



# SEWROC

South East Wales Regional Optical Committee

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**South East Wales Regional Optical Committee (SEWROC)**

**NEW MEMBERS INDUCTION PACK**

**July 2013**

**Revised April 2016**

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## **Introduction**

### ***Congratulations on your appointment***

You are now a member of the Committee that represents Optometrists within your ROC area. With the NHS changing constantly it is important that the ROC is seen as the focal point for community eye care services, leading discussions on related issues and negotiating for NHS Enhanced Services. As an ROC member, you have an important role to play in the development of regional community eye care services, acting in the best interests of all local Optometrists.

This induction pack for new ROC members has been provided by SEWROC and Optometry Wales, the umbrella organisation representing all community based optometrists, dispensing opticians and optometric practices across Wales and aims to:

- help you to understand the functions and duties of your ROC
- explain your role as an ROC member
- provide useful contact details
- answer some of your questions

South East Wales has the largest concentration of working community based optometrists and is at the hub of all optometric pre-registration and postgraduate education with Cardiff Eye School and the Welsh Postgraduate Education Centre (WOPEC) located at the centre of Cardiff.

***Wishing you all the best in your new role!***



Cardiff and the Vale have recently established an Eyecare Liaison Group and have been working on initiatives such as public awareness leaflets relating to children's eye care.

## Events

SEWROC are deeply committed to the provision of high quality CET events and have recently taken ownership of organising the popular South Wales Eye Forum (SWEF). Typically held three times a year and always on a Friday afternoon at a charge of £10 this provides excellent value for money. The administration for the event is undertaken by the Optometry Wales and the clinical content is arranged by Dawn Saville and Jane Savage as the SEWROC Education and CET Leads

### SEWROC Expenses Dinner

In lieu of committee members claiming time out of practice to attend the SEWROC meetings, an annual dinner is held in South East Wales to thank committee members for their regular attendance of committee meetings. This is usually held in May or June each year.

### National Optometric Conference

This event is organised by LOCSU and the Optical Confederation. It usually takes place in November each year and is attended by all LOCs and ROCs across England and Wales. Typically LOCSU offer a free place to LOCs and ROCs and it is usually a two day event with a dinner included in the price. For more details access the [www.locsu.co.uk](http://www.locsu.co.uk) website

### Welsh National Optometric Conference

This biannual event is organised by OW and WOPEC and is typically a one day CET approved set of lectures and workshops with a dinner in the evening. It is typically held in South East Wales using the Cardiff School of Optometry and Vision Sciences accommodation.

## What is the legal status of an ROC?

Section 5 (4) of the National Health Service Reform and Health Care Professions Act 2002, provides for the constitution of Local Optical Committees to consist of Ophthalmic Opticians (i.e. Optometrists) providing General Ophthalmic Services in the area of one or more Local Health Boards. The ROC has the right to collect a levy from contractors to finance the committee's work, the level of which to be agreed at its AGM or by agreement with regional contractors.

## Model ROC Constitution

As a recognised representative organisation, each ROC must have a Constitution and the current ROC Model Constitution for ROCs in Wales is set out in **Appendix 1**.

**The ROC Constitution is the source of the ROC's powers. ROCs can only act in accordance with the powers provided in the Constitution. ROCs must properly**

**discharge the duties and responsibilities required by the Constitution. ROCs must not exceed the powers in their Constitution and should always check that any action taken by the ROC is within the powers the Constitution provides.**

It is important that all ROC members are familiar with their Constitution, which defines:

- membership of the Committee;
- procedures for nominations and elections;
- procedures for the appointment of officers and their duties;
- the quorum for meetings;
- the term of office of members;
- procedures for the disqualification and resignation of members;
- procedures for dealing with casual vacancies;
- the requirement for an annual report and AGM;
- the procedure for amendment of the Constitution;
- governance matters such as declarations of interest and confidentiality
- the duties of the ROC;
- ROC finance.

The majority of ROCs adopt in full the Model ROC Constitution recommended by ABDO, AOP and FODO. (see glossary on page 14 for description of these organisations)

### **What are the functions of an ROC?**

The specific functions of ROCs are not defined under legislation, but as the Committee representing contractors and performers within a defined area, ROCs have a general function in respect of all aspects of NHS primary care that relate to, or are relevant to, community optical and ophthalmic practitioners.

There are specific issues on which ROCs must be consulted as they concern Optometrists i.e. the Local Health Board would be expected to consult interested parties and the ROC would expect to be included. An example of this would be a proposal to create an enhanced service or on clinical governance matters.

An effective ROC works locally with Local Health Boards to influence policies and decisions and, with other healthcare professionals, to help plan healthcare services. They also discuss and negotiate enhanced services, including new roles and additional local funding for the Optometrists they represent.

### ***More General Role of ROC***

In addition to statutory rights and responsibilities, ROCs have the more general role of promoting community eye care services to primary care organisations, e.g. Health Boards and others within their area.

General issues may include: local implementation of any future new contracts for primary eye care services - such as negotiating the provision of enhanced services; establishing good relationships at a local level with Health Boards and other stakeholder organisations; developing roles and services for optometrists and dispensing opticians to provide locally ;

ensuring there is awareness about local optometrists and their services; liaising with Health Boards on specific problem areas; engaging in dialogue about Health Board plans to identify issues relevant to contractors and performers.

ROCs should liaise closely with their medical equivalent – Local Medical Committees (LMCs) - so that GPs and optometrists can work together to deliver services to patients. ROCs should also work closely with Local Dental and Pharmaceutical Committees (LDCs and LPCs). ROCs should endeavour to work with GPs and other Local clinicians on commissioning Local services through practice based commissioning. A good way of maintaining contact is to develop close relationships with LPCs, LDCs and LMCs.

ROCs also provide advice for optometrists on a wide range of issues relating to NHS Ophthalmic services.

ROCs work with Health Boards to develop community eye health strategies, input into and assist with needs assessments and health care planning and the setting up of local eye care services to cater for local health care needs.

Every ROC member should know the common duties of the ROC which are included in the revised joint guidance document (Appendix 2)

## **ROC Meetings**

ROCs should meet at agreed regular intervals, (usually monthly or bimonthly) to ensure that they are able to keep abreast of issues and are able to exercise their functions properly. The majority of ROCs hold their meetings on a weekday evening, but some ROCs have full daytime meetings.

Between meetings the Executive Officers (usually but not always Chairman, Treasurer and Secretary) will deal with issues that arise, but your ROC as a whole is accountable for actions taken in the name of the ROC. This means that the ROC must ensure it meets sufficiently frequently to be able to set policy, consider important issues, and steer the work of the Executive.

As an ROC member you should attend all meetings, as you are jointly accountable for the actions of the Committee. To ensure that maximum attendance is possible the Secretary or Administrator should arrange and notify members of meetings well in advance.

**SEWROC meetings are typically held at the School of Optometry, Maindy Road, Cardiff on Monday evenings every other month.** Meeting dates are set 12 months in advance and the secretariat for the meeting is provided by staff at Optometry Wales (OW). OW maintains the distribution list for the committee meetings and should be reviewed by the SEWROC Chairman to ensure that the list is up to date and relevant.

Before each ROC meeting all members should read the agenda and minutes of the previous meeting and be prepared to contribute, so that the meeting can be carried out efficiently. It is the quality of the input that is the critical factor! In SEWROC, notification of the meeting is sent by email 14 days prior to the date of the next meeting. The approved agenda and papers will be circulated 7 days prior to the date of the next meeting.

The ROC must hold an annual general meeting to which all local contractors and those performers who have elected to be represented by your particular ROC are invited. This is an important opportunity for them to hear and comment on the activities of the ROC. A copy of the constitution will also be circulated 28 days before the date of the meeting.

### **What is your role?**

Your role as an individual member of the ROC is to work with your colleagues on the Committee to ensure that the voice of community optical and ophthalmic practitioners is heard within your Health Board areas. You must ensure that the business of the ROC is conducted appropriately by its members and officers and that the duties of the ROC are carried out satisfactorily.

All ROC members should work towards fostering strong relationships with the Health Boards within their localities, particularly the Chief Executive, Director of Public Health, Primary Care Director, commissioning managers and optometric advisors.

The work of the ROC must be seen to be conducted openly, and communication with all contractors in the ROC area is vital. Remember that you are recognised by the Health Boards as the body representative of optical/ophthalmic practitioners and you must ensure that you represent their interests properly and keep them fully informed. Your ROC should send written reports to its members on a regular basis. Your ROC may prefer to communicate by means of e-mail or via a website. (

The ROC is expected to comply with accepted **Principles of Public Life**. These should be adhered to by all bodies performing functions related to public life (in our case the NHS). They are explained in greater detail below under **Governance Issues for ROCs**.

In terms of probity, the ROC should be vigilant in all its financial dealings. The Health Boards have a legitimate interest in the financial management of ROC levies, and ROCs must be satisfied that all their expenditure is defensible as being in the interest of contractors. ROC members should scrutinise the accounts and ensure they are properly maintained and audited – for further information on finance see **ROC Expenditure and Accounts**.

The ROC will also promote local eye care services and endeavour to negotiate locally funded enhanced and other services.

### **Competencies for ROC Membership**

ROC members should have a good understanding, not only of community eye care services, but also of the health needs of the local community and local and national NHS priorities, and be committed to promoting the role of optometrists in delivering services.

Other competencies that are useful include financial skills, familiarity with wider government health policy, local government, special interest groups relevant to eye care services and education, but the key requirements are an enthusiasm for eye care development, a willingness to contribute and being a team player.

## Governance Issues for ROCs

It is important to remember that the ROC is a body charged with representing community optical and ophthalmic practitioners in its area. ROC business has a significant effect on those it represents in terms of business and development opportunities. Essentially, good governance is all about making sure that appropriate rules and procedures are in place at the ROC to ensure that it is conducting itself in a proper manner. There are a number of principles, sometimes referred to as the **Nolan principles**, which define how people in public life should conduct themselves. The following principles reflect the application of the Nolan principles to the conduct of ROC members:

- **Selflessness:** ROC members should take decisions solely in terms of the interests of all those contractors they represent and not to gain financial or material benefits for themselves, their family or their friends.
- **Integrity:** Members must not put themselves under any obligations that might influence their performance on the ROC or their ability to reflect the interests of the contractors who elected or appointed them.
- **Objectivity:** In making decisions and in carrying out the business of the ROC, members should act within the Constitution and make decisions only on merit.
- **Accountability:** ROC members are accountable for their decisions and actions to the contractors they serve and the public and must therefore submit themselves to scrutiny.
- **Openness:** Members should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions, and restrict information only where the wider public interest clearly demands this. However, in being open, ROCs must take care when dealing with confidential or sensitive information.
- **Honesty:** Members have a clear duty to declare any private interests relating to their ROC duties, and take steps to resolve any conflicts arising. A written declaration of interests, properly updated for all ROC members, should be in place and conflicts of interest at meetings should be declared and be recorded in the minutes.
- **Leadership:** Members should promote and support good governance by leadership and example.

These are amended versions of principles that apply to any individual in a public office - breach of the principles can have serious implications for both the individual and for the organisation.

### ***Some issues to consider***

If the ROC is going to be open and transparent to its members then consideration should be given to:

- allowing access to minutes of ROC meetings (subject to dealing with confidential issues);
- giving notice to members likely to be affected by any issues to be discussed at a meeting; and

- when appropriate consulting members before a decision is taken.

There should be nothing that the ROC is discussing that you shouldn't be open with contractors or performers about, other than issues of misconduct.

Corporate responsibility means publicly standing by the decisions of the ROC. If a matter is discussed at an ROC meeting and an individual puts forward a view that is not supported by the majority in a vote after a full discussion, that individual must support the collective decision of the ROC. Any member who publicly disagrees with an ROC decision or undermines it should consider his or her position. Members wanting to speak out against an ROC decision should resign from the Committee before doing so.

Where power is delegated to individual members of the Committee to carry out a particular function, then the ROC should clearly set the boundaries of the delegated power. Individuals should be aware that they only receive their power from the ROC and cannot go beyond it.

ROCs represent all contractors and performers within their area and there should be no bias or public statements that indicate anything other than complete equity. This means that statements indicating a dislike of a particular group of contractors or performers or favouritism towards others must be ruled out completely. Failure to do so could result in action against the ROC by the aggrieved individual.

There may be occasions when you have an interest in a matter being discussed by the ROC - a conflict of interest - for example a contract with which you are involved. It is important that you declare your interest at the start of the meeting and the Chairman will take the appropriate action - this may mean that you are asked to leave the room while the item is discussed. It will also be important for the Secretary or Administrator to minute that you declared an interest and the action that was taken.

Clearly ROCs will, on occasions, receive privileged information and such information should not be used to an individual ROC member's advantage. ROCs are under a duty to respect confidential information and despite the requirement for transparency and openness, deal with confidential information in an appropriate manner.

### **Working in Partnership**

Establishment of good relationships and two way communication links at a Local I level between the ROC and Health Boards other healthcare workers and organisations, other local representative committees, local contractors, Assembly Members (AMs) and ROCs are essential for the efficient and effective working of an ROC.

Community optical and ophthalmic services need to present a united front and work towards having a substantive role in the new integrated NHS healthcare teams with ROCs as the focal point for discussions and negotiations. ROCs therefore need to work in partnership with all relevant local bodies and personnel.

ROCs should also work closely with the LOC Support Unit and the professional bodies e.g. AOP, ABDO, FODO and College.

## ROC Expenditure and Accounts

As an ROC member you should have a general knowledge of your ROC's finances and annual accounts, even though they will be the prime responsibility of the ROC Treasurer. You can get advice on ROC budgets and how to manage them from the ROC Support Unit.

If the level of reserves is too high then the ROC should consider adjusting the amount of levy collected until the reserves are back to normal. If the level of reserves is too low then the ROC needs to consider the following measures:-

- (a) review the levy income
- (b) review the ROC expenditure
- (c) if necessary consider a levy increase

### (a) *review the levy income*

The ROC Treasurer should check the receipts from the Health Board, in particular whether the number of contractors from whom a levy has been deducted equals the number of optometrists in each Health Board within the ROC area.

If the ROC is collecting a statutory levy then any shortfall is likely to be an administrative error at the Shared Services Partnership

If the ROC is collecting voluntary levies then the ROC Treasurer needs to chase up any missing mandate forms, which must be signed and lodged with the PCT before voluntary levies can be collected. This can involve extra work keeping up with changes in ownership.

It is important that ROCs ensure that the required levy is collected from all their contractors and this does require constant vigilance especially on the part of the Treasurer.

### (b) *review the ROC expenditure*

When the Treasurer presents his budget for the next financial year all ROC members have a duty to satisfy themselves that the proposed expenditure is necessarily incurred for the benefit of the ROC's contractors. These same criteria should be used to judge the actual expenditure incurred as contained within the ROC's accounts when they are regularly presented to the ROC.

### (c) *levy increase*

If having reviewed the level of reserves, levy income, and ROC expenditure funding is insufficient then the ROC will have to consider an increase in their levy on contractors. This will require a full discussion at an ROC meeting and due notice of the decision given to contractors and the Health Board

## **ROC Accounts**

The ROC's constitution requires it to prepare annual accounts. These should be approved by the ROC after they have been audited by a suitable person or persons and presented to the ROC at its AGM (see 13.4 of Model ROC Constitution).

A point on governance: to avoid conflict of interest the posts of Secretary and Treasurer should be held by different people.

## **Other Financial Matters**

### Allowances to ROC Members

ROCs can reimburse *bona fide* costs incurred by ROC members when attending day meetings on ROC business.

In addition ROC members may claim reasonable travelling and subsistence costs incurred in attending meetings on behalf of the ROC.

Some ROCs also pay a small attendance allowance for attending ROC meetings. Where this is paid the ROC should inform the ROC member in writing that the member is responsible for any tax liability arising on the profit element within the allowance.

### ROC Secretaries Salaries or Honoraria

The ROC is responsible for deduction of Income Tax and National Insurance contributions on the salary / honoraria paid to the ROC Secretary / Chief Officer or other officials, unless the ROC receives written confirmation from HM Revenue & Customs that the person is self employed.

### Mileage Rates

HM Revenue & Customs have set a maximum reimbursement rate for car mileage of 45 pence per mile in order that the payment may be free of tax. This covers up to 10,000 miles in any tax year and can be increased to 50pence per mile if a passenger is carried.

If you have any queries on ROC finance please contact the LOC Support Unit.

## **Glossary of Frequently Used Terms and Acronyms in Optics**

### **Eye Health Examination (EHEW)**

EHEW is a replacement for both PEARS and WEHE services. It enable patients with sudden onset eye problems and those in at-risk categories for developing eye disease or those who would find losing their sight particularly difficult to obtain a free eye examination from an accredited optometrist in the community.

### **General Ophthalmic Services (GOS)**

The provision of sight tests when clinically necessary to eligible patients by optometrists or ophthalmic medical practitioners including providing optical vouchers to eligible patients to assist them in the purchase of glasses or contact lenses.

### **NHS Wales (GIG Cymru)**

NHS Wales:Gwasanaeth Iechyd Gwladol Cymru is the publicly funded healthcare system of Wales and is the responsibility of the Welsh Government. It provides emergency services and a range of primary care, secondary care and specialist tertiary care services

### **NHS Wales Shared Services Partnership (SSP)**

The NHS Wales Shared Services Partnership is a dedicated Shared Services organisation which shares common operating standards in line with best practice, has sufficient scale to optimise economies of scale and purchasing power and has an excellent customer care ethos and focus on service quality. They support the statutory Health Boards and NHS Trusts in Wales and provide professional advice and support to Welsh Government.

### **Optometry Wales**

Optometry Wales is the professional umbrella organisation for all community optometrists, opticians and dispensing opticians in Wales. It represents the profession in lobbying and negotiation with Welsh Government, responding to consultations and ensuring the profession is represented at all levels in Wales

### **Post-payment Verification (PPV)**

A process of financial audit of NHS claims. PPV is carried out by the Shared Services Partnership (SSP) in-line with an agreed protocol. The SSP is entitled to inspect records relating to NHS patients, including mixed NHS and private records relating to a patient.

### **Primary Eyecare Acute Referral Service (PEARS)**

An eye examination for patients with an eye problem requiring urgent attention that was available from the community optometrist free of charge to the patient. This service was available from 2003-2012 but has been superseded by the EHE.

### **Wales Optometry Postgraduate Education Centre (WOPEC)**

WOPEC is the first postgraduate education centre for optometry in the world and is dedicated to excellence in eye care education through quality and independence. WOPEC provides short courses for optometrists and eye care professionals as well as certified postgraduate courses and helps to facilitate training and accreditation for the WECS. It is located in the School of Optometry in Cardiff University.

**Welsh Eye Health Examination (WEHE)**

The aim of the WEHE is to detect those patients at increased risk of eye disease and those patients who would find losing their sight particularly difficult. Patients in Wales were entitled to a free at the point of access WEHE eye examination from an accredited optometrist if they fulfilled specific criteria. This service was available from 2003-2012 but has been superseded by the EHE.

**Welsh Government (WG)/ Llywodraeth Cymru**

The Welsh Government is the devolved Government for Wales. It has legislative powers in key areas of public life such as health, education and the environment.

**Welsh Optometric Committee (WOC)**

The Welsh Optometric Committee (WOC) is the Statutory Advisory Committee to the Welsh Government (WG), advising on all aspects of optometry and optometrists issues in Wales. It consists of Members from Regional Optometric Committees, Cardiff University School of Optometry and the Hospital Eye Service in Wales. It has observers from WG, WOPEC, and a reciprocal observer from the Ophthalmology Specialist Advisory Group (OSAG: part of Welsh Medical Committee). It occasionally commissions sub-groups for the purposes of developing particular areas of influence.

**The College of Optometrists**

The professional scientific and examining body for Optometry in the UK working for the public benefit.

**Federation of Ophthalmic Dispensing Opticians (FODO)**

This organisation represents the business interests of opticians

**Association of Optometrists (AOP)**

This organisation represents the needs and interests of the individual optometrist

**The Association of British Dispensing Opticians (ABDO)**

The qualifying body for dispensing opticians in the UK

## Appendix 1

### **SEWROC Constitution** **April 2016**

#### Explanatory Note

- i. The following scheme has been approved by the Association of Optometrists (AOP), the Association of British Dispensing Opticians (ABDO), the Federation of Ophthalmic and Dispensing Opticians (FODO) and by the Department of Health as a basis for recognition of Local Optical Committees, which provides for the constitution of Local Optical (i.e. Optometric) Committees to consist of Ophthalmic Opticians (i.e. Optometrists) providing General Ophthalmic Services in the area of one or more Local Health Boards.
- ii. It is recommended that the more appropriate title of Local Optometric Committee is used by each LOC and that title is used throughout this constitution. The title Optometrist is likewise used throughout.
- iii. This constitution provides for the method of election of Optometrists to serve on Local Optical Committees (See Appendix A) and the appointment of representatives of GOS corporate contractors.
- iv. The number of Optometrists elected to the Local Optometric Committee should not normally exceed ten, save in areas in which the Committee represents GOS contractors in respect of a large number of LHBs. In addition, one Federation of Ophthalmic and Dispensing Opticians (FODO) corporate member with practice(s) in the SEWROC area shall be elected by FODO members practicing in the SEWROC area to represent the GOS corporate contractors of the area.
- v. The names, qualifications and addresses of the persons elected or nominated as members of the Committee should be notified to the Local Health Board(s) directly and, for information only, to Association of Optometrists, the Association of British Dispensing Opticians, the Federation of Ophthalmic and Dispensing Opticians and the College of Optometrists.
- vi. Where a Local Optometric Committee wishes to provide for the appointment of a Vice-Chairman, Clause (8) may be amended in accordance with the authority given under clause (16). If the Chairman and Vice-Chairman are absent from

the meeting, for the purposes of that meeting a Chairman should be elected from among those present.

### General

1. In the following scheme unless the context requires otherwise;
  - 1.1 "The Committee" means the Local Optometric Committee formed for the purposes connected with the National Health Service Acts and
  - 1.2 "Ophthalmic List" means the list(s) of contractors [ophthalmic list(s)] and the list(s) of assistants [supplementary list(s)] maintained by Health Boards for General Ophthalmic Services in the area for which the Committee is formed

### Title

2. The Committee shall be known as the South East Wales Regional Optometric Committee.

### Objects

- 3.1 To advise the Local Health Boards listed in Appendix B on matters affecting Optometrists undertaking General Ophthalmic Services in the area.
- 3.2 To advise the Regional Officers of the Welsh Assembly Government on issues relating to optometry in South East Wales.
- 3.3 To enable Optometrists undertaking General Ophthalmic Services in the area to formulate collective views on the administration of the services and, in particular, to make suggestions for their improvement and to transmit them to the Local Health Boards.
- 3.4 To disseminate information about the General Ophthalmic Services among Optometrists in the area and to assist individual Optometrists and corporate contractors to understand and comply with their terms of service.
- 3.5 To give advice to Local Health Board(s) and other relevant organisations in respect of any complaints involving General Ophthalmic Services made against

optometrists practising in the area for which the Committee is constituted.

- 3.6 To advise the Local Health Board(s) on matters affecting Optometrists in relation to the Hospital Eye Services, the scope and efficiency of those services, and in connection with the provision of ophthalmic services from health centres, clinics and the like.
- 3.7 To carry out such other advisory or consultative functions as may be incidental to or assist in the attainment of the above objects, including liaison with relevant bodies within the area.
- 3.8 To advise the Local Health Board (s) on the development of primary eye care in all its aspects in the area.

#### Membership

- 4.1 (a) The Committee shall consist of elected Optometrists all of whom shall be in practice in the area and whose names are on the local Ophthalmic List: one Federation of Ophthalmic and Dispensing Opticians (FODO) corporate member with practice(s) in the SEWROC area elected by FODO members practicing in the SEWROC area, and one Dispensing Optician practicing in the SEWROC area elected by dispensing opticians practicing in the SEWROC area.
  - (b) The Optometrists to be elected under 4.1(a) shall be elected by and from the Optometrists practising within the Local Health Board areas and whose names are on the local Ophthalmic List.
  - (c) The Optometrists to be elected under 4.1(a) shall be elected from constituencies defined by the borders of the Local Health Boards in Appendix B.
  - (e) The number of Optometrists per constituency to be elected under 4.1(a) shall be defined in Appendix C
  - (f) In addition, the Committee shall, include one Optometrist appointed by and employed as such by Cardiff University Department of Optometry and whose

premises are situated in the territories of the Local Health Boards.

(g) In addition, the Committee shall also include those representative Optometrists selected to be Members of Local Health Board Professional Advisory Fora.

(h) In addition, the Committee shall include one Optometrist employed as such by a hospital eye department in the SEWROC area.

(i) An Optometrist seeking election in one constituency as defined in 4.1(d), or 4.1(f) shall not simultaneously seek election in another constituency so defined.

4.2 If the Committee so constituted does not include representatives from each Local Health Board area in the area as a whole, the Committee shall be increased in number to include an additional member elected by and from the optometrists in the area not represented

4.3 Provided that the Committee so elected shall have the power to co-opt one or more Optometrists who shall not have any voting rights.

#### Term of Office

5. The term of office of members shall be three years, provided that at the expiration of his term of office a member shall be eligible for re-election.

#### Vacancies etc. Not to Invalidate Proceedings

6. The proceedings of the committee shall not be invalidated by a vacancy in their membership, or by any defect in the appointment of any member of the Committee.

#### Proceedings of the Committee

7. The Committee shall hold meetings at least four times a year, at such time and

place as shall be generally agreed.

### Officers of the Committee

8. The Committee shall elect a Chairman, Vice Chairman, Treasurer and Education Officer from among their number, all of them eligible to hold office for one year, provided that the officers shall be eligible for re-election and provided that the posts of Chairman and Vice Chairman will not be held by any one Member for more than three consecutive years, unless specifically exempted by a special motion and so recorded by the Committee. (See also Explanatory Note vi.)

### Quorum

9. One third of the number of the members of the Committee, or if one third is not a whole number, the next whole number above one third shall form a quorum of the Committee. If the full Committee has five or fewer members, the quorum shall be not less than two members eligible to vote.

### Resignation or Disqualification of Members

- 10.1 A duly elected Optometrist whose name no longer appears on the Ophthalmic list in the area, has ceased to be employed by a Trust in the area or has ceased to be eligible for the section of the Committee which he/she represents, shall vacate his/her seat on the Committee and a casual vacancy shall be deemed to have occurred.
- 10.2 Where a member of the Committee has been absent from three consecutive meetings to which he/she has been summoned, the Committee may, unless they are satisfied that his/her absence was due to illness or other reasonable cause declare that his/her seat has been vacated and a casual vacancy shall be deemed to have occurred.
- 10.3 A member of the Committee may at any time, by notice in writing signed by him/her

and delivered to the Secretary, resign his/her membership or office.

#### Method of Filling Casual Vacancies

- 11.1 Where by reason of the resignation, death or disqualification of a member of the Committee, a casual vacancy in the membership of the Committee occurs, the Committee may appoint an Optometrist on the local Ophthalmic List and practising in the area of the Local Health Boards or as appropriate an Optometrist employed as such by NHS Trusts whose premises are situated in the territory of the Local Health Boards. If a casual vacancy occurs in the appointed membership the Committee shall ask the nominating body (either the Federation of Ophthalmic and Dispensing Opticians or the Association of British Dispensing Opticians and the Association of Optometrists acting together) to make a new appointment.
- 11.2 The person so appointed shall hold office for the remainder of the term of office of the member in whose place he/she is appointed.

#### Observers

- 12 The Committee shall invite the local branch of the Association of British Dispensing Opticians to nominate one or two dispensing opticians who practice in the area to attend its meetings as observers. The Committee shall also invite Health Board Optometric Advisors to attend as observers. Observers shall be given meeting papers and invited to participate in the discussions but shall not be entitled to vote.

#### Finance

13. The Committee shall be empowered to make such financial arrangements by statutory levy, as provided for in Sections 45(2) and (3) and Schedule 6 (paragraph 5) of the NHS Act 1977, to cover the administrative expenses of the Committee as shall be generally agreed by the optometrists on the Ophthalmic List and practising in the area. Provided that the Committee shall be empowered to raise funds by voluntary levy for such other purposes as the Committee may approve.

#### Records and Accounts

14. Minutes shall be kept of each meeting of the Committee as well as an account of

income and expenditure, such account to be audited annually by two GOS contractors, not being members of the Committee, appointed at the annual meeting.

### Notice of Meetings

15. Reasonable notice shall be given before each Committee meeting. In the case of the Annual Meeting, at least 21 days notice shall be given. The observers nominated by the Association of British Dispensing Opticians should also be included among those to whom notice is given.

### Annual Meetings

16. On 31st March each year, or the nearest convenient day, a meeting shall be held, to which all Optometrists on the Ophthalmic List and all dispensing opticians practising in the Local Health Board areas shall be invited.

The business of the meeting shall include

- (i) A report on the Committee's activities in the last year
- (ii) The presentation of the audited accounts for the past year;
- (iii) The election of two GOS contractors to act as auditors
- (iv) And (every third year) the election of the Committee.

### Amendment of Constitution

17. The Committee may, where changes in the NHS Regulations or where local circumstances require, vary the constitution. Proposed changes shall first be circulated to all Optometrist whose names are included in the ophthalmic list for the area; and, at the same time, to the Local Health Board(s). The Local Health Board(s) shall then inform the Committee, the Association of Optometrists, the Association of British Dispensing Opticians and the Federation of Ophthalmic and Dispensing Opticians whether the proposed amendments would be consistent with continued recognition of the Committee under Section 44 of the NHS Act 1977 as amended by Section 12 (4) of the National Health Service and Community Care Act 1990. If the Local Health Board(s) has/have no objection, the Committee shall then propose the amendments to the next Annual Meeting of the contractors practising in the area; and, if the amendments are adopted by the Annual Meeting, the

Committee shall notify the Local Health Board(s), the Association of Optometrists, the Association of British Dispensing Opticians and the Federation of Ophthalmic and Dispensing Opticians accordingly.

## APPENDIX A

### PROCEDURE FOR THE ELECTION OF OPTOMETRISTS TO THE LOCAL OPTOMETRIC COMMITTEE

1. Every Optometrist whose name is on the ophthalmic list and is practising in the Local Health Board areas (in this scheme referred to as "an elector") shall be entitled to be present and to vote at a meeting convened for the purpose of electing Optometrists to the Committee. At least 21 days before the date on which the meeting is to be held the Returning Officer shall send to all Optometrists on the Ophthalmic List and practising in the area, a written notice, setting forth the date, time, place and purpose of the meeting.
- 2.1 The Returning Officer shall be appointed by the Local Optometric Committee. In the event of the person appointed as Returning Officer being unable to act, he shall appoint some other person other than an elector to act as deputy in his place.
- 2.2 The Returning Officer shall be reimbursed all expenses properly incurred by him in the conduct of the election.
3. The electors present at the meeting shall appoint a Chairman to preside at the meeting and two scrutineers to assist the Returning Officer in counting the votes.
4. Any Optometrist whose name is on the ophthalmic list and is practising in the Local Health Board areas may be a candidate for election to the Committee.
5. Every candidate shall be nominated by at least two electors either personally at the meeting, or by written communication delivered to the Returning Officer at least 48 hours before the meeting. The Returning Officer shall not accept any nomination unless the candidate has intimated before the time of voting that, if elected, he/she is willing to accept office.
6. If the number of candidates does not exceed the number of vacancies to be filled, the Returning Officer shall declare those candidates to be elected; if the number of candidates exceeds the number of vacancies, a vote shall be taken in the manner hereinafter provided for the purpose of filling those vacancies.

7. Each elector shall be entitled to cast a number of votes equal to the number of vacancies in respect of the vote is taken, but he may not cast more than one vote for any one candidate.
8. Voting shall be in accordance with the following rules
  - (i) The Returning Officer or his deputy shall prepare a list of duly nominated candidates showing the names of electors by whom each candidate has been nominated.
  - (ii) The Chairman shall in such manner as he thinks fit inform the meeting of the names of the candidates and the number of vacancies.
  - (iii) Each elector shall indicate on a voting paper the names of those candidates for whom he wishes to record his vote and shall sign his name at the foot thereof.
  - (iv) A voting paper shall be invalid if
    - (a) it contains the names of more candidates than there are vacancies to be filled;
    - (b) it is not signed in accordance with these rules;
    - (c) in any other respect it does not comply with these rules or is marked in such a manner as to cause any uncertainty as to the candidate for whom the elector desires to cast his vote, provided that the Returning Officer shall, if he thinks fit, treat a voting paper so marked as valid for the purpose of any vote other than that in connection with which the uncertainty arises.
9. The Returning Officer shall examine the voting papers, and after rejecting any that are invalid, shall count the votes recorded on the remaining papers and shall prepare a list of the candidates according to the number of votes each has received, in descending order of number of votes cast.
10. Provided that the Chairman may on a resolution duly proposed, seconded and

passed by the meeting prior to voting, declare that voting shall be by a show of hands for each candidate separately. Paragraphs 8 and 9 shall then only operate insofar as they can be made applicable.

11. If the votes received by any two or more candidates are equal and the addition of a vote to any one of such candidates would enable that candidate to be declared elected, the Chairman shall take a vote of the meeting, either by show of hands or in writing, as he thinks fit, to decide which of the candidates shall be placed higher on the list; or if the meeting has been declared at an end before the count is completed, the Returning Officer shall decide by lot which of the candidates shall be placed higher on the list.
12. The Returning Officer shall declare elected such number of Optometrists highest on the list as will fill the vacancies to be filled at the election.
13. Where the number of persons elected is less than there are vacancies to be filled, the Committee may appoint one or more Optometrists to fill the vacancy or vacancies, and the persons so appointed shall be deemed to be elected members.
- 14.1 Where a Deputy Returning Officer has acted at a meeting he shall forthwith give notice in writing of the result of the election to the Returning Officer.
- 14.2 The Returning Officer shall forthwith give notice in writing of the result of the election to each of the persons elected.
15. Where any document is required under these rules to be sent to an Optometrist, it shall be deemed to have been duly sent if it has been delivered or posted to the address of the Optometrist in the Ophthalmic List.
16. Any question as to the validity of any nomination, ballot paper or otherwise, in connection with an election, shall be determined by the Returning Officer.

#### METHOD OF SELECTION OF OPTOMETRISTS EMPLOYED BY NHS HOSPITALS

17. The Secretary of the LOC shall write to all Optometrists employed by hospital Eye Departments within the area of the Committee inviting nominations from among their number to become co-opted and observe the Committee's proceedings

## APPENDIX B

### **THE LIST OF LOCAL HEALTH BOARDS, THE BOUNDARIES OF WHICH SHALL BE CONSIDERED TO CONSIST THE SOUTH EAST WALES LOCAL OPTOMETRIC COMMITTEE AND DEFINE ITS CONSTITUENCIES.**

Aneurin Bevan UHB

Cardiff and The Vale UHB

Cwm Taf UHB





### ***SEWROC Meetings Wales Report***

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<b>Name of SEWROC Representative</b>	
<b>Name of Meeting</b>	
<b>Date of Meeting</b>	
<b>Date of Next Meeting</b>	

Key Agenda Items: [insert text]

Threats: [insert text]

Opportunities [insert text]

Recommendations: [insert text]