

Non-statutory functions of LMCs

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The GPC's guidance on "The work of the local medical committee in England and Wales", deals largely with the statutory functions of LMCs. This is most clearly defined for part II independent contractors and as such that section is of most relevance to LMCs in their work with those GPs. Most LMCs will have always functioned beyond their purely statutory functions and the opportunity now to represent all GPs, whatever their contractual status, will give added focus to these and other new functions.

Depending on local circumstances, LMCs will already be fulfilling the functions outlined below. This document is aimed, almost as a form of check list, at assisting LMCs to assess where change might be needed to enable them to act as effectively on behalf of non-principals and part I GPs as they currently do on behalf of their existing constituents. These functions may be summarised as:

Representing core values

In representing the core values of the profession LMCs will strive to ensure the values of:

- Equity and fairness
- Openness
- Equal opportunities
- Representativeness

by working to ensure that all help and advice provided is representative of all GPs in the area, whether they are in contract with the health authority, working in personal medical services pilots or are non-principals who wish to be represented.

Representation

The LMC will represent and advise on all matters concerning GPs, whether:

As providers of services:

- Independent contractors
- PMS doctors
- Non-principals

As commissioners of services:

- Including the work of GPs within PCGs and PCTs

As professionals:

- Including:

- Education and training – undergraduate, postgraduate and vocational training, continuing professional development
- Professionally-led regulation and professional standards – ethical, conduct and performance, including clinical governance
- Workforce planning
- Liaison with consultant and hospital colleagues
- Collaboration with the General Medical Council
- Collaboration with national professional bodies – British Medical Association, Royal College of General Practitioners
- Occupational health issues, eg sick doctors
- Liaison with other professions allied to medicine.

National representation

The LMC represents local GPs views nationally through representation on and to the General Practitioners Committee and by submitting proposals to the annual conference of LMCs.

Communications

LMCs regard communication between representatives and constituent GPs as essential. LMCs communicate with GPs in many ways including:

- Newsletters
- Website development to provide easy access to news, guidance notes, media coverage, discussion groups and more
- Professional meetings/seminars
- Information bulletins on major issues and summaries of national guidance
- The medical press
- Locality/cell networks
- Open meetings and surveys
- Consultation with specific GPs on issues of special interest
- Telephone, email, fax and mail

Links with other bodies

LMCs maintain an extensive network of formal and informal contacts on behalf of GPs with bodies such as:

- Local health authorities
- The Regional NHS office
- The NHS Executive
- Other LMCs
- Local community health councils
- General Practitioners Committee
- Royal College of General Practitioners
- Overseas Doctors Association
- Small Practices Association

- National Association of Primary Care
- NHS Alliance
- Members of Parliament
- Local government

Helping individual GPs

The LMC will provide help to all GPs on matters relevant to general practice including:

- GPs' remuneration
- GPs' terms and conditions of service
- Complaints
- Premises
- Partnership affairs
- Employment matters
- Any disputes which may occur between GPs and the PCG/Ts of which they are part.

GPC is grateful to Drs Stewart Drage and Tony Stanton for permission to make extensive use of material from the 'Guide to local medical committees', produced for the GPs of Middlesex and inner London, in the section on non-statutory functions