

THE CONSTITUTION OF THE LOCAL MEDICAL COMMITTEE FOR LEEDS

DATE: 23rd January, 2002

1. TITLE

- 1.1. The Committee is to be known as the Leeds Local Medical Committee.

2. DEFINITIONS

- 2.1. Unless stated to the contrary,
2.1.1. "Primary Care Trusts" means the primary care trusts formed within the Leeds area on 1st April, 2002, or their successors.
2.1.2. "The Committee" means the Leeds Local Medical Committee.
2.1.3. "Practitioner on the Lists" means a registered medical practitioner who is a contractor on the lists of a Leeds Primary Care Trust

3. ELIGIBILITY

- 3.1. Unless stated to the contrary, as in Paragraph 7, below,
3.1.1. All elected members of the Committee shall be registered medical practitioners, whether principals or non-principals, for whom a Leeds Primary Care Trust is the responsible authority.
3.1.2. Any member of the Committee shall be eligible for re-election or re-appointment.

4. MEMBERSHIP OF THE COMMITTEE

- 4.1. The Committee shall consist of the following, the Terms of Office being determined in Paragraph 14:-
4.1.1. **Fifteen PCT GP Members**, three to be elected from each Primary Care Trust within the Leeds Area (PCTs defined in Appendix 1)
4.1.2. **Twelve City-Wide GP Members**, elected from the entire area covered by all Leeds Primary Care Trusts
4.1.3. **Five Appointed Members**, comprising:-
4.1.3.1. One doctor, agreed by the Committee, from the successor to the Community Mental Health Trust or its successor
4.1.3.2. One doctor, agreed by the Committee, from the Leeds Teaching Hospitals Trust or its successor;
4.1.3.3. One doctor, agreed by the Committee, to represent the PCTs;
4.1.3.4. One doctor, agreed by the Committee, from academic general practice; and
4.1.3.5. One representative of the GP Registrars, agreed by the Committee, working in the Leeds Primary Care Trusts
4.1.4. **Up to 4 Co-opted Members**

5. CONSTITUENCY BOUNDARIES

5.1. PCT Boundaries

- 5.1.1. For the purpose of electing PCT Members of the Committee, the Leeds area is divided into 5 constituencies, co-terminous with the boundaries of the Leeds Primary Care Trusts.
5.1.2. Three GP representatives shall be elected from each of the constituencies.

5.2. City-Wide Boundary

- 5.2.1. For the purposes of electing City-Wide Members of the Committee, the constituency is the area served by the Leeds Primary Care Trusts.

6. ELECTIONS

6.1. Appointment of Returning Officer

6.1.1. The Committee shall appoint a Returning Officer – not an elector – who, in the event of his/her absence or inability to act, shall appoint another person other than an elector, to act in his/her place.

6.2. Timing Of Elections

6.2.1. The election of one third of the PCT and City-wide members of the Committee shall take place during the first quarter in each calendar year.

6.3. Election Process – Sequence of Events

6.3.1. The PCT Elections shall be held and the results known before the City-wide Elections are enacted.

6.4. Method Of Election

6.4.1. Voting shall be by a postal ballot, by means of the “Single Transferable Vote” (STV) system.

6.4.2. In the event of there being more than one vacancy in a constituency or more than two vacancies in the City-Wide election, the candidate placed first by the STV system shall be elected for the complete term of three years, and candidates placed second and third by the STV system shall be elected to the second and third-longest terms, as appropriate.

6.5. Electoral Roll

6.5.1. The electoral roll shall comprise all those known to the Returning Officer to be “Practitioners on the Lists” (see Paragraph 2.1.4 above) on the day on which the election is announced and also those non-principals currently contributing the appropriate non-principals’ levy, defined in Appendix 2.

6.5.2. The electoral roll shall show the constituency in which electors are entitled to vote which shall be determined by the address of the elector’s main surgery premises or, in the case of eligible non-principals, an address nominated by him or her.

6.5.3. Each eligible practitioner is responsible for ensuring that his/her name is included in the electoral roll.

6.5.4. Only those persons whose names appear on the electoral roll shall be entitled to vote in the elections.

6.5.5. The Returning Officer shall be responsible for up-dating the electoral roll on a monthly basis.

6.5.6. The electoral roll will be made available to electors on request.

6.6. Notice Of The Election

6.6.1. The Returning Officer shall send written notice of the election to each voter

6.6.2. The notice shall :-

6.6.2.1. be sent so as to be delivered to the elector not less than ten clear days before the date of the election.

6.6.2.2. state the date of the election

6.6.2.3. state the constituency in which the elector is entitled to vote

6.6.2.4. state the date by which nominations for elections must be submitted to the Returning Officer

6.6.2.5. set out the nomination procedure

6.6.2.6. enclose a nomination form

6.6.2.7. Invite candidates to submit an election address for circulation to electors with the voting papers

6.7. Nominations

6.7.1. Every candidate for election as a PCT representative must be nominated by at least two electors who are entitled to vote in the PCT for which the candidate is nominated

6.7.2. Every candidate for election as a City-Wide representative must be nominated by at least two electors on the Electoral Roll;

6.7.3. Every nomination form must contain a statement signed by the candidate that, if elected, he or she is prepared to accept office.

6.8. Election Principles

6.8.1. When the number of valid candidates in any election does not exceed the number of vacancies, the Returning Officer shall declare those candidates to be elected, unless it is necessary to determine which candidates are elected to longer Terms of Office, when a postal ballot, using the STV system, shall determine which of the candidates is/are elected to each vacancy

6.8.2. When the number of valid candidates in any election exceeds the number of vacancies, a postal ballot using the STV system, shall determine which of the candidates is/are elected

6.9. Voting Rules

6.9.1. Whether for PCT- or City-Wide seats, each voting paper shall contain:-

6.9.1.1. a statement of the number and identity of candidates for whom the elector may validly vote

6.9.1.2. a statement explaining how the voter should cast his / her vote under the STV system

6.9.1.3. the deadline by which the voting paper must be returned to the Returning Officer (which shall not be more than 10 days after the issue of such papers).

6.9.1.4. an election address of no more than 100 words which each candidate may supply to the Returning Officer in time for it to be distributed with the ballot papers.

6.9.2. A voting paper shall be invalid if:-

6.9.2.1. the elector has not voted in accordance with the STV system.

6.9.2.2. it is not signed

6.9.2.3. it is marked in such a manner as to cause uncertainty as to the candidate(s) for whom the elector desires to record his vote

6.9.2.4. it is received by the Returning Officer after the deadline specified in 6.9.1.3 above.

6.10. Returning Officer's Duties

6.10.1. The Returning Officer, after rejecting any voting papers which are invalid, shall assign votes according to the STV system.

6.10.2. The Returning Officer shall notify all candidates and electors of the result of the election.

6.10.3. After each year's elections, the Committee shall inform all electors of the identity of:-

6.10.3.1. the Members of the Committee

6.10.3.2. its elected officers

6.11. Validity of Votes and the Electoral Process

6.11.1. Where any document is required to be sent to a practitioner, it shall be deemed duly sent if it has been delivered or posted to the elector's address as it appears on the electoral roll.

6.11.2. Any question as to the validity of any nomination or voting paper or otherwise in connection with an election shall be determined by the Returning Officer whose decision is final.

6.11.3. If the Returning Officer is satisfied that the election was conducted substantially in accordance with the voting procedure, no election shall be invalid by reason of:

6.11.3.1. any mis-description or non-compliance with the provisions of this procedure

6.11.3.2. any miscount

6.11.3.3. the non-delivery, loss or miscarriage in the course of post of any document

6.12. Unfilled Vacancies

6.12.1. Where the number of members elected is less than the number vacancies because no candidates or an insufficient number of eligible candidates have been nominated, the Committee may choose to fill the vacancy in accordance with Paragraph 8, below.

7. CO-OPTION

7.1. The Committee may co-opt up to 4 other members, whether they are medically qualified or not.

8. CASUAL VACANCIES

- 8.1. When a casual vacancy in the membership of the Committee occurs, the Committee may fill the vacancy by:-
 - 8.1.1. appointing an eligible doctor, or by
 - 8.1.2. holding a bye-election.
- 8.2. A practitioners appointed or elected to fill casual vacancies shall serve until the next Annual Elections to the Committee, at which point elections will take place to fill the remaining 1- or 2-years of the 3-year term attaching to the seat, whether PCT or City-wide.
- 8.3. Pending any such appointment, the proceedings of the Committee shall not be invalid by reason of a vacancy.

9. ELECTION OF OFFICERS

- 9.1. At the first meeting of the new Committee year, Members of the Committee shall elect the following Officers, all of whom shall be general practitioners, to serve for a term of one year:-
 - 9.1.1. Chair
 - 9.1.2. Vice-Chair
 - 9.1.3. Medical Secretary
 - 9.1.4. Assistant Medical Secretary
 - 9.1.5. Treasurer
- 9.2. Officers shall be nominated and seconded by Members of the Committee

10. APPOINTMENT OF SECRETARY

- 10.1. The Committee may choose to appoint a lay secretary and, should this be done, the Committee shall nominate one of its members who is in general practice to offer help and advice on matters on which any elector may particularly wish for the guidance of a professional colleague.
- 10.2. The Secretary shall notify his/her appointment to the Primary Care Trusts
- 10.3. In the event of death, resignation or removal from office of the Secretary, the Committee shall appoint a person to act as Secretary in his/her place; and the name of the person so nominated shall be notified to the electors.

11. QUORUM

- 11.1. A quorum is defined as one third of the number of members of the Committee – whether elected appointed or co-opted.
- 11.2. If one-third is not a whole number, the next whole number above one third shall form a quorum.

12. VOTING RIGHTS

- 12.1. All Members of the committee, with the exception of lay co-optees, are entitled to vote on issues within committee.
- 12.2. All decisions requiring a vote shall be made on a simple majority of those present. In the event of a tied vote, the Chair shall have an additional, casting vote.

13. REMOVAL FROM OFFICE

- 13.1. A member of the Committee shall cease to be a member, thereby creating a casual vacancy, if:-
- 13.1.1. He or she ceases to be eligible to be a Member,
- 13.1.2. He or she has been absent from six consecutive meetings of the Committee, unless the Committee, on the basis of evidence received, resolve that he or she shall continue to be a member of the Committee
- 13.1.3. He or she submits a letter of resignation which will have immediate effect.

14. TERMS OF OFFICE

- 14.1. The elected members of the Committee shall hold office for three years, unless they were appointed or elected to fill a casual vacancy when Paragraph 8, above, is effective.
- 14.2. Appointed Members and those elected to fill casual vacancies shall serve until the next Annual Elections to the Committee.
- 14.3. Co-opted Members shall serve for a period determined by the Committee which shall not exceed 12 months nor extend beyond the next Annual Elections of the Committee

15. INFORMATION TO BE SENT TO THE PRIMARY CARE TRUSTS

- 15.1. The Secretary to the Committee shall, as soon as may be, inform the Primary Care Trusts of:-
- 15.1.1. the names and addresses of all newly elected, appointed and/or co-opted members of the Committee
- 15.1.2. any casual vacancies in the membership of the Committee which may from time to time occur
- 15.2. the names and addresses of the persons, if any, appointed to fill those vacancies.

16. ANNUAL REPORT AND ANNUAL GENERAL MEETING

- 16.1. Each year, the Committee shall hold an Annual General Meeting of all electors, who shall be given not less than ten days' notice of the meeting.
- 16.2. The Committee shall prepare, in each year, a written report of their proceedings since the publication of the previous report, together with a statement of accounts which shall be circulated with the notice of the AGM and shall be presented to the Annual General Meeting.

17. EXTRAORDINARY GENERAL MEETING

- 17.1. The Committee must hold an open meeting of all Leeds practitioners within 30 days and give not less than 10 days' notice of the meeting:-
- 17.2. at the instigation of the majority of Officers
- 17.3. upon receipt of a written request signed by 20 eligible practitioners

18. THE PROCESS FOR CHANGING THE CONSTITUTION

- 18.1. Proposals for constitutional change shall be sent to the Secretary for consideration by the Committee at its next meeting or within 30 days, whichever is the sooner.
- 18.2. After such proposals have been considered by the Committee and any additional changes made:-
- 18.2.1. The Secretary shall distribute copies of the proposed changes to all electors for a consultation period lasting no more than 14 days.
- 18.2.2. The Committee shall consider all replies received as a result of the consultation process and shall decide by a two-thirds majority of its members whether the proposed constitutional amendment (either as originally drafted or modified following the consultation process) shall be adopted
- 18.2.3. If the proposals are adopted by a two-thirds majority, the Secretary shall seek the approval of the Primary Care Trusts.

- 18.2.4. The Secretary shall report the Primary Care Trusts' decision to the next meeting of the Committee and the amendment shall take effect immediate effect
- 18.2.5. The Secretary shall inform the proposer(s) of the Primary Care Trusts' decision.

APPENDIX 1

TABLE SHOWING TOTAL POPULATION, NUMBER OF GPs AND NUMBER OF REPRESENTATIVES FOR EACH PCT CONSTITUENCY

Constituency	Population	No of GPs in PCT	No of Representatives
Leeds East	150,646*	105	3
Leeds North East	153,787*	111	3
Leeds North West	193,547*	126	3
Leeds South	146,463*	87	3
Leeds West	111,226*	62	3

* as at 01/10/01 – Registered Patients

APPENDIX 2

TABLE SHOWING APPROPRIATE LEVY PAYABLE BY NON-PRINCIPALS

INCOME IN PREVIOUS YEAR	NON-PRINCIPALS' LEVY PAYMENT
Up to £20,000	£55.00
Between £20,000 and £45,000	£110.00
Over £45,000	£260.00

The Levy is benchmarked at 1st April, 2002 and will be increased in line with DDRB recommendations on the anniversary of the benchmarking.