

## THE VOLUNTARY LEVY – WHAT IS IT USED FOR?

The voluntary levy is paid on to the General Practitioners' Defence Fund Ltd (GPDF), a company limited by guarantee, separate and distinct from the British Medical Association (BMA), but dedicated to one of the Association's main purposes – furthering the interests of general practice and family doctors working in the NHS. Like the BMA, which represents the interests of member and non-member GPs alike, the GPDF supports all UK family doctors through their Local Medical Committees (LMCs) which collect the contributions from its constituents.

The General Practitioners Committee (GPC) of the BMA is one of the major branch-of-practice committees of the BMA and helps to formulate BMA policy as expressed through its Council, but it also acts as a co-ordinating and negotiating body for LMCs across the UK and attempts to implement policies determined annually at the Conference of Representatives of LMCs every June in London.

Unlike every other branch-of-practice that represents employees' interests in negotiations with employers, general practice has diverse medico-political needs because it represents what are in effect small businesses with a contract *for not of service*. Not only does it involve this representation of traditional 'partner GPs – it also represents salaried GPs and trainees. Added to this are issues of GPs as employers of staff, as tenants or owners of premises, as commissioners of NHS care, as independent operators of IT systems and as doctors operating under various differing NHS contracts (even though the Departments of Health will not negotiate directly with the GPC on local contracts).

With four, different, devolved and steadily diverging NHS systems, each expressing what is supposed still to be a UK GP contract, all these functions need to be replicated in each separate devolved nation each of which relates to a different national parliament or assembly. This adds considerably to cost.

Finally, those GPs who become involved with the GPC nationally, especially the national negotiating team members, require a degree of 'backfill' to stabilise the practice they have left at home because it is normally a personal responsibility of a GP to provide a locum or to recompense partners who have to work harder and longer to cover absences.

The funds of the GPDF, therefore, are entirely devoted to enhancing the amount of resource available to the BMA's GPC and its subcommittees and, in the final analysis, relieves the BMA of a substantial expenditure that would be required to sustain the GPC's

current level of representative activity. It is an extra that is financed by a supplementary contribution that over 90% of UK GPs make, recognising that a discipline with such a variety of expression (urban, rural, dispensing, PMS, salaried, sessional, community hospitals, maternity service etc) requires far more sophisticated and expensive representation than specialties with national terms and conditions of service.

Contributions to the fund that pays for the negotiating team and BMA Finance Department services are made by the Association centrally but also by LMCs acting as collecting agents (mostly through Primary Care organisations who are mandated to deduct at source) for a subscription from practices based upon the number of patients they have registered. LMCs send their annual contributions pro rata to the number of patients in their areas to the GPDF in London. The GPDF then arranges for support for the negotiating team members, individual GPC and subcommittee members. In addition the GPDF supports the UK and national LMC Conferences and the LMC Secretaries Conference and underwrites the annual Trainees' Conference.

If the GPDF did not exist the activity of GPC would have to be drastically cut back. This would also have knock on effects on the work of this LMC and would be exceptionally difficult.