <b>(LOST)</b></li> <li>iii) the opportunity to adjust workload to a more sustainable and manageable level in a supported way .</li> <li>iv) extra financial incentives to retain the existing GP workforce.</li> </ul>	<ul style="list-style-type: none"> <li>i) An indemnity solution is being progressed. WG have commissioned an external organisation to do a full options appraisal to inform a long-term solution which will report end Dec 2017. We are aiming to achieve an enhanced interim indemnity solution for 18/19 and then the full solution thereafter.</li> <li>iii) This is part of our negotiations with the review of the GMS contract. There have been additions of allied healthcare professionals to clusters and within practices which have provided some support and we are wanting to build on this. In addition, GPC Wales has highlighted some additional measures practices could consider in newsletters and online. More on this as negotiations progress.</li> <li>iv) GPC Wales provided a paper to the Ministerial workforce which has been accepted by the Cabinet Secretary. Retention of our current workforce, in addition to attracting more trainees and utilising wider workforce, is a key priority. We are happy to share paper if wanted.</li> </ul>
AC2*	<p>That Conference:</p> <ul style="list-style-type: none"> <li>i) expresses deep concern at working conditions in primary care which lead to excellent GPs leaving the profession for alternative careers</li> <li>ii) calls on Welsh Government to collect information to clarify the seriousness of this situation and inform future preventative action.</li> </ul>	<p>The Ministerial Taskforce and Health Boards are tasked with doing workforce planning and we understand this has been priorities in the last year. Additionally, the Cabinet Secretary has confirmed that Health Education and Improvement Wales (HEIW) will have responsibility for strategic workforce planning for NHS Wales from April 2018.</p>
5	<p>That Conference requests that Welsh Government looks to introduce pioneering, innovative and original schemes to address the crisis in the GP workforce.</p>	<p>GPC Wales and other partners on the Ministerial taskforce are taking this forward. As mentioned under AC1 iv), GPC Wales has given detail on specific solutions needed, we are happy to share with conference delegates on request.</p>
6	<p>That Conference calls on Welsh Government to strongly argue to the UK Government that immigration changes are needed to recruit more doctors for primary care from abroad. <b>(NOT REACHED)</b></p>	<p>BMA UK and each of the individual nations BMA teams have been taking this forward as evidenced in various newsletters from BMA UK.</p>
7	<p>That Conference congratulates Welsh Government for initiating the incentive scheme designed to attract new GPs to work in some parts of Wales, but calls on Welsh Government to acknowledge that the whole of Wales is facing a crisis with regards to recruitment of GPs and that the scheme should cover the whole of Wales. <b>(NOT REACHED)</b></p>	<p>It has been confirmed that the scheme will continue for next year in the same defined areas. Also, a review of the incentive scheme is being taken forward through the Ministerial taskforce regarding its impact.</p>
8	<p>That Conference calls on Welsh Government to acknowledge the workforce shortage in primary care (namely GPs) and develop a long-term workforce strategy in conjunction with other relevant partner agencies. <b>(NOT REACHED)</b></p>	<p>The Ministerial taskforce is actively taking this forward at HB and national level.</p>

	Resolution	Progress
	<b>Workload and Resources</b>	
AC3	<p>That Conference calls for GPC Wales and Welsh Government to discuss options for what happens when demand in primary care cannot be met by the current capacity in a safe and sustainable way, in particular:</p> <ol style="list-style-type: none"> <li>considering the development of overspill centres for dealing with unscheduled care that cannot be safely seen within existing practices.</li> <li>supporting practices to close their lists to new registrations when they reach a workload level where safety is threatened.</li> <li>suspension of QOF, LES, and DES reporting whilst maintaining the level of income for practice deemed to be near collapse. <b>(TAKEN AS A REFERENCE)</b></li> <li>the implementation of a reduction in primary care bureaucracy, as envisaged in the 2001 report 'Making a Difference – reducing general practitioner paperwork'.</li> <li>that a safe workload for general practice be defined to protect GPs.</li> </ol>	<ol style="list-style-type: none"> <li>This was referred to GPC Wales and a paper prepared which identified some potential problems, as one size does not fit all. This remains work in progress but is a discrete area on the review of the GMS contract, so we hope for positive movement on this in the next year.</li> <li>Remains our policy.</li> <li>Again this remains our policy. Recent QOF changes have largely led to removal of the more bureaucratic element of QOF data capture. Also, GPC Wales has pursued work on the completion of forms where it is not necessary for a GP to complete (e.g. blue badges) but we accept there is more to be done. We are actively working on the primary / secondary interface and DWP report requests at both Welsh and national level.</li> <li>We were unable to get any positive movement on this within the year, but it is a discrete area of the GMS contract review and we hope for positive movement on this by next conference.</li> </ol>
14	<p>That Conference requires Welsh Government to resource GMS practices sufficiently to reduce workload to a manageable level, which as a minimum allows each GP to be able to take 2 comfort breaks and a 30-minute designated lunch break each day without interruption.</p>	<p>Correction of the under-investment of GMS contract to enable practices to adapt working patterns to meet their individual need is one of top priorities of the GMS contract review. In recent years, we have seen the addition of allied health care professionals within practices and clusters which have enabled some improvements in managing workload. Workload reduction is a key focus of the contract review and we will report back in due course.</p>
15	<p>That Conference urges Welsh Government to undertake an assessment of the workload of the GP workforce in Wales to ensure medical staff are not burning out prematurely as a result of workload pressures. <b>(NOT REACHED)</b></p>	<p>Progressed through various workstreams including IT. The long promised Audit + dashboard should be rolled out shortly and there are other pacesetter projects looking at IT strategies to capture all workload from time of call through to consultations. This latter project will be independently evaluated and any positive outcomes discussed as part of ongoing work of contract review.</p>
16	<p>That Conference calls on Welsh Government and Public Health Wales to:</p> <ol style="list-style-type: none"> <li>consider the increased demand on primary care that might result from health campaigns.</li> <li>consider other ways of delivering these campaigns to minimise this demand. <b>(NOT REACHED)</b></li> </ol>	<p>This is consistently our message to PHW regarding any initiative, whether it is about vaccination programmes, cancer screening programmes. We highlight how the assumption that GPs have capacity to deliver is incorrect and that before raising public expectations need to consider implications of who will deliver programmes ahead of implementation.</p>
17	<p>That Conference believes the All Wales Complaints Process is not fit for purpose, is driving GPs to resign and retire and that a 'contractor's charter' should be introduced to protect GPs and the service from vexatious and damaging complainants. <b>(NOT REACHED)</b></p>	<p>GPC Wales has worked with PHW leads on an information leaflet about the "Putting Things Right" procedures. We have not progressed a charter at present but will look at this in the next year if evidence supports that the complaints process is driving GPs to resign and retire.</p>
18	<p>That Conference requires the UK Governments to ensure that the introduction of the medical examiner process does not increase the workload of primary care and GPs without appropriate recompense. <b>(NOT REACHED)</b></p>	<p>We responded to both the UK Government and Welsh Government consultation on the reform of the death certification process. However, to date the reforms have not been taken forward and is currently on hold.</p>

	Resolution	Progress
	<b>GMS Contract</b>	
19	That Conference believes that the partnership premium should be restored as a matter of urgency to recognise the additional administrative work undertaken and the extra responsibilities held by GP principals in comparison with their sessional colleagues.	The introduction of a partnership premium is on our funding workstream priority list within the GMS contract review. We were unable to progress this within year due to time constraints.
20	That Conference recognises that the foundation stone of general practice and the NHS in Wales and the UK is the independent contractor status and that GPC Wales should not relinquish this.	This remains our policy and through representations to Welsh Government, the Cabinet Secretary has formally confirmed his commitment to the independent contract status being the main foundation block for delivery of primary care supported by salaried and other models where appropriate.
22	That Conference believes that provision of phlebotomy services is not core GMS, and where it is provided in general practice, it must be fully funded.	Conference will note the introduction of the phlebotomy payments this year which was an important milestone in recognising the workload done on behalf of others.
23	That Conference demands that the system for practices who find themselves in the unfortunate position of terminating their contracts midway through a contract year is reviewed.	GPC Wales has developed guidance of practices who are thinking of handing back their contract highlighting their options and responsibilities. This is available on request.
	<b>Quality and Outcomes Framework (QOF)</b>	
24	That Conference believes that the QOF has demonstrated that GPs continue to deliver high quality clinical care but that it has now outlived its purpose, is hindering patient-centred individualised care and should now be abolished with the funding retained within the global sum.	GPC Wales negotiated a novel approach to QOF this year using a hybrid active / inactive approach removing the indicators which were considered 'irritants' or monitored elsewhere, and also revised the cluster network domain. The wider review of QOF is in hand as part of contract review.
	<b>Enhanced Services</b>	
27	That Conference calls for locally determined Enhanced Services budgets to be handed over to primary care clusters as they are best placed to decide what the money is spent on. <b>(NOT REACHED)</b>	Enabling cluster autonomy around funds is part of the GMS contract review and a recommendation from the National Assembly Health Social Care and Sport Committee's cluster enquiry. However, it is important that the LMCs are invited to support any developments in this area given their expertise in negotiations.
28	That Conference insists Health Boards and/or Welsh Government publish Enhanced Services budgets and funding floors in advance of any local negotiations. <b>(NOT REACHED)</b>	GPC Wales concurs and has encouraged all LMCs to have 3 monthly meetings with their HBs to discuss GMS out-turn figures and the budgets available for LES negotiations.
29	That Conference demands the mandatory arrangement of appropriately remunerated Enhanced Services, such as more GP-led rehab beds in the community, to care for frail patients discharged early following the loss of acute beds despite the creation of larger specialist hospitals, such as that in Gwent. <b>(NOT REACHED)</b>	GPC Wales concurs that all Enhanced Services should be adequately remunerated and developed in line with local priorities which may include a service such as described in this motion.
	<b>Sustainability</b>	
30	That Conference insist that Welsh Government simplify the sustainability framework and make it into a vehicle to facilitate Health Board assistance to practices before they reach crisis point.	GPC Wales and Welsh Government have revised the sustainability matrix to make it more user friendly for completion and enable individual problems not captured by the matrix to be included. For 17/18, GPC Wales negotiated QOF points to be allocated for completion of the matrix, so that all practices had the opportunity to consider actions needed to ensure their sustainability / build resilience.

	Resolution	Progress
31	That Conference proposes that Welsh Government requires Health Boards to establish a robust scheme of support for practices whose neighbours have handed back their GMS contracts to prevent a domino effect amongst GP surgeries in the area.	GPC Wales has continued to support this and has developed guidance to practices thinking of handing back their contracts to ensure all options are considered before the contract is handed back. This is available on request. GPC Wales further recognises the strain on neighbouring practices in this situation, hence we are looking at options within the GMS contract review to incentivise practices to work at scale.
32	That Conference believes Welsh Government should not just direct Health Boards to measure and assess primary care levels of sustainability via the matrix, but should actually put its money where its mouth is and fund the solutions directly.	Please see response to motion 31.
33	That Conference recognises the valuable work of practice managers in our sustainability and demands that Welsh Government matches the lead taken in NHS England's "Forward View" to support the development of this vital workforce.	GPC Wales supports this and has will be considering training in the workforce workstream of the GMS contract review. In addition, GPC Wales has submitted a funding proposal from the GPDF to support practice manager training.
	<b>EMERGENCY MOTION</b>	
119	That Conference, in show of support to our GP colleagues across the border, calls on the UK population to lobby their MPs for a vote of no confidence in the Prime Minister as she has deliberately placed the blame for NHS failures in England at the doorstep of GPs whilst conveniently forgetting that it is the gross under-resourcing that has plunged the NHS into crisis.	This motion was submitted to UK LMC Conference in March 2017, but was not prioritised for debate and therefore not reached.
	<b>Primary Care Workforce</b>	
AC4	That Conference demands that considering the increasing trend of diversification of the Primary Healthcare team: <ul style="list-style-type: none"> <li>i. the current numbers of allied health professionals is ascertained to allow accurate workforce planning with the presumed reliance on these groups.</li> <li>ii. robust monitoring and impact measurement on the contribution of allied healthcare practitioners is in place.</li> <li>iii. Welsh Government introduce the direct prescription by optometrists of lubricant eye drops and gels.</li> <li>iv. the prompt provision of daily pharmacist support to practices is provided, at least to the level of one whole-time equivalent per 30,000 patients as specified in NHS England's 2016 'Forward View'.</li> <li>v. the continuing existence of the extended primary health care team should be supported and all future Health Board initiatives for community care should promote team-working with general practice for good patient care as their first priority.</li> </ul>	<ul style="list-style-type: none"> <li>i. GPC Wales concurs and the Ministerial taskforce is looking at this.</li> <li>ii. GPC Wales concurs and that any evaluation must be independent. GPC Wales is concerned regarding the assumption that anyone can replace a GP.</li> <li>iii. GPC Wales would like to see this, and other areas of prescribing such as gluten free foods, catheter products and dressings removed from a GP. responsibility but to date has been unable to achieve this. We are aware of continued work at a UK-level on this.</li> <li>iv. GPC Wales agrees and is going to work on commitment for this in the GMS contract review.</li> <li>v. This is GPC Wales policy and we are working on defining and then having the right team working within and wrapped around the practice. This will form part of the cluster development workstream within the GMS contract review.</li> </ul>

	Resolution	Progress
	<b>Secondary Care</b>	
40	That Conference demands that targets are placed on Health Boards with regard to transfer of resources to primary care and general practice.	The Cabinet Secretary for Health did write a letter directing this to happen, but to date there has been no concrete resource identified that has followed this direction. Going forward there are some proposals that are being considered about leveraging this change comparable to the contractual levers in the English contract. We note the increasing concerns about HB behaviour and resourcing of primary and community care and here the calls for a single primary care board for Wales.
41	That Conference calls for a formal agreement, such as that now in England to be put in place, to make it clear that General Practice cannot be expected to chase or interpret investigations organised in secondary care.	This is in hand but there is a different contractual situation in Wales which means that the English solution cannot simply be adopted in same way. This is one of our key priority areas for the reducing workload work stream of the GMS contract review.
42	That Conference demands transparent communication about action on patient flow systems in secondary care to avoid impact on primary care consequent to Welsh Ambulance Service Trust (WAST) delays.	GPC Wales notes this and continues to raise it when concrete examples are passed to us to evidence the negative impact on primary care from WAST delays. We wrote to the unscheduled care board raising this and were informed that WAST and HBs have been asked to prioritise this.
43	That Conference requests Welsh Government take steps to ensure no Health Board demands that contractor GPs provide any services that are beyond the requirements of GMS care without prior appropriate financial and workforce support.	This remains GPC Wales policy. Some developments this year around phlebotomy resourcing are a clear step in the right direction but unfortunately initiatives continue to be expected from GP without due consideration to capacity.
	<b>Training</b>	
AC5	That Conference calls for the following action to be taken by Welsh Government to revive GP training in Wales: <ul style="list-style-type: none"> <li>i. an urgent increase in the number of GP training posts across the whole of Wales.</li> <li>ii. the development of a workforce plan for general practice that is realistic.</li> <li>iii. a response to the severe workload, resource and workforce deficits that are impacting on career choices.</li> </ul>	<ul style="list-style-type: none"> <li>i. We maintain that training places have not kept pace with workforce needs, but until of late we know there have been insufficient applications to fill current number of places. This trend is changing and that we are now attracting more trainees hence a planned gradual expansion is something we have recently, and will continue to, raise with the chair of HEIW, Deanery and with the Minister.</li> <li>ii. iii. This is part of the Ministerial taskforce and is in hand – we shall share outcomes as we receive them.</li> </ul>
48	That Conference calls on Welsh Government to train more medical students in Wales to help fill the medical manpower shortage.	GPC Wales supports this and the widening access agenda, with the BMA Cymru Wales Media and Public Affairs team launching a new campaign in December 2017.
50	That Conference believes that innovative ways of increasing the potential future pool of GPs are required.	Various options are being taken forward through the Ministerial Taskforce with GPC Wales providing regular contributions to this formally and informally.
51	That Conference calls for: <ul style="list-style-type: none"> <li>i. all foundation training doctors to have a four month GP placement included in their rotations in time for the August 2018 starters</li> <li>ii. GPC Wales and Welsh Government to continue exploring ways of enabling junior doctors to undertake supervised posts within general practice without having to be formally on a training rotation.</li> </ul> <p><b>(NOT REACHED)</b></p>	GPC Wales supports this. However, an amendment to the Foundation Programme curriculum must be taken forward on a UK-wide basis. We will continue to press this issue with HEIW on their establishment (and within GMS contract review when appropriate, such as when discussing workforce training within primary care).

	Resolution	Progress
53	That Conference believes that remuneration for educational supervision is unacceptable, is not a 'labour of love' and that GPs undertaking this work should be remunerated appropriately for backfill, preparation and expertise in mentoring doctors in training. <b>(NOT REACHED)</b>	GPC Wales concurs and will feature this element within the GMS contract review.
	<b>Premises</b>	
54	That Conference calls on Welsh Government to urgently resolve the situation around third party leases, to ensure that GPs working in such premises are not personally at risk if the practice is unable to continue for whatever reason.	GPC Wales is keenly aware of problems that last person standing issues bring and the risks on sustainability of partnership. GPC Wales has made good inroads on these risks already (with guidance available on BMA website) but has prioritised this as key area for next year within the funding workstream of the GMS contract review.
59	That Conference calls on Welsh Government to ensure that Health Boards develop estates strategies that are fit for purpose and undertake to fund GP owned surgeries on a par with third party developers, as well as allowing extension and modernisation of premises in order to be able to continue to deliver modern flexible services. <b>(NOT REACHED)</b>	GPC Wales understands that estates strategies have been developed but with no involvement of LMCs. We understand that they are largely predicated on the information provided in cluster plans or from their previous "strategies" but GPC Wales believe they are not necessarily focussing on the right areas. GPC Wales was pleased to see the announcement of £68m of additional monies (with £40m already announced) for premises development, but regrets the lack of LMC and practice involvement on how this is to be used. GPC Wales is also considering a proposal to look at 100% grant provision for development of premises in certain circumstances.
	<b>Models of Primary Care</b>	
60	That Conference proposes the time is right for an honest appraisal of the different models of delivering primary care that are now in place in Wales, including hidden as well as overt costs.	GPC Wales concurs and believes that this needs to be done urgently and done independently. GPC Wales is aware that an independent review of cluster pacesetter projects is in place and that some clusters are looking to commission their own reviews of the impact of allied healthcare professionals. GPC Wales would like to see all GMS practices being able to access the wide range of professionals as are available to some of the new model sites, as this would truly sustain and support practices.

	Resolution	Progress
	<b>Indemnity – themed debate</b>	
	<b>Question: Should GPC Wales propose the direct funding of medical indemnity costs?</b>	
62	That Conference demands that to help recruitment and retention, serious consideration is now given for GPs to have crown indemnity in view of unaffordable high and ever increasing medical defence costs.	GPC Wales is working with Welsh Government on finding a sustainable long term solution for indemnity for all GPs working in Wales covering all portfolio roles relating to GP work. An external organisation has been commissioned to undertake an options appraisal and this is due to report end December 2017. This will inform the negotiations. In addition, the Cabinet Secretary has announced in National Assembly plenary that Welsh GPs will not be disadvantaged compared to GPs in England given the announcement of a state backed solution in England. There is of course the interim indemnity solution which has continued for this year, and we are working on enhancing this whilst the final long term solution is developed.
63	That Conference believes that the current level and rate of rise of indemnity payments is threatening the future of general practice and attempts to find a solution should be prioritised.	
64	That Conference advises the Welsh Government that the impact of rising indemnity costs for GPs and the wider primary care is impacting on the sustainability of general practice in Wales.	
65	That Conference demands that Welsh Government enables and supports equitable indemnity at affordable levels for primary care to maximise the workforce to deliver primary care.	
	<b>IM&amp;T</b>	
66	That Conference demands, all sessional GPs are also provided with a NHS email ID and access to the clinical work station to improve the communication with GPs and the quality of care to patients.	GPC Wales has enabled all sessional doctors to have access to an NHS email address if they wish to have it. The clinical work station is a Gwent only IT platform. However, GPC Wales has been in discussions with NWIS about having the Welsh Clinical Portal in place for all GPs to access across Wales. This would require an individual NADEX account for sessional GPs which is not yet finalised.
67	That Conference believes that patient safety requires a willingness to allow similar IT solutions for practices and patients using hospitals in England as those available in Welsh hospitals, specifically for NHS staff in contiguous areas to have access to laboratory, radiology and clinical reports across the England-Wales border.	GPC Wales concurs and is progressing this with NWIS.
	<b>Health Boards</b>	
68	That Conference believes that the Individual Patient Funding Requests (IPFR) process is unduly bureaucratic, has been specifically designed to deter clinicians and patients from applying, is used by Health Boards to prevent patients from accessing a specialist opinion and reduce waiting list backlogs and that it should be scrapped, with a much simpler clinically agreed process replacing it.	GCP Wales concurs but has had to prioritise other areas this year. This will be added to our workplan going forward.
69	That Conference believes that Health Boards have a duty to appropriately protect its GP contractors from registering and exposing themselves to patients who are still considered by the emergency and custodial services to be a risk. Health Boards should make suitable alternative arrangements for these patients, without waiting for GPs to make a referral.	GPC Wales has been sighted with proposals to revise the Alternative Provision of health care services for such patients. However, we considered these proposals would have potentially placed GP practices at risk. We have raised these concerns with Welsh Government and NHS Wales to ensure that appropriate safeguards are in place, and access to these services are available to practices. We continue to pursue this through the monthly GP Forum meetings.

	Resolution	Progress
70	That Conference believes that Health Boards should pay more than lip service to the transfer of funding when shifting services from secondary to primary care. <b>(NOT REACHED)</b>	GPC Wales concurs and we refer you to our answer to motion 40 above.
71	That Conference believes that there is no place in modern medicine for 'Downgrading of USC referrals' as the clinician best placed to decide if a patient should be investigated via a USC pathway is the referring doctor who has seen that patient. <b>(NOT REACHED)</b>	GPC Wales concurs and continues to make this point, as do LMC representatives.
72	That Conference congratulates ABUHB on funding an offsite solution for patient notes storage and commends this solution to the rest of the UK. <b>(NOT REACHED)</b>	GPC Wales would like this offered to all HBs and it is part of our demands within the GMS contract review.
73	That Conference calls on GPC Wales to negotiate with all Health Boards to fulfil their obligations under Ask and Act legislation to provide evidence based, cost effective training for all practice teams to promote early intervention and support in cases of domestic abuse. <b>(NOT REACHED)</b>	GPC Wales concurs but has had to prioritise other areas this year. However, we are aware that some HBs and clusters have progressed this area. GPCW will progress this next year as part of its workplan.
	<b>Welsh Government</b>	
74	That Conference requires the Welsh Government to address the relative year on year reduction in funding for primary care if it is to "make primary care the engine room of the Welsh NHS."	GPC Wales continues to make this case through all possible avenues and will be a key demand of the GMS contract review.
77	That Conference requests that the Welsh Government reviews the arrangements for Local Medical Advisory Groups (LMAG) to ensure that Health Boards receive appropriate independent medical advice into their policy making.	GPC Wales supports this course of action, but has had to prioritise other areas this year. It will be pursued as part of the committee workplan for next year.
79	That Conference believes that Welsh patients having to endure significantly longer waits for outpatient appointments and surgical procedures, compared to English counter-parts is unacceptable, and places an avoidable burden on overstretched general practices.	GPC Wales agrees. The primary and secondary care interface is a key part of the GMS contract review which is currently underway.
84	That Conference demands that the First Minister provides evidence, once and for all, of his assertion that a salaried service provides greater value for money than independent contractor status. <b>(NOT REACHED)</b>	As per the response to motion 20, the Cabinet Secretary for Health has recently confirmed his commitment to the independent contract model as the cornerstone of primary care services to patients supported by a salaried model where appropriate. This is to be welcomed and moves to address challenges facing practices will be progressed through the review of the GMS contract, including those that cannot be addressed with contractual change but need to have a commitment to address to support contract revisions.
	<b>Clusters</b>	
86	This Conference believes that the main route for investment in primary care needs to be through the Global Sum and not through clusters.	GPC Wales wants to see significant change to the percentage of NHS budget directly invested in GMS practices as well as extra funding being made available to clusters.

	Resolution	Progress
	<b>Vaccination and Immunisation</b>	
87	That Conference calls for all Welsh practices to order the quadrivalent flu vaccine to ensure maximum protection of the public.	As of late 2017, the Welsh Immunisation Group has been reinstated but with a focus on strategic developments versus operational issues. GPC Wales notes the recent evidence supporting use of quadrivalent vaccine in certain groups and will push to ensure that evidence base is included in next flu programme. We continue to state the case that practices retain choice of which vaccine to order depending on what they believe is best for their patient population.
88	That Conference calls on Welsh Government to re-design the current seasonal influenza claims system and consider implementing aspirational or advance payments, so that practices are funded to plan better services which encourage uptake, whilst maintaining value for money for the NHS.	The review of the delivery of the flu programme is being actively progressed at present – this includes QOF domain and programme delivery.
	<b>Access</b>	
89	That Conference believes that GP practices are best placed to allocate appointments and any attempt to extend this role to 111 should be resisted.	GPC Wales concurs and has repeatedly ensured that this message is heard. There are no moves to introduce direct booking into appointments by 111 or NHSDW services at present.
91	That Conference urges Welsh Government to ensure that funding arguments and 'turf wars' never prevent GPs and patients accessing the most convenient services, even where those services sit across health and social care boundaries.	GPC Wales concurs with this and will bear this sentiment in mind regarding the GMS contract review.
	<b>Medical Certificates and Reports</b>	
92	That Conference believes a specialist service should be set up to advise the police on medical fitness to hold a firearms licence and that it is the GPs role to provide proper access to the patient's medical record in such cases and not to decide upon fitness. <b>(NOT REACHED)</b>	GPC Wales would like to draw conference delegates' attention to its guidance regarding firearms license applications (already circulated but available on request) as it is a pragmatic solution to the problems identified by practices.
95	That Conference calls on GPC Wales to reiterate to DWP / Capita and other agencies that GPs must be paid for providing all non-contractual reports that are requested, even if those reports are not utilised by the requesting agency and particularly if the report has been lost by DWP / Capita.	Representations have been made to the BMA UK and GPC UK professional fees committee on this issue.
96	That Conference demands Welsh Government prohibit GPs from completing short or medium-term fit notes required by patients to receive their benefit payments since GPs risk relationship breakdown by essentially making decisions on their eligibility for payments.	This is not something that Welsh Government can unilaterally introduce but issues relating to Fit Notes has been raised to the relevant UK committee.
97	That Conference believes the requirement for supporting medical evidence from applicants GPs in benefits applications is either scrapped in its entirety or funded properly via collaborative fees and not at the expense of often vulnerable patients.	See response to motion 96.
98	That Conference requests that the Welsh Government looks at an alternative mechanism to facilitate sickness certification.	See response to motion 96.

	Resolution	Progress
	<b>Emergency Services</b>	
99	That Conference demands that GPs are not to be regarded as an emergency service and used as a substitute to attend an emergency because of a failure of the ambulance service to respond appropriately.	GPC Wales has received legal advice which confirms that this definitively the case and can be shared on request. This motion was taken to UK LMC Conference but was not prioritised for debate.
104	That Conference believes that ambulance queuing at hospital front doors is adversely affecting community care and that hospitals and Health Boards should view the inability of an ambulance to transfer a patient to its care within 15 minutes as a 'never event'. <b>(NOT REACHED)</b>	GPC Wales wrote to the Unscheduled Care Board on this issue and were informed that WAST and HBs have been tasked to improve handover as a priority issue. We will pursue further in the committee workplan for the coming year.
	<b>Other</b>	
106	That Conference feels that secondary care and other services should publish their waiting times online, deal with requests to expedite appointments themselves and be answerable directly to patients when those times are excessive.	GPC Wales agrees. As part of the minimising risk and integration workstreams within the GMS contract review, we have agreed several areas to look at regarding hospital appointment systems which should address these problems.
107	That Conference demands that the Choose Well app is made more informative and becomes more than just a list of services but a true educational and proactive tool as part of a wider campaign to "choose well"	GPCW concurs and has made representation to Welsh Government at GP Forum.
108	That Conference deplores the criminalisation of health care professionals who make mistakes and calls on the police and Crown Prosecution Service to be more tolerant of human error.	GPC Wales and BMA Cymru wrote to the medicolegal committee of the BMA and a conference was convened on this issue bringing together the GMC, CPS, serious crime divisions, medical experts representatives, barristers, MDOs, coroners and other interested parties. The conference identified numerous problems with the current system and identified potential solutions, as well as some educational opportunities to make the guidance clearer to all organisations and individuals involved in these difficult cases. Work is ongoing and another conference is scheduled within the next six months
109	That Conference demands vitamins for J.A.M. not just those on Breadline. Conference calls for Welsh Government to make Healthy Start vitamins available free of charge to all pregnant and breast feeding women and children under the age of five.	GCP Wales concurs but has had to prioritise other areas this year. This will be added to our workplan going forward.

# Conference of Welsh Local Medical Committees

## Standing Orders

### Conferences

#### 1 Annual Conference

The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees, ordinarily held in March as the GPC(W) determines.

#### 2 Special Conference

A special conference of representatives of local medical committees may be convened at any time by the GPC(W). No business shall be dealt with at the special conference other than that for which it has been specifically convened.

#### 3 Membership

The members of conference shall be:

- a. the chairman and deputy chairman of the conference.
- b. each LMC in Wales be allowed to send to conference its:  
Chairman or a deputy  
Secretary or a deputy  
and other representatives up to 5
- c. the members of GPC(W) (non-voting)
- d. Chairman GPC Northern Ireland (non-voting)
- e. Chairman GPC Scotland (non-voting)
- f. Chairman GPC UK (non-voting)
- g. GPC UK Negotiators (non-voting)

#### 4 Ex-officio members of conference shall be:

- a. Chairman of GPC (UK)
- b. Chairman and Secretary of BMA Council (Wales)
- c. Chairman of RCGP Council (Wales)
- d. Chairman of GP Registrars (Wales)
- e. Chairman of Non-Principals (Wales)
- f. Treasurer of GMS Defence Fund Ltd

#### 5 Observers

Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chairman, attend as observers.

#### 6 Interpretations

- (a) 'Members of the conference' means those persons described in standing order 3.
- (b) 'The Conference', unless otherwise specified, means either an annual or special conference.
- (c) 'As a reference' means that any motion so accepted does not constitute conference policy, but is referred to the GPC(Wales) to consider how best to procure its sentiments.

#### 7 Standing Orders

Motions to amend

No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the GPC(W), the agenda committee, or a local medical committee.

## 8 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.

## 9 Agenda

- (a) shall include:
  - (i) Motion amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to confer with the National Assembly for Wales on any subject specially relating to the working of the NHS.
  - (ii) Motions submitted by the agenda committee in respect of organisational issues only.
- (b) Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
- (c) 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.
- (d) Shall be prepared by the Agenda Committee as follows:
  - (i) 'Priority motions':- an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the Agenda Committee 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.
  - (ii) 'Composite motions':- if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, 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.
  - (iii) 'Motions with subsections':-
    - (a) motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.
    - (b) subsections shall not be mutually contradictory
    - (c) such motions shall not have more than five subsections.
  - (iv) 'Rescinding motions':- motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'
  - (v) 'A' motions:- motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chairman of GPC(W) as being non controversial, self-evident or already under action or consideration, shall be prefixed with a letter 'A'
  - (vi) 'AR' motions:- motions which the Chairman of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters 'AR'.
- (e) Other duties of the agenda committee include:- recommending to the conference the order of the agenda; allocating motions to blocks; allocating time to blocks and overseeing the conduct of the conference.

## 10 Procedures

- a) 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 Chairman approves.
- (b) 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.
- (c) 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 in 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 chairman's discretion. For the first session, amendments or riders must be handed in before the session begins.
- (d) No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chairman or by the agenda committee.

## 11 Rules of debate

- (a) A member of the conference shall address the chairman and shall, unless prevented by physical infirmity, stand when speaking.
- (b) Every member of the conference shall be seated except the one addressing the conference. When the chairman rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
- (c) 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.
- (d) Members of GPC(W) who also attend the conference as representatives, should identify in which capacity they are speaking to motions.
- (e) The chairman shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
- (f) The chairman shall take any necessary steps to prevent tedious repetition.
- (g) 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.
- (h) Amendments shall be debated and voted upon before returning to the original motion.
- (i) Riders shall be debated and voted upon after the original motion has been carried.
- (j) If any amendment or rider is rejected, other amendments or riders, may subject to the provisions of standing order 11 (g), 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.
- (k) 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 chairman 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 chairman of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.
- (l) If it is proposed and seconded that the conference "move to the next business", the chairman shall have power to decline to put the motion; if the motion is accepted by the chairman, the chairman of GPC(W) 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."
- (m) Proposers of motions shall be given prior notice if GPC(W) intends to present an expert opinion by a person who is not a member of the conference.
- (n) All motions expressed in several parts and designated by the letters (i), (ii), (iii), etc shall automatically be voted on separately. But, in order to expedite business, the chairman may ask conference (by a simple majority) to waive this requirement.
- (o) If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chairman shall have the discretion to rule, without putting it to the vote, that conference move to the next item of business.

## 12 Allocation of conference time

- (a) 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.
- (b) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.
- (c) 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.
- (d) 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.
- (e) Priority motions (defined in standing order 9 (d)(l) in each block shall be debated first, followed by 'C' motions.
- (f) Motions prefixed with a letter 'A' (defined in standing order 9(d)(v) shall be formally moved by the chairman of the conference as a block to be accepted without debate during the first session of the conference.

**13 Motions not published in the agenda**

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

- (a) 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.
- (b) relating to votes of thanks, messages of congratulations or condolences.
- (c) relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
- (d) which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the local medical committees concerned.
- (e) prepared by the agenda committee to correct drafting errors or ambiguities.
- (f) that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions.

**14 Quorum**

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

**15 Time limit of speeches**

- (a) a member of the conference, including the chairman of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chairman may amend these limits.
- (b) 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 chairman.

**16 Voting**

Only representatives of local medical committees may vote.

**Majorities**

- (a) 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:
  - (i) any change of conference policy relating to the constitution and/or organisation of the LMC/conference/GPC(W) structure, or
- (b) Voting shall be by a show of hands. If the chairman requires a count this will be by a card vote.
- (c) The election of Chairman, Vice-Chairman and Agenda Committee shall be by LMC representatives and GPC(Wales) representatives.

**Recorded votes**

- (d) If a recorded vote is demanded by 20 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
- (e) A demand for a recorded vote shall be made before the chairman calls for a vote on any motion, amendment or rider.

**17 Elections  
Chairman**

A chairman shall be elected by the members of the conference to hold office for a period of three years.

**18 Deputy Chairman**

A deputy chairman shall be elected by the members of the conference to hold office for a period of three years.

**19 Conference Agenda Committee**

- (a) The agenda committee shall consist of the chairman and deputy chairman of the conference, the chairman of GPC(W), GPC(W) negotiators, two elected from the body of Conference and Welsh Secretary of the BMA.
- (b) The chairman of conference, or if necessary the deputy chairman, shall be chairman of the agenda committee.

**20 Dinner committee**

Conference dinner committee, shall be the chairman and deputy chairman of the conference, the chairman of GPC(W) and the Welsh Secretary of the BMA, to take the necessary steps to arrange for a dinner to be held at the time of the following annual conference, to which the members of the GPC(W), amongst others, shall be invited as guests of the conference.

**21 Returning officer**

The Welsh Secretary of the BMA, or a deputy nominated by the Welsh Secretary, shall act as returning officer in connection with all elections.

**22 Motions not debated**

Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

**23 Distribution of papers and announcements**

In the conference hall, or in the precincts thereof, no papers or literature shall be distributed, or announcements made, or notices displayed, unless approved by the chairman.

**24 Mobile phones**

Mobile phones may only be used in the precincts of, but not in, the conference hall.

**25 The press**

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

**26 No smoking**

Smoking shall not be permitted within the hall during the sessions of the conference.

**27 Chairman's discretion**

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 chairman's absolute discretion.

**28 Minutes**

Minutes shall be taken of the conference proceedings and the chairman shall be empowered to approve and confirm them.

# Summary of Proposed Changes to WLMC Standing Orders

Old item number	New item number	Summary of change
Throughout	Throughout	Changed from 'Chairman' to 'Chair' to reflect current BMA style guide
Throughout	Throughout	Changed from 'Welsh Secretary of the BMA' to 'National Director, BMA Cymru Wales'
Throughout	Throughout	Numbered references to standing orders have been updated
SO 1	SO 1	<p>Changed from:</p> <ol style="list-style-type: none"> <li>Annual Conference The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees, ordinarily held in March as the GPC(W) determines.</li> </ol> <p>Changed to:</p> <ol style="list-style-type: none"> <li>Annual Conference The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.</li> </ol>
SO 3.b.iii	SO 3.b.iii	<p>Changed from:</p> <ul style="list-style-type: none"> <li>and other representatives up to 5</li> </ul> <p>Changed to:</p> <ol style="list-style-type: none"> <li>iii. and up to 5 additional representatives, at least one of which should be a trainee.</li> </ol>
–	SO 4 to 5	<p>Added:</p> <ol style="list-style-type: none"> <li>Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.</li> <li>All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.</li> </ol>

SO 3.c to 4.f	SO 6	<p>Changed from:</p> <ul style="list-style-type: none"> <li>c. the members of GPC(W) (non-voting)</li> <li>d. Chairman GPC Northern Ireland (non-voting)</li> <li>e. Chairman GPC Scotland (non-voting)</li> <li>f. Chairman GPC UK (non-voting)</li> <li>g. GPC UK Negotiators (non-voting)</li> </ul> <ul style="list-style-type: none"> <li>4. Ex-officio members of conference shall be: <ul style="list-style-type: none"> <li>a. Chairman of GPC (UK)</li> <li>b. Chairman and Secretary of BMA Council (Wales)</li> <li>c. Chairman of RCGP Council (Wales)</li> <li>d. Chairman of GP Registrars (Wales)</li> <li>e. Chairman of Non-Principals (Wales)</li> <li>f. Treasurer of GMS Defence Fund Ltd</li> </ul> </li> </ul> <p>Changed to:</p> <ul style="list-style-type: none"> <li>6. The ex-officio (non-voting) members of conference shall be: <ul style="list-style-type: none"> <li>a. the two elected agenda committee members</li> <li>b. the members of GPC(W)</li> <li>c. Chair GPC Northern Ireland</li> <li>d. Chair GPC Scotland</li> <li>e. Chair GPC UK</li> <li>f. Chair GPC England</li> <li>g. Chair of BMA Welsh Council</li> <li>h. Chair of RCGP Council (Wales)</li> <li>i. Treasurer of GMS Defence Fund Ltd</li> <li>j. Chair of UK LMC Conference</li> <li>k. BMA National Director, Wales</li> </ul> </li> </ul>
SO 5	SO 7	<p>Changed from:</p> <ul style="list-style-type: none"> <li>5. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chairman, attend as observers.</li> </ul> <p>Changed to:</p> <ul style="list-style-type: none"> <li>7. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.</li> </ul>
–	SO 8 to 9	<p>Added:</p> <ul style="list-style-type: none"> <li>8. Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.</li> <li>9. At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.</li> </ul>
–	SO 9	<p>Added</p> <ul style="list-style-type: none"> <li>9. At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.</li> </ul>
SO 6.a to 6.c	SO 10.a to 10.c	Nil

SO 10.a to 10.b	SO 10.d to 10.e	<p>Moved from Procedures section to Interpretations section.</p> <p>Changed from:</p> <p>(a) 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 Chairman approves.</p> <p>(b) 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.</p> <p>Changed to:</p> <p>d. An ‘amendment’ leaves out words; leaves out words and inserts or adds others; inserts words; or be in such form as the chair approves (provided that a substantial part of the motion remains, and the original intention of the motion is not enlarged or substantially altered).</p> <p>e. A ‘rider’ adds 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.</p>
SO 7	SO 11	<p>Changed from:</p> <p>7. No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the GPC(W), the agenda committee, or a local medical committee.</p> <p>Changed to:</p> <p>11. Motions to amend</p> <p>a. No motion to amend these standing orders shall be considered at any subsequent conference unless 60 days’ notice is given by the GPC(W), the agenda committee, or a local medical committee – or otherwise with the agreement of the chair.</p> <p>b. Motions which are deemed by the agenda committee to be ‘housekeeping motions’ can be confirmed at the beginning of a Welsh conference (by suspending standing orders) and can be introduced for that conference.</p> <p>c. Any resolution amending standing orders will come into effect at the subsequent conference of Welsh Local Medical Committees, unless otherwise agreed by the chair.</p>
SO 8	SO 12	Nil

–	SO 13	<p>Added:</p> <p><b>Relationship with UK conference</b></p> <p>13. Resolutions of conference</p> <p>a. Motions that have no effect outside Wales shall be carried as substantive resolutions.</p> <p>b. Resolutions which may affect other countries in the UK shall be remitted to the UK conference of representatives of local medical committees.</p> <p>c. Any motion that is contrary to the policy of GPC UK shall not be carried unless the chair of GPC UK or his nominated deputy has been invited to speak.</p> <p>d. Any motion that is contrary to the policy of the UK conference shall not be carried unless the chair of the UK conference (or nominated deputy) has been invited to speak.</p> <p>e. The agenda committee will oversee the process of updating WLMC conference policy. On an annual basis, policy that is 10 years old will automatically be lapsed. Policy between 5-10 years old will be considered and a decision taken as to whether individual motions will be lapsed or retained. Following this annual process, an updated policy document will be shared with LMCs.</p>
SO 12.a	SO 14.a.i to 14.a.iii	<p>Changed from:</p> <p>(a) 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.</p> <p>Changed to:</p> <p>a. The agenda committee shall:</p> <p>i. determine the format and running order of conference</p> <p>ii. oversee the conduct of conference</p> <p>iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block</p>
SO 20	SO 14.a.iv	<p>Changed from:</p> <p>20. Conference dinner committee, shall be the chairman and deputy chairman of the conference, the chairman of GPC(W) and the Welsh Secretary of the BMA, to take the necessary steps to arrange for a dinner to be held at the time of the following annual conference, to which the members of the GPC(W), amongst others, shall be invited as guests of the conference.</p> <p>Changed to:</p> <p>iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference.</p>

SO 12.b to 12.c	SO 14.b to 14.c	<p>Changed from:</p> <ul style="list-style-type: none"> <li>(b) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.</li> <li>(c) 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.</li> </ul> <p>Changed to:</p> <ul style="list-style-type: none"> <li>b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.</li> <li>c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.</li> </ul>
–	SO 14.g	<p>Added:</p> <ul style="list-style-type: none"> <li>g. Motions, 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.</li> </ul>
–	SO 15	<p>Added:</p> <ul style="list-style-type: none"> <li>15. A period may be reserved for a 'soapbox' session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.</li> </ul>
SO 9.a.i	SO 16.a.i	<p>Changed from:</p> <ul style="list-style-type: none"> <li>(i) Motion amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to confer with the National Assembly for Wales on any subject specially relating to the working of the NHS.</li> </ul> <p>Changed to:</p> <ul style="list-style-type: none"> <li>i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.</li> </ul>

SO 10.c to 10.d	SO 16.d to 16.e	Moved from Procedures section to Motions To Conference section.
–	SO 16.f.ii	Added: ii. ‘Grouped motions’ – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference – the removal of the motion from the group shall be decided by the conference.
–	SO 16.f.viii.	Added: viii. Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.
SO 11.a to 11.b	SO 17.a to 17.b	Changed from: (a) A member of the conference shall address the chairman and shall, unless prevented by physical infirmity, stand when speaking. (b) Every member of the conference shall be seated except the one addressing the conference. When the chairman rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.  Changed to: a. A member of the conference shall address the chair and shall when possible stand when speaking. b. Every member of the conference shall be seated except, where possible, the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
SO 11.d	SO 17.d	Changed from: (d) Members of GPC(W) who also attend the conference as representatives, should identify in which capacity they are speaking to motions.  Changed to: d. Members of GPC(W) who also attend the conference as LMC representatives, should identify in which capacity they are speaking to motions.

SO 11.k	SO 17.k	<p>Changed from:</p> <p>(k) 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 chairman 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 chairman of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.</p> <p>Changed to:</p> <p>k. Motions to adjourn</p> <p>i. 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”.</p> <p>ii. If a motion, “that the question be put now”, is carried by a two thirds majority, the chair of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.</p>
SO 11.n to 11.o	SO 17.n to 17.o	<p>Changed from:</p> <p>(n) All motions expressed in several parts and designated by the letters (i), (ii), (iii), etc shall automatically be voted on separately. But, in order to expedite business, the chairman may ask conference (by a simple majority) to waive this requirement.</p> <p>(o) If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chairman shall have the discretion to rule, without putting it to the vote, that conference move to the next item of business.</p> <p>Changed to:</p> <p>n. All motions expressed in several parts and designated by the numerals (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.</p> <p>o. If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chair shall have the discretion to call for a proposer from the LMC which submitted the motion. The chair shall also have the discretion to rule, without putting it to the vote, that conference move to the next item of business.</p>

–	SO 18	<p>Added:</p> <p><b>Procedure for themed debate</b></p> <p>18. In a major issue debate the following procedures shall apply:</p> <ol style="list-style-type: none"> <li>a. the agenda committee shall indicate in the agenda the topic for a major debate</li> <li>b. the debate shall be conducted in the manner clearly set out in the published agenda</li> <li>c. the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference</li> <li>d. introductory speakers may produce a briefing paper of no more than one side of A4 paper</li> <li>e. subsequent speakers will be selected by the chairman from those who have indicated a wish to speak. Subsequent speeches shall last no longer than one minute.</li> <li>f. the chair of GPC(W) and the chair of conference, or his/her representative, shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)</li> <li>g. at the conclusion of the debate the introductory speakers may speak for no longer than two minutes in reply to matters raised in the debate. No new matters may be introduced at this time.</li> <li>h. the response of members of conference to any major debate shall be measured in a manner determined by the agenda committee and published in the agenda.</li> </ol>
SO 13.d	SO 19.d	<p>Changed from:</p> <p>(d) which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the local medical committees concerned.</p> <p>Changed to:</p> <p>d. which replace two or more motions already on the agenda (composite motions), agreed by representatives of the local medical committees concerned, and with the approval of the chair.</p>
SO 14	SO 20	Nil
SO 15.a	SO 21.a	<p>Changed from:</p> <p>(a) a member of the conference, including the chairman of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chairman may amend these limits.</p> <p>Changed to:</p> <p>a. A member of the conference, including the chair of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speeches to motions shall exceed two minutes. However, the chair may amend these limits.</p>
SO 16	SO 22	<p>Changed from:</p> <p>16. Only representatives of local medical committees may vote.</p> <p>Changed to:</p> <p>22. Only voting members of the conference may vote, as defined under SO3. The following rules apply:</p>

SO 16.a	SO 22.a	<p>Added:</p> <ul style="list-style-type: none"> <li>ii. a decision that could materially affect the GPDF Ltd funds</li> <li>iii. a decision to suspend standing orders (as defined in SO12)</li> <li>iv. decisions under SO 17.k and SO 17.l</li> </ul>
SO 17 to 18	SO 23	<p>Changed from:</p> <p><b>Elections</b></p> <p><b>Chairman</b></p> <p>17. A chairman shall be elected by the members of the conference to hold office for a period of three years.</p> <p><b>Deputy Chairman</b></p> <p>18. A deputy chairman shall be elected by the members of the conference to hold office for a period of three years.</p> <p>Changed to:</p> <p><b>Elections</b></p> <p>23.</p> <ul style="list-style-type: none"> <li>a. The election of chair, vice-chair and agenda committee shall be by LMC representatives and GPC(Wales) representatives,</li> <li>b. The election shall be conducted using single transferable vote.</li> <li>c. Those elected will hold office for a period of three years</li> <li>d. Only those described in SO 3 and the current elected agenda committee members are eligible for nomination for the posts of chair, deputy chair and agenda committee.</li> </ul>
SO 19.a	SO 24.a	<p>Changed from:</p> <p>(a) The agenda committee shall consist of the chairman and deputy chairman of the conference, the chairman of GPC(W), GPC(W) negotiators, two elected from the body of Conference and Welsh Secretary of the BMA.</p> <p>Changed to:</p> <p>a. The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC(W), GPC(W) negotiators, two elected from the body of Conference and the National Director, BMA Cymru Wales (or nominated deputies).</p>
SO 21 to 23	SO 25 to 27	Nil
SO 24	SO 28	<p>Changed from:</p> <p>24. Mobile phones may only be used in the precincts of, but not in, the conference hall.</p> <p>Changed to:</p> <p>28. Mobile phones may only be used to make calls in the precincts of, but not in, the conference hall.</p>
SO 25	SO 29	Nil
SO 26	–	Removed as this is now redundant.
SO 27 to 28	SO 30 to 31	Nil

# Conference of Welsh Local Medical Committees Proposed Standing Orders

## Conferences

### 1 Annual Conference

The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.

### 2 Special Conference

A special conference of representatives of local medical committees may be convened at any time by the GPC(W). 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:

- a. the chair and deputy chair of the conference.
- b. each LMC in Wales be allowed to send to conference its:
  - i. Chair or a deputy
  - ii. Secretary or a deputy
  - iii. and up to 5 additional representatives, at least one of which should be a trainee.

### 4 Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.

### 5 All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.

The ex-officio (non-voting) members of conference shall be:

- the two elected agenda committee members
- the members of GPC(W)
- Chair GPC Northern Ireland
- Chair GPC Scotland
- Chair GPC UK
- Chair GPC England
- Chair of BMA Welsh Council
- Chair of RCGP Council (Wales)
- Treasurer of GMS Defence Fund Ltd
- Chair of UK LMC Conference
- BMA National Director, Wales

## Observers

### 7 Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.

### 8 Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.

### 9 At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.

### Interpretations

- 10 'Members of the conference' means those persons described in SO 3.
- a. 'The Conference', unless otherwise specified, means either an annual or special conference.
  - b. 'As a reference' means that any motion so accepted does not constitute conference policy, but is referred to the GPC(Wales) to consider how best to procure its sentiments.
  - c. An 'amendment' leaves out words; leaves out words and inserts or adds others; inserts words; or be in such form as the chair approves (provided that a substantial part of the motion remains, and the original intention of the motion is not enlarged or substantially altered).
  - d. A 'rider' adds 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.

### Standing Orders

- 11 Motions to amend
- a. No motion to amend these standing orders shall be considered at any subsequent conference unless 60 days' notice is given by the GPC(W), the agenda committee, or a local medical committee – or otherwise with the agreement of the chair.
  - b. Motions which are deemed by the agenda committee to be 'housekeeping motions' can be confirmed at the beginning of a Welsh conference (by suspending standing orders) and can be introduced for that conference.
  - c. Any resolution amending standing orders will come into effect at the subsequent conference of Welsh Local Medical Committees, unless otherwise agreed by the chair.
- 12 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 (SO 3).

### Relationship with UK conference

- 13 Resolutions of conference
- a. Motions that have no effect outside Wales shall be carried as substantive resolutions.
  - b. Resolutions which may affect other countries in the UK shall be remitted to the UK conference of representatives of local medical committees.
  - c. Any motion that is contrary to the policy of GPC UK shall not be carried unless the chair of GPC UK or his nominated deputy has been invited to speak.
  - d. Any motion that is contrary to the policy of the UK conference shall not be carried unless the chair of the UK conference (or nominated deputy) has been invited to speak.
  - e. The agenda committee will oversee the process of updating WLMC conference policy. On an annual basis, policy that is 10 years old will automatically be lapsed. Policy between 5-10 years old will be considered and a decision taken as to whether individual motions will be lapsed or retained. Following this annual process, an updated policy document will be shared with LMCs.

### Allocation of conference time

- 14
- a. The agenda committee shall:
    - i. determine the format and running order of conference
    - ii. oversee the conduct of conference
    - iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block
    - iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference
  - b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.
  - c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.
  - d. 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.
  - e. Priority motions, defined in SO 16.f.i, in each block shall be debated first.
  - f. Motions prefixed with a letter 'A', defined in SO 16.f.vi, shall be formally moved by the chair of the conference as a block to be accepted without debate during the first session of the conference.
  - g. Motions, 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.

- 15 A period may be reserved for a 'soapbox' session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.

### Motions to Conference

- 16 a. shall include:
- i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.
  - ii. Motions submitted by the agenda committee in respect of organisational issues only.
- b. Any motion which has not been received by the secretariat within the time limit set by the agenda committee shall not be included in the agenda.
- c. The right of any local medical committee, or member of the conference under SO 3, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
- d. 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 in 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.
- e. No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chair or by the agenda committee.
- f. Shall be prepared by the agenda committee as follows:
- i. 'Priority motions':- an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the agenda committee 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.
  - ii. 'Grouped motions' – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference – the removal of the motion from the group shall be decided by the conference.
  - ii. 'Composite motions':- if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, 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.
  - iv. 'Motions with subsections':-
    - A. motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.
    - B. subsections shall not be mutually contradictory
    - C. such motions shall not have more than five subsections.
  - v. 'Rescinding motions':- motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'
  - vi. 'A motions':- motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of GPC(W) as being non-controversial, self-evident or already under action or consideration, shall be prefixed with a letter 'A'
  - vii. 'AR motions':- motions which the chair of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters 'AR'.
  - viii. Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.

### Rules of debate

- 17
- a. A member of the conference shall address the chair and shall when possible stand when speaking.
  - b. Every member of the conference shall be seated except, where possible, the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
  - c. 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.
  - d. Members of GPC(W) who also attend the conference as LMC representatives, should identify in which capacity they are speaking to motions.
  - e. The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
  - f. The chair shall take any necessary steps to prevent tedious repetition.
  - g. 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.
  - h. Amendments shall be debated and voted upon before returning to the original motion.
  - i. Riders shall be debated and voted upon after the original motion has been carried.
  - j. If any amendment or rider is rejected, other amendments or riders, may subject to the provisions of SO 17.g, 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.
  - k. Motions to adjourn
    - i. '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".
    - ii. 'If a motion, "that the question be put now", is carried by a two thirds majority, the chair of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.
  - l. 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 GPC(W) 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."
  - m. Proposers of motions shall be given prior notice if GPC(W) intends to present an expert opinion by a person who is not a member of the conference.
  - n. All motions expressed in several parts and designated by the numerals (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.
  - o. If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chair shall have the discretion to call for a proposer from the LMC which submitted the motion. The chair shall also have the discretion to rule, without putting it to the vote, that conference move to the next item of business.

**Procedure for themed debate:**

- 18 In a major issue debate the following procedures shall apply:
- a. the agenda committee shall indicate in the agenda the topic for a major debate
  - b. the debate shall be conducted in the manner clearly set out in the published agenda
  - c. the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference
  - d. introductory speakers may produce a briefing paper of no more than one side of A4 paper
  - e. subsequent speakers will be selected by the chair from those who have indicated a wish to speak. Subsequent speeches shall last no longer than one minute.
  - f. the chair of GPC(W) and the chair of conference, or his/her representative, shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)
  - g. at the conclusion of the debate the introductory speakers may speak for no longer than two minutes in reply to matters raised in the debate. No new matters may be introduced at this time.
  - h. the response of members of conference to any major debate shall be measured in a manner determined by the agenda committee and published in the agenda.

**Motions not published in the agenda**

- 19 Motions not included in the agenda shall not be considered by the conference except those:
- a. 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.
  - b. relating to votes of thanks, messages of congratulations or condolences.
  - c. relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
  - d. which replace two or more motions already on the agenda (composite motions), agreed by representatives of the local medical committees concerned, and with the approval of the chair.
  - e. prepared by the agenda committee to correct drafting errors or ambiguities.
  - f. that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions.

**Quorum**

- 20 No business shall be transacted at any conference unless at least one-third of the number of representatives appointed to attend, under SO3, are present.

**Time limit of speeches**

- 21
- a. A member of the conference, including the chair of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speeches to motions shall exceed two minutes. However, the chair may amend these limits.
  - b. 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**

- 22 Only voting members of the conference may vote, as defined under SO3. The following rules apply:
- a. Decisions of the conference shall usually be determined by simple majorities of those present and voting (defined in SO 3), except that the following will also require a two-thirds majority of those present and voting:
    - i. any change of conference policy relating to the constitution and/or organisation of the LMC/ conference/GPC(W) structure
    - ii. a decision that could materially affect the GPDF Ltd funds
    - iii. a decision to suspend standing orders (as defined in SO12)
    - iv. decisions under SO 17.k and SO 17.l
  - b. Voting shall be either by a show of hands/cards or by electronic voting, at the discretion of the chair.
  - c. If a recorded vote is demanded by 20 representatives of the conference (SO3), signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
  - d. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

**Elections**

- 23
- a. The election of chair, vice-chair and agenda committee shall be by LMC representatives and GPC(Wales) representatives.
  - b. The election shall be conducted using single transferable vote.
  - c. Those elected will hold office for a period of three years.
  - d. Only those described in SO 3 and the current elected agenda committee members are eligible for nomination for the posts of chair, deputy chair and agenda committee.

**Conference Agenda Committee**

- 24
- a. The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC(W), GPC(W) negotiators, two elected from the body of conference and the National Director, BMA Cymru Wales (or nominated deputies).
  - b. The chair of conference, or if necessary the deputy chair, shall be chair of the agenda committee.

**Returning officer**

- 25
- The National Director, BMA Cymru Wales, or a nominated deputy, shall act as returning officer in connection with all elections.

**Motions not debated**

- 26
- Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

**Distribution of papers and announcements**

- 27
- In the conference hall, or in the precincts thereof, no papers or literature shall be distributed, or announcements made, or notices displayed, unless approved by the chair.

**Mobile phones**

- 28
- Mobile phones may only be used to make calls in the precincts of, but not in, the conference hall.

**The press**

- 29
- Representatives of the press may be admitted to the conference but they shall not report on any matters, which the conference regards as private.

**Chair's discretion**

- 30
- 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.

**Minutes**

- 31
- Minutes shall be taken of the conference proceedings and the chair shall be empowered to approve and confirm them.



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