

BMA



Sessional GPs and LMCs – working together more effectively



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Introduction

LMCs (local medical committees) are the bodies that represent the interests of all GPs at a local level, and as membership organisations their strength lies in their ability to represent the entirety of the profession. Given that there have now been several major reorganisations within the NHS over recent years, LMCs are now the only locality-based organisation that maintains a corporate memory within general practice. Sessional GPs (salaried and freelance/locum GPs) constitute an increasingly large segment of the workforce, yet sessionals are often under-represented on LMCs. The GPC's sessional GPs subcommittee believes that, if left unaddressed, the under-representation of sessional GPs seriously risks undermining the strength, effectiveness and credibility of many LMCs, as well as disenfranchising an ever increasing part of the GP workforce and leaving them without effective local representation.

Guidance was first issued to LMCs in 2005 but was completely revised in 2011 following a survey of sessional GPs that found that more than three quarters of sessional GPs did not feel engaged with their LMC and that only four per cent of sessional GPs felt that they were fully engaged with their LMC about sessional issues.

Since then, the Sessional GPs subcommittee has continued to hear of many cases where sessional GPs are not engaged with their LMC. Frustrations are clearly felt on both sides; with LMCs also reporting that, despite a willingness to engage with sessional GPs, there had still been a lack of progress on the issue.

Given the funding and workforce crisis in general practice and the expanding role of LMCs in responding to local challenges associated with fully devolved commissioning and acting as the interface between practices and new models of care it is more important than ever that there is good communication and engagement between sessional GPs and LMCs. That is why we have updated this guidance for 2016/17 and tried to address the barriers to engagement that sessional GPs and LMCs have reported to us.

For Sessional GPs, by not engaging with their local LMC, they are missing out on a range of support and opportunities. This includes:

- provision of up to date information and support for its members on any contract changes that impact on the way GPs work;
- help to mediate between employers and salaried GPs;
- support and advice on Performers List issues;
- education and career development opportunities;
- networking opportunities;
- giving voice to the concerns of sessional GPs arising from their clinical practice and take up issues directly with local hospitals or other organisations;
- providing a supportive/pastoral role if a GP has difficulties with their CCG, area team or local service agency, or equivalent body in the devolved administrations;
- providing the opportunity to undertake GP leadership roles.

Sessional GPs also have a great deal to offer LMCs; they often have experience of working in many different practices and so can offer advice/opinion on issues that face many GPs across their area. They may work part time or hours different to practice hours, and/or because of a particular special interest may be best placed to attend meetings on behalf of the LMC. Indeed because of flexible working, a sessional GP may be able to take on an office bearer's role where contractor GPs find it difficult because of practice or other commitments. This can lead to undertaking other roles in your area and also nationally such as representing your LMC on GPC.

Guidance for LMCs

Getting in Touch

It can sometimes be difficult for an LMC to obtain accurate details for the sessional GPs in their area.

To get in touch with sessionals you could:

- Ask the local area team, commissioning support unit or local service agency, or equivalent body in the devolved administrations, to regularly pass contact details of GPs on the performers list to the LMC. PCOs (primary care organisations) may wish to include an option on their performers list registration forms, for both new applicants and when checking details of those already on the Performers List, allowing GPs to give permission for the sharing of their contact details with the LMC.
- Alternatively, ask the local area team or PCO to forward a mailshot about the LMC to GPs on the performers list in their area. You could use this to publicise the open LMC meetings widely.

In Cambridgeshire, the LMC Executive met with a panel of sessionals to explore means of improving communication to more isolated areas of the profession. They found that many routine messages were not reaching locums. This culminated in the creation of their 'LMC locum link' which is a specific email list that locums in the area can sign up to. Messages are now passed on via the LMC locum link, including ones from practices seeking locum cover and notifying of job vacancies.

- Ask GP practices to tell their sessional GPs about the LMC and its work. It may also be worth approaching local Out of Hours organisations and prisons who employ GPs.
- Many areas have sessional GPs groups. The LMC could establish links with the group(s) in their area and could establish a directory of groups on the LMC Website, which would help with networking. LMCs could also arrange to attend some of the group(s) meetings. They could help disseminate information to their members and also provide the LMC with representatives. The BMA has a list of sessional GP groups on its website: <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-subcommittees/sessional-gps-subcommittee>

A number of LMCs told us that linking up with an existing local sessional GP group was particularly effective. Many of these sessional GP support groups have existing websites or social media resources which can be a valuable means of communicating with its constituents and disseminating relevant LMC information. In Somerset, sessional GPs meet every six weeks for an evening meeting. The meetings are a supportive environment and a useful networking opportunity, providing a place for local sessionals to discuss items that they consider to be of value. They have regular attendance from LMC officials, which improves the level of engagement with the LMC.

- Approach any locum chambers or locum agencies in your area. There may be an opportunity to disseminate information to their Sessional GPs/invite them to attend meetings/invite or co-opt representatives to the LMC.
- Approach local GPST schemes and offer to do a session for the GPST programme on the work of the LMC. This could be part of a general programme informing GP Trainees about contractual options and working post GPST. Local GP trainers can introduce many young GP trainees to their local LMC and bring them to the LMC meeting as an observer. LMCs might also want to consider co-opting a GP trainee onto their committee, as an observer, to gain experience. BMA member relations can also help to put LMCs in touch with regional trainees committees where these exist.
- Contact the local RCGP faculty and think about co-opting a First5 GP to encourage engagement.

Encouraging Sessional GP Participation

Many LMCs have told us that sessional GPs in their area appear reluctant to get involved with the LMC.

To encourage sessionals to engage with the LMC:

- If membership of the LMC is not covered by working in a levy paying practice, then set the levy for salaried and freelance/locum GPs at an affordable and reasonable rate or consider removing it altogether.

Some LMCs, such as Londonwide, hold the view that working in a levy-paying practice effectively means that the Sessional GP is entitled to representation of their interest by the LMC: to stand for election to locality LMCs and access LMC support and services that Londonwide provides.

Devon LMC has introduced a 'voluntary contribution', that sessional GPs are invited to make, of £100 per year. However, failure to make this contribution does not affect entitlements, access to pastoral care and the myriad of high quality services that Devon LMC provides. They believe that locums have already paid their levy as when locums across Devon submitted invoices for work they should detail an extra cost line of £3 per session for LMC levies and then indicate that the £3 should be remitted from the payment and retained by the practice as the locum's contribution to the practice statutory levy. This has allowed Devon LMC to represent sessional GPs as forcefully as their employed and independent contractor colleagues. The last six years has seen a growth in sessional engagement with three of their nine GP Board members now being sessional.

- Publicise the services the LMC can offer to sessionals. Ensure you disseminate the LMC newsletter to as many Sessional GPs as possible. Advertise the dates for the open meetings of the LMC well in advance and ensure that sessional GPs understand that all GPs can attend these meetings. Publicise elections as widely as possible and make clear that sessional GPs are entitled to stand and vote.
- Set up a visitor scheme to allow sessional GPs who might be interested in getting involved to attend an LMC meeting as an observer so that they can better understand how the LMC works. Alternatively, the LMC could hold an 'open day' meeting for sessional GPs, to introduce them to the LMC.
- Often a personal approach goes a long way – LMC officers could encourage sessional GPs they know to stand for election.
- Set up mentoring for sessional GPs who are new to the committee, or who might want to consider running for officer roles.
- Sessional GPs can be reluctant to stand for election against incumbents. LMCs should consider setting limits on the number of years that one individual can stand for an elected post.

Leeds LMC has a longstanding policy that the term of office for the chair of the committee should normally only be for three years. On occasions this has been extended for a further year but the expectation is that there will regularly be a new office holder. This has led to a greater opportunity for members of the committee to take on leadership roles in the LMC and in recent years has resulted in an increased number of female GPs and sessional GPs taking on officer posts. The previous LMC chair was a sessional GP, as is the current deputy chair.

- Look at when you hold your meetings. Sessional GPs can find it difficult to attend LMC meetings, especially when they are held during working hours, either because of difficulty in persuading their employers to give them leave to attend, or because of concerns about loss of income, or child care arrangements. You could hold meetings outside of office hours to make it easier for sessional GPs to attend.
- Include sessional GP items in newsletters and have a sessional GP area on the LMC website.

Understanding Sessionals Issues

One reason that some sessional GPs may not be involved with their LMC is the (incorrect) perception that LMCs only represent GP partners, or that they are unconcerned with sessional GP issues. However, it's important that LMCs understand the needs and concerns of this key part of the workforce.

To counter this perception, you could:

- Consider reserving seats on the Committee specifically for sessional GPs. You could also consider setting up an LMC subcommittee specifically for sessional GPs. If, despite the LMC's best efforts, sufficient sessional GPs are not being elected, LMCs might want to co-opt a certain number of sessional GPs to ensure that sessional GPs have a voice on the Committee.

Essex LMCs initially had seats on committees for sessional doctors but have recently changed this to reflect the changes in general practice in the county. Their geographic constituencies are open to all GPs, but the first two seats in each constituency are now reserved for the highest polling partner and sessional doctors. This ensures that both categories are present on the LMC from every geographic area. They have separate seats specifically for locum doctors and doctors in training. They have found that being as open as possible to new ideas and challenges has made them more thoughtful and better able to represent all of their colleagues.

- Adopt a checklist when considering key agenda items, so that you consider the impact on all different groups of GPs, eg. GMS Contractors, PMS Contractors, APMS Contractors, Salaried GPs, Locum GPs, etc.
- Reserve space on the agenda for issues specific to sessional GPs to be considered by the committee. This option should be used with caution though, as there is a tendency for standing items to be addressed perfunctorily in meetings, especially if they are placed late in the agenda. Placing them higher up may encourage greater discussion and consideration.

Morgannwg has chosen to establish a specific non-geographical constituency for 5 sessional GP members on the LMC and has a standing item on sessional GP matters on the agenda for LMC meetings. It has made use of social media to contact sessionals, with a dedicated twitter account ([@qswansessGPs](#)) and a website (<http://www.ssgp.org.uk>).

- Make sure that you have a protocol in place to make sure that whenever the LMC is representing two different LMC constituents (especially when it is an employer and employee) the cases are dealt with independently by two different LMC staff members. If this is not practical consider asking a neighbouring LMC to represent one party throughout the dispute.

What Can Sessional GPs Do?

Many LMCs have reported to us that, despite efforts on the LMC's part, sessional GPs are often not enthusiastic about getting involved with their LMC even though the professional and personal advantages of engaging with LMCs are obvious. All GPs who contribute to the LMC levy are entitled to the representation provided by that LMC. Each LMC operates slightly differently, but your LMC will be able to give you practical details about how to join.

Sessional GP groups that have worked co-operatively with LMCs have yielded positive results. There were a number of instances where sessionals-specific meetings were poorly attended but representatives had incorporated these meetings with pre-existing LMC events with higher profiles.

Norfolk and Waveney local medical committee has a long track record of encouraging involvement from sessional GPs. The number of doctors eligible to stand for election is determined by the number in each constituency and the same proportion is applied to contractor GPs as sessional GPs so there is equity. Doctors are encouraged to attend as observers at LMC meetings in order to familiarise themselves with the work of the committee. Attending vocational training meetings and talks have also raised the profile of the LMC and foster and encourage members to come forward and get involved. Input from sessional GPs is invaluable in debates and often gives contrast to views of partners. The constitution also allows members to be co-opted should there be a lack of representation from any particular group or whether there is a requirement for any particular expertise.

- If you have never heard from your LMC, it may well be that they simply do not have your contact details. Get in touch with them to make sure you receive any future communications. You can find your LMC's contact details on the BMA's website: <https://www.bma.org.uk/about-us/how-we-work/local-representation/local-medical-committees>
- Sessional GPs should normally join the LMC in the area in which they work. Some GPs, especially freelance/locum GPs, work in more than one area and it may not be immediately obvious which LMC they should join. If you are in this position, you could join the LMC that you feel best represents where you work.

Conclusion

Both LMCs and sessional GPs can benefit from closer involvement with each other. LMCs offer a wide range of services that can support sessional GPs and many have made concerted efforts to encourage sessional GP involvement in their activities. Sessional GPs represent an increasing proportion of the workforce and their involvement in LMCs is a logical extension of this. As well as providing an alternative perspective on some of the problems facing GPs, they can be better placed to attend meetings on behalf of the LMC and should not be overlooked. The profession can only be strengthened by better relationships between all GPs – contractor, salaried and locum – and their LMCs and this should be supported wherever possible.

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