1. That this Conference calls for (i) a revision of the Resource Allocation Formula (Carr-Hill) to reflect the additional workload produced by pro-active case-finding as well as reactive case management, (ii) an adequate uplift to the money invested in the Global Sum to reflect the basic workload of general practice.
2. That this Conference finds the sexual discrimination inherent in the NHS Pension Scheme whereby the husbands of female GPs are disadvantaged *vis-à-vis* the wives of male GPs to be abhorrent in the 21st century and calls upon the Government to rectify the anomaly.
3. That this Conference recognises that there are unacceptable anomalies in the funding of practices and:
   (i) calls upon GPC to investigate why this should be so, (ii) recognises that in ironing out these anomalies some practices may lose resources, (iii) calls upon the Government to invest in General Practice to enable all practices to be adequately funded to provide an excellent standard of care for their patients.
4. That this Conference calls upon the Departments of Health to (i) recognise that patients of PMS and APMS practices may be disadvantaged if salaried doctors working in these environments are recruited on terms less advantageous than those of salaried doctors working in GMS and PCTMS practices, (ii) introduce legislation to ensure that all salaried doctors providing primary medical services to NHS patients are employed on terms no less favourable than the BMA/NHSE model contract for salaried GPs.
5. That this Conference (i) notes that it is now seven years since the Cabinet Office published its report *Reducing bureaucracy in General Practice,* (ii) notes that unnecessary bureaucracy is creeping back, (iii) urges government to re-issue the guidance, (iv) instructs General Practitioners Committee to negotiate accordingly.
6. That this Conference seeks clarification of the role, responsibility and accountability of nurses in walk-in centres, whose role would have traditionally been filled by a GP.
7. That this Conference demands that, in the matter of referral of patients to secondary care, providers (i) correspond with the referring clinician or the referring clinician's nominated and named clinician, (ii) correspond in a timely manner, e.g. one week, (iii) correspond with all management advice clearly highlighted and follow-up arrangements clearly documented and provide a call back address which functions.
8. That this Conference demands adequate resources are made available to GPs to allow time for pandemic flu planning.
9. That this Conference, in relation to the proposed revalidation system, (i) is concerned about its development, (ii) believes that the proposed system of learning credits is complex and puts an unfair burden on the appraiser to judge whether the number of credits claimed is appropriate, (iii) believes that the process is likely to be discriminatory against GPs who are locums or have portfolio careers.
10. That this Conference supports the patient's right to be referred through the Choose & Book system to a named consultant of his/her choice.
11. That this Conference asks that the drug information sheet given to patients with prescribed drugs should show the relative risk of side effects in a graphical way.
12. That this Conference demands that there should be equitable funding between Darzi practices and existing practices.

13. That this Conference supports a patient's right to remain registered at the practice of their choice wherever they choose to be treated.
14. That this Conference views with grave concern the massive adverse financial impact upon the NHS and consequences for the provision of future clinical services to patients caused by the lack of a ceiling on the fees charged by contingency fee based (no win no fee) lawyers and calls upon government to (i) urgently reform the legal fee structures for contingency fee based claims, and (ii) reconsider the introduction of a no fault compensation system for victims of medical mishaps.
15. That this conference (i) views with grave concern the current media campaign against public sector pensions as a whole and in particular concerning GPs NHS pensions, (ii) reminds government that the GPs' NHS pension is paid for by general practitioners themselves at up to 22.5% of pay and that pension is deferred pay, (iii) notes that the value of the benefits of the pension has been reviewed by the DDRB and taken into account when making recommendations on GP pay, (iv) regards any unilateral attempt by government to adversely interfere with the NHS Pension Scheme as potential theft and mandates the GPC to negotiate accordingly.
16. That this conference (i) rejects the concept that any doctor can practise unsupervised outside a hospital setting seeing patients with undifferentiated illness without having undertaken the training necessary and obtained the relevant Certificate of Completion of Training to be a General Practitioner, (ii) rejects the recently expounded concept that only Emergency Physicians can adequately and expertly manage clinical emergencies in the community, (iii) requests the GPC to open a dialogue with the College of Emergency Medicine and others with a view to resolving these issues urgently, (iv) urges the GPC and the RCGP to ensure that the regulations are amended so that GPs with relevant qualifications and experience can register a subspecialty with the GMC in the same way that those on the specialty register can do so.
17. That this conference insists that all IT changes and business rules for the QOF must be in place no later than the end of the third month of the contract year in question.
18. That this conference is outraged that the 2009 DDRB report is its 20th consecutive report to dodge the question of a national baseline pay framework for GPs working in Community Hospitals and regards the DDRB to be in dereliction of its duty in this area.
19. That this conference (i) congratulates the GPC on the outcome of the dispensing white paper negotiations, (ii) notes the significant effects that the patient petition organised through their negotiating partners the DDA had upon government in this issue.
20. That this conference, whilst welcoming the moves to improve the already high standards of British General Practice is concerned that the time taken for (i) appraisal, (ii) revalidation, (iii) relicensing, (iv) and from 2012 the Care Quality Commission jurisdiction over practice premises and organisation is leading to an under resourced burdensome and suffocating over regulation of an honourable profession as well as reducing the time available for patient care. GPC is instructed to obtain relevant resourcing on a similar basis as colleagues elsewhere in the NHS for all such activity or tell the relevant authorities so far but no further.

21. That this conference demands that doctors starting their postgraduate General Practice training after 2011 should have their postgraduate training period to increased from three to five years of which at least 30 months be spent in general practice.
22. That this Conference requests the Negotiators to seek (i) the publication of an annually updated list in each UK country of those matters where primary care providers' help is necessary for PCOs to meet their statutory obligations to assist Local Authorities in the discharge of their duties, (ii) a schedule of minimum fees in each country, binding upon PCOs, payable to providers who are prepared to give such help.