

# Conference of Representatives of Local Medical Committees

## Supplementary Agenda

To be held on

**Thursday 18 May 2023 at 10.00 and Friday 19 May 2023 at 09.00**

To take place at The Light, Friends House, 173-177 Euston Road, London NW1 2BJ

**Chair** Katie Bramall-Stainer (Cambridgeshire)

**Deputy Chair** Matthew Mayer (Buckinghamshire)

### **Conference Agenda Committee**

Katie Bramall-Stainer (Chair of Conference)

Matthew Mayer (Deputy Chair of Conference)

Ursula Brennan (Eastern, Northern Ireland)

Paul Evans (Gateshead and South Tyneside)

Rachel McMahon (Cleveland)

Shaba Nabi (Avon)

Bethan Roberts (Bro Taf)

Euan Strachan-Orr (Liverpool)

Alastair Taylor (Glasgow)

**This supplementary agenda contains all items received by the GPC Secretariat by 12 noon 16 May 2023.**

## Chosen motions

- 268 No motions received the required number of votes under standing order 27 in order to be given priority for debate at conference.

## Errata

- 269 Motion 25.

The link to the speaker slip was added in error. This motion will be proposed from the chair with no speakers. This is because representatives will have had opportunity to debate the issues within the workshops before lunch.

- 270 The motion numbered 29, published in the Agenda, was starred as prioritised in error, and should be numbered as 29a, with all other motions in the bracket renumbered accordingly. Prioritised motion 29 should read as follows:

AGENDA COMMITTEE TO BE PROPOSED BY BERKSHIRE: That conference applauds the organisation and courage of the Junior Doctors' Committee and:

- (i) fully supports junior doctors in England in their strike action and drive for pay restoration
- (ii) demands a similar approach to be taken by GPs for full pay restoration for general practice
- (iii) believes GPs must consider industrial action to achieve full pay restoration for general practice

The proposer of the motion has been informed in advance of this error and has confirmed they have no objections.

## Amendments / Riders

271 SESSIONAL GPs COMMITTEE:

To propose a rider to motion 9:

- (iv) **negotiate to ensure that the use of the model contract for salaried GPs is a contractual requirement for all bodies who engage Sessional GPs.**

*AGENDA COMMITTEE TO BE PROPOSED BY GP TRAINEES COMMITTEE: That conference believes that the model contract for salaried GPs must be strengthened, with improved advised rates of pay, and calls on GPC UK and the Sessional GP Committee to:*

- (i) *rapidly arrange mechanisms to renegotiate the model contract, with ongoing review reinstated*  
(ii) *ensure that salary rates are increased to reflect pay restoration, with a view to protecting the profession in a time of crisis*  
(iii) *amend the model salaried GP contract to be consistent, by including the BMA safe working limits of 25 patient contacts per day*
- (iv) **negotiate to ensure that the use of the model contract for salaried GPs is a contractual requirement for all bodies who engage Sessional GPs.**

ACCEPTED BY THE AGENDA COMMITTEE TO BE DEBATED IF ANY PART OF MOTION 9 IS CARRIED.

To submit a speaker slip for the [Motion 271, please click here](#)

272 GRAMPIAN:

Amendment to motion 10: Essentially replacing 'primary care' and 'family medicine' with 'general practice'.

AGENDA COMMITTEE TO BE PROPOSED BY GRAMPIAN: That conference recognises that GPs have a key role in ~~primary care~~ **general practice** with providing continuity, dealing with complex physical and psychosocial presentations whilst leading the MDT team and:

- (i) agrees that GPs are expert medical generalists whose training allows them to deal with complexities in patient presentations that no other members of the ~~primary care~~ **general practice** team can  
(ii) recognises the importance of RCGP exam and CCT to ensure GPs have been trained to a high standard to enable them to deal with the complexities involved in being a GP in 2023  
(iii) demands the GMC immediately merge the specialist register with the GP register and recognise the profession as specialists in ~~primary care~~ **general practice**  
(iv) calls on UK government to appreciate this key role GPs play by rebranding GPs as consultants in ~~family medicine~~ **general practice**  
(v) calls on governments to include leadership of MDT as a contractual requirement with appropriate funding and time for this role.

REJECTED BY THE AGENDA COMMITTEE UNDER STANDING ORDER 30

273 GP TRAINEES COMMITTEE:

To propose an amendment to motion 15 to replace the word spent with the word based:

GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is ~~spent~~**based** in a primary care setting.

AMENDMENT REJECTED BY THE AGENDA COMMITTEE UNDER STANDING ORDER 30

274 GP TRAINEES COMMITTEE:

To propose a rider to motion 15.

Adding:

**When based in primary care, no GP registrar should be rostered for any secondary care out-of-hours shift as part of their training.**

*GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is spent in a primary care setting. **When based in primary care, no GP registrar should be rostered for any secondary care out-of-hours shift as part of their training.***

RIDER ACCEPTED TO BE DEBATED IF MOTION 15 CARRIED

To submit a speaker slip for [Motion 274 please click here](#).

275 DEVON:

Proposed a rider and amendment to motion 15:

GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that the entirety of general practice speciality training is spent in a primary care setting.

Becoming:

GP TRAINEES COMMITTEE: That conference notes the value of GP trainees maximising their experience of general practice during their training. We call on the BMA to lobby the relevant bodies to ensure that:

- (i) the entirety of general practice speciality training is spent in a primary care setting
- (ii) there is a requirement for all doctors in their Foundation Years to spend a period of time training in a primary care setting recognising this may require an extension to this period of training for all.

BOTH AMENDMENT AND RIDER REJECTED BY THE AGENDA COMMITTEE UNDER STANDING ORDER 30

## New Business / Emergency Motions

276 GRAMPIAN:

That conference recognises a role for GP trainees who have completed at least three years full time general practice training in the UK but who have not yet achieved their CCT and had a satisfactory ARCP review to continue to work in general practice as a GP Specialist Registrar with supervision and defined roles and calls on RCGP, BMA, GPC UK to review options and produce a report for this potential new role.

REJECTED AS NEW BUSINESS

277 NORTH YORKSHIRE:

That conference believes the recent England contract imposition, coupled with devolved nation contracts that are pushing practices to the edge of survival is indicative of the contempt with which the UK and devolved governments are treating the profession and that GPC across the four nations should bring its own NHS contract to the table which allows GPs to deliver services in a way which ensures patient safety and practice sustainability.

ACCEPTED AS NEW BUSINESS AND PLACED INTO PART 2 OF THE AGENDA

278 DEVON:

That conference:

- (i) notes the UK Government is demonstrating that industrial action has become a requirement in order to qualify for negotiation of any increase in funding for public services
- (ii) recognises that GP partnerships need an increased percentage uplift payment in order to enable salary increases to general practice staff at least equivalent to those recently agreed by government to some NHS colleagues and to allow payment of any increases agreed going forward across all four nations
- (iii) concludes that acceptance of the above means GPs are obliged to take action as soon as possible to ensure general practice staff salaries increase appropriately whilst protecting core services
- (iv) is aware that GPC England has recently explored forms of actions that would protect patients and therefore asks GPC UK to broaden this work to all four nations urgently to allow UK wide action as soon as possible.

REJECTED AS NEW BUSINESS