CLEVELAND LOCAL MEDICAL COMMITTEE

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 8.10 p.m. on Tuesday, 11 April 2006, in the Committee Room, Poole House, Nunthorpe, Middlesbrough.

Present:

Dr R Roberts (Chairman)	Dr W J Beeby	Dr S Burrows
Dr J T Canning	Dr G Daynes	Dr D Donovan
Dr K Ellenger	Dr T Gjertsen	Dr M Hazarika
Dr I A Lone	Dr K Machender	Dr T Nadah
Dr J Nicholas	Dr J P O'Donoghue	Dr A Ramaswamy
Dr M Speight	Dr J R Thornham	Dr W J Wheeler
Dr S White	Dr C Wilson	

In attendance:

Mrs C A Knifton : Returning Officer & Office Manager, LMC
Mrs L Corkain : LMC/PCT Liaison Officer, LMC
Dr W S R Orr : GP in Yarm
Dr S Palczynski : GP in Middlesbrough

06/04/1 ELECTION OF OFFICERS

06/04/1.1 Chairman

Dr R Roberts was proposed, seconded and duly **ELECTED** Chairman. Rachel was congratulated on being the first female elected Chairman, and confirmed she wished to be known as "Chairman".

06/04/1.2 Vice Chairman

Dr I A Lone was proposed, seconded and duly **ELECTED** Vice Chairman.

06/04/1.3 Secretary

Dr J T Canning was proposed, seconded and duly **ELECTED** Secretary.

06/04/2 APOLOGIES

Apologies for absence had been received from Dr J Clarke, Dr A Gash, Dr A Holmes, Dr R McMahon, Dr N Rowell, and Dr T Sangowawa.

06/04/3 MINUTES OF THE MEETING HELD ON 28 February 2006

These had been circulated to members and were **AGREED** as a correct record and duly signed by the Chairman.

06/04/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

06/04/4.1 PCT Reconfiguration - Update
Ref Minute 06/02/3.4

Dr Canning reported that the decision reached at the last LMC meeting had been arrived at with the information to hand at that time, and StHA advised accordingly. However, after considerable discussion with some PEC Chairmen, various other doctors, and the results of PCT Board decisions having been received, a further letter had been sent to StHA, copied to all GPs and Practice Managers. StHA has written to the DoH and both LMC letters were attached to their submission.

A member commented that StHA had recommended a single PCT for Teesside but had also stated that a lot of people wanted to keep 4 PCTs with a strong argument from LPCT for them maintaining their independence no matter what happened. StHA had submitted a 200+ page document with every comment listed to demonstrate that there had been a full public consultation. A decision may be known by end-May with structure in place by October.

NOTED.

06/04/4.2 LMC Elections 2006 – Update
Ref Minutes 05/09/6 : 06/01/7 : 06/02/3.5

The Returning Officer **REPORTED** that :

Hartlepool PCT area	3 vacancies still existed
Langbaurgh PCT area	1 vacancy still existed

Sue Burrows from Stockton and Danny Donovan from Middlesbrough were welcomed to the meeting.

It was **AGREED** that the Returning Officer would publicise the vacancies once again.

06/04/4.3 Primary Care Development Schemes – Updates from PCTs
Ref Minute 06/01/15

Members had been provided with a paper itemising the 4 PCTs proposals for the allocated funding. It was accepted that the funding was very low, but that last year's money could be rolled over into this year, effectively doubling the amount. The scheme should last for three years but it was not known if it would still be running in 2007-8. NTPCT were already pushing ahead with their scheme. "Golden

Handshakes" were not being paid under these arrangements which were more about mid-career projects.

NOTED.

06/04/4.4 DoH White Paper "Our health, our care, our say : a new direction for community services"

Ref Minute 06/02/8.2 – Deferred from February meeting

The document and DoH's vision for the future was discussed, together with funding which was only budgeted until 2008. Government were keen to get better value for money and to know where the money was actually being spent. Shifting work from secondary to primary care may affect the number and size of hospitals.

06/04/4.5 Local Enhanced Services : Minor Surgery : Middlesbrough PCT

(Administration of joint injections by practice nurses)
Ref Minute 06/01/08

Response from Martin Phillips, Acting Director of Primary Care

"I write in reply to your letter of 24 January regarding the above. I apologise for the tardy response. As you will no doubt be aware this matter was considered at length at the PCT's Healthcare governance sub-Committee on 23 February 2006.

Where a practice are requiring a practice nurse to perform minor services which are covered by essential services (i.e. not additional or enhanced services) then it is the practice's responsibility to ensure the practice nurse is competent. This would reflect your view.

In relation to Enhanced Services, you will be aware in March 2005 the PCT determined that there should be a single process for the accreditation of performers. The "Accreditation Policy for Local Services Provided by Clinicians with a Specialist Interest" (C20) was "signed off" in June 2005. The purpose of this policy is inter alia to ensure that the performer has the necessary skills, expertise and competence to perform the agreed tasks. Such a requirement has resonance with the old SFA standards as well. Once a "registered performer" has been accredited then it is their responsibility to ensure skills are kept up to date and if necessary demonstrate the same. All performers providing minor surgery procedures under an Enhanced Service (previously covered by the SFA paragraph 42) should be on MPCT's minor surgical list.

Clearly the practice involved is innovative and forward thinking in terms of delivering primary care and the PCT would not wish to hinder developments where patient care can be assured.

The way forward would therefore seem to be for any clinician wishing to perform an Enhanced Service, they should seek accreditation under the local policy (above). Critical to that application would be clear demonstration of the individual's competence in terms of training, necessary skills, experience and qualifications. Clearly the practice could be instrumental in setting this out.

I trust that this clarifies matters. If we can be of any further assistance, please do not hesitate to contact me."

RECEIVED.

06/04/4.6 Problems accessing GUM clinics
Ref minute 06/01/09 : Responses received from all PCTs

Response from Ceri Mather, Acting Director of Public Health, LPCT
We share your concerns regarding the access to GUM services, particularly for residents in the east Cleveland area. Over the past 18 months, through a sub-group of the South Tees Sexual Health Strategy Group we have been auditing and reviewing the services centred on JCUH GUM department and exploring national best practice. As a result we are developing community based clinics in the Langbaurgh area. Some of these will be provided through general practice under practice based commissioning arrangements. Nurse led clinics are being developed in East Cleveland Primary Care Hospital, and other clinics in the area. We are currently auditing skills available and training interested staff to lead the new service. It is important that the emerging services deliver equitable high quality services and we are therefore ensuring that all diagnostic and treatment protocols complement existing provision and that mentoring and supervision are maintained through the GUM consultants. The community based services will work closely with the Teenage Pregnancy Strategy, the Chlamydia Screening Programme, contraceptive and reproductive health services, the Children's Trust and GPs in each locality.

We have received outline Executive Committee approval for this direction of travel and expect to take fully worked up plans to the Executive Committee in March 2006 with a view to services commencing in the Spring 2006. It is worth noting that this development was enthusiastically endorsed by Medfash following their review in November and the model is now being adopted across the whole of Tees Valley.

Response from Elaine Jenkinson, Service Development Manager, MPCT
There have been issues around this subject for many years in particular the access to local GUM services, as you will be aware there is now a huge push to improve access to Sexual Health Services. It is noted that guidance suggests that PCT's need to increase capacity four fold to meet the current sexual health needs for our population.

In response to the government's targets of 48 hour access to GUM we have recently had an extensive review of the GUM Clinic at JCUH. This was done by MedFASH who have conducted a review of every GUM clinic in the country on behalf of the DoH. It confirmed that there were many issues to address, namely access to GUM services. In response to this, there are several workstreams happening to address the access issues.

The GUM Clinic will be increasing capacity in the short term by offering Nurse Delivery Clinics which will allow their experienced nurses to see both new and review patients under the supervision of the Consultant.

To enable 48 hour access to Sexual Health Services, there will be a need to create more capacity in Primary and Community Clinics to enable the demands to be met. I am currently working closely with Dr Deborah Beere and her team to address this. A preferred model would be to up-skill some of Deborah's team within the contraception and reproductive service and then back-fill staff. To do this we would need to work closely with JCUH consultants and staff. It sounds easy when you say it quickly, but we both know that the financial constraints and lack of staff will make this a huge piece of work.

Please be assured that your concerns are being addressed and I will endeavour to keep you up-dated with developments. I do plan to speak to each of the PBC Groups and have some discussions as to what kind of service MPCT would like to commission for Sexual Health Services.

Response from Jill Harrison, Head of Primary Care, NTPCT
In terms of an enhanced service for sexual health, NTPCT already commissions this as a Local Enhanced Service which has been in place since 1 January 2005, and the service is currently provided by seven practices. The service specification was recently revised and new payment levels introduced with effect from 1 January 2006. The specification has recently been re-circulated to all practices within the PCT and a number are reconsidering provision of this service.

The PCT also took a decision at the February Developing Primary & Community Services meeting to carry out a more detailed review of current service provision with a view to developing an alternate model of service. This may include development of a PCT wide service or roles for GPs/Practitioners with a Special Interest in this area.

In terms of access to GUM services, there is now an agreement for a Tees-wide GUM service and its implementation is being driven by the SHA with a project manager earmarked specifically for this. There are funds earmarked for this within the Choosing Health monies. As you are aware, this is also one of the 6 priorities identified in the document "The NHS in England – the Operating Framework for 2006/7".

Response from Elizabeth Shassere, Assistant Director of Public Health, HPCT
We have been addressing the GUM access issues as well as other DoH sexual health strategy issues, firstly, through the Sexual Health and HIV Strategy Steering Group for North Tees, Hartlepool and Easington, then more recently with a sub-group focussing specifically on GUM Services.

The recent MEDFash Sexual Health Review for North Tees & Hartlepool NHS Trust has provided us with clear recommendations for improving GUM services in Hartlepool as well as access to these services. A Teeswide group led by Dr David Walker from SHA to take the work forward has been established. This group's remit includes:

Reviewing the findings of the MedFash review
Determining action required to meet the 48 hour access target
Development of nurse led services
Development of community based services
Infrastructure, staffing and estates

Interviews for a Project Manager who will manage the strategic planning and implementation of the recommendations of the Review took place on 20 February. This post will also be responsible for leading the development of an improved and integrated Sexual Health Service across the Teesside area and developing the performance management systems for the individual PCTs. Lee Mack, who is currently the sexual health lead at Easington PCT will take up this post on 6 March 2006.

If you have any questions concerning the actions we are taking to address the improvement of sexual health services and the access to the GUM clinic, or would like additional information, please do not hesitate to contact me.

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06/04/4.7 Community Matrons
Ref Minute 06/01/12 : Responses received from all PCTs

Members felt that it was too early to comment on the impact of community matrons. They were not aligned with practices in Hartlepool or Middlesbrough.

06/04/4.8 PMETB Fees
Ref Minute 06/01/5.4

Extract from press release by PMETB on 3 March 2006

PMETB announced that after considering the responses to its recent consultation, the proposed fees increase for certification would be staged over two to three years.

PMETB remains, as outlined in the consultation document, committed to the principle of financial self-sufficiency as critical to achieving independence and meeting its statutory objectives including to ‘promote and develop’ postgraduate medical education.

PMETB also is committed to the principle that the beneficiary should pay those being doctors who apply to PMETB to be assessed for admission to the Specialist and (future) GP Register. PMETB agrees that doctors making certification applications should not bare all PMETB’s costs and options are being explored to generate other revenue streams from the services that PMETB provides including income from the NHS.

The fees are:

Current fees from 30th September 2005 to 31st March 2006		Fees proposed in the consultation for 1st April 2006 to 31st March 2007	Actual fees from 1st April 2006 to 31st March 2007
CCT Application	£250	£750	£500
Article 11/14 Application	£700	£1250	£950

The figures for 2007/08 and beyond will be reviewed at the end of each year in light of inflation and operating experience and other factors.

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06/04/4.9 Consultants sending patients to GP with requests for blood tests/changes to medication, prior to details letter being received
Ref Minute 06/02/04 – Mr Clarke, JCUH, to take the matter up with Trust Senior Medical Committee

Mr Clarke was not present to give a report. Deferred to next LMC meeting.

06/04/4.10 Mental Health Promotion
Ref Minutes 05/06/18 : 05/07/3.7 : 05/09/4.4

It had been proposed at the September meeting that cognitive behavioural therapy training be re-addressed post-April 2006, but it was now felt that this was more PBC than for the LMC to become involved.

06/04/5 FUNDING GENERAL PRACTICE

A request was made in November 2005 to each PCT, under the Freedom of Information Act, for details of funding to practices for baseline essential services, less premises costs and QOF; despite a reminder LPCT had still not provided the information.

The data received from HPCT, NTPCT and MPCT had been collated and a report produced to show PMS, GMS, PCTMS and APMS practices, where this information had been provided. Practices were not named, and one member felt that it was important to have full information from PCTs and to take into account PMS QOF deductions.

The Secretary **AGREED** to check the figures with the PCTs, but felt that PMS QOF deductions should not be taken into account.

A member raised the issue of staff pay increases without the practice receiving any additional money, with staff quoting salaries given at other practices. It was suggested that it would be interesting to show not all practices get the same MPIG in the area and to be able to give evidence to staff to show not all practices were funded from the same baseline. The Secretary asked members not to use the report provided until clarification had been received from PCTs.

06/04/6 GUIDANCE ON NON-GMS CONTRACTING ARRANGEMENTS 2006/7 *(Emailed to all practices by CLMC on 14 March 2006)*

There were four new DESs in 2006/2007, namely:

- New Access
- Choice & Booking
- Towards Practice Based Commissioning
- IM&T Adoption

There was particular concern about MPCT's Access DES as it had extra requirements added to it i.e. telephone access and percentage of missed calls, etc, which are not in the specification. The Secretary **AGREED** to highlight these concerns to Middlesbrough practices.

06/04/7 GPC ANNUAL REPORT

Summary sent to all GPs by GPC, the full document can be found on line at www.bma.org.uk

No-one appeared to have received the printed version, although the document was available on line. Motions to the LMC Annual Conference had to be received by GPC by Tuesday, 18 April.

06/04/8 REPORT FROM ANNUAL OPEN MEETING

Already minuted and distributed to all GPs.

06/04/9 ANNUAL CONFERENCE OF REPRESENTATIVES OF LMCs

06/04/9.1 Motions to Conference

The Secretary had drafted some motions in relation to events which had happened over the year, and items discussed at this meeting:

That this conference rejects the assertion by PMETB that its financial self-sufficiency is critical to achieving independence and meeting its statutory objectives including to 'promote and develop' postgraduate medical education.

That this conference
- i rejects the assertion by PMETB that the beneficiaries of its functions are doctors who apply to PMETB to be assessed for admission to the Specialist and GP Register
- ii asserts that the beneficiaries of PMETB include doctors in training, the NHS and the wider community
- iii believes that PMETBs principal source of funding should be the NHS and national governments, with only a minor contribution from doctors in training.

That the 48 hour access rule should be applied to patients requiring the services of genitourinary medicine clinics.

That Conference requires the employers' superannuation contribution on the trainers grant to be reimbursed to practices in full
- i from 1.4.2004
- ii for all future payments

That this conference demands that the same level of membership of the relevant nation's NHS superannuation scheme should be available, irrespective of the contractual arrangements under which the services are provided, for
- 1 all GPs performing NHS primary medical services
- 2 all employed practice staff

That conference condemns the failure of the Review Body to award a realistic increase in the trainers grant

That conference deplores the failure of the Departments of Health to engage in meaningful discussions to review the trainers grant and
- 1 requires the GPC to provide monthly reports to LMCs on progress in negotiations

2 urges the DDRB, in the absence of joint evidence for its 2007 report, to make a realistic award
3 believes that to realistically represent the time, effort and responsibility involved that the trainers grant should be increased to no less than that required to release the trainer from the performance of primary medical services for one day per week

That conference welcomes the DDRB's recommendation that practices set collaborative fees themselves and
1 urges the GPC to reissue guidance on disaggregating the costs of individual services
2 believes that the fees should represent the true cost of the work to the practice
3 reminds contractors that the fees should include a professional element for the performer, administrative costs to the practice and employers superannuation payments

That conference believes that the annual report of GPC, and the executive summary, should be available to GPs no less than four weeks prior to the last day for receipt of motions to conference.

That conference requires any alteration in the CPI to preserve the financial value of QOF points for existing practices with stable lists.

That conference condemns planned reductions in expenditure on training general practitioners

That conference rejects the assertion that general practice is not one of the areas of the medical workforce under threat.

That conference notes that DH figures show an increase in WTE GPs of 8.6% in the period 1994 – 2004, but an increase in consultants of 69.8% in the same period and
1 believes that the government's intentions for care outside hospital are undeliverable without a significant increase in the number of WTE GPs
2 asserts that an increase in WTE GP numbers in the period 1994 – 2014 should be no less than that for WTE consultant numbers in the same period.

That conference demands the proper funding required to train future general practitioners.

06/04/9.2 Representatives attending Conference

Three representatives were allowed to attend the Annual Conference and receive funding. Traditionally, this was the Chairman, Vice Chairman and Secretary, however, Dr Canning (Secretary) would already be attending in his capacity as Chairman of Conference. Dr O'Donoghue's name had been put forward in his capacity as Chairman and would not now be attending; Dr Roberts would discuss absence from the practice with her colleagues. Dr Lone as Vice Chairman and Dr Beeby as the third representative would also be attending. Dr Donovan expressed an interest in attending should Dr Roberts be unable to attend.

06/04/9.3 Honorarium and expenses payments for representatives at Conference

Last year attendees received £400 nett per day (tax to be deducted) or the actual costs for an external locum, if greater, for the duration of the conference; and £50 out of pocket allowance per day (tax to be deducted) with the expectation that they make a significant donation to the GP charity "The Cameron Fund" at the annual dinner.

It was **AGREED** that the rates remain unchanged for the 2006 Annual Conference.

06/04/10 ANNUAL REVIEW OF LMC MILEAGE & ATTENDANCE ALLOWANCE

Attendance Allowance is currently £44.31 nett per hour. Mileage remains at 40p per mile for 2006/2007 as per Inland Revenue rates.

The Attendance Allowance was increased in line with the dynamising factor, which was not known as yet but anticipated to be 1.

It was **AGREED** that Attendance Allowance would remain at £44.31 per hour but travelling time to and from meetings would be included in the payment, and invoices would be amended accordingly.

06/04/11 REVIEW OF CLMC GUIDANCE TO GPs ON HOME VISITS

The guidance, which has not been revised since March 2004, had been updated by the Secretary. Home visits should only take place for the terminally ill or truly bed-bound patients. The Committee **AGREED**, subject to minor alterations, that the guidance be re-distributed to practices.

It was pointed out that once a doctor had made appropriate admission arrangements for the patient, there was no need to stay with the patient to await the arrival of the ambulance. In the case of severe chest pain, there was no need for the doctor to visit the patient, but call the ambulance service immediately to transport the patient to hospital.

It was commented very strongly by members that paramedics would frequently visit patients, check them over and leave them, telling patient to call the doctor. In some cases, paramedics would carry out an ECG say it was normal and leave the patient, and when the ECG was carried out by the doctor it was found to be abnormal.

The LMC would welcome anonymised details of any such instances with paramedics so that the matter can be pursued with the Ambulance Trust.

06/04/12 REPORT FROM GPC MEETING – Friday, 17 March 2006

The report had already been emailed to all GPs and Practice Managers on 27 March 2006.

06/04/13 REPORTS FROM MEETINGS

There were no reports from meetings.

06/04/14 REPORTS FROM REPRESENTATIVES

There were no reports from representatives.

06/04/15 SUPPLEMENTARY AGENDA

06/04/15.1 Clinical Waste Administration Charge

When the LMC took over the clinical waste administration from Tees Health Authority, an admin charge had been agreed which had continued to be paid by the PCTs when they came on line. This year MPCT and HPCT had decided to recoup this money from NHS practices. NTPCT and LPCT are paying the charge themselves.

It was **AGREED** that the Secretary pursue this matter with HPCT and MPCT.

06/04/15.2 DDRB Report 2006

The 2006 DDRB Report was largely irrelevant to GPs. They were also withdrawing the fee scale for collaborative arrangements which covers reporting of infectious diseases, claims for child protection conferences, medical examinations, medical advice, blue badges, sectioning under the Mental Health Act, etc. CLMC issue an annual invoice listing these collaborative arrangement fees but are now not able to do so because of competition legislation. It is now up to practices to establish appropriate fees for this work. Dr Canning had issued an email to all Practice Managers on 3 April explaining the situation and emphasising that it is illegal for practices to discuss their fees with other practices. Practices wishing to set their own fees should give 3 months notice to their PCT of the proposed fees, after which time these fees will be construed as a contract between the practice and PCT. If PCT do not pay the practice's invoice, the practice can:

- Pursue through The Late Payment of Commercial Debts (Interest) Act 1998 and apply interest of no more than Base Rate + 8%
- Pursue through Small Claims Court

and if intended to be operated, this should be communicated in their letter to the PCT.

If PCT does not agree with the schedule of fees proposed by a practice, the PCT can choose not to commission such services from the practice. Practices should charge realistic rates for realistic work and not put patients at risk, especially child protection.

Fees for "sectioning" patients were discussed, especially if the patient had absconded by the time the doctor arrived. In this instance a fee was still payable because the request

to visit in order to “section” had been made. The Secretary **AGREED** to circulate copies of the section forms in pdf format.

06/04/15.3 Hartlepool Borough Council’s Scrutiny Committee investigation “Access to GP Services”

The Secretary had been invited to attend the Scrutiny Committee meeting, scheduled for 28 March but the meeting had been cancelled because of strike action in relation to local government pensions, and he had been unable to attend the subsequent meeting, arranged for 5 April. However a letter had been submitted to HBC which included a lot of information. Dr Roberts declared an interest because her practice was one of those involved in the possible development scheme.

From responses received from Hartlepool GPs the project seemed to be a good thing in providing better access and facilities for patients. LIFT were involved with the scheme and GPs were waiting to see the proposals before committing fully, so the project was still very much up in the air.

06/04/16 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

06/04/17 RECEIVE ITEMS

06/04/17.1 Returned referrals & Contracting issues - contact person at PCTs

Hartlepool PCT	Shaun Taylor (01429 285111 – shaun.taylor@hartlepoolpct.nhs.uk) or Philip Whitfield (01429 285175 – philip.whitfield@hartlepoolpct.nhs.uk)
Langbaurgh PCT	Fiona Graham (01287 284400 – fiona.graham@langbaurghpct.nhs.uk)
Middlesbrough PCT	Sue Greaves (01642 352595 – sue.greaves@middlesbroughpct.nhs.uk)
North Tees PCT	Elaine Wyllie (01642 527056 – elaine.wyllie@stockton.gov.uk)

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06/04/17.2 Requests from students for sicknotes to cover short term absence and absence from exams, etc

The LMC continue to receive a number of requests for advice from GPs who are faced with students, including those at school and university, requesting notes to explain their short term absence or absence from exams. This matter has been addressed in the Cabinet Office Report on Reducing Bureaucracy but no national arrangement has been reached.

Doctors are reminded that CLMC emailed a standard letter to all GPs and Practice Managers on 14 February 2006, which can be given to students when they ask for short term medical certificates.

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06/04/17.3 Medical List

Resignations:

Effective Date	Name	Partnership	PCT Area
31.03.06	Dr N R Joshi	Dr Joshi & Partners	MPCT
Retirement. To return to work on reduced commitment 1.6.06.			
05.04.06	Dr I T Guy	Fulcrum Medical Practice	MPCT
Retirement			
04.04.06	Dr W H Francis	Dr Hobkirk & Partners	LPCT
Resignation			
30.04.2006	Dr R B Stoney	Dr Stoney & Partners	HPCT
Resignation.			
30.04.2006	Dr E C Severn	Dr Chappelow & Partners	MPCT
Resignation.			
30.04.2006	Dr S B Jones	Dr Lone & Partners	MPCT
Resignation.			
30.06.2006	Dr S H Andelic	Dr Bolt & Partners	HPCT
Resignation.			
31.07.2006	Dr R A Parkin	Dr Neville-Smith & Partners	LPCT
Retirement.			

Applications

Effective Date	Name	Partnership	PCT Area
13.02.06	Dr R V McMahon	Dr Robson & Partner	MPCT
Principal			
08.03.06	Dr S Singh	Dr Joshi & Partners	MPCT
Salaried GP			
06.04.06	Dr J Titmuss	Fulcrum Medical Practice	MPCT
Change in status from SGP to Principal			
01.04.06	Dr M S Norrie	Dr Acquilla & Partners	MPCT
Change in status from Principal to SGP			
01.04.06	Dr J Hutton	Dr Acquilla & Partners	MPCT

Change in status from Principal to SGP

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06/04/17.4 BMA 5TH NATIONAL CONFERENCE, Friday, 6 October 2006
BMA House, London : Registration fee £123.38
"Having it All? CPD and the Sessional GP"

The Conference has been organised by the GPC of the BMA and is supported by the London Deanery. It offers the chance for those interested in continuing medical education and professional development for sessional GPs (salaried and locums) to come together and share research, ideas and examples of good practice. The conference will cover topics such as revalidation, HPE, appraisal, GP returns, flexible career scheme and recruitment/retention. A variety of workshops offering information on specific educational techniques have been scheduled for the afternoon session, which offers a prime opportunity to share information and experience. For further information please telephone BMA Conferences on 0207 383 6137/6605 or email them at confunit@bma.org.uk. You can also register by completing the online booking form at www.bma.org.uk/conferences.

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06/04/17.5 Report the receipt of:

Sunderland LMC's minutes of meeting for 17 January 2006
Sunderland LMC's minutes of meeting for 28 February 2006
GPC Newsletter M8 – Friday, 17 March 2006 (http://www.bma.org.uk)

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06/04/17.6 Date and time of next meeting

Tuesday, 6 June 2006, at 7.30 p.m. in the Committee Room, Poole House, Stokesley Road.

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There being no further business to discuss the meeting closed at 9.19 p.m.

Date: ***Chairman:***