

BDA Model LDC Constitution

Model framework Constitution

Local Dental Committee in England (2013)

Constitution of the West Sussex Local Dental Committee.

In this Constitution:

1. Unless the contrary intention appears or the context otherwise requires, words and expressions contained in this Constitution have the same meaning as in the National Health Service Act 2006.
2. Words importing the masculine gender only shall include the feminine gender, words importing the singular shall include the plural and vice versa.

1. DEFINITIONS

1.1 In this Constitution –

“the 2006Act” means the National Health Service Act 2006¹;

“The Committee” means the West Sussex LDC;

“dental practitioner” means a person registered in the dentists register under the Dentists Act 1984;

“eligible practitioner” means a dental practitioner falling within the category of dental practitioner specified in clause 3 (a) (i) and (ii).

2. NAME

The Committee recognised by the NHS Commissioning Board shall be known as the “West Sussex Local Dental Committee”.

3. FUNCTIONS

3.1 The function of the Committee is to –

- (a) represent the interests of -

¹ As amended by subsequent legislation, namely the Health and Social Care Act 2012.

- (i) every dental practitioner who, under a general dental services contract entered into by him, is providing services for the NHS Commissioning Board in the areas for which the committee is formed; and
- (ii) every other dental practitioner who is performing primary dental services in the areas for which the committee is formed

and who has notified the relevant NHS Commissioning Board Area Team that he wishes to be represented by the Committee and has not notified it that he wishes to cease to be so represented; and

- (b) promote and support the NHS interests of eligible practitioners and liaise with the relevant NHS Commissioning Board Area Team in respect of those interests.

4. MEMBERSHIP OF THE COMMITTEE

- 4.1 The Committee shall consist of 20 members who are eligible practitioners elected in accordance with the procedures set out in clause 13.
- 4.2 The committee may in addition co-opt additional eligible practitioners as members, but the number of co-opted members shall not exceed one quarter of the total number of members of the Committee. Co-opted members shall not have voting rights on the Committee.

4. TERMS OF OFFICE

- 4.1 Members of the Committee-
 - (a) may hold office for a period of (three years or on a four year rotational basis, with half of the committee being elected every two years) years;
 - (b) are eligible for re-election at the end of that period;
 - (c) shall cease to hold office if they cease to be an eligible practitioner.
 - (d) co-opted members shall hold office until the date of the next election

5. VACANCIES etc. NOT TO INVALIDATE PROCEEDINGS

- 5.1 The proceedings of the Committee shall not be invalidated by any vacancy in its membership, or by any defect in the appointment of any member of the Committee.

6. APPOINTMENT OF CHAIR

- 6.1 The members of the Committee shall elect a chair and vice chair from among themselves.
- 6.2 The chair and vice chair shall hold office until whichever of the following first occurs-
- (a) he resigns as chair or, as the case may be, as vice chair by giving notice to the Committee;
 - (b) he ceases to be a member of the Committee; or
 - (c) he is removed as chair, or as the case may be as vice chair, by a majority vote of other members of the Committee.
- 6.3 A person shall not be prevented from being elected chair or as the case may be vice-chair merely because he has previously been chair or as the case may be, vice chair.

7. APPOINTMENT AND ROLE OF SECRETARY

- 7.1 The Committee shall appoint a person to act as Secretary to the Committee who may or may not be an eligible practitioner.
- 7.2 The Secretary shall immediately notify his appointment to the relevant NHS Commissioning Board Area Team, and to the LDC lead at the British Dental Association.
- 7.3 The Secretary shall keep the relevant NHS Commissioning Board Area Team advised in a timely fashion of all changes to the membership of the Committee.
- 7.4 The Secretary shall keep a list of any eligible practitioner performing primary dental services who has notified the Committee that he wishes to cease to be represented by the Committee.

8. APPOINTMENT AND ROLE OF TREASURER

- 8.1 The Committee shall appoint a Treasurer who may or may not be an eligible practitioner.
- 8.2 The Treasurer shall maintain the accounts of the Committee in a timely and accurate fashion. Those accounts shall be audited annually and approved by the Committee.
- 8.3 The Treasurer shall also notify the relevant NHS Commissioning Board Area Team of his appointment.

9. QUORUM

- 9.1 One third of the number of members of the Committee, or if one third is not a whole number, the next number above one third, shall form the quorum of the Committee.

10. DISQUALIFICATION FOR MEMBERSHIP

- 10.1 A person may not be a member of the Committee if-
- (a) he is a person whose tenure of office as a chairman or as a member or director of a health service body has been terminated on the grounds that his appointment is not in the interests of public service, for non attendance at meetings, or for non-disclosure of a pecuniary interest;
 - (b) he has within the preceding two years been dismissed, otherwise than by reason of redundancy, from paid employment with a health service body.

11. TERMINATION OF MEMBERSHIP OF THE COMMITTEE

- 11.1 A member of the Committee or sub-committee shall cease to be a member if he-
- (a) resigns by written notice to the Secretary;
 - (b) ceases to fall within the category of eligible practitioner in clause 3;
 - (c) becomes incapable by reason of mental disorder, illness, injury of managing and administering his property and affairs;
 - (d) fails to attend three consecutive meetings of the Committee to which he has been requested by the Committee to attend without reasonable cause.

12. SUB-COMMITTEES

- 12.1 The Committee may establish a sub-committee-
- (a) to exercise the functions of the Committee relating to orthodontists in the relevant NHS Commissioning Board Area Team;
 - (b) to exercise the functions of the Committee relating to performers of primary dental services as a consequence of the section 16CA provision in the relevant NHS Commissioning Board Area Team;

12.2 The sub-committee(s) referred to in this clause shall report to the Committee in the manner and at such times as the Committee request.

13. ELECTION PROCEDURE

13.1 Elections shall be held in April 2014 and thereafter at intervals of 4 years.

13.2 All eligible practitioners shall be eligible to vote for a person who has been nominated and who provides or performs primary dental services within the relevant NHS Commissioning Board Area Team and is not represented by another recognised LDC.

13.3 The Committee shall appoint a Returning Officer for each election, who shall not be an eligible practitioner. In the event of the person appointed as Returning Officer being unable to act, he or she shall appoint a person, other than an elector, to act as deputy in his place.

13.4 Expenses properly incurred by the Returning Officer shall be administrative expenses of the Committee.

13.5 The Returning Officer shall send written notice of the election to every eligible practitioner, not less than six weeks before the date of the election, enclosing a nomination form inviting nominations to become a member of the Committee to be submitted within three weeks.

13.6 Every candidate for election shall be nominated by at least two eligible practitioners who provide or perform primary dental services within the same area in which the candidate provides or performs primary dental services.

13.7 Each nomination shall be accompanied by a signed statement from the candidate of his willingness to stand for election.

13.8 When the closing date for nomination has passed:

- (a) if the number of nominations is less than the number of vacant seats, all candidates shall be declared returned unopposed and the Committee may appoint one or more eligible practitioners from the relevant primary care trust area to fill the vacant seat(s), such appointees being deemed to be elected members with voting rights;
- (b) if the number of nominations equals the number of vacant seats, all candidates shall be declared returned, unopposed;
- (c) if the number of nominations exceeds the number of vacant seats, a postal ballot shall be arranged by the Returning Officer in accordance with the procedures set out in paragraph (9) of this clause.

13.9 Where a postal ballot is to be held:

- (a) the Returning Officer shall prepare voting papers for and issue them by post to eligible practitioners within two weeks of the closing date for nominations. Voting papers shall specify the date for their return, and indicate the names and addresses of all candidates nominated and the number of persons to be elected;
- (b) voting papers shall be signed by the electors and returned to the Returning Officer. A voting paper shall be invalid if it is not returned by the specified date, is not signed, contains more votes than the number of seats vacant, or is marked in such a manner as to cause uncertainty as to the elector's intentions;
- (c) the Returning Officer shall examine the returned voting papers and, rejecting any that are invalid, count the votes after the specified date;
- (d) he shall prepare a list of the candidates, ordered according to the number of votes which each has received, the person receiving the greatest number of votes being placed first in the list;
- (e) the Returning Officer shall declare elected such number of candidates highest on the list as will fill the number of vacancies on the Committee;
- (f) if the votes received by two or more candidates are equal, so that one or more vacancies go unfilled, a second postal ballot shall be held, between the candidates concerned.

13.10 When vacancies have been filled in accordance with the procedure in this clause, the Returning Officer shall, as soon as possible, advise all eligible practitioners and all candidates of the election results, in writing.

14. METHOD OF FILLING CASUAL VACANCIES

14.1 Should a vacancy in the membership of the Committee occur:

- (a) whether by reason of termination, death or disqualification, a casual vacancy in the membership of the Committee occurs, the Committee shall, except in the circumstances mentioned at 14 (d), hold a by-election to fill that vacancy;
- (b) the persons eligible to be so elected are those eligible practitioners falling within the same category and who provides or performs primary dental services within the same LDC area of the practitioner who has ceased to be a member;

- (c) the person so elected shall hold office for the remainder of the term of office of the member in whose place he/she is appointed;
- (d) where the remainder of the term of office of the post vacated is less than 6 months the Committee may instead co-opt an eligible practitioner falling within the same category to fill that vacancy for the remainder of that term of office only.

15. ATTENDANCE AT COMMITTEE MEETINGS

- 15.1 Any eligible practitioner who is not a member of the Committee may, at the Chair's discretion, attend meetings of that Committee or any sub-Committee.

16. NOTICE OF MEETINGS

- 16.1 Reasonable notice shall be given before each Committee meeting.
- 16.2 An annual general meeting shall be called in November with at least 21 days notice given of the place, date and hour of that meeting to all eligible practitioners.

17. RECORDS

- 17.1 Minutes shall be kept of each meeting of the Committee as well as an account of the income and expenditure of the Committee.

18 FINANCE

- 18.1 The Committee in respect of each year shall determine the amount of its administrative expenses for that year attributable to eligible practitioners falling with the description specified in clause 3(a)(i) and (a)(ii). The rate of remuneration is specified in Appendix A.
- 18.2 The Committee shall –
 - (a) apportion the amount determined by it in respect of those eligible practitioners falling with the description of eligible practitioner specified in clauses 3(a)(i) and 3(a)(ii) among such practitioners and
 - (b) notify in writing the eligible practitioners as referred to in sub-clause (a) of the amount the Committee has directed should be apportioned to him.²

² It is a requirement that such eligible practitioners shall pay in accordance with the committee's directions the amount apportioned to him.

19. ANNUAL REPORT AND STATEMENT OF ACCOUNTS

- 19.1 The Committee shall prepare an annual report and a statement of accounts in each financial year.
- 19.2 The annual report and statement of account shall be sent to the relevant NHS Commissioning Board Area Team (and to all eligible practitioners, not later than four weeks after the Committee shall have approved the same.
- 19.3 The Statement of account shall provide details of the administrative expenses attributable to persons of whom its representative under the 2006 Act, including the travelling and subsistence expenses incurred by the members of the Committee.

20. REGISTER OF INTERESTS

- 20.1 The Secretary to the Committee shall maintain a register of the relevant interests of all members and shall provide copies to the relevant NHS Commissioning Board Area Team annually and, at any other time, upon request.
- 20.2 Each member is required to register all relevant business interests, financial or otherwise, which he or (so far as he is aware) his spouse, civil partner or partner, children, or other close relatives may have which have a bearing upon the primary functions of the Committee.
- 20.3 Members should inform the Secretary whenever their circumstances change and interests are acquired or cease.

20.4

21. GIFTS

- 21.1 The Committee shall ensure that it keeps a register of gifts which are given to any member of the Committee by or on behalf of:
- (a) a contractor;
 - (b) a relative of a contractor; or
 - (c) any person who provides or wishes to provide primary dental services in the area for which the LDC is formed,
- and has, in the Committee's reasonable opinion, an individual value of more than £100.00.
- 21.2 Paragraph 1 does not apply where:

- (a) there are reasonable grounds for believing that the gift is unconnected with services provided or to be provided in the area;
- (b) the Committee member is not aware of the gift; or
- (c) the Committee member is not aware that the donor wishes to provide services in the area.

21.3 The register referred to in paragraph 1 shall include the following information—

- (a) the name of the donor;
- (b) in a case where the donor is a patient of the member, the patient's National Health Service number or, if the number is not known, his address;
- (c) in any other case, the address of the donor;
- (d) the nature of the gift;
- (e) the estimated value of the gift; and
- (f) the name of the person or persons who received the gift.

22. PARTICIPANTS IN COMMISSIONING BOARD DISCUSSIONS

22.1 Should any potential conflict of interest arise for a member of the Committee regarding discussions with the relevant NHS Commissioning Board Area Team, the member shall declare that interest immediately and be barred from discussions on behalf of the Committee with the relevant NHS Commissioning Board Area Team and from voting on related matters at Committee meetings.

23. AMENDMENT OF THE CONSTITUTION

23.1 The Committee may make amendments to the Constitution with the approval of no less than three quarters of the members of the Committee.

23.2 The Committee shall notify and provide details of any amendment to the constitution to the relevant NHS Commissioning Board Area Team³.

³ Any change in the constitution may affect recognition of that Committee by the NHS Commissioning Board. The Committee is advised to discuss with officials representing the NHS Commissioning Board, any proposed change in the Constitution of the Committee.