



**Welsh Conference of Representatives of
Local Medical Committees March 2024**

Agenda

Saturday 9 March 2024, The Vale Hotel, Hensol, Pontyclun CF72 8JY

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#WLMC2024

Welcome



Dr Sara Bodey
Chair of conference

Dear conference,

I am delighted to welcome you all to the 2024 Welsh conference of LMCs in Hensol.

Time is running out for General Practice as we know it in Wales. There is a real concern about what the future looks like for our patients, our practices, and our profession. Currently conference offers GPs from across Wales the chance to meet and debate many important issues to help agree the priorities and negotiating position for our GPC Wales team for the next 12 months. The motions you submit, and the policy formed, are also communicated to stakeholders including Welsh Government and the Health Boards.

This is your conference. I would encourage you to get involved, either by proposing one of your LMC's motions or by contributing to the debates. As well as a forum for debate and policy, conference is also an opportunity to meet and share your experiences with colleagues from across the country. We hope that you are able to make the most of these opportunities both during the day and at the conference dinner.

For representatives attending for the first time there will be an informal introduction to the process of conference at 8.30am hosted by Dr Tim Davies, deputy chair of conference. This will take place in the main conference room.

Conference will begin at 9.00am on Saturday 9th March, and the formal business of the day will conclude at 5.35pm. Conference dinner is in the evening, with the pre-dinner drinks reception starting at 7.30pm.

I look forward to seeing you on the day.

Best wishes

A handwritten signature in black ink, consisting of a stylized 'S' followed by a horizontal line.

Dr Sara Bodey
Chair of conference

Agenda committee members



Dr Sara Bodey
Chair of conference



Dr Tim Davies
Deputy chair of conference



Dr Natasha Collins
Committee member



Dr Jenny Liddell
Committee member

BMA GP committee executive



Dr Gareth Oelmann
Chair GPC Wales



Dr Ian Harris
Deputy chair GPC Wales



Dr David Bailey
Executive team GPC Wales



Dr Paul Emmett
Executive team GPC Wales



Dr Steve Davies
Executive team GPC Wales

Schedule of business – Saturday 9 March 2024

	Motions	Time	Allocation
START – 9:00	–	9:00 – 9:15	15 mins
Receive minutes of Welsh Conference of Local Medical Committees February 2023	–		
Standing Orders – to accept amendment to SO as per appendix 1	–		
Chair of Conference address	–		
Update from the Cameron Fund	–	9:15 – 9:25	10 mins
Ministerial address from Eluned Morgan Minister for Health and Social Services	–	9:25 – 9:40	15 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	–	9:40 – 9:50	10 mins
Update of progress on passed motions – Deputy chair of General Practitioners Committee (GPC) Wales	–	9:50 – 10:00	10 mins
Resolutions from UK conference	1 – 2	10:00 – 10:10	10 mins
GMS Negotiations	3 – 12	10:10 – 11:00	50 mins
COFFEE BREAK	–	11:00 – 11:15	15 mins
Funding	13 – 20	11:15 – 11:40	25 mins
Dispensing and Rural practices	21 – 23	11:40 – 11:50	10 mins
Future Model of GMS	24 – 27	11:50 – 12:10	20 mins
GMS Contract	28 – 34	12:10 – 12:40	30 mins
Primary Secondary care interface	35 – 40	12:40 – 13:10	30 mins
Soap Box	–	13:10 – 13:25	15 mins
LUNCH	–	13:25 – 14:15	50 mins
Workforce	41 – 47	14:15 – 14:40	25 mins
Unscheduled care	48 – 51	14:40 – 14:50	10 mins
Health Boards	52 – 57	14:50 – 15:15	25 mins
Training	58 – 66	15:15 – 15:45	30 mins
Recruitment/Retention	67 – 68	15:45 – 15:50	5 mins
Ask the GPC chairs	–	15:50 – 16:00	10 mins
COFFEE BREAK		16:00 – 16:15	15 mins
Appraisal	69	16:15 – 16:20	5 mins
Private Services	70	16:20 – 16:25	5 mins
Mental Health	71 – 72	16:25 – 16:35	10 mins
Equality	73 – 74	16:35 – 16:45	10 mins
Premises	75 – 76	16:45 – 16:55	10 mins
Support Services	77 – 78	16:55 – 17:05	10 mins
Prisons	79	17:05 – 17:10	5 mins
Public Health Wales	80	17:10 – 17:15	5 mins
Access to records	81 – 82	17:15 – 17:25	10 mins
Other	83	17:25 – 17:30	5 mins
Closing remarks from conference chair	–	17:30 – 17:35	5 mins
CLOSE	–	17:35	

Welsh LMC conference March 2024

Opening Business

9:00 -9:15

Receive minutes of Welsh Conference of Local Medical Committees February 2023
Standing Orders – to accept amendment to SO as per appendix 1.
Chair of Conference address

Cameron Fund

9:15 – 9:25

Update from Dr Sean Phelan on the Cameron Fund

Ministerial address

9:25 – 9:40

From Eluned Morgan Minister for Health and Social Services

Annual report

9:40 – 9:50

Report from Dr Gareth Oelmann, Chair of General Practitioners Committee (GPC) Wales

Update of progress of passed motions

9:50 – 10:00

Report from Dr Ian Harris, Deputy chair of General Practitioners Committee (GPC) Wales

Resolutions from UK conference

10:00 – 10:10

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|---|---------------|--|
| 1 | UK Conference | <p>That conference:</p> <ul style="list-style-type: none"> i. believes referring to GPs as “full time”, “part time”, or “full time equivalent” in terms of numbers of “sessions” worked fails to capture the real hours worked by many GPs. ii. demands that any new BMA model contract or new GMS contracts define GP working schedules in terms of hours rather than sessions. iii. demands that any workforce data collection (e.g. for NHS workforce planning) be done on the basis of hours worked, not contracted sessions. |
| 2 | UK Conference | <p>That conference notes that unlike dentists and pharmacists, GPs cannot currently offer many private services to their NHS patients, and believes that:</p> <ul style="list-style-type: none"> i. GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are not routinely offered by the NHS ii. GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are routinely offered by the NHS but are not accessible in a time frame that the patient deems reasonable iii. GPs can be trusted to manage potential conflicts of interests arising from offering paid for services to their NHS patients iv. the BMA should state that the wellbeing of its members is a higher priority than the delivery of NHS services. [REFERENCE] |

GMS Negotiations

10:10 – 11:00

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| 3 | Dyfed Powys | That Conference commends GPC Wales negotiators for walking away from the Welsh Government contract offer in the autumn of 2023. |
| 4 | Dyfed Powys | That Conference urges GPs and GP practices to support the negotiators and the rejection of the Welsh Government contract offer. |
| 5 | North Wales | Welsh Government are currently unwilling to fairly fund the Unified contract. Conference asks GPCW to urgently discuss what GP practices might consider stopping doing in order to maintain services that can be resourced. |
| 6 | Gwent | That this conference deplores the failure of the Welsh Government to negotiate the unified contract for 2023-24 and calls on the BMA to urgently consider meaningful industrial action in primary care. |
| 7 | Bro Taf | That Conference is extremely disturbed by the apparent disregard by Welsh Government for the plight of Welsh General Practice, through its failure to adequately invest to maintain the service and urges GPCW to explain to the Minister the consequences of mass practice resignations due to underfunding. |
| 8 | Bro Taf | Conference insists the Welsh Government cease from “negotiations via media” in future discussions with GPC Wales. |
| 9 | Bro Taf | Conference insists Welsh Government stop giving misleading and incorrect information about the state of General practice in general and the offer made to the profession during contract negotiations in particular. |
| 10 | AC 1 | <p>Conference calls for all GMS contract changes to:</p> <p>i. be negotiated well in advance of 1st April each year and implemented on time.</p> <p>ii. be implemented only after all guidance for contract changes has been agreed and is available to practices to enable reasonable business decisions and implementation.</p> |
| 11 | Morgannwg | Conference calls for all new GMS contracts to only be implemented after all guidance for the contract is available there should be no retrospective guidance. |
| 12 | Morgannwg | Conference calls for contract changes to be implemented from 1st April annually. |

Coffee break

11:00 – 11:15

Funding

11:15 – 11:40

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| 13 | AC 2 | <p>To avoid practice collapse and principal pay erosion conference calls for changes to the way the GMS pay offer is calculated with regard to:</p> <p>i. the staff component which often exceeds the 40% used historically.</p> <p>ii. allowances for the national and minimum wage increases.</p> <p>iii. expenses being funded 100% in future contract agreements.</p> |
| 14 | Gwent | That this conference calls for changes in the way pay awards are delivered. The staff component of practices far exceeds the 40% on which pay awards are calculated which contributes further to the pay erosion of GP Principals. |
| 15 | Bro Taf | The conference welcomes the rise in national and minimum wages. However, it also calls upon the Welsh Government to ensure sufficient financial support through the GMS contract to enable practices to afford the increased wages for their staff. |

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| 16 | North Wales | With rising practice expenses likely to lead to practices collapsing in the near future, conference calls for practice expenses to be 100% funded in future contract agreements. |
| 17 | Gwent | That this conference believes that the decision of Welsh Government to announce additional community funding at a time when absolutely no increased funding has been put into General practice in Wales has massively damaged practice morale and that Welsh Government must immediately commit to increasing funding to the practices that support community care. |
| 18 | Bro Taf | Considering the increasing number of closing practices and the impact this has on other local practices, conference calls for a nationally agreed process and funding for the dispersal of patients from the closing practice to other local practices. |
| 19 | Dyfed Powys | That conference calls on the Welsh Government to restore the proportion of the NHS Wales budget spent in general medical services to the level seen in 2004. |
| 20 | Morgannwg | Conference recognises that the underfunding across practices is causing sustainability issues and calls for a fit for purpose funding solution and an interim sustainability package for practices struggling due to the funding crisis. |

Dispensing and Rural practices

11:40 – 11:50

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| 21 | North Wales | That Conference urges GPCW to negotiate with Welsh Government for a capitation based dispensing fee that will iron out the huge swings in funding that currently exist and help stabilise dispensing practices. |
| 22 | North Wales | This Conference urges Welsh Government to review the plight of rural practice in Wales, given its mantra of care close to home, and ensure adequate funding to maintain services in small isolated and rural communities |
| 23 | North Wales | That Conference recognises that only when the heat map of Wales includes significant numbers of surgery closures along the M4 corridor, will the generality of Welsh Government members recognise real constituent fears that it will be their GP surgery to be shut next. |

Future models of GMS

11:50 – 12:10

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| 24 | Bro Taf | Conference asks that GPCW explore alternative models of primary care given that Welsh Government have failed to provide the necessary rescue package to ensure the survival of GMS. |
| 25 | Gwent | Conference considers that it is now time to explore whether the independent contractor status is outdated and unworkable. We are consultant GPs and a contract that recognises this and applies the same limitation on workload afforded to our secondary care colleagues may be the future of Primary care. |
| 26 | Gwent | That this conference believes that General Practice is on the brink and that the BMA needs to fully work up a plan for non-NHS GP provision. |
| 27 | North Wales | Conference demands of Welsh Government clarity about their long-term plan for General Medical Services. |

GMS Contract

12:10 – 12:40

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| 28 | Bro Taf | In order to prevent loss of morale in General Practice due to Welsh Government renegeing on the agreed fees, conference insists that Welsh Government give assurances that agreed item of service fees for future vaccination campaigns will be honoured. |
| 29 | North Wales | Conference urges GPCW to rationalise and clarify the payment mechanisms for non- contractual vaccinations. |
| 30 | North Wales | There are significant increases of asylum seekers being dispersed across all counties of Wales from 2024. Conference demands: <ol style="list-style-type: none"> i. an urgent increase in payment from the Asylum Seekers and Refugee DES to fairly fund the extra time and resources needed to manage this vulnerable group. ii. adequate provision of other services such as mental health and social service support funding |
| 31 | Dyfed Powys | That conference requests that Health Boards and shared services partnership work together to develop a system which identifies patients from the Alternative Treatment Scheme, who come to Wales from the other home nations. |
| 32 | Gwent | That this conference <ol style="list-style-type: none"> i. states that spirometry is not part of core general practice. ii. calls on Welsh Government to fund adequate access to this diagnostic test. |
| 33 | North Wales | This Conference urges GPCW to renegotiate the pitiful fee paid to practices for providing secondary care phlebotomy, given the huge increase in demand. |
| 34 | Morgannwg | Conference calls for all enhanced services to be uplifted by the RPI since the time that they were introduced. |

Primary-Secondary Care Interface

12:40 – 13:10

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| 35 | Gwent | That this conference asks GPC Wales to negotiate an update of the All-Wales Communication Standards between Primary and Secondary Care. It recommends that one update is that the standard prescription duration from secondary care be twenty-eight days save exceptions for medical safety. |
| 36 | Gwent | This Conference demands that all allied healthcare professionals advising GPs to prescribe medication for patients must include on the request their prescribing number or if they are not a prescriber the name of the Doctor/prescriber advising the prescription. |
| 37 | North Wales | Conference believes if a physician/specialist reviews a patient and recommends a test, e.g. Xray, they should order it themselves and not simply ask the GP to request it. If they do not have the authority to request this themselves, they should have a line manager/clinical director who does have authority. |
| 38 | North Wales | Conference urges GPCW to make clear that, with regard to shared care drugs: <ol style="list-style-type: none"> i. LHB drug prescribing committees unilaterally altering the formulary category of medicines does not then mean a drug becomes a universally prescribable GP medication. ii. that shared care is a positive opt in process as “directed” by the CMOs communication standards and to remind Welsh Government and Health Boards of this fact. |
| 39 | North Wales | Conference confirms that unlicensed drugs recommended by specialists should never be a default General practice prescribed item. The clinical responsibility should always rest with the specialist trained in using these specialist drugs for patients with specialist needs. |

- 40 North Wales Conference calls for the stopwatch that counts secondary care waiting times to start at time of the GP making a decision to refer and not when multiple tests and processes demanded of primary care by secondary care driven pathways have been completed.

Soap Box

13:10 – 13:25

Lunch

13:25 – 14:15

Workforce

14:15 – 14:40

- 41 Dyfed Powys That Conference is disappointed by the failure of the Welsh Government to ensure that all staff working to provide general medical services for the NHS in Wales are treated equitably.
- 42 Gwent This Conference recognises that general practice in Wales is stretched to the absolute limit. The Welsh Government cannot be allowed to continue to hide behind a crisis in capacity whilst peddling a false political narrative of access targets.
- 43 Bro Taf That GPCW insist Welsh Government publicly accept they are responsible for the crisis in General Practice in Wales, and admit it is not the fault of the profession that access to GP services is limited.
- 44 AC 3 **That this conference is supportive of any additional funding coming to expand the skill mix in general practice but:**
- i. **insists that Wales should not make the mistake of the English DoH and restrict it to supporting only some professional groups.**
 - ii. **urges reversal of the decision to change the world recognised title of Physician Assistant to Physician Associate, which can only lead to confusion amongst patients.**
- 45 Gwent That this conference is supportive of any additional funding coming to expand the skill mix in general practice but insists that Wales should not make the mistake of the English DoH and restrict it to supporting only some professional groups.
- 46 North Wales That Conference views with concern the decision to change the world recognised title of Physician Assistant to Physician Associate, which can only lead to confusion amongst patients, and urges reversal of this decision.
- 47 Dyfed Powys That conference calls on Welsh Government and Health Board managers to develop a more comprehensive Primary Care escalation tool that reflects workload demands and other competing pressures, not just the staffing levels and manpower resources available to practices.

Unscheduled care

14:40 – 14:50

- 48 Bro Taf The conference calls for a review of provision and funding for urgent primary care centres, as these appear to be better funded and resourced than GMS practices providing care for a limited list of (often self-limiting) illnesses.
- 49 AC 4 **Conference deplores the regular long queues of ambulances outside most Emergency Departments and asks Welsh Government to:**
- i. **look into urgent solutions.**
 - ii. **condemn Health Boards for their failure to address this**
 - iii. **indemnify GPs who act to help their patients who have been left waiting too long for ambulance transport.**

- 50 Dyfed Powys That conference condemns senior Health Board managers for their failure to address the queues of ambulances waiting outside A&E departments restricting access to urgent and emergency care for the people of Wales.
- 51 Dyfed Powys That conference requires Welsh Government to indemnify GPs who act to help their patients who have been left waiting too long for ambulance transport.

Health Boards

14:50 – 15:15

- 52 North Wales This Conference urges a review of what clinical support services are provided by Health Boards for general practices and urges “levelling up” across each Health Board.
- 53 North Wales Conference recognises the potential of cluster-initiated projects (CIPs) in delivering innovation for the health sector and calls for:
- i. adequate funding and support to enable them to scale up and replicate their successes across Wales.
 - ii. removal of unnecessary bureaucracy.
 - iii. LHBs to take on ownership of CIPs once they have proven to be effective.
- 54 North Wales Conference calls for medicine shortage administrative processes to be the responsibility of the Health Board.
- 55 Gwent This Conference demands that the CEOs of each Health Board conduct an annual official visit to at least one GP practice in each Collaborative in their Health Board.
- 56 Gwent This Conference is dismayed at the protracted recruitment process for Health Board staff and asks for GPC Wales to investigate why the employment system through NWSSP is prolonged.
- 57 Gwent This conference insists that with increasing GP contracts in Wales being awarded to GPs living far outside Wales, Health Boards must have in place robust mechanisms to ensure that all GPs are on the Wales performers list, including those working remotely.

Training

15:15 – 15:45

- 58 AC 5 **This conference considers the SCA as an examination to be unfit for purpose. It asks for an urgent review of the cost of the examination and of the support offered to candidates. We call for any candidate who has been unable to undertake their examination due to technical issues or other RCGP failure to be entitled to:**
- i. full reimbursement of all costs incurred.
 - ii. a resit opportunity within two weeks of the original examination date
 - iii. financial compensation for the undue stress caused.
- 59 North Wales This Conference considers SCA as an examination to be unfit for purpose.
- 60 North Wales This Conference calls for any SCA candidate who was unable to complete their examination due to technical issues or other RCGP failure, to be entitled to:
- i. full reimbursement of all costs incurred
 - ii. a resit opportunity within 2 weeks of the original examination date for which the candidate has prepared
 - iii. financial compensation for the undue stress caused.
- 61 North Wales This Conference considers the support offered to candidates undertaking SCA to be inadequate and at times entirely absent; this standard is unacceptable and requires urgent review.
- 62 North Wales This Conference calls for urgent review of the cost of SCA; £1180 for a simulated consultation examination, is extortionate and unreasonable.

- 63 Dyfed Powys That conference requests that GPC Wales negotiate a mechanism to support the training of newly qualified GP to become GP partners understanding the importance of business, leadership, working with large organisations etc.
- 64 North Wales This conference recognises the need to reform GP training to meet the ever-shifting needs of patients and the future models of care and calls on the Welsh and UK Governments to:
- i. increase the funding and capacity for GP training.
 - ii. involve GP trainees and their representatives in the design and implementation of any changes to the GP training pathways
 - iii. ensure that training provides sufficient exposure to areas needed for future practice such as mental health, health inequalities, planetary health, and digital health.
- 65 Gwent That this conference recognises the value of the additional support package offered by HEIW to those GP trainees who achieved lower scores in the Medical Specialty Recruitment Assessment and calls on HEIW to make it available to any trainee.
- 66 Morgannwg Conference calls for the Trainers grants for GP training to reflect increased costs.

Recruitment/Retention

15:45 – 15:50

- 67 Gwent This Conference calls for changes to be made to incentivise partnership. GP partners are handing back partnerships in spades. There needs to be more focus on retention of existing staff to avoid further short-term depletion of the work force.
- 68 Dyfed Powys That conference calls on the Welsh Government to set a strategy for retaining newly qualified and existing GPs to stay and work in Wales.

Ask the GPC chairs

15:50 – 16:00

Coffee Break

16:00 – 16:15

Appraisal

16:15 – 16:20

- 69 Gwent That this conference recognises the burden of appraisal on front line general practitioners and calls on HEIW to adopt an explicitly “light touch” approach to the preparation.

Private Services

16:20 – 16:25

- 70 Gwent This Conference calls on Welsh Government to clearly define the GP role in following up patients who have had surgery carried out abroad.

Mental Health

16:25- 16:35

- 71 Gwent This Conference calls for a complete reassessment of mental health services to provide a genuine primary care style mental health service with multidisciplinary team approach at the point of contact avoiding the tsunami of low-level mental fatigue directed to general practice on a daily basis.
- 72 Gwent This Conference calls for Welsh Government to provide adequate assessment and treatment services for patients to self-refer into for suspected ADHD.

Equality

16:35 – 16:45

- 73 Morgannwg Conferences calls for the Workforce Race Equality Standard to be implemented in Primary Care to protect GPs and their practice staff.
- 74 Morgannwg Conference calls for an independently managed feedback and monitoring system to enable complaints to be reported, data captured, and action taken to resolve and eliminate any form of discrimination, bullying or harassment. It is important to capture data on complaints and concerns on racial discrimination and inequality faced by the BAME and IMG healthcare professionals and staff in General Practice.

Premises

16:45 – 16:55

- 75 Gwent With the recent discovery of the potential hazards presented by reinforced autoclaved aerated concrete (RACC), this Conference demands that if there is a possibility of RAAC in a Surgery, owned by a GP contractor, that Welsh Government pays for the professional survey and any immediate temporary work that may need to be done.
- 76 Morgannwg Conference calls for national planning regulations to be tightened to ensure that Local Authority planning departments are forced to guarantee an appropriately sized GP surgery is built within new housing schemes if housing for more than one thousand new people is anticipated.

Support Services

16:55-17:05

- 77 North Wales Conference urges GPCW to formalise a service level agreement for the agreed occupational health service to GPs and their staff clarifying what is provided. Care comparable to secondary care staff should be provided.
- 78 North Wales Current pressures are leading to a marked increase in GPs needing mental health support. Conference calls for the support provision within Wales to be upgraded to provide a similar level of support to the Practitioner Health Programme available in England.

Prisons

17:05 – 17:10

- 79 Bro Taf That this conference recognises the important contribution to the wider health service of general practice in prison and calls for new funding for GPs working across the Welsh prison estate to meet regularly to share best practice and to engage in dedicated continuous professional development.

Public Health Wales

17:10- 17:15

- 80 North Wales Conference urges GPCW to remind Public Health Wales that contact tracing of notifiable infectious disease following identification of an index case is the responsibility of Public Health Wales and not General Practice.

Access to records

17:15 -17:25

- 81 North Wales Conference confirms that being demanded to register 80 users on practice clinical systems to allow Medical Examiner access for the new death certification process is not a reasonable request and puts practices as data controllers at risk
- 82 North Wales This conference asks that Welsh Government urgently provide a solution for managing patient health records from English practices that does not involve practices absorbing the costs of printing those records out.

Other

17:25 – 17:30

- 83 GPCW This conference wishes to recognise the immense contribution of Dr David Bailey to General Practice in Wales and wish him a long and happy retirement.

Close of conference

17:30 – 17:35

A Motions

A1	GMS Contract	Morgannwg	Conference calls for urgent guidance to enable working to rule / safe working limits without a breach of contract. Guidance already developed
A2	GMS Contract	Morgannwg	Conference calls for Wales to adopt the BMA recommendation on a safe level of patient contacts per day in order for a GP to deliver safe care. Guidance already developed
A3	Unscheduled Care	Powys	Urges the Welsh Government to take immediate action to address the crisis in Ambulance provision which has resulted in patients waiting many hours for emergency ambulance transport. A motion 2023
A4	Future models of GMS	Dyfed Powys	That conference extolls the virtues of Independent Contractor Partnership as the most efficient and effective model for the provision of general medical services and request that GPC Wales negotiates to ensure its continuation. A motion 2018
A5	Recruitment/Retention	Gwent	That this conference recognises the value of the term “consultant” to describe senior doctors, and calls on general practitioners to be recognised as consultants in the specialty of primary care. A Motion 2018

Welsh LMC conference February 2023

Opening business

9.00 – 9.15

Receive minutes of Welsh Conference of Local Medical Committees March 2022
 Standing Orders – to accept amendment to SO as per appendix 1
 Chair of Conference address

Ministerial address

9.15 – 9.30

From Eluned Morgan Minister for Health and Social Services

Annual Report

9.30 – 9.40

Chair of General Practitioners Committee (GPC) Wales

Update of progress on passed motions

9.40 – 9.50

Deputy chair of General Practitioners Committee (GPC) Wales

Representation

9.50 – 10.00

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|---|------|---|
| 1 | GPCW | <p>Conference, it is time for you to exercise your devolved responsibility in dictating the policy direction of your GPC.</p> <ul style="list-style-type: none"> i. Conference calls on GPCW to disregard any motions passed by UKLMC conference, in which it has been directed to negotiate policy in Wales, until such a motion has been passed by Welsh Conference of LMCs. ii. The Agenda Committee of Welsh LMC conference will consider the inclusion of any motion passed by UKLMC that directs devolved nation GPCs to create new policy. |
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GPDF

10.00 – 10.10

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| 2 | North Wales | <p>Welsh LMCs need stability for their elected GPC Wales members and negotiators. We instruct GPC Wales to undertake a review of the requirements to provide effective representation and to report back to Welsh LMCs as constituent members of GPDF, in order to secure sufficient resource to provide this national representation or to consider other options for funding.</p> |
| 3 | North Wales | <p>Conference affirms that the GPDF is a fund, set up by GPs and trusted by GPs, as our insurance fund to be used to protect General Practice in any time of need.</p> |

DDRb

10.10 – 10.15

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| 4 | Gwent | <p>That this conference believes that Welsh General Practice is still best served by an independent pay review body but that it should not be restrained by government fiscal policy but truly independent and advisory. It should be allowed to consider reward in the round and take account of the impact of tax on pensions which are part of deferred pay.</p> |
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Sustainability

10.15 – 10.45

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| 5 | North Wales | <p>Conference believes that the current sustainability process is not fit for purpose, and that the support from Local Health Boards (LHBs) for practices at risk is at best inadequate and at worst non-existent. We call on GPCW to:</p> <ol style="list-style-type: none"> i. work with Welsh Government and LHBs to reform the process and make it both simpler and more responsive. ii. mandate the provision of a meaningful support package from LHBs if a practice is found to be at high risk of collapse. |
| 6 | North Wales | <p>Rising building costs are putting practices at risk of financial collapse. Conference calls on GPC Wales to task Welsh Government to:</p> <ol style="list-style-type: none"> i. Put sufficient short term financial support (above the current contract agreement) in place to avoid contract hand-backs. ii. Work in the medium term to de-risk the premises element of general practice along the lines of the Scottish model. |
| 7 | Bro Taf | <p>Conference asks that Welsh Government urgently implements support measures for practices as rapid rises in utility bills are an imminent threat to the financial sustainability of primary care.</p> |
| 8 | North Wales | <p>That Conference urges Welsh Government and NHS Wales to review funding formulae for multisite and small rural practices to prevent further practice failures, in the spirit of the original CarrHill formula.</p> |
| 9 | Bro Taf | <p>Conference asks Welsh Government to recognise the increased burden of resourcing and running branch surgeries by providing a monetary uplift to practices with more than one site.</p> |
| 10 | Bro Taf | <p>Conference requests Welsh Government to provide financial support to practices in line with rising inflation for the purpose of sustainability and stability.</p> |
| 11 | Dyfed Powys | <p>Conference urges Welsh Government to take action to address the understandable reluctance of GPs to renew third party premises agreements, which can commit them to many thousands of pounds of ongoing debt, while there is a crisis in the recruitment of GP partners and the sustainability of general practice in Wales.</p> |

Coffee Break

10.45 – 11.00

Workforce

11.00 – 11.10

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| 12 | Morgannwg | <p>That Conference calls on Welsh Government to develop a short, medium and long-term workforce strategy, in conjunction with other relevant partner agencies, and to ensure that contract negotiations acknowledge the reduced capacity, accepting that 'Business as Usual' is no longer an option.</p> |
| 13 | Gwent | <p>In the acknowledgement of an increasing Demand, Capacity Gap conference:</p> <ol style="list-style-type: none"> i. expresses concern with regards to the difficulties in recruitment and retention. ii. deplores the increasing workplace stress and burnout affecting health service staff. iii. calls on Welsh Government to urgently address these issues with credible workforce and wellbeing plans. |

Workload

11.10 – 11.25

14	North Wales	Most GPs in Wales are regularly consulting at levels in excess of the 35 patient contacts a day recognised as the threshold for 'unsafe' workload by the BMA. Conference calls on GPC Wales to ensure that practical and effective steps are taken within the contract negotiations to bring consulting rates within safe limits for the sake of patients, clinicians and the sustainability of General Practice.
15	AC MOTION	With the legislative changes from July 2022 allowing more healthcare professionals to sign FIT notes, conference: <ol style="list-style-type: none"> i. deplores the fact that patients are still being directed to General Practice for these certificates. ii. demands that Welsh Government and Health boards remind those providing care of their responsibility to issue an appropriate FIT note.
16	Gwent	Conference recognises the significance of fostering and adoption medicals but also that GPs often do not have the time to do this non-GMS work and recommends that GPC Wales advises local authorities to employ dedicated medical practitioners to be responsible for such medicals so they can be provided within a reasonable timescale.
17	Morgannwg	Conference requests for a redacting and copying service at Health Board level to prepare records requested by patients and others under GDPR and subject access rights.

Access

11.25 – 11.30

18	Morgannwg	Conference believes that improved continuity of relationship-based care should be encouraged in preference to access targets.
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Urgent care

11.30 – 11.40

19	Gwent	Conference deplores that ambulance handover delays are still a major concern for patients and staff and asks that Welsh Government ensure that Health boards are not delaying ambulance releases or using ambulance staff and vehicles as additional A+E workforce, consulting space or waiting space.
20	Dyfed Powys	Conference demands that Welsh Government and Health Boards take action to ensure the timely provision of Ambulance services for patients, and not expect GPs to provide urgent and emergency care until the ambulance reaches the patient.

Education and Training

11.40 – 12.10

21	North Wales	The support offered to GP trainees who are identified as having additional learning needs is disjointed, slow and frustrating. Conference calls for a coordination hub or individual to be set up within HEIW to ensure that the relevant organisations understand what is needed and work together to ensure it is provided within a short timescale to avoid prolonged disruptions to training.
22	North Wales	Conference believes that all doctors in training in hospital-based specialities should have a compulsory 4 months experience in general practice as part of their speciality training, and calls on GPCW to lobby the relevant organisations to start discussions on how to implement this.

23	North Wales	Applicants to GP training who score under 480 on selection are very likely to need extensions to training after failing elements of the MRCGP. Conference: <ol style="list-style-type: none"> i. acknowledges the avoidable negative effects on the individuals of labelling these doctors as ‘failing’. ii. acknowledges the stress that short notice extensions have on the programme directors when they have to find additional placements. iii. Calls on GPCW to work with the RCGP towards a system that will offer this cohort 4 or 5 year training at the outset rather than waiting for them to ‘fail’.
24	Gwent	Conference is disappointed in Welsh Government’s unilateral removal of the universal training incentive scheme and calls on them to reinstate the payment of the first Applied Knowledge Test (AKT) and Clinical Skills Assessment fee for all trainees in Wales.
25	Morgannwg	Conference demand that Welsh Government rapidly extend the ability of allied health professionals to prescribe/treat/refer within the scope of their training and responsibility without sending patients to GPs.
26	Dyfed Powys	Conference advises Welsh Government that the incentives to encourage GP registrars to choose GP vocational training schemes in Mid, West and North Wales have had a positive effect, and request that it is continued to build a sustainable GP workforce in these areas.
27	Morgannwg	Conference calls on Welsh Government to develop programmes which allow students to stay close to their family homes while studying medicine.

Climate change

12.10 – 12.20

28	Morgannwg	Conference asks NHS Wales to measure the carbon footprint of a sample of Welsh GP Practices in order to better understand the steps needed to deliver net-zero carbon Healthcare.
29	Morgannwg	Conference calls for the identification of measures to mitigate against the effects of climate change, both in regards to premises and service delivery.

GMS Contract

12.20 – 13.00

30	North Wales	The half day and lunch time closing changes within the 2022-23 contract put a disproportionate strain on small practices. Conference asks GPC Wales to ensure that reciprocal cover arrangements are recognised in subsequent contractual agreements.
31	North Wales	Conference calls for GPC Wales to ensure that the administrative work done by GPs is properly recognised within the contract and associated documentation (including the partnership premium), not only the clinical sessions.
32	North Wales	Conference recognises that LHBs were guilty of a contractual breach by not providing cover to facilitate practice protected learning time in the previous contractual year. We call on GPCW to ensure that in the future full cover will be mandated from LHBs for all protected learning sessions.
33	North Wales	The FPPS (Family Practitioner Payment System) introduced by SSP to process payment claims is unfit for purpose and causing significant stress to our practice manager colleagues. Conference calls on GPCW to ensure that the system is urgently replaced by a more user-friendly and less onerous alternative.

Emergency motion

73	Bro Taf	Conference insists Welsh government issue a statement strongly disagreeing with the recent suggestion by the shadow UK Health Secretary the direction of travel should be towards a totally salaried service, with the phasing out of independent contractor status general practice.
34	Bro Taf	Conference despairs at the thought of continuing to flog the dead horse that is our capitation-based GMS contract, and we rejuvenate our call for GPC Wales to negotiate an activity-based model.
35	Morgannwg	Conference urges GPC Wales to negotiate an IOS fee based unified GMS contract similar to that in place in Australia.
36	Bro Taf	Conference requests Welsh Government formally ensure appropriate support in situations of allocation of large numbers of patients following the closure of a practice.
37	Morgannwg	Conference calls for maternity benefits for AHPs such as PAs to be aligned with colleagues with equivalent responsibilities or banding.
38	Morgannwg	Conference calls for an independent and dedicated primary care occupational health and well-being service.

Lunch 13.00 – 13.50**Ask the GPC Negotiators 13.50 – 14.10****Collaboratives
14.10 – 14.20**

39	Morgannwg	Conference observes that despite political desires, Clusters are not delivering improved services, Accelerated Clusters are not deemed fit for purpose and these should be scrapped, and resources transferred to core General Practice.
40	Dyfed Powys	Conference urges the Welsh Government to require the HBs to allocate funding to collaboratives to facilitate the development schemes for consideration by the clusters.

**Primary-Secondary Care Interface
14.20 – 15.10**

41	AC	In light of the drive to deliver care closer to home, pathway development and the resultant workload shift from secondary care into primary care, conference calls: <ul style="list-style-type: none"> i. for Health boards to identify and assess the impact of any movement of service delivery. ii. for Welsh Government and Health boards to fully resource and ensure the workforce to deliver this care without compromising a practices ability to deliver existing contracts.
42	Morgannwg	Conference calls for WG to fund end to end costs and assess any movement of service delivery from secondary to primary care and provide primary care with the resources to deliver without compromising a practices ability to deliver existing contracts.
43	Morgannwg	Conference recognises that demand for care from general practice is increasing in scope with the drive to deliver close to home care and calls for funding to recruit to be able to support this.
44	North Wales	The use of two-way communication between secondary care and primary care on the WCCG/WPRS has led to unfunded and uncontrolled work transfer. Conference calls for GPCW to urgently work with secondary care and IT colleagues to put in place clear guidance to avoid unrealistic and sometimes unsafe expectations.
45	Dyfed Powys	That conference reminds community, secondary and tertiary services, that WCCG/WPRS is the communication system for GP referrals, demands that they should not develop specific individual referral forms for their services and requests that HB management support GPs on this issue.

46	North Wales	That Conference is disappointed that many hospitals are still to provide a waiting time hotline and continue to refer patients back to the GP for an expedite letter.
47	North Wales	That Conference urges GPCW to define intermediate care and to clarify the roles and responsibilities within its provision, so that when patients with complex needs are transferred to care homes the ongoing care is adequately funded from outside the GMS budget.
48	Gwent	This conference instructs a review by GPC Wales of the impact of increased requests from secondary care colleagues on practice phlebotomy services with the aim of increased funding or development of increased community provision.
49	Gwent	Conference is dismayed that Secondary Care are knowingly sending correspondence addressed to GPs who have resigned, retired or died and to GP surgeries that are closed. Conference demands that Health Boards instruct secondary care to stop this unsafe practice and ensure that letters are addressed correctly.
50	Morgannwg	Conference calls for the transference of inappropriate and unfunded work to GPs to stop and for a dashboard of All Wales Communication Standard Breaches to drive up standards across the complete health care system.
51	Morgannwg	To reduce the clinical risk of data being overlooked or buried, conference calls for: <ul style="list-style-type: none"> i. a concise standard format discharge summary relevant to primary care to become compulsory. ii. compulsory inclusion of amended medications and changes to the management plan.
52	Morgannwg	Conference calls for an amendment to be made to the All Wales Communications Standard to reflect that any secondary care consultation that is undertaken 'remotely' must include the responsibility to organise face to face examinations within secondary care if necessary.
53	Morgannwg	Conference calls for the development of a nationally agreed process for Physician Associates to be able to request radiographic imaging which does not involve ionising radiation.

Equality

15.10 – 15.15

54	Gwent	That conference: <ul style="list-style-type: none"> i. recognises the passing of the British Sign Language Act in June 2022 and acknowledges the barriers facing many of the Deaf Community in accessing Health Services. ii. asks HEIW to start breaking down the barriers by providing resources and training support for all practice staff to engage in Deaf Awareness training.
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Health Boards

15.15 – 15.25

55	North Wales	Conference directs GPC Wales to instruct the Welsh Audit Office to examine the value for money obtained when managed practices are run by LHBs within Wales.
56	Gwent	Conference is concerned at the lack of communication and delay in investigating complaints against GPs by health boards and demands that health boards keep doctors regularly informed of proceedings.
57	Morgannwg	Conference calls for urgent action from Welsh Government to address shortages in District Nursing team.

Immunisations

15.25 – 15.35

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| 58 | Dyfed Powys | Conference requests GPC Wales to resist any attempt to require GP practices to use the current WIS for the flu vaccination campaign. |
| 59 | Morgannwg | Conference calls for GPCW to negotiate out of all vaccine programmes and design new SLAs. |

Coffee Break

15.35 – 15.50

Soap Box

15.50 – 16.10

Prescribing & Dispensing

16.10 – 16.20

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| 60 | North Wales | Conference believes that interpreting the 'mile from a community pharmacy' rule in terms of 'as the crow flies' has unexpected consequences for patients access to dispensing services and calls on GPCW to press for a change in the Dispensing Regulations. |
| 61 | Gwent | Due to the advice to change to 56-day prescribing and the reduction in dispensing fees, conference instructs GPC Wales to work with Welsh Government to provide additional funding mechanisms for dispensing practices. |
| Emergency motion | | |
| 72 | Morgannwg | In view of the supply problems experienced in December, dealing with the panic over Group A strep infections, Conference calls for Welsh Government to adopt different mechanisms of updating serious shortage protocols. |

Media

16.20 – 16.30

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| 62 | AC | Conference deplores the vile and unhelpful comments about GPs and their practices in the mainstream media and on social media and recommends that: <ol style="list-style-type: none"> i. Health boards are instructed to not allow the public to comment on their social media posts. ii. Health boards and Welsh Government promote the positive achievements of primary care to the media instead of just reacting to negative news stories. iii. Welsh Government fund a campaign to educate the public on reasonable expectations of access to general practice. |
| 63 | Gwent | Conference deplores the vile and unhelpful comments about GPs and their practices on social media and recommends that Health boards are instructed to not allow the public to comment on their social media posts. |
| 64 | Gwent | This conference requests that health boards promote the positive achievements of primary care to the media instead of just reacting to negative news stories. |
| 65 | Morgannwg | Conference calls for Welsh Government to fund a campaign to educate the public on reasonable access and counter the negative attitudes to general practice portrayed in the media. |

Mental Health

16.30 – 16.35

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| 66 | Gwent | <p>Conference calls for:</p> <ol style="list-style-type: none"> i. Welsh Government to improve mental health services for young adults and adolescents caught between paediatric and adult services. ii. Welsh Government to increase funding of children’s mental health services to increase capacity so that mental health problems can be dealt with earlier rather than accepting referrals only when children have reached the point of crisis. |
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Pensions

16.35 – 16.40

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| 67 | Gwent | <p>Conference calls for Locum GPs who are a member of the NHS Pension Scheme to receive the same death in-service benefit as other types of GPs should they die on a day when they are not due to be in work.</p> |
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Premises

16.40 – 16.45

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| 68 | Gwent | <p>That conference acknowledges that large areas of the General Practice estate are not fit for purpose and that LHBs urgently commit to support practices to address this by enhanced improvement grants.</p> |
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Private services

16.45 – 16.50

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| 69 | Bro Taf | <p>Conference calls on Welsh Government to clearly define for the public and health boards what follow up is and is not available within NHS Wales for patients following private health care.</p> |
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Public health

16.50 – 16.55

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| 70 | Gwent | <p>This conference calls on Welsh Government to accept that non communicable diseases are the leading cause of mortality in Wales and to make enough up-front funding available to provide a world-class service incorporating lifestyle medicine with accredited health coaching as an innovative way to reduce medication burden, waiting lists, long term sickness benefits and prevalence of chronic disease.</p> |
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Regulation

16.55 – 17.00

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| 71 | North Wales | <p>Conference directs GPC Wales to:</p> <ol style="list-style-type: none"> i. send a strong message of concern to the GMC regarding both direct and indirect discrimination in fitness to practice procedures. ii. urge the organisation to institute changes to their organisational culture and processes to eliminate the risk of discrimination in these procedures in the future. |
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Other

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| 74 | <p>Emergency motion
North Wales</p> | <p>We call for the suspension of conference from 2:15pm until 4:00pm to address other pressing matters!</p> |
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A Motions

A1	Primary-Secondary Care Interface	North Wales	That Conference believes in equity for all practices in Wales for access to phlebotomy services, and where they are not provided by a Health Board, the affected practices should be appropriately recompensed.
A2	Private services	North Wales	That Conference urges Welsh Government and NHS Wales to resolve the problem of patients who have opted for treatment abroad that needs ongoing care, and establish a funded process for continuing care, be it within primary or secondary care.
A3	Regulation	Gwent	I call on conference to agree that given the focus on quality improvement embedded in contract reforms and evidence of no harm done through the covid pandemic, yearly appraisal puts an unnecessary strain on an already over-worked GP and asks HEIW to either align appraisal with the revalidation date or at least reduce to a 2 yearly cycle.
A4	Regulation	Gwent	Conference calls for the replacement of the term "General Practitioner" by "Consultant in Primary Care" to reflect the way in which general practice now works and to create parity of esteem without secondary care colleagues.
A5	Climate change	Morgannwg	Conference declares a climate emergency.

WLMC Conference February 2023

Progress vs Resolutions

Resolution no.	Topic	Text of motion	Status	GPCW progress update
1	Representation	<p>Conference, it is time for you to exercise your devolved responsibility in dictating the policy direction of your GPC.</p> <p>i. Conference calls on GPCW to disregard any motions passed by UKLMC conference, in which GPC (UK or devolved) has been directed to negotiate policy in Wales, until such a motion has been passed by Welsh Conference of LMCs.</p> <p>ii. The Agenda Committee of Welsh LMC conference will consider the inclusion of any motion passed by UKLMC that directs devolved nation GPCs to create new policy.</p>	Passed	<p>Resolutions from UKLMC Conference 2023 have been considered by the WLMC Conference Agenda Committee (AC) alongside existing GPC Wales policy.</p> <p>This assessment can be found within this agenda booklet. Where resolutions have been deemed by AC to create or vary policies, these will be formally debated as part of conference business.</p>
2	GPDF	<p>Welsh LMCs need stability for their elected GPC Wales members and negotiators. We instruct GPC Wales to undertake a review of the requirements to provide effective representation and to report back to Welsh LMCs as constituent members of GPDF, in order to secure sufficient resource to provide this national representation or to consider other options for funding.</p>	Passed	<p>As well as providing input to inform the BMA negotiation team, GPC Wales also provided similar information to GPDF Directors ahead of Deed of Grant negotiations. These have progressed over the course of the year and we anticipate a joint announcement during the Spring of 2024.</p>
3	GPDF	<p>Conference affirms that the GPDF is a fund, set up by GPs and trusted by GPs, as our insurance fund to be used to protect General Practice in any time of need.</p>	Passed	<p>See above</p>
4	DDRB	<p>That this conference believes that Welsh General Practice is still best served by an independent pay review body but that it should not be restrained by government fiscal policy but truly independent and advisory. It should be allowed to consider reward in the round and take account of the impact of tax on pensions which are part of deferred pay.</p>	Passed	<p>The BMA's critical report on the DDRB was issued to all governments and discussions have taken place at a UK and Welsh level around potential reforms.</p> <p>At the October 2023 meeting of GPC Wales the committee voted to participate in the DDRB process for 2024 and evidence has been submitted in accordance with this decision.</p>

5	Sustainability	Conference believes that the current sustainability process is not fit for purpose, and that the support from Local Health Boards (LHBs) for practices at risk is at best inadequate and at worst non-existent. We call on GPCW to: <ul style="list-style-type: none"> i. work with Welsh Government and LHBs to reform the process and make it both simpler and more responsive. ii. mandate the provision of a meaningful support package from LHBs if a practice is found to be at high risk of collapse. 	Passed	We agree that the sustainability assessment process, while still extant and referenced in the GPCW Safe Working in Wales, requires an update given immense challenges facing practices across Wales.
6	Sustainability	Rising building costs are putting practices at risk of financial collapse. Conference calls on GPC Wales to task Welsh Government to: <ul style="list-style-type: none"> i. Put sufficient short term financial support (above the current contract agreement) in place to avoid contract hand-backs. ii. Work in the medium term to de-risk the premises element of general practice along the lines of the Scottish model. 	i) Passed ii) Reference	There is a premises task and finish group currently underway with GPC Wales representation. It is our established position in these discussions and in other meetings that there is a need to invest in practices to enhance sustainability given they offer better care and better value for money than the alternative models of managed practices.
8	Sustainability	That Conference urges Welsh Government and NHS Wales to review funding formulae for multisite and small rural practices to prevent further practice failures, in the spirit of the original Carr-Hill formula.	Passed	The challenging financial climate within Welsh Government, NHS Wales and general practices is well known. It is the case that all practices are underfunded regardless of geography and patient profile. At this time, amendments to the funding formula will have a significant destabilising effect where practices require certainty. We will revisit this motion in due course should the budgetary position improve.
10	Sustainability	Conference requests Welsh Government to provide financial support to practices in line with rising inflation for the purpose of sustainability and stability.	Passed	We agree and this motion is reflected in our Save Our Surgeries campaign.
11	Sustainability	Conference urges Welsh Government to take action to address the understandable reluctance of GPs to renew third party premises agreements, which can commit them to many thousands of pounds of ongoing debt, while there is a crisis in the recruitment of GP partners and the sustainability of general practice in Wales.	Passed	See response to resolution 6

12	Workforce	That Conference calls on Welsh Government to develop a short, medium and long-term workforce strategy, in conjunction with other relevant partner agencies, and to ensure that contract negotiations acknowledge the reduced capacity, accepting that 'Business as Usual' is no longer an option.	Passed	This is one of the key calls of our Save Our Surgeries report which highlights the perilous state of the GP workforce in Wales, particularly compared to other OECD nations. We have provided input into the HEIW / Strategic Programme for Primary Care's joint Primary Care Workforce plan.
14	Workload	Most GPs in Wales are regularly consulting at levels in excess of the 35 patient contacts a day recognised as the threshold for 'unsafe' workload by the BMA. Conference calls on GPC Wales to ensure that practical and effective steps are taken within the contract negotiations to bring consulting rates within safe limits for the sake of patients, clinicians and the sustainability of General Practice.	Passed	GPC Wales' guidance Safe Working for GPs in Wales was published in October 2023 and promoted on a regular basis to all members in Wales.
15	Workload	With the legislative changes from July 2022 allowing more healthcare professionals to sign fit notes, conference: i). deplores the fact that patients are still being directed to General Practice for these certificates ii). demands that Welsh Government and Health boards remind those providing care of their responsibility to issue an appropriate fit note.	Passed	This is aligned to the All Wales Clinical Communication Standards between Primary and Secondary Care. This is a recurring item on the agenda for GP forum and we will formally ask Health Boards to remind staff of the content of the Welsh Health Circular.
18	Access	Conference believes that improved continuity of relationship-based care should be encouraged in preference to access targets.	Passed	Continuity of care is an intrinsic characteristic of general practice and in particular the independent contractor model. It is important to maintain this alongside the blended model of access.
19	Urgent care	Conference deplores that ambulance handover delays are still a major concern for patients and staff and asks that Welsh Government ensure that Health boards are not delaying ambulance releases or using ambulance staff and vehicles as additional A+E workforce, consulting space or waiting space.	Passed	We have engaged with work led Health Board Associated Medical Directors and GMPI to develop guidance on indemnity for GPs who continue to be affected by this long-term systemic issue.
20	Urgent care	Conference demands that Welsh Government and Health Boards take action to ensure the timely provision of Ambulance services for patients, and not expect GPs to provide urgent and emergency care until the ambulance reaches the patient.	Passed	See above

21	Education and Training	The support offered to GP trainees who are identified as having additional learning needs is disjointed, slow and frustrating. Conference calls for a coordination hub or individual to be set up within HEIW to ensure that the relevant organisations understand what is needed and work together to ensure it is provided within a short timescale to avoid prolonged disruptions to training.	Passed	We have formally written to and met HEIW's Director of Postgraduate GP training, and they have agreed to look at taking forward. We will continue to hold these joint meetings to track progress on these issues.
22	Education and Training	Conference believes that all doctors in training in hospital-based specialities should have a compulsory 4 months experience in general practice as part of their speciality training, and calls on GPCW to lobby the relevant organisations to start discussions on how to implement this.	Passed	See above
23	Education and Training	Applicants to GP training who score under 480 on selection are very likely to need extensions to training after failing elements of the MRCGP. Conference: i. acknowledges the avoidable negative effects on the individuals of labelling these doctors as 'failing' ii. acknowledges the stress that short notice extensions have on the programme directors when they have to find additional placements iii. Calls on GPCW to work with the RCGP towards a system that will offer this cohort 4 or 5 year training at the outset rather than waiting for them to 'fail'	Passed	See above.
24	Education and Training	Conference is disappointed in Welsh Government's unilateral removal of the universal training incentive scheme and calls on them to reinstate the payment of the first Applied Knowledge Test (AKT) and Clinical Skills Assessment fee for all trainees in Wales.	Passed	This resolution reflects the position of GPC Wales regarding the cessation of the universal component of the Train Work Live GP training campaign. We have raised these concerns strongly with WG officials and have received assurances regarding future consultation. We have also called for evaluation and potential reintroduction in the HEIW/SPPC workplan response.

25	Education and Training	Conference demand that Welsh Government rapidly extend the ability of allied health professionals to prescribe/treat/refer within the scope of their training and responsibility without sending patients to GPs.	Passed	We have provided input into the HEIW and Strategic Programme for Primary Care workforce strategy. In this input we highlighted wider BMA policy and cautioned against the continued expansion of the PA/AA role in general practice given concerns over their regulation and supervisory arrangements. We continue to support independent prescribers acting within the scope of their competency.
26	Education and Training	Conference advises Welsh Government that the incentives to encourage GP registrars to choose GP vocational training schemes in Mid, West and North Wales have had a positive effect, and request that it is continued to build a sustainable GP workforce in these areas.	Passed	GPC Wales supports the continuation of the locally targeted schemes where they have proven successful, but it remains our position that other universal incentives are needed to attract and retain GP registrars in Wales.
27	Education and Training	Conference calls on Welsh Government to develop programmes which allow students to stay close to their family homes while studying medicine.	Reference	We agree and BMA Cymru Wales has long supported the establishment of the North Wales Medical School.
28	Climate change	Conference asks NHS Wales to measure the carbon footprint of a sample of Welsh GP Practices in order to better understand the steps needed to deliver net-zero carbon Healthcare.	Passed	This was taken to GP forum and will continue to be discussed with input from the Welsh Government climate change teams. There will be amendments to the Premises Cost Directions forthcoming to enable the furthering of the green premises agenda
29	Climate change	Conference calls for the identification of measures to mitigate against the effects of climate change, both in regards to premises and service delivery.	Reference	
31	GMS Contract	Conference calls for GPC Wales to ensure that the administrative work done by GPs is properly recognised within the contract and associated documentation (including the partnership premium), not only the clinical sessions.	Reference	
32	GMS contract	Conference recognises that LHBs were guilty of a contractual breach by not providing cover to facilitate practice protected learning time in the previous contractual year. We call on GPCW to ensure that in the future full cover will be mandated from LHBs for all protected learning sessions.	Passed	Welsh Government agreed with our position that PLT should be enabled through HB cover, and we will discuss continuation of the PLT arrangements into the next contractual year.

33	GMS Contract	The FPPS (Family Practitioner Payment System) introduced by SSP to process payment claims is unfit for purpose and causing significant stress to our practice manager colleagues. Conference calls on GPCW to ensure that the system is urgently replaced by a more user-friendly and less onerous alternative.	Motion withdrawn	
Emergency Motion 73	GMS Contract	Conference insists Welsh government issue a statement strongly disagreeing with the recent suggestion by the shadow UK Health Secretary the direction of travel should be towards a totally salaried service, with the phasing out of independent contractor status general practice.	Passed	Welsh Government have publicly committed to the independent contractor status. As per our Save our Surgeries campaign, we have called upon urgent investment to stabilise the current situation.
36	GMS Contract	Conference requests Welsh Government formally ensure appropriate support in situations of allocation of large numbers of patients following the closure of a practice.	Passed	We are in active discussions with WG and Shared Services regarding the application of the regulations on patient transfer going forward.
37	GMS Contract	Conference calls for maternity benefits for AHPs such as PAs to be aligned with colleagues with equivalent responsibilities or banding.	Reference	
38	GMS Contract	Conference calls for an independent and dedicated primary care occupational health and well-being service.	Passed	We agree with the spirit of this motion, given the previous assurances to GPCW regarding access to HB OH services. This is being taken forward by BMA Cymru Wales through work led by Welsh Council in the NHS Wales Partnership Forum, looking at on OH service reform in NHS Wales.
39	Collaboratives	Conference observes that despite political desires, Clusters are not delivering improved services, Accelerated Clusters are not deemed fit for purpose and these should be scrapped, and resources transferred to core General Practice.	Passed	We agree and have represented this position in negotiations.

41	Primary-Secondary Care Interface	In light of the drive to deliver care closer to home, pathway development and the resultant workload shift from secondary care into primary care, conference calls: i. for Health boards to identify and assess the impact of any movement of service delivery. ii. for Welsh Government and Health boards to fully resource and ensure the workforce to deliver this care without compromising a practices ability to deliver existing contracts.	Passed	We provide representation on the National Pathways Implementation Board and continue to strongly affirm these principles, taking up individual examples where they have been contravened. We have also pushed for representation on relevant national clinical reference groups.
44	Primary-Secondary Care Interface	The use of two-way communication between secondary care and primary care on the WCCG/WPRS has led to unfunded and uncontrolled work transfer. Conference calls for GPCW to urgently work with secondary care and IT colleagues to put in place clear guidance to avoid unrealistic and sometimes unsafe expectations.	Passed	We have raised this with DHCW including potential training for clinicians using these channels and remain in discussions.
45	Primary-Secondary Care Interface	That conference reminds community, secondary and tertiary services, that WCCG/WPRS is the communication system for GP referrals, demands that they should not develop specific individual referral forms for their services and requests that HB management support GPs on this issue.	Passed	We agree and this is aligned with our long-standing policy. Local issues on implementation should be led by LMCs with their health boards.
46	Primary-Secondary Care Interface	That Conference is disappointed that many hospitals are still to provide a waiting time hotline and continue to refer patients back to the GP for an expedite letter.	Passed	It is disappointing that this commitment in the Welsh Government planned care recovery plan has yet to be fully rolled out. We will continue to raise in our regular standing meetings with the NHS Wales Chief Executive and the wider NHSW Executive.
47	Primary-Secondary Care Interface	That Conference urges GPCW to define intermediate care and to clarify the roles and responsibilities within its provision, so that when patients with complex needs are transferred to care homes the ongoing care is adequately funded from outside the GMS budget.	Passed	Primary medical services are defined in the NHS (Wales) Act 2006 and further in the Welsh GMS Contract Regulations 2023. Practices must provide those services defined in the unified contract and anything over and above this could be considered 'intermediate care' and should be commissioned separately.

48	Primary-Secondary Care Interface	This conference instructs a review by GPC Wales of the impact of increased requests from secondary care colleagues on practice phlebotomy services with the aim of increased funding or development of increased community provision.	Passed	This is being considered as part of our repeat survey exercise to inform our evidence base for negotiations.
49	Primary-Secondary Care Interface	Conference is dismayed that Secondary Care are knowingly sending correspondence addressed to GPs who have resigned, retired or died and to GP surgeries that are closed. Conference demands that Health Boards instruct secondary care to stop this unsafe practice and ensure that letters are addressed correctly.	Passed	We agree and have repeatedly discussed mislabelled or incorrect correspondence in GP forum. It is disappointing that this continues but we continue to discuss with HBs and Shared Services re: accuracy of records.
50	Primary-Secondary Care Interface	Conference calls for the transference of inappropriate and unfunded work to GPs to stop and for a dashboard of All Wales Communication Standard Breaches to drive up standards across the complete health care system.	Passed	This was discussed at GP Forum we continue to push for a refresh/update to the Welsh Health Circular which outlined the Standards. We have prepared a suite of template letters regarding workload transfer as part of our Save our Surgeries campaign – and these can be found on the campaign webpage.
51	Primary-Secondary Care Interface	To reduce the clinical risk of data being overlooked or buried, conference calls for: i. a concise standard format discharge summary relevant to primary care to become compulsory. ii. compulsory inclusion of amended medications and changes to the management plan.	i) Reference ii) Passed	We have engaged with DHCW regarding the Shared Medicines Record and looked to include the options of including medicines changes directly into the clinical record and to message secondary care where we decline to accept them.
52	Primary-Secondary Care Interface	Conference calls for an amendment to be made to the All Wales Communications Standard to reflect that any secondary care consultation that is undertaken 'remotely' must include the responsibility to organise face to face examinations within secondary care if necessary.	Passed	See resolution 50
53	Primary-Secondary Care Interface	Conference calls for the development of a nationally agreed process for Physician Associates to be able to request radiographic imaging which does not involve ionising radiation.	Passed	In line with wider BMA policy, in our response to HEIW's workforce plan we cautioned against the continued expansion of the PA/AA role in general practice given concerns over their professional regulation and supervisory arrangements.

54	Equality	That conference: i. recognises the passing of the British Sign Language Act in June 2022 and acknowledges the barriers facing many of the Deaf Community in accessing Health Services. ii. asks HEIW to start breaking down the barriers by providing resources and training support for all practice staff to engage in Deaf Awareness training.	Passed	This was raised at GP Forum and has fed into ongoing work at WG on sensory loss, with policy officials from that area in attendance. We await a further update from WG policy times.
55	Health Boards	Conference directs GPC Wales to instruct the Welsh Audit Office to examine the value for money obtained when managed practices are run by LHBs within Wales.	Passed	We formally wrote to Audit Wales with our FOI request data and analysis and subsequently met with senior officials to discuss. They agreed to consider them as part of their forthcoming planned review of primary care capacity at Health Boards.
56	Health Boards	Conference is concerned at the lack of communication and delay in investigating complaints against GPs by health boards and demands that health boards keep doctors regularly informed of proceedings.	Passed	We have discussed this as part of the Medical Performers List review group where a range of reforms were discussed including the continuance of local processes at Health Board level and importance of transparency.
57	Health Boards	Conference calls for urgent action from Welsh Government to address shortages in District Nursing team.	Passed	We provided input on this area into HEIW/Strategic Programme for Primary Care strategic workforce plan for primary care.
58	Immunisations	Conference requests GPC Wales to resist any attempt to require GP practices to use the current WIS for the flu vaccination campaign.	Reference	
60	Prescribing & Dispensing	Conference believes that interpreting the 'mile from a community pharmacy' rule in terms of 'as the crow flies' has unexpected consequences for patients access to dispensing services and calls on GPCW to press for a change in the Dispensing Regulations.	Passed	We agree in principle. We are engaging in an England & Wales review on dispensing regs and are engaged on this work alongside the DDA.
61	Prescribing & Dispensing	Due to the advice to change to 56-day prescribing and the reduction in dispensing fees, conference instructs GPC Wales to work with Welsh Government to provide additional funding mechanisms for dispensing practices.	Reference	We agree, and as previously are engaged in this work alongside the DDA.
Emergency Motion 72	Prescribing & Dispensing	In view of the supply problems experienced in December, dealing with the panic over Group A strep infections. Conference calls for Welsh Government to adopt different mechanisms of updating serious shortage protocols.	Passed	We have agreed a series of meetings with the Chief Pharmacy Officer to consider the handling of serious shortage protocols.

62	Media	Conference deplores the vile and unhelpful comments about GPs and their practices in the mainstream media and on social media and recommends that: i. Health boards are instructed to not allow the public to comment on their social media posts ii. Health boards and Welsh Government promote the positive achievements of primary care to the media instead of just reacting to negative news stories. iii. Welsh Government fund a campaign to educate the public on reasonable expectations of access to general practice.	i) Reference ii) Passed iii) Passed	We agree with the sentiment of the motion, and we have been extremely active in the press regarding what general practice can and could do with resource restoration. Social media protocols are beyond our control, however. The Welsh Government's Help Us Help You campaign seeks to educate the public about their own responsibilities when seeking health and care treatment.
66	Mental Health	Conference calls for: i. Welsh Government to improve mental health services for young adults and adolescents caught between paediatric and adult services. ii. Welsh Government to increase funding of children's mental health services to increase capacity so that mental health problems can be dealt with earlier rather than accepting referrals only when children have reached the point of crisis.	Passed	We have taken this to GP forum and agree that this service area needs wholesale reform.
67	Pensions	Conference calls for Locum GPs who are a member of the NHS Pension Scheme to receive the same death in-service benefit as other types of GPs should they die on a day when they are not due to be in work.	Passed	We agree. This this is existing BMA pensions committee policy.
68	Premises	That conference acknowledges that large areas of the General Practice estate are not fit for purpose and that LHBs urgently commit to support practices to address this by enhanced improvement grants.	Passed	We agree and is under consideration by the Premises task and finish group.
69	Private services	Conference calls on Welsh Government to clearly define for the public and health boards what follow up is and is not available within NHS Wales for patients following private health care.	Passed	We agree and have called for national action on this via Forum. This led to discussions with Associate Medical Directors and the issue of a Welsh Health Circular focusing on private obesity surgery and subsequent NHS care responsibilities (WHC/2024/005). This will require implementation nationally and locally and we will continue to monitor this developing issue.

70	Public health	This conference calls on Welsh Government to accept that non communicable diseases are the leading cause of mortality in Wales and to make enough up-front funding available to provide a world-class service incorporating lifestyle medicine with accredited health coaching as an innovative way to reduce medication burden, waiting lists, long term sickness benefits and prevalence of chronic disease.	Reference	
71	Regulation	Conference directs GPC Wales to: i. send a strong message of concern to the GMC regarding both direct and indirect discrimination in fitness to practice procedures ii. urge the organisation to institute changes to their organisational culture and processes to eliminate the risk of discrimination in these procedures in the future	Passed	A resolution from the BMA Annual Representative Meeting 2023 stated that the association had no confidence in the GMC and its leadership.

Conference of Welsh Local Medical Committees

Standing Orders

Conferences

1. **Annual Conference**
The General Practitioner Committee (Wales) (GPC(W)) shall convene annually a conference of representatives of local medical committees.
2. **Special Conference**
A special conference of representatives of local medical committees may be convened at any time by the GPC(W). No business shall be dealt with at the special conference other than that for which it has been specifically convened.

Membership

3. **The members of conference shall be:**
 - a. the chair and deputy chair of the conference.
 - b. the two elected Agenda Committee members.
 - c. each LMC in Wales be allowed to send to conference its:
 - i. Chair or a deputy.
 - ii. Secretary or a deputy.
 - iii. and up to 5 additional representatives, at least one of which should be a trainee.
4. **Local medical committees may appoint a deputy for each representative, who may attend, and act at the conference if the representative is absent.**
5. **All members of the conference under standing orders 3 (a) and (b) shall be registered medical practitioners who are either members or officials of a Welsh local medical committee.**
6. **The ex-officio (non-voting) members of conference shall be:**
 - a. the two elected Agenda Committee members
 - b. the members of GPC(W)
 - c. Chair GPC Northern Ireland
 - d. Chair GPC Scotland
 - e. Chair GPC UK
 - f. Chair GPC England
 - g. Chair of GP Sessional committee
 - h. Chair of BMA Welsh Council
 - i. Chair of RCGP Council (Wales)
 - j. Treasurer of GMS Defence Fund Ltd
 - k. Chair of UK LMC Conference
 - l. BMA National Director, Wales

Observers

7. Secretaries of local medical committees, who are not members of the conference, may, with the permission of the chair of conference, attend as observers at the expense of their LMC.
8. Members of LMCs, who are not members of the conference, may, with the permission of the chair of conference, attend as observers, but the cost of such attendance is to be met by the LMC.
9. At the discretion of the chair of conference, up to five GP Trainees may be invited to attend the conference as observers at the expense of their LMC.

Interpretations

10.
 - a. 'Members of the conference' means those persons described in SO 3.
 - b. 'The Conference', unless otherwise specified, means either an annual or special conference.
 - c. 'As a reference' means that any motion so accepted does not constitute conference policy, but is referred to the GPC(Wales) to consider how best to procure its sentiments.
 - d. An 'amendment' leaves out words; leaves out words and inserts or adds others; inserts words; or be in such form as the Chair approves (provided that a substantial part of the motion remains, and the original intention of the motion is not enlarged or substantially altered).
 - e. A 'rider' adds 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.

Standing Orders

11. Motions to amend:
 - a. No motion to amend these standing orders shall be considered at any subsequent conference unless 60 days' notice is given by the GPC(W), the agenda committee, or a local medical committee – or otherwise with the agreement of the chair.
 - b. Motions which are deemed by the agenda committee to be 'housekeeping motions' can be confirmed at the beginning of a Welsh conference (by suspending standing orders) and can be introduced for that conference.
 - c. Any resolution amending standing orders will come into effect at the subsequent conference of Welsh Local Medical Committees, unless otherwise agreed by the chair.

12. 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 (SO 3).

Relationship with UK conference

13. Resolutions of conference
 - a. Motions that have no effect outside Wales 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 his nominated deputy has been invited to speak.
 - d. Any motion that is contrary to the policy of the UK conference shall not be carried unless the chair of the UK conference (or nominated deputy) has been invited to speak.
 - e. The agenda committee will oversee the process of updating WLMC 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.

Allocation of conference time

14.
 - a. The agenda committee shall:
 - i. determine the format and running order of conference
 - ii. oversee the conduct of conference
 - iii. divide the agenda into blocks according to the general subject under consideration, and allocate a specific period of time to each block
 - iv. Make arrangements for a conference dinner to be held, and determine who shall be invited as guests of the conference
 - b. Motions will not be taken earlier than the times indicated in the schedule of business included on the published agenda.
 - c. A period may be reserved for informal debate of new business. The subjects for debate shall be chosen by the agenda committee upon receipt of proposals from members of conference.
 - d. Not less than three periods shall be reserved for the discussion of other motions, and any amendments or riders

- to them, which cannot conveniently be allocated to any block of motions.
- e. Priority motions, defined in SO 16.f.i, in each block shall be debated first.
- f. Motions prefixed with a letter 'A', defined in SO 16.f.vi, shall be formally moved by the chair of the conference as a block to be accepted without debate during the first session of the conference.
- g. 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.

15. A period may be reserved for a 'soapbox' session in which individual representatives are given up to one minute to present to conference an issue which is not covered in the agenda. Other representatives shall be able to respond to the issues raised during the soapbox session for up to one minute, or afterwards via means to be determined by the agenda committee.

Motions to Conference

- 16.
- a. shall include:
 - i. Motions, amendments and riders submitted by the GPC(W), and any local medical committee. These shall fall within the remit of GPC(W), which is to consider any and all matters of specific relevance to general practice and primary care in Wales. GPC(W) shall determine policy and action where the application is exclusive to Wales.
 - ii. Motions submitted by the agenda committee in respect of organisational issues only.
 - b. Any motion which has not been received by the Secretariat within the time limit set by the agenda committee shall not be included in the agenda.
 - c. The right of any local medical committee, or member of the conference under SO 3, to propose an amendment or rider to any motion in the agenda, is not affected by this standing order.
 - d. No amendment or rider which has not been included in the printed agenda shall be considered unless a written copy of it has been handed to the agenda committee. The names of the proposer and seconder of the amendment or rider, and their constituencies, shall be included in the written notice. Notice must be given before the end of the session preceding that in which the motion is due to be moved, except at the chair's discretion. For the first session, amendments or riders must be handed in before the session begins.
 - e. No amendment or rider shall be moved to a priority motion unless such amendment or rider is made by the chair or by the agenda committee.
 - f. Shall be prepared by the Agenda Committee as follows:
 - i. 'Priority motions':- an appropriate number of motions (or amendments) on those topics which are deemed important shall be selected by the Agenda Committee for priority in debate. Such motions shall be prefixed with the letter 'P', and shall be printed in heavy type. No priority motion shall be grouped with any non-priority motion.
 - ii. 'Grouped motions' – motions or amendments which cover substantially the same ground shall be grouped and the motion for debate shall be asterisked. Any LMC objecting to a motion being grouped, must notify the agenda committee in writing before the first day of the conference – the removal of the motion from the group shall be decided by the conference.
 - iii. '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 debate. The agenda committee shall be allowed to alter the wording in the original motion for such composite motions.
 - iv. '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
 - (C) such motions shall not have more than five subsections.
 - v. 'Rescinding motions':- motions which the agenda committee consider to be rescinding existing conference policy shall be prefixed with the letters 'RM'
 - vi. 'A motions':- motions which the agenda committee consider to be a reaffirmation of existing conference policy, or which are regarded by the chair of GPC(W) as being non-controversial, self-evident or already under action or consideration, shall be prefixed with a letter 'A'
 - vii. 'AR motions':- motions which the Chair of GPC(W) is prepared to accept without debate as a reference to GPC(W) shall be prefixed with the letters 'AR'.
 - viii. 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 provisions of SO 11.g, 11.h, 11.i and 11.j shall not apply.

Rules of debate

- 17.
- a. A member of the conference shall address the chair and shall, unless prevented by physical infirmity or attending virtually, stand when speaking.
 - b. Every member of the conference shall be seated except, where possible, the one addressing the conference. When the chair rises, no one shall continue to stand, nor shall anyone rise, until the chair is resumed.
 - c. 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.
 - d. Members of GPC(W) who also attend the conference as LMC representatives, should identify in which capacity they are speaking to motions.
 - e. The chair shall endeavour to ensure that those called to address the conference are predominantly representatives of LMCs.
 - f. The chair shall take any necessary steps to prevent tedious repetition.
 - g. 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.
 - h. Amendments shall be debated and voted upon before returning to the original motion.
 - i. Riders shall be debated and voted upon after the original motion has been carried.
 - j. If any amendment or rider is rejected, other amendments or riders, may subject to the provisions of SO 17.g, 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.
 - k. Motions to adjourn
 - i. If it is proposed and seconded that the conference adjourns, or that the debate be adjourned, or “that the question be put now”, such motion shall be put to the vote immediately, and without discussion, except as to the time of adjournment. The chair can decline to put the motion “that the question be put now”.
 - ii. If a motion, “that the question be put now”, is carried by a two thirds majority, the chair of GPC(W) and the mover of the original motion shall have the right to reply to the debated before the question is put.
 - l. If it is proposed and seconded that the conference “move to the next business”, the chair shall have power to decline to put the motion; if the motion is accepted by the chair, the chair of GPC(W) and the proposer of the motion or amendment under debate, shall have the right to reply to the debate, but not to the proposal to move to the next business before the motion is put, without prejudice to the right to reply to new matter if the original debate is ultimately resumed. A two-thirds majority of those present and voting shall be required to carry a proposal “that the conference move to the next business.”
 - m. Proposers of motions shall be given prior notice if GPC(W) intends to present an expert opinion by a person who is not a member of the conference.
 - n. All motions expressed in several parts and designated by the numerals (i), (ii), (iii), etc shall automatically be voted on separately. But, in order to expedite business, the chair may ask conference (by a simple majority) to waive this requirement.
 - o. If by the time for a motion to be presented to conference no proposer has been notified to the agenda committee the chair shall have the discretion to call for a proposer from the LMC which submitted the motion. The chair shall also have the discretion to rule, without putting it to the vote, that conference move to the next item of business.

Procedure for themed debate:

18. In a major issue debate the following procedures shall apply:
- a. the agenda committee shall indicate in the agenda the topic for a major debate
 - b. the debate shall be conducted in the manner clearly set out in the published agenda
 - c. the debate may be introduced by one or more speakers appointed by the agenda committee who may not necessarily be members of conference
 - d. introductory speakers may produce a briefing paper of no more than one side of A4 paper
 - e. 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.
 - f. the chair of GPC(W) and the chair of conference, or his/her representative, shall be invited to contribute to the debate prior to the reply from the introductory speaker(s)
 - g. 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.
 - h. 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.

Motions not published in the agenda

19. 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, motions for adjournment or “that the question be put now”, motions that conference “move to the next business” or the suspension of standing orders.
 - b. relating to votes of thanks, messages of congratulations or condolences.
 - c. relating to the withdrawal of strangers, namely those who are not members of the conference or the staff of the British Medical Association.
 - d. which replace two or more motions already on the agenda (composite motions), agreed by representatives of the local medical committees concerned, and with the approval of the chair.
 - e. prepared by the agenda committee to correct drafting errors or ambiguities.
 - f. that are considered by the agenda committee to cover new business which has arisen since the last day for the receipt of motions.

Quorum

20. No business shall be transacted at any conference unless at least one-third of the number of representatives appointed to attend, under SO3, are present.

Time limit of speeches

- 21.
- a. A member of the conference, including the chair of GPC(W), moving a motion, shall be allowed to speak for three minutes; no other speeches to motions shall exceed two minutes. However, the chair may amend these limits.
 - b. The conference may, at any period, reduce the time to be allowed to speakers, whether in moving resolutions or otherwise, and that such a reduction shall be effective if it is agreed by the chair.

Voting

22. Only voting members of the conference may vote, as defined under SO3. The following rules apply:
- a. Decisions of the conference shall usually be determined by simple majorities of those present and voting (defined in SO 3), 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(W) structure
 - ii. a decision that could materially affect the GPDF Ltd funds
 - iii. a decision to suspend standing orders (as defined in SO12)
 - iv. decisions under SO 17.k and SO 17.l
 - b. Voting shall be either by a show of hands/cards or by electronic voting, at the discretion of the chair.
 - c. If a recorded vote is demanded by 20 representatives of the conference (SO3), signified by their rising in their places, the names and votes of the representatives present shall be taken and recorded.
 - d. A demand for a recorded vote shall be made before the chair calls for a vote on any motion, amendment or rider.

Elections

- 23.
- a. The election of Chair, Vice-Chair and Agenda Committee shall be by LMC representatives and GPC(Wales) representatives.
 - b. The election of one member of conference, having been a registered GP for less than five years, to a co-opted seat on GPCW for one year.
 - c. The election shall be conducted using single transferable vote.
 - d. Those elected will hold office for a period of three years
 - e. Only those described in SO 3 and the current elected Agenda Committee members are eligible for nomination for the posts of chair, deputy chair and agenda committee.

Conference Agenda Committee

- 24.
- a. The agenda committee shall consist of the chair and deputy chair of the conference, the chair of GPC(W), GPC(W) negotiators, two elected from the body of Conference and the National Director, BMA Cymru Wales (or nominated deputies).
 - b. The chair of conference, or if necessary the deputy chair, shall be chair of the agenda committee.

Returning officer

25. The National Director, BMA Cymru Wales, or a nominated deputy, shall act as returning officer in connection with all elections.

Motions not debated

26. Local medical committees shall be informed of those motions which have not been debated, and the proposers of such motions shall be invited to submit to GPC(W) memoranda of evidence in support of their motions. Memoranda must be received by GPC(W) by the end of the third calendar month following the conference.

Distribution of papers and announcements

27. 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.

Mobile phones

28. 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.

The press

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

Chair's discretion

30. 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.

Minutes

31. Minutes shall be taken of the conference proceedings and the chair shall be empowered to approve and confirm them.

Online elections for agenda committee positions

The following elections will take place at this year's conference:

- chair of conference
- deputy chair of conference
- two members of the agenda committee
- one member of conference, having been a registered GP for less than five years, to a co-opted seat on GPCW for one year.

Election details below:

Nominations open

Friday 1st March 12.30pm

Nominations close

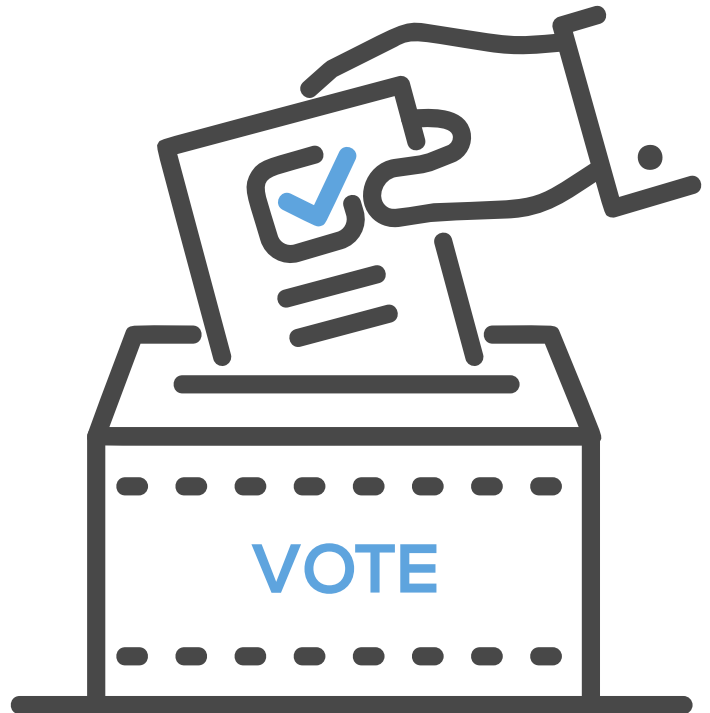
Saturday 9th March 9.00am

Voting opens

Saturday 9th March 9.30am

Voting close

Saturday 9th March 12.30pm



How to take part

When nominations open, eligible representatives may nominate themselves using the BMA elections webpage: elections.bma.org.uk. To take part in elections you must have a BMA website account. If you are not a BMA member with a BMA website account, you will need to contact FPC (First Point of Contact) to create a non-member online account either via phone: **0300 123 1233** or email: support@bma.org.uk. This may take some time, so please do this in advance.

It is strongly recommended that representatives obtain a BMA website account in advance of conference to ensure there are no complications on the day. If you do not ensure you have access to your account in advance of the day, there is no guarantee that we can assist you to vote on the day of conference. Please contact conference staff as soon as possible if you have used a different email address to register for conference than your BMA website account.

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

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

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, bereavement, relationship breakdown 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. Full 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.

We are incredibly grateful for all donations and donations can be made here:



<https://cafdonate.cafonline.org/25263>
www.cameronfund.org.uk

Appendix 1

Amendment to Conference of Welsh Local Medical Committees Standing Orders

AGENDA COMMITTEE (TO BE PROPOSED BY DEPUTY CHAIR): That conference accepts the proposed changes to the Standing Orders.

Standing order 6 to read:

6. The ex-officio (non-voting) members of conference shall be:
 - a. the two elected Agenda Committee members
 - b. the members of GPC(W)
 - c. Chair GPC Northern Ireland
 - d. Chair GPC Scotland
 - e. Chair GPC UK
 - f. Chair GPC England
 - g. Chair of GP Sessional committee
 - h. Chair of BMA Welsh Council
 - i. Chair of RCGP Council (Wales)
 - j. Treasurer of GMS Defence Fund Ltd
 - k. Chair of UK LMC Conference
 - l. BMA National Director, Wales
 - m. **Representative from Dispensing Doctors Association practicing in Wales**

Appendix 2

UK LMC Conference resolutions 2023

Motion 1 from the Welsh Conference of LMCs 2023 was as follows:

Conference, it is time for you to exercise your devolved responsibility in dictating the policy direction of your GPC.

- i. Conference calls on GPCW to disregard any motions passed by UKLMC conference, in which GPC (UK or devolved) has been directed to negotiate policy in Wales, until such a motion has been passed by Welsh Conference of LMCs.
- ii. The Agenda Committee of Welsh LMC conference will consider the inclusion of any motion passed by UKLMC that directs devolved nation GPCs to create new policy.

Both parts of the motion were passed unanimously.

In line with the resolution, it is therefore **for Agenda Committee to decide** whether motions from the 2023 UKLMC Conference are considered for inclusion at the next Welsh Conference of LMCs conference.

The table below contains a selection of motions from UKLMC conference which have been chosen and assessed by Agenda Committee as to whether they direct GPC Wales to create new policy or amend existing policy positions.

Where resolutions have been deemed by AC to create or vary policies, these will be formally debated as part of the Welsh LMC Conference 2024 agenda.

UKLMCC 2023 Resolution no.	Text	Comments
7	<p>Collapse of the NHS</p> <p>That conference acknowledges patients are increasingly seeking healthcare privately, including travelling abroad for surgery. We call on the GPCs to work with appropriate authorities and stakeholders to:</p> <ol style="list-style-type: none"> i. ensure patients are not required to seek approval from their NHS GP prior to accessing private healthcare ii. obligate private providers to inform patients of the total cost of recommended investigations, treatments and follow-up, highlighting these may not be provided by their NHS GP iii. obligate private providers to act upon investigations undertaken, and not simply pass results or further management suggestions onto NHS GPs to action iv. ensure that those who cannot access required follow up are not left without adequate specialist care v. ensure any involvement in a patient's care by an NHS GP as requested by a private healthcare or insurance provider is remunerated appropriately. 	<p>This aligns with existing GPC Wales policy and has already been raised formally with Welsh Government.</p>

8	<p>GP working schedules</p> <p>That conference:</p> <ul style="list-style-type: none"> i. believes referring to GPs as “full time”, “part time”, or “full time equivalent” in terms of numbers of “sessions” worked fails to capture the real hours worked by many GPs ii. demands that any new BMA model contract or new GMS contracts define GP working schedules in terms of hours rather than sessions iii. demands that any workforce data collection (eg for NHS workforce planning) be done on the basis of hours worked, not contracted sessions. 	New policy and will be debated.
16	<p>GP recruitment and retention</p> <p>That conference believes that more strident efforts should be taken to induce medical students and newly qualified doctors to choose general practice as their medical career path, and calls upon governments to provide financial incentives:</p> <ul style="list-style-type: none"> i. that provide an MOD-style sponsorship for GP VTS ii. that include a medical student debt cancellation scheme iii. with eligibility based on a prescribed number of years’ service as a salaried or principal GP. 	This aligns with existing GPC Wales policy and has informed discussions with Welsh Government and HEIW.
18	<p>MRCGP</p> <p>That conference, in respect of the MRCGP examination:</p> <ul style="list-style-type: none"> i. asks GPC UK and its component committees to lobby and work with RCGP and other stakeholders to ensure no GP trainee is forced to extend their training due to lack of availability of examination sittings ii. notes the significant financial impact MRCGP examination and mandatory RCGP membership fees have on GP trainees and calls upon GPC UK and its component committees to lobby governments and education bodies to fund the first attempt at MRCGP examinations. 	This aligns with existing GPC Wales policy and has informed discussions with Welsh Government and HEIW.
23	<p>Public Health</p> <p>That conference notes how the effects of the Strep A campaign in December 2022 caused widespread panic and unprecedented demand that could not be met by a system under pressure and:</p> <ul style="list-style-type: none"> i. calls on governments and public health bodies to take into consideration the wider system effects of sending public health messages around single diseases ii. calls on governments and public health bodies to perform a comprehensive significant event analysis of the effects of national communications surrounding the Group A Streptococcal outbreak in December 2022 iii. believes that GPs are not responsible for the management of communicable disease outbreaks as this is the role of public health believes that general practice is not responsible for the management of asymptomatic communicable disease contacts, as it is the role of public health protection teams to arrange chemoprophylaxis iv. calls on the relevant national agencies to ensure mechanisms are put in place to commission the prescribing of any necessary and timely treatments. 	This aligns with existing policy and GPC Wales have already held post-event discussions with Public Health Wales on this matter.

27	<p>Firearms</p> <p>That conference notes the tragic loss of life in Plymouth in August 2021 and the subsequent renewed media attention on firearms licensing. Conference:</p> <ul style="list-style-type: none"> i. believes that assessment of eligibility to possess firearms is a matter for police forces, not GPs ii. believes that the role of GPs in the licensing process is to provide medical facts, not provide an opinion on eligibility iii. demands that BMA work with representatives of police forces and government to agree processes whereby relevant factual information can pass from the GP data controller to the police directly, reducing the possibility of an applicant tampering with the information provided iv. demands that the work involved in delivering firearms licensing be properly resourced, for example through a fee paid by the applicant 	This is already policy and GPC Wales maintains ongoing discussions with Welsh police force representatives and Welsh Government.
28	<p>Private Practice</p> <p>That conference notes that unlike dentists and pharmacists, GPs cannot currently offer many private services to their NHS patients, and believes that:</p> <ul style="list-style-type: none"> i. GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are not routinely offered by the NHS ii. GP surgeries should at their discretion be allowed to offer their NHS patients paid-for services if these services are routinely offered by the NHS but are not accessible in a time frame that the patient deems reasonable iii. GPs can be trusted to manage potential conflicts of interests arising from offering paid for services to their NHS patients iv. the BMA should state that the wellbeing of its members is a higher priority than the delivery of NHS services. <i>[REFERENCE]</i> 	New policy and will be debated.

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