KLDC

Kent Local Dental Committee

www.kldc.org.uk

[BDA Model LDC Constitution]

A Local Dental Committee in England
(February 2021) with March 2022 update

Constitution of the Kent 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 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 2006 Act" means the National Health Service Act 2006 as amended

"The Committee" means the Kent Local Dental Committee (KLDC) 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 3.1(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;

"NHS England" means NHS England and NHS Improvement – SE Region (the NHS Commissioning Board).

2. NAME

The Committee recognised by NHS England and NHS Improvement (NHS Commissioning Board[1]) shall be known as the "**Kent Local Dental Committee**".

3. FUNCTIONS

3.1 The function of the Committee is to –

(a) represent the interests of -
  (i) every dental practitioner who, under a general dental services contract entered into by him, is providing services for the NHS Commissioning Board (the area for which the committee is formed); and
  (ii) every other dental practitioner who is performing primary dental services in the Kent (the area for which the committee is formed) for whom a levy is paid; and
  (iii) any wholly private dental practitioner for whom a levy is normally paid.

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

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

(c) these functions include, but are not limited to, the following[2]:

(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 Commissioning Board performance management programmes were the LDC deems it appropriate to do so
(v) Organising or supporting a Practitioner Advice and Support Scheme (PASS) 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 COMMITEE

4.1 The Committee shall consist of twenty nine (29) members who are eligible practitioners elected in accordance with the procedures set out in clause 14.

4.2 The number of eligible practitioners to be elected to the committee shall be a reasonable proportion of the total number of eligible practitioners as specified in column three[3] of the table in the Schedule Appendix A. The distribution of eligible members is within the geographic limits of the NHS Commissioning Board South East region (Kent only) for the Kent Local Dental Committee and matches that of the three previous Primary Care Trust boundaries in Kent (namely West Kent, Eastern & Coastal Kent & Medway PCT). This is to ensure an even geographic spread of membership and representation.

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 (i.e. 7 max). Conference has guided LDCs to allow for the co-opting of up to two "young" dentists when making decisions about co-option. Co-opted members shall not have voting rights on the Committee but can claim attendance expenses.

5. TERMS OF OFFICE

5.1 Members of the Committee-

(a) may hold office for a period of four years on a four year rotational basis, with half of the committee being elected every two years (from April 2013);

(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 Annual General Meeting

6. VACANCIES etc. 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.

[2] Other functions to be included according to local circumstances

[3] In the case of Kent Local Dental Committee the schedule (Appendix A) contains a table showing the number of eligible practitioners/performers which shows no "duplicate records" for the same dentist working at multiple practices and/or in more than one (previous) Kent PCT area. The contract they have the highest NHS earnings is shown and used for membership calculation purposes. The number of members to be elected for each area to be represented by the Committee shall be a reasonable proportion of the total number of eligible practitioners within each (previous) PCT geographic area – this is currently approximately one member for each group of 25 practitioners/performers or as agreed by the committee from time to time.

7. APPOINTMENT OF CHAIR

7.1 The members of the Committee shall annually at the AGM - elect a chair and one or two vice chair(s) as the committee decides at each AGM (by majority vote) from among themselves who must be eligible practitioners

7.2 The chair and vice chair(s) 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.

7.3 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.

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 his appointment to the relevant NHS Commissioning Board 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 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 NHS Commissioning Board that he wishes to cease to be represented by the Committee and forward this list to the NHS 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 audited annually and approved 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 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 i.e.10.

11. DISQUALIFICATION FOR MEMBERSHIP

11.1 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, or for non-attendance at meetings, or for non-disclosure of an interest for which there is a conflict with his membership of the Committee;

(b) he 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 he-

(a) resigns by written notice to the Secretary;

(b) ceases to fall within the category of eligible practitioner in clause 4;

(c) becomes incapable by reason of mental disorder, illness, injury of managing and administering his property and affairs;

(d) fails to attend (in person, telephone or video conference) **three** consecutive meetings of the Committee to which he has been requested by the Committee to attend without reasonable cause as agreed by the Chair.

13. SUB-COMMITTEES

13.1 The Committee may establish a sub-committee-

(a) to exercise the functions of the Committee relating to any specific topic, task or group of practitioners/performers as the Committee may see fit from time to time.

13.2 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.

14. ELECTION PROCEDURE

14.1 Elections shall be held (next) in March 2021 and thereafter at intervals of *two* years.[4]

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

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 weeks before the date of the election, enclosing a nomination form inviting nominations to become a member of the Committee to be submitted in writing within three weeks. The call for nominations can be made by post or electronically.

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 area/constituency (of the Commissioning Board) in which the candidate provides or performs primary dental services.

14.7 Each nomination shall be accompanied by a signed statement from the candidate of his willingness to stand for election plus short written election address.

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 primary care trust area to fill the vacant seat(s) for the full term, such appointees being deemed to be elected members with voting rights;

[4] Term of office is four years with half of the committee elected every two years. The recommended terms may be varied if circumstances warrant a longer or shorter period at the discretion of the Committee after suitable voting.

(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 14.9 of this clause.

14.9 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.

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 15.1 (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 LDC area/constituency 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 twelve months the Committee may instead co-opt (with voting rights) 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 who is not a member of the Committee may, at the Chair's discretion, attend meetings of that Committee or any sub-Committee. They will not have voting rights at that meeting or be eligible to claim attendance expenses.

17. NOTICE OF MEETINGS

17.1 Reasonable notice shall be given before each Committee meeting.

17.2 An annual general meeting (AGM) shall be called in April each year with at least 10 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), 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), 3(a)(ii) and 3(a)(iii) 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 account shall be sent (by mail or electronically only) to all eligible practitioners not later than ten weeks after the Committee shall have approved the same and may be included on the LDCs website as an alternative to individual circualtion.

20.3 The Annual Report is to provide the following information:
(a) Secretary's Report
(b) Statement of Accounts
(c) Listing of Representatives on KLDC Committees & Other Bodies
(d) Membership

20.4 The Statement of account shall provide details of the expenses attributable to persons of whom it is 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 upon request.

21.2 Each member is required to register in writing to the Secretary 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. 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 Area for which the LDC is formed, and has, in the Committee's reasonable opinion, an individual value of more than £100.00.

22.2 Paragraph 22.1 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 22.1 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 NHS Commissioning Board, the member shall declare that interest immediately and be barred from discussions on behalf of the Committee with the NHS 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 NHS Commissioning Board area.[5]

Schedule: Membership of the Kent Local Dental Committee 2021 on:

Appendix A

Number of practitioners/performers in the three previous Kent PCT geographic areas:

Previous PCT Area	Number of eligible practitioners	Agreed Representation
5L3 (Medway)	129	5
5P9 (West Kent)	321	12
5QA (Eastern & Coastal Kent)	251	12

[5] Any change in the constitution may affect recognition of that Committee by the NHS Commissioning Board . The Committee will discuss with officials representing the NHS Commissioning Board, any proposed change in the Constitution of the Committee.

Grand Total	**701**	**29**

* Figures supplied by London Federation of LDCs Dec 2020