

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

Agenda

Saturday 8 March 2025
DoubleTree by Hilton, Warrington Road
Hoole, Chester, CH2 3PD

if not now, when?



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#WLMC2025

Welcome



Dr Tim Davies
Chair of conference

Dear conference,

I am delighted to welcome you all to the 2025 Welsh conference of LMCs in Chester, at [Doubletree by Hilton Chester](#).

The annual Welsh Conference is our unique opportunity to enable the collective, professional voice of LMCs, GPs, and their practice teams across Wales to be heard. It is also a wonderful chance to listen and learn from each other: to network, to influence, and share the successes we have had, and to counsel and warn others from potential challenges ahead. We hope to galvanise a sense of purpose and constructive challenge from you: the best and brightest leaders of our profession. Please bring solutions, fresh perspectives, and challenging ideas for LMCs and GPCW to take forward. We fully appreciate the extraordinary pressures facing Welsh general practice, the conference needs to rise to these challenges by focusing on how it wishes to instruct GPCW to meet them with potential solutions, rather than focussing on the pressures themselves.

This is your conference; we want you all to feel comfortable and to have a chance to speak if you wish to. 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 and 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 8.00am hosted by Dr Natasha Collins, deputy chair of conference. This will take place in the main conference room.

Conference will begin at 8.30am on Saturday 9th March, and the formal business of the day will conclude at 4.45pm. Despite the fortunes of the Welsh national team we are conscious that many delegates may intend to watch the rugby game beginning at 4:45pm!

We hope you are able to join us for the conference dinner with the pre-dinner drinks reception from 7.15pm. Dress is black tie, and there will be a quiz and entertainment after the meal from a local GPs band.

I look forward to seeing you on the day.

Best wishes

Dr Tim Davies
Chair of conference

#WLMC2025

Agenda committee members



Dr Tim Davies
Deputy chair of conference



Dr Natasha Collins
Deputy chair of conference



Dr Jenny Liddell
Committee member



Dr Bethan Roberts
Committee member

#WLMC2025

BMA GP committee executive



Dr Gareth Oelmann
Chair GPC Wales



Dr Ian Harris
Deputy chair GPC Wales



Dr Sara Bodey
Executive team GPC Wales



Dr Paul Emmett
Executive team GPC Wales



Dr Steve Davies
Executive team GPC Wales

#WLMC2025

Schedule of business – Saturday 8 March 2025

	Motions	Time	Allocation
START – 8:30	–	8:30 – 8:45	15 mins
Chair of Conference address			
Receive minutes of Welsh Conference of Local Medical Committees March 2024	–		
Standing Orders – to accept amendment to SO as per appendix 1	–		
Update from the Cameron Fund – Dr Rob Barnett	–	8:45 – 8:55	10 mins
Annual Report – Chair of General Practitioners Committee (GPC) Wales	–	8:55 – 9:05	10 mins
Update on progress on passed motions – Deputy chair of General Practitioners Committee (GPC) Wales	–	9:05 – 9:15	10 mins
Future of GMS	1 – 4	9:15 – 9:30	15 mins
Funding	5 – 8	9:30 – 9:50	20 mins
Vaccination and immunisations	9 – 11	9:50 – 10:00	10 mins
Safeguarding	12 – 13	10:00 – 10:10	10 mins
WAST	14	10:10 – 10:15	5 mins
Premises	15 – 18	10:15 – 10:30	15 mins
Weight management	19 – 23	10:30 – 10:50	20 mins
Private providers	24	10:50 – 10:55	5 mins
Update from GPDF	–	10:55 – 11:00	5 mins
COFFEE BREAK		11:00 – 11:15	15 mins
Unavoidable costs	25 – 27	11:15 – 11:30	15 mins
Contract	28 – 43	11:30 – 12:30	60 mins
Welsh Government	44 – 46	12:30 – 12:45	15 mins
Ask the GPCs	–	12:45 – 13:00	15 mins
LUNCH	–	13:00 – 14:00	60 mins
Ministerial address from Jeremy Miles, Cabinet Secretary for Health and Social Care	–	14:00 – 14:15	15 mins
Assisted dying	47	14:15 – 14:25	10 mins
Mental health	48	14:25 – 14:30	5 mins
Supplementary services	49 – 50	14:30 – 14:40	10 mins
Primary/secondary care interface	51 – 55	14:40 – 15:05	25 mins
Soap Box	–	15:05 – 15:25	20mins
COFFEE BREAK		15:25 – 15:40	15 mins
Dispensing	56 – 59	15:40 – 15:55	15 mins
Pharmacy	60 – 63	15:55 – 16:05	10 mins
Firearms	64	16:05 – 16:10	5 mins
Workforce	65 – 67	16:10 – 16:25	10 mins
Information Technology	68 – 72	16:25 – 16:35	15 mins
Other	73	16:35 – 16:40	5 mins
Closing remarks from conference chair	–	16:40 – 16:45	5 mins
CLOSE	–	16:45	



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

The Cameron Fund is the GPs' own charity

It is the only medical benevolent fund that solely supports general practitioners and their dependents. 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

Many thanks for your support.

Welsh LMC conference March 2025

Opening Business

8:30 – 8:45

Chair of Conference address

Receive minutes of Welsh conference of Local Medical Committees February 2024.

Standing Orders – to accept amendment to SO as per appendix 1.

Cameron Fund

8:45 – 8:55

Update from the Cameron Fund – Dr Rob Barnett

Annual report

8:55 – 9:05

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

Update on progress of passed motions

9:05 – 9:15

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

Future of GMS

9:15 – 9:30

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| 1 | Bro Taf * | Conference insists the Welsh Government inform the public why they are prepared to be the Labour administration responsible for destroying Aneurin Bevan's vision for the NHS. |
| 2 | North Wales | Conference believes that Welsh Government has made it clear by their actions that they have no intention of supporting the continuation of GMS. They should be prepared to state this explicitly rather than causing ongoing distress and hardship to GPs and their staff whilst pretending to engage in contract negotiations. |
| 3 | North Wales | Whilst GMS is clearly the most cost effective and professionally satisfying way to deliver general practice, the current climate suggests it is being intentionally starved with the intention of making it impossible to continue. In this context, conference directs GPC Wales to actively develop alternative plans for the future of general practice in Wales, looking at all potential options. |
| 4 | Gwent | Conference believes there is an existential crisis enveloping British general practice and GPCW should: <ol style="list-style-type: none"> i. develop a plan to pursue contract dispute with Welsh Government via all means ii. given the difficulty with withdrawing core contractual services liaise with other GPC UK component committees to jointly discuss plans across the UK |



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

Funding

9:30 – 9:50

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| 5 | Dyfed Powys | This conference calls for Welsh Government to allocate resources to manage the increased workload effectively, ensuring that primary care is equipped to meet patient needs without compromising existing services. |
| 6 | Dyfed Powys | This conference calls for all future Welsh Government announcements on NHS funding to be explicit with regards to how much is allocated to secondary care and how much is proportioned to primary care. |
| 7 | Dyfed Powys | This conference calls for all future Welsh Government to publicly acknowledge that the proportion of NHS funding allocated to primary care is shrinking year on year. |
| 8 | Morgannwg | Conference calls for dedicated funding for consultations which require the use of a translator. |

Vaccinations and immunisations

9:50 – 10:00

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| 9 | North Wales * | Conference calls on GPC Wales, NHS Wales and Local Health Boards to amend all Primary Care Contracted Service: Immunisation directions to ensure that the word MUST is used instead of MAY when defining providers of delivery. This amendment will mandate Local Health Boards to offer all new and active vaccination schedules to General Medical Services (GMS) Practices in Wales, ensuring consistency, equity, and accessibility in the provision of immunisation services across primary care. |
| 10 | North Wales | That conference is alarmed at proposals that would fragment the whole vaccination and immunisation system and urges a reversion to a GP first system. |
| 11 | North Wales | That conference is concerned that data entry via the Welsh Immunisation System is becoming compulsory given the increased work for general practice and the delay in writing back to the clinical record. |

Safeguarding

10:00 – 10:10

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| 12 | Gwent | Conference is appalled at the tragic death of Sara Sharif and insists that local authorities inform GP practices if one of their registered patients is being home-educated. |
| 13 | UK LMC Conference to be proposed by deputy chair of WLMC conference | That conference notes that the vital safeguarding work GPs undertake is complex, demanding, and characterised by a need to share detailed, highly sensitive information with partner agencies in an often short timeframe, and as such: <ol style="list-style-type: none"> i. recognises that this places an enormous burden on clinicians and administrative teams ii. recognises that this work is currently either unresourced in many areas, or covered by a variety of different local arrangements, despite the legislation and guidance governing the work being laid out nationally iii. calls for a Safeguarding DES in each nation of the UK that meets this resourcing need and recognises the many hours of unfunded work that GPs currently do in this area |



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

WAST

10:10 – 10:15

14 Gwent

Conference calls for urgent action from the Welsh Government to address the underlying causes of these prolonged ambulance response times to ensure timely ambulance services and allocate the necessary resources to safeguard patient safety and reduce the burden on other areas of healthcare.

Premises

10:15 – 10:30

15 AC motion1 to be proposed by Gwent LMC*

That this Conference believes:

- i. **with the growing patient numbers and increasing demands on services and training, GP estates are becoming wholly inadequate for what we are being called to provide**
- ii. **Welsh Government must support the modernisation and expansion of GP surgery estates to provide a wider range of services in a modern, fit for purpose environment**
- iii. **Welsh Government need to release resources so practices can develop their premises for the future**
- iv. **Welsh Government should condemn that some Health Boards have placed a moratorium on Improvement Grants**
- v. **Welsh Government need to commit substantial allocations of ring-fenced new monies to improve GP estates to world-class facilities**

16 Gwent

This Conference urges Welsh Government to commit a substantial allocation of ring-fenced new monies to improve primary care estates to the standards expected in world-class healthcare facilities.

17 North Wales

Conference is horrified that some Health Boards have placed a moratorium on improvement grants at a time when general practice estates are known to frequently be wholly inadequate for the healthcare and training practices are being asked to provide. We call for direction from Welsh Government to release resource so that practices are able to develop their premises appropriately for the future.

18 Bro Taf

That this conference calls for the modernisation and expansion of GP surgery estates, with better funding streams and improvement grants to ensure practices can accommodate growing patient numbers and offer a wider range of services in a modern, fit for purpose environment.

Weight management

10:30 – 10:50

19 AC motion 2 to be proposed by Bro Taf LMC*

That this conference:

- i. **notes the obesity crisis in Wales and the inadequacy of current NHS weight management services**
- ii. **is concerned about prescribing practices of weight loss medications in the private sector and the governance of such practices when professional responsibility is passed to the GP**
- iii. **notes the unprecedented pressure on primary care due to unresourced work fuelled by the significant rise in demand for weight loss medications**
- iv. **calls for a properly funded national obesity service to assess, prescribe for and monitor these patients without placing additional strain on general medical services**

20 Bro Taf

The significant rise in demand for weight loss medications has led to unsafe prescribing practices, particularly in the private sector, resulting in unprecedented pressure on primary care. The conference calls on the Welsh Government and the General Practitioners Committee (GPC) to develop a properly funded national obesity service to assess, prescribe, and monitor these patients without placing additional strain on General Medical Services (GMS).



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

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| 21 | Gwent | Conference is aware of the obesity crisis in Wales and the inadequacies of the current NHS weight management service. Conference asks that the Welsh Government increase funding to appropriately expand weight management services and streamline access to weight loss medicines for patients. |
| 22 | North Wales | Private providers of weight loss medication passing professional responsibility to GP surgeries is a new source of unresourced work for practices. Conference calls for clarity around the governance in this sort of situation, and for recognition in negotiations of the additional work being done by GPs and their teams to maintain such governance in this rapidly expanding area. |
| 23 | North Wales | <p>Follow up of patients who have had bariatric surgery (whether in the NHS, by UK based private providers, or overseas) is patchy and usually unresourced. Conference calls for:</p> <ol style="list-style-type: none"> i. clear guidance for this follow-up in the first two years to be provided by specialist services ii. a national DSS to resource follow-up after the initial 2 years |

Private providers

10:50 – 10:55

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| 24 | North Wales | Conference calls on the GMC to ensure that private prescribers are professionally obliged to share information about medication they prescribe to patients with the NHS practice the patient is registered with. |
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UPDATE FROM GPDF

10:55 – 11:00

COFFEE BREAK

11:00 – 11:15

Unavoidable costs

11:15 – 11:30

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| 25 | AC motion 3 to be proposed by North Wales LMC* | <p>That this conference:</p> <ol style="list-style-type: none"> i. is concerned that recent budget changes including the rise in national minimum wage, national living wage and employers' national insurance contributions, are an existential threat to general practice as we know it ii. calls on Welsh and UK governments to find a solution whereby this can be fully mitigated as a matter of urgency with adequate funding to cover the above additional expenses |
| 26 | North Wales | The proposed changes to national insurance contributions are an existential threat to general practice as we know it. Conference calls on Welsh and UK governments to find a solution whereby this can be fully mitigated as a matter of urgency. |
| 27 | Bro Taf | The conference is concerned that recent budget changes, including the rise in the national minimum wage and increases in employers' national insurance, without any financial support for General Medical Services (GMS), will have detrimental effects on general practice. Therefore, the conference calls on the General Practitioners Committee (GPC) and the Welsh Government (WG) to ensure that adequate funding is provided to cover these additional expenses. |



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

Contract

11:30 – 12:30

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| 28 | North Wales | Conference expresses disgust at the 2024/2025 contract offer, which is an insult to all staff working within general practice. We ask Welsh Government to reconsider, return to the table with a better offer, and in the hope that this has been resolved by the time of conference, to offer a more palatable offer in contract negotiations for 2025/2026. |
| 29 | Gwent | This Conference expresses a profound loss of confidence in the Welsh Government's ability to negotiate in good faith with GPC Wales. The continued failure to address key concerns and the lack of meaningful progress in negotiations has undermined trust and compromised the future of general practice in Wales. Conference calls for a renewed commitment to constructive dialogue and a genuine willingness to resolve the issues facing the profession. |
| 30 | North Wales | Conference calls for Welsh Government to sign up to a realistic timetable for GP contract negotiations, with set deadlines, to avoid the situation where a contract meant to come into effect in April is still being negotiated in October. |
| 31 | North Wales | Conference call for Welsh Government to ensure that at least 6.1% of the Barnett consequential for the health allocation of the recent budget is utilised directly within general practice. |
| 32 | Bro Taf | Conference insists the Welsh Government discuss with the public in precise detail exactly how their proposed financial settlement will enable general practice to provide safe and competent care to their patients. |
| 33 | Dyfed Powys | This conference calls for the Welsh Government to remove the link between GP uplift and staff salary increase. |
| 34 | Gwent | This Conference urges Welsh Government to: <ol style="list-style-type: none"> i. openly acknowledge that an increase in the staff component of the global sum, while welcome, does not constitute a pay rise for GPs ii. admit to delivering consecutive pay cuts for GP principals, which are driving GPs away from the profession and jeopardising the future of general practice in Wales |
| 35 | Gwent | This conference insists that Welsh Government accepts that DDRB recommended rises should be received by Welsh GPs net of expenses and average overall staff costs as stated by the DDRB itself in its latest report. |

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| 36 | Gwent * | Conference believes future uplifts in the GMS value should not be linked to an increase in workload. Any renegotiation of the contract should be distinct from an increase in the quantum of the global sum designed only to keep pace with inflationary/cost-of-living increases. |
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| 37 | Dyfed Powys | Conference believes that yearly contract renegotiations between GPC Wales, NHS Wales and Welsh Government should not involve increasing demands and changes to GMS at the whim of Welsh Government. Instead, any funding uplift should occur to recognise increasing costs of running GMS in practices and not be linked to increasing the burden of work on practices. |
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| 38 | AC motion 4 to be proposed by Gwent LMC* | <p>That this Conference:</p> <ol style="list-style-type: none"> 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 Health Boards 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 |
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| 39 | Gwent | Conference is concerned by the number of GP practices in Wales with GMS contracts held by GPs who perform no clinical sessions in those practices. Conference calls for all GP partners to undertake a minimum number of clinical sessions annually, including face-to-face appointments, while appropriately accounting for circumstances such as parental or sick leave. |
| 40 | Gwent | Conference believes that Health Boards should not award multiple GMS contracts to the same individuals who are unable to provide clinical care across all of their practices. We propose a change in regulations to ensure that GP partners awarded GMS contracts are required to regularly provide clinical sessions in their practices. |
| 41 | Morgannwg | Conference calls for Access Standards to be deprioritised to enable continuity of care to be improved. |
| 42 | Morgannwg | Conference calls for: <ol style="list-style-type: none"> i. home visits to be removed from the core contract ii. a separate home visiting service to be negotiated |
| 43 | UK LMC Conference to be proposed by deputy chair of WLMC conference | That conference regrets that the NHS is underfunding general practice to such an extent that patients are increasingly looking to access care privately and: <ol style="list-style-type: none"> i. insists that GPs should have the ability to treat patients privately in the same way that other appropriately trained clinicians can ii. requests that GPCs in the four nations ensure there are no contractual restrictions on practices seeing private patients, subject to appropriate fair systems in place iii. that practices are not unfairly penalised financially by seeing private patients in NHS facilities |

Welsh Government

12:30 – 12:45

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| 44 | Dyfed Powys | This conference believes that the Cabinet Secretary for Health and Social Care should regularly attend a duty doctor day at different practices across Wales so that there can be no doubt about the unacceptable and unsafe workload facing primary care. |
| 45 | Gwent | That Conference calls on Welsh Government to clarify whether it believes GMS practices to be public services or private businesses. |
| 46 | Dyfed Powys | This conference calls for Welsh Government to recognise that GPs are not a commodity but a uniquely valuable speciality that offers core benefits and solutions for patient care. |

ASK THE GPCs

12:45 – 13:00

LUNCH

13:00 – 14:00



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

Ministerial address

14:00 – 14:15

From Jeremy Miles, Cabinet Secretary for Health and Social Care

Assisted dying

14:15 – 14:25

47 North Wales

Following the progress of the Assisted Dying for Terminally Ill Adults Bill, conference calls for confirmation that:

- i. doctors will have the right to opt out of involvement in such a scheme according to their conscience
- ii. processes around implementation will recognise that there is no capacity within general practice to take on this additional work and find other solutions
- iii. funding will be new rather than removing resource from existing care
- iv. provision of effective and properly resourced palliative care will be delivered in addition to the option of assisted dying

Mental health

14:25 – 14:30

48 Bro Taf

That this conference calls for improved integration of mental health services within general practice, with better access to mental health professionals, and funding for in-practice mental health support staff.

Supplementary services

14:30 – 14:40

49 North Wales

That conference urges Welsh Government to ring-fence the supplementary service monies to ensure they are spent within general practice for provision of care rather than being used to fill budgetary black holes.

50 North Wales

Conference calls for a mandated uplift to all supplementary service payments (both national and local) linked to CPI.

Primary/secondary care interface

14:40 – 15:05

51 Dyfed Powys

This conference believes that no patients prescribed antipsychotics should be discharged to GP only care and all should be subject to shared care protocol provision.

52 Bro Taf

That conference calls for a properly funded national menopause service to support general practice provision with specialist advice and support.

53 Gwent

This conference believes that advice and guidance schemes:

- i. are being implemented by Health Boards to reduce outpatient waiting lists and secondary care workloads
- ii. often result in the transfer of workload to general practice
- iii. must give referring clinicians the option to choose between direct referral for an appointment or advice and guidance based on what is in the patient's best interests

54 North Wales

That conference urges the Chief Medical Officer to reissue their instruction regarding timely and complete discharge and clinic letters to NHS Wales, pointing out the huge clinical risk to patients that is currently occurring.

55 Dyfed Powys

Secondary care have right of reply to primary care referrals before acceptance. Conference now demands that primary care have direct right of reply to secondary care discharge summaries and clinic letters prior to acceptance of any jobs that ensue from these encounters.



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

SOAP BOX

15:05 – 15:25

COFFEE BREAK

15:25 – 15:40

Dispensing

15:40 – 15:55

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| 56 | North Wales | Conference calls on GPC Wales to negotiate a fully funded solution that will allow dispensing doctors to engage with the electronic prescribing revolution. |
| 57 | North Wales * | Conference asks that GPCW negotiates a new dispensing contract for GPs that properly supports dispensing practices to deliver this vital service to our patients in rural communities. |
| 58 | North Wales | Conference calls for a review of the dispensing contract, which is no longer fit for purpose. |
| 59 | Dyfed Powys | This conference demands that dispensing doctors and the service they offer should have equal recognition as a community pharmacy at all levels as an equally funded service. |

Pharmacy

15:55 – 16:05

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| 60 | North Wales | That Conference calls upon Welsh Government to rapidly resolve the increasing shortages in medicines and radioisotopes that is threatening the wellbeing of patients. |
| 61 | Bro Taf * | Conference requests NHS Wales to allow flexibility to pharmacy colleagues to substitute medication that is in short supply rather than constantly referring back to the prescriber, an increasing work burden as the shortages increase. |
| 62 | North Wales | That Conference urges Welsh Government to allow pharmacists flexibility in fulfilling prescriptions where some strengths of medication are in short supply, as constantly sending scripts back to general practice merely adds to our workload. |
| 63 | North Wales | As all pharmacists in future will be independent prescribers, conference calls for a system whereby they are able to issue an appropriate alternative prescription directly if the medication prescribed by the GP practice is unavailable. |

Firearms

16:05 – 16:10

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| 64 | North Wales | Conference calls for written medical reports for the firearm licensing process to be solely the remit of the general practice the patient is registered with, avoiding the risk of patients editing details of a SAR that they share with a private provider. |
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Workforce

16:10 – 16:25

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| 65 | North Wales | <p>The current under-employment of GPs is a shocking indictment of recent workforce planning and the ongoing poor investment in general practice. Conference calls for Welsh and UK governments to:</p> <ol style="list-style-type: none"> i. recognise the impact of their policies on the ability of practices to recruit ii. acknowledge their role in the distress and hardship being experienced by doctors, particularly those recently out of training |
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If you wish to speak to a motion please fill in the form by clicking [HERE](#).

- iii. recognise the futility of investing in training doctors for the Australian and Canadian health systems when practices cannot meet patient demand here
 - iv. take meaningful and rapid steps to address the fundamental resourcing issues that have led to this disastrous situation
- 66 Morgannwg Conference calls that Welsh Government do not design and develop any new roles within the primary healthcare setting without:
- i. an appropriate professional body
 - ii. governance protocols being agreed in principle with GPC Wales
- 67 UK LMC Conference to be proposed by deputy chair of WLMC conference That conference calls on GPC UK to call on the UK government and devolved nation governments via the devolved nation GPCs to ensure that general practitioners are the main provider of primary care and ensure that any plans of replacing this professional workforce with non-medical professional entities be rejected.

Information technology

16:25 – 16:35

- 68 AC motion 5 to be proposed by Gwent LMC* **That this conference**
- i. recognises the urgent need for modernisation of IT in Welsh general practice**
 - ii. calls on the Welsh Government and Digital Health & Care Wales to fully fund all necessary IT devices, hardware and software to enable secure and direct communication with patients**
 - iii. calls for appropriate investment in digital infrastructure to address inefficiencies, reduce administrative burden, and improve patient care**
 - iv. calls for the implementation of a single electronic pathology and radiology requesting service accessible to both primary and secondary care clinicians**
- 69 Gwent Conference acknowledges the urgent need for modernisation in general practice and calls on the Welsh Government to fully fund all IT devices and software necessary to enable secure and direct communication with patients.
- 70 Gwent This conference recognises the significant time costs associated with slow and inefficient IT systems in general practices and calls for increased and suitably appropriate investment in the digital infrastructure of primary care to enhance efficiency, reduce administrative burden, and improve patient care.
- 71 Gwent That conference requests Digital Health & Care Wales implement a single electronic pathology and radiology requesting service that both primary and secondary care clinicians can access.
- 72 Morgannwg Conference calls for a structured widespread debate within Wales on the adoption of AI in medicine.

Other

16:35 – 16:40

- 73 AC motion 6 to be proposed by the Agenda committee Conference notes that International Women's Day (IWD) is celebrated annually on 8th March and recognises the achievements of women not only within this conference but also worldwide.

16:40 – 16:45

Chairs closing remarks



If you wish to speak to a motion please fill in the form by clicking [HERE](#).

A Motions

Prescribing	This conference proposes that all correspondence containing prescribing recommendations from a non-medical prescriber must include the prescriber's professional prescribing number.	Gwent	Resolution 36 from 2024 WLMC Conference
Prescribing	Conference call for opticians to be given prescribing responsibility for eye lubricants to avoid unnecessary transfer of work to GPs.	Morgannwg	Resolution 29 from 2022 WLMC Conference
Workforce	Conference believes that the role of physician associates in general practice is no longer viable and: <ul style="list-style-type: none"> i. those in existing PA roles should be given opportunities to retrain into more suitable NHS roles ii. there should be no new appointments of physician associates in general practice iii. the role of physician associates in general practice should be phased out iv. the role of a physician associate is inadequately trained to manage undifferentiated patients, and there should be an immediate moratorium on such sessions 	Morgannwg	Existing GPCUK policy with resolution passed at the GPCUK October 2024 meeting.
Private Services	This conference asks that GPs be permitted to offer private services to their registered patients for treatments not available within the NHS, provided they have adequate training and indemnity.	Gwent	Resolution 2(i) from 2024 WLMC Conference
Welsh Government	Conference believes that the health minister should attend GPCW conference in person and not give a prerecorded video address	Dyfed Powys	Cabinet Secretary will be attending in person
Primary/ Secondary care interface	Conference calls for the use of spirometry in the primary care setting to be reassessed with a definitive national solution implemented across Wales.	Morgannwg	Resolution 32 from 2024 WLMC Conference

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 | That conference: <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 | That conference notes that unlike dentists and pharmacists, GPs cannot currently offer many private services to their NHS patients, and believes that: <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 NHSii. 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 reasonableiii. GPs can be trusted to manage potential conflicts of interests arising from offering paid for services to their NHS patientsiv. 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 | Conference calls for all GMS contract changes to:
i. be negotiated well in advance of 1st April each year and implemented on time.
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. |
| 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 | To avoid practice collapse and principal pay erosion conference calls for changes to the way the GMS pay offer is calculated with regard to:
i. the staff component which often exceeds the 40% used historically.
ii. allowances for the national and minimum wage increases.
iii. expenses being funded 100% in future contract agreements. |
| 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. |

- 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

- 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

- 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 reneging 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

Progress vs Resolutions from Welsh Conference of Representatives of Local Medical Committees 2024

No.	Section	Motion text	Source	Status	Progress
1	Resolutions from UK conference	<p><i>GP working schedules</i></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 (e.g. for NHS workforce planning) be done on the basis of hours worked, not contracted sessions. 	UK Conference	<ul style="list-style-type: none"> i. Passed ii. Lost iii. Passed 	<ul style="list-style-type: none"> i. Agree with the sentiment of the motion iii. The Welsh national workforce reporting system captures hours worked already. GPCW are represented on NHS Digital’s forthcoming GP Working Hours group which will look at this matter on UK-wide basis.
2	Resolutions from UK conference	<p><i>Private Practice</i></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. [REFERENCE] 	UK Conference	<ul style="list-style-type: none"> i. Passed ii. Lost iii. Passed iv. Passed 	<ul style="list-style-type: none"> i. We agree with the sentiment of the motion, but this requires legislative change to the GMS contract regulations, and WG are not minded entertaining this allowance. iii. Agree iv. This is hopefully clear in the communications around Save Our Surgeries campaign, about the impact upon member wellbeing of the current pressures upon GP.

3*	GMS Negotiations	That Conference commends GPC Wales negotiators for walking away from the Welsh Government contract offer in the autumn of 2023.	Dyfed Powys	Passed	Thank you. Furthermore, the referendum on the unsatisfactory 24/25 contract proposal from WG, and the overwhelming rejection by 99% of GP members (on 68% turnout) demonstrates to WG that the status quo is no longer an option.
4	GMS Negotiations	That Conference urges GPs and GP practices to support the negotiators and the rejection of the Welsh Government contract offer.	Dyfed Powys		
5	GMS Negotiations	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.	North Wales	Passed	GPC Wales' Safe Working Guidance and updated Practice Profitability guidance provides advice in this area.
6*	GMS Negotiations	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.	Gwent	Passed	In our Workforce Workload Wellbeing Survey 2023 we asked GP members regarding appetite toward industrial action, with results demonstrating a clear preference for actions which did not result in contractual breach. GPCW has engaged with BMA legal and external counsel to develop proposals for collective action which can be used in event of a dispute arising.
7	GMS Negotiations	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.	Bro Taf		
8*	GMS Negotiations	Conference insists the Welsh Government cease from " negotiations via media " in future discussions with GPC Wales.	Bro Taf	Passed	We agree, although GPCW did have cause to use media and social channels to convey the discontent regarding the 24/25 contract proposal.

9	GMS Negotiations	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.	Bro Taf		
10*	GMS Negotiations	Conference calls for all GMS contract changes to: <ul style="list-style-type: none"> i. be negotiated well in advance of 1st April each year and implemented on time. 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. 	Agenda Committee 1	Passed	<ul style="list-style-type: none"> i. A reset to the contractual timescale and a disaggregation of pay award to wider contractual change were overarching priorities for GPCW entering into negotiations. The anticipated early reporting of DDRB in 2025 will hopefully help with this regard. ii. There were no wider contractual changes in 2023/24 but we agree with the sentiment.
11	GMS Negotiations	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.	Morgannwg		
12	GMS Negotiations	Conference calls for contract changes to be implemented from 1st April annually.	Morgannwg		
13*	Funding	To avoid practice collapse and principle pay erosion conference calls for changes to the way the GMS pay offer is calculated with regard to: <ul style="list-style-type: none"> i. the staff component which often exceeds the 40% used historically. ii. allowances for the national and minimum wage increases. iii. expenses being funded 100% in future contract agreements. 	Agenda Committee 2	<ul style="list-style-type: none"> i. Passed ii. Passed iii. Passed 	<ul style="list-style-type: none"> i. We use the most accurate and latest NHS Digital data in negotiations, which although in arrears, has moved away from the traditional 60/40 EER split. ii. We agree that statutory wage increases must be fully funded, and this was a clear point in the 24/25 negotiations. iii. This would move GPs toward a salaried service and would also require new and more timely ways of reporting financial information for this to be feasible.

14	Funding	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.	Gwent		
15	Funding	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.	Bro Taf		
16	Funding	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.	North Wales		
17	Funding	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.	Gwent	Passed	We agree, as per the SOS campaign, GMS has been underfunded for a number of years in comparison to the rest of NHS Wales.
18	Funding	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.	Bro Taf	Passed	We have reached agreement for uniform application of the list turnover adjustment factor going forward, which is necessary in the case of list dispersals.
19	Funding	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.	Dyfed Powys	Passed	We agree, see the Save Our Surgery campaign.
20	Funding	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.	Morgannwg	Passed	Interim sustainability packages will not resolve the pressures that GP practices face although they will provide a short-term boost. Our focus has been on the long-term major investment necessary given the scale of issues.

21	Dispensing and Rural	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.	North Wales	Passed	Welsh Government have agreed that dispensing system needs reform, and we raised again at January 2025 GP forum given the lack of progress.
22	Dispensing and Rural	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	North Wales	Passed	Feed into the Health and Social care committee inquiry into funding of GMS.
23	Dispensing and Rural	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.	North Wales	Passed	It is now the case that no area of the country is immune from the crisis in general practice. Given the number and volume of questions posed by Senedd members of all parties relating to general practice, it is apparent that the SOS campaign and support of members and LMCs has helped to change the political discourse.
24*	Future models of GMS	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.	Bro Taf	Passed	This work is underway within the BMA on a pan-UK basis.
25	Future models of GMS	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.	Gwent		
26	Future models of GMS	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.	Gwent		
27	Future models of GMS	Conference demands of Welsh Government clarity about their long-term plan for General Medical Services.	North Wales	Passed	GPCW have engaged in discussion with Welsh Government and Health Board representatives about the primary care model for Wales during 2024.

28	GMS Contract	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.	Bro Taf	Passed	We continue to oppose unilateral amendments to service specifications, even where notice periods are built in. There has been significant turnover in the Welsh Government vaccination policy team, but we remain engaged with civil servants.
29	GMS Contract	Conference urges GPCW to rationalise and clarify the payment mechanisms for non-contractual vaccinations.	North Wales	<i>Taken as a reference</i>	
30	GMS Contract	There are significant increases of asylum seekers being dispersed across all counties of Wales from 2024. Conference demands: <ul 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 	North Wales	Passed	A commitment to review all DSS – we will be engaging with these as prioritised by Welsh Government.
31	GMS Contract	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.	Dyfed Powys	Passed	The need to review and revise the ATS was discussed at GP Forum in late 2024 and we will continue to discuss in 2025.
32	GMS Contract	That this conference <ul 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. 	Gwent	Passed	It remains GPCW's position that spirometry is not a 'unified' service. We have held initial discussions with Welsh Government and Health Boards about the provision of 'not normally provided' services in the community.
33	GMS Contract	This Conference urges GPCW to renegotiate the pitiful fee paid to practices for providing secondary care phlebotomy, given the huge increase in demand.	North Wales	<i>Taken as a reference</i>	
34	GMS Contract	Conference calls for all enhanced services to be uplifted by the RPI since the time that they were introduced.	Morgannwg	<i>Taken as a reference</i>	
35	Primary-Secondary Care Interface	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.	Gwent	Passed	This has been taken to GP Forum and work has begun alongside Welsh Government's Senior Medical Officer to update the Communication Standards.

36	Primary-Secondary Care Interface	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.	Gwent	Passed	Raised at GP Forum Welsh Government agreed to raise with HEIW on clarity of roles.
37	Primary-Secondary Care Interface	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.	North Wales	Passed	We agree and this is enshrined in the All Wales Communication Standards – which we are in the process of discussing an update/refresh with Welsh Government.
38	Primary-Secondary Care Interface	Conference urges GPCW to make clear that, with regard to shared care drugs: <ul style="list-style-type: none"> i. LHB drug prescribing committees unilaterally altering the formulary category of medicines does not then mean a drug become 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. 	North Wales	Passed	Engaging in a review of shared care and guidance with the All Wales medical strategy group. (AWMSG)
39	Primary-Secondary Care Interface	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.	North Wales	Passed	We agreed as does good medical practice.
40	Primary-Secondary Care Interface	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.	North Wales	Passed	This was taken to GP Forum in September 2024 where GPCW raised concerns about this principle and suggested the commissioning of the still extant Outpatient Waiting Lists Service, which Health Boards have chosen not to pursue thus far.

84	<i>Emergency Motion</i>	<p>This conference recognises the urgent need for all relevant authorities to safeguard innocent lives, particularly women and children, during times of crisis in Israel-Gaza conflict and calls for:</p> <ol style="list-style-type: none"> i. Welsh Government to Endorse the RCGP and BMA statements on the Israel-Gaza conflict. ii. Protection of health care facilities and health care workers in the region, ensuring their ability to provide timely and adequate emergency and non-emergency care. iii. Efficient delivery of humanitarian aid to those in need, ensuring that aid reaches the most vulnerable populations swiftly, without delay, and in a manner that meets their essential requirements. 	Bro Taf	Passed	<p>This motion was taken to GP Forum in March 2024. Welsh Government noted the request and agreed to take to policy colleagues. A written statement confirming Welsh Government's position was issued on 7 October 2024.</p>
41	Workforce	<p>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.</p>	Dyfed Powys	Passed	<p>We agree and we continue to push for fair and equitable funding from Welsh Government in negotiations.</p>
42*	Workforce	<p>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.</p>	Gwent	Passed	<p>We agree. Repeated Welsh Government statements from Ministers acknowledge the challenges outlined in the Save Our Surgeries campaign. It is now time for this rhetoric to be put into action.</p>
43	Workforce	<p>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.</p>	Bro Taf		
44*	Workforce	<p>That this conference is supportive of any additional funding coming to expand the skill mix in general practice but:</p> <ol style="list-style-type: none"> 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. 	Agenda Committee 3	<p>i. Passed ii. Passed</p>	<ol style="list-style-type: none"> i. We agree and the Additional Capacity Fund, ending in March 2025, does not specify staff groups which are covered. Any replacement must be on the same terms. ii. GPCUK has passed policy on concerns relating to patient safety and the phasing out physicians associates in general practice at their October 2024 meeting.

45	Workforce	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.	Gwent		
46	Workforce	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.	North Wales		
47	Workforce	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.	Dyfed Powys	<i>Taken as a reference</i>	
48	Unscheduled care	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.	Bro Taf	Passed	In our communications, we have highlighted the disparity of investment in UPCCs relative to the volume of patients seen when compared to GMS appointments.
49*	Unscheduled care	Conference deplores the regular long queues of ambulances outside most Emergency Departments and asks Welsh Government to: <ul style="list-style-type: none"> 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. 	AC 4	i. Passed ii. Passed iii. Passed	We continue to push Welsh Government on ambulance delays.
50	Unscheduled Care	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.	Dyfed Powys		
51	Unscheduled Care	That conference requires Welsh Government to indemnify GPs who act to help their patients who have been left waiting too long for ambulance transport.	Dyfed Powys		
52	Health Boards	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.	North Wales	Passed	The issue of universality of clinical offer to be addressed in upcoming working groups as a result of contract negotiations.

53	Health Boards	Conference recognises the potential of cluster-initiated projects (CIPs) in delivering innovation for the health sector and calls for: <ul style="list-style-type: none"> 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. 	North Wales	<ul style="list-style-type: none"> i. Passed ii. Passed iii. Passed 	Mainstreaming and delivery of cluster projects to be addressed in upcoming working groups as a result of contract negotiations.
54	Health Boards	Conference calls for medicine shortage administrative processes to be the responsibility of the Health Board.	North Wales	<i>Taken as a reference</i>	
55	Health Boards	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.	Gwent	Passed	We agree that exposure to the pressures of general practice is vital for Health Board executive decision makers. However, this can only be facilitated locally and LMCs may wish to approach leadership in their area.
56	Health Boards	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.	Gwent	Passed	We meet with NHS Wales Shared Service on a quarterly basis, and we raised this issue after conference and were assured this was a time-limited issue.
57	Health Boards	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.	Gwent	Passed	It is vital that Health Boards conduct proper assurance prior to any contract being awarded, and that processes underpinning performers list requirements are rigorously followed.

58*	Training	<p>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:</p> <ol style="list-style-type: none"> full reimbursement of all costs incurred. a resit opportunity within two weeks of the original examination date financial compensation for the undue stress caused. 	AC 5	<p>i. Passed ii. Passed iii. Passed</p>	<p>All affected candidates in the November 2023 SCA diet were provided with a compensation package by the RCGP which included:</p> <ul style="list-style-type: none"> – No membership fee for 24/25 – Free tickets to new members' ceremony – Free ticket to 2024 annual conference <p>The BMA GP Registrars Committee currently have an ongoing survey to capture any further disruptions experienced by registrars.</p>
59	Training	This Conference considers SCA as an examination to be unfit for purpose.	North Wales		
60	Training	<p>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:</p> <ol style="list-style-type: none"> full reimbursement of all costs incurred a resit opportunity within 2 weeks of the original examination date for which the candidate has prepared financial compensation for the undue stress caused. 	North Wales		
61	Training	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.	North Wales		
62	Training	This Conference calls for urgent review of the cost of SCA; £1180 for a simulated consultation examination, is extortionate and unreasonable.	North Wales		
63	Training	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.	Dyfed Powys	Passed	<p>We agree that partnership/business training for newly qualified GPs is vitally important to develop the new generation of GP partners. Whether this can/should be supported by the GMS contract as a vehicle is different consideration. This has been raised in discussions in our regular meetings with HEIW.</p>

64	Training	<p>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:</p> <ol style="list-style-type: none"> 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. 	North Wales	Passed	This has been raised in discussions in our regular meetings with HEIW.
65	Training	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.	Gwent	Passed	This has been raised in discussions in our regular meetings with HEIW.
66	Training	Conference calls for the Trainers grants for GP training to reflect increased costs.	Morgannwg	Passed	This has been raised in discussions in our regular meetings with HEIW.
67	Recruitment/ Retention	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	Gwent	Passed	We agree and have proposed uplifts to the Partnership Premium scheme to recognise the relative devaluation of the funding award since its establishment.
68	Recruitment/ Retention	That conference calls on the Welsh Government to set a strategy for retaining newly qualified and existing GPs to stay and work in Wales.	Dyfed Powys	Passed	We agree, this should be part and parcel of the GP workforce plan that we have called for in Save Our Surgeries.
69	Appraisal	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.	Gwent	<i>Taken as a reference</i>	
70	Private Services	This Conference calls on Welsh Government to clearly define the GP role in following up patients who have had surgery carried out abroad.	Gwent	<i>Taken as a reference</i>	

71	Mental Health	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.	Gwent	Passed	This was taken to GP Forum in September 2024, at which Welsh Government policy leads on Mental Health were present and advised these issues would be considered as part of an ongoing of a mental health strategy working group.
72	Mental Health	This Conference calls for Welsh Government to provide adequate assessment and treatment services for patients to self-refer into for suspected ADHD.	Gwent	Passed	This was taken to GP Forum in September 2024, at which Welsh Government policy leads on Mental Health were present and advised these issues would be considered as part of an ongoing of a mental health strategy working group.
73	Equality	Conferences calls for the Workforce Race Equality Standard to be implemented in Primary Care to protect GPs and their practice staff.	Morgannwg	Passed	This has been discussed at GP Forum and will be rolled out in due course.
74	Equality	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.	Morgannwg	Passed	This has been discussed at GP Forum and will be rolled out in due course.
75	Premises	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.	Gwent	<i>Taken as a reference</i>	
76	Premises	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.	Morgannwg	<i>Taken as a reference</i>	

77	Support Services	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.	North Wales	Passed	The parlous condition of the Occupational Health offering in NHS Wales has long been recognised and BMA Cymru Wales is part of a review of OH services under the NHS Wales Partnership Forum.
78	Support Services	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.	North Wales	Passed	Has been taken to GMS negotiations and the Welsh Government are to collate and share currently available services.
79	Prisons	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.	Bro Taf	Passed	We raised at Forum and will be considered in a wider piece of work with Welsh Government.
80	Public Health 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.	North Wales	Passed	We have relayed this to Public Health Wales and it has been noted.
81	Access to records	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	North Wales	Lost	
82	Access to records	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.	North Wales	Passed	We agree and this was made clear in the BMA Cymru Wales evidence to the UK Parliament Welsh Affairs Committee in January 2025. DHCW are exploring revisions to GP2GP that will remove the need for printing.
83	Other	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	GPC Wales	Passed	N/A

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
 - m. Representative from Dispensing Doctors Association practicing in 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.

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22. Only voting members of the conference may vote, as defined under SO3. The following rules apply:
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 - 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.
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- 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
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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).
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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

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

- one member of conference, having been a registered GP for less than five years, to a voting seat on GPCW for one year.

Election details below:

Nominations open

Friday 28th February 12.30pm

Nominations close

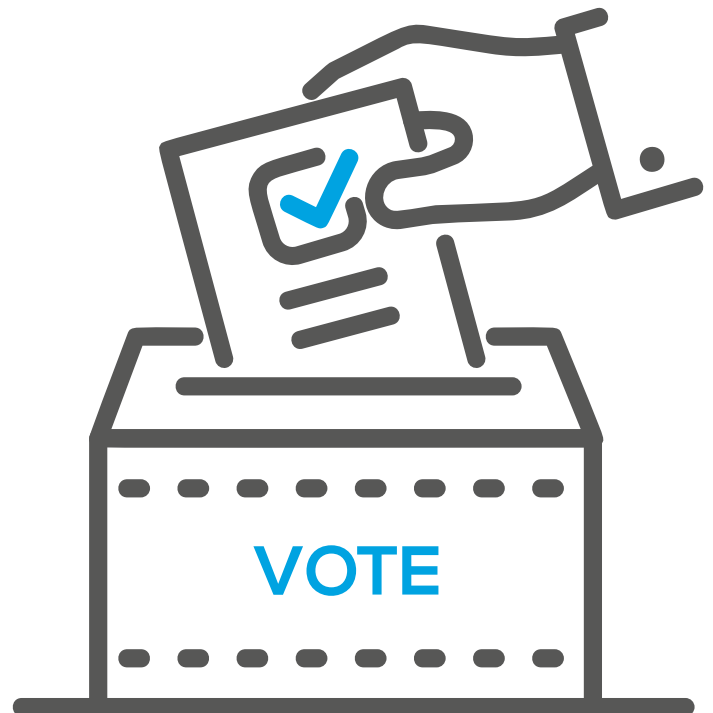
Saturday 8th March 9.00am

Voting opens

Saturday 8th March 9.30am

Voting close

Saturday 8th 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 elections and eligibility are available in your virtual delegate pack.

Appendix 1

Amendments to Standing Orders of the Conference Welsh Local Medical Committees for 2025 conference

In line with previously passed resolutions of the Conference of Welsh Local Medical Committees, the Agenda Committee proposes several amendments to conference Standing Orders. Given that these changes have already been debated and voted upon, it is the view of the Agenda Committee that these are 'housekeeping motions' under Standing Order 11b and will take effect from the beginning of March 2025 conference.

The primary changes are listed below, and marked-up on Annex A in purple, with deletions marked in blue.

- **Standing order 6: Non-voting members of conference** – amending to reflect the inclusion of a Representative from the Dispensing Doctors Association practising in Wales.
- **Standing order 13: Relationship to UK Conference** – Creating new standing orders 13(f) and 13(g) addressing the relationship between devolved conferences and the UK LMC conference, taking forward Resolution 1 of Welsh LMC Conference 2023.
- **Standing order 23: Elections** – Amending 23(b) to reflect the fact that the first five years GP seat on GPC Wales is now a substantive voting seat and not a co-opted seat, and minor amends to the standing order to clarify terminology.

There are also a number of minor typographical corrections and amendments to the text of some provisions, without materially changing the intention of the standing orders

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
 - m. [Representative from Dispensing Doctors Association practicing in 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.
 - f. Resolutions of UK LMC conference which direct GPC (UK or devolved) to negotiate policy in Wales will not become substantive policy until such a motion has been passed by Welsh Conference of LMCs.
 - g. Agenda Committee of Welsh LMC conference will consider the inclusion for debate of any motion passed by UK LMC Conference that directs devolved nations GPCs to create new policy.

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.
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