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# GPC

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General Practitioners  
Committee

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## Improving local representation of salaried and freelance GPs

### Guidance for GPs

BMA 

# Improving local representation of salaried and freelance GPs

## Introduction

Salaried and freelance GPs are currently numerically under-represented on most Local Medical Committees (LMCs). We want this to change. This guidance encourages these doctors to become involved in their LMC and in Scotland the GP subcommittee of the Area Medical Committee, and explains how to go about this. It also asks LMCs to encourage (or re-encourage) local salaried and freelance GPs to join the LMC.

This guidance subsumes the GPC's previous guidance note, "*Non principals and local medical committees in England and Wales*".

## Guidance to salaried and freelance GPs

### Why should salaried and freelance GPs become involved in their LMC?

In England and Wales, LMCs are the recognised local representative body of GPs, including salaried and freelance GPs. LMCs were formed in 1911 and became the statutory body representing NHS GP principals under the NHS Act 1948. Under the Health Act 1999 LMCs were also given responsibility for salaried and freelance GPs.

In Scotland LMCs represent local GPs on matters relating to their remuneration and conditions of service. However, they are not recognised to negotiate with their PCOs on the general operation and funding of primary care services as this role is undertaken by the Area Medical Committee (AMC) of the NHS Board (HB) and the AMC's GP subcommittee (which is made up of GP members). An AMC's general function is to advise the HB on the provision of services under the various Health Acts. Its GP subcommittee has two main statutory functions:

- To provide advice on the operation of general medical services
- To advise the AMC.

While this guidance concentrates on LMCs, we encourage salaried and freelance GPs in Scotland to contact their AMC's GP subcommittee to ensure that their views are heard and also to stand for election to that subcommittee.

As the representative body of all local GPs, LMCs throughout the UK play a vital role in supporting and promoting general practice:

- LMCs influence the policy of the General Practitioners Committee (GPC) of the BMA. The GPC is the national governing body for GPs with sole rights to negotiate with government on behalf of all GMS GPs, and represents salaried and freelance/locum GPs. LMCs determine GPC policy through the annual conference of LMCs and also through their direct liaison with the GPC office and regional GPC representatives
- elected members of the LMC liaise directly with Primary Care Organisations (PCOs) on the need for proper funding for primary care (except in Scotland where this role is undertaken by the AMC and its GP subcommittee)

- LMCs provide a professional advisory and supportive role to individual GPs
- the **specific** help which LMCs can provide to salaried and freelance GPs includes:
  - providing guidance on employment contracts
  - helping to ensure fair play between employers and freelance GPs
  - advising on the appraisal and revalidation processes, including funding
  - offering support for entry to the performers lists and support in appeals
  - providing a supportive/pastoral role if a GP has difficulties with their PCO
  - ensuring that PCOs, deaneries and GP tutors are aware of salaried and freelance GPs' educational needs and the need to disseminate relevant information to these local doctors
  - liaising with PCOs to ensure proper funding and support is available for freelance GP appraisal (except in Scotland where this role is undertaken by the AMC and its GP subcommittee)
  - ensuring that salaried and freelance GPs are involved in elections to PCO boards and executives (in Scotland this role can be undertaken through liaison with the AMC and its GP subcommittee).

Clearly, the role of LMCs is wide and LMCs can offer a great deal of support to salaried and freelance GPs. By becoming involved in your LMC, your voice can be heard locally and nationally and you can therefore play a role in shaping policy. You will also receive up-to-date information and advice about all the current developments in primary care.

LMCs though can only truly represent local salaried and freelance GPs if these doctors join their LMC. It is therefore vital that more salaried and freelance GPs become involved.

**PLEASE JOIN YOUR LMC AND GET INVOLVED!**

In Scotland we encourage salaried and freelance GPs to contact their AMC and its GP subcommittee, and to also become involved by standing for election to this.

### **How are LMCs set up?**

LMC members elect a main LMC committee or board (and possibly various subcommittees) to represent the local constituents. Elected members have voting rights. The main committee/board tend to meet between four to twelve times a year.

The number of elected committee members is a proportion of the population of GPs that the LMC represents. Depending on the number of GPs in the defined area, the proportion is typically 1:25. To ensure an even spread of GPs from throughout the LMC area, GPs may be elected on the basis of geographical "constituencies", normally for a defined term.

The 1999 Health Act does not specify how salaried and freelance GPs should be represented by an LMC and local arrangements will vary. You will see below our recommendations to LMCs on the representation of salaried and freelance GPs. The main point is that, even with our recommendations, unless LMCs are aware of how many salaried and freelance GPs are working in the area then this group may not be awarded the appropriate number of voting seats. Therefore it is essential that salaried and freelance GPs inform their LMC that they are working in the area.

### **How can salaried and freelance GPs ensure that they are represented by their LMC?**

All salaried and freelance GPs are automatically represented by the LMC where they work for the majority of their time provided that the practice where they work is paying the statutory or voluntary levy. If the practice is not paying a levy to the LMC then GPs may be required to pay a contribution to the LMC in order to join.

For some GPs it may not be clear which LMC they should join - for example a freelance GP who works in practices that are in different LMC areas. In this instance you could join the LMC which covers the PCT where you are on the Performers List or choose the LMC that you feel best represents where you work, provided in both instances that you work in a practice that is paying a levy to the LMC or you may need to make your own contribution to the LMC that you join.

While LMCs in theory should be able to find out from their PCO who is working in their area and the working status of these GPs, unfortunately this information is difficult for the LMC to obtain. It is therefore helpful if you could make the first move by contacting your LMC to let them know that you are a salaried or freelance GP in their area.

We encourage you to contact your LMC as soon as possible so that the size of the salaried and freelance GPs constituency can be determined.

Contact details for your LMC can be found on the GPC section of the BMA website ([www.bma.org.uk/ap.nsf/Content/Hubfindyourlmc](http://www.bma.org.uk/ap.nsf/Content/Hubfindyourlmc) ).

If you work in a practice or practices that do not pay an LMC levy, then you may be required to pay a contribution directly to the LMC in order to receive the benefits of LMC membership. This is to cover the cost of running the LMC. The GPC believes that salaried and freelance GPs' contributions should be related to their income and reflect the fact that they often have reduced working hours and lower incomes.

Please note that to stand for election to the GPC or vote in the election a salaried or freelance GP needs to work within a voluntary levy paying practice or to contribute to the voluntary levy. They can stand/vote in the constituency where they do the majority of their work or, if they work across many PCT boundaries, the constituency in which the GP is on the performers list should be taken as the election constituency. The GPC election eligibility may be different from LMC membership eligibility. Further details about the GPC (UK) and national GPC election procedures can be found on the BMA website.

## **Guidance to LMCs**

### **How can LMCs encourage local salaried and freelance GPs to join?**

Many LMCs have already written to their local salaried and freelance GPs on the benefits of joining the LMC and have been disappointed at the lack of response. Despite this, we still encourage LMCs to write again. Indeed, the initial lack of response may be due to a number of factors which may have now changed.

PCOs have a full list of GPs on their performers list, and should be willing to share a list of contact addresses with the LMC provided that the performers have given clearance for this information to be shared. The English Health Department's advises that PCOs may do this.

In order to encourage salaried and freelance GPs to join, it would be helpful to set out:

- how you do (or will) assist these individual GPs, including offering pastoral support
- how the constitution of the LMC does (or will) represent them

### **How much should salaried and freelance GPs pay to join the LMC?**

If a salaried or freelance GP is working in a practice or practices that pay the statutory and/or voluntary levies then these GPs should automatically be treated as members. For the small number of GPs who work in practices that do not pay a levy to the LMC then the GPC recommends that their contributions should be related to their income. This should reflect the fact that salaried and freelance GPs often have reduced working hours and lower incomes. You may want to discuss the amount of levy with local salaried and freelance GPs and their representative groups. We are aware that many LMCs previously used to charge a flat nominal rate per annum.

### **Constitutional changes**

Salaried and freelance GP members must be represented on the LMC main committee, with the possibility of a salaried and/or freelance GP subcommittee being set up, if enough of these doctors join the LMC.

The GPC recommends that, as GPs are elected from local geographical “constituencies”, there should be separate constituencies for salaried and freelance GPs. The number of salaried and freelance GPs’ seats should be determined by the number of these doctors in the LMC area, in the same proportion that GP providers are represented. Therefore if the proportion is 1:25, for each voting seat 25 salaried and freelance GPs would need to be members of the LMC.

However, if it is not initially clear exactly how many salaried and freelance GPs are working in the area, the LMC should take a pragmatic approach with its main committee co-opting an appropriate number.

The GPC wants to ensure that salaried and freelance GPs become involved in their LMC. For salaried and freelance GPs to do this, they need to be clear about what benefits they will obtain from their LMC membership. We hope that the issuing of this guidance note will encourage these doctors to get involved with their LMC, but we also ask LMCs to contact (or re-contact) their local salaried and freelance GPs directly.