

Derbyshire LDC Constitution

Local Dental Committees in England

Constitution of the Derbyshire County 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 as amended.

2. Words importing the feminine gender only shall include the masculine gender, words importing the singular shall include the plural and vice versa.

1. DEFINITIONS

1.1 In this Constitution:

“the 2006 Act” means the National Health Service Act 2006 as amended;

“The Committee” means the Derbyshire County LDC as provided for in clause 2);

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

“eligible practitioner” means a dental practitioner/dental care professional falling within the category of dental practitioner/dental care professional specified in clause 3(a)(i), 3(a)(ii) and 3(a)(iii);

“general dental services contract” means a contract under section 28K of the 2006 Act;

“personal dental services agreement” means an agreement for primary dental services under section 28C of the 2006 Act;

2. NAME

The Committee recognised by the NHS Commissioning Board¹ shall be known as the “Derbyshire County Local Dental Committee”.

¹ Constitution must be approved by the relevant Commissioning Board Local Office(s)

3. FUNCTIONS

3.1 The function of the Committee is to –

(a) represent the interests of:

(i) every dental practitioner/dental care professional who under a general dental services contract entered into by her is providing services for Derbyshire County; and (ii) every other dental practitioner who is performing primary dental services in Derbyshire County for whom a levy is paid and (iii) any wholly private dental practitioner for whom a levy is normally paid –

a personal dental services agreement; or a general dental services contract

and who has notified the Commissioning Board that she wishes to be represented by the Committee and has not notified it that she wishes to cease to be so represented; and

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

(c) these functions include, but are not limited to, the following²:

- (i) Providing individual support to eligible practitioners in issues regarding their NHS contract or NHS work
- (ii) Providing advice to the NHS Commissioning Board
- (iii) Helping eligible practitioners to seek compliance with regulatory requirements
- (iv) Participating in NHS England performance management programmes where the LDC deems it appropriate to do so
- (v) Organising or supporting a Practitioner Advice and Support Scheme where the LDC deems it appropriate to do so
- (vi) Providing relevant information, education, training and CPD to eligible practitioners and undertaking consultations
- (vii) Support dental charities which are of benefit to eligible practitioners
- (viii) Liaising with the BDA's General Dental Practice Committee and providing support for national negotiations and representation
- (ix) Supporting the Annual Conference of Local Dental Committees and sending delegates to other national and local meetings of LDCs.

4. MEMBERSHIP OF THE COMMITTEE

4.1 The Committee shall consist of 14 members who are eligible practitioners elected in accordance with the procedures set out in clause 14.

(in the case where the committee is formed for more than one Commissioning Board area):

² Other functions to be included according to local circumstances

4.1 The number of eligible practitioners to be elected to the Committee shall be a reasonable proportion of the total number of eligible practitioners within each Commissioning Board area³ and will be the number contained in the Schedule to this Constitution.

4.3 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.

5. TERMS OF OFFICE

5.1 Members of the Committee-

(a) may hold office on a four-year rotational basis, with half of the committee being elected every two 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.

6. VACANCIES NOT TO INVALIDATE PROCEEDINGS

6.1 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.

7. APPOINTMENT OF CHAIR

7.1 The members of the Committee shall elect a chair and vice chair from among themselves.

7.2 The term of office of the chair and vice chair shall be no more than 4 years.

7.3 The chair and vice chair shall hold office until whichever of the following first occurs-

(a) she resigns as chair or, as the case may be, as vice chair by giving notice to the Committee; (b) she ceases to be a member of the Committee; or (c) she is removed as chair, or as the case may be as vice chair, by a majority vote of other members of the Committee.

7.4 A person shall not be prevented from being elected chair or as the case may be vice chair merely because she has previously been chair or as the case may be, vice chair.

8. APPOINTMENT AND ROLE OF SECRETARY

8.1 The Committee shall appoint a person to act as Secretary to the Committee who may or may not be an eligible practitioner.

8.2 The Secretary shall immediately notify her appointment to the relevant NHS Commissioning Board area and to the Secretary of the General Dental Practice Committee of the British Dental Association.

8.3 The Secretary shall keep the NHS Commissioning Board area advised in a timely fashion of all changes to the membership of the Committee.

8.4 The Secretary shall keep a list of any eligible practitioner performing primary dental services who has notified the Committee and the Commissioning Board that she wishes to cease to be represented by the Committee and forward this list to the Commissioning Board.

9. APPOINTMENT AND ROLE OF TREASURER

9.1 The Committee shall appoint a Treasurer who may or may not be an eligible practitioner.

9.2 The Treasurer shall maintain the accounts of the Committee in a timely and accurate fashion. Those accounts shall be approved annually by the Committee.

9.3 Each year the Treasurer will prepare a budget for the following financial year based on the planned expenditure for the following year to fulfil the Committee's functions to determine the amount applicable to each eligible practitioner.

9.4 The Treasurer shall also notify the relevant NHS Commissioning Board area of his appointment.

10. QUORUM

10.1 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.

11. DISQUALIFICATION FOR MEMBERSHIP

11.1 A person may not be a member of the Committee if:

(a) she is a person whose tenure of office as a chair 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 nonattendance at meetings, or for non-disclosure of an interest for which there is a conflict with her membership of the Committee;

(b) she has within the preceding two years been dismissed, otherwise than by reason of redundancy, from paid employment with a health service body.

12. TERMINATION OF MEMBERSHIP OF THE COMMITTEE

12.1 A member of the Committee or sub-committee shall cease to be a member if she:

(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 or injury of managing and administering her property and affairs;

(d) fails to attend (in person or by telephone) three consecutive meetings of the Committee to which she has been requested by the Committee to attend without reasonable cause as agreed by the Chair;

(e) has abused her position on the LDC for preferment

3. SUB-COMMITTEES

13.1 The Committee may establish a sub-committee -

(a) to exercise the functions of the Committee relating to orthodontists in the Commissioning Board area;

(b) any other sub-committees as the LDC deem necessary.

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

ELECTION PROCEDURE

14.1 Elections shall be held in (*insert month and year*) and thereafter at intervals of two years.

14.2 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 same area as herself.

14.3 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 or her place.

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

14.5 The Returning Officer shall send notice of the election to every eligible practitioner, not less than (six or eight) 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. The call for nominations can be made by (post/electronically/online).

14.6 Every candidate for election shall be nominated by at least two eligible practitioners who provide or perform primary dental services within the same Commissioning Board area in which the candidate provides or performs primary dental services. *Note this clause can be deleted if self-nomination is allowed.*

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

14.8 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 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 ballot shall be arranged by the Returning Officer in accordance with the procedures set out in paragraph (9) of this clause. Ballots may be held by post or electronically.

14.9 Where a ballot is to be held:

(a) the Returning Officer shall prepare voting papers for and issue them by (post/email/online) 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 practice addresses of all candidates nominated and the number of persons to be elected;

(b) voting papers shall be returned to the Returning Officer. A voting paper shall be invalid if it is not returned by the specified date, 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 ballot shall be held, between the candidates concerned.

14.10 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.

15. METHOD OF FILLING CASUAL VACANCIES

15.1 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 14.1(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 area of the practitioner who has ceased to be a member;

(c) *(delete whichever is not to apply)* 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; *(or)* the person so elected shall hold office for a term of *(insert terms for example 3 years)* years;

(d) where the remainder of the term of office of the post vacated is less than (six 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.

16. ATTENDANCE AT COMMITTEE MEETINGS

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

17. NOTICE OF MEETINGS

17.1 Reasonable notice shall be given before each Committee meeting.

17.2 A general meeting (which may or may not be annual) shall be called with at least 21 days' notice given of the place, date and hour of that meeting to all eligible practitioners.

18. RECORDS

18.1 Minutes shall be kept of each meeting of the Committee for at least ten years as well as an account of the income and expenditure of the Committee.

19 FINANCE

19.1 The Committee in respect of each year shall determine the amount of its expenses for that year attributable to eligible practitioners falling with the description specified in clauses 3(a)(i) and 3(a)(ii) and 3(a)(iii).

19.2 The Committee shall 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.

20. ANNUAL REPORT AND STATEMENT OF ACCOUNTS

20.1 The Committee shall prepare an annual report and a statement of accounts in each financial year.

20.2 The annual report and statement of accounts is available to all eligible practitioners not later than four weeks after the Committee shall have approved the same and may be included on the LDC's secure website, if it has a website.

20.3 The statement of accounts shall provide details of the expenses attributable to persons of whom it's representative under section 113 of the 2006 Act, including the travelling and subsistence expenses incurred by the members of the Committee.

21. REGISTER OF INTERESTS

21.1 The Secretary to the Committee shall maintain a register of the relevant interests of all members and shall provide copies to the NHS Commissioning Board on request.

21.2 Each member is required to register all relevant business interests, financial or otherwise, which she or (so far as she is aware) her spouse, civil partner or partner, children, or other close relatives may have which have a bearing upon the primary functions of the Committee. Such interests may include but are not limited to:

- Dental Practice Adviser
- Employment by NHS Dental Services
- LDN or MCN Chair
- A role with the CQC
- A role with the GDC
- A role with HEE.

21.3 Members should inform the Secretary whenever their circumstances change and interests are acquired or cease.

22. GIFTS

22.1 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 NHS Commissioning Board area, and has, in the Committee's reasonable opinion, an individual value of more than £100.00.

22.2 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.

22.3 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.

23. PARTICIPANTS IN NHS COMMISSIONING BOARD DISCUSSIONS

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

24. AMENDMENT OF THE CONSTITUTION

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

24.2 The Committee shall notify and provide details of any amendment to the constitution to the Commissioning Board area.