

THE CONSTITUTION OF NORTH YORKSHIRE LOCAL MEDICAL COMMITTEE

(September 2023)

PREAMBLE

This document sets out the constitution, (including appendices 1-3) of the Local Medical Committee formed for the locality of North Yorkshire and York.

In accordance with section 97 of The Act (as amended by paragraph 41, Part 4 of Schedule 4 of the Health and Social Care Act 2012 and any subsequent amendments), NHS England formally recognises the Committee formed for its area as representing the general medical practitioners (GPs) in its area. Furthermore, the Committee is recognised by its members by virtue of a separate authority nominating the Committee as representative of GPs in the manner as set out in this Constitution.

For as long as the Committee is recognised by NHS England as being representative of the practitioners in an area, and/or for as long as the Committee carries a separate and distinct authority from its members, then this Constitution shall not be rendered invalid by changes to the structures and boundaries of the NHS.

INTERPRETATION

The paragraph headings shall be taken into account in the interpretation of this Constitution and where the context so requires:

- the singular number shall include the plural number; and
- references to statutes or parts or sections of statutes shall include any statutory modifications or re-enactments thereof or any regulations orders or directions made thereunder for the time being in force.

DEFINITIONS

Administrative Expenses of the Committee	Include travelling and subsistence allowances payable to Committee Members.
Area	The area as currently recognised by NHS England comprising of: North Yorkshire and York
Chief Executive	A person appointed through the Company or elected under clause 3.11 or appointed under clause 7.1 by the Committee to act as its Chief Executive.

Committee	The North Yorkshire Local Medical Committee recognised by NHS England (or any successor organisation) as formed within the Area and representatives of all GPs, as defined in section 91 of the Act, performing primary medical services in the area for which the Committee was formed.
Committee Member	A person elected or co-opted onto the Committee in accordance with the provisions of this Constitution together with the Chief Executive, Medical Secretary and Medical Director.
Committee Year	Shall conclude on 31 March in each year and where an Officer of the Committee or a Committee Member is elected or co-opted for a term of office (whether the term shall be for one year or more) the said term shall conclude on the relevant 31 March.
Company	YOR Local Medical Committee Limited.
GPC Voting Register	A list of Represented Members (including medically qualified LMC Officers) who are eligible to stand, vote or nominate another Represented Member as a GPC Regional Representative.
GP Trainee	A medical practitioner undergoing GP training in the Area not represented on the Performers List
ICB	The body corporate known as an Integrated Care Board (or any other successor organisation) established in accordance with the Health and Care Act 2022.
Medical Director	A person appointed through the Company or under clause 9.1 by the Committee
Medical Register	The list of Registered Medical Practitioners compiled and held by the General Medical Council.
Medical Secretary	A person appointed through the Company or under clause 8.1 by the Committee.
NHS England	The commissioning organisation, recognised in the Health and Social Care Act 2012 (or successive Acts), on behalf of the NHS, and responsible for commissioning primary care services from, and holding contracts with, practices or organisations providing primary medical services (including single handed GPs) or any successor organisation.

Nomination Date	the date determined by the Committee by which a nomination form and accompanying statements and declaration (if required) must be received by the Returning Officer
Officers of the Committee	The Chair, the Deputy Chair, the Chief Executive, Medical Secretary, Medical Director and LMC Officers.
Ophthalmic Medical Practitioner	A medical practitioner on the ophthalmic list of NHS England.
Performers List	The lists maintained by NHS England of medical practitioners providing primary medical services (as defined in section 91(3) of the Act) or ophthalmic services in this Area.
Register of Members	The combined Register of Represented Members and Committee Members which shall be maintained in several parts as necessary for administrative purposes.
Represented Member	The categories of GP as set out in clause 1.7 within this Constitution.
Returning Officer	A person whose name is not included on any part of the Register of Members invited by the Committee to act, in person or through a deputy, at elections for Committee Members.
The Act	The National Health Service Act 2006.

1. THE COMMITTEE

The Committee shall consist of:

1.1. Membership

- a) The Members set out in this clause 1.1(b) and (c) shall constitute the elected members of the Committee ("Elected Members").
- b) **20** Represented Members elected in accordance with the provisions of this Constitution, who are GP Principals or Sessional (salaried and locum) GPs on the Performers' List
- c) **4** GP Trainees comprising of:

- i. one on the Harrogate training scheme elected by the GP on the Harrogate training scheme;
- ii. one on the Northallerton training scheme elected by the GP Trainees on the Northallerton training scheme;
- iii. one on the York training scheme elected by the GP Trainees on the York training scheme; and,
- iv. one on the Scarborough training scheme elected by the GP Trainees on the Scarborough training scheme

Elected Members shall where the context so requires include those persons co-opted to fill a vacancy in accordance with clause 1.3.

An Elected Members eligibility to stand for election shall in addition to the disqualification provisions in clauses 1.5.1 to 1.5.12 be dependent on their having paid, or had them paid for them, at the time of their nomination all current Statutory and Voluntary Levies due to the Committee together with any arrears that may be outstanding and the Returning Officer shall verify the fact of such payment before circulating Represented Members (who are not disqualified) with election nomination papers.

1.1.1. CO-OPTED MEMBERS

Not more than 5 persons representing a particular class of experience not otherwise represented on the Committee, subject to such terms and conditions of co-option as the Committee shall determine. Such co-opted members may be exempt from the requirement to pay Statutory and Voluntary levies.

For the avoidance of doubt, all individuals so co-opted shall be subject to a review every two years. However the Committee in its absolute discretion shall decide whether any co-options are appropriate, representative and should continue.

1.2. Term Of Office

A period during which an Officer of the Committee or a Committee Member holds office concluding at the end of the Committee's Year.

1.3. Vacancies

Where the number of persons elected under paragraph 1.1.1 is less than the number of persons mentioned in such paragraph by reason that no or insufficient qualified candidates have been nominated the Committee may at any time after the election elect duly qualified persons to fill the vacancies. The Committee however shall, in its discretion decide to co-opt any individual to fill the position of a casual vacancy rather than elect.

A casual vacancy will occur:-

- on the resignation, death or disqualification of an Elected Member of the committee; or
- depending on the individual circumstances, temporary absence (30 consecutive days or more) due to sickness or other similar circumstances;

Upon such a vacancy arising the Committee shall seek to fill the same as soon as practicable by the election or co-option of a practitioner who as far as possible represents the same class of practitioners or interest as the person in post prior to the vacancy arising.

Pending the filling of any vacancy the proceedings of any Committee shall not be invalid by reason of such vacancy.

A person elected or co-opted to a vacancy shall hold office for the remainder of the period for which the person in whose place they are co-opted would have been entitled to hold office.

1.4. Retirement

A member of the Committee whether elected or co-opted may retire on giving written notice delivered to the Chief Executive or Chair and the retirement shall take effect on the date specified in the notice if a date is given or if not on the date when the notice is received by the Chief Executive or Chair.

1.5. Disqualification

A member of the Committee may be disqualified if:-

- 1.5.1. they cease to be a registered medical practitioner or a registered general ophthalmic practitioner or are suspended from the Medical Register;
- 1.5.2. they cease to perform or provide general or personal medical services under any primary medical services contract or general ophthalmic services under the Act, or being a performer of such services whose name appears in the Performers List or ophthalmic list either advises NHS England that they no longer wish to be represented by the Committee or they are absent from any practice and have not carried out any clinical duties within the Locality Constituency which they represent for a period of 6 months or more, except for the temporary circumstances set out in paragraph 1.3;
- 1.5.3. save and except GP Trainees, they have had their name removed from the Performers List and not subsequently had their name included in such a list;
- 1.5.4. they are suspended in respect of the provision of general medical services, personal medical services, primary medical services or general ophthalmic services under the Act by a direction under section 154 of The Act;
- 1.5.5. if within one month of receiving a due call they fail to pay to the Committee any current Statutory or Voluntary Levy due to the Committee together with any arrears that may be outstanding;
- 1.5.6. they fail to disclose a pecuniary or other significant interest in a matter which is the subject of consideration at a meeting of the Committee and takes part in the

consideration or discussion of that matter or votes on any question with respect to that matter or acts in any way contrary to the [Conflict of Interest Policy](#) (or successor policy) or the roles and responsibilities described in an anti-conflict policy adopted from time to time by the Committee;

- 1.5.7. they regularly fail to attend meetings of the Committee unless the Officers of the Committee excluding the absent Member are satisfied that the absence was due to a reasonable cause and that the absent member will be able to resume attending meetings of the Committee within such period as it considers reasonable;
- 1.5.8. co-opted member of the Committee shall be disqualified if he ceases to hold the office or qualification which entitled him to be a member of the class of co-opted Members;
- 1.5.9. Committee member is disqualified from the Company under the Company bye-laws, or by general company law;
- 1.5.10. the Committee Member (in the opinion of the Committee or the Company) brings the Committee and/or the Company into disrepute, or acts in a manner that is contrary to the interests of the Committee. For the avoidance of doubt this clause shall also apply to the removal or suspension of the Chair, Deputy Chair and LMC Officers of the Committee
- 1.5.11. if any Committee Member's registration with the General Medical Council is suspended by a Fitness to Practise Panel or a Committee Member is suspended from the Performers List, they shall not be entitled to resume their membership of the Committee for the remainder of the period for which they were originally appointed. If there are no restrictions on their medical practice and they remain or become re-eligible to stand, they shall be permitted, to stand afresh in the next following election if the suspension has ended prior to the Nomination Date.
- 1.5.12. For the avoidance of doubt if any Committee Member's registration with the GMC is suspended by an Interim Orders Panel (IOP), they shall be entitled to resume their membership of the Committee for the remainder of the period for which they were originally appointed, if during that time the IOP determines there are to be no restrictions on their medical practice.
- 1.5.13. they are in breach of the [Anti-Harassment policy](#).

It shall be the duty of each member to inform the Committee as soon as reasonably practicable of any change in status that may invalidate their position on the Committee and may potentially lead to that individual's disqualification under this section.

For the avoidance of doubt, a Committee Member who wishes to challenge the decision to disqualify or has any grievance on any matter arising as a result of their membership shall be entitled to follow the process as set out in the [Dispute Resolution Policy](#) herein.

1.6. Change of Role

Where a member elected by virtue of one role or location changes their role they shall remain in office until the end of their normal period of office as long as none of the provisions

of disqualification in 1.5 apply *except* that if a GP Trainee representative ceases to be a GP Trainee, they will be disqualified.

1.7. Representation/Membership

The LMC is formed to represent all NHS GPs in any relevant capacity in the Area: this shall include all doctors who have completed their training as a GP on the Performers List (and any equivalent successors). This shall include principal GPs, salaried GPs, freelance (locum) GPs, GPs undertaking work for the local Out of Hours services. For the avoidance of doubt the LMC shall also represent GP Trainees.

The Committee shall also represent all General Practitioners in the Area, which shall include without limitation as follows:

- GPs as providers and/or performers of primary care services
- GPs in their capacity as members of an ICB or members of a governing body of an ICB (or any successor organisation).
- GPs in their capacity as members of a Primary Care Network (PCN) or relevant incorporated body
- GPs as part of any Integrated Care System(s)
- GPs as shareholders and/or members of any provider arm organisation created for the purposes of bidding and/or tendering for primary care or secondary care services by any NHS commissioner or other organisation within the Area or otherwise.
- GPs in their capacity as service providers under any arrangement via a provider arm organisation or otherwise
- Ophthalmic Medical Practitioners

All of the above shall hereby be referred to as “Represented Members”.

2. ELECTIONS

2.1. Constituencies

The Committee may if it wishes divide the Area into a number of constituencies for administrative and electoral purposes. If it does so it shall use its best endeavours to ensure, across each constituency, the fair and equitable representation of each class of Represented Member. (See appendix 1).

Where an election is for a particular constituency the following provisions with respect to eligibility to stand, nominate or vote shall be restricted to the electorate of that constituency.

2.2. Term Of Office

Elected Members shall hold office for a term of four years after which they shall be subject to re-election. GP Trainees shall be eligible to hold office for two years after which they shall be subject to re-election. However, if during any term of office the GP Trainee qualifies thereby

no longer fulfilling the criteria of a GP Trainee then they shall be required to step down and another election shall be held to appoint another GP Trainee to fill that vacancy.

2.3. Frequency

Elections shall take place in the same month in every fourth year and Elected Members shall commence their term of office on the next following 1 April with the exception of the GP Trainee members (see 2.2)

2.4. Method

Voting shall be by any electronic means acknowledged as fair, safe and reliable by the Electoral Reform Society and agreed by a two thirds majority of elected Committee Members, or by postal ballot if necessary, of those Represented Members on the last day of the month which precedes the month in which the Returning Officer sends notice of an election to each elector and each GP Trainee in-post on that date.

A Represented Member shall not be eligible to vote in or stand in an election if they are disqualified under the provisions of paragraphs 1.5.1 to 1.5.12 and as to the provisions of paragraph 1.5.5 the Returning Officer shall verify the fact of payment or otherwise before circulating qualified electors with election nomination papers

The Returning Officer shall send notice of the election to each Represented Member and such notice shall be sent so as to be delivered to the Represented Member not less than 14 clear days before the date of the election Each notice shall:

- state the date of the election;
- state the number of vacancies for Represented Members;
- state the Nomination Date by which nominations must be submitted to the Returning Officer;
- set out the nomination provisions, as set out below;
- enclose a copy of the Committee's Constitution, a description of the responsibilities of a LMC Member and a nomination form; and
- advise candidates that in the event of an election the full results of the vote will be circulated to all Represented Members

All candidates shall be self-nominated and required to:

1. complete a nomination form accompanied by a statement that they are prepared to accept office;
2. provide an election statement, and declare with reference to the [Conflict of Interest Policy](#), any matter which may be perceived by the electorate to present a conflict of interest; and

3. Sessional GP candidates shall be required to provide a declaration that they are on the Performers' List carrying out primary medical services in the form of clinical sessions working in/or undertaking the largest part of such work in a seat in a Locality Constituency in the Area for which they are standing. A form will be provided for this purpose

If the number of nominated candidates qualified for election in each category where there are vacancies does not exceed the number of vacancies the Returning Officer shall declare those candidates to be elected. In other cases a vote shall be taken.

The method of balloting will be the single transferable vote system where there are three or more candidates. The Returning Officer shall prepare voting papers which shall contain a list of the candidates for whom t Represented Members may vote.

The voting paper shall also specify the date by which the voting paper must be returned to the Returning Officer. A voting paper shall be invalid if a Represented Member has cast more votes than are allowed.

The Returning Officer may also disallow a voting paper if it does not comply with this Constitution or if it causes uncertainty as to the candidates for whom the elector desires to record their vote, save that the Returning Officer may in their absolute discretion treat a voting paper so marked as valid for the purpose of any vote other than that in connection with which the uncertainty arises.

Voting papers received by the Returning Officer after the election date are invalid.

The Returning Officer after examining the voting papers and determining the validity of the votes, shall count the votes properly recorded and shall prepare a return for the candidates in accordance with the single transferable vote system (where the system is utilised).

The Returning Officer in their absolute discretion shall determine any question as to the validity of a nomination or voting paper or otherwise in connection with an election.

At the conclusion of the election the Returning Officer shall give notice of the full results of the vote to all candidates and the electorate.

2.5. Saving Provisions

No election shall be invalid by reason of any mis-description or non-compliance with the provisions of this scheme or by reason of any miscount or of the non-delivery, loss or miscarriage in the course of post of any document required or authorised by this Constitution to be despatched by post if Returning Officer is satisfied that the election was conducted substantially in accordance with the provisions of this Constitution.

3. MEETINGS

3.1. First Meeting

The Returning Officer shall give not less than seven days clear notice to the Members of the Committee of the time and place of the first meeting. The Chief Executive shall inform the Represented Members of the identity of each of the Committee Members.

3.2. Quorum

A quorum shall be one third of the elected and co-opted Committee Members but if one third is not a whole number the next whole number above one third. For the avoidance of doubt those co-opted to the Committee with no voting rights shall not be included in the total number of Members used to calculate a quorum, or constitute or be counted as making up one third of the number of members for the purposes of this section.

3.3. Voting

Only Elected Members, co-opted members with voting rights, the Chief Executive, Medical Secretary and Medical Director of the Committee may vote at Committee meetings. If at any Committee meeting there is an equality of votes the presiding officer shall have a second and casting vote.

3.4. Observers

The Committee may in its absolute discretion invite such persons as it thinks fit to attend the whole or any part of any Committee meeting.

3.5. In Camera

The Committee may require all or any of the invited observers to withdraw from any meeting if it wishes to consider any business in camera.

3.6. Chair

The Committee shall elect a Chair from amongst its number. If for any part of any meeting the Chair be not present the chair shall be taken by the Deputy Chairman.

Nominations will be sought as soon as the result of Committee elections are known or as soon as possible after the Chair stands down, and if there is more than one nomination there will be a secret ballot conducted, the electorate being all voting members.

Candidates for the position of Chair shall only be eligible to stand if they are a voting member (excluding GP Trainees). GPs who are Members of more than one LMC may not stand as Chair.

The Chairman shall hold office for 4 years ending on 31 March. Where the Chairman does not remain in post for the full 4 years, a newly elected Chairman will hold office for the remainder of the original term of office.

3.7. Deputy Chair

Following an assessment process the Committee may appoint a Deputy Chair from the Elected Members.

Expressions of interest will be sought as soon as the result of Chair elections are known or as soon as possible after the Deputy Chair stands down.

Candidates for the position of Deputy Chair shall only be eligible to express interest if they are an elected or co-opted member with voting rights (excluding GP Trainees). GPs who are Members of more than one LMC may not stand as Deputy Chair.

The Deputy Chair shall hold office for 4 years ending on 31 March. Where the Deputy Chair does not remain in post for the full 4 years, a newly appointed Deputy Chair will hold office for the remainder of the original term of office.

For the avoidance of doubt, when the Chair's term of office ends or the Chair stands down, the Deputy Chair is also required to stand down, but may subsequently be elected as Chair or be reappointed by the new Chair as Deputy Chair.

If for any part of any meeting neither the Chair nor the Deputy Chair be present the Committee shall elect another of their number to act as the presiding officer for the duration of that meeting.

3.8. LMC Officer

An LMC Officer will be elected for each locality constituency outlined in Appendix 1. Nominations will be sought as soon as the results of the Chair election and Deputy Chair appointment are known or as soon as possible after an LMC Officer stands down, and if there is more than one nomination there will be a secret ballot conducted, the electorate being all voting members carrying out the largest part of their work in the relevant locality constituency.

Candidates for the position of LMC Officer shall only be eligible to stand if they are a voting member (excluding GP Trainees) and carry out the largest part of their work in the relevant locality constituency. GPs who are Members of more than one LMC may not stand as LMC Officer.

An LMC Officer shall hold office for 4 years ending on 31 March. Where the LMC Officer does not remain in post for the full 4 years, a newly elected LMC Officer will hold office for the remainder of the original term of office.

3.9. Officer Vacancy

In the absence of nominations for the Chair, Deputy Chair or an LMC Officer role, the Committee may at its discretion appoint another of their number to the vacancy.

3.10. Treasurer

When an appointed Chief Executive is in post they will normally embrace the duties of Treasurer.

3.11. Chief Executive

In the absence of there being an appointed Chief Executive the Committee shall, from time to time and for such period and upon such terms as they may determine elect or appoint from amongst their members a person to act as Chief Executive.

3.12. Minutes

The Chief Executive on behalf of the Committee shall keep Minutes of each meeting which shall be drawn up and submitted for agreement at the next meeting of the Committee where, if agreed, they shall be signed by the person presiding over it

4. SUBCOMMITTEES

4.1. Executive The Committee may appoint an executive sub-committee if not appointed through the Company (Appendix 2).

4.2. Locality

The Committee may appoint its Committee Members to Localities of the Committee. Terms of Reference are at Appendix 3.

4.3. Other

The Committee shall have power from time to time to delegate any of their functions, with or without restrictions or conditions, to other sub-committees composed of members of the Committee.

4.4. Disclosure Of Interest

The provisions of paragraph 12 of this Constitution shall apply to sub-committees as it applies to the Committee.

5. ANNUAL REPORT

In each year the Committee either itself or through the Company shall:

- prepare a report of their proceedings since the publication of the preceding report, unless the equivalent is produced by the Company;
- prepare a statement of accounts of the Committee and the Company (where appropriate) to be made available to those whose names are listed in the Registers not later than three months after the Committee shall have approved the same.

6. GENERAL and EXTRAORDINARY MEETINGS

6.1. Frequency

Not less than once in every year the Committee shall convene a meeting of the Represented Members.

6.2. Attendance

In addition to the Represented Members the following persons shall have the right to attend:-

- any Committee Member
- Chief Executive

- Medical Secretary
- Medical Director
- such other persons as the Committee may in their absolute discretion determine.

6.3. Disqualification

A Represented Member who otherwise would be entitled to attend any General Meeting of the Committee or any Extraordinary Meeting of the Committee shall be disqualified from doing so in the circumstances set out in clauses 1.5.1 to 1.5.12. as if those clauses applied to Represented Members as well as to Members of the Committee.

6.4. Business At General Meetings

The following business may be transacted at a General Meeting:-

- the receipt and consideration of the Annual Report unless the equivalent is produced by YORLMC Ltd
- together with such other business of which 14 days' notice has been given to the Committee and which the Committee in its absolute discretion accept as appropriate for discussion.

6.5. Extraordinary Meetings

Upon the written request of no less than 30 Represented Members who are not disqualified (in the circumstances set out in paragraphs 1.5.1 to 1.5.12 (inclusive)) the Committee shall convene an Extraordinary Meeting on not less than 21 and not more than 28 days' notice. The only business that may be transacted at such a meeting is that specified in the written request to the Committee a copy of which shall be circulated to all those who receive notice of the meeting.

7. CHIEF EXECUTIVE

7.1. Appointment

If not appointed through the Company, the Committee shall, from time to time and for such period and upon such terms as they may determine, employ a person and appoint the same to act as Chief Executive or, in accordance with Clause 3.11, elect a Chief Executive from amongst its number. If an Appointed Chief Executive is not a Medical Practitioner a Medical Secretary may be appointed through the Company.

If not appointed through the Company the Committee shall invite such a practitioner to act as a Medical Advisor and his name shall be notified to the Represented Members.

7.2. Functions

The Chief Executive whether elected or appointed, shall maintain the Register of Members and the GPC Voting Register and shall carry out such functions as the Committee from time to time requests.

8. THE MEDICAL SECRETARY

8.1. Appointment

If not appointed through the Company, the Committee shall, from time to time and for such period and upon such terms as they may determine, appoint a person to act as Medical Secretary

8.2. Functions

The Medical Secretary shall assist the Chief Executive when necessary and carry out such functions as the Committee from time to time requests.

9. MEDICAL DIRECTOR

9.1. Appointment

If not appointed through the Company, the Committee shall, from time to time and for such period and upon such terms as they may determine, appoint a person to act as Medical Director.

9.2. Functions

The Medical Director shall assist the Medical Secretary and Chief Executive when necessary and shall carry out such functions as the Committee from time to time requests.

10. FUNDING

10.1. The Statutory Levy

The Administrative Expenses of the Committee may be collected on a statutory basis from all Represented Members whose names appear on the Register of Members and in line with policies agreed from time to time by the Committee. The Committee shall have absolute discretion as to how the levies are applied for ultimate benefit of its Represented Members as necessary from time to time.

10.2. The Voluntary Levy

The Committee may raise an additional Voluntary Levy from Represented Members to cover its other expenses and in line with policies agreed from time to time by the Committee. The Committee shall have absolute discretion as to how the levies are applied for ultimate benefit of its Represented Members as necessary from time to time.

10.3. Collection

The method of collection of the Statutory Levy and the Voluntary Levy shall be determined from time to time by the Committee.

10.4. Amount

The amounts of Statutory Levy and the Voluntary Levy shall respectively be determined having regard to the requirements of openness, transparency and equity and upon an

estimation of the proportion of administrative and other expenses attributable to each class of Represented Member.

10.5. Accounting

The Committee shall maintain separate accounts for the Statutory Levy and the Voluntary Levy. The accounts for the statutory levy must clearly identify the statutory element paid by practitioners respectively on the Register of Represented Members.

11. NOTICES

Where a document is required to be sent to a Represented Member it shall be deemed to have been duly sent if it was delivered or posted to the address of the Represented Member shown respectively in the Register of Members.

12. DISCLOSURE OF INTEREST

If an Officer of the Committee or Committee Member sits on or works for any stakeholder or relevant organisation or has a pecuniary or other significant interest, direct or indirect, in any contract, proposed contract, stakeholder or relevant organisation or other matter and is present at a meeting of the Committee or subcommittee when the contract, proposed contract, or other matter is the subject for consideration they shall at the meeting and as soon as practicable after its commencement disclose that fact and shall act in accordance with the [Conflict of Interest Policy](#) (or subsequent relevant policy) drawn up by the Committee from time to time.

If any Officer of the Committee or a Committee Member has any doubts about whether or not they have such an interest they shall report the matter to the Chair who shall advise as to whether or not the matter should be declared.

The Committee shall publish and maintain a [Conflict of Interest policy](#), a document which shall be available for inspection to Members and Represented Members.

13. RESERVED

14. AMENDMENTS TO CONSTITUTION

This constitution may be amended in the following manner:-

14.1. A proposal to amend this constitution may be made by any member of the Committee, by the LMC Chief Executive or by 15 Represented Members in writing to the LMC Chief Executive;

14.2. When such a proposal is received the LMC Chief Executive shall circulate it to the Committee inviting comments within 21 days

14.3. At the end of that period the original proposer(s) of the amendment (having been appraised of the comments) will be invited to amend it or not, and submit it to the Committee or withdraw it, in the light of the comments;

14.4. If submitted to the Committee (in original or amended form) it will be placed on the agenda for the next LMC meeting and will take immediate effect if passed by a twothirds majority of those present and voting. No amendments other than minor technical changes can be made at the meeting.

15. WINDING UP

If upon any amalgamation or reorganisation of the Committee there remain any residual funds or liabilities the same shall be distributed between such other Committees that may be involved in the amalgamation or reorganisation so as equitably to reflect the proportions in which Represented Members are transferred to other Committees.

APPENDIX 1

Constituencies – NORTH YORKSHIRE

(1) Locality constituencies – 20 seats*

Harrogate and Rural District	4
Hambleton & Richmondshire	4
Scarborough, Ryedale & Whitby	4
Vale of York	8

ELECTORATE FOR EACH LOCAL CONSTITUENCY:

- (1) All GP principals and Sessional GPs[#] (Salaried and Locums) on the Performers' List who carry out primary medical services in the form of clinical sessions and the largest part of their work is in the Locality Constituency within the Area for which they are standing or voting, and

(2) Districtwide GP Trainees – 4 seats

ELECTORATE: GP Trainees on the North Yorkshire & York training schemes or their successors:

Harrogate	1 seat
Northallerton	1 seat
Scarborough	1 seat
York	1 seat

Total number of seats 24

#1.7 of the Constitution provides details of GPs represented by North Yorkshire LMC

* No GP will be permitted to vote or stand for election within more than one of the locality constituencies listed under (1) above.

Appendix 2

SUB-COMMITTEES

LMC EXECUTIVE COMMITTEE

Terms of Reference

The Executive Committee of the LMC shall be the Company Executive Committee

APPENDIX 3

SUB-COMMITTEES

LMC LOCALITY – HARROGATE (Harrogate & Rural District)

Terms of Reference

Date: January 2023

1. Role and purpose of the Harrogate and Rural District Locality of the North Yorkshire Local Medical Committee

North Yorkshire Local Medical Committee (“**NY LMC**”) is the North Yorkshire branch of YORLMC Ltd.

The Harrogate and Rural District Locality of NY LMC (“**Harrogate and Rural District NY LMC**”) is a formal group representing all GPs and GP practices in the Harrogate and Rural District Locality, whatever their contractual status.

Harrogate and Rural District NY LMC has been established to strengthen medico-political engagement and collaboration between the LMC, constituent GPs and GP practices, the Integrated Care Board (“**ICB**”) and Harrogate District NHS Foundation Trust (“**HDFT**”).

Specifically, the Locality structure is designed to complement, strengthen and operate alongside NY LMC’s districtwide meeting and Executive Committee meeting arrangements. It will provide a forum for the elected Harrogate and Rural District NY LMC representatives, constituent GPs and GP practice managers, and both ICB and HDFT representatives to discuss matters that are pertinent to the Locality.

Harrogate and Rural District NY LMC is authorised to make decisions on behalf of constituent GPs and GP practices without reference to the full Committee, where those decisions do not affect the Localities of Hambleton & Richmond, Vale of York and Selby, or Scarborough, Ryedale & Whitby.

2. Membership of Harrogate and Rural District NY LMC

- a) Elected members of Harrogate and Rural District NY LMC.
- b) Chair and/or Deputy Chair of NY LMC.
- c) Constituent GPs of the Harrogate and Rural District Locality.
- d) Constituent GP practices of the Harrogate and Rural District Locality.
- e) PCN Clinical Directors.
- f) Representative(s) of the ICB with the appropriate delegated authority to make decisions on behalf of the ICB.
- g) Representative(s) of HDFT with the appropriate delegated authority to make decisions on behalf of HDFT.
- h) Invited representatives of other organisations as appropriate.

3. Quoracy

A quorum shall be not less than 2 members of Harrogate and Rural District NY LMC.

4. Invited guests

It is recognised that representatives of other organisations will be invited to attend the whole or any part of Harrogate and Rural District NY LMC meetings as appropriate to the agenda under consideration.

5. Meeting Frequency

Meetings will generally take place at 12:30 – 14:30 on the second Thursday of alternate months, commencing March 2023 (unless otherwise agreed).

Unless otherwise agreed, each, locality meeting shall be conducted remotely, using an electronic video platform which may include Zoom or Teams. All remote meeting arrangements, including the relevant link shall be provided no less than 7 days in advance of a locality meeting.

For the avoidance of doubt, Harrogate and Rural District Locality shall (where considered appropriate), hold joint meetings with the Localities of Hambleton & Richmond, Scarborough, Ryedale & Whitby, and Vale of York. All Harrogate and Rural District Locality members shall be invited. There will be provision at these meetings for separate breakout rooms for discussion of Locality specific matters.

6. Chair

The Chair shall be the Harrogate and Rural District LMC Officer.

7. Secretarial Support

To be provided by YORLMC's Corporate Affairs Team.

10. Reporting Mechanisms

Minutes of Harrogate and Rural District NY LMC will be circulated to:

- Constituent GPs and GP practice managers, Harrogate and Rural District Locality
- Members, NY LMC
- The ICB
- HDFT

10. Review Date

As required.

LMC LOCALITY – NORTHALLERTON (Hambleton & Richmondshire)

Terms of Reference

Date: January 2023

10. Role and purpose of the Hambleton & Richmond Locality of the North Yorkshire Local Medical Committee

North Yorkshire Local Medical Committee (“**NY LMC**”) is the North Yorkshire branch of YORLMC Ltd.

The Hambleton & Richmond Locality of NY LMC (“**Hambleton & Richmond NY LMC**”) is a formal group representing all GPs and GP practices in the Hambleton & Richmond Locality, whatever their contractual status.

Hambleton & Richmond NY LMC has been established to strengthen medico-political engagement and collaboration between the LMC, constituent GPs and GP practices, the Integrated Care Board (“**ICB**”) and South Tees Hospitals NHS Foundation Trust (“**STHFT**”).

Specifically, the Locality structure is designed to complement, strengthen and operate alongside NYLMC’s districtwide meeting and Executive Committee meeting arrangements. It will provide a forum for the elected Hambleton & Richmond NY LMC representatives, constituent GPs and GP practice managers, and both ICB and STHFT representatives to discuss matters that are pertinent to the Locality.

Hambleton & Richmond NY LMC is authorised to make decisions on behalf of constituent GPs and GP practices without reference to the full Committee, where those decisions do not affect the Localities of Vale of York and Selby, Harrogate and Rural District, or Scarborough, Ryedale and Whitby.

11. Membership of Hambleton & Richmond NY LMC

- a) Elected members of Hambleton & Richmond NY LMC.
- b) Chair and/or Deputy Chair of NY LMC.
- c) Constituent GPs of the Hambleton & Richmond Locality.
- d) Constituent GP practices of the Hambleton & Richmond Locality.
- e) PCN Clinical Directors.
- f) Representative(s) of the ICB with the appropriate delegated authority to make decisions on behalf of the ICB.
- g) Representative(s) of STHFT with the appropriate delegated authority to make decisions on behalf of STHFT.
- h) Invited representatives of other organisations as appropriate.

12. Quoracy

A quorum shall be not less than 2 members of Hambleton & Richmond NY LMC.

13. Invited guests

It is recognised that representatives of other organisations will be invited to attend the whole or any part of Hambleton & Richmond NY LMC as appropriate to the agenda under consideration.

14. Meeting Frequency

Meetings will generally take place at 12:30 – 14:30 on the second Thursday of alternate months, commencing March 2023 (unless otherwise agreed).

Unless otherwise agreed, each, locality meeting shall be conducted remotely, using an electronic video platform which may include Zoom or Teams. All remote meeting arrangements, including the relevant link shall be provided no less than 7 days in advance of a locality meeting.

For the avoidance of doubt, Hambleton & Richmond Locality shall (where considered appropriate), hold joint meetings with the Localities of Harrogate and Rural District, Scarborough, Ryedale & Whitby, and Vale of York. All Hambleton & Richmond Locality members shall be invited. There will be provision at these meetings for separate breakout rooms for discussion of locality specific matters.

15. Chair

The Chair shall be the Hambleton & Richmond LMC Officer.

16. Secretarial Support

To be provided by YORLMC's Corporate Affairs Team

17. Reporting Mechanisms

Minutes of Hambleton & Richmond NY LMC will be circulated to:

- Constituent GPs and practice managers, Hambleton & Richmond Locality
- Members, NYLMC
- The ICB
- STHFT

18. Review Date

As required.

LMC LOCALITY – SCARBOROUGH (Scarborough, Ryedale & Whitby)

Terms of Reference

Date: January 2023

19. Role and purpose of the Scarborough, Ryedale & Whitby Locality of the North Yorkshire Local Medical Committee.

North Yorkshire Local Medical Committee (“**NY LMC**”) is the North Yorkshire Branch of YORLMC Ltd.

The Scarborough, Ryedale & Whitby Locality of NY LMC (“**Scarborough, Ryedale & Whitby NY LMC**”) is a formal group representing all GPs and GP practices in the Scarborough, Ryedale & Whitby Locality, whatever their contractual status.

Scarborough, Ryedale & Whitby Locality NY LMC has been established to strengthen medico-political engagement and collaboration between the LMC, constituent GPs and GP practices, the Integrated Care Board (“**ICB**”) and York & Scarborough Teaching Hospitals (“**YSTH**”).

Specifically, the Locality structure is designed to complement, strengthen and operate alongside NY LMC’s districtwide meeting and Executive Committee meeting arrangements. It will provide a forum for the elected Scarborough, Ryedale & Whitby NY LMC representatives, constituent GPs and GP practice managers, and both ICB and YSTH representatives to discuss matters that are pertinent to the Locality.

Scarborough, Ryedale & Whitby NY LMC is authorised to make decisions on behalf of constituent GPs and GP practices without reference to the full Committee, where those decisions do not affect the Localities of Harrogate and Rural District, Vale of York and Selby, or Hambleton & Richmond.

20. Membership of Scarborough, Ryedale & Whitby NY LMC

- a) Elected members of Scarborough, Ryedale & Whitby NY LMC.
- b) Chair and/or Deputy Chair of NY LMC.
- c) Constituent GPs of the Scarborough, Ryedale & Whitby Locality.
- d) Constituent GP practices of the Scarborough, Ryedale & Whitby Locality.
- e) PCN Clinical Directors.
- f) Representative(s) of the ICB with the appropriate delegated authority to make decisions on behalf of the ICB.
- g) Representative(s) of YSTH with the appropriate delegated authority to make decisions on behalf of YSTH.
- h) Invited representatives of other organisations as appropriate.

21. Quoracy

A quorum shall be not less than 2 members of Scarborough, Ryedale & Whitby NY LMC.

22. Invited guests

It is recognised that representatives of other organisations will be invited to attend the whole or any part of Scarborough, Ryedale & Whitby NY LMC meetings as appropriate to the agenda under consideration.

23. Meeting Frequency

Meetings will generally take place at 12:30 – 14:30, on the second Thursday of alternate months, commencing March 2023 (unless otherwise agreed).

Unless otherwise agreed, each, locality meeting shall be conducted remotely, using an electronic video platform which may include Zoom or Teams. All remote meeting arrangements, including the relevant link shall be provided no less than 7 days in advance of a locality meeting.

For the avoidance of doubt, Scarborough, Ryedale & Whitby Locality shall (where considered appropriate) hold joint meetings with the Localities of Harrogate and Rural District, Hambleton & , Richmond and Vale of York. All Scarborough, Ryedale & Whitby Locality members will be invited. There will be provision at these meetings for separate breakout rooms for discussion of Locality specific matters.

24. Chair

The Chair shall be the Scarborough, Ryedale & Whitby LMC Officer.

25. Secretarial Support

To be provided by YORLMC's Corporate Affairs Team

26. Reporting Mechanisms

Minutes of Scarborough and Ryedale NY LMC will be circulated to:

- Constituent GPs and GP practice managers, Scarborough, Ryedale & Whitby Locality
- Members, NY LMC
- The ICB
- YSTH

27. Review Date

As required.

LMC LOCALITY – YORK & SELBY (Vale of York)

Terms of Reference

Date: January 2023

28. Role and purpose of the Vale of York Locality of the North Yorkshire Local Medical Committee

North Yorkshire Local Medical Committee (“**NY LMC**”) is the North Yorkshire branch of YORLMC Ltd.

The Vale of York Locality of NY LMC (“**Vale of York NY LMC**”) is a formal group representing all GPs and GP practices in the Vale of York Locality, whatever their contractual status.

Vale of York NY LMC has been established to strengthen medico-political engagement and collaboration between the LMC, constituent GPs and GP practices, the Integrated Care Board (“**ICB**”) and York & Scarborough Teaching Hospitals (“**YSTH**”).

Specifically, the Locality structure is designed to complement, strengthen and operate alongside NY LMC’s districtwide meeting and Executive Committee meeting arrangements. It will provide a forum for the elected Vale of York NY LMC representatives, constituent GPs and GP practice managers, and both ICB and YSTH representatives to discuss matters that are pertinent to the Locality.

Vale of York NY LMC is authorised to make decisions on behalf of constituent GPs and GP practices without reference to the full Committee, where those decisions do not affect the Localities of Harrogate and Rural District, Scarborough, Ryedale & Whitby, or Hambleton & Richmond.

29. Membership of Vale of York NY LMC

- a) Elected members of Vale of York NY LMC.
- b) Chair and/or Deputy Chair of NY LMC
- c) Constituent GPs of the Vale of York Locality.
- d) Constituent GP practices of the Vale of York Locality.
- e) PCN Clinical Directors.
- f) Representative(s) of the ICB, with the appropriate delegated authority to make decisions on behalf of the ICB.
- g) Representative(s) of YSTH, with the appropriate delegated authority to make decisions on behalf of YSTH.
- h) Invited representatives of other organisations as appropriate.

30. Quoracy

A quorum shall be not less than 4 elected members of Vale of York NY LMC

31. Invited guests

It is recognised that representatives of other organisations will be invited to attend the whole or any part of Vale of York NY LMC meetings as appropriate to the agenda under consideration.

32. Meeting Frequency

Meetings will generally take place at 12:30 – 14:30 on the second Thursday of alternate months, commencing March 2023 (unless otherwise agreed).

Unless otherwise agreed, each, locality meeting shall be conducted remotely, using an electronic video platform which may include Zoom or Teams. All remote meeting arrangements, including the relevant link shall be provided no less than 7 days in advance of a locality meeting.

For the avoidance of doubt, Vale of York Locality shall (where considered appropriate), hold joint meetings with the Localities of Harrogate and Rural District, Scarborough, Ryedale & Whitby, and Hambleton & Richmond. All Vale of York Locality members will be invited. There will be provision at these meetings for separate breakout rooms for discussion of Locality specific matters.

33. Chair

The Chair shall be the Vale of York LMC Officer.

34. Secretarial Support

To be provided by YORLMC's Corporate Affairs Team.

35. Reporting Mechanisms

Minutes of Vale of York Locality NY LMC will be circulated to:

- Constituent GPs and GP practice managers, Vale of York Locality
- Members, NY LMC
- The ICB
- YSTH.

36. Review Date

As required.