

GENERAL PRACTITIONERS DEFENCE FUND HISTORY AND PURPOSE

The Central Insurance Defence Fund was established by the BMA in 1911, following the publication of the National Insurance Bill on 4 May that year. The purpose of the Fund was to meet the expenses of practitioners in dispute with the National Health Insurance Commissioners or who had suffered financially as a result of their loyalty to BMA policy. The Provisional Medical Committees established in 1912 had the function of arranging subscriptions to the Fund. The BMA Representative Meeting in February 1912 had accepted Council's recommendation to make all necessary arrangements for assisting Divisions and Branches in the appointment of "provisional" medical committees without prejudice to the question of whether these committees should later accept recognition as statutory local medical committees. The 'statutory recognition of a local Medical Committee representative of the profession in the district of each Health Committee' was part of one of the 'Six Cardinal Points' prepared at the Special Meeting of the Representative Body on 31 May and 1 June 1911 in response to the National Insurance Bill.

At the first Conference of Local Medical Committees on 24 July 1913, called by the Council of the BMA, the first substantive motion to be passed stated 'that as far as possible there be cooperation between Local Medical Committees and divisions of the British Medical Association'.

The Insurance Act Committee was appointed by the 1913 BMA Representative Meeting and first met on 31 July 1913. (It was the precursor of the Insurance Acts Committee (established in 1915), General Medical Services Committee (its new title from 8 July 1948; it first met in December 1948) and the General Practitioners Committee (its title from 1998).) The Insurance Act Committee decided to hold a Conference of Local Medical and Panel Committees on 13 March 1914, at which it was agreed that a Permanent Central Organisation to coordinate the work of Local Medical and Panel Committees should be established. It was further decided that a voluntary levy be collected to finance the Association of Committees, and that each Committee should contribute £1 for each 20000 insured persons in its area. The Conference agreed that the new organisation should be associated with the British Medical Association and that the BMA be requested to form a permanent committee to which the Conference of Local Medical and Panel Committees be invited to nominate members.

The constitution of the Insurance Acts Committee, which brought together the Insurance Act Committee and the Provisional Committee formed in the wake of the 1914 Panel Conference, was approved at the July 1915 BMA Representative Meeting. Initially, the members of the IAC had to be BMA members, but it was agreed by the 1918 BMA Representative Body that those members elected by Local Medical and Panel Committees need not fulfil that qualification.

Local Medical Committees had first been given statutory recognition in Clause 62 of the 1911 National Insurance Act. Statutory recognition was continued in Section 32 of the National Health Service Act 1946, which established local professional committees including LMCs. Following amendments to the Act, these Committees were given powers to request Executive Councils to operate a levy on practitioners to defray the expenses of the Committee. Statutory recognition was continued in Section 44 of the NHS Act 1977.

An Industrial Relations Bill was introduced on 1 December 1971. Subsequently, Government amendments provided for a special category of registration to enable professional associations such as the BMA to register without becoming trade unions. The Bill received Royal Assent on 5 August 1971 and the BMA enrolled on the Special Register. The Industrial Relations Act 1971 was, however, repealed by the Trade Union and Labour Relations Act 1974, which abolished the Special Register and converted all the organisations on it, including the BMA, into trade unions.

The Chambers Report on a revised constitution for the BMA, published in March 1972, proposed that the GMSC should be abolished, that only members of the BMA should hold office on the General Practitioners' Pay and Conditions Committee and the General Practitioners' Medical Services Committee that would replace it, and that there was no obligation on the BMA to provide central coordination for the work of LMCs. The constitutional crisis that followed, and that ended in rejection of the Chambers proposals, reaffirmed the BMA's commitment to an LMC/Conference/GMSC structure. The current arrangements for a federal structure for the BMA were largely approved at the 1974 and 1975 Representative Meetings.

The survival of the GMSC during the Chambers crisis was in part the result of the Committee's financial independence from the BMA. Many of the Committee's funds are not provided by the BMA, but by the LMCs which raise levies from GPs on behalf of, successively, the Central Insurance Defence Trust (established in 1911), National Insurance Defence Trust (created in 1919), the General Medical Services Defence Trusts, the General Medical Services Defence Fund Ltd and the General Practitioners Defence Fund Ltd.

It should also be noted that these Trusts have in the past provided financial support to the BMA. The British Medical Guild, an organisation established by BMA Council and subsequently approved by a Special Representative Meeting on 30 March 1949 to help with trade union like activities and to be a trade union shadow of the BMA, was inaugurated by a contribution from the NIDT and partially financed by contributions from the GMSDT. The Guild machinery was repeatedly activated by BMA Council during disputes with the Government, prior to the Association's gaining trade union status. The Guild was a front organisation, allowing the profession to organise and finance collective action or wield economic weapons against Ministers. Any possible constitutional and legal difficulties for the BMA were avoided by BMA Council members adopting the guise of trustees of the Guild.

Additionally, one of the two emergency funds established by the BMA in 1946, whilst the Association was resisting Bevan's proposals for the NHS, was substantially funded by the NIDT, which also made the initial donation of £400000 to the independence fund established by the BMA in 1948 as the replacement for those emergency funds in the profession's dispute with the Government about the implementation of the NHS.

The GPC, its Subcommittees and working parties exist to defend the interests of general practitioners, irrespective of whether the GPC is in conflict with the Government or threatening resignation on any specific issue, and the Defence Fund is there to fund that defence. When the NHS began in 1948, the GMSC decided to form the GMS Defence Trust with the intention of paying the expenses of the GMSC and the Conference of Local Medical Committees from the income from LMC contributions, and also to build up a fighting fund in the event of a serious dispute with the Government. The GMS Defence Fund Limited was

incorporated on 18 July 1980, on legal advice sought in the light of changes in taxation law, to take over the assets and continue the work of the Defence Trust.

LMCs can raise funds by requesting a voluntary levy from the practitioners they represent. Those funds permit LMCs to incur expenses in the wider interests of those doctors and to fulfil an LMC's quota to the GPDF. Additionally, LMCs in England and Wales can raise a compulsory statutory levy for defraying the administrative expenses of the LMC.

The immediate past Treasurer of the GPDF negotiated with the then Treasurer of the BMA that a significant proportion of GPC costs previously borne by the Defence Fund should henceforward be borne by the Association, by analogy with the way in which other craft committees are funded. However, there remains a continuing need for independent funds. The GPDF's use of its funds is scrutinised by the members and Directors of the Fund and by the Fund's professional financial advisers to ensure that the best possible financial results and the best possible promotion of the interests of general practice are obtained.

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27-28.10.2002

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