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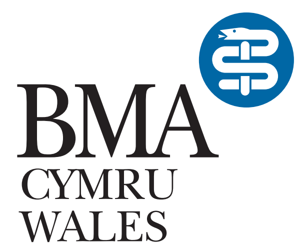
How to make a difference

A guide to Local Medical Committees and the BMA General Practitioners Committee in Wales

Dr Peter Horvath-Howard
John Jenkins



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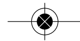

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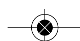

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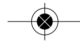
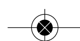


Dedication

To all those doctors who have represented their colleagues on LMCs across Wales and on GPC Wales over the years.

We owe them our respect and thanks.



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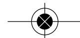

Foreword

Next year will be the centenary of the LMCs and to mark the occasion and remind doctors of its history and purpose, I have decided to put together this booklet. The LMC structure is a formula that works well for doctors and works for Wales. Let's celebrate it, and long may it continue.

The aim of this guide is twofold. Firstly it is to help newly elected-members of LMCs and GPC to make headway in a fascinating world where everyone else seems to have a place but where it takes time to find one's own. Secondly, the hope is to tempt potential new members to put themselves forward for service and to contribute towards future service development and their own personal development.

How often have you sat there thinking, 'Why do various bodies that interact with primary care appear not to understand how we work?' How often have you lamented the actions of commissioning bodies or the lack of services? I would guess we all do and all will.

There are many levels to which a practitioner, either a partner or salaried doctor, can take these problems.

Firstly, one could try and take an issue up personally – we have all had these crusades over the years, some successful, some not.

Secondly, one could take the issue to their partners to try to solve the problem as a practice team.

Thirdly, a problem or issue could be taken to the LMC for advice and assistance.

All of these are reasonable day-to-day ways of addressing service professional and sometimes personal issues.

Finally a GP can get involved themselves, initially, in the LMC and perhaps, from there to represent their LMC on the GPC or maybe aim to be more involved in serving as an officer of the GPC.

These options are all valid but getting involved locally, nationally, or on a UK basis means contributing to shaping policy and trying to ensure fair and equitable treatment of primary care by commissioning bodies and government.

Getting directly involved with the LMC means you have a chance to bring issues forward, shape policy and negotiate for services and remuneration. It's a steep learning curve for most but the yield of benefit for personal and practice development and awareness of opportunities, pitfalls and problems is invaluable.

I can thoroughly recommend it.

Peter Horvath-Howard
Hay on Wye
September 2011

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The history of Local Medical Committees (LMCs)

The BMA was founded, as the Provincial Medical and Surgical Association, in Worcester in 1832 when there was no regulation of the profession; anyone could practice as a doctor. It lobbied for a regulatory body, which led to the setting up of the General Medical Council in 1858. The Association's membership grew rapidly and became the British Medical Association in 1856.

In 1911, the Chancellor of the Exchequer, Mr David Lloyd George, introduced a National Health Insurance Bill, giving statutory recognition to the Local Panel Committees as the representative, local voice of the doctors who took patients on their 'panel'. The 1911 National Insurance Act required the Local Insurance Committee to consult, through the Local Panel Committees, all panel doctors on a wide range of issues. In 1912, the BMA established a national committee to represent all panel doctors, the Insurance Acts Committee, which was recognised by the Government as the authoritative voice of general practitioners (GPs).

The profession broadly supported the introduction of a state medical scheme but strongly opposed the introduction of a salaried service. It was feared that the loss of the independent contractor status would undermine the GP's ability to practice without state interference and ultimately put patient care at risk. If it were not for the tenacity of the Insurance Acts Committee, general practice would have been drawn into a salaried service (as our hospital colleagues subsequently were in 1948). In 1913 the Local Panel Committee became known as the Local Medical Committee (LMC).

The establishment of the NHS in 1948, after the 1942 Beveridge Report, endorsed a number of issues that general practice demanded:

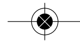
- independent contractor status upheld 'freedom to practice without State interference'
- freedom of choice by patient and doctor on whether to take part in the NHS
- freedom of choice for the doctor of form and place of work
- adequate medical representation on all administrative bodies in the NHS.

Owing to the fixed amount of money in the 'pool' system, by 1964 general practice faced a serious crisis. GPs felt neglected and underfunded, morale was poor and recruitment was very low. General practice had lost faith with both the Government and GP leaders. This crisis led to the Family Doctors Charter, which received the widespread support of the profession (including 18,000 undated resignations) and was then negotiated with the Government.

Here is a summary of the 1965 Doctors' Charter proposals:

- increased recruitment to general practice
- reduce maximum patient lists to 2,000 per GP
- improve medical education, orientated to general practice
- improve premises and equipment
- introduction of direct reimbursement of staff and premises expenditure
- payment to reflect workload, skills and responsibility
- reasonable working hours
- proper remuneration for out-of-hours work.

This led to the establishment of the famous 'Red Book', which increased in complexity over time.

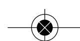


The Trade Union and Industrial Relations Act of 1974 led to the BMA being recognised as the trade union representing the medical profession. It should be made clear that LMCs are not trade unions. The NHS Acts of 1977 and 1984 reinforced and expanded the statutory recognition and functions of LMCs.

In 1990, the Conservative Secretary of State for Health, Mr Kenneth Clarke, imposed a new contract. This seemed to cause more problems than it solved but laid the way for many of the recent concepts such as fundholding, practice-led commissioning, PMS and now the nGMS contract.

Structures seem to change at an alarming rate in the NHS. What is clear though, from reading the history of medical politics, is that the issues GPs face today are not dissimilar from those faced at times of crisis in 1911, 1948, 1964 and the mid-1990s. The LMC has been in existence for over 94 years and is still the only local, elected and representative body of GPs.

(from: Wessex LMC Website)



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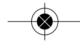


The duties and functions of LMCs

LMCs represent GPs in particular areas.

In Wales there are five:

- Bro Taf LMC covering Merthyr Tydfil, Rhondda Cynon Taf, Cardiff and Vale of Glamorgan.
- North Wales LMC
- Morgannwg LMC covering Bridgend, Neath, Port Talbot and Swansea
- Gwent LMC covering the 'Greater Gwent'
- Dyfed Powys LMC covering the old counties of Carmarthenshire, Pembrokeshire, Ceredigion, Breconshire, Radnorshire and Montgomeryshire

Members are elected by their peers.

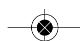
Their main functions and duties are as follows.

- The GMS contract. The LMC is a statutory committee and the Local Health Board (LHB), (the holder of the General Medical Services contract), must consult with the LMC on matters relating to GMS and the GMS contract.
- To represent the views of GPs in the area on general practice and health service issues.
- The LMC gives professional advice to the LHBs on a wide range of matters and is represented on a large number of local NHS committees and groups including hospital consultants, nurses, allied health professionals, social workers, Community Health Councils (CHCs), assembly members and members of Parliament.
- To act as a source of advice and information to GPs.
- To assist GPs with complaints, partnership and workplace issues.
- To maintain the standing of general practice with the media and the public.
- The so-called 'pastoral role' in supporting practitioners in times of professional and sometimes personal problems, etc.
- To encourage good practice and the maintenance of high professional standards.

The LMC is funded via a Statutory Levy that is payable by all practices. It raises this contribution from constituent practices via a voluntary levy. The LMC also contributes to the wider activities of the GPC for Wales (GPC Wales) and for the UK, which is responsible for negotiating contractual matters with the relevant governments.

Currently, all practices that are not directly managed by Health Boards have signed a mandate for the LMC to collect this voluntary levy on an annual basis.

- Your LMC is an independent, self-financing body that represents your interests as a GP.
- It is a statutory body and the strategic health authority (SHA) and primary care organisation (PCO) must consult it on issues that affect you.
- LMCs offer helpful advice and guidance to GPs on a wide range of issues.
- LMCs are entitled to collect a 'statutory levy' from GMS GPs although some LMCs work on the basis of a voluntary contribution. These payments are tax allowable, and returned to GPs as expenses. PMS GPs and sessional GPs can also contribute to ensure involvement and representation and these payments too are tax allowable.
- Confidentiality is important and caution must be exercised when discussing LMC matters with the media or outside bodies or individuals.



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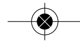


Welsh LMCs

Dyfed Powys LMC

Llwyncynnar
Llanfihangel Bryn Pabuan
Builth Wells
LD2 3SH
Tel: 01597 860565
Fax: 01597 860565
Email: janet.k.powell@btinternet.com
Website: www.dyfedpowyslmc.co.uk

Dyfed Powys LMC is elected by their peers to represent the views of general practice in the Hywel Dda and Powys LHB areas.

Dyfed Powys LMC elects its 45 GP members every three years and it also co-opts members (including practice managers, public health doctors and others as necessary).

The LMC meets four times a year, on the first Thursday of March, June, September and December, and all GPs from the LMC area are welcome to attend as observers at these meetings. Submission of items and issues for consideration at LMC meetings are always welcomed.

Gwent LMC

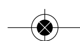
Cwmbran House
Mamhilad Park Estate
Pontypool
Torfaen
NP4 0XS
Tel: 01495 764455
Email: vcgwentlmc@btconnect.com
Website: www.gwentlmc.org.uk

Gwent LMC is the statutory representative body for GPs working in what is widely known as 'Greater Gwent'. In October 2009 the former Gwent NHS Healthcare Trust and five LHBs were changed by health reorganisation in Wales to form the Aneurin Bevan Local Health Board, now known as Aneurin Bevan Health Board. This covers both hospital services and primary care. The five former LHBs are now locality offices within Aneurin Bevan Health Board and their details can be accessed via the Aneurin Bevan Health Board website.

The Gwent LMC's representatives are drawn from each of the five locality areas and from a further constituency of sessional/locum doctors.

The full LMC meets on the second Friday of each month except for than August. Representatives also meet monthly with the locality medical directors and primary care officers to discuss relevant issues of common interest, notably the commissioning of enhanced services.

Additionally representatives sit on a wide ranging number of committees representing the views of primary care.



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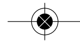


Morgannwg LMC

Britannic House
Llandarcy
Neath
SA10 6EL
Tel: 01792 815 954
Fax: 01792 814 938
Email: morgannwglmc@btconnect.com
Website: www.morgannwglmc.org.uk/

Morgannwg LMC elects its 25 GP members from four constituencies as follows:

- **Swansea** – 10
- **Neath Port Talbot** – 5
- **Bridgend** – 5
- **Abertawe Bro Morgannwg University (ABMU) Sessional GPs** – 5

Elections are held every three years and it also co-opts members (including practice managers, GP registrars, public health doctors and others as necessary) on a yearly basis.

Morgannwg LMC has an Executive consisting of the Chairman, Vice-Chairman, Secretary and the three Liaison Officers.

LMC Officers and Members sit on many groups, bodies and other committees in order to fulfil the functions listed above. Morgannwg LMC meets on the second Tuesday of alternate months (with an Executive meeting between full LMC meetings) and all GPs from the LMC area are welcome to attend as observers at these meetings. Please contact Mrs Lorraine Rudd, PA to Secretary to receive papers ahead of the meeting. Submission of items and issues for consideration at LMC meetings are always welcomed.

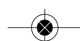
Bro Taf LMC

151 Newport Road
Cardiff
CF24 1AG.
Tel: 029 2046 5261
Email: brotaflmcltd@btconnect.com
Website: www.brotaflmc.org.uk

The full LMC meets bi-monthly and in addition to its elected GP members also has representation from the National Public Health Service, Welsh Assembly Government, Department of General Practice, sessional GPs and BMA Wales.

The full LMC is supplemented by two constituency based subcommittees, one for Cardiff & Vale of Glamorgan and the other for Cwm Taf.

Constituency meetings are held quarterly in the relevant localities and cover discussion of any current issues. Core members of the constituency meetings are the elected LMC members and all GPs in the area (with the option to include practice managers and/or practice nurses, according to the subject matter of each meeting).



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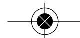

Decisions taken at constituency meetings are reported to the full LMC for ratification and information. GP practices are encouraged to be proactive in setting the agenda for constituency meetings.

Bro Taf LMC meets regularly with the two health boards in our area to discuss and manage issues affecting general practice and GPs in each area, particularly administration of the GMS contract.

North Wales LMC

Yr Allt
Tan y Gopa Road
Abergele
LL22 8DS
Tel: 01745 825780
Email: northwaleslmc@yahoo.co.uk

The North Wales LMC was formed in 1996 from an amalgamation of the then Clwyd and Gwynedd LMCs. It covers the landmass of north Wales and has a population of about 700,000. Some members have to travel round trips of about 150 miles to attend the LMC meetings.

The full LMC meets bi-monthly. Its GP members are elected every four years by the Single Transferable Vote System (STV).

The area of north Wales is divided into 12 constituencies; this gives a good geographical distribution of membership.

Sessional GPs are also represented.

The LMC also have co-opted members. It also invites practice managers, GP registrars, public health doctors to attend.

The LMC meets on the second Tuesday of alternate months in January, March, May, July, September and November.

It holds regular meetings with members of the Betsi Cadwaladr University Health Board and meets monthly with the Director of Primary Care and his assistant and medical directors.

An Executive Committee, which meets as and when required, is made up of one GP from each of the constituencies in north Wales, which include the Chairman, Vice-Chairmen and the Secretary.

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BMA General Practitioners Committee (Wales)

Its terms of reference are to consider and report to the BMA General Practitioners Committee UK on those matters which are peculiar to Wales, respecting the relation of the medical profession in Wales to the National Health Service Acts; to report on any matters specially referred to it by the parent committee; to confer with the National Assembly for Wales as representing the views of general medical practitioners in Wales on any subject specially relating to the working of the National Health Service Acts, as distinct from those which are common to all general medical practitioners, and generally to keep the GPC in touch with the LMCs in Wales.

Constitution

Voting:
The Chairman of the GPC (ex-officio)
Two members of GPC representing LMCs in Wales (ex-officio)
Member of GPC representing the Medical Practitioners Union
Member of GPC elected by the ARM
15 representatives of LMCs in Wales
One representative of the Welsh Association of Trainees
One representative of the Welsh Non-Principals
One representative of a constituency if an existing representative from that constituency is elected Chairman of Welsh GPC.

Non-voting:
The Chairman or Vice-Chairman of Welsh Council (ex-officio)
Member of the GPC representing the RCGP
One by each of the following:

- the Welsh CSC
- the Welsh CPHMCH
- the Forum of Welsh LNCs
- Welsh SASC
- Welsh MASC
- the RCGP Welsh Council (observer)
- the Welsh General Dental Services Committee (observer)
- the Chairman of the Welsh Conference of LMCs (ex-officio)
- two co-opted members.

GPC Wales has two subcommittees: Welsh General Medical Practice Forum and the Welsh Conference of Local Medical Committees.

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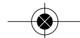


Chairman GPC Wales

Dr David Bailey MB BCh, DRCOG, practises in Trethomas near Caerphilly.

Currently the chairman of GPC Wales he is also a member of the UK negotiating team and a member of the Welsh BMA Council and Executive. He was joint deputy chairman, GPC Wales 2003-2006 and chairman of Gwent LMC 1999-2006

GPC Wales members are elected by all Welsh GPs (freelance and principal), on a three-yearly regional basis from the LMC areas. It also has protected seats for sessional and trainee GPs and includes representatives of the RCGP, consultants and associate specialists. Its main function is to negotiate with the Welsh Government and other national organisations about all contractual matters relevant to Welsh GPs.

GPC Wales reports to the BMA's UK GPC and the chairman of WGPC is ex-officio a member of the UK negotiating team that negotiates the whole of the GMS contract. In the last year it has been discussing variations on PE7/8 requirements for QOF, issues on vaccination policy, violent patients, the Individual Health Record, dispensing issues, sessional representation, Welsh DESs and a host of other items.

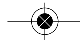
Members usually cut their teeth in LMCs before standing for GPCW although there is no bar to any GP standing for election and it is essential that LMCs continue to encourage younger and sessional GPs to stand.

The committee meets quarterly and has a discussion list server where any member can bring queries or start debates. It also elects a chairman and negotiating team from amongst the members who meet Welsh Government officials monthly to negotiate and advise on GP matters.

I would strongly urge all doctors working in Wales to take a full and active role in their LMCs and take an interest in what GPC Wales is doing on their behalf. It is through these structures that our voices are heard at both local level and national level.

May I also thank all the officers of Welsh LMCs and members for GPC Wales for their time and commitment to working on behalf of the profession. You are all doing an exceptional job.

GPC Wales produces a regular newsletter which is distributed to every practice in Wales by LMCs. It is also available on the BMA website.



Frequently asked questions about GPC Wales

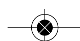
Q: How often does GPC Wales meet?
Quarterly.

Q: Where are the meetings held?
In Cardiff.

Q: Is there support from the BMA?
GPC Wales is supported by a professional secretariat based in the BMA Cymru Wales office.

Q: What about expenses and honoraria?
A daily rate is payable to members of the GPC, or its subcommittees, for attending:

- meetings of the GPC, subcommittees or task groups
- meetings between representatives of the committee and outside bodies
- LMC conferences
- meetings of outside bodies when representing the committee.



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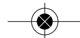

BMA General Practitioners Committee (GPC) UK

The GPC is a committee of the BMA with authority to deal with all matters affecting NHS GPs. It is the only body that represents all GPs in Great Britain, whether or not they are members of the BMA. The committee also has responsibility within the BMA for all matters affecting prison doctors, as they are doctors performing primary medical services.

The committee is recognised as the sole negotiating body for general practice by the Department of Health and is represented in negotiations with ministers and civil servants by a team of eight GPs elected by the committee.

These doctors draw upon their day-to-day experience of general practice and are supported in negotiations by expert advisers from the permanent staff of the BMA. The team is supplemented by other GPC members as appropriate, together with legal, accountancy and other specialist advice as and when necessary.

The UK committee has 86 members, 43 of whom are directly elected representatives of LMCs. It meets monthly and much of its work is undertaken by subcommittees and task groups.

The Welsh and Scottish GPCs are subcommittees of the national GPC, but have autonomy on NHS matters exclusive to their countries. The Northern Ireland GPC is autonomous from the GPC, although it has close working relations with it.

The committee is represented on a wide range of national bodies concerned with health, providing an essential medical input, which is firmly rooted in the day-to-day experience of general practice. In addition, other organisations are represented on the GPC itself, these include voting nominees of the medical women's federation, the Medical Practitioners Union, the British International Doctors Association, and non voting nominees of other BMA craft committees, the Royal College of General Practitioners and the British Dental Association.

Procedures for policy making operate on an annual cycle. The committee sends all GPs an annual report of its work in March.

Individual GPs can influence policy through their LMC, which considers the annual report and submits motions to the annual conference of LMC representatives in June. This conference, comprising more than 300 GPs, is the principal policy making body. Its resolutions are referred to the GPC to consider and implement and, in this way, the committee represents the interests of GPs as expressed through conference decisions.

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Election to GPC UK

There are three methods of election to GPC UK:

1. Regional constituency elections

- These are held triennially, with one third of the regional seats being elected each year.
- Each constituency comprises a group of (typically two to four) LMCs.
- There is one GPC representative per constituency.
- To be eligible to stand, vote or nominate another in a constituency, you must do one of the following:
  - provide personally, or perform NHS primary medical services for a minimum of 52 sessions, distributed evenly over six months in the year immediately before election
  - contribute to the voluntary levy of an LMC, thereby supporting the work of the GPC on behalf of all GPs; or
  - be a GP on the doctors' retainer scheme and contribute to the voluntary levy of an LMC in the constituency.
- You will need five nominators.
- Contested elections are determined by the single transferable vote (STV) method.

2. LMC conference

- Seven GPC members are elected through the Annual Conference of LMCs. One of these seats is reserved for a candidate who has never served on GPC before. The '52 sessions' requirement (as above) is a requirement for nomination. All GPs on the retainer scheme, and medically qualified LMC secretaries, are eligible, regardless of their level of commitment to providing or performing NHS general or personal medical services. Contested elections are determined by single transferable vote. Those elected will serve on the GPC for one year.

3. Annual representative meeting

- Ten GPC members are elected through the annual representative meeting (ARM) of the BMA and the same 'two sessions' qualifying condition applies to candidates.

Membership

GPC members are expected to:

- prepare for meetings
- complete written work (responding to consultations, etc)
- help develop guidance notes
- speak to the media (for those who feel comfortable doing so – training is provided).

New members

The GPC is a large body, which makes it potentially daunting for new members. An induction programme is therefore offered to all new members to help them play an active part in the committee's affairs from a very early stage. The programme usually takes place at the start of the session and takes the form of a series of presentations from a member of the negotiating team, from other experienced GPC members and from members of the GPC and BMA staff, to help explain the way the organisation functions and the resources which are available to the committee and its members.

In addition a mentor is assigned to each new member. The mentor will be a more experienced GPC member, often from the same region of the UK, tasked with helping the new member 'learn the ropes' and so to play an active part from a very early stage.

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Subcommittees

The GPC has a number of subcommittees, which deal with the following areas.

- Commissioning and service development
- Clinical and prescribing
- Education, training and workforce
- GP trainees
- Contracts and performance
- Information management and technology
- Practice finance
- Representation of GPC
- Sessional GPs

Most members are elected from GPC but some, for example sessional GPs or GP trainees, also include 'external' members. Most subcommittees will meet twice each year although the work arising from the subcommittees will be carried out throughout the year.

(More detail is available on the BMA website.)

Both GPC Wales and GPC UK operate an email forum for members to discuss issues, share problems and ideas and take forward discussion brought from LMC members, GPs and practice managers etc.

I have found the GPC Wales listserv an excellent way to take advice, take part in open discussion and to rehearse answering questions in a like-minded environment.

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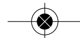


Frequently asked questions about GPC UK

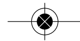
Q: How often does GPC UK meet?
GPC has around 10 meetings each year, normally on the third Thursday of the month. No meetings take place in June or August.

Q: Where are the meetings held?
In London, at BMA House.

Q: Is there support from the GPC UK office?
The GPC and its subcommittees are supported by a professional secretariat.

Q: What about expenses and honoraria?
A daily rate is payable to members of the GPC, or its subcommittees for attending:
- meetings of the GPC, subcommittees or task groups
- meetings between representatives of the committee and outside bodies
- LMC conferences
- meetings of outside bodies when representing the committee.

Q: Is childcare available?
Costs of childcare are reimbursed for committee members. Examples include: an additional amount paid to a usual carer because of an earlier start and/or later finish; paying for childcare on a day when the parent would otherwise be looking after the child/children him/herself. A free crèche is also available.



The trade union role of the BMA in the NHS

Introduction

The BMA is a voluntary association of doctors founded in 1832 'To promote the medical and allied sciences and to maintain the honour and interests of the medical profession'.

Today the BMA is the voice of the profession in continual contact with ministers, government departments, members of both Parliaments, the National Assemblies and many other influential bodies. Through these contacts and through the media the profession's collected views and policies are promoted. The Association has a long history of providing ethical guidance and of campaigning on health and related issues.

In addition, the Association has always represented its members' interests in developing and maintaining their terms and conditions of employment. In 1971, the Association was registered as an independent Trade Union and is currently included on the list of trade unions maintained by the Certification Officer in accordance with the Trade Union and Labour Relations (Consolidation) Act 1992.

Since the inception of the NHS, the Association has been formally recognised for collective bargaining purposes within national negotiating machinery and by individual employers at local level. This status enables the Association and its representatives to benefit from rights under the legislation including those relating to:

- the provision of information
- the right to be consulted on proposed changes
- involvement in collective bargaining
- representation of members individually and collectively
- facilities and time off work for its representatives.

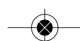
National negotiations

National pay scales for medical staff employed within the NHS are determined by ministers in the light of recommendations of the Doctors and Dentists Review Body (DDRB). Each year the Association submits evidence to the DDRB.

Other NHS conditions of service are agreed between the Departments of Health and the Association, which has sole bargaining rights in respect of all employed doctors in the NHS, whether or not they are members of the BMA. Members and officers of the BMA branch of practice committees sit on joint negotiating committees for the different groups of doctors and the branch of practice committees also produce information and guidance on the implementation of the national agreements.

Individual and collective representation in the workplace

While initial advice is increasingly available from our first point of contact helpline (0300 123 123 3), support and representation for BMA (and in certain instances, BDA) members in the workplace is provided by Regional Services staff. Industrial Relations Officers or Assistant Secretaries, Senior Employment Advisers and Employment Advisers are expert in employment law and NHS working arrangements and work from a network of offices in England, Scotland, Northern Ireland and Wales. They will be familiar with local agreements in their area and will seek to establish sound working relationships with local NHS managers, particularly those with medical staffing responsibilities. IROs and Assistant Secretaries in particular will play a key role with Local Negotiating Committees.



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In common with other trade unions, the Association also accredits members to act as local representatives within employing organisations. Local representatives are appointed from amongst the members they will represent, so their role is confined to a particular geographical location and/or branch of practice group.

Employment legislation provides some significant rights for local representatives of recognised trade unions. Most significantly, they are entitled to paid time off work to undertake their industrial relations duties and undergo training. They may take further time off for other union activities and may also have additional rights under local agreements on trade union recognition and facilities for local representatives.

Employers are obliged to consult with, and provide information to, recognised trade unions and this will often be through the local representative. Such representatives are also protected against victimisation arising out of their trade union role.

Local representatives

Local representatives will be required to act in accordance with BMA policy and their responsibilities will include:

- acting as a channel of communication between members and regional services staff
- providing a first point of contact for members with an individual query and 'signposting' them to the appropriate resource
- accompanying and supporting members in their dealings with local management
- coordinating group discussions with local management which are not appropriate to the LNC
- attending LNC meetings.
- representing the Association on other local committees, eg Joint Consultative Committee, Health & Safety Committee as required
- promoting the interests of the Association and the members represented and recruiting members to the Association.

It is important that local representatives have the confidence and support of their constituency so, while a formal election might not always be necessary, their proposed appointment will be widely publicised in the constituency. Appointment arrangements will be overseen by the IRO/AS. Where one or more alternative nomination(s) is/are received, a ballot will be organised. Only those members in the constituency will be eligible to vote. The period of appointment will parallel that of the LNC Chairman (ie normally two years, renewable) and the BMA IRO/AS will arrange to notify the appointment to the employer.

Such accreditation will be withdrawn:

- on resigning the position or leaving the employer or the constituency
- at the request of a majority of the members represented
- on the expiry of the period of appointment, unless re-appointed
- on ceasing to be a member of the Association
- exceptionally, at the discretion of the Regional Manager/Deputy National Secretary following consultation with the Chairman of the LNC and/or the Chairman of the relevant branch of practice committee.

The Association will provide, on a regional and/or national basis, induction and updating for local representatives. In addition, they will be eligible to attend negotiating skills courses and other relevant training events organised by the Association.

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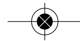
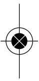
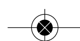


Trade union influence

The ultimate sanction available to employees in dispute with their employer is to take industrial action. To comply with industrial relations legislation and protect the position of the organisation, certain important requirements, for example, in relation to ballots, have to be met and the Association's bye-laws carefully and clearly set out the manner in which such procedures might be authorised. The idea of taking such action is a difficult one for many doctors and it is not easy to envisage circumstances in which the Association would encourage it. Nevertheless, experience shows that medical staff acting together in the best tradition of trade unionism remain a powerful and influential force through which much can be achieved, at both national and local level.





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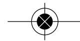

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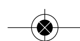
This guide is best read in conjunction with the following BMA publication:

A brief guide to NHS structures in Wales
A guide to the Welsh NHS
Prepared by the Policy and Public Affairs Department of
BMA Cymru Wales
October 2010 (Revised August 2011)



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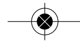

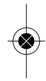

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