



BMA

Northern Ireland

Annual Conference of Northern Ireland Local Medical Committees

Agenda

Piecing it back together:
Securing the future of general
practice in Northern Ireland

Saturday 16 November
The Merchant Hotel, Belfast



Conference of Northern Ireland Local Medical Committees

Agenda

To be held on

**Saturday 16 November 2024 at 10.00am
at The Merchant Hotel, Belfast**

Chair Ursula Brennan (Eastern LMC)
Deputy Chair Conor Moore (Southern LMC)

Agenda committee



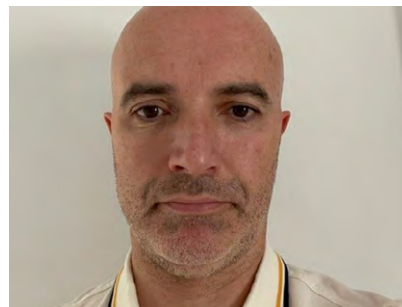
Ursula Brennan
Chair of Conference (Eastern LMC)



Conor Moore
Deputy Chair of Conference (Southern LMC)



Frances O'Hagan
Chair NIGPC (Southern LMC)



Ciaran Mullan
Deputy Chair NIGPC (Western LMC)



Arnie McDowell
Honorary Treasurer NIGPC (Southern LMC)

Schedule of business

ITEM	TIME
Opening business	10:00
Welcome and opening address by Chair of Conference, Dr Ursula Brennan	
Standing Orders	
Elections	
Resolutions of the 2023 NILMC conference	
Statement of accounts	
Address by Mr Mike Nesbitt, MLA, Minister for Health, followed by a Q&A	10:20
Motions for debate	10:50
Indemnity	10:50
Funding	11:20
Practice sustainability	11:50
Patient safety	12:10
SAI process	12:20
GP Registrars/Training	12:30
NILMCs Co Ltd AGM	12:50
Lunch	13:00
NIGPC chair's report to conference	14:00
National GPC chairs reports	14:15
Motions for debate	14:50
General Practice contract	14:50
LMC governance	15:10
Primary and secondary care interface	15:40
Soap box	15:55
Contingency and closing remarks	16:25
Close	16:40

Piecing it Back Together: Securing the future of general practice in Northern Ireland

AGENDA FROM 10.00

1 WELCOME AND OPENING ADDRESS

Receive: Welcome and opening address by chair of conference, Dr Ursula Brennan.

2 APOLOGIES

Receive: Apologies for absence.

3 ELECTIONS

Elect: Chair of conference for 2025 and 2026. Nomination form to be returned to the secretariat (mcrockett@bma.org.uk) by 12 noon on Friday 15 November 2024.

Elect: Deputy chair of conference for 2025 and 2026. Nomination form to be returned to the secretariat (mcrockett@bma.org.uk) by 12 noon on Friday 15 November 2024.

4 STANDING ORDERS

The Chair (on behalf of the Agenda Committee): That the standing orders be adopted as the standing orders of the meeting.

5 RESOLUTIONS OF THE 2023 NILMC CONFERENCE

Receive: Resolutions of the 2023 Conference of Northern Ireland Local Medical Committees.

6 STATEMENT OF ACCOUNTS

The Treasurer of NIGPC: That the annual statement of accounts for year-end 30.6.24 be received.

7 ADDRESS BY MR MIKE NESBITT MLA, MINISTER FOR HEALTH

10:20 – 10:50

Followed by a Q&A

#NILMC24

Motions For Debate

INDEMNITY

10:50 – 11:20

- 1*** **Agenda Committee to be proposed by ELMC: That conference instructs NIGPC to demand that DoH/SPPG ring fence recurrent and not repurposed indemnity funding for all GPs including salaried and locums in order to better attract and retain GPs in Northern Ireland.**
- 1a** **ELMC** That conference instructs NIGPC to demand that DoH/SPPG ring fence recurrently indemnity funding for all GPs including salaried and locums in order to better attract and retain GPs in Northern Ireland.
- 1b** **WLMC** That conference calls again for a permanent and clear solution to indemnity in Northern Ireland. It is clear that this should apply to all GPs and not be re-purposed funding. There needs to be an end to the piecemeal yearly temporary fixes.
- 1c** **NLMC** That conference asks NIGPC to account for a full explanation from SPPG/ Department of Health of how the 2024/2025 interim indemnity solution funding has been rolled into the GMS GP practice funding to the disadvantage of many practices despite the recording of Ministerial statements in the Assembly recorded under Hansard and presentations given to the Health Committee and that they implement a proper solution for all general medical practitioners in NI.
- 1d** **ELMC** That conference demands that any Indemnity solution for GMS for 25-26 and beyond has ring fenced additional support for sessional GP indemnity.
- 1e** **ELMC** That conference instructs NIGPC to demand that DoH/SPPG directly pay indemnity for all GPs including sessional and salaried colleagues in any future negotiations with SPPG - in particular requesting that employing practices are not responsible for the payment to sessional doctors.
- 1f** **ELMC** That conference is appalled that the DoH should masquerade a solution to indemnity that represents only repurposing of existing funding and feels that this undermines GPs faith in the future of primary care in Northern Ireland.

FUNDING

11:20 – 11:50

- 2*** **Agenda Committee to be proposed by SLMC: That conference believes that the current NHS GMS contract is making general practice sick and demands that DoH acts to increase funding for general practice to minimum of 10% of the health budget.**
- 2a** **ELMC** That conference is appalled at the current level of funding for General Practice and directs NIGPC to lobby the Health Minister for a greater share of Health and Social Care budget.
- 2b** **NLMC** That conference calls upon NIGPC to demand that the Department of Health/SPPG apportion 11% of health funding to primary care services for the next financial year and onwards (applied to any future additional funds during the monitoring rounds) to address the shortfall as highlighted by the National Audit Office report showing it was presently 5.4%.

- 3*** **ELMC** That conference directs NIGPC to use all available means including the ICO or NIPSO to get aggregated information on the quantum of GMS monies that are taken to support Trust-run practices, and separately CIC-run practices.
- 3a** **WLMC** That conference calls on SPPG and the DoH to make it clear to NIGPC how much money (from the GMS envelope) is being used to run trust practices.
- 4** **SLMC** That conference demands that the process for funding of federations is reviewed and instructs NIGPC to work with DoH and SPPG to develop the necessary processes to ensure that direct funding can occur in the future.
- 5** **NLMC** That conference demands that the Department of Health fund GMS services per patient in Northern Ireland to value more than that costed for an annual subscription to Petplan for a hamster!!
- 6** **NLMC** That conference calls upon NIGPC to request that the Department of Health define the role, purpose and financial costing of running the SPPG and the impact that this organisation has made with respect to positive health outcomes in NI to date.

PRACTICE SUSTAINABILITY

11:50 – 12:10

- 7** **SLMC** That conference notes with dismay the recent changes to the process for application to alter practice boundary and instructs NIGPC to;
 - i. engage with SPPG to improve the process and improve flexibility in the timing of applications
 - ii. obtain legal opinion on a practice's ability to unilaterally alter practice boundary and enforce this change without SPPG agreement.
- 8** **NLMC** That conference instructs NIGPC to demand that SPPG has a forced list dispersal of patients removed as an option in the case of a contract hand back situation to prevent destabilisation of neighbouring practices and to ensure patient safety and staff welfare.
- 9** **ELMC** That conference is appalled by the lack of funding for innovation in primary care compared to trusts.

PATIENT SAFETY

12:10 – 12:20

- 10** **ELMC** That conference directs NIGPC to demand that the DoH work with all relevant stakeholders to demand raised awareness and public messaging for caution in engagement with private health care bodies offering "Health MOTs".

SAI PROCESS

12:20 – 12:30

- 11** **ELMC** That conference directs NIGPC to make urgent representations to DoH and the CMO that any SAI process improvement must involve GPs at the design stage.

GP REGISTRARS/TRAINING

12:30 – 12:50

- 12*** **Agenda Committee to be proposed by SLMC - That conference notes with dismay the delayed engagement from NI government with resident doctors in their contract negotiations, and demands that Department of Health and the Health Minister engage urgently with this branch of practice.**

- 12a SLMC** That conference notes with dismay the delayed engagement from NI government with resident doctors in their contract negotiations, which is having a negative impact upon doctors on the GP specialty training programme, and demands that Department of Health and the Health Minister engage urgently with this branch of practice to ensure a suitable outcome for doctors and patients alike.
- 13 ELMC** That conference directs NIGPC to work with DoH to ensure there is an appropriate and backdated uplift for the funding for in hours and OOH GP trainers in line with DDRB recommendations.

NILMCs Co Ltd AGM

12:50

LUNCH

13:00 – 14:00

NIGPC CHAIR

14:00 – 14:15

Receive: Report to conference by NIGPC chair, Dr Frances O'Hagan.

NATIONAL GPCs

14:15 – 14:50

Receive: Report to conference by GPC England chair, Dr Katie Bramall-Stainer, Scottish GPC chair, Dr Iain Morrison and GPC Wales chair, Dr Gareth Oelmann (via video).

GENERAL PRACTICE CONTRACT

14:50 – 15:10

- 14 WLMC** That conference calls for any future proposed major contractual changes between DoH/SPPG and NIGPC to be sent to practices for ballot prior to final agreement.
- 15 SLMC** That conference calls for a ballot on IA, following the wholly unsatisfactory recent contract negotiations and the resultant breakdown in trust between the profession and DoH/ SPPG.

LMC GOVERNANCE

15:10 – 15:40

- 16 WLMC** That conference calls on NIGPC to re-establish the Dom negs/ SPPG Forum meetings as previously constituted.
- 17 ELMC** That conference calls on the four LMCs to work with the support of NIGPDF to finalise the job descriptions of LMC officers with consideration of inclusion of support in the event of maternity, paternity, adoption and sick leave.
- 18 ELMC** That conference calls on the four LMCs to work collaboratively with the support of NIGPDF to draft a collective social media policy around social media contributions by LMC officers when giving advice to GP colleagues.
- 19 SLMC** That conference instructs NIGPC to develop a standardised form for claims for payment for GP attendance at meetings that;
- i. States the minimum rate of payment required for GP attendance per half day session regardless of employment status
 - ii. States the rate of travel expense to be paid in line with BMA policy
 - iii. Must be sent to and agreed with the requesting body before requesting GP attendance at meetings via committee
 - iv. Is shared with LMCs for use in local engagements with trusts and other bodies requesting GP representation.

PRIMARY AND SECONDARY CARE INTERFACE**15:40 – 15:55**

- 20*** Agenda Committee to be proposed by ELMC - That conference notes with some caution the introduction of advice and discharge as a mechanism for trust colleagues to triage referral and directs NIGPC to engage with Department and Trusts to rapidly produce regional standards on how this should operate.
- 20a** **ELMC** That conference notes with some caution the introduction of advice and discharge as a mechanism for trust colleagues to triage referrals. This has happened, more often than not, in the absence of primary care engagement. It directs NIGPC to engage with Department and Trusts to rapidly produce regional standards on how this should operate within specialities including information to the patient as to why a referral has not been accepted.
- 21** **SLMC** That conference notes with concern the increasing use of ECHO services and virtual clinics and instructs NIGPC to engage with DoH, SPPG and trusts to ensure that GP time is appropriately funded for taking part in these processes.

SOAP BOX**15:55 – 16:25****CONTINGENCY TIME****16:25 – 16:40****CONFERENCE ENDS****16:40**



AGENDA: PART II
(motions not prioritised
for debate)

#NILMC24

A MOTIONS

SLMC That conference notes with disgust that general practice in Northern Ireland is still operating without a long-term indemnity solution and instructs NIGPC to consider all options to progress this issue with immediate effect.

SLMC That conference believes that the current NHS GMS contract is making general practice sick and;

- i. instructs NIGPC to progress development of alternative contract models with immediate effect and share these with the profession
- ii. demands that DoH acts to increase funding for general practice to minimum of 10% of the health budget
- iii. demands that DoH recognise and support the BMA guidance on safe working practices

SLMC That conference calls for a corresponding uplift in funding to practices whenever expenses, such as health centre charges, are increased by government.

SLMC That conference believes that the current system of funding for general practice is outdated and instructs NIGPC to negotiate with DoH to develop a more equitable funding stream that is reflective of actual patient numbers.

NLMC That conference calls upon NIGPC to demand that the SPPG/Department of Health fully implement the required resource in staffing and funding to ensure parity of provision of MDT staff across all federation areas.

NLMC That conference instructs NIGPC to ensure that SPPG /Department of Health apply the DDRB uplift to all remaining LES and other funding streams to which it does not presently apply.

NLMC That conference calls upon NIGPC to seek parity from SPPG for all GP colleagues when DDRB pay awards are made ensuring funding should follow for those GPs in roles such as the Crisis Team and GP Fellows.

WLMC That conference calls for an immediate uplift to the rate of pay for OOH GPs. The hourly rate has been static for many years. OOH organisations have had to cut shifts and close bases due to a lack of funding.

ELMC That conference calls on NIGPDF to support the drafting of effective internal and external communication strategy and guidance for all LMCs in Northern Ireland

NLMC That conference calls for NIGPC to demand from the SPPG /Department of Health the immediate implementation of electronic prescribing to facilitate effective time management within practices.

SLMC That conference deplores the waste of clinical resources caused by the absence of electronic prescribing and demands that this becomes a priority for introduction as soon as possible.

ELMC That conference directs NIGPC to lobby DoH to prioritise appropriate funding for flexible primary care training for all staff in child safeguarding to facilitate contractual requirements.

SLMC That conference calls on NIGPC to work with whoever it deems necessary, to compile evidence for the clinical and cost effectiveness of the independent contractor model of primary care.

WLMC We call on the DoH and SPPG to resource and recognise the partnership model, to ensure that the GP partnership, the most cost-effective model of primary care, survives and thrives in all areas of Northern Ireland.

NLMC That conference instructs NIGPC to demand that the Department of Health interact with all other branches of Government National and Local to ensure that additional evidence required for individuals is not left for the General practitioner to be the default provider and that a list of alternative providers can be given and publicised.

WLMC Western LMC calls on NIGPC to produce an action plan after conference detailing how new conference motions will be actioned. There should also be a follow up before the following years conference to show how they have been completed.

SLMC That conference instructs NIGPC to negotiate a change to the childhood immunisation payment process to remove the continuing unfair financial impact of vaccine hesitancy on practice income.

NLMC That conference calls upon NIGPC to ensure SPPG seek new and innovative models to support practices in difficulty including solutions to premises/staffing and facilitating mergers BEFORE a contract hand back occurs

NLMC That conference instructs NIGPC to inform SPPG/Department of Health that GPs and their staff are not employees of the Business Service Organisation nor the Customs and Borders Agency and from a date to be decided by NIGPC will no longer process any documentation on their behalf other than collect and send. All post verification checks will then be BSO's responsibility.

PART II

Motions not prioritised for debate

WLMC That conference calls on the SPPG to be transparent in future contract negotiations. Wording of any contract should be agreed by NIGPC, prior to sending to practices. It should not be subject to change or manipulated due to budgetary issues without NIGPC being informed first.

WLMC In light of the recent contract clawbacks, this conference calls on SPPG to ensure that enhanced service value is not diluted or reduced going forward.

ELMC That conference is appalled at the reduction of funding to practices after promises to ensure income is preserved - this risks further destabilising primary care in Northern Ireland.

SLMC That conference notes with concern the level of confusion arising from the current a contract agreement and demands that SPPG review and properly explains the current offer to practices.

WLMC That conference calls for

- i. A dynamic GMS Budget that increases every year to recognise the expanding population.
- ii. If there are agreed contract changes, and practices gain due to hard work, there cannot be a clawback. A win must be a win especially if the changes are agreed.
- iii. The budget for CIC and trust practices should be separate from the GMS budget (they are not GMS practices). Failure to support practices and heed warnings have led to these takeovers and hardworking GMS practices should not be subject to a budget cap to support these practices.

WLMC That conference calls for an immediate solution to the PBP pay issue. Practices are at ongoing risk of losing PBPs to trust jobs, due to the better terms offered under the AFC contract in trusts.

WLMC That conference calls on the Minister of Health and the health committee to instruct the department of health to allocate at minimum equitable resources to primary care that is in line with the other three nations of the UK.

WLMC That conference calls on the SPPG to publish an annual statement of the previous 5 years GMS envelope to include a breakdown of the end service providers funding eg how much was retained in practices, given to trust run practices, given to CIC practices, given to federations, given to OOH, etc.... Where is our money being spent?

SLMC That conference notes with concern the reduced number of GP shifts available in the out of hours services and the increased reliance upon other professionals to provide cover during this period and instructs NIGPC to engage with out of hours providers to reverse these changes.

SLMC That conference calls for secondary care waiting list initiatives to have appropriate pathways in place for further tests rather than the standard default of 'go to your GP or treatment room nurse for xyz'.

NLMC That conference condemns the roll out of Encompass to deal the minority of clinical interactions in the NHS in Northern Ireland and leaving the source of the majority of contacts ie Primary Care with a series of systems that do not interact nor have the ability to write back to the patient's clinical record.

WLMC That conference calls on SPPG to sort out the “GP to GP transfer issue.” In Vision practices we only get a limited patient history in new transfers.

WLMC We have seen an increase in training numbers, however we also clearly see an increase in population size and age. This conference calls on the DoH to have an ongoing method of identifying the expanding training numbers needed at under and post-graduate level, in order to successfully staff the future.

ELMC That conference believes that current GP training places should be maintained and extended in line with needs of workforce demand in NI and demands that funding should be available to expand training to all trainees to include further specialties relevant to general practice such as ENT and dermatology.

WLMC That conference calls on the Minister for Health

- i. to recognise the research based evidence that qualified GPs provide the safest, most holistic and most cost-effective medical care in the community and should therefore not be replaced by alternative health providers.
- ii. We call on the minister to resource primary care fully and equitably and create sufficient medical student and GP training places in Northern Ireland.

WLMC There needs to be an urgent appraisal of rural GP. It is quickly disappearing. We need concrete and immediate actions, not talk. We call on the DoH to facilitate this.

WLMC That conference calls for resources to research potential solutions to address real world medical deserts that exists in the rural border areas of NI.

WLMC That conference calls for the SPPG to set up a channel of communication for the public and public representatives that can be used to collate and address service deficiencies in all regions in NI.

SLMC That conference calls on the Minister for Health to publicly acknowledge there are limits to what GPs can safely undertake and that he will work with NIGPC to ensure patient safety.

SLMC That conference notes with concern the level of confusion arising from the current a contract agreement and demands that SPPG review and properly explains the current offer to practices.

SLMC That conference believes that the Department of Health is failing general practice and demands urgent action to stabilise current services and invest for future improvement and long-term sustainability.

WLMC That conference call for a judicial review of how decision around the roll out of MDTs were made.

WLMC That conference calls on the NI government to be transparent regarding their recent programme for government. Stop hiding behind meaningless words and tell the public what the actual financial situation is.

SLMC That conference notes with concern the continued use of triage and remote consulting and the reliance upon these to manage demand in primary care.

WLMC That conference calls on SPPG and the DoH to support all medical staff who are subject to bullying or harassment online.

NLMC That conference condemns the SPPG/Department of Health in their requirement for looking for the activity within General Practice via surveys when solutions already exist that gives ample evidence.

NLMC That conference condemns the narrative around access to GP services as though the number of telephones or telephone lines would make a difference about the services that can be provided.



#NILMC24

Conference of Northern Ireland Local Medical Committees Resolutions 2023

SIMPLICITY

That conference has no confidence in the commissioning processes for health care in Northern Ireland and:

- (i) demands urgent review and reform to ensure an increase in the resources available for general practice
- (ii) instructs NIGPC to demand immediate engagement with the Department of Health regarding a new GMS contract for 2024 to ensure the continued existence of general practice.

INDUSTRIAL ACTION

That conference is appalled by the inaction of DoH in addressing the worsening pressures facing primary care and instructs NIGPC to fully explore if taking industrial action is an option for GP partners.

LMC GOVERNANCE

That this conference of LMCs in Northern Ireland recognises the need to invest in the building of local medical committee purpose within a consolidated governance framework and calls on NIGPDF to fund the delivery of a task and finish group across LMCs, supported by NIGPC to present strategies to strengthen and future proof existing structures by November 2024. To establish:

- (i) job descriptions, role and remit of LMC officers
- (ii) LMC constitutions in all LMCS in Northern Ireland
- (iii) liability insurance arrangements for LMCs in NI
- (iv) clear financial guidance for officers and committee members attending meetings from external organisations.
- (v) to scope and cost honoraria arrangements for committee members as well as LMC officers.

That conference demands that SPPG consults and involves LMCs in the appointment of any new GMS contract holder as was previous custom and practice.

PREMISES

That conference directs NIGPC to work with DoH to expedite publication of their long-awaited plan for GP surgery premises.

SAFETY

That conference believes that current GP workload is unsafe and unsustainable and calls on NIGPC to promote the safety document and support practices in implementing it. That conference notes that despite increasing complexity and demand the IT budget for NI General Practice has shrunk in real terms and demands of DoH:

- (i) increased funding to allow reprofiling of service level agreements to include adequate equipment and newer technology such as SMS messaging.

STABILITY

That conference instructs NIGPC to undertake a full review of the cost of provision of each enhanced service and demands that the inappropriate use of non-recurrent funding is a red line for NIGPC in negotiating any service for primary care.

That conference calls for an item of service fee for all vaccinations given outside of the agreed vaccination programmes.

That conference instructs NIGPC to negotiate a change to the childhood immunisation payment process with DOH to remove the continuing unfair impact of vaccine hesitancy on practice income.

That conference notes with dismay the continued focus of DoH on proceeding with an NHS111 type service and instructs NIGPC to reject any request for direct access to GP appointments by outside organisations.

INDEMNITY

That conference demands that NIGPC ask the Department of Health why there has to be a “tangible economic benefit” to sorting the indemnity issue for GPs in Northern Ireland when there is little or no cost and obvious clinical benefit.

ELECTIVE CARE

That conference condemns completely the reduction of funding in year of GP federation elective care services threatening the viability of GP elective care services and directs NIGPC:

- (i) to open negotiations with the Department of Health and SPPG regarding a restoration of the funding for elective care
- (ii) to ask DoH specifically whether a section 75 Equality Impact Assessment was done on the gender effect of the decision to decommission women’s health and vasectomy services and where within the NHS will be providing these services after April 2024.

TRAINING

That conference asks NIGPC to ensure:

- (i) that current GP training number places are maintained and extended in line with needs of the workforce in Northern Ireland
- (ii) that the integrated training programme (ITP) remains in order to attract and better retain GPs in Northern Ireland by allowing exposure to GP-relevant specialties within training.

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.

3 Membership

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.

4 Interpretations

- (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.

5 Standing Orders

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.

7 The Agenda

(i) **Shall include:**

- a. Motions, amendments and riders submitted by the NIGPC, and any local medical committee. These shall fall within the remit of the NIGPC, which is to deal with all matters affecting practitioners providing general medical services under the HPSS Orders, any Act/Order amending or consolidating the same, (including any proposed secondary or primary legislation), and to watch the interests of those practitioners in relation to those Orders/Acts.
- (ii) Any motion which has not been received by the NIGPC **within the time limit** shall not be included in the agenda.
- (iii) The right of any local medical committee, or member of the conference, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.

- (iv) When a special conference has been convened, the NIGPC shall determine the time limit for submitting motions.
- (v) **Shall be prepared as follows:**
 - a. Priority motions: An appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the agenda committee (*Chair of NIGPC, Chair of Conference and Committee Secretary*) for priority in debate. Such motions shall be prefixed with the letter "P" and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
 - b. Grouped motions: motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. If any local medical committee submitting a motion so grouped objects in writing before the first day of the conference, the removal of the motion from the group shall be decided by the conference.
 - c. Composite motions: If it is considered that no motion or amendment adequately covers a subject, a composite motion or an amendment shall be drafted which shall be the motion for debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
 - d. Rescinding motions: motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters "RM".
 - e. "A" motion: motions which are considered to be a reaffirmation of existing conference policy, or which are regarded by the chair of the NIGPC as being noncontroversial, 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".

8 Procedures

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

- (v) No amendment or rider shall be moved to a priority motion unless such amendment or rider has been published in the supplementary agenda, or is made by the chair, or by the agenda committee.
- (vi) No seconder shall be required for any motion, amendment or rider submitted to the conference by the NIGPC, a local medical committee, or the joint agenda committee, or for any composite motion or amendment produced by the agenda committee under standing order 7(v)(c). All other motions, amendments or riders, after being proposed, must be seconded.

9 Rules of debate

- (i) A member of the conference shall address the chair and shall, unless prevented by physical infirmity, stand when speaking.
- (ii) Every member of the conference shall be seated except the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
- (iii) A member of the conference shall not address the conference more than once on any motion, or amendment, but the mover of the motion, or amendment may reply, and, when replying, shall strictly confine themselves to answering previous speakers. They shall not introduce any new matter into the debate.
- (iv) Members of the NIGPC, who also attend the conference as representatives, should identify in which capacity they are speaking to motions.
- (v) The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
- (vi) The chair shall take any necessary steps to prevent tedious repetition.
- (vii) Whenever an amendment or a rider to an original motion has been moved and seconded, no subsequent amendment or rider shall be moved until the first amendment or rider has been disposed of.
- (viii) Amendments shall be debated and voted upon before returning to the original motion.
- (ix) Riders shall be debated and voted upon after the original motion has been carried.
- (x) If any amendment or rider is rejected, other amendments or riders may, subject to the provisions of standing order 9(vii), be moved to the original motion. If an amendment or rider is carried, the motion as amended or extended, shall replace the original motion, and shall be the question upon which any further amendment or rider may be moved.
- (xi) If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or “that the question be put now”, such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion, “that the question be put now”. If a motion, “that the question be put now”, is carried by a two-thirds majority, the chair of the NIGPC, and the mover of the original motion, shall have the right to reply to the debate before the question is put.
- (xii) If it is proposed and seconded that the conference “move to the next business”, the chair shall have power to decline to put the motion; if the motion is accepted by the chair, the chair of the NIGPC, and the proposer of the motion, or amendment under debate, shall have the right to reply to the debate, but not to the proposal to move to the next business, before the motion is put, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and voting shall be required to carry a proposal “that the conference move to the next business”
- (xiii) Proposers of motions shall be given prior notice if the NIGPC intends to present an expert opinion by a person who is not a member of the conference.

- (xiv) All motions expressed in several parts and designated by the numbers (I), (II), (III), etc shall automatically be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.
- (xv) Any motion, amendment or rider referred to the conference by the joint agenda committee shall be introduced by a representative, or by a member, of the body proposing it. That representative, or member, may not otherwise be entitled to attend and speak at the conference, neither shall she/he take any further part in the proceedings at the conclusion of the debate upon the said item, nor shall 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.

10 Allocation of conference time

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

11 Motions not published on the agenda

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.

12 Quorum

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

13 Time limit of speeches

- (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.

14 Voting

- (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.

15 Elections**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 10.00 am.

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 10.00 am.

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.

18 The Press

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

19 No Smoking

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

20 Chair's discretion

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

BMA

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