



**NHS Borders  
Local Medical Committee  
Rules**

August 2025

This document sets out the rules of the Borders Local Medical Committee covering the area of Borders NHS Board.

## **(1) Title**

The committee shall be known as the Borders Local Medical Committee.

## **(2) Membership**

The committee shall consist of

- a) Elected members (6 seats)
- b) Executive group (4 seats)
- c) GP registrar representative (1 seat)
- d) Sessional GP representative (1 seat)
- e) Co-opted members
- f) Invited members or guests

### **(2.1) Elected Members**

All elected members shall have full voting rights within the committee and shall consist of 10 members.

All members listed in 2.1 above must be general practitioners currently on the NHS Borders Medical Services Performers List and must be working in a practice that has signed the current voluntary levy mandate and has made levy payments in full. GP partners and Salaried GPs holding substantive contracts with a levy paying practice may stand for election. Members should perform the majority of their duties as an in-hours GP. Each practice will be represented by no more than 2 members (except under the conditions given in clause 3.2 j). Any GP standing for this position should expect to remain eligible for at least 6 months from the date of self-nomination.

### **(2.2) GP Registrar Appointment**

The GP Registrar group will be asked to seek a nomination for 1 member. The GPST committee member will have the right to vote on committee business. GPST members of the committee shall cease to be eligible for the role at the time of CCT. Priority will be given to a GPST in their final year of training attached to a Borders practice at the time of joining the committee. GPSTs living in the Borders region but attached to a practice in another region would be considered for this position only if a GPST attached to an NHS Borders practice cannot be recruited. Due to restricted access to email circulation lists, voting for this position will be notified to NHS Borders practice managers. Only GPSTs attached to NHS Borders practices at the time of voting will be eligible to cast a vote. For verification, voters will be asked to confirm the practice they are attached to when casting their vote. At the time of self-nomination, a GPST interested in this position should have at least 6 months of training remaining to contribute to committee business.

### **(2.3) Sessional (freelance) GPs**

An election for this group shall be carried out every 4 years after a call for self-nominations. Only GP Performers who are ineligible to stand as Elected Members (as per 2.1 above) are

able to stand for these positions. 1 member shall be elected from this group. If this member moves to become a GP Partner or salaried GP in a practice within NHS Borders or elsewhere then a re-election shall be held. The sessional GP committee member will have the right to vote on committee business. At the time of self-nomination, the sessional GP interested in this position should anticipate remaining eligible under the above criteria for a minimum period of 6 months.

Members listed in 2.1, 2.2 and 2.3 above will also serve as GP representatives of the GP Sub Committee of NHS Borders.

#### **(2.4) Co-opted members**

The Committee may from time to time decide to co-opt any number of GPs into the Committee as would seem fit to fulfil the functions of the Committee. Co-opted members shall have **full voting rights**.

#### **(2.5) Invited members**

The Committee may, in its absolute discretion, invite any persons as it thinks fit to attend the whole or any part of any Committee meeting. The Committee may require all or any of the invited guests or observers to withdraw from any meeting if it wishes to consider any business in camera. Invited guests and observers shall have no vote.

#### **(2.6) Returner and Retainer GPs**

For the purpose of clarity, neither GP Returners nor GP Retainers are considered eligible to stand for election under clause (2.1) or (2.3) or vote in elections to elect representatives.

### **(3) Elections**

#### **(3.1) Term of office**

Elected members under 2.1 and 2.3 above shall hold office for a maximum term of 4 years. At the end of a 4-year term, the seat shall be offered to all eligible GPs. No limit to the number of terms served will be applied to committee membership.

For Office Bearers, refer also to (4.3) below.

The Medical Director will hold office for a period of 2 years from the date of election as an Office Bearer. If, during the 2-year tenure, the Medical Director's usual period of office of 4 years as a committee member expires then a further 4-year period as a committee member will automatically renew. As an example - committee member elected in 2017, elected to position of Medical Director in 2019, automatic renewal of committee membership will occur in 2021 (until 2025) and Medical Director position will be re-elected in 2023.

Likewise, the Vice-Chair, Chair and Past-Chair Office Bearer positions will hold office for a period of 2 years each. A single individual may progress sequentially through all three positions over a total period of 6 years. If, during the tenure of any of these three positions, the individual's usual period of office of 4 years as a committee member expires then a further 4-year period as a committee member will automatically renew. As an example – committee member elected in 2020, elected to Vice-Chair position 2022 (until 2026), automatic renewal of committee membership in 2024, proceeds to role of Chair in 2026 (until 2030), automatic

renewal of committee membership in 2028, becomes Past-Chair in 2030 (until 2034) with further automatic committee membership renewals in 2032 and again in 2036.

### **(3.2) Process**

- a) The LMC Medical Director shall send written notice by email to the NHS Borders practice managers and any other relevant email circulation lists. Each notice shall state
  - i. the number and type of vacancies
  - ii. the date and time by which self-nominations must be submitted by email to the LMC Medical Director

A minimum of 14 days will be allowed for self-nominations to be submitted.

- b) Email self-nominations and votes must be sent from an nhs.net or NHS Borders email address of the voter for the purpose of verification and identification. Voting shall be by email ballot of eligible GPs or GPSTs. The persons whose names are so included on such registers are referred to as "the electors".
- c) The LMC Medical Director may seek clarification regarding the eligibility of electors from practice managers.
- d) If the number of nominated candidates qualified for election in each category where there are vacancies does not exceed the number of vacancies the LMC Medical Director shall declare those candidates to be elected. In other cases, a vote shall be taken.
- e) Each elector shall be entitled to cast a number of votes equal to the number of vacancies to be filled but may not cast more than one vote for any one candidate. Candidates may cast a vote for themselves if they wish.
- f) Voting shall normally be performed electronically by email as per 3.2 (b) but in the event that this is not possible paper ballot forms will be arranged by the LMC Medical Director with instructions as to their completion and return.
- g) Any papers or votes cast after the closing date for the election shall be invalid and not counted.
- h) If the votes received by any two or more candidates are equal, then the LMC Medical Director will arrange a further vote within the committee between the tied candidates. Voting process will be as per 3.2 (f).
- i) Any question as to the validity of nomination or voting paper or otherwise in connection with an election shall be determined by the LMC Medical Director in his or her absolute discretion.
- j) At the conclusion of the election, the LMC Medical Director will give notice in writing of the result to all candidates and committee members as soon as practically possible.
- k) In the event of no appropriate nominations being received for a vacancy, the following will apply.
  - Under (2.1), initially, a third member from a single practice would be acceptable instead of a committee vacancy.
  - If the above clause is not applicable, then to replace an elected member under 2.1, 2.2 or 2.3, the seat will remain vacant with the Medical Director attempting to seek further nomination(s) at 3 monthly intervals.

### **(3.3) Disqualification or retirement of members**

A member of the committee (including Office Bearers) shall cease to be so thus creating a vacancy if:

- a) The member dies or becomes permanently incapacitated; or

- b) They cease to be qualified as a member and fulfil the conditions of Section 2 above; or
- c) They resign their office by notice in writing or electronically delivered to the Medical Director which notice shall take effect immediately; or
- d) In the opinion of the committee, they persistently absent themselves from meetings of the Committee without due cause\*; or
- e) The committee has evidence to demonstrate that a member has failed to declare a conflict of interest in relation to the committee or benevolent fund business; or
- f) The committee has evidence to confirm that a member has disclosed information confidential to the committee or the business of the benevolent fund.

### **(3.4) Persistent absence**

This occurs if a member unexpectedly and persistently absents themselves from 3 consecutive meetings of the GP Sub-committee and / or the LMC or is absent for a total of more than two thirds of the available possible meetings in any given calendar year. This will *not* apply to committee members during a planned period of parental or sickness absence leave up to a maximum duration of 12 months.

In the first instance, the Chair (or deputy from the Executive Group) shall make efforts to establish from the member if there was a reason for said absences. The Chair or deputy should ascertain if the absent GP has been undertaking practice duties during the relevant period of time.

After the above information has been considered, the committee shall (by simple majority vote) decide whether to declare the incumbent position vacant and seek a replacement member.

### **(3.5) Filling of Casual Vacancies**

- a) Where an elected member is involved, the committee shall, if considered appropriate, appoint a replacement who shall serve for the remainder of the duration of office of the deposed member.
- b) Where an invited member is involved, the body from which a member was invited will be asked to provide a replacement to complete the duration of office of the deposed member.

## **(4) Office Bearers**

- (4.1) The Chair and Vice-Chair shall be shared with the GP Sub-committee of the NHS Borders Area Medical Committee (AMC). There will also be a Medical Director for the LMC who is not the Medical Director of GP Sub.
- (4.2) The LMC and GP Sub Chair will also become the Chair of AMC (alternates with the Chair of Senior Medical Staff Committee). The Chair of AMC will also attend the Area Clinical Forum of NHS Borders.

- (4.3) The Chairman and Vice Chairman shall be elected from the membership of the Committee and voting will be open to all voting members. The Chair and Vice Chair shall hold office for a fixed term of four years.

The Medical Director shall be elected on a four yearly basis from the membership of the Committee and voting will be open to all voting members.

- (4.4) All Office Bearers shall have full voting rights.
- (4.5) In the event of a loss of confidence of the committee in any committee member then any three elected members of the committee may propose a motion declaring a vote of no confidence in said office bearer. Notice of loss of confidence in the said member shall be signed by the members and lodged with the Medical Director. If the motion concerns the Medical Director, it shall be passed to the Chair. If the motion is passed by a simple majority at the committee meeting, the said member shall stand down and an election shall be called under usual process.

Any individual removed from the committee as a result of a vote of no confidence will be prohibited from returning to the committee for an eight-year period and will never be permitted to return to an Office Bearer position.

- (4.6) In the event of the death, resignation, disqualification or permanent incapacity of an Officer Bearer during their term of office, the Committee shall make such arrangements as may be necessary for the performance of the duties.
- (4.7) At the end of the four-year term the Chair shall continue as an “ex-officio” Past Chair member of the committee with full voting rights for a period of a further four years.
- (4.8) An Executive Group (Exec) will form a sub-group of the committee. The Exec will consist of the Chair, Vice Chair, Medical Director and Past Chair. The Exec shall have the delegated authority of the full committee. The Exec group will feedback to the full committee at LMC meetings as a regular agenda item and by email if updates are felt to be required in the interim period.

## **(5) Functions of the Committee**

### **(5.1) Nature of Business**

The Committee shall represent the interests of all general medical practitioners within the area covered by NHS Borders in matters affecting their remuneration and conditions of service. In doing so the Committee shall liaise with and support the UK General Practitioners Committee and its sub-committees.

### **(5.2) Representation**

To execute the business of the committee, the following will apply with representation usually being confirmed at the AGM on an annual basis.

- a) Representation on Scottish General Practitioners Committee (SGPC) – Chair and Vice-Chair or nominated alternative(s) from Exec membership.

- b) Representation on AMC – Exec membership plus 2 other nominated committee members.
- c) Representation at the Local Negotiating Committee (LNC) – Exec membership.
- d) Attendance at the BMA Scottish LMC conference – 2 representative(s) from the Exec and 1 other non-Exec committee member as long as 3 places are allocated.
- e) Attendance at the BMA UK LMC conference – usually 1 place allocated so preference will be given to a member of the Exec. Otherwise another committee member.
- f) Vice Chair will be the nominated representative for the General Practitioner's Defence Fund (GPDF).
- g) Access to the LMC bank accounts will be granted to the Medical Director and Vice Chair.
- h) The Chair and Medical Director will be named as Directors with Companies House.
- i) The Medical Director will be named as Principal Contact with the Scottish Charity Regulator.

To allow for succession planning, it may be necessary for a potential future Office Bearer to be included as an additional representative for a, b, c and d above.

### **(5.3) Conduct of Business**

- a) The committee shall meet bi-monthly (January, March, *May AGM*, July, September and November) alternating meetings with those of the GP Sub committee.
- b) The committee year shall commence at the Annual General Meeting (AGM) in May.
- c) Meetings of the committee shall be conducted by the Chair or in their absence by the Vice-Chair or Medical Director.
- d) The decision of the Chair (or deputy as c above) with respect to the conduct of debates shall be final.
- e) Discussions and communication within the committee should remain confidential until agreed final decisions can be shared more widely with others out with the committee. In the event of uncertainty about whether information should remain confidential, advice should be sought from the Chair or Medical Director.
- f) To ensure confidentiality, LMC business will be conducted, where possible, using member's personal email addresses. Members should be aware that emails shared within the NHS Borders internal mail system may not be secure and may be subject to disclosure on request.
- g) A Quorum shall consist of one third of all voting members of which one shall be an Office Bearer of the committee.
- h) Voting shall be normally by a show of hands but, if requested by members and agreed, can be by secret ballot. In the case of equality, the Chair shall have a casting vote as well as their substantive vote. Committee business will be decided by a simple majority vote.
- i) Business for the agenda shall be sent to the Medical Director to arrive at least 14 calendar days prior to the meeting. Business reaching the Medical Director or Chair after this time shall be discussed at the discretion of the Chair.
- j) The Medical Director will aim to provide members of the committee with an agenda at least 7 days prior to each scheduled meeting.
- k) Following each meeting the Medical Director (or administrative assistant) shall prepare a draft minute for initial approval / amendment by the Chair. Once confirmed in draft by the Chair, the minute will then be emailed to members of the committee by the

Medical Director. Each such minute shall be included in the agenda of the next meeting of the committee for final approval and the agreement of the Chair noted in the minute. Electronic approval of the minute by e-mail may be used as an alternative method of approval if needed.

- l) The Medical Director shall present to the AGM of the committee a statement showing the financial transactions of the committee during the preceding financial year.
- m) Documents related to the financial affairs of the committee and the benevolent fund will be retained for a minimum of 6 years.
- n) Agendas, minutes of meetings, the constitution and any other associated documents will be retained for a period of 10 years. These will be available to committee members via the secure, password protected area of the LMC website.

#### **(5.4) Changes to The Rules**

In the event that changes to The Rules are deemed necessary, the Medical Director will notify committee members by email of the exact, proposed changes by supplying a draft, amended version of the document. It is expected that committee members will discuss these proposal with the GPs they represent. The committee will be provided with a minimum of 4 weeks' notice prior to the amendments being tabled on the agenda at a future LMC meeting.

#### **(5.5) Financing the committee.**

The functions of the Committee shall be a charge upon its constituent practices. Each constituent practice shall be asked to sign a mandate, which will permit the Committee to collect the necessary sum of money that, in the opinion of the Committee, will result in sufficient funds being collected for this purpose. The sum of money so collected will adequately cover the expenses of the Committee, its commitment to the GPDPF, allow for the payment of attendance fees to members and sessional fees to the relevant Office Bearers. The sum of money required to finance the committee will be reviewed annually or at any other time necessary by the committee. On an annual basis, the committee will also determine the annual uplift of fees to be paid to members. This will not exceed the annual Scottish GP pay uplift. The committee shall have full power to bank, invest or use such funds so collected to the benefit of its constituents.

#### **(5.6) Mileage Claims**

Committee members may submit mileage claims to attend LMC meetings or meetings related to LMC business where these meetings are held in person. The mileage reimbursement rate will be reviewed annually and will be adjusted in accordance with the HMRC approved rate.

Committee members may submit mileage claims to / from their base medical practice or home only to the meeting venue. Mileage claims should be made in accordance with the actual journey made. If sequential meetings are held at the same venue, then a part claim only should be submitted to the LMC. The claimant should divide the mileage claim equally according to the number of meetings attended. Only a driver may make a mileage claim for a journey.



Passengers may not make mileage claims. Committee members making mileage claims must ensure that their car insurance includes appropriate cover for business related use. Evidence of this cover may be requested by the Medical Director prior to approving a claim.

#### **(5.7) Payments to Office Bearers**

Members of the Exec Group will receive a monthly payment in recognition of the time needed to execute their duties. The Medical Director will also receive an additional payment equivalent to one session / month. In accordance with (5.5) above, these payments will be reviewed by the committee on an annual basis. In the event of a member of the Exec Group being unable to perform their duties (due to either sickness absence or parental leave), scheduled payments will continue uninterrupted for an initial period of 6 months. Thereafter, a meeting will be held with the Chair (or nominated committee member deputy) to establish whether the member was able to return to full duties within 7 months of initial absence. If a member of the Exec is considered unlikely to be able to return to normal duties after a total of 7 months of absence, then payments will cease.

#### **(6) Declaration of Interest**

If any member has any personal interest, direct or indirect, in any topic, which appears before the Committee, he / she shall, at the meeting and as soon as practical after the commencement of discussion of the topic, disclose the fact. He / she shall be directed by the Chair, after discussion with the rest of the committee, whether he / she should leave the room for the rest of the discussion and / or vote.