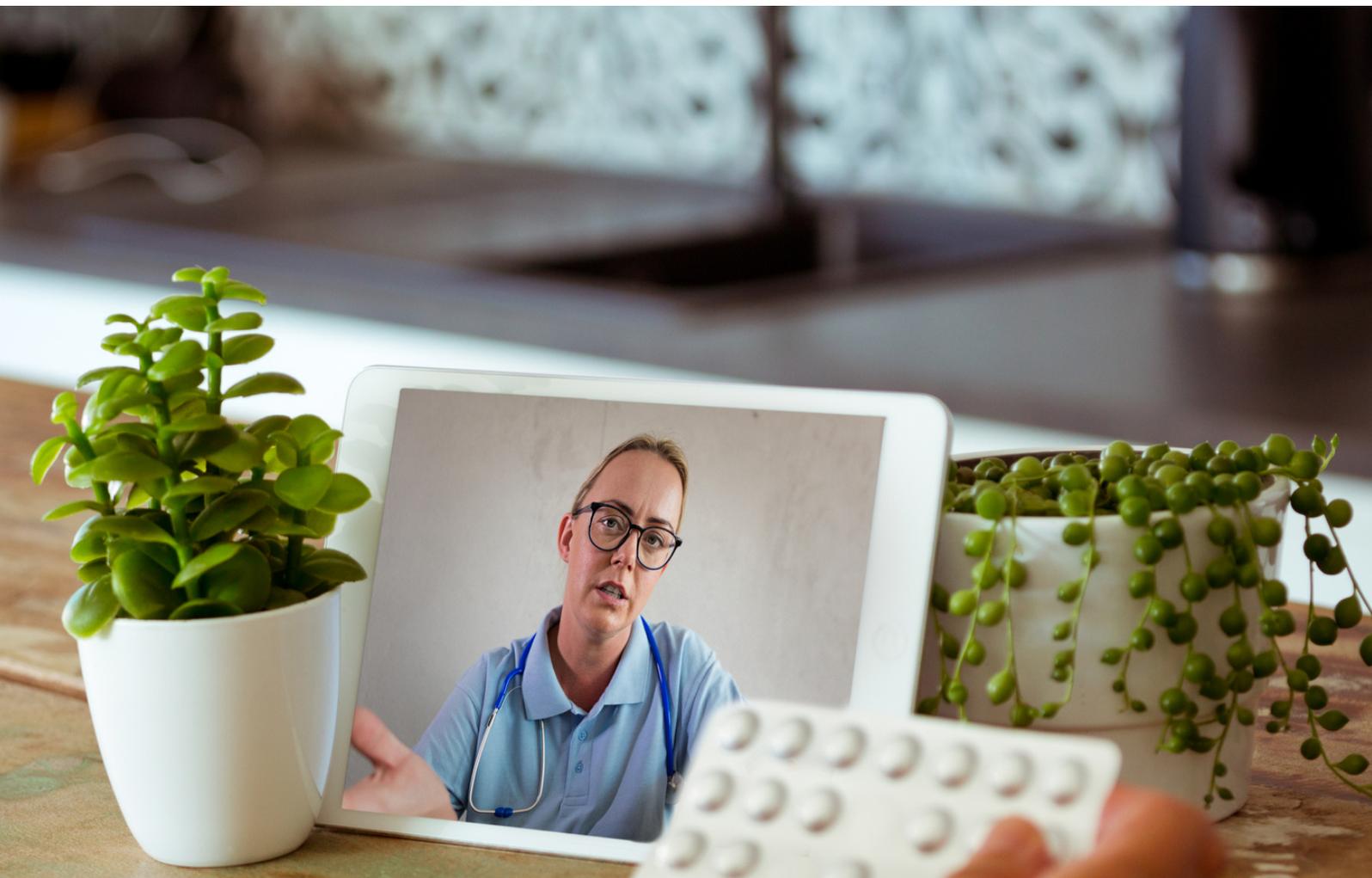


#NILMC20

14 November 2020

BMA

Northern Ireland



Northern Ireland local medical committee conference agenda



British Medical Association
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#NILMC20

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Local Committee of Representatives
of GPs

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Agenda committee members 2020



Alan Stout, NIGPC chair



Brendan O'Hare, Chair of conference and Western LMC



Frances O'Hagan, Southern LMC



David Ross, Eastern LMC



Ian Kernohan, Northern LMC



Welcome from the chair of conference



Brendan O'Hare, conference chair

I am delighted to welcome you all to the 2020 Annual Conference of Northern Ireland Local Medical Committees

I would like to welcome you all to the 2020 Annual Conference of Local Medical Committees. Due to the unprecedented situation we find ourselves in with the ongoing Covid-19 pandemic, this year's conference will be held virtually. This will be the first ever virtual NILMC conference and although we can't meet in person, I hope you will join us as the issues on the table are more important than ever before.

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

The theme for this year's conference is, 'The radical reshaping of general practice by the pandemic – where do we see our future service?'

At the outset of the pandemic general practice rose to the challenge and played a critical role in the management of Covid-19 in Northern Ireland. GPs have been under immense pressure over the last few months and continue to face difficulties in the delivery of GMS services to the people of Northern Ireland as the pandemic continues.

The conference will start at 10.30. The NIGPC chair, Alan Stout, will make a report to conference and this will be followed by motions for debate. Before a break for lunch, the GPCUK chair, Dr Richard Vautrey will address conference and you will have an opportunity to ask questions. At 2pm the Minister for Health will address the conference. The Minister's address will be followed by more motions for debate with the conference ending at approximately 4pm.

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

Best wishes,
Brendan O'Hare
Conference chair



Conference programme

Schedule of business – 14 November 2020

Time	Subject
10.30	<p>Opening business</p> <p>1. Welcome Receive: Opening address by Dr Brendan O’Hare, Chair NILMC conference 2020</p> <p>2. Standing orders Receive: The Chair (on behalf of the Agenda Committee) that the standing orders be adopted as the standing orders of the meeting (appendix 1)</p> <p>3. Elections Elect: Chair of Conference and deputy Chair of Conference for 2021 and 2022</p> <p>4. Resolutions of NILMC conference 2019 Receive: Resolutions of the 2019 Conference of Northern Ireland Local Medical Committees (appendix 2)</p> <p>5. Statement of accounts That the annual statement of accounts for year-end 30.6.20 be received (appendix 3)</p> <p>6. Report from NIGPC Chair Report to conference from Alan Stout, NIGPC Chair</p>
11.00	<p>Conference of Northern Ireland Local Medical Committees Prior to the commencement of the motions debate, please note standing order 7(v)(e) & 8. ‘A’ motions are considered to be a reaffirmation of existing conference policy. They shall be put to Conference without debate.</p>
12.30	Dr Richard Vautrey, Chair, GPC UK
13.00	Break for lunch
13.50	NILMCs Ltd AGM
14.00	Address by the Minister for Health, Robin Swann
14.30	Motions for debate
16.00	Conference ends

'A' motions

- A WLMC**
This conference asks NIGPC to protect the independent contractor status.
- A ELMC**
Following the success of a 'fallow year' for GP appraisal, this conference calls for a permanent change to appraisal becoming a 3 or a 5-yearly process.
- A ELMC**
This Conference acknowledges the importance of GP engagement in the child safeguarding process including involvement in Child Protection Case Conferences. This needs to be resourced (specifically IT resources; GP and practice team training and 'protected time' for involvement in CPCCs). This Conference instructs NIGPC to seek funding for a proper scoping exercise to work out what exactly is required including the cost of same to provide good child safeguarding across primary care.
- A SLMC**
This conference calls on pensions to sort out death in service for locums.
- A NLMC**
This Conference shows appreciation to the Minister of Health in his willingness to accept the portfolio and guarantee the provision of a second medical school within Northern Ireland.
- A NLMC**
This Conference demands NIGPC to seek electronic prescription provision as one of the primary IT objectives for primary care from the HSCB in Northern Ireland to enable its implementation within the next year in light of the ongoing risks during the Covid pandemic.
- A WLMC**
This conference calls on NIGPC to encourage the development of a strong research element in primary care in Queens and the GEMS. This will attract people to the profession and enhance its standing.
- A ELMC**
This conference demands a full review of the GP medical workforce with a view towards a further increase in GP training numbers.

Timing of motions for debate

11.00	Covid-19
11.50	No more silos
12.10	MDTs
12.25	Indemnity
14.30	Secondary care
14.50	Serious Adverse incidents
15.05	IT
15.15	NIGPC
15.25	Troubles pension
15.30	Gender Identity Service
15.35	Training issues
15.45	Communication
15.55	Care Opinion
16.00	And finally

NILMC motions for debate

COVID-19 11.00-11.50

- 1 **ELMC**
This conference thanks all members of our General Practice family for their tireless commitment and continuous dedication during ordinary and indeed these extraordinary times of the COVID pandemic.
- 1a **ELMC**
Thank you to our practice teams for their tireless commitment throughout usual times and indeed the extraordinary period of the current COVID pandemic.
- 1b **NLMC**
Conference commends the actions of all of General Practice Staff in Northern Ireland in their actions in delivering healthcare during the current and ongoing Covid pandemic

- *2 **THE AGENDA COMMITTEE**
To be proposed by WLMC - This conference believes that, after the pandemic, online and telephone consultations should be seen as a useful tool, but NOT as a universal replacement for face-to-face consultations. This conference:
- i. 'asks for speedy implementation of video consulting systems compatible with our clinical systems and student and junior doctor training that involves these new methods
 - ii. 'directs NIGPC to ensure that telephony and communication options are available for General Practice to engage with patients in the new ways of working since commencement of the Covid pandemic.
 - iii. 'calls for the patient centred face to face consult to be valued and protected alongside new models.
 - iv. 'believes that primary care cannot become a triage centre for the NHS.
- 2a **WLMC**
As long as we deliver a good service we cannot be told to practice in a certain way. Practices who wish to maintain open surgeries or not utilise triage must be free to do so, once the Covid emergency subsided.
- 2b **WLMC**
Primary care has been built on a patient centred, holistic approach to family care. Face to face interaction is the cornerstone of that approach. This conference calls for the patient centred face to face consult to be valued and protected alongside the new models emerging. Quantity does not mean quality.
- 2c **WLMC**
Patient consultation choice: Once it is safe to resume normal patient contact, patient choice must be sought regarding their preferred future model for GP

- 2d **WLMC**
 Young people may prefer virtual contacts but people may prefer the old model where they made an appointment and saw the Dr of their choice, in whom they have confidence. A one model service cannot just be accepted.
- 2e **WLMC**
 This pandemic has shone a light on the possibilities and challenges of remote patient assessment and care - which bits will we decide to keep when the pandemic is over? The conference asks for the speedy implementation of video consulting systems compatible with our clinical systems and student and junior Dr training that involves these new methods.
- 2f **WLMC**
 Primary care cannot simply become a triage centre for the NHS. The attractiveness of General Practice as a career depends on this.
- 3 **NLMC**
 This Conference recognises the value of integrated healthcare and its benefits to the population of Northern Ireland during the current and ongoing Covid pandemic response.
- 4 **SLMC**
 This conference calls on PHA to run a public education campaign to inform the public of the dangers of not vaccinating children with normal childhood vaccinations during Covid 19.
- 5 **SLMC**
 This conference demands a review of the PHA in Northern Ireland and a restructuring of its services to ensure that it is adaptable, flexible, clinically responsive and fit to deal with any future pandemic in an efficient and effective manner.
- 6 **ELMC**
 This Conference instructs NIGPC to campaign to increase the emphasis on Population Health and the need for cross-Government interventions to address the social determinants of ill health.

No more silos 11.50-12.10

- *7 **The agenda committee**
 To be proposed by ELMC – That this Conference:
- i. Welcomes the ethos of 'No More Silos' and calls upon the Department of Health and HSCB to ensure this ethos applies across all branches of health care in Northern Ireland, and not only the present review of urgent care
 - ii. Recognises that General Practice in Northern Ireland is at capacity with respect to workload and workforce, and any proposals within 'No More Silos' must reflect that reality
 - iii. Believes that the re-direction of patients who would have previously attended Emergency Departments requires alternative pathways which do not require involvement of the patient's GP
 - iv. Calls upon the Department of Health to urgently review prescribing regulations to facilitate electronic prescribing in secondary care, and to recognise the legal and workload risks to GPs if the HS21 remains the default prescribing mechanism for new ways of working.

- 7a **WLMC**
Conference calls for NIGPC to protect the GP workforce in the NMS project. Primary care does not have any additional capacity. We accept many people attend ED or OOH who probably should have seen their GP, but this is as a result of no further capacity in primary care.
- 7b **WLMC**
No more silos pathways cannot simply divert these people backwards without investing in capacity in primary care. Therefore anyone arriving at these places inappropriately must have an alternative path that does not simply involve sending them back to their GP.
- 7c **NLMC**
This Conference demands NIGPC holds the Department of Health and the Health Social Care Board to adopting the 'No More Silos' ethos to all branches of healthcare in Northern Ireland and not limiting it to the present Urgent Care Review
- 7d **ELMC**
No More Silos, Feds and MDTs are making it clear that leaving GPs as the only professionals with regularised access to HS21s means that unless work is expedited to create a HS21H outside of pilots NMS may add to workload pressure and legal risk of prescribing for GPs . Conference directs NIGPC to work to ensure that the method of prescribing should be electronic to maximise access to all secondary care prescribers and to integrate their prescribing with NIECR.
- 7e **ELMC**
This Conference calls for a working definition of 'urgent' prescription of medications needed to start in an agreed timescale in order to prevent a deterioration in a patient's condition or allay distress . We would suggest that 48hrs is reasonable as it is in line with annual contractual reassurance of prescription turnaround time given by practices to the HSCB. GPs should not be exposed to clinical risk by being asked to prescribe acutely antibiotics and analgesics for patients seen by other prescribers.
- 7f **ELMC**
It is a matter of some regret that it seems easier for Trusts to 'get GPs to do a script' than to devise their own in-house Patient Group Directives for hospital procedures This isn't just about workload but also about safety and prescribing responsibility . There are often perceived difficulties with Trust –in-house PGD development but that it isn't and shouldn't become a GP problem. Conference calls on GPC to reflect this back to Trust heads of pharmacy and highlight the risk to its membership
- 7g **WLMC**
The conference calls on NIGPC to work with other groups to break down the barriers to simple communication across the interface which cause silos and patient delays. We must make technology work for us.

MDTs **12.10-12.25**

- *8 **NLMC**
This Conference demands NIGPC seeks from the Department of Health a clear and concise timetable for provision of Multi-Disciplinary Teams to all practices in Northern Ireland over a three-year period similar to that of Practice Based Pharmacists and develop workforce plans to facilitate this.
- 8a **WLMC**
The conference calls for MDT Model and similar regional changes to be made in all areas at the same time, not staggered, in a manner that finances allow.

- 8b **WLMC**
 Conference calls for NIGPC to protect the GP workforce in the NMS project. Primary All practices in a time of need could do with extra support not just privileged areas. We must learn from the MDT roll out, all at once equitably is much fairer.

- 9 **WLMC**
 This conference calls on NIGPC and the HSCB to invest in Interprofessional Education in the context of the extension of Multidisciplinary teams in primary care.

**Indemnity
 12.25-12.30**

- 10 **SLMC**
 This conference is seeking assurance that an indemnity solution for GPs in Northern Ireland is agreed with the Department in the very near future. The possible change in the discount rate would increase GP indemnity to an extent that it would no longer be viable to work as a GP.

**Dr Richard Vautrey, GPC UK chair
 12.30**

**Break for lunch
 13.00-13.50**

**NILMCs Ltd AGM
 13.50-14.00**

**Address by the Minister for Health, Robin Swann MLA
 14.00-14.30**

**Secondary care
 14.30-14.50**

- 11 **NLMC**
 This Conference demands NIGPC ensures minimum clinical governance standards are enforced by the HSCB/Commissioner in any present or future reset/reform of secondary care services so that patients are not discharged from services without being seen nor dependent upon a validation exercise that displaces workload to General practice.

- 12 **ELMC**
 LMC calls on the medical directors of NT and BT to appoint clinical directors of GP to their Trust with admin staff to support them and to ensure that the SET, ST and WT GP clinical directors have adequate resource.

- *13 **NLMC**
This Conference calls on the HSCB to direct Healthcare Trusts to reprofile their services to support community healthcare during any future Covid surge to enable patients not having to default to secondary care settings.
- 13a **SLMC**
That conference requests that secondary care finally make some progress over 6 months into a pandemic and get the basics such as phlebotomy up and running to stop the ongoing diversion of work into primary care saturating our treatment room appointments and affecting patient access to investigations.
- 13b **WLMC**
This conference calls on NIGPC to ensure trusts develop interface hubs for outpatient bloods and ECGs etc. This relieves pressure not just in practices but stress on secondary care practitioners.
- 14 **ELMC**
ELMC - This conference notes with concern that with increasing delay in outpatient review and apparent lack of scrutiny that trusts are increasingly not delivering their part in the monitoring arrangements around amber list drugs – this is not shared care. NIGPC is directed to seek:
1. A mechanism by which GPs can repatriate unsafe work back to Trusts coordinated through interface pharmacy Trust reps another appropriate route.
 2. A mechanism by which amber meds can be reconsidered to become red if clear evidence that shared care agreements aren't working
 3. LMCs call on the HSCB Medicines Management Team to seek further audits of specific meds and look at implementing the above suggestions.
- 15 **NLMC**
This Conference demands that NIGPC ensures that the HSCB guarantees equity of access of patients to services throughout Northern Ireland based around patient need and location and not left to the idiosyncratic nature of Trust boundaries.
- 16 **WLMC**
Only patients who can afford private health care are getting seen and sorted right now. The rest are relying on their GP's to keep them safe until 'normality' returns... This conference calls on the assembly to move to address the two-tier health system developing.

SAIs **14.50-15.05**

- 17* **ELMC**
Conference directs NIGPC to explore a proposal for Department of Health to act as an independent arbiter for GPs to report concerns that they may have around Trusts given that it would appear that they do not deal well with criticism and that the current HSCB brokered SAI process is not working.

- 17a **ELMC**
The current SAI process is not fit for purpose when looking at interface issues. It is heavily weighted in favour of large trust governance departments which is inequitable. This conference calls for an NI equivalent to the English Healthcare Safety Investigation Branch to allow full independent analysis of AI and direct examination of evidence s in a 'no –blame ' learning culture.
- 18 **ELMC**
There is currently no link between SAI reports, Learning letters and appraisal and revalidation. Conference calls on DH to create an online tool to allow nurses and Drs to reflect on SAI reports and generate CPD for their appraisal. Such a tool would also allow DH to measure uptake of LL/ SAI reports on a system –wide basis rather than the spray & pray, death—by-memo approach currently in operation.
- 19 **ELMC**
This conference directs NIGPC to liaise with CMOs & Coroner's Office to consider an NI equivalent of the English Preventing Future Deaths website related to healthcare issues.
- IT**
15.05-15.15
- 20 **ELMC**
This conference directs NIGPC to negotiate funding for the employment of Data Protection Officers to work in the interests of general practice as happens currently in E&W.
- 21 **ELMC**
Conference calls on Integrated Care to use its test clinical info systems to develop and cascade out safety systems to help practices manage known clinical risk- examples include NPSA steroid cards, adrenaline autoinjectors - Preventing Future Deaths advice.
- 22 **ELMC**
This motion calls for GPC to reflect to CMO that e-mail should not be used for routine clinical comms and that Trusts should be mandated to use Electronic Document Transfer for these including the ECR version of the Treatment Advice Note.
- NIGPC**
15.15-15.25
- 23 **ELMC**
Conference directs NIGPC to prioritise work towards implementation of best practice for ensuring diversity and gender balance to supporting committee to be effective, efficient and representative of the diversity of our membership.
- 24 **ELMC**
This conference directs NIGPC to produce an Excel spreadsheet of accepted motions after each LMC conference and at 6months and 1 month before the next conference to update it with a progress report to be circulated widely to GPs as an accountability mechanism and to demonstrate where delays and barriers exist- and where those barriers are.

Troubles pension 15.25-15.30

25 ELMC

This conference notes the proposal by the Exec Office on the Troubles Pension. Any proposed process will likely rely heavily on medical evidence (much of which is likely to predate computerised GP records). This needs to be made straightforward, fair to claimants, to ensure that it doesn't implode under demand, and needs to not compromise either GP workload or GP-patient relationships.

Gender identity service 15.30-15.35

26 ELMC

Gender dysphoria and transgender care is a complex and specialised field involving and small but vulnerable cohort of our patients and falls outside the knowledge and experience of general practice. This Conference instructs NIGPC to seek assurance from DoH that it seeks an immediate solution to the lack of a Gender Identity service for those requiring this service.

Training issues 15.35-15.45

27 WLMC

This conference calls on NIGPC and the HSCB to extend the sub-deanery pilot regionally to manage and standardise the increased GP clinical placements for medical students.

28 WLMC

This conference calls on the HSCB to find funding for the GP foundation training posts which are vitally important to nurture our next tranche of leaders.

29 ELMC

This conference instructs NIGPC to negotiate a fee for the GP trainers providing educational supervision for ST1 trainees.

Communication 15.45-15.55

30*

ELMC

To ask NIGPDF and NIGPC for additional resources to look at improving connectivity and communication across the LMCs – to develop a communication strategy and build on a more credible social media platform.

30a

ELMC

This conference recognises the significant dissatisfaction from grassroots GPs on the communications and handling around the development and implementation of Covid Centres. This particularly relates to the contractual related aspects of their commitment. Modern social media tools like survey monkey now allow rapid ways to gauge opinion and we would direct that use of such methods be utilised in future to reflect support/dissent in a bottom up way should similar circumstances arise.

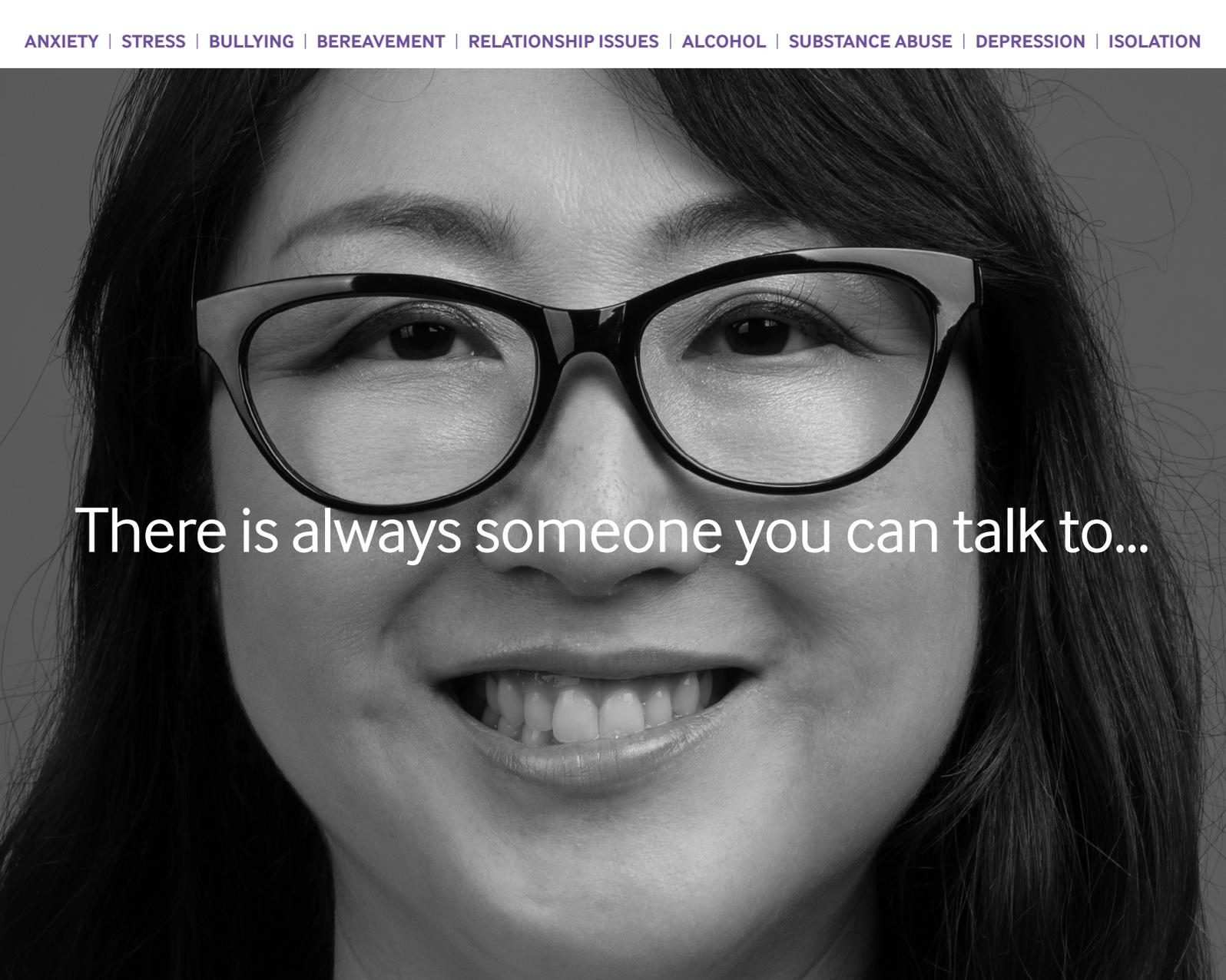
Care opinion 15.55-16.00

31

SLMC

This conference demands that any review posted on Care Opinion is anonymised so that individual GPs or their members of staff cannot be identified in order to prevent reputational damage as well as stress and anxiety that could be caused by critical posts on this platform.

And finally...



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Appendix 1

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

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

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

Membership

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

Interpretations

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

Standing orders

- 5 **Motions to amend**
i. No motion to amend these standing orders shall be considered at any subsequent conference unless due notice is given by the NIGPC or a local medical committee.
ii. Except in the case of motions from the NIGPC, such notice must be received by the Chair of the NIGPC not less than 20 days before the date of the conference.
iii. The NIGPC shall inform all local medical committees of all such motions, of which notice is received not less than 10 days before the conference.
- 6 **Suspension of**
Any decision to suspend one or more of the standing orders shall require a two thirds majority of those representatives present and voting at the conference.

The agenda

7

- i. **Shall include:**
 - a. Motions, amendments and riders submitted by the NIGPC, and any local medical committee. These shall fall within the remit of the NIGPC, which is to deal with all matters affecting practitioners providing general medical services under the HPSS Orders, any Act/Order amending or consolidating the same, (including any proposed secondary or primary legislation), and to watch the interests of those practitioners in relation to those Orders/Acts.
 - ii. Any motion which has not been received by the NIGPC **within the time limit** shall not be included in the agenda.
 - iii. The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
 - iv. When a special conference has been convened, the NIGPC shall determine the time limit for submitting motions.
- v. **Shall be prepared as follows:**
 - a. Priority motions: an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the agenda committee (Chair of NIGPC, Chair of Conference and Committee Secretary) for priority in debate. Such motions shall be prefixed with the letter 'P' and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
 - b. Grouped motions: motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. If any local medical committee submitting a motion so grouped objects in writing before the first day of the conference, the removal of the motion from the group shall be decided by the conference.
 - c. Composite motions: if it is considered that no motion or amendment adequately covers a subject, a composite motion or an amendment shall be drafted which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
 - d. Rescinding motions: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'.
 - e. 'A' motion: motions which are considered to be a reaffirmation of existing conference policy, or which are regarded by the chair of the NIGPC as being noncontroversial, selfevident or already under action or consideration, shall be prefixed with a letter 'A'.
 - f. 'AR' motions: motions which the chair of the NIGPC is prepared to accept without debate as a reference to the NIGPC shall be prefixed with the letters 'AR'.

Procedures

8

- i. Motions prefixed 'A' or 'AR' shall be put to the conference, without debate, unless any local medical committee indicates prior to the first day of the conference that it wishes such a motion to be proposed and debated normally. The chair shall have the discretion to allow the motion to be debated normally, or else, at the appropriate time, the local medical committee's representative shall be allowed to address the conference for not more than two minutes. The chair shall then ascertain the wishes of the conference.
- ii. An amendment shall – leave out words; leave out words and insert or add others (provided that a substantial part of the motion remains and the original intention of the motion is not enlarged or substantially altered); insert words; or be in such form as the chair approves.
- iii. A rider shall – add words as an extra to a seemingly complete statement; provided that the rider is relevant and appropriate to the motion on which it is moved.
- iv. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included on the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair's discretion. For the first session, amendments or riders must be handed in before the session begins.
- v. No amendment or rider shall be moved to a priority motion unless such amendment or rider has been published in the supplementary agenda, or is made by the chair, or by the agenda committee.
- vi. No seconder shall be required for any motion, amendment or rider submitted to the conference by the NIGPC, a local medical committee, or the joint agenda committee, or for any composite motion or amendment produced by the agenda committee under standing order 7(v)(c). All other motions, amendments or riders, after being proposed, must be seconded.

Rules of debate

9

- i. A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.
- ii. Every member of the conference shall be seated except the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
- iii. A member of the conference shall not address the conference more than once on any motion, or amendment, but the mover of the motion, or amendment may reply, and, when replying, shall strictly confine themselves to answering previous speakers. They shall not introduce any new matter into the debate.
- iv. Members of the NIGPC, who also attend the conference as representatives, should identify in which capacity they are speaking to motions.
- v. The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
- vi. The chair shall take any necessary steps to prevent tedious repetition.

- vii. Whenever an amendment or a rider to an original motion has been moved and seconded, no subsequent amendment or rider shall be moved until the first amendment or rider has been disposed of.
- viii. Amendments shall be debated and voted upon before returning to the original motion.
- ix. Riders shall be debated and voted upon after the original motion has been carried.
- x. If any amendment or rider is rejected, other amendments or riders may, subject to the provisions of standing order 9(vii), be moved to the original motion. If an amendment or rider is carried, the motion as amended or extended, shall replace the original motion, and shall be the question upon which any further amendment or rider may be moved.
- xi. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or 'that the question be put now', such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion, 'that the question be put now'. If a motion, 'that the question be put now', is carried by a two-thirds majority, the chair of the NIGPC, and the mover of the original motion, shall have the right to reply to the debate before the question is put.
- xii. If it is proposed and seconded that the conference 'move to the next business', the chair shall have power to decline to put the motion; if the motion is accepted by the chair, the chair of the NIGPC, and the proposer of the motion, or amendment under debate, shall have the right to reply to the debate, but not to the proposal to move to the next business, before the motion is put, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two thirds majority of those present and voting shall be required to carry a proposal 'that the conference move to the next business'
- xiii. Proposers of motions shall be given prior notice if the NIGPC intends to present an expert opinion by a person who is not a member of the conference.
- xiv. All motions expressed in several parts and designated by the numbers (I), (II), (III), etc shall automatically be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.
- xv. Any motion, amendment or rider referred to the conference by the joint agenda committee shall be introduced by a representative, or by a member, of the body proposing it. That representative, or member, may not otherwise be entitled to attend and speak at the conference, neither shall she/he take any further part in the proceedings at the conclusion of the debate upon the said item, nor shall he be permitted to vote. In the absence of the authorised mover, any other member of the conference, deputed by the authorised mover, may act on their behalf, and if there is no deputy, the item shall be moved formally by the chair.

Allocation of conference time

10

- i. The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.
- ii. Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.

- iii. A period shall be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from constituencies of conference.
- iv. Priority motions (defined in standing order 7(v)(a)) in each block shall be debated first.
- v. Grouped motions, referred to in standing order 7(v)(b), which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which previously unfinished block will be returned to in the event of time being available.
- vi. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders to them, which cannot conveniently be allocated to any block of motions.
- vii. Motions prefixed with a letter 'A', (as defined in standing order 7(v)(e)) if not reached in the time allocated to motions in that block, shall be formally moved by the chair of the conference to be accepted without debate, before moving on to the next group of motions.

Motions not published in the Agenda

- 11 Motions not included in the agenda shall not be considered by the conference except those:
- i. covered by standing orders relating to time limit of speeches, motions for adjournment or 'that the question be put now', motions that conference 'move to the next business' or the suspension of standing orders.
 - ii. relating to votes of thanks, messages of congratulations or of condolence.
 - iii. relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
 - iv. which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the local medical committees concerned.
 - v. prepared by the agenda committee to correct drafting errors or ambiguities.
 - vi. that are considered by the agenda committee to cover 'new business' which has arisen since the last day for the receipt of motions.

Quorum

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

Time limit of speeches

- 13
- i. A member of the conference, including the chair of the NIGPC moving a motion, shall be allowed to speak for three minutes; no other speech shall exceed two minutes. However, the chair may extend these limits with the agreement of the conference members.

- ii. The conference may, at any period, reduce the time to be allowed to speakers, whether in moving resolutions or otherwise, and that such a reduction shall be effective if it is agreed by the chair.

Voting

14

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

Majorities

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

Recorded votes

- iv. If a recorded vote is demanded by 10 representatives of the conference, signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
- v. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections

15

Chair

- i. A chair shall be elected by the members of the conference to hold office from the termination of the BMA's annual representative meeting (ARM) for a two-year term.
- ii. The conference chair must be an elected/co-opted member of an LMC. In the event of the incoming chair no longer being an elected/co-opted member of an LMC then the deputy-chair shall take the conference chair.
- iii. In the event of both the incoming chair and deputy no longer being elected/co-opted members of an LMC, the NIGPC Chair shall make an appointment to the conference chair.
- iv. Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00am.

16

Deputy chair

- i. A deputy chair shall be elected by the members of the conference to hold office from the termination of the ARM for a two year term.
- ii. Nominations must be handed in on the prescribed form before the beginning of conference on the first day of the conference; any election to be completed by 10.00am.

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

The press

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

No smoking

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

Chair's discretion

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

Appendix 2

Resolutions of the Annual Conference Of Northern Ireland Local Medical Committees 2019

Joint Law Society/BMA consent form

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

General medical service

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

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

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

Government

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

Addressing the needs of younger and older GPs

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

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

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

That this conference directs NIGPC to support and work collaboratively with DoH to look at ways to attract and recruit Northern Ireland domiciles from under-served and deprived areas into medical training in keeping with the findings of the 2019 Gardiner Report.

That this conference calls on NIMDTA and demands a review of the support and guidance provided to returning GPs and GPs on maternity leave and to provide clear guidelines for GPs mentors. This will facilitate consistent engagement of all GPs and maintain the appraisal process and a return to practice. That this conference calls on NIGPC and the HSCB to audit the intentions of GPs nearing retirement with a view to supporting them to continue in practice. This is particularly critical in Fermanagh and where one third of the workforce will be drawing their pensions in the next two years and primary care will be decimated if they are not retained.

Education, Training, Research

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

That this conference calls on the HSCB to streamline the process for returning GPs to be accepted on the GP performers list.

That this conference directs NIGPC:

- i. to actively work with LMCs to upskill committee members in issues relating to practice stabilisation
- ii. to work with other GP organisations to develop meaningful leadership training for GPs of all age groups.

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

Federations

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

Premises

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

Indemnity

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

Pensions

That this conference calls on the Government to remove tapering from pensions which is currently forcing GPs to reduce the work they can do.

That this conference instructs NIGPC to both join with the BMA, and to independently lobby, for the annual allowance for pensions to be abolished.

Based on the premise that employer pension contributions are deferred pay, that this conference instructs NIGPC to develop proposals for the equitable and fair distribution of all GP employer pension contributions, and to then take these proposals to HSCB and lobby for their implementation.

Out of Hours

That this conference recognises that the current GP out of hours (OOH) service is no longer fit for practice and instructs NIGPC to develop an options paper for future models of out of hours care, that both defines the service to be provided and the estimated cost. This should then be shared with the wider profession for a period of consultation, and the results passed to the HSCB and DoH.

Pharmacy and Prescribing

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

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

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

Secondary Care

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

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

Urgent Care Review

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

Waiting times

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

Red Flag Referrals

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

- (i) to carry out a comprehensive review of the current red flag referral guidelines, given the severely restricted capacity available to appropriately manage those referrals in a safe and timely fashion.
- (ii) to work with Trusts to develop fast tract processes for patients where the diagnosis has already been made in the GP surgery.

Patient safety

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

BMA Northern Ireland care boxes

During the first wave of Covid the BMA distributed 'care boxes' to hospitals and Covid centres across Northern Ireland.

These boxes are for all health service staff working in the centres and contain essential items including first aid kits, toiletries, snacks and teabags (amongst other items).

We hope you find them useful during these difficult times. You can find these boxes at the following Covid centres:

- Belfast Trust
 - Beech Hall HCC
 - Nightingale Hospital
- Northern Trust
 - Ballymena OOHs
 - Antrim Adult Centre
 - Coleraine Heath Centre
- Western Trust
 - Altnagelvin Area Hospital, Covid assessment centre
 - South West Acute Hospital, Covid assessment centre
- Southern Trust
 - Banbridge
 - South Tyrone Hospital, Covid assessment centre
- South Eastern Trust
 - Ards Community Hospital, Covid assessment centre
 - Lagan Valley Hospital, Covid assessment centre
 - Downe Hospital, Covid assessment centre

Please contact cwhitley@bma.org.uk for replenishment materials. We also encourage you to replace or add items if you can.

#bmapositiveworkplace

Top BMA membership benefits for GPs



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

NEW BENEFIT – BMJ best practice

As a GP/GP trainee in Northern Ireland and a BMA member, you get free access to BMJ best practice. With extensive coverage of the most commonly occurring conditions, you can rely on it to answer your clinical queries.

www.bestpractice.bmj.com/info/bmagpni

BMJ Learning

This resource allows GPs quick and easy access to authoritative information to underpin diagnosis and treatment decisions.

Updated daily, it draws on the latest evidence-based research, guidelines and expert opinion to offer step-by-step guidance on diagnosis, prognosis, treatment and prevention.

www.learning.bmj.com/learning

BMA Law

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

www.bmalaw.co.uk

Northern Ireland GP Staff Handbook – model policies and procedures

Managing staff is a complex process. The key to success in this environment is ensuring you have appropriate policies and procedures in place.

bma.org.uk/advice-and-support/gp-practices#bma-support-services-for-gp-practices

Salaried GPs handbook

This handbook is written for salaried GPs and GP employers. It explains the legal entitlements of salaried GPs as employees and helps to ensure that salaried GPs are aware of their statutory and contractual rights.

bma.org.uk/media/2901/bma-salaried-gp-handbook-july-2020.pdf

Locum GP Handbook

This handbook, available to BMA members only, provides advice on starting out as a locum, setting up your business and establishing a contract for services with a provider as well as advice on professional considerations such as appraisal and networking.

The handbook is also a valuable tool for GP providers.

bma.org.uk/pay-and-contracts/contracts/salaried-gp-contract/sessional-and-locum-gp-contract-guidance

Employment law advice/support and general practice health checks

Make sure you contact us to help you or your practice manager deal with all your staffing issues.

Contact us too if your staff policies and procedures need an overhaul. For more information email:

bmanorthernireland@bma.org.uk.

What every GP must know about HSC pension

Follow the link below to review a recent Chase de Vere Medical webinar held for GPs in Northern Ireland.

vimeo.com/466072869/5c079d34f9

Independent financial advice

Whether you're seeking guidance on your savings and investments, or you're starting to think about retirement, our financial experts Chase de Vere Medical can help.

bma.org.uk/pay-and-contracts/your-finances/your-finances-and-protection/independent-financial-advice

BMA membership

Not a member? Join today at join.bma.org.uk.

As a BMA member, you may be eligible to claim tax back from your BMA subscription

bma.org.uk/pay-and-contracts/tax/tax-claim-form/claim-tax-on-your-bma-subscription

Get in contact with us

Call 0300 123 1233 or book a call.

Email support@bma.org.uk.

Learn more about member benefits at bma.org.uk

Our BMA advisers can help

if you have a question or need advice. Lines open 8am to 8pm weekdays and 9am-5pm Saturday and Sunday, excluding UK bank holidays.

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