Scottish local medical committee conference
Agenda and guide

9/10 March 2017
The Golden Jubilee Conference Hotel,
Beardmore Street,
Clydebank

#SLMC17
Agenda committee members

Mary O’Brien, chair of conference
Teresa Cannavina, deputy chair of conference
Stuart Blake, committee member
Denise Mcfarlane, committee member
Alastair Taylor, committee member
Alan McDevitt, chair of SGPC
I am delighted to welcome you to the 2017 Scottish LMC conference at the Golden Jubilee Conference Hotel.

The SLMC conference offers an important opportunity for GPs across Scotland to influence the policy of the BMA’s Scottish GP committee (SGPC). It is a chance to ensure the SGPC negotiators understand your priorities and concerns and a chance to provide ideas to improve general practice. The motions you submit and the policy they form also send messages to stakeholders including Scottish Government and the NHS health boards about the challenges facing general practice and the solutions you see to move the profession forward. Whether you’re a regular visitor to conference or this is your first year I hope you will get involved, either by proposing one of your LMC’s motions or by contributing to the debates.

The programme begins on Thursday at 6pm with a presentation from the BMA Scotland public affairs team on how LMCs can increase their political engagement. A drinks reception will be held at 7.30pm with dinner from 8pm which is a great opportunity to meet and network with the other delegates. On Friday we will debate motions on a variety of topics including recent announcements by Scottish Government on the increase in funding for general practice, improving IT provision in general practice and the implementation of the Scottish Government’s report, “Realistic Medicine”. We are also delighted to welcome the Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison, to address conference and answer a few of your questions. We will close conference with a debate on how we structure and run this conference and what changes you would like to see.

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

Best wishes,
Mary O’Brien
Programme

Thursday 9 March 2017

Registration
5pm – 7.15pm

Presentation by the BMA Scotland public affairs team on political engagement for LMCs
6pm – 7pm

Pre-dinner drinks reception
from 7.30pm

Dinner (dress code – lounge suits)
8pm

Friday 10 March 2017

Registration
8.30am – 9am

Conference Agenda
9am – 4.45pm
Tips and things to remember

This agenda and guide
Please read this agenda and guide, which can also be found on the BMA website, before conference. It contains all of the information that you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to and debate on behalf of your LMC.

Please bring this guide, and accompanying papers, with you to conference.

Registration
Registration will take place from 5pm to 7.15pm on Thursday 9 March and from 8.30am to 9am on Friday 10 March. The registration desk is located by the entrance to the conference centre in the foyer of the Golden Jubilee Conference Hotel. You will be issued with your name badge and delegate pack which contains election information, the election timetable, your voting papers if you are eligible to vote, a travel claim form and a conference evaluation form.

Standing Orders
The procedures of the SLMC conference are covered by the Standing Orders, a copy of which accompany this Guide. These set out the formal rules of conference and there are times when they need to be rigidly applied. The SLMC conference usually adopts a relatively informal and interactive debating style. This is explained more fully in the Rules of Debate section.

Conference expenses: for representatives only
Travel expenses will be reimbursed for conference representatives (except observers and invited guests) as follows:
— If travelling by air: at economy rate on the understanding that the air fare does not exceed the corresponding cost of rail travel plus additional subsistence.
— If travelling by rail: first class return rail fare from the home town. Please note that first class rail travel will be reimbursed only when a single (not return) journey exceeds 50 miles.
If travelling by car: mileage at a flat rate of 45p per mile for the round trip journey to the home town, irrespective of engine size. You need to note start and finish destination on the claim form for mileage.

Subsistence
Please note that subsistence cannot be claimed for the day of the conference and can only be claimed if representatives are forced to stay an additional night (either in the conference hotel or en route home) as a result of complicated travel arrangements. Please note that receipts must be attached to all claims. A claim might not be settled or payment may be delayed if receipts cannot be produced.

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

Media coverage at conference
The conference will be webcast as in previous years. You should also be aware that there may be journalists present at conference and what you say may be reported, both in the BMA media and in the national press. The public affairs team will be available to help you with any press enquiries.

Sponsors and exhibitors
This year you can visit stands from a variety of organisations including:
- BMA Law
- BMA Member Services
- BMJ
- Gama Healthcare
- MPS – Medical Protection Society
- SALUS – NHS provider of occupational health
- Vision Healthcare
Conference format

The agenda
The agenda is divided into sections. Each section is allocated a time slot and the chair will try to ensure that as many motions as possible are debated in each section.

Some motions have been bracketed together with a heavy black line in the left hand margin. One of these motions might have an asterisk. The chair will lead conference to debate the asterisked motion although the debate will cover all motions in the bracket.

Some motions will have been re-written or combined by the agenda committee prior to issuing the agenda to try and highlight the key points of similar motions. In this case, the LMC whose motion is printed immediately under the agenda committee motion, will be invited to open the debate.

Some motions have been greyed out and placed at the bottom of their section of the agenda. It is anticipated by the agenda committee that there will not be enough time to reach these motions and therefore that they may not be debated. If there is extra time the chair of conference may decide to debate some of these motions and therefore LMCs should be aware that they may be called on to propose a motion that has been greyed out.

Amendments
LMCs and representatives are welcome to send amendments to any of the motions in the agenda. These should be sent to mweatherston@bma.org.uk by 12pm on 8 March. Amendments submitted after this time should be given to a member of the agenda committee in writing. Amendments at the conference can be accepted up to 8.30am on 10 March, for items to be debated in the morning session and up to midday for afternoon items.

LMCs can also send in new motions about any issue which has arisen since the closing date for motions. These should be sent by email to mweatherston@bma.org.uk by 12pm on 8 March. The agenda committee will then make recommendations about how this new material should be fitted into the agenda and to the timetable.

Timetable
An important part of the first business of the conference is to agree the proposed timetable and the structure of agenda. If you do not wish to accept the agenda committee’s proposals please be ready to present your case. Prior notification to the agenda committee would be very helpful in this instance. If a representative is dissatisfied with the timetable or the way in which the motions are dealt with, this should be discussed with members of the agenda committee in the first instance who will be able to help.

Rules of debate
There are no speakers’ slips. There are however, proposer of motion slips which should be completed and submitted to the agenda committee. The agenda committee members are located at the back of the auditorium. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from representatives who signal to the chair that they wish to speak. The chair might ask who wants to speak for or against a motion, so that a balanced view is put across. Guests have observer status and are not permitted to speak at conference. When the chair asks representatives to vote, please hold up the brightly coloured voting card which is in your delegate pack.

If a proposer (or a representative who is speaking to a motion) thinks that there may be a conflict of interest then they should declare this to conference. A conflict of interest may be, for example, if the delegate is a member or an organisation which is mentioned in the motion, or if the motion advocates a paper written by the delegate.

It may be proposed that a motion, if passed by conference, is taken as a reference. This means that the motion would not constitute conference policy, but that SGPC would consider how best to take forward the sentiment of the motion.
Timetable constraints apply to all speeches. Three minutes are allowed for the proposer and two minutes for each speaker from the floor and this is indicated by ‘traffic lights’ located adjacent to the speakers’ podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.
# Timetable

## Schedule of Business – Friday 11 March 2016

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Conference agenda

RETURN OF REPRESENTATIVES
The Chair: That the delegate list be received.

MINUTES
The Chair: Receive the minutes of the conference held on 11 March 2016 as approved by the Chair of Conference in accordance with Standing Order 26.

STANDING ORDERS
The Chair: That the following amendments be made to the Standing Orders for Conference of Representatives of Scottish Local Medical Committees (GP) 2017:

– Changes to implement the BMA style guide including changing ‘chairman’ to ‘chair’ and reducing the number of words which are capitalised.

– Changing mentions of “GPC” to ‘GPC UK’.

– Amendment of item 4 as follows:

Both lay and medical secretaries of LMCs, who are not members of the conference, may, with the permission of the chair, attend as observers, but the cost of such attendance is to be met by the LMC.

– Addition of an item outlining the procedure for themed debate:

11 (m) In a major issue debate the following procedures shall apply:
(i) the agenda committee shall indicate in the agenda the topic for a major debate
(ii) the debate shall be conducted in the manner clearly set out in the published agenda
(iii) the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference
(iv) introductory speakers may produce a briefing paper of no more than one side of A4 paper
(v) 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
(vi) the chair of SGPC or his/her representative shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)
(vii) 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
(viii) 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.

– Addition of an item outlining the procedure for a soapbox session:

12 (c) Soapbox session:
(i) a period may be reserved for a ‘soapbox’ session in which representatives are given up to one minute to present to conference an issue which is not covered in the agenda
(ii) other representatives shall be able to respond to the issues raised during the soapbox session, or afterwards via means to be determined by the agenda committee
(iii) representatives wishing to present an issue in the soapbox should complete the form provided and hand to a member of the agenda committee at the time of the debate.

– Amendment of item 22 as follows:

22. Mobile phones should be in silent mode and used minimally in the conference hall. Phone calls may only be made in the precincts of, but not in, the conference hall.
REPORT OF THE AGENDA COMMITTEE
The Chair: That the following report of the Agenda Committee be approved: The Agenda Committee is charged under section [12 (a)] with the allocation of time blocks. Having considered the motions submitted for inclusion in the agenda, the committee has recommended a starting time of certain blocks of motions (to follow).

REPORT OF THE CHAIR OF THE SGPC
The Chair: Receive report from the Chair of SGPC.

CONTRACTS AND NEGOTIATIONS
Grampian: That this conference welcomes the constructive way in which Scottish Government and the SGPC negotiators have been working together in developing a new GP contract and hopes that clarification on its outcomes will be available soon.

* Agenda Committee: That this conference asks SGPC to ensure that as part of ongoing contract negotiations:
  i. any support that is theoretically provided to GP surgeries by staff employed by other agencies must be made transparent, consistent and reliable
  ii. mentoring time for the expanded team of allied health professionals working within general practice as envisioned in our new general medical services (GMS) contract should be recognised and appropriately funded.

Tayside: That this conference asks SGPC to ensure that as part of ongoing contract negotiations any support that is theoretically provided to GP surgeries by staff employed by other agencies must be made transparent, consistent and reliable.

Lothian: That conference calls upon SGPC and the Scottish Government to recognise and appropriately fund practice mentoring time for the expanded team of allied health professionals working within general practice as envisioned in our new GMS contract.

Glasgow: That this conference demands GP practice incomes are protected during the transition period to a new Scottish GP contract.

Grampian: That this conference recognises the additional work and responsibilities associated with caring for patients in a community hospital and insists that community hospital work remains out with the GMS (or equivalent) contract and separately remunerated.

Borders: That this conference believes that the new contract should stipulate 15 minute GP appointments as a minimum requirement.

Borders: That this conference believes that the new GP contract should set safe, maximum working limits on GPs and provide robust local arrangements for management of overflow when this limit is reached.

Lothian: That conference, with respect to drug and alcohol dependent patients, and knowing that they represent one of the highest risk groups for sudden death outside hospital care:
  i. believes that primary care and general practice can uniquely contribute to the co-ordination of their care, and liaise with other services involved (prisons, secondary care and the third sector)
  ii. asks that the new general practice contract contains specific provision for supporting this clinical need.
HEALTHCARE PLANNING AND PROVISION

Agenda Committee: That this conference calls on the Scottish Government to:

i. hold a public debate about the principles of “Realistic Medicine”
ii. be more honest with the public about the limited resources available for healthcare
iii. use national campaigns and media initiatives to support self-care and empower individuals to seek advice/care from sources other than general practice
iv. avoid giving advice to the public which undermines the principles of “Realistic Medicine”
v. clarify what areas of healthcare will be funded by the NHS.

Ayrshire and Arran: That this conference calls on the Scottish Government to hold a public debate about the principals of ‘Realistic Medicine’ thus clarifying what areas of healthcare will be funded by the NHS.

Dumfries & Galloway: That this conference believes that the NHS in its current state is unfortunately in terminal and inevitable decline; what is needed is a politician with the courage to admit this, and the vision to sit down with a clean piece of paper from which a new health service, fit for the 21st Century will emerge.

Ayrshire and Arran: That this conference believes that the Scottish Government:

i. needs to be more honest and open with the public in terms of the limited resources available
ii. should support self-care and empowerment of individuals to seek advice/care from other sources of service provision through national campaigns/media initiatives rather than primary care being portrayed as the first port of call for minor, self-limiting and social care issues.

Lothian: That this conference believes that Scottish Government’s support for Realistic Medicine is directly undermined by its own advice for unrealistic medicine, an example being the exhortation to patients to visit the local pharmacy for advice about colds. (http://www.knowwhototurnto.org/)

Tayside: That this conference demands that SGPC divert from negotiating our professional terms and conditions of service within an increasingly failing healthcare system to pressing Scottish Government for a national debate on the future of healthcare provision in Scotland in the context of which a more meaningful negotiation can occur.

Dumfries & Galloway: That this conference requests a realistic attitude on the part of government regarding the existing resources within general practice and what the public can expect from the service.

Glasgow: That this conference believes that the rising workload in the NHS is unsustainable and that urgent action by the government is required to address patients’ expectations and what the NHS can reasonably deliver to the public.

Agenda Committee: That this conference:

i. believes that patients should be able to self-refer to a wider range of allied health professionals within primary care
ii. insists that waiting times to see allied health professionals in primary care should be no greater than that to see a GP.

Grampian: That this conference welcomes suggestions to improve access to allied health professionals where appropriate without having to seek a GP referral first, but insists that for this to reduce demand on general practice their waiting times must be at least equivalent with that to see a GP.

Forth Valley: That this conference believes that for the new models of care to work patients will need to be able to self-refer to a wider range of primary care services.
26 **Grampian:** That this conference believes that a community based phlebotomy service, accessible to both primary and secondary care services and not funded through GP income, would lead to significant reductions in GP workload and improved clinical governance, with results able to go directly to the requesting clinician.

27 **Ayrshire and Arran:** That this conference

i. believes that the decision to offer care and support to refugee families and their children is welcomed and necessary

ii. asks that those responsible for organising the care and support to refugee families and their children, including health boards and health and social care partnerships (HSCPs), engage at the earliest possible stage with GPs and primary care as these patients inevitably have extensive, complex and unfamiliar health care needs

iii. insists that the necessary resources (personnel and financial) are put in place to support the care and support to refugee families and their children.

28 **Grampian:** That this conference believes that for GPs to exercise their role as expert medical generalists in the community effectively (and for a reduction to be made in some hospital clinic waiting times) there must be increased direct access to diagnostic investigations (where and when the clinician is competent in interpreting the results).

29 **Glasgow:** That this conference understands that hospitals are under a great deal of pressure at this time but rejects any suggestion that GPs should be doing more in the community to avoid sending patients into hospital.

30 **Glasgow:** That this conference does not support the move to redirect A&E patients to general practice.

31 **Highland:** That this conference recognises that trauma care in Scotland can benefit from a national network, yet:

i. accepts that a significant number of people live and work in parts of Scotland that are distant from major trauma centres

ii. acknowledges the reality of some GPs being called upon to give initial care by virtue of their location

iii. notes the need for GPs in remote locations to be supported with relevant training

iv. asks SGPC to keep Scottish Government mindful of the vital contribution GPs make to emergency and urgent care.

32 **Lothian:** That conference is dismayed that the ‘Universal Health Visiting Pathway in Scotland’ has been implemented and calls upon its suspension until adequate health visitor numbers and resource have been put in place.

33 **Grampian:** That this conference believes that GPs should provide high quality medical care to all patients in their community, regardless of origin or ethnicity, but believes that their ability to do this is at times hampered by the translation services provided and so insists that any service receiving public funding should have robust standards including connection times and rates of calls being disconnected.

34 **Lanarkshire:** That this conference believes that if active surveillance is a legitimate treatment/investigation modality, it should be properly resourced and monitored, rather than left to ad hoc arrangements, where the GP is offered to the patient as an active partner, without their consent.

35 **Lanarkshire:** That this conference acknowledges the patients’ charter and the costs to the NHS if a patient defaults from an appointment, however, insisting the patient sees the GP for re-referral increases the costs to the NHS, demoralises and devalues the GP and risks unnecessary confrontation/complaint. As such, conference demands a nationally agreed protocol allowing a patient to be reappointed, without recourse to the GP if they:

i. miss an appointment, for example within 6 months

ii. have been discharged prematurely e.g. before results are known.
15

Lanarkshire: That this conference believes outpatient waiting times information should be more easily available to patients, online or by telephone, should not involve the GP practice and should make clear in any safety netting that this is for a significant change in clinical condition and that the GP has no control over waiting times.

PREMISES

Agenda Committee: That this conference demands:

1. urgent action to resolve the continuing problem of premises owning practices struggling to recruit new partners because of the need to buy into those premises
2. a plan to modernise the primary care estate to allow GPs and their teams to look after more patients in their communities
3. that all health boards should act as guarantors for leases for GP premises.

Forth Valley: That this conference demands urgent action to resolve the continuing problem of premises owning practices struggling to recruit new partners because of the needs to buy into those premises.

Grampian: That this conference welcomes suggestions that GP practices will have additional allied staff working within the practice, but recognises that many practice premises are already at capacity and in some cases limiting capacity, and insists that Scottish Government must develop a plan to modernise the primary care estate to allow GPs and their teams to look after more patients in their communities.

Lothian: That conference believes that SGPC and the Scottish Government should urgently address the significant threats many practices currently face in relation to their premises.

GENERAL PRACTICE

Agenda Committee: That this conference:

1. insists that the seven day working, 12 hours a day, is unsustainable within current resources with particular reference to manpower
2. seeks Scottish Government assurances that there is no intention to move to GP opening hours of 84 hours a week
3. demands that the current public holiday system is maintained for general practice as GPs are unable to have the same arrangements for enhanced annual leave in lieu that our secondary care colleagues receive.

Lanarkshire: That this conference believes that in light of the Prime Minister’s recent statements, the Scottish Government should give assurances that there is no intention to move to GP opening of 84 hours per week?

Dumfries & Galloway: That this conference believes that until general practice is appropriately resourced, with particular reference to manpower, we should resist any government attempts to extend the working week, including any early suggestion that we should compromise on the existing four day holidays at Christmas and New Year.

Grampian: That this conference insists, despite recent pronouncements elsewhere on this island, that seven day working, 12 hours per day, remains unsustainable.

Tayside: That this conference demands that the current public holiday system is maintained for general practice as GPs are unable to have the same arrangements for enhanced annual leave in lieu that our secondary care colleagues receive.
Lanarkshire: That this conference believes that Scottish general practice is under overwhelming pressure from excessive demands from patients as well as from secondary care and is not expected to survive unless an urgent rescue package is negotiated between Scottish Government and SGPC as soon as possible.

Dumfries & Galloway: That this conference demands the immediate recognition and establishment of general practice as a medical specialty in its own right.

Grampian: That this conference encourages Scottish Government to consider developing a team of experienced GPs who would be willing to work in practices experiencing difficulties to help identify issues which could turn the practices round before they potentially fail.

Forth Valley: That this conference believes that SGPC should negotiate with Scottish Government to extend CNORIS (NHS indemnity) to GPs to:
1. support the practice of realistic medicine
2. ease expenses pressures on GPs
3. improve recruitment to Scotland
4. provide equity with consultants.

Lanarkshire: That this conference believes that the fee for access to medical records should reflect the work entailed.

Lanarkshire: That this conference believes that:
1. it is inherent upon government and HSCPs to ensure that the public is told the truth about the crisis in general practice recruitment, retention and training and the impact this has on GPs’ ability to deliver the safe and high quality care we all expect.
2. the government should ensure that a GP practice surgery is the preferred and only place of care for the patient to see general practitioners and their employed staff.

EHEALTH

Agenda Committee: That this conference:
1. believes that IT provision to general practice is in some areas sub-optimal which can increase GP workload significantly
2. insists that in any new contract there are robust performance standards and failure consequences for both boards and commercial providers
3. is aware that vast parts of Scotland have inadequate broadband links and calls on the Scottish Government to accelerate the provision of fast broadband to all areas of Scotland
4. believes that teleconferencing facilities are essential for practices to participate meaningfully in cluster quality work and that these facilities should be provided as an integral part of IT provision to all practices.

Grampian: That this conference believes that, under the current arrangements, the IT provision to general practice is in some areas sub-optimal and that when it fails or falters this can increase GP workload significantly as practices attempt to reduce potential harm to patients and to maintain services, and therefore conference insists that in any new contract there are robust performance standards and failure consequences for both boards and commercial providers.

Lanarkshire: That this conference believes that teleconferencing facilities are essential for practices to participate meaningfully in cluster quality work and that these facilities should be provided as an integral part of IT provision to all practices.

Ayrshire and Arran: That this conference
1. recognizes the critical part that IT infrastructure plays in delivery of health care
2. is aware that vast parts of Scotland have inadequate broadband links
3. calls on the Scottish Government to accelerate the provision of fast broadband to all areas of Scotland.
Ta yside: That this conference is dismayed by the continued inefficiency and ongoing denigration of the primary care patient record due to the failure to deliver electronic transfer of patient notes and calls on SGPC to lobby the Scottish Government to ensure this is implemented by April 2018.

Lothian: That this conference calls for the removal of choice in clinical operating systems with a single system Scotland wide.

Glasgow: That this conference welcomes the work that has been carried out across Scotland to share parts of the GP clinical record with secondary care clinicians and supports the discussion with the GP community on wider sharing of the GP record.

Ayrshire and Arran: That this conference believes in order to work more effectively in extended multi-disciplinary teams and across the interface that:

i. it is important to be able to safely and securely share appropriate patient data
ii. the model of the GP as the data controller may not be the best model for the future
iii. SGPC and Scottish Government explore different data controller options.

Glasgow: That this conference demands an urgent review of the SCI Gateway template used for reporting deaths to the COPFS because the template is time consuming, onerous and overly bureaucratic for GPs.

GOVERNMENT POLICY

Lothian: That this conference welcomes many of the sentiments and approaches of 'The Modern Outpatient: A Collaborative Approach' but:

i. has doubts that many of the changes required (including an extended workforce and re-education of the public) will be in place by 2020
ii. believes that it fails to recognise that existing outpatient work done by GPs has an impact on capacity for managing core practice work
iii. calls for a new workforce in the community to undertake outpatient work now – with consideration given to a 2017/18 HEAT target.

Lothian: That this conference welcomes ‘A New Future for Social Security Consultation on Social Security in Scotland’ and calls that:

i. no letter should be requested of GPs for a benefits decision without government funding for it
ii. other health professionals closely involved with the patient should be allowed to contribute to DWP documentation
iii. it be considered that the current system increases inequalities by relying on GPs serving the most deprived patients to shoulder the biggest unresourced burden for reports.

Lothian: That conference believes that Scottish general practices already provide a comprehensive, responsive and high quality complaints system and that the proposed NHS Model Complaints Handling system:

i. brings a new and unnecessary bureaucratic workload at a time when many general practices are struggling to deliver core services
ii. brings an unrealistic requirement to deal with complaints within 5 days
iii. puts undue emphasis on documenting ‘concerns’
iv. should be urgently raised with the Scottish Government by SGPC as unacceptable and unworkable unless there is a revision which addresses the above concerns.

Forth Valley: That this conference is concerned that the new complaints procedures that are being imposed are:

i. disproportionately onerous on smaller organisations such as GP practices
ii. going to take clinicians away from direct patient care
iii. difficult to comply with given an increase in part time workers.
Lothian: That this conference believes that the current pressures on local government funding:

i. are adversely impacting on the lives and health of many of the most vulnerable members of our communities

ii. pose a significant threat to the viability of health and social care integration in Scotland.

RECRUITMENT AND RETENTION

Agenda Committee: That this conference:

i. believes more needs to be done urgently to identify the reasons for the GP retention crisis

ii. is concerned that during a time of GP shortage there remain difficulties for returning GPs accessing NHS Education for Scotland (NES) support

iii. believes the Scottish Government should consider a concerted effort to attract GPs from the rest of the UK and from overseas.

Dumfries & Galloway: That this conference believes that one of the major drivers of the recruitment crisis is the retention crisis; and more needs to be done urgently to identify the reasons why we have gone from a profession that had to be dragged into retirement into one which is leaving in droves.

Forth Valley: That this conference is concerned that during a time of GP shortage there remain difficulties for returning GPs accessing NES support.

Dumfries & Galloway: That this conference believes that the toxic mix of relentlessly negative attitudes towards general practice from within the press, political organisations and even other areas of the medical profession are adversely affecting recruitment and retention of GPs. This conference charges the SGPC to counter this trend whenever possible.

Lanarkshire: That this conference believes that despite intentions to address the current shortage of GPs there remains a significant shortfall impacting on patient care now. The prospect of increasing retirements from partnerships coupled with a lack of ready replacements will likely see further strain placed on those remaining. Has the Scottish Government considered a concerted effort to attract GPs either from our UK neighbours or indeed overseas, now?

Forth Valley: That this conference demands that the UK governments, Royal College of General Practitioners (RCGP) and General Medical Council (GMC) work with the universities to promote general practice as a career to improve recruitment.

UNSCHEDULED CARE

Agenda Committee: That this conference believes:

i. government should recognise the essential role of primary care out of hours (OOH) services in the unscheduled care environment and protect these vulnerable services from unrealistic efficiency savings which compromise the ability to deliver safe and effective care

ii. Integrated Joint Boards (IJBs) should actively support the development of and sustainability of primary care OOH services.

Glasgow: That this conference believes IJBs should actively support the development of and sustainability of primary care OOH services and ensure that resources available for unscheduled care and development of primary care are made available to OOH services.

Glasgow: That this conference believes government should recognise the essential role of GP and nurse led primary care OOH services in the unscheduled care environment and protect these vulnerable services from unrealistic efficiency savings which compromise the ability to deliver safe and effective care.
Ayrshire and Arran: That this conference believes that the Scottish Government should urgently negotiate at UK level to make superannuation for out of hours GP work optional thereby encouraging more GPs to staff the OOH workforce crisis.

APPRaisal AND REVALIDATION

Agenda Committee: That this conference calls on SGPC to work with the GMC and national appraisal and revalidation bodies to:

i. reduce the burden of appraisal through agreeing proportionate and relevant supporting evidence
ii. agree a reduction in frequency of full appraisal based on risk stratification
iii. reclaim GP appraisal as a formative and supportive activity
iv. develop a simpler and less burdensome model for older GPs to improve retention

Glasgow: That this conference calls on SGPC to work with the GMC and national appraisal and revalidation bodies to reduce the burden of appraisal on an exhausted GP workforce in Scotland through agreeing proportionate and relevant supporting evidence required for appraisal and reduction in frequency of full appraisal based on risk stratification and by reclaiming GP appraisal as a formative and supportive activity which assists GPs in their development and helps them survive in their current stressful working life.

Dumfries & Galloway: That this conference congratulates our colleagues involved in the administration and delivery of appraisal in Scotland. It acknowledges the human resources issues surrounding the delivery of appraisal and suggests the Scottish Government examine reducing the frequency of appraisal to every second year in candidates with no history of concern to ease the pressure on resources.

Ayrshire and Arran: That this conference is aware that the burden of appraisal is a barrier to retention of the older GP workforce and calls on SGPC to work with NES & the RCGP to develop a simpler & less burdensome model for this group of doctors.

PREScribing, PHARMACY SERVICES AND DISPENSING

Tayside: That this conference believes that the continued inefficient use of general practice resource required to re-issue alternative medication due to stock shortage is inappropriate and calls on the Chief Pharmaceutical Officer to work with SGPC to enable pharmacists to automatically make appropriate substitutions when required.

Tayside: That this conference demands that NHS Scotland agrees a mechanism with community pharmacists that drug substitutions due to supply problems that do not involve a change of drug, should be made by the community pharmacy without demanding a new prescription from the GP practice.

Tayside: That this conference supports the imperative for safe and effective prescribing across Scotland and calls for the Scottish Government to ensure:

i. a unified prescribing budget for each board
ii. a unified prescribing formulary for Scotland.

Glasgow: That this conference is concerned about the negative impact of significant increases in the cost of some generic medications on both practice prescribing budgets and on patient care.

Glasgow: That this conference demands that secondary care and mental health clinics have access to either a hospital pharmacy or a community prescription pad so that GPs are not the default service for all urgent or same day prescriptions coming from clinics.

Fife: That this conference believes that there should be a prescription charge for items that otherwise can be bought over the counter.

Lothian: That conference believes that GPs should not be involved in the prescription of food.
FUNDING

**Agenda Committee:** That this conference welcomes the commitment by the Scottish Government to increase funding to general practice annually to 2021-22, but:

i. insists that details of how the additional resource will be used must be provided at the earliest opportunity

ii. insists that the additional investment must be spent on services to reduce general practice workload

iii. instructs the Scottish Government to continue to increase funding to general practice to address the workload from the increasing complexity of patients managed in general practice

iv. instructs the Scottish Government to additionally fund any shift of workload from secondary care.

**Glasgow:** That this conference insists that the additional investment that has been announced for primary care and GP services should be spent on actual services that will reduce general practice workload and not to relieve secondary care or health board pressures.

**Glasgow:** That this conference welcomes the commitment by the Scottish Government to increase the funding to general practice annually up to 2021/22.

**Grampian:** That this conference welcomes the First Minister’s pledge of additional resource in support of general practice in Scotland but believes that the details of how it will be used must be provided at the earliest opportunity to prevent further colleagues leaving the profession.

**Borders:** That this conference instructs SGPC to continue to encourage Scottish Government to increase the funding into primary care to allow us to take on the increased workload due to

i. increasingly complex patients

ii. shift of workload from secondary care.

**Agenda Committee:** That this conference demands that the new GMS contract:

i. does not jeopardise or destabilise any GP practice

ii. addresses the “inverse care law” and supports GP practices caring for patients living in areas of deprivation

iii. reflects the needs of remote and rural communities

iv. gives fair recognition to aged populations

v. recognises frailty and delivers resource where it is most needed.

**Grampian:** That this conference insists that in any review of an allocation formula for funding of general practice that no practices are destabilised or jeopardised and that all factors (including deprivation, rurality and an aged population) are given fair recognition.

**Highland:** That this conference believes any changes to the resource allocation formula should reflect the needs of remote and rural communities and address the inverse care law by supporting the most deprived practices in Scotland. This should be done in an open and transparent manner, taking evidence from GPs working in these areas and supported by robust modelling.

**Glasgow:** That this conference is disappointed that NHS Scotland continues to do nothing to address the “inverse care law” which has devastating consequences for patients living in areas of deprivation and for GP practices caring for these patients, and demands that this is corrected urgently.

**Lothian:** That conference demands that the new GMS contract reverses the inverse care law whereby the most deprived patients receive less primary care NHS funding per capita.

**Lothian:** That conference, recognising the growing number of complex patients in the community, calls upon the Scottish Government to work on a standardised frailty assessment using primary care data to deliver resource where it is most needed.
Glasgow: That this conference believes careful consideration has to be given to the balance of the funding formula between deprived patients, remote and rural patients, elderly patients and those patients not in any of these groups who may face their funding being eroded.

Agenda Committee: That this conference calls for the Scottish Government, as a matter of urgency, to:
1. reinstate the initial practice allowance to allow new GP practices to be established in areas of expanding population
2. develop a payment mechanism for newly established GP practices to reflect the element of QOF funding now transferred to core funding
3. address the reduced relative funding received by GP practices with expanding list sizes since the retiral of QOF.

Lothian: That this conference believes that, as a matter of urgency, to allow new GP practices to be established in areas of expanding populations:
1. the initial practice allowance needs to be reinstated
2. there needs to be a new mechanism for establishing for those practices payments corresponding to the element of QOF funding transferred to core – as they are not viable without.

Lothian: That conference acknowledges the reduced relative funding which expanding practices face since the retiral of QOF into core funding and calls upon the Scottish Government to immediately address this.

Tayside: That this conference asks NHS Scotland that any new funding allocated to NHS boards for primary care has a ring-fenced allocation specifically for general practices and cannot be used entirely by boards on their own employed community staff.

Grampian: That this conference, in light of the ongoing review of the discount rate used for personal injury awards, insists that the new Scottish GP contract involves full reimbursement of expenses, including any increases in the cost of indemnity which may arise from this review.

Lothian: That conference believes that it is an act of serious governmental irresponsibility to cut the funding of substance misuse services.

Highland: That this conference endorses the work of Helene Irvine that was presented to the Deep End Conference. This highlights the benefit of analysing routine healthcare data and using it to reveal the astonishing resource gap in the funding for general practice.

EDUCATION AND TRAINING

Forth Valley: That this conference believes that mandatory experience of working in general practice for all foundation year doctors would improve working at the primary secondary care interface to the benefit of patient care.

Lothian: That conference calls upon the Scottish Government to mandate NHS Education for Scotland to ensure all foundation doctors are offered a community-based placement as part of their two-year programme.

Lothian: That conference supports the Medical Schools Council report ‘By choice not by chance – supporting medical students towards future careers in general practice’ and calls upon the Scottish Government to implement its recommendations.

Forth Valley: That this conference supports increasing the length of general practice exposure for all medical students to promote general practice as a career.
111 **Grampian:** That this conference feels that as we move towards new contractual arrangements and new ways of working, with improved morale in the profession hopefully just round the corner, that this is an ideal time to increase the proportion of time spent in general practice during medical training.

112 **Highland:** That this conference notes the requirement for a range of professionals to train in general practice settings, and asks SGPC to press for arrangements that involve:

i. this being sustained by central funding
ii. training of general practice nurses to an advanced level not being the sole responsibility of practices
iii. funding to release GPs to provide clinical educational support.

113 **Ayrshire and Arran:** That this conference insists that there should be nation-wide protection for doctors undertaking the hospital component of GP training to ensure that all training posts provide the necessary training which will be required in general practice and are not simply used to fill gaps in secondary care rotas.

114 **Grampian:** That this conference welcomes the “Realistic Medicine” report by the Chief Medical Officer, but is concerned that in some cases current medical training is providing colleagues who are increasingly risk averse and suggests that risk management becomes a core part of training at all levels from undergraduate onwards, where this is not already the case.

115 **Glasgow:** That this conference recognises that workload in general practice is at a critical level and is potentially compromising patient and clinician safety and demands that urgent action is required immediately to address this problem.

116 **Highland:** That this conference believes that GPs should have a safe and sustainable workload and that health boards should have contingency for when practices need to close or limit their list due to workload pressures.

117 **Glasgow:** That this conference is concerned that rising pressure on secondary care services will increasingly impact on general practice workloads.

118 **Lothian:** That this conference:

i. reiterates its belief that the present workload in most general practices is unsustainable
ii. does not believe that the best response to this is to move services out of general practice at greater cost and risk of poorer uptake than if they remained — properly resourced — within it.

119 **Highland:** That this conference believes the lack of robust workforce data has hampered the investment required to support the development of Scotland’s primary care workforce and demands improved support to collect reliable data to inform planning for our diverse GP workforce.

120 **Glasgow:** That this conference believes that there needs to be a national workforce strategy to coordinate the new healthcare professionals who will provide services in support of general practice.

121 **Glasgow:** That this conference believes that due to the current workforce crisis and the rising workloads in general practice that every and each GP practice is vulnerable.
**PRIMARY HEALTH CARE TEAM**

*Agenda Committee:* That this conference believes that list based general practice remains the best way to deliver primary care and calls upon the Scottish Government to ensure that:
   i. all patients have access to a professional treatment room service that is fully funded and maintained by health boards and HSCPs
   ii. new staff employed to support general practice are seconded to GP practices
   iii. all new staff employed to support general practice are directly line managed by their attached GP practice regardless of their employer
   iv. funding is given directly to GP practices if posts to support general practice are vacant.

*Lothian:* That this conference maintains that 'ownership', not necessarily of premises but of team and process, is crucial to practice working and calls upon SGPC and Scottish Government to ensure that new nursing, paramedical or pharmacy staff employed as part of the new vision for primary care:
   i. are seconded to practices
   ii. are directly line managed by their attached practice
   iii. have their funding given directly to practices if their posts are vacant.

*Glasgow:* That this conference believes that list based general practice remains the best way to deliver primary care and that the new staff employed to support general practices need to be attached and based in GP practices.

*Lanarkshire:* That this conference believes that all patients deserve access to a fully funded and professional treatment room service which is funded and maintained by health board areas and HSCP and not by general practitioners' own funds which is detrimental to the care we can provide.

*Borders:* That this conference believes that GPs must be involved in the employment and line management of staff working in primary care, regardless of who employs them.

*Highland:* That this conference
   i. welcomes the re-establishment of the primary health care team (PHCT)
   ii. agrees that practice nurses, nurse practitioners, 'district' nurses, primary care pharmacists and community physiotherapists be considered as members of a practice's PHCT
   iii. asserts that when directly employed by a GP practice, PHCT clinicians are more likely to provide safe, effective and efficient health care
   iv. asks SGPC to negotiate for GP practices to have the ability to directly employ all members of the PHCT.

*Agenda Committee:* That this conference believes that training courses should be funded and much more readily available, for:
   i. GP nurse practitioners
   ii. practice nurses.

*Fife:* That this conference believes that GP nurse practitioner training should be funded and should be much more readily available.

*Fife:* That this conference believes that the training courses required for a practice nurse, such as smear training and phlebotomy training, should be funded and should be much more readily available.
131 **Highland:** That this conference:
   i. recognises that there are multiple benefits arising from general practices being able to directly employ administrative staff
   ii. applauds the efforts being made to guard against workers being paid less than a living wage
   iii. demands that the annual uplift to general practice funding includes an appropriate level of resource to accommodate the wage rises for administration staff that are imposed through legislative changes
   iv. and asks to work with Scottish Government to ensure there is a mechanism for this to be achieved.

132 **Lothian:** That conference calls upon SGPC to strengthen and maintain the independent contractor status in the environment of an expanding attached team.

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**PRIMARY/SECONDARY CARE INTERFACE**

**Agenda Committee:** That this conference believes that when referring to secondary care:
   i. it is unacceptable to receive ‘back to referrer’ as an outcome as a means to manage outpatient workload
   ii. highly skilled extended GP team members referrals should be accepted to give us equity with secondary care staff.

**Lanarkshire:** That this conference insists on parity with our colleagues in secondary care with regards to ‘skill mix’. If we are to have our referrals diverted to specialist nurses, advanced nurse practitioners and other highly skilled non-medical members of extended teams, then we expect referrals from our similarly highly skilled extended GP team members to be accepted.

**Glasgow:** That this conference condemns the use of back to referrer outcomes by secondary care as means to manage outpatient workload.

**Lanarkshire:** That this conference believes that there has been a sustained transfer of work from secondary care on to general practice that is not being measured in the current data collection. This extra work is:
   i. not negotiated and not resourced for in primary care
   ii. potentially exposing patients to clinical risks and is potentially unsafe
   iii. putting general practice under serious pressure due to excessive workload.

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**HEALTH & SOCIAL CARE**

**Ayrshire and Arran:** That this conference believes that:
   i. variability and flexibility in the structure of the HSCPs is necessary to reflect demographic differences across the country
   ii. HSCPs need to provide community health teams with a more transparent explanation of how they are structured
   iii. HSCPs need be structured in such a way that “grass-roots” GPs are able to meaningfully engage in the decision making process for HSCPs so that they fully benefit local communities.

**Lothian:** That conference believes that IJBs can only be effective if they include a strong and accountable GP presence and that SGPC and the Scottish Government should ensure that:
   i. all IJBs contain at least one voting GP
   ii. GPs sitting on the IJB are truly representative with a clear link to the LMC
   iii. there is clear guidance on the future role of the GP Sub-Committee and LMC if the decisions that matter to GPs are taken by IJBs at locality level.
Ayrshire and Arran: That this conference i. believes GP involvement in the locality planning forums is welcome and essential for the development and success of health and social care partnerships ii. demands that the time and commitment required to fulfil these roles needs to be more appropriately funded in order for GPs to be able to offer full and effective participation.

Highland: That this conference applauds the inclusion of aims to improve end-of-life care in the Health and Social Care Delivery Plan, and calls upon health and social care partnerships to show their support for general practice and out-of-hours teams in achieving this.

MISCELLANEOUS

Lothian: That this conference believes that there are increasing numbers of temporary residents (TR) in some parts of the country and that:

1. historical funding no longer reflects a rising workload and needs a new mechanism for remuneration
2. some are in care homes as part of a respite programme and should receive an additional fee for a disproportionate workload
3. the anticipatory care plan – key information summary (ACP-KIS) does not appear in the TR record – where it is arguably most needed – and a new IT solution urgently be found to address this.

Forth Valley: That this conference recognises the neglect of the Scottish Intercollegiate Guidelines and that up to date Scottish guidance on primary care conditions is required rather than relying on English NICE guidance.

Grampian: That this conference insists that standardised forms and paperwork which practices are asked to use by either Scottish Government, health boards, community health and social care partnerships or similar bodies and agencies must always be provided to general practice at no cost.

Tayside: That this conference believes that requests for Group & Hold and cross-match samples should be able to be made electronically rather than handwritten wherever electronic testing requests are available and calls for SGPC to lobby for this change.

Glasgow: That this conference demands that Shared Care Protocols are renamed Shared Care Agreements.

Dumfries & Galloway: That this conference calls for statutory regulation of GP locums who, although essential to the running of general practice, are currently holding primary care to ransom by charging high fees and not undertaking the full role and duties of a GP.

Tayside: That this conference welcomes the introduction in Scotland of legislation to protect children in cars from second hand tobacco smoke and calls for the Scottish Government to go further and ban smoking in cars altogether to further improve health and reduce risk of road traffic accidents.

Highland: That this conference recognises that climate change poses a huge threat to health around the world, welcomes the ambitious targets set by Scottish Government to reduce emissions, and wants general practice to be part of a cleaner, more sustainable future.
**IMMUNISATION**

149 **Glasgow:** That this conference welcomes the proposed move of childhood immunisations out of general practice workload and would support the transfer of the flu immunisation programme out of GP workload to free up capacity within general practices.

150 **Forth Valley:** That this conference calls on the Scottish Government to reinstate national flu vaccination television and radio health promotions.

151 **Ayrshire and Arran:** That this conference insists that practices have equal access to health board support when delivering programs such as childhood immunisation as often health visiting teams will provide support to some practices but not to all.

**PROFESSIONALISM AND QUALITY**

152 **Lothian:** That conference, whilst welcoming the document ‘Improving Together: A National Framework for Quality and GP Clusters in Scotland’:

   i. is concerned that it does not appear to take sufficient heed of the present workload and workforce crisis in many general practices

   ii. believes that practices struggling to sustain essential services will also struggle to undertake new quality work

   iii. requests that SGPC works to ensure that ‘Realistic Medicine’ extends to realistic expectations of what can be achieved in a single cluster session and that, learning lessons from the past, there is a clear understanding between all parties concerned that new work must be accompanied by realistic new resources.

153 **Glasgow:** That this conference demands that cluster groups, practice quality leads and cluster quality leads are adequately resourced in terms of funding and administrative support.

154 **Tayside:** That this conference demands that further work-plans for GP clusters are suspended until adequate resources and GP workforce are available.

155 **Highland:** That this conference asks SGPC to seek funding for clusters to include GPs working in out of hours, in the pursuit of improving the quality of general medical services.

156 **Lothian:** That conference, with regards to practice quality and cluster leads, believes that:

   i. GPs who have taken on these roles did not do so on the understanding that they are medico-political representatives

   ii. GP Sub-committees and LMCs should retain their role as overarching representative bodies, and calls on SGPC to more securely define relationships with cluster organisations in order to ensure this.

**PROFESSIONAL REGULATION**

157 **Forth Valley:** That this conference urges SGPC to be more proactive in its relationship with the ombudsman service to allow GPs to practice realistic medicine.

158 **Glasgow:** That this conference demands that SGPC work with the GMC, and if necessary the Scottish Government, to end the current disadvantage faced by Scottish doctors facing regulatory proceedings through securing the right for doctors living or practicing in Scotland to appear before their regulator within Scotland.

159 **Tayside:** That this conference believes that the General Medical Council should be independent and independently funded.
FEES & CERTIFICATION

Agenda Committee: That this conference, in relation to firearms:

i. regrets guidance that puts an obligation on GPs to facilitate licence applications

ii. believes GPs should only be asked for the applicants’ medical information and that it is the responsibility of the police service to determine the suitability of an individual to hold a firearms licence

iii. believes the manner in which the new certification was introduced to practices, was confusing and disruptive and continues to present professional risk and vulnerabilities to general practitioners.

Dumfries & Galloway: That this conference believes the manner in which the new firearm and shotgun certification was introduced to practices, was heavy handed, confusing and disruptive – lacking adequate forethought, negotiation and information and continues to present professional risk and vulnerabilities to general practitioners.

Glasgow: That this conference believes that in cases of firearms license applications, GPs should only be asked for the applicants’ medical information and it is the responsibility of the police service to determine the suitability of an individual to hold a firearms licence.

Lanarkshire: That this conference believes that shotgun ownership is not a legal right but a privilege. Conference regrets guidance that puts an obligation on GPs to facilitate license applications.

Grampian: That this conference requests that Scottish Government and SGPC work with equivalent bodies across the UK to increase the range of medical professionals able to provide Med3 certificates (fit notes) to mean that patients undergoing treatment with an allied professional don’t have to see a GP simply to have a Med3 completed if the GP has not been part of their management.

SLMC CONFERENCE

Borders: That this conference believes:

i. that the format of SLMC conference does not permit true debate and discussion

ii. the structure should be radically changed to limit the number of motions and allow widespread discussion/debate on those to obtain a true consensus view from the delegates rather than a decision taken by the executive as to which motions they feel should be actioned,