Scottish local medical committee conference

Agenda and guide

1-2 December 2022
The Golden Jubilee Conference Hotel,
Beardmore Street, Clydebank

#SLMC22
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#SLMC22
Agenda committee members

**Denise Mcfarlane**, chair of conference
**Alastair Taylor**, deputy chair of conference
**Chris Black**, committee member
**Andrew Thomson**, committee member
**Waseem Khan**, committee member
BMA Scottish GP committee negotiators

Andrew Buist
SGPC chair
GP in Blairgowrie since 1993
GPC UK Co-chair
GPC UK member since 2003
Member BMA Scottish council
Fellow of the Royal college of general practitioners

Patricia Moultrie
SGPC deputy chair
Sessional GP Glasgow since 2002
Medical director, Glasgow local medical committee
GPC UK ARM seat for constituency of Scotland
Deputy chair Scottish council BMA
Fellow of the Royal college of general practitioners

Andrew Cowie
SGPC deputy chair
GP in Dundee since 1997
Member of the Royal college of general practitioners
Treasurer Tayside local medical committee
Fellow of Royal college of physicians, Edinburgh
Welcome from the chair of conference

Dear conference,

I am delighted to welcome you all to the 2022 Scottish LMC conference at the Golden Jubilee Conference Hotel.

The SLMC conference offers an important opportunity for GPs across Scotland to influence the policy of the BMA’s SGPC (Scottish GP committee). It is a chance to ensure the SGPC negotiators understand your priorities and concerns and a chance 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 Scottish Government and the NHS health boards.

Conference will begin on Thursday evening, with a pre-dinner reception at 19:30 and dinner from 20:00. This is a great opportunity to meet and network with the other delegates, and I hope to see you there.

On Friday, I am delighted to announce that the Cabinet Secretary for Health and Social Care Mr Humza Yousaf MSP, will be joining us to address conference and answer a few of your questions.

We will then debate motions on a wide variety of topics. To start we will debate quality and clusters, and workforce/wellbeing. There are also motions covering contract and negotiations, eHealth, funding, education and training and a wide range of issues affecting general practice.

There will also be time for negotiators’ questions where you can pose any questions you have to our SGPC negotiators and this year we will hopefully be holding a soapbox session for some free debate from the floor for 10 minutes. Whether you’re a regular or new participant, I hope you enjoy conference and will get involved, either by proposing one of your LMC’s motions or by contributing to the debates. We hope those who are new to conference have an opportunity to attend the training session.

I am delighted to chair my first physical conference this year and I would like to thank the agenda committee for their support in putting together what we hope will be an interesting programme.

I very much look forward to seeing you at conference and hearing your views.

Best wishes,

Denise Mcfarlane
# Programme

## Wednesday 30 November 2022

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
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<tbody>
<tr>
<td>New representatives/refresher training on MS Teams</td>
<td>17:30 – 18:00</td>
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## Thursday 1 December 2022

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
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<tr>
<td>Registration</td>
<td>17:00 – 19:15</td>
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<tr>
<td>Introduction to media session (in person)</td>
<td>18:00 – 19:00</td>
</tr>
<tr>
<td>Pre-dinner reception</td>
<td>from 19:30</td>
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<tr>
<td>Dinner (dress code – semi-formal)</td>
<td>20:00</td>
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## Friday 2 December 2022

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
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<tbody>
<tr>
<td>Registration</td>
<td>08:00 – 08:30</td>
</tr>
<tr>
<td>Conference agenda</td>
<td>08:30 – 16:45</td>
</tr>
</tbody>
</table>

**Financial advice clinic** 09:00 – 17:00
Tips and things to remember

This agenda and guide
Please read this agenda and guide before conference, which can also be found on the BMA website at https://www.bma.org.uk/what-we-do/local-medical-committees. It contains all of the information that you need to help you through conference including, importantly, the motions which will be debated. Read these carefully and be prepared to contribute to the debates on behalf of your LMC.

Registration
Registration will take place from 17:00 to 19:15 on Thursday 1 December and from 08:00 to 08:30 on Friday 2 December. The registration desk is located by the entrance to the conference centre, in the foyer of the Golden Jubilee Conference Hotel. You will be issued with your name badge and your voting card and electronic voting keypad if you are eligible to vote. A supplementary agenda will also be included if required.

Introduction to media session
This session is designed to provide an introduction and key tips to dealing with the media and politicians in your local area. Given the huge pressures on practices at the moment – there is an ongoing and increasing level of media and parliamentary attention and scrutiny of GPs. This session will help set out some key tips for how best to handle media and parliamentary interactions in what can be difficult and challenging circumstances. It will also include advice on the using and engaging with social media. It will be run by the BMA Scotland comms team – so is a chance to understand the work we do to communicate on GPs behalf, and have your questions answered.

Voting on motions
If you are eligible to vote on motions you will receive an electronic voting keypad.

Voting on motions can be ‘in parts’, where each stem of the motion will be voted on separately or ‘en bloc’ where all parts of motion are taken in one vote if a motion is written in parts. Motions may in some cases be ‘taken as a reference’ this would mean that the motion would not be taken as a policy, but the notion of the motion would be carried forward.

When voting is complete the chair will confirm if the vote for the motion was:

- **Carried Unanimously**: All of conference voted for the motion
- **Carried**: Majority of conference voted for the motion
- **Carried but taken as a reference**: All/Majority of conference voted for the motion, but the motion will not be taken as policy
- **Rejected**: All/Majority of conference voted against the motion
- **or if a motion falls**: The vote was not quorate

The conference will need to be quorate for a motion vote to be valid as per standing order 14. Quorum: “No business shall be transacted at any conference unless at least one third of the number of representatives appointed to attend are present.” If the count for votes is not quorate then the vote is not valid, and the motion will fall.
**Electronic voting at SLMC conference**

Each voting representative will be given a keypad at registration. The keypad number will be recorded against the representative’s name and the representative will need to sign the keypad out and then in again when they return it at the end of the conference. This will enable us to track any keypads that are not returned. Please note that a ‘fine’ of £150 will be charged to the representative if their keypad is not returned.

The keypad looks like this:

### Turning Point Voting

When polling is open the main screen in the conference room will run a countdown clock, the delegates press:

1: For  
2: Against  
3: Abstain

The number chosen will appear in the display and the little light will flash green.

When the voting timer has finished the results will be displayed on the main conference screen.

When a vote is opened, the main screen in the conference hall will show a countdown clock, during which time representatives should vote.

To vote, representatives should press the relevant button on the keypad:

1  For  
2  Against  
3  Abstain

The selected number will show in the display window and the green light will flash to show that the keypad is sending the vote. The options will be shown on the main conference screen while the countdown clock is displayed.

When the countdown clock closes and the vote has finished, the results will be displayed on the main conference screen.
**Calls in conference**
A reminder that you can make the following calls in conference:

- **Point of information:** A brief point on the motion, such as a relevant fact. This should not be used as a mechanism of debate.

- **Point of order:** If you feel the chair needs to intervene or because a rule has been broken. The decision of the chair is final.

- **Point of query:** If you need to ask the chair a question.

- **Call for reference:** If accepted the motion would not be taken as a policy. Only the notion of the motion would be carried forward. “I agree with the spirit of the motion but not with the wording/ actions”

- **Call for parts:** If accepted means that each motion will be voted in parts. “I agree with some parts of this motion but not others”

- **Call to vote:** If supported by conference, the motion will be voted on before all speakers have been called. “I have heard enough about this motion to make a decision”

- **Call for next business:** If two thirds of conference support, the debate will move to the next motion as though the current motion never happened. The mover will have the right to reply. “This is not appropriate for the conference to discuss or vote on”

Please remember to use the proper etiquette, please raise your card and when noticed by the chair state your name, LMC and point to be raised.

**Online elections for agenda committee positions**
The following elections will take place at this year’s conference:

- chair of conference for 2023
- deputy chair of conference for 2023
- three other members of the agenda committee for 2023

**How to take part**
When nominations open, eligible representatives may nominate themselves using the BMA Elections webpage: [elections.bma.org.uk](http://elections.bma.org.uk)

To take part in elections you must be a BMA website account. If you are not a BMA member, this can be created using the following link: [join.bma.org.uk/limitedaccessregistration/limitedaccess](http://join.bma.org.uk/limitedaccessregistration/limitedaccess).

It is strongly recommended that representatives obtain a BMA website account in advance of conference to ensure there are no complications on the day.

Further details on the Scottish LMC conference agenda committee elections and eligibility are available in your virtual delegate pack.

**New representatives/refreshers training on MS Teams**
A short training session will be provided by both the SLMC Conference chair and deputy chair from 17:30 – 18:00 on Wednesday 30 November. The training session will be held virtually via MS Teams and the details will be in your delegate emails.

We recommend that if you wish to join this session that you arrive early as the session will begin promptly at 17:30.
Standing orders
The procedures of the SLMC conference are covered by the Standing Orders, a copy of which is included as appendix 1. These set out the formal rules of conference and there are times when they need to be rigidly applied. The SLMC conference usually adopts a relatively informal and interactive debating style. This is explained more fully in the Rules of Debate section.

Conference expenses and subsistence: for representatives of LMCs only (excluding observers and invited guests)
Individual representatives will not receive expense reimbursement directly from the GPDF, but LMCs will be able to claim for representatives’ expenses within the prescribed limits.

For each representative, LMCs will be reimbursed the cost of return rail, or, if appropriate, air fares, to the conference, for single journeys over 50 miles first class fares will be claimable.

Overnight accommodation is provided as part of the conference and will not be reimbursed. Dinner is provided as part of the conference and other costs will only be reimbursed for those unable to attend the dinner, but who are travelling the evening before. Dinner costs will also be reimbursed where return home is after 20:00 following the conference. (Please refer to GPDF letter within your representative conference pack).

Feedback
We value your feedback and use this each year in designing the next year’s conference. Included as appendix 3 is our responses to last year’s feedback. We hope you find this informative and would be grateful if you could complete the conference online evaluation form which will be sent to all delegates after the conference.

Media coverage at conference
The conference will be webcast as in previous years. You should also be aware that there may be journalists present at conference, and what you say may be reported, both in the BMA media and in the national press. The public affairs team will be available to help you with any press enquiries. They can be contacted via the Scottish Public Affairs mailbox on: press.scotland@bma.org.uk and will also be at conference and accessible via the Dalhanna room.

Sponsors and exhibitors
This year you can visit stands from a variety of organisations including:

Cameron Fund
Chase De Vere
GPDF
The Cameron Fund is the GPs’ own charity. It is the only medical benevolent fund that solely supports general practitioners and their dependants. We provide support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment. We help those who are already suffering from financial hardship and those who are facing it.

The Cameron Fund is a membership organisation with full membership open to GPs and former GPs and associate membership open to GP Trainees and those working in the GP profession. Members can stand for and vote in elections for local Trustees.

Applications are welcome from, GPs or former GPs, GP Trainees, their families, and dependants. We also welcome referrals from Local Medical Committees and other organisations or individuals who know of someone who needs our help. Applicants do not need to be members of the Cameron Fund.

At the last SLMC Conference 2021, we raised a total of £2,400, and hope to beat this target this year.

If you wish to donate to the Cameron Fund you can do so via this link online.

Chase De Vere complimentary financial clinics
20-minute sessions

Rocketing living costs, erratic stock markets and a looming recession – the nation’s financial wellbeing is being truly put to the test. It is small wonder that many doctors are concerned about not achieving their key financial milestones.

An independent financial adviser can help keep your plans on track.

Our 20-minute financial clinics give you the chance to discuss any aspect of your financial planning with a qualified financial expert, someone who really understands your profession and can show you how to get the most out of your money and protect your most important financial assets. To get started, complete the booking form.

We look forward to being of help.
The GPDF exists to ensure representation, influence and support for Local Medical Committees, GPs and general practice.

GPDF Limited has its roots in the early 20th century when its predecessor organisation, initially called The Insurance Defence Fund was founded in 1911. The remit, structure, focus and name (variously General Medical Services Defence Trust and General Medical Services Defence Fund Ltd), has changed and evolved several times over the years but always with a common purpose to support the best interest of publicly funded general practitioners.

GPDF is a company limited by guarantee, consisting of members who are nominated from LMCs across Great Britain with a Board of Directors, the majority of whom are or have been GPs and elected by members (i.e. LMCs). A minority of Directors are appointed for their skills or experience in other sectors. (i.e. non-medical). The principal activities of the GPDF are in providing funds to enable GPs to represent their colleagues at national level.

Currently the BMA does not recompense or compensate attenders at committee and other meetings, for the first 12 meetings. Given the status of GPs as independent contractors or employees in small organisations, the BMA arrangement is a significant disincentive to GPs to become involved in this type of activity. Therefore, the GPDF currently provides a grant to BMA to remove any disincentive and to encourage GP engagement in representation activity.

There are four policy making LMC conferences a year (UK, England, Scotland and Wales) all of which are important sessions to enable LMC Representatives to come together to debate issues of importance to general practice. A further conference for LMC Secretaries is held each year to facilitate mutual development and joint working for LMCs and the GPC. GPDF not only pays for the venue to hold each conference, it also funds travel and accommodation expenses for representatives of LMCs.
Conference Format

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

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

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

Some motions have been greyed out and placed at the bottom of their section of the agenda. It is anticipated by the agenda committee that there will not be enough time to reach these motions and therefore that they may not be debated.

There are also motions in the agenda that are prefixed with a letter ‘A’. These are motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of the SGPC as being non—controversial, self-evident or already under action or consideration.

There are sometimes also motions prefixed with the letters ‘AR’. These are motions which the chair of the BMA Scottish GP committee is prepared to accept without debate as a reference to the SGPC.

The agenda also includes sections for a report from SGPC chair, keynote address by the cabinet secretary of health and social care and a section for asking the negotiators questions. This year we hope to include time for soapbox session where any representative can talk for up to one minute on a topic not included in the agenda.

Amendments
LMCs and representatives are welcome to send amendments to any of the motions in the agenda. These should be sent to mweatherston@bma.org.uk by 12:00 on 30 November. Amendments submitted after this time should be given to a member of the agenda committee in writing. Amendments at the conference can be accepted up to 08:00 on 2 December, for items to be debated in the morning session and up to midday for afternoon items.

LMCs can also send in new motions about any issue which has arisen since the closing date for motions. These should be sent by email to mweatherston@bma.org.uk by 12:00 on 30 November. The agenda committee will then make recommendations about how this new material should be fitted into the agenda and to the timetable.

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

There are no speakers’ slips however the agenda committee will need to be informed by LMCs about who is proposing each of their motions by 25 November 2022. The chair will ask the proposer to open the debate from the podium. The debate then continues from the floor, from representatives who signal to the chair that they wish to speak. BMA staff will be in the room with roving mics to ensure that you are heard. The chair might ask who wants to speak for or against a motion, so that a balanced view is put across. Guests that have observer status and are not permitted to speak at conference. When the chair asks representatives to vote, please use your electronic voting keypads to vote. If we have issues with the electronic voting keypads please do inform the chair and we can move to using the voting cards which is in your delegate pack. The chair will initially ask for votes for, then votes against, and then votes abstaining.

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

If you are opening a debate (proposer) and speaking to a bracketed motion or asterisked bracketed motion, you are not just speaking to your own LMC motion but should be prepared to speak to all parts of the bracketed motion. It is not good practice to either ignore part of the lead motion or to actively disagree with it.

It may be proposed that a motion, if passed by conference, is taken as a reference. This means that the motion would not constitute conference policy, but that SGPC would consider how best to take forward the sentiment of the motion.

Timetable constraints apply to all speeches. Three minutes are allowed for the proposer and two minutes for each speaker from the floor and this is indicated by ‘traffic lights’ located adjacent to the speakers’ podium. If the red light shows it means the speaker should have closed the speech and have stopped speaking. It may also be necessary to move to a vote before everyone has spoken in order to keep to the conference timetable.

The agenda committee

The agenda committee members are located at the back of the auditorium. If you have any questions regarding conference on the day, please do not hesitate to approach one of the members of the Agenda Committee.
## Timetable

**Schedule of business – 2 December 2022**

*Please note that this timetable is subject to change on the day of conference*

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
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<tbody>
<tr>
<td>08:30</td>
<td>Opening remarks&lt;br&gt;Return of Representatives&lt;br&gt;Minutes&lt;br&gt;Standing Orders&lt;br&gt;Report of the Agenda Committee</td>
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<tr>
<td>08:50</td>
<td>Report of the Chair of SGPC</td>
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<td>09:05</td>
<td>Quality and clusters</td>
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<tr>
<td>09:10</td>
<td>Workforce/wellbeing</td>
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<tr>
<td>09:45</td>
<td>Keynote speaker: Humza Yousaf MSP, cabinet secretary of health and social care</td>
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<tr>
<td>10:15</td>
<td>Recruitment and retention</td>
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<td>10:30</td>
<td>Public messaging</td>
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<tr>
<td>10:45</td>
<td>Contracts and negotiations</td>
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<td>11:10</td>
<td>Community hospitals</td>
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<td>11:20</td>
<td>eHealth</td>
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<tr>
<td>11:45</td>
<td>Education and training</td>
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<td>12:00</td>
<td>Environmental</td>
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<tr>
<td>12:05</td>
<td>Representation</td>
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<tr>
<td>12:15</td>
<td>Negotiators’ Questions&lt;br&gt;Contingency time</td>
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<tr>
<td>12:30</td>
<td>Lunch</td>
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<tr>
<td>13:30</td>
<td>Funding</td>
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<td>13:50</td>
<td>Workload</td>
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<td>14:05</td>
<td>Soapbox</td>
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<td>14:15</td>
<td>Premises</td>
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<td>14:25</td>
<td>Immunisation/enhanced services</td>
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<td>14:35</td>
<td>Doctors and dentists review body</td>
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<tr>
<td>14:50</td>
<td>Prescribing, pharmacy services and dispensing</td>
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<td>15:00</td>
<td>Healthcare planning and provision</td>
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<tr>
<td>15:20</td>
<td>Primary healthcare team</td>
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<td>15:35</td>
<td>Miscellaneous</td>
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<td>15:50</td>
<td>Public health</td>
</tr>
<tr>
<td>16:00</td>
<td>Primary/secondary care interface</td>
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<tr>
<td>16:15</td>
<td>Superannuation/review of the NHS pension scheme</td>
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<tr>
<td>16:30</td>
<td>Closing remarks</td>
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</tbody>
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Agenda

08:30  RETURN OF REPRESENTATIVES

1  The Chair: That the delegate list be received.

MINUTES

2  The Chair: Receive the minute of the conference held on 3 December 2021 as approved by the Chair of conference in accordance with standing order 24.

STANDING ORDERS

3  The Chair: That the following amendments be made to the standing orders for conference of representatives of Scottish local medical committees (GP) 2022:

   - Improvement of understanding of the sentiments of standing orders
   - Update of standing orders to reflect and clarify current practices

Amendment of 6. (d) – (f) as follows:

6. Interpretations

(d) ‘As a reference’ means that any motion so accepted does not constitute conference policy but is referred to the SGPC to consider how best to procure its sentiments.

(e) ‘Simple majority’ means that more than one half of the votes cast (50%+1 vote) shall be in favour of the motion or decision, excluding abstentions or spoiled votes. An equality of votes means that the decision or motion has fallen, and the status quo will be retained.

(f) ‘Two-thirds majority’ means that more than two thirds of the votes cast (66.6%) shall be in favour of the motion or decision, excluding abstentions or spoiled votes.

REPORT OF THE AGENDA COMMITTEE

4  The Chair: That the following report of the agenda committee be approved: The agenda committee is charged under section [12(a)] with the allocation of time blocks. Having considered the motions submitted for inclusion in the agenda, the committee has recommended a starting time of certain blocks of motions.

08:50  REPORT OF THE CHAIR OF THE SGPC

5  The Chair (on behalf of the Agenda Committee): Receive report from the chair of BMA Scottish GP committee (SGPC).
09:05 QUALITY AND CLUSTERS

Glasgow: That this conference applauds the efforts of GPs and practices in taking forward quality improvement work and
  i. notes the important work of GP clusters on this
  ii. believes that clusters should be focussed on quality improvement work, and adequately supported and resourced for this
  iii. believes that CQLs (cluster quality leads) and PQLs (practice quality leads) should be properly paid for their work.

09:10 WORKFORCE/WELLBEING

Glasgow: That this conference in noting the issues facing both primary and secondary care services,
  i. expresses concern with regards to the difficulties in recruitment and retention
  ii. deplores the increasing workplace stress and burnout affecting health service staff
  ii. calls on Scottish Government to urgently address these issues with credible workforce and wellbeing plans.

* Agenda Committee: That this conference recognises the significant crisis within general practice and calls on the Scottish Government
  i. and SGPC to acknowledge and quantify the mismatch between the GP workforce and present workload
  ii. to provide clarity regarding workforce planning
  iii. to explain the number of patient facing sessions and whole-time equivalents for the mooted additional 800 GPs for Scotland.

Grampian: That this conference recognises the significant crisis within general practice and calls on Scottish Government for clarity regarding workforce planning, such as number of patient facing sessions and whole-time equivalents for the mooted additional eight hundred GPs for Scotland announced in 2017 to be delivered by 2027.

Lothian: That this conference calls on Scottish Government and SGPC to acknowledge and quantify the mismatch between the GP workforce and present workload, which poses a significant risk of harm to all.

Ayrshire and Arran: That this conference calls on Scottish Government to implement procedures to ensure newly qualified GPs who don’t yet have the “right to remain” are automatically granted sponsorship at a national level and these essential skilled practitioners, in whom we have invested as trainees, are not forced to leave and take their much-needed skills abroad.

Lothian: That this conference asserts that the denigration of GPs continues in medical schools and hospitals, is witnessed by medical students, and asks that this is investigated, and appropriate action taken.

Highland: That this conference is not minded to currently express faith in the accuracy of workforce data coming from the NPCCD (national primary care clinician database) and
  i. calls for all inaccurate and ghost entries to be removed
  ii. wishes health boards to demonstrate they undertake measures such as manual reconciliation to avoid errors in the numbers of GPs recorded as currently working in Scotland
  iii. asks SGPC to continue to seek more accurate ways of tracking the capacity of the GP workforce in Scotland.
Grampian: That this conference recognises poor staff wellbeing is a risk to sustainability and that there is a gap in wellbeing support for primary care teams and calls on SGPC to negotiate funding from Scottish Government for primary care wellbeing posts in each health board to support engagement with individual practices.

Grampian: That this conference welcomes the workforce specialist service in Scotland and calls for continued and improved communications to practices regarding this service.

Forth Valley: That this conference believes there is an urgent need to address the reduced workforce of GPs in the NHS and
i. is concerned about the length of time patients, including health care workers, are waiting for investigation and treatment in secondary care
ii. recognises prolonged staff sickness contributes to workforce shortages
iii. calls upon the Scottish Government to implement a national system to facilitate the prioritisation of NHS employees for routine secondary care appointments.

Forth Valley: That this conference believes for the ongoing provision of world class primary care to an ageing and increasingly multimorbid population it is of paramount importance to increase WTE (whole time equivalent) GP numbers working in practices
i. that this can only be done with a contract where money follows the GP as well as the patient
ii. that failure to do so will lead to the fragmentation of care provision to patients, and continued demoralisation of general practice as a viable medical speciality.

09:45  KEYNOTE SPEAKER: HUMZA YOUSAF MSP, CABINET SECRETARY OF HEALTH AND SOCIAL CARE

10:15  RECRUITMENT AND RETENTION

Lothian: That this conference believes that Scottish Government’s pledge to recruit 800 additional GPs to work within NHS Scotland will fail because there is currently no evidence of a plan to fund these new doctors.

Agenda Committee: That this conference recognises there is a GP retention emergency that requires a systematic approach to changing the workload and working conditions of general practice and
i. calls upon Scottish Government to develop an undergraduate general practice sponsorship scheme to help address recruitment and retention
ii. believes that a mentoring scheme for newly qualified general practitioners would improve recruitment and retention and asks that all new general practitioners have access to such a funded mentoring scheme
iii. requests sight of the Scottish Government’s plans for retaining the GP workforce, as retention reaches a crisis
vi. believes that the already stretched general practice service is put at greater risk with the co-existing practice nurse recruitment and retention crisis and calls upon Scottish Government to address this.

Lothian: That this conference calls upon Scottish Government to develop an undergraduate general practice sponsorship scheme to help address recruitment and retention.

Lothian: That this conference requests sight of the Scottish Government’s plans for retaining the GP workforce, as retention reaches a crisis.
Lothian: That this conference recognises there is a GP retention emergency that requires a systematic approach to changing the workload and working conditions of general practice.

Lothian: That this conference believes that the already stretched general practice service is put at greater risk with the co-existing practice nurse recruitment and retention crisis and calls upon Scottish Government to address this.

Forth Valley: That this conference believes that a mentoring scheme for newly qualified general practitioners would improve recruitment and retention and asks that
i. all new general practitioners have access to such a mentoring scheme
ii. funding is negotiated so that this can be provided.

Dumfries & Galloway: That this conference calls on SGPC to negotiate a mentorship programme to provide support for GPs in the early years of their career to make it a viable option for them to take on partnerships or salaried posts in practices where that inbuilt support and mentorship is not there due to recruitment difficulty.

Glasgow: That this conference expresses deep concern at GP practice sustainability and GP retention.

10:30

PUBLIC MESSAGING

Tayside: That this conference has grave concerns about the sustainability of general practice in Scotland and calls on Scottish Government to
i. engage in an open and honest conversation with the public around what the actual changes to the GMS (general medical services) contract will mean for their health care provision moving forward
ii. engage in an open and honest conversation about which health needs general practice and NHS services are able to provide, allowing expectation to match the level of service being funded
iii. resist quoting statistics and meaningless numbers around recruitment and retention of GPs/NHS staff and instead state where gaps lie and the time it will take to train these staff.

Grampian: That this conference recognises despite repeated calls in previous conferences for a national campaign to highlight the pressures and changes in general practice with the GMS 2018 contract, there has not been a campaign that addresses these issues satisfactorily and thus practices are experiencing yearly increases in abuse due to lack of understanding regarding the direction of travel for general practice services.

Dumfries & Galloway: That this conference calls on Scottish Government to provide a sustained public messaging campaign to highlight the pressures on GPs and to promote self-management and highlight the alternative sources of help and advice that are available.

Grampian: That this conference is saddened at the public perception of general practice which is negatively impacting not only staff morale but patient care and calls on SGPC for an urgent multi-media campaign with Scottish Government to address this.
10:45

**CONTRACTS AND NEGOTIATIONS**

* 31

**Agenda Committee:** That this conference in regard to the 2018 GMS contract
i. is saddened, that despite some progress with the GMS 2018 contract overall it has failed to reduce GP workload to a level that supports practices and improves sustainability
ii. agrees that patients and practices are let down when there are lapses in services delivered by the board under this contract
iii. wishes for boards to provide a reliable service and to have robust continuity arrangements in place
iv. instructs SGPC to see a mechanism to prevent lapses in services
v. calls on SGPC and Scottish Government to allow options appraisal for funding to be released to practices to provide services when other options have been exhausted.

32

**Highland:** That this conference agrees that patients and practices are let down when there are lapses in services delivered by the board under the 2018 GMS contract and
i. instructs SGPC to seek a mechanism to prevent this
ii. wishes for boards to provide a reliable service and to have robust continuity arrangements in place
iii. asks for direct funding to be available to GP practices where they are left dealing with gaps in services.

33

**Grampian:** That this conference is saddened, that despite some progress with the GMS 2018 contract overall it has failed to reduce GP workload to a level that supports practices and improves sustainability and calls on SGPC and the Scottish Government to allow options appraisal for funding to be released to practices to provide services when other options have been exhausted.

34

**Lanarkshire:** That this conference recognises that the implementation of the 2018 contract has been inefficient and ineffective. We ask that further funding, intended for 2018 contract purposes, is now considered for use by GPs on receiving business cases for services to benefit local communities.

* 35

**Agenda Committee:** That this conference believes that the vision around the 2018 GMS contract has not been realised, and
i. demands clarity and detail on what services general practices should already be receiving from boards
ii. is disappointed that despite this conference asking for clarity around levels of service specification provision for vaccinations, pharmacotherapy, and CTAC (community treatment and care) this is still pending agreement between SGPC and Scottish Government
iii. has an appetite for SGPC to set out what the much requested plan B looks like.

36

**Highland:** That this conference believes that the vision around the 2018 GMS contract has not been realised, and
i. demands clarity and detail on what services general practices should already be receiving from boards
ii. has an appetite for SGPC to set out what the much requested plan B looks like.

37

**Highland:** That this conference had asked for clarity around levels of service specification provision for vaccinations, pharmacotherapy, and CTAC, and is disappointed to still be waiting for this, pending agreement between SGPC and Scottish Government.

38

**Lothian:** That this conference believes that following the failure of Phase 1 of the 2018 GP contract, the independent contractor model is no longer fit for purpose.
Agenda Committee: That this conference accepts that the 2018 contract has not delivered on its promised outcomes and will not deliver on them even with the time extension granted and therefore
i. demands a halt in any further local PCIP (primary care improvement plan) negotiations and implementation
ii. requests that new contract discussions are started with Scottish Government at the earliest convenience
iii. asks that our next Scottish GP contract to have vision, aspiration and a clear direction of travel, but insists that this must be backed up with detailed service specifications and a level of financial planning commensurate with this.

Highland: That this conference wishes for our next Scottish GP contract to have vision, aspiration and a clear direction of travel, but insists that this must be backed up with detailed service specifications and a level of financial planning commensurate with this.

Lanarkshire: That this conference accepts that the 2018 contract has not delivered on its promised outcomes and will not deliver on them even with the time extension granted. As such conference demands a halt in any further local PCIP negotiations and implementation and requests that new contract discussions are started with Scottish Government at the earliest convenience.

Fife: That this conference has no confidence in the 2018 Scottish GP contract being fulfilled as planned due to lack of workforce and funding.

Forth Valley: That this conference asks in light of the changing landscape of general practice since the introduction of the 2018 contract, that SGPC re-evaluate phase 2 with a renewed focus on reducing workload and create a new plan for phase 2.

Glasgow: That this conference calls for SGPC and the Scottish Government to move forward with negotiations and delivery of phase two of the 2018 contract.

Glasgow: That this conference calls on the Scottish Government to fulfil its promised commitment to ensure effective delivery of the 2018 contract and
i. notes the lack of adequate funding for HSCPs (health and social care partnerships) to further develop PCIP services
ii. expresses its disappointment at the slow pace of implementation.

Lothian: That this conference believes we have had little analysis of how the contract has worked, and particularly the new expanded MDT (multi-disciplinary team).

Ayrshire and Arran: That this conference believes the Scottish GMS Contract 2018 needs further flexibility around implementation in rural/semi-rural practice that function in different ways in their communities and calls on SGPC to ensure that this is possible and for Scottish Government to ensure adequate funding to support it.

Grampian: That this conference recognises that geographically challenged areas have been discriminated against by the GMS 2018 contract, compounded with removal of the accrued 2018-2022 underspend and calls on Scottish Government to urgently address this inequality of PCIP delivery across Scotland.
11:10 COMMUNITY HOSPITALS

Highland: That this conference endorses the important role that community hospitals play in the delivery of local health care across Scotland and calls on SGPC negotiators to work with Scottish Government to sustain these services through
i. proactive development by boards that allows for community hospitals that are modern, locally sustainable and responsive to local community needs
ii. provision of resources that are commensurate with allowing them to fulfil such a function while operating within a modern health and social care setting
iii. recognising that the role that GPs can fulfil as expert medical generalists is also well suited to the provision of medical input to community hospitals
iv. the promotion of community hospitals as having the potential to be hubs from which a range of intermediate care services can be delivered, strengthened by the ability of GPs to act in the role of expert medical generalists.

11:20 EHEALTH

Highland: That this conference welcomes the technical progress made in Scotland around GP activity data and
i. looks forward to this progressing the ability to demonstrate aspects relating to the range and extent of excellent work that is being delivered in general practice
ii. is hopeful that improved consistency around the recording of information on clinical systems may be facilitated through the provision of such information directly back to practices, for example via a suitable dashboard
iii. accepts that further technical solutions will be needed to illustrate levels of demand.

Highland: That this conference expresses its disappointment and concern in respect to how boards have planned and implemented Order Communications (Order Comms) solutions and resolves
i. that it is unacceptable that several boards do not have any Order Comms
ii. that interoperability is threatened by the wide range of order communications IT solutions being deployed by boards
iii. that current approaches appear susceptible to functional limitation through the organisational boundaries involved
iv. to ask that SGPC must work with Scottish Government, health boards and national IT groups to find ways to improve this situation.

Glasgow: That this conference calls on all health boards to work together to facilitate clinical portal access across board interfaces within Scotland and to ensure that the functionality is available to GPs with appropriate clinical governance arrangements.

Agenda Committee: That this conference
i. calls for a clear commitment that health boards should provide adequate IT support for both clinical and non-clinical software that are required for GP practices
ii. does not support the development of any NHS software where the NHS does not either supply or fund the supply of the necessary hardware on which it is to operate.

Glasgow: That this conference calls for a clear commitment that health boards should provide adequate IT support for both clinical and non-clinical software that are required for GP practices.

Tayside: That this conference does not support the development of any NHS software where the NHS does not either supply or fund the supply of the necessary hardware on which it is to operate.
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**Highland:** That this conference is awake to the prospect of future cyberattacks and threats of disruption to the clinical systems we use in Scotland and asks for a proportionate response from SGPC in seeking improved cyber resilience in general practice and out of hours services, that might include support around business continuity and cybersecurity training for the workforce.

**Lothian:** That this conference applauds the response of eHealth and out of hours services with the recent cyberattack on ADASTRA and sees opportunity in the consolidation of computer systems.

**11:45**

**EDUCATION AND TRAINING**

**Glasgow:** That this conference expresses concern at the low number of new GPs in Scotland and believes that trainee numbers need to be increased further to take account of those undertaking less than full time training.

**Lothian:** That this conference recognises that the role of the expert medical generalist is increasingly complex and now urgently requires an expansion of both GP training and the availability of fellowships.

**Tayside:** That this conference applauds the good progress being made by Scottish Government on extending verification of death training to other PAMS (professions allied to medicine) but insists that it be made clear to providers that this training applies to all deaths, not just those that were expected.

**Tayside:** That this conference deplores the loss of PLT (protected learning time) for practices - the only true protected time for practice and locality education for all staff – and asks that this is reinstated as soon as possible.

**Lothian:** That this conference believes that the failure to provide practices with protected learning time should now be considered detrimental in terms of team development and learning, and further diminishes an already-low morale.

**Highland:** That this conference instructs SGPC to speak to Scottish Government with urgency around reinstating a systematic approach to support protected learning time, enabling practice teams to regularly have opportunities to meet and improve together within office hours.

**Lothian:** That this conference calls upon NHS24 to return the monies acquired through protected learning time cover provision and the MATS (Musculoskeletal Advice & Triage Service), or otherwise agree to restart both services.
12:00  ENVIRONMENTAL

* 68 Tayside: That this conference calls on SGPC to negotiate for funding for transition to net zero premises for all GP surgeries in Scotland by 2030 through upgrades, retrofitting or new builds, and supports the views
   i. that it is not acceptable to be causing harm through air pollution locally nor harm internationally through CO2 emissions
   ii. as anchor institutions influencing communities, we need to urgently lead the changes that we all need to make.

69 Lothian: That this conference welcomes Scottish Government’s plans for the primary care real estate to be carbon neutral by 2035 but request detailed, funded plans on how this will be achieved.

70 Highland: That this conference endorses the need for progress to be made in respect of reducing the carbon footprint of general practice and
   i. wishes for SGPC to work with Scottish Government to improve the opportunities around this
   ii. asks SGPC to explore arrangements that will allow improvements and retrofitting of GP premises to be made possible regardless of ownership.

71 Highland: That this conference believes that more can be done to reduce the volume of material waste generated in general practice, improve how it is separated and processed to become more sustainable, and asks for SGPC to push for practices to be provided with assistance in pursuit of this.

12:05  REPRESENTATION

72 Glasgow: That this conference believes that each nation that contributes to GPDF (General Practice Defence Fund) should be able to take its own position on the merits of a national association of LMCs.

13:30  FUNDING

* 73 Agenda Committee: That this conference is shocked by the Scottish Government’s letter with regards to PCIF (primary care improvement fund) funding for 2022/23 and believes that the removal of reserves from current funding will
   i. affect HSCPs’ ability to use already allocated underfund spends
   ii. penalise areas that haven’t been able to recruit staff or commence services
   iii. stop HSCPs from being able to develop PCIP (primary care improvement plan) services
   iv. lower GP morale.

74 Glasgow: This conference is shocked by the Scottish Government’s letter with regards to PCIF funding for 2022/23 and believes that the removal of reserves from current funding will
   i. affect HSCPs’ ability to use already allocated underfund spends
   ii. stop HSCPs from being able to develop PCIP services
   iii. lower GP morale.

75 Tayside: That this conference is dismayed that the underspend from the PCIF fund is no longer added to subsequent year funding and asks this is rectified as it penalises areas that haven’t been able to recruit staff or commence services and leads to permanent health inequalities in those regions where recruitment is difficult.
76 | Glasgow: That this conference is disappointed in the 2022/23 PCIF funding letter and calls on Scottish Government to commit to sufficient funding for the PCIF to fully deliver all MOU (memorandum of understanding) services.

77 | Fife: That this conference believes that financial support to practices should be given to fairly reflect the increased
| i. interest rates affecting mortgages and leasing costs
| ii. costs on fuel and utility bills.

78 | Ayrshire and Arran: That this conference believes the rising cost of living and energy bills will make practices financially unviable and calls on the Scottish Government to protect against this risk by adequately funding expenses.

79 | Grampian: That this conference recognises the imminent risk to building owning partnerships with increasing energy prices and accepts without support there is a risk to multiple practice sustainability, potentially harmful consequences for patient care and further destabilisation of the NHS and calls on SGPC to negotiate with Scottish Government to cover this rise in energy costs in GP expenses.

* 80 | Agenda Committee: That this conference notes with concern the difficulties in obtaining locum GPs being experienced by practices; and
| i. believes that this presents a challenge for GPs being able to take annual leave, which is of huge importance to their welfare
| ii. calls on Scottish Government to work with SGPC and RCGP (Royal College of General Practitioners) to implement solutions
| iii. calls on SGPC to negotiate with Scottish Government an increase in funding to cover the actual cost of a locum in 2022.

81 | Glasgow: That this conference notes with concern the difficulties in obtaining locum GPs being experienced by practices; and
| i. believes that this presents a challenge for GPs being able to take annual leave, which is of huge importance to their welfare
| ii. calls on Scottish Government to work with SGPC and RCGP to implement solutions.

82 | Grampian: That this conference recognises the lack of workforce in general practice has resulted in the locum rate for a clinical session rising to an unprecedented amount per session and calls on SGPC to negotiate with Scottish Government an increase in funding to cover the actual cost of a locum in 2022.

83 | Glasgow: That this conference calls for GP maternity, paternity and adoption locum cover to be reimbursed at the same higher level as that of sickness locum cover without coming from the existing GMS envelope.

A 84 | Ayrshire and Arran: That this conference believes enhanced services contracts, where they remain part of the services a practice delivers, require annual uplift to the resource attached and calls on SGPC to negotiate with Scottish Government to deliver an annual percentage uplift of the value of these contracts.

85 | Lothian: That this conference notes that the PCIF allocation does not expand as patient numbers do, specifically disadvantaging and under-resourcing practices in boards with growing populations.
13:50 WORKLOAD

Agenda Committee: That this conference recognises since the COVID 19 pandemic the resulting rise in workload has left general practice at breaking point and
i. GP contractors are working to excessive levels
ii. calls on SGPC and Scottish Government to define what is a reasonable sessional and therefore weekly workload for a GP contractor
iii. calls on SGPC and Scottish Government to consider the introduction of limited co-payments
iv. calls on SGPC and relevant agencies to produce an urgent report on the impact to healthcare in Scotland if general practice was to fail.

Ayrshire and Arran: That this conference believes that GP contractors are working to excessive levels and calls on SGPC and Scottish Government to define what is a reasonable sessional and therefore weekly workload for a GP contractor.

Grampian: That this conference recognises the significant crisis within general practice and in a bid to reduce demand, calls on SGPC and Scottish Government to consider the introduction of limited co-payments, excluding patients who are unable to pay, as a way to reduce demand in general practice and not to subsidise current funding streams.

Grampian: That this conference recognises since the COVID 19 pandemic and failure of the GMS 2018 contract the resulting rise in workload has left general practice at breaking point and calls on SGPC and relevant agencies to produce an urgent report on the impact to healthcare in Scotland if general practice was to fail.

Grampian: That this conference recognises the cost-of-living crisis will result in an increased workload to general practice and calls on SGPC to work with relevant agencies to ensure appropriate support is available for the general public and to practices, to support this workload.

Lothian: That this conference contends that the failure to implement the new arrangements for temporary residents means that practices are working with resource based on workload estimates that are decades out of date and this needs urgent review.

Lothian: That this conference believes that if general practice fails, the NHS will die.

14:15 PREMISES

Glasgow: That this conference with regards to sustainability loans
i. still believes that sustainability loans are a reasonable way to help reduce long-term risk to GPs who are practice premises owners
ii. is dismayed that it is taking so long to complete round one of these loans
iii. deplores the reportedly high legal fees practices are having to pay to complete these loans
iv. feels that practices facing huge legal fees to complete these loan goes against the spirit of the new GP contract
v. calls on SGPC to work urgently with Scottish Government to reduce the costs to practices of these loans.
Forth Valley: That this conference asks SGPC to negotiate with Scottish Government regarding GP premises sustainability loans so that
i. practices who applied in 2018 should be able to receive a second payment in 2023 rather than having to wait a further 5 years given that first payments are only just being received
ii. the cost of applying for these loans including legal fees should be funded by the Scottish Government and not practices
iii. urgent guidance is issued to practices on how to engage in this process to make it easier and quicker.

Grampian: That this conference is dismayed that despite conference agreed motions some sustainability loans for practices still haven’t been delivered and for those delivered there has been unexpected excessive investment in time and expenses for practices and now calls on SGPC to negotiate with Scottish Government the reimbursement to prevent further destabilisation to practices.

Lothian: That this conference calls on Scottish Government to mandate all new housing developments to contribute financially to primary care services and give local HSCPs the power to veto new developments where provision would be compromised.

14:25 IMMUNISATION/ENHANCED SERVICES

Glasgow: That this conference applauds the success of the implementation of the vaccine transformation programme but
i. expresses concern the demands are still being made of GPs and practice staff to provide information to the board for delivery of the service
ii. calls on Scottish Government to work with health boards to implement IT systems which facilitate board delivery of vaccinations without action by general practice.

Agenda Committee: That this conference
i. is concerned about some of the vaccination delivery models relied upon following the conclusion of the role played by most GP practices
ii. acknowledges that there is an unavoidable burden from travel in sparsely populated areas and some remote parts
iii. demands that boards find additional resource in support of areas where the high rates of uptake of childhood immunisations is not sustained
iv. recognises that some areas could be better served by a mechanism for general practice to be engaged by boards where this is mutually beneficial
v. believes GPs should be facilitated and funded to give opportunistic vaccination to hard-to-reach groups, where there is both an individual and public health benefit to vaccination.

Highland: That this conference notes with concern that anxieties continue to be expressed about some of the vaccination delivery models relied upon following the conclusion of the role played by most GP practices and
i. acknowledges that there is an unavoidable burden from travel in sparsely populated areas and some remote parts
ii. demands that boards find additional resource in support of areas where the high rates of uptake of childhood immunisations by patients is not sustained
iii. recognises that some areas could be better served by a mechanism for general practice to be engaged by boards where this is mutually beneficial.

Lothian: That this conference believes GPs should be facilitated and funded to give opportunistic vaccination to hard-to-reach groups, where there is both an individual and public health benefit to vaccination.
101 **Grampian**: That this conference appreciates locally enhanced services are outwith SGPCs discretion to negotiate however calls on SGPC to provide guidance to health boards that these contracts should be reviewed regularly with appropriate funding to prevent their loss from general practice workload due to sustainability pressures.

### 14:35 DOCTORS AND DENTISTS REVIEW BODY

102 **Lothian**: That this conference believes that the DDRB (doctors and dentists review body) has demonstrated a significant lack of independence and therefore it should be reformed or replaced.

103 **Lothian**: That this conference condemns the derisory 2022-23 pay award for doctors in Scotland and
i. calls for an uplift that reflects both the current rate of inflation and the real terms erosion in remuneration that has occurred over recent years
ii. supports the BMA’s consideration of collective industrial action as a mechanism for challenging the pay award.

### 14:50 PRESCRIBING, PHARMACY SERVICES AND DISPENSING

104 **Ayrshire and Arran**: That this conference is frustrated at the constant changes in local formularies and unwarranted variation across board areas and calls on SGPC to
i. work with the Scottish Government to create an agreed national formulary
ii. ensure that where items may be prescribed under nationally agreed shared care agreements, these are resourced adequately.

105 **Grampian**: That this conference welcomes pharmacy first plus service development to support a reduction in GP workload however feels it is at such a small scale, it is yet to have impact and calls on the Scottish Government to rapidly expand this service along with the communications to practices and public.

106 **Lothian**: That this conference maintains that the ongoing failure to implement e-prescribing is having a huge negative impact on the workload and morale of general practice reception and administrative staff, as well as compromising safety. Conference laments Scottish Government progress on this and asks that it takes urgent action to catch up with English and European neighbours.

### 15:00 HEALTHCARE PLANNING AND PROVISION

* **Forth Valley**: That this conference acknowledges that there are increasing demands from private health care providers to GP practices and asks that SGPC negotiate with Scottish Government so that guidance is formed for private health care providers to ensure
i. private providers must be upfront to patients what the cost of a whole episode of care is and not just the initial consultation
ii. private providers must tell patients before embarking on an episode of care that follow up monitoring and prescriptions may not be provided by the NHS and that they should check with their practice if this is possible before deciding if they wish to continue privately
iii. care that would be delivered by specialist services in the NHS is not passed on to GPs by private providers with expectation that general practice will be able to do this.
Glasgow: That this conference notes the increasing demands being made on GP practices following patients having undergone surgery in the private sector, both in the UK and abroad, and
i. notes that specialist follow up is not the work of general practice
ii. deplores the lack of specialist follow up care that is being provided to those patients
iii. calls on health boards to develop pathways for accessing specialist services to ensure that those who cannot access private specialist follow up are not left without adequate care.

Highland: That this conference notes the establishment of a national care service which will allow Scottish ministers to be able to transfer healthcare functions, and asks SGPC to seek
i. additional assurances that this will not negatively impact upon the independent contractor model of delivering general practice
ii. improvement in the resource available to general practice to match any Scottish Government policy commitments around input that goes beyond GMS for patients living in care home settings.

Agenda Committee: That this conference
i. calls for HSCPs to desist from addressing lack of capacity in general practice with the development of virtual GP practices, believing that virtual practices will simply create a two-tier system of NHS general practice, and ultimately lead to worsening health inequalities.
ii. regrets the discussion around virtual practices due to the significant lack of primary care estates investment in areas of high growth.

Lothian: That this conference demands that urinalysis testing strips should be seen as essential practice diagnostic supplies and should therefore be provided by PECOS (professional electronic commerce online system).

Lothian: That this conference maintains that practices having to retain historical out of area patients is a profoundly inefficient, outdated legacy which compromises capacity in an already overwhelmed system.

Highland: That this conference demands that some attention be paid to whether flow navigation centres have proved to be a good use of resource in all board areas and considers that objective evidence should be used to inform this judgement.

Highland: That this conference acknowledges that any formula to allocate a limited resource towards healthcare will present challenges and differences in opinion and calls for SGPC to ask Scottish Government to commission research into the material effect of recent changes on remote and rural populations and the perceptions surrounding this.

Highland: That this conference recognises the significant additional costs incurred by practices through two additional public holidays appearing during an exceptional year, demands recognition of the impact of this on GP practices, and seeks financial support for practices to mitigate these costs.
118 **Lothian:** That this conference considers that using practice-employed staff for phlebotomy and chronic disease monitoring should be an option as
i. provision of CTACS within each individual practice has not so far been possible
ii. it would give additional flexibility and the advantage of local, familiar access for these services
iii. it would reduce the potential for widening health inequalities, including for the elderly and poor who would be most impacted if needing to travel beyond the practice to access centralised CTACS
iv. it is especially suited to high volume, short appointment health care
v. travel beyond the practice to access CTACS will have a greater environmental impact.

119 **Highland:** That this conference agrees that the wellbeing of workers and safety of patients should be at the heart of public holiday arrangements and
i. demands that adequate notice is given when these are proposed in order to enable practices to close and out of hours to operate safely
ii. acknowledges the confusion and distress that is incurred where inadequate notice has meant that some practices cannot close
iii. is supportive of those practices, such as those struggling to balance the books, who may not be able to grant additional paid leave to staff
iv. asks SGPC to explore with Scottish Government if there are any measures that could bring harmony.

120 **Lothian:** That this conference is disappointed that so few of the key Scottish LMC 2021 motions, critical to the success of the new GMS contract, have been implemented – including that there be national agreements around secondary care using an electronic test ordering system for bloods done in primary care and the transfer of resource arrangements for this work.

15:20 **PRIMARY HEALTHCARE TEAM**

121 **Ayrshire and Arran:** That this conference believes that the introduction of MDT members as part of the new GMS Scotland contract have
i. improved the ability of patients to be seen by the right person first time
ii. not had the desired effect of freeing up GP time to be the EMG (expert-medical generalist)
iii. increased the overall workload of the practice.

122 **Highland:** That this conference hopes that data collection relating to the general practice multidisciplinary team can
i. provide intelligence around what rewarding careers look like for GP pharmacists and first contact physiotherapists
ii. show that there are career progression opportunities for these individuals while retaining them within the primary care workforce.

123 **Dumfries & Galloway:** That this conference is concerned that the existing model of remuneration incentivises the development of multi-site practices with few partners, few salaried GPs and many AHPs (allied health professions). That it risks the demise of the longitudinal family practice in favour of transactional practice which is not in patients best interests or the interests of the profession. While we fully support the multidisciplinary model this team must be in addition to not in place of GPs and ask that SGPC incorporates this concern into negotiations for phase 2.
15:35  MISCELLANEOUS

* 124  **Ayrshire and Arran:** That this conference notes the humanitarian crisis created by the war in Ukraine and
i. welcomes refugees who come to Scotland
ii. recognises that language barriers and complex medical issues necessitate a longer appointment time
iii. requests that the Scottish Government provide funding to practices taking on this deserving population to provide the care that is required
iv. requests that the Scottish Government ensure adequate access to interpreter and written medical record translation services.

125  **Lothian:** That this conference expects that, during a refugee crisis, Scottish Government provides full and timely communication with practices and an ongoing enhanced service which can be locally adopted, allowing rapid and comprehensive care for a very disadvantaged and vulnerable group of patients.

126  **Tayside:** That this conference asks that there is a mandatory obligation for the police to inform practices of a sudden death in the community directly, rather than asking the deceased’s next of kin to inform the practice.

127  **Lothian:** That this conference calls on Audit Scotland to do a full financial analysis regarding services previously provided by general practice and now delivered elsewhere.

128  **Lothian:** That this conference calls upon Scottish Government to urgently address the disparity of income between Scottish GPs and English GPs.

129  **Highland:** That this conference notes the large public interest that was shown in response to the proposal for a Member’s Bill to enable competent adults who are terminally ill to be provided at their request with assistance to end their life and is supportive of SGPC and the BMA providing advice and comment to Scottish Parliament in the event of requests being made for input from organisations who can represent healthcare professionals.

15:50  PUBLIC HEALTH

130  **Ayrshire and Arran:** That this conference believes that weight management services are under-resourced in Scotland and demands that the Scottish Government
i. urgently funds adequate weight management services in all areas
ii. funds boards to deliver access to tier 4 weight management services in all areas and includes lifelong follow up after surgery as part of this service.

131  **Glasgow:** That this conference recognises that drug deaths in Scotland is a public health emergency and agrees in principle with the findings of the Changing Lives report by the Drugs death taskforce.

132  **Lothian:** That this conference deeply regrets that there is no legacy from the recent COVID pandemic that protects the workforce in the future from a high consequence infectious disease spread by aerosol.
16:00 PRIMARY/SECONDARY CARE INTERFACE

133 Glasgow: That this conference sympathises with the challenging conditions that colleagues in hospitals are working under and
i. urges collaborative working with primary care
ii. demands a cease to the inappropriate back to referrer outcomes and GP review of waiting list patients
iii. calls for better communication solutions with secondary care colleagues.

* 134 Ayrshire and Arran: That this conference believes that outpatient waiting lists are excessive at present and demands
i. that the Scottish Government adequately resources and directs health boards to manage their waiting lists more dynamically
ii. an end to signposting people back to their GP who are waiting for outpatient appointments
iii. that health boards create a waiting list hub to manage patients who are deteriorating on the waiting list
iv. transparency over current waiting times for each specialty.

135 Glasgow: That this conference recognises the increase in workload caused by burgeoning secondary care waiting lists and calls for work in collaboration with the Scottish Government, health boards and secondary care to improve patient access to waiting list data.

136 Tayside: That this conference believes that despite published improvements in June 2022 to CAMHS (Child and Adolescent Mental Health Services) waiting times, urgent action is still required to tackle the unsatisfactory situation where waiting times experienced following referral to CAMHS continually breach the national directive and calls on Scottish Government to support CAMHS service to make improvements and reduce these lengthy delays and impact on patient care through
i. funding for targeted recruitment of specialist staff to support improvement to waiting times
ii. a requirement for direct communication to patients/carers regarding current waiting times and specialist support available whilst awaiting an appointment
iii. improved communication between GPs and CAMHS around referral, waiting times and support available from CAMHS whilst waiting on an appointment.
16:15 **SUPERANNUATION/REVIEW OF THE NHS PENSIONS SCHEME**

137 **Glasgow:** This conference is seriously concerned about the current superannuation scheme for GPs and the
i. failure to reform pension contribution rates
ii. impact of the annual allowance
iii. lack of flexibility to vary the proportion of NHS income which is superannuated
iv. effect this is having on the retention of GPs and the number of sessions that GPs are undertaking.

138 **Lothian:** That this conference notes that a third of Scottish GPs are aged over 50 and fears that the pension punishment they receive will also deliver a fatal body blow to the future of our general practice.

139 **Lothian:** That this conference understands the adverse tax financial situation consequent on the current AA (annual allowance) & LA (lifetime allowance) pension rules. In order to facilitate the retention of senior GPs, conference urges the Scottish Government to
i. match English financial incentives by compensating any AA/LA tax charges incurred during COVID
ii. reinstate historic tax-free contribution thresholds.

140 **Dumfries & Galloway:** That this conference calls on Scottish Government to use its powers to mitigate the punitive effect of the annual allowance tax rules which affect senior clinicians, including GPs disproportionately. The effect of these tax charges is well documented in dis-incentivising GPs taking on extra roles, or out of hours work and encouraging reduction in hours or early retirement, just at the time when the NHS can least afford a reduction in GP numbers.
Appendix 1

CONFERENCE OF REPRESENTATIVES OF SCOTTISH LOCAL MEDICAL COMMITTEES (GP)

STANDING ORDERS

Conferences

1. **Annual conference**
   The Scottish general practitioners committee (SGPC) shall convene annually a conference of representatives of Scottish local medical committees (GP).

2. **Special conference**
   A special conference of representatives of local medical committees may be convened at any time by the SGPC. 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 the Conference shall be:
   (a) All Scottish LMCs are entitled to appoint at least one representative to the Scottish LMC conference. The agenda committee shall each year allocate the number of LMC representatives per Scottish LMC using the number of registered patients in the associated NHS Board area. The agenda committee shall use the formula as stated in Appendix 2.
   (b) (i) Two sessional GPs practising in Scotland: one sessional GP nominated by the Rural General Practitioners Association of Scotland; and the SGPC sessional GP representative nominated by the GPC UK sessional GP subcommittee. Where the nominated sessional GP representative on SGPC already has a conference place or is unable to attend conference, a deputy may be nominated by SGPC.
   (ii) A representative nominated by the Medical Practitioners Union.
   (c) The following may attend in a non-voting capacity:
      (i) Chair/joint chair SGPC
      (ii) Deputy/joint deputy chair SGPC
      (iii) Co-negotiator SGPC
      (iv) Chair UK LMC conference
      (v) Chair BMA Scottish council
      (vi) Chair Scottish council RCGP
      (vii) Members of SGPC who are not providers or performers of primary medical services
      (viii) Members of the agenda committee if not representatives
      (ix) Chair of GPC UK
   (d) Local medical committees may appoint a deputy for each representative, who may attend and act at the conference if the representative is absent.
   (e) All members of the conference, except those listed in 3 (c) (iv), (v), (vi), (vii), (viii) and (ix) shall be registered medical practitioners who are either members or officials of a Scottish local medical committee.
   (f) The representatives elected to act at the annual conference shall continue to hold office until the start of the next annual conference, unless the SGPC is notified by the relevant local medical committee of any change.
4. **Observers**
Both lay and medical secretaries of LMCs, who are not members of the conference, may, with the permission of the chair, attend as observers but the cost of such attendance is to be met by the LMC.

5. **Relationship with UK LMC conference**

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

6. **Interpretations**
   
   (a) ‘Members of conference’ means those persons described in Standing Order 3.
   
   (b) ‘Representative’ or ‘representatives’ means those persons appointed under standing order 3(a) and 3(b) and shall include the deputy of any person who is absent.
   
   (c) ‘The conference’, unless otherwise specified, means either an annual or a special conference.
   
   (d) ‘As a reference’ means that any motion so accepted does not constitute conference policy but is referred to the SGPC to consider how best to procure its sentiments.
   
   (e) ‘Simple majority’ means that more than one half of the votes cast (50%+1 vote) shall be in favour of the motion or decision, excluding abstentions or spoiled votes. An equality of votes means that the decision or motion has fallen, and the status quo will be retained.
   
   (f) ‘Two-thirds majority’ means that more than two thirds of the votes cast (66.6%) shall be in favour of the motion or decision, excluding abstentions or spoiled votes.

7. **Motions to amend standing orders**
   
   (a) No motion to amend these standing orders will be considered at any subsequent conference unless due notice is given by the SGPC, the agenda committee or an LMC.
   
   (b) Except in the case of motions from the SGPC, such notice must be received by the secretary of the SGPC not less than 60 days before the date of the conference.
   
   (c) The SGPC shall inform, not less than 42 days before the conference, all LMCs of all such motions.
   
   (d) Motions which are deemed by the agenda committee to be ‘housekeeping motions’ can be confirmed at the beginning of an SLMC conference (by suspending standing orders) and can be introduced for that conference.
   
   (e) All other motions will be confirmed at conference and introduced the following year.

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

(a) The agenda shall include:

(i) Motions, amendments and riders submitted by the SGPC and any LMC. These shall fall within the remit of the SGPC, which is to consider and report to GPC UK on those matters which are peculiar to Scotland in relation to practitioners providing or performing primary medical services under the National Health Service (Scotland) Act 1978 and any Acts amending or consolidating the same; to report on any matters specially referred to it by GPC UK; to confer with the Scottish Government as representing the views of general medical practitioners in Scotland on any subjects relating to the work of the National Health Service Acts and the NHS (Primary Care) Act 1997 and any Acts amending or consolidating the same in Scotland as distinct from those which are common to all general medical practitioners and generally to keep GPC UK in touch with LMCs (GP) in Scotland.

(ii) Motions submitted by the agenda committee in respect of organisational issues.

(b) Any motion that has not been received by the SGPC secretariat on behalf of the agenda committee within the time limit set by the SGPC secretariat on behalf of the SGPC agenda committee shall not be included in the agenda. The right of any LMC or member of the conference, to propose an amendment or rider to any motion in the agenda is not affected by this standing order.

(c) The agenda shall be prepared by the agenda committee as follows:

(i) ‘Grouped motions’ – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. If any LMC 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.

(ii) ‘Composite motions’ – if the agenda committee considers that no motion or amendment adequately covers a subject, it shall draft a composite motion or an amendment, which shall be the motion for the debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.

(iii) ‘Motions with subsections’

(a) motions with subsections shall deal with only one point of principle, the agenda committee being permitted to divide motions covering more than one point of principle.

(b) subsections shall not be mutually contradictory.

(iv) ‘A’ motions – motions which the agenda committee considered to be a reaffirmation of existing conference policy or which are regarded by the chair of the SGPC as being non–controversial, self-evident or already under action or consideration, shall be prefixed with a letter ‘A’.

(v) ‘AR’ motions – motions which the chair of the SGPC is prepared to accept without debate as a reference to the SGPC shall be prefixed with the letters ‘AR’.

(vi) Major issue debate: The agenda committee may schedule a major issue debate. If the committee considers that a number of motions should be considered part of a major issue debate, it shall indicate which motions shall be covered by such a debate. If such a debate is held the provision of standing order 11, parts (e), (f), (g) and (h) shall not apply. The debate shall be held in accordance with standing order 11, part (n).

(d) The other duties of the agenda committee shall include recommending to the conference the order of the agenda; allocating motions to blocks; allocating time blocks; and overseeing the conduct of the conference.
10. Procedures
   (a) Motions prefixed by ‘A’ or ‘AR’ shall be put to the conference, without debate, unless any LMC 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 LMC’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.

   (b) An amendment shall:
      (i) leave out words
      (ii) 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)
      (iii) insert words
      (iv) or be in such form as the chair approves

   (c) 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.

   (d) No amendment or rider that has not been included in the printed agenda shall be considered unless a written copy of it has been submitted 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.

   (e) No seconder shall be required for any motion, amendment or rider submitted to the conference by SGPC, a local medical committee or agenda committee or any composite motion or amendment produced by the agenda committee under standing order 9 (c)(ii). All other motions, amendments or riders after being proposed, must be seconded.

11. Rules of debate
   (a) A member of the conference shall address the chair and shall, unless prevented by physical infirmity or attending virtually, stand when speaking.

   (b) 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.

   (c) No member of the conference, including proposers of a motion should seek ad hoc demonstrations of opinion from the floor including asking for a showing of hands.

   (d) The chair shall take any necessary steps to prevent tedious repetition.

   (e) 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.

   (f) Amendments shall be debated and voted upon before returning to the original motion.

   (g) Riders shall be debated and voted upon after the original motion has been carried.

   (h) If any amendment or rider is rejected, other amendments or riders may 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.

   (i) If it is proposed and seconded that the conference adjourns or that the debate be adjourned such motion shall be put to the vote immediately and without discussion, except as to the time of adjournment. If it is proposed and seconded “that the question be put now”, such motion shall be put to a vote immediately and without discussion, except that 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 SGPC and the mover of the original motion shall have the right to reply to the debate before the question is put.
(j) If there be a call by acclamation to 'move to next business', it shall be the chair's discretion whether the call is heard. If it is heard, then the proposer of the original motion can choose to have the call for next business voted on as a whole or in parts and is allowed one minute to oppose the call to 'move to next business'. Conference will then vote on the motion to move to next business and a 2/3 majority is required for it to succeed.

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

(l) Members of the conference have an overriding duty to those they represent. If a speaker has a pecuniary or personal interest, beyond his capacity as a member of the conference, in any question which the conference is to debate, this interest shall be declared at the start of any contribution to the debate.

(m) All motions expressed in several parts and designated by the letters (i), (ii), (iii) etc shall automatically be voted on separately, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.

(n) In a major issue debate the following procedures shall apply:
   (i) the agenda committee shall indicate in the agenda the topic for a major debate
   (ii) the debate shall be conducted in the manner clearly set out in the published agenda
   (iii) the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference
   (iv) introductory speakers may produce a briefing paper of no more than one side of A4 paper
   (v) subsequent speakers will be selected by the chair from those who have indicated a wish to speak. Subsequent speeches shall last no longer than one minute.
   (vi) the chair of SGPC or their representative shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)
   (vii) at the conclusion of the debate the introductory speakers may speak for no longer than two minutes in reply to matters raised in the debate. No new matters may be introduced at this time.
   (viii) the response of members of conference to any major debate shall be measured in a manner determined by the agenda committee and published in the agenda.

12. **Allocation of conference time**
   (a) The agenda committee shall, as far as possible, divide the agenda into blocks according to the general subject of the motions, and allocate a specific period of time to each block.
   (b) Motions will not be taken earlier than the times indicated in the schedule of business included in the agenda committee's report.
   (c) Soapbox session:
      (i) A period may be reserved for a 'soapbox' session in which representatives are given up to one minute to present to conference an issue which is not covered in the agenda.
      (ii) Other representatives shall be able to respond to the issues raised during the soapbox session, or afterwards via means to be determined by the agenda committee.
      (iii) Representatives wishing to present an issue in the soapbox may be requested to complete the form provided and hand to a member of the agenda committee at the time of the debate.
   (d) Grouped motions, which cannot be debated in the time allocated to that block shall, if possible, be debated in any unused time allocated to another block. The chair shall, at the start of each session, announce which
previously unfinished block will be returned to in the event of time being available.

(e) Motions prefixed with a letter 'A', 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.

13. Motions not published in the agenda
Motions not included in the agenda shall not be considered by the conference except those:
(a) covered by standing orders relating to time limit of speeches.
(b) motions for adjournment, “that the question be put now”, motions that conference “move to the next business” or the suspension of standing orders.
(c) relating to votes of thanks, messages of congratulations or of condolence.
(d) relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
(e) which replace two or more motions already on the agenda (composite motions) and agreed by representatives of the LMC concerned.
(f) prepared by the agenda committee to correct drafting errors or ambiguities.
(g) that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions and submitted in writing by SGPC, the agenda committee or any LMC.

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

15. Time limit of speeches
(a) A member of the conference, including the chair of the SGPC, 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.
(b) The conference may, at any period, reduce the time to be allowed to speakers, whether in moving resolutions or otherwise.

16. Voting
(a) Except as provided for in standing orders 17 (a) (election of chair of conference), 17(b) (election of deputy chair of conference), and 17 (c) (election of three members of the agenda committee), only those described in standing orders 3(a), (b) and (d) may vote.
(b) Except as provided for in standing order 11 (i) and 11 (j) (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:
   (i) any change of conference policy relating to the constitution and/or organisation of the LMC conference/GPC Scotland structure or
   (ii) a decision which could materially affect the GPDF Ltd funds.
(c) Voting shall be, at the discretion of the chair, by a show of voting cards or electronically. If the chair requires a count this will be a manual count or by electronic voting if available.
17. **Elections**

(a) **Chair**

(i) At each annual conference, a chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

(ii) The chair shall not be eligible to stand for more than three consecutive years.

(b) **Deputy chair**

(i) At each annual conference, a deputy chair shall be elected by the members of the conference to hold office from the termination of the conference until the end of the next annual conference. Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) shall be eligible for nomination and only those described in 3 (a), (b), and (d) may be eligible to vote.

(c) **Three members of the conference agenda committee**

(i) The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC Scotland and three members of the conference. In the event of there being an insufficient number of candidates to fill the three seats on the agenda committee, the chair shall be empowered to fill any vacancy by co-option from the appropriate section of the conference. Members of the conference agenda committee for the following conference shall take office at the end of the conference at which they are elected and shall continue in office until the end of the next annual conference.

(ii) The chair of conference, or if necessary, the deputy chair, shall be chair of the agenda committee.

(iii) Only those described in standing orders 3(a), (b), (c) (viii) and 3(d) may self-nominate for the agenda committee and only those described in 3 (a), (b), and (d) may be eligible to vote.

18. **Returning officer**

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

19. **Motions not debated**

LMCs shall be informed of those motions that have not been debated and the proposers of such motions shall be invited to submit to the SGPC memoranda of evidence in support of their motions. Memoranda must be received by the SGPC by the end of the third calendar month following the conference.

20. **Distribution of papers and announcements**

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

21. **Mobile phones**

In the conference hall and immediately outside mobile phones should be in silent mode and only used for viewing documents and information relevant to conference or to contribute to online elections. No phone calls should be made in the conference hall or anywhere that would distract the business of conference.
22. **The press**
   Representatives of the press may be admitted to the conference, but they shall not report on any matters that the conference regards as private.

23. **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.

24. **Minutes**
   Minutes shall be taken of the conference proceedings and the chair shall be empowered to approve and confirm them.
## Appendix 2

Formula for Number of Representatives to Scottish LMC Conference from each Scottish LMC based on the number of registered patients in the associated NHS Board area

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Appendix 3

RESPONSE TO 2021 CONFERENCE FEEDBACK

FRIDAY 3 DECEMBER 2021 ONLINE EVENT

The 2021 Scottish conference of local medical committees had 118 attendees and received 51 responses, which is a 43% response rate which we intend to improve upon for Scottish LMC Conference 2022.

This year we have taken the decision to not to respond to all feedback, especially those that are on the whole positive, however have highlighted some particular feedback and our responses to your concerns.

EventsAir voting app
We received comments as expected on the EventsAir Voting App, which experienced technical difficulties on the day of conference unfortunately. The EventsAir Voting App is the same app that was used at the virtual 2020 SLMC Conference. Unfortunately, the app developers had new features and developments added to the app which proved to be more challenging for 2021 virtual conference. The app was not specifically developed for the BMA and as such we were unable to control what developments were included. Should there be a virtual conference in future we will be considering other alternative options for voting.

Motions for debate
There were a few comments again relating to motions chosen for debate. The motions submitted to conference are considered thoroughly by the agenda committee. The agenda committee are unable to produce motions on contentious or controversial topics or issues unless submitted by LMCs, however any motions submitted need to be sense-checked as to not be defamatory or cause any legal issues or concern for the speaker, the BMA or the LMC.

In addition, there needs to be volunteers to speak on motions to allow for a good debate. There were several comments received regarding the restriction of requiring submission of speaker slips. However, all other LMC Conference use speaker slips and have done at physical conference pre-COVID. The Scottish LMC Conference stands apart from the other conferences and does not use speaker slips which allows for more freedom to debate which we are returning to for a physical conference.

Hybrid conference
There were various comments received for a hybrid, blended model for conference. The agenda committee did consider this at their meeting however were keen to return to a physical conference in person format this year.

Physical (in person) conference
There were various comments for a return to a physical conference and the agenda committee are delighted to be running conference in person. There are however a few changes that we have adopted from the experience.

– Lessons learnt from virtual conference: For this 2022 conference, the Agenda Committee will be using electronic voting keypads to allow for smoother and easier recording of voting and anonymity in votes, this will not be the EventsAir app but the voting buttons that were used previously at special conference. We will however be providing cards as a back-up solution should technical difficulties arise.
We will be running our new attendees/refresher training sessions on MS Teams and will promote this in advance of conference. We will be collecting donations for the Cameron Fund virtually via a QR Code and link at the dinner, during conference and post conference.

— **Other changes:** As per a conference motion passed to be more eco and green, we will be moving to a paperless system. This includes the representative packs and evaluation which we will be providing virtually. We will provide a note of upcoming motions on screen and speaker names and speakers LMC on screen.

— **Things to keep:** The conference will once again be livestreamed as was the case post-covid. We will not be adopting speaker slips which are used at all other LMC Conferences but will continue with our previous in person practice and allow for spontaneity from the floor.
Appendix 4

JOINT BMA AND GPDF DEFAMATION STATEMENT

Members of the LMC Conference are asked to read the following statement and to act accordingly.

An individual making a public statement on behalf of the BMA, its GP Committee (including subcommittees) and/or GPDF needs to be aware of the potential pitfalls of the law of defamation. In general, a defamatory statement is one which

“tends to lower an individual’s reputation in the eyes of right-thinking members of society, or which would cause him to be shunned or bring him into hatred, ridicule or contempt, or which tends to discredit him in his profession or trade.”

There are two forms of defamation – libel and slander. Libel is the publication in permanent form of a defamatory statement. Slander is its publication in transitory form. So, to give examples, typically slander is spoken unrecorded word, whereas libel includes the written form such as hard copy or electronic communications, but also spoken words that are recorded, for instance in video form, or even in a voice recording such as potentially on a voicemail. An individual can bring proceedings for libel in the absence of any proof of loss. Proceedings for slander, however, can only generally be brought if loss can be shown although there are limited exceptions such as the slander of an individual in his profession.

There are a number of defences to a claim of defamation these include:— (a) justification - being able to show that what was said is true; (b) fair comment on a matter of public interest - the honest expression of opinion; and (c) privilege – a statement fairly made in the discharge of a public or private duty.

An action for defamation can only be brought in the High Court. Legal aid is not available and proceedings are notoriously expensive.

Where it is necessary to mention individuals or organisations, great care should be taken to ensure that no gratuitous or unsustainable comment is made, this being so whether the discussion is on or off the record. Great care must also be taken to ensure that where an issue regarding an individual or organisation is the subject of rumour, it is not given weight or authority by being publicised by the BMA or GPDF to the detriment of that individual or organisation’s reputation. Similarly, unsubstantiated comment should not be made about individuals and organisations.

Internet postings
There is a common misconception that because of the informal and accessible nature of the Internet, different rules apply. The position is, quite simply, that the author of material posted over the Internet is every bit as liable in defamation as the author of off-line material.

Publication of defamatory material takes place once it has been posted on the Internet. It is not necessary for an aggrieved person to prove that anyone has actually read the material. There is the added danger that the material can be accessed anywhere in the world enabling anybody who is aggrieved to sue in that country as well as here.

Website hosts may also be liable, along with the author, for publishing defamatory material if they have been made aware of its presence on a website and have failed to remove it within a reasonable
period of time. People who hide behind anonymous postings will find that the website hosts can be required to disclose the identity of the author.

**Electronic communications**

Under the Data Protection Act (DPA) data subjects are entitled to request the disclosure of information held on them by the BMA or GPDF. The DPA extends not only to electronic files (including external and internal email correspondence and including activity tracking) but to some manual files as well. The BMA and GPDF are legally obliged to provide the information requested. To avoid the risk of a claim for defamation, it is extremely important that all recorded information relating to individuals is accurately and properly expressed. Anything which could be regarded as offensive, insulting and defamatory must be avoided unless approved by the BMA’s Legal Department or other professional lawyers.

The best practical advice is that any reference to an individual or an organisation should be made in measured terms after a careful appraisal of the evidence available with legal advice being sought where appropriate. If this advice is followed there should be no difficulties with respect to defamation.

**J T Canning**
Director of Operations
GPDF Ltd
22 September 2022

**Gareth Williams**
Director of Legal Services
British Medical Association
22 September 2022