Conference News

Annual Conference of Local Medical Committees Representatives
8 and 9 May 2025

Part I: Resolutions
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PART I

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2025

RESOLUTIONS

STANDING ORDERS

3 That conference accepts the proposed changes to the Standing Orders, as recommended by the Agenda Committee and as outlined in Appendix 2 and 2a regarding:

(i) housekeeping changes
(ii) members of conference
(iii) representatives to the conference
(iv) preparation of the agenda
(v) conference policy.

Proposed by Alastair Taylor, deputy chair of agenda committee

Part (i), (ii), (iii), (iv) and (v) carried unanimously

STATE OF GENERAL PRACTICE / NHS

5 That conference demands a unified campaign across all four nations of the UK, centred around openness and honesty to patients and secondary care colleagues concerning:

(i) the precarious state of general practice due to recruitment and retention issues
(ii) the need for all stakeholders to support GPs and their teams to work within the existing professional safe workload guidance
(iii) encouraging patients and secondary care colleagues to recognise general practice as a finite resource within primary care services, to protect the care of patients closer to home and protect secondary care services which could not function without safe and resilient general practice.

Proposed by Amy Stewart, Tayside LMC

Carried unanimously

HOSPITAL PRESCRIPTON REQUEST

6 That conference believes that secondary care clinicians asking GPs to initiate medications for them is a transfer of workload and carries an increased risk and:

(i) supports GPs in declining the prescribing of specialist indicated medication unless and until there is adequate evidence that the patient has been safely counselled, and the medications initiated, titrated and the patient stabilised
(ii) supports those GPs in declining all initial prescriptions requested by secondary care non-prescribers as they should be prescribed within the speciality or service
(iii) mandates GPC UK to explore all options for the data flow of outpatient medication advice and prescribing, including the option of automating the "writing back" the medication prescribed in secondary care, into the GP / primary care records
(iv) demands a roll out of electronic prescribing to all prescribing organisations across the UK.

Proposed by Charles Strachan, Bradford and Airedale LMC

Parts (i), (iii) carried overwhelmingly
Part (ii) carried nem con
Part (iv) carried overwhelmingly as a reference

WEIGHT LOSS MEDICATION

7 That conference notes with concern the increasing trend of unregulated online prescribing of GLP-1 receptor agonists for weight loss and calls for:

(i) GPC(UK) to push for an urgent and thorough review of the online prescribing practices of GLP-1 weight loss drugs by Medicines and Healthcare products Regulatory Agency (MHRA) and the Care Quality Commission (CQC), ensuring that patient safety is not compromised

(ii) regulators to develop clear guidelines for the prescribing and monitoring of GLP-1 receptor agonists, particularly when initiated online, to safeguard patient health and ensure appropriate clinical responsibility

(iii) robust national protocols that clearly delineate the responsibilities of online prescribers and GPs, ensuring that GPs are not left with the burden of monitoring and managing these medications without adequate resources and support

(iv) a UK wide public awareness campaign to educate patients on the risks associated with obtaining weight loss medications online

(v) a nationally commissioned obesity management service to ensure equity of provision to the most clinically at risk, rather than those with the highest perceived need.

Proposed by Will Denby, Hampshire and Isle of Wight LMC

Parts (i),(ii) and (iii) carried overwhelmingly
Part (iv) carried
Part (v) carried nem con as a reference

PRIVATE SHARED CARE

8 That conference believes that any shared care prescribing arrangement with a private provider is unsafe, not enduring, and widens health inequalities, and demands that GPC UK adopts a firm position statement to reject this.

Proposed by Nafeesa Arshad, Avon LMC

Carried

MENTAL HEALTH AND WELLBEING SUPPORT

9 That conference calls for the establishment of confidential, dedicated mental health and well-being services for all general practice staff, recognising the unique pressures faced by GPs and their teams and:

(i) acknowledges that burnout rates in general practice have reached crisis levels, yet targeted mental health support remains insufficient

(ii) demands that mental health and well-being services for general practice staff be fully funded, easily accessible, and independent of regulatory or contractual oversight to ensure confidentiality

(iii) calls for parity between general practice and secondary care in the provision of occupational mental health support, recognising the critical need to retain and protect the workforce

(iv) urges NHS England and the devolved nations to implement a national strategy addressing mental health support for all primary care staff as a matter of urgency.

Proposed by Mandeep Singh Ahluwalia, East Sussex LMC

Part (i) carried overwhelmingly
Parts (ii), (iii) and (iv) carried nem con

EMPLOYERS NATIONAL INSURANCE / LIVING WAGE

11 That conference is gravely concerned about the budget announcement regarding the increases in Employers' National Insurance Contributions (ENIC) and the national living wage; the impact of this on general practice and:

(i) highlights that this raises the risk of being the tipping point for already overstretched general practice funding and that the stability of general practice is contingent upon the urgent resolution of this issue

(ii) asserts that NHS general practice is an intrinsic part of the public sector

(iii) demands that the UK government ensures the full cost of these increases is funded for general practice and warns that failure to fund these increases will directly compromise patient services

(iv) warns that without urgent intervention many practices will be left with no alternative but to hand back their contracts

(v) insists that the solution lies with the treasury and should not be dependent on pay negotiations in the four nations.

Proposed by Alexia Pellowe, Ayrshire and Arran LMC

Parts (i), (ii) and (v) carried overwhelmingly
Parts (iii) and (iv) carried nem con

THEMED DEBATE - UNEMPLOYMENT CRISIS

That conference notes the unprecedented and shocking unemployment challenges that GPs face, risking their permanent loss to the
workforce and:

(i) calls on governments to urgently review funding to practices so that our patients can benefit from this workforce rather than the patients of Australian and other health care systems

(ii) calls on governments to expand the flexibility of the SFE locum reimbursement scheme to enable practices to claim for locum reimbursement from day one of absence of a GP

(iii) calls on governments to expand the flexibility of the SFE locum reimbursement scheme to enable practices to claim for locum reimbursement to cover whilst advertising vacant positions

(iv) demands better workforce planning to establish the number of whole time equivalent GPs required to meet the needs of the UK population both now and in the next 10-25 years

(v) demands direct practice funding be delivered now which will permit practices to expand GPcapacity rather than allied health professionals.

Proposed by Matt Mayer, chair of UK LMC Conference

Parts (i), (ii), (iii), (iv), (v) carried overwhelmingly

PHYSICIAN ASSOCIATES

12 That conference insists that physician associates should not be seen as a cheap replacement for general practitioners and calls for an independent review on the impact of physician associates working in general practice.

Proposed by Neil MacRitchie, Lothian LMC

Carried as a reference

SALARIED PENSION FORMS

13 That conference notes the overly bureaucratic requirement for salaried GPs to complete type 2 pension forms, when the majority of this information is already available to the relevant pension authority. We demand the GPCs liaise with relevant stakeholders to look at processes to negate the need for salaried GPs to submit type 2 pension forms each year.

Proposed by Nicola Thorbinson, Liverpool LMC

Carried nem con

FUNDING FOR GPC UK

14 That conference asserts that there has never been a time of greater crisis in UK general practice and asks the two GPDFs to:

(i) consider whether their core function is managing investment or actually defending general practice

(ii) commit to unprecedented levels of spending in defence of UK general practice, in for instance enhanced media campaigns such as the excellent GPC Wales short video and legal cases challenging both local and national inequities

(iii) alongside the BMA, work to adequately resource GPC UK, to allow it to enact the policies passed at conference

(iv) ask GPCs in negotiations to specify the support they require and seek the approval of levy-paying member LMCs to fund this.

Proposed by Rachel Ali, Devon LMC

Parts (i) and (iv) carried overwhelmingly
Part (ii) carried
Part (iii) carried nem con

ASSISTED DYING

15 That conference, with regards to any assisted dying legislation becoming law:

(i) believes that GPs must not be compelled to participate in or initiate discussions about assisted dying and calls for protections to ensure professional autonomy is upheld, with no risk of professional sanction or discrimination

(ii) demands that the provision of effective and properly resourced palliative care be delivered in addition to the option of assisted dying

(iii) demands that funding will be new rather than removing resource from existing care

(iv) recognises that there is no capacity within general practice to take on this additional work

(v) demands that the medical involvement for this should sit with a separate service and not general practice.

Proposed by Jenny Liddell, Welsh Conference of LMCs

Parts (i), (ii) and (iv) carried overwhelmingly
Part (iii) carried nem con
Part (v) carried

PARTNER SUSPENSION

16 That conference believes there is currently insufficient support for GP contractors accused of impropriety and:

(i) affirms that the suspension of a GP contractor should generally be viewed as a neutral act pending further investigation, and therefore must not be associated with any financial or reputational penalty either to the contractor or to the practice

(ii) instructs GPC UK to address the iniquitous way in which GP partners are treated in the regulations during suspension, particularly regarding their entitlement to suspension payments if their contractual relationship with the NHS ends

(iii) recommends that GP partners should protect one another from knock-on "ejection from the partnership" during any suspension or investigatory period.

Proposed by Jeremy Mellins, Berkshire LMC

Part (i) carried nem con
Part (ii) carried unanimously
Part (iii) carried overwhelmingly

AI IN GENERAL PRACTICE

18 That conference supports the use of artificial intelligence (AI) in general practice, for instance for transcribing notes and:

(i) calls on GPC to advocate for these technologies to receive national assurance in the form of Data Protection Impact Assessments (DPIAs) and other necessary evaluations, so that practices do not need to repeat these assurance processes locally.

(ii) calls on relevant NHS bodies to urgently fund and implement AI scribes in general practice

(iii) insists that robust data protection and governance frameworks be established to ensure patient confidentiality and compliance with GDPR and NHS regulations

(iv) calls for transparent regulatory oversight and ongoing evaluation of AI applications in general practice to ensure they improve patient care and do not exacerbate health inequalities.

(v) demands clear medico-legal protections for GPs, ensuring they are not held liable for AI-driven errors or outcomes beyond their control.

Proposed by Mandeep Singh Ahluwalia, West Sussex LMC

Parts (i) and (v) carried overwhelmingly
Part (ii) carried as a reference
Part (iii) carried unanimously
Part (iv) carried nem con

RECORDS OF TRANSGENDER PATIENTS

19 That conference expresses concern in offering our transgender patients the most appropriate options for care and treatment, while also maintaining their medical records and requires:

(i) clear national guidance on whether to redact and rescan entire old NHS records into new records, with adequate resourcing to support any redaction and rescanning of medical records for these patients

(ii) support for patients who wish to have their original details kept un-redacted

(iv) the use of additional data fields, beyond just those referencing gender or sex, that would identify patients suitable for screening and automatically invite them to join an appropriate national screening programme.

Proposed by James McNally, Oxfordshire LMC on behalf of Kensington, Chelsea & Westminster LMC
Parts (i), (ii) and (iv) carried as a reference

INTERNATIONAL MEDICAL GRADUATES (IMGs)

20 That conference recognises the enormous contribution of international medical graduates (IMGs) to general practice in the country and calls on GPCs and the wider BMA to:

(i) not have any policy that disadvantages IMGs in applying for jobs and training posts in the NHS

(ii) lobby the RCGP and relevant health education bodies for increased educational and practical support for those IMGs who request it during their GP training

(iii) work towards making available optional longer training programmes for IMGs with the aim of reducing extensions of training for these valued individuals

(iv) publicly acknowledge the significant benefit that IMGs bring to the NHS, and distance themselves from the protectionist policy passed by the BMA Resident Doctors Committee.

Proposed Andrew John Wilson Northern Ireland Eastern LMC

Parts (i), (ii) an (iv) carried overwhelmingly
Part (iii) carried as reference

PSA SCREENING AND MONITORING

21 That conference is concerned by the increasing workload burden on general practice due to the unresourced and un-evidenced expansion of PSA testing and monitoring, driven by secondary care and local advocacy groups and:

(i) calls for recognised funding to support the growing expectation for GPs to provide PSA testing, counselling, and long-term monitoring, including post-treatment surveillance for discharged prostate cancer patients

(ii) opposes the transfer of routine PSA monitoring from urology services to general practice without clear evidence, agreed guidelines, and appropriate funding

(iii) calls for a national review of PSA screening and monitoring pathways, ensuring that primary care is not burdened with additional work without adequate resources

(iv) calls for national bodies, including NHS England, to push back against the pressure exerted by local prostate cancer charities to increase PSA testing without robust evidence or national policy support.

Proposed by Larisa Han, Surrey LMC

Parts (i), (ii), (iii) carried overwhelmingly
Part (iv) carried as a reference

SUPPORTING PROFESSIONAL ACTIVITIES

22 That conference is concerned for the wellbeing of the many GPs who are expected to do continued professional development (CPD), mentoring and administrative duties in their own time and calls on:

(i) GPC UK to work with RCGP to produce a document suggesting a minimum SPA (supporting professional activities) that a full time GP would be expected to have in their working week, similar to consultants job plans

(ii) the governments of all four nations to increase core funding to practices to allow GPs to plan SPA in their normal working week.

Proposed by Austin Nichol, Glasgow LMC

Carried overwhelmingly

IMPACT OF COVID-19

23 That conference is appalled by the continued disability and financial losses that some general practitioners are facing as a consequence of long Covid, and:

(i) recognises with grief and condolences the loss of life throughout the Covid-19 pandemic being commemorated this year for the fifth anniversary

(ii) recognises that the pandemic is ongoing as per WHO

(iii) seeks supports for those people, including GPs and practice staff, continuing to manage life changing impacts on their future health and wellbeing from long Covid and other conditions resulting from Covid-19 infection

(iv) demands that Covid-19, and its sequalae, are recognised as an occupational illness by the government

(v) demands a government compensation scheme for GPs and all affected healthcare workers.

Proposed by Amy Small, Sheffield LMC

Carried nem con

GP PARTNER CLINICAL COMMITMENT

24 That conference:

(i) is concerned by the number of GP practices in Wales with GMS contracts held by GPs who perform no clinical sessions in those practices

(ii) calls for all GP partners to undertake a minimum number of clinical sessions in their practice annually, including face-to-face appointments, while appropriately accounting for circumstances such as parental or sick leave

(iii) calls for commissioners to refrain from awarding multiple GMS contracts to the same individuals who are unable to provide clinical care across all of their practices

(iv) asks for a change in regulations to ensure that GP partners awarded GMS contracts are required to regularly provide clinical sessions in their practices.

Proposed by Natasha Collins, Welsh Conference of LMCs

Part (i) carried
Parts (ii), (iii) and (iv) carried as a reference

DEFINING CORE GENERAL PRACTICE

25 That conference recognises the ambitions of governments to shift medical provision from secondary into primary care and:

(i) believes that it is more important than ever to define what general practice should be expected to deliver for patients

(ii) calls for targeted training and education for secondary care clinicians to ensure a better understanding of primary care capacity and contractual boundaries, reducing inappropriate workload shift

(iii) asks the BMA to create a working group to define core general practice obligations in the UK, to aid GPCs in national contract negotiations and protect general practice from being forced to absorb unfunded work streams

(iv) demands that funding streams be allocated to support any current and future shifts in patient follow-up responsibilities, ensuring primary care is not expected to absorb additional work without appropriate resourcing

(v) demands that any substantial new GMS contracts contain provision for payment to practices, on an item of service or similar basis, for all identified work transferred from secondary care.

Proposed by Ben Curtis, Cambridgeshire LMC
Parts (i), (ii) and (v) carried nem con
Part (iii) carried overwhelmingly
Part (iv) carried unanimously

CHOSEN MOTIONS

183 That conference instructs all LMCs to refuse to advertise or endorse primary care doctor models or pilots. We call on conference to:

(i) demand that no changes are made to performers list regulations that would allow non-GP doctors to work in general practice (unless in a GP training post)

(ii) insist that there be no dilution in the training and qualifications required to work as a GP

(iii) assert that secondary care doctors conducting specialist clinics in a primary care setting should be funded from existing secondary care budgets, and that practices should be appropriately recompensed if their premises are used.

Proposed by Stephanie Betts-Masters, Cambridgeshire LMC

Carried unanimously

184 That conference demands greater legal, financial, and professional protection for GPs who face malicious and vexatious complaints and:

(ii) demands that GPC UK work with the GMC and RCGP provide guidance and training to practices, locum agencies, and doctors in recognising and swiftly managing malicious and vexatious complaints

(iii) demands urgent joint GPC UK and government action to protect the professional and financial standing of GPs subjected to malicious and vexatious complaints

(iv) asks that the BMA investigates joint working with an established insurance provider to support loss of income following a malicious or vexatious complaint

(v) calls for GPC UK to ask the BMA to seek KC advice on launching a test case for slander / defamation for a GP BMA member subjected to a malicious vexatious complaint.

Proposed by Samuel Parker, Gateshead and South Tyneside LMC

Parts (ii), (iii), (iv) and (v) carried

185 That conference demands that e-consultations are recognised as being part of the access offer by general practice, and not an un-capped back door to GP opinion.

Proposed by Marek Jarzembowski, Merton LMC

Carried nem con

PART II

ANNUAL CONFERENCE OF LOCAL MEDICAL COMMITTEES
MAY 2025

ELECTION RESULTS

Chair of UK Conference
Matt Mayer

Deputy Chair of UK Conference
Alastair Taylor

GPC UK
Anwar Tufail
Caroline Rodgers
David Wrigley
Eithne Macrae
Manu Agrawal
Mark Green
Rachel Ali
Zoe Norris

The outcome of the Agenda Committee election won't be announced until after this year's ARM.

PART III

REMAINDER OF THE AGENDA

DATA CONTROLLER

17 That conference recognises that increased cross-organisational information sharing may bring increased liability and risk to fall upon GPs and therefore demands that the legal responsibility of being the data controller is removed from general practice.

Proposed by Deborah White, Cleveland LMC

LOST

RECORDS OF TRANSGENDER PATIENTS

19 That conference expresses concern in offering our transgender patients the most appropriate options for care and treatment, while also maintaining their medical records and requires:

(iii) clinical systems to include in the patient registration biological sex, preferred gender pronoun, title for correspondence and gender reassignment

Proposed by James McNally, Oxfordshire LMC on behalf of Kensington, Chelsea and Westminster LMC

Part (iii) LOST

CHOSEN MOTIONS

184 That conference demands greater legal, financial, and professional protection for GPs who face malicious and vexatious complaints and:

(i) calls on GPC UK to compile, present and publish a collection of vexatious and malicious complaints, alongside impact statements of affected UK GPs

Proposed by Samuel Parker, Gateshead and South Tyneside LMC

Part (i) LOST

CHILDHOOD VACCINATION

10 SURREY: That conference notes that disputes over parental consent for childhood immunisations continue to create challenges in general practice and require clearer guidance and:

(i) calls on the BMA to develop clear process guidance for practices on managing parental disputes over childhood immunisations

(ii) requests specific guidance on handling cases where parents hold differing opinions on consent for their child's immunisation

(iii) calls for clear protocols on situations where a Gillick-competent child consents while their parent(s) do not, and vice versa

(iv) instructs the BMA to clarify the legal and practical considerations of "in loco parentis" consent, including the role of accompanying adults at immunisation appointments.

Due to time constraints this motion was not debated.