

SCHEDULE

Regulation 2(17)

FORM 1

Regulation 6(1)(a)

REPRESENTATIONS

To the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978.

Representations of—

..... Complainer

against

..... Respondent

a ..... (1) [on / applying for inclusion on (2)] the ..... (3) list of ..... Health Board.

1. The complainer represents: (4)

- (a) the inclusion/continued inclusion (2) of the respondent in the list referred to would be prejudicial to the efficiency of services which those included in the list perform or undertake to provide or are approved to assist in providing;
- (b) the respondent has (whether on the respondent's own or together with another) by an act or omission caused, or risked causing, detriment to a health scheme by securing or trying to secure for the respondent or another a financial or other benefit, and knew that the respondent or (as the case may be) the other was not entitled to the benefit;
- (c) the respondent is unsuitable (by virtue of professional or personal conduct) to be included/continue to be included (2) in the list.

2. The facts and grounds upon which the representations are based are as follows:—

..... (5).

3. The documents of which 2 copies of each accompany this representation shall be produced in evidence in support of the representation (6).

Signed .....

Complainer

Dated .....

**Notes**

(1) State whether the respondent is a medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.

(2) Delete whichever is inapplicable.

(3) State whether the list is the primary medical services performers, dental, ophthalmic, or pharmaceutical list.

(4) Delete whichever of (a), (b) or (c) is inapplicable (if any).

(5) Paragraph 2 of the representation must contain a concise statement of the alleged facts and grounds upon which the complainer intends to rely.

**Status:** *This is the original version (as it was originally made). This item of legislation is currently only available in its original format.*

(6) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.

## FORM 2

Regulation 9(1)(a)

### NOTICE OF REPRESENTATIONS

Notice to ..... (1) of representations.

Representations of–

..... Complainer

against

..... Respondent

a ..... (2) [on / applying for inclusion on (3)] the ..... (4) list of ..... Health Board.

1. On behalf of the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978 I enclose–

(a) a copy of representations that (5)

- (i) your inclusion/continued inclusion (3) in the list referred to would be prejudicial to the efficiency of services which those included in the list perform or undertake to provide or are approved to assist in providing;
- (ii) you have (whether on your own or together with another) by an act or omission caused, or risked causing, detriment to a health scheme by securing or trying to secure for yourself or another a financial or other benefit and knew that you or (as the case may be) the other was not entitled to the benefit;
- (iii) you are unsuitable (by virtue of professional or personal conduct) to be included/continue to be included (3) in the list,

which representation was submitted to the Tribunal by the complainer on ..... (6);

(b) a copy of each document which accompanied the representation (7).

(2) The Tribunal intends to hold an inquiry in relation to the representation and notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

(3) You may, if you so desire, submit to me within 4 weeks from the date of receipt of this notice a written statement-in-answer and 2 copies of each document which you propose to put in evidence (8).

Signed .....

Clerk to the Tribunal

Dated .....

#### Notes

(1) The full name of the respondent should be inserted.

(2) State whether the respondent is a medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.

(3) Delete whichever is inapplicable.

(4) State whether the list is the primary medical services performers, dental, ophthalmic, or pharmaceutical list.

(5) Delete whichever of (i), (ii) or (iii) is inapplicable (if any).

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- (6) State the date on which the representation was submitted.
- (7) The complainer may intend to put in evidence documents or material which it is difficult to make or obtain a copy of. If this is the case, the clerk to the Tribunal will inform you accordingly.
- (8) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.

## FORM 3

Regulation 9(2)(a)

### NOTICE OF REPRESENTATIONS

Notice to ..... (1) Health Board.

Representations of–

..... Complainer

against

..... Respondent

a ..... (2) on the ..... list (3) of ..... Health Board(s)(4).

1. On behalf of the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978, I hereby give you notice that representations have been made by ..... to the Tribunal that (5)–

- (a) the inclusion/continued inclusion (6) of the respondent in the list referred to would be prejudicial to the efficiency of services which those included in the list perform or undertake to provide or are approved to assist in providing;
- (b) the respondent has (whether on the respondent's own or together with another) by an act or omission caused, or risked causing, detriment to a health scheme by securing or trying to secure for the respondent or another a financial or other benefit, and knew that the respondent or (as the case may be) the other was not entitled to the benefit;
- (c) the respondent is unsuitable (by virtue of professional or personal conduct) to be included, or to continue to be included (6) in the list.

I enclose a copy of the representations and a copy of each document which accompanied them.

2. The Tribunal intends to hold an inquiry in relation to the representations and notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

3. .... Health Board may, if they so desire, submit to me within 4 weeks from the date of receipt of this notice a written statement.

4. If any documents are to be put in evidence in support of the statement, 2 copies of each such document must accompany the statement (7).

5. .... Health Board are entitled to be represented and take part in the proceedings at the inquiry as the Tribunal shall think proper.

Signed .....

Clerk to the Tribunal

Dated .....

#### Notes

- (1) State the name of the Health Board to which the notice is being sent.
- (2) State whether the respondent is a medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.
- (3) State whether the list is the primary medical services performers, dental, ophthalmic, or pharmaceutical list.
- (4) State the name of each Health Board in whose list the respondent's name is included.

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- (5) Delete whichever of (a), (b) or (c) is inapplicable (if any).
- (6) Delete whichever is inapplicable.
- (7) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, the Health Board is not required to submit copies of any such document.

## FORM 4

Regulation 12(b)

### NOTICE OF INQUIRY

Notice to ..... (1) of date fixed for an inquiry to commence.

Representations of—

..... Complainer

against

..... Respondent

a ..... (2) [on / applying for inclusion on (3)] the .....list(4) of .....  
Health Board.

On behalf of the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978, I hereby give you notice that an inquiry in relation to the representation made—

[by you with respect to .....](5)

[by ..... with respect to you,](6)

[by ..... with respect to the respondent,](7)

will commence on ..... day,

the ..... day of ..... 20..... at ..... a.m./p.m. at .....

Signed .....

Clerk to the Tribunal

Dated .....

#### Notes

(1) The full name of the complainer, the respondent or any other Health Board concerned, as the case may be, should be inserted.

(2) State whether the respondent is a medical practitioner, dentist, ophthalmic medical practitioner, optician, pharmacist or pharmacist contractor.

(3) Delete whichever is inapplicable.

(4) State whether the list is the primary medical services performers, dental, ophthalmic, or pharmaceutical list.

(5) Delete these words in a notice being sent to the respondent or, where applicable, any other Health Board concerned.

(6) Delete these words in a notice being sent to the complainer, or where applicable, any other Health Board concerned.

(7) Delete these words in notices being sent to the complainer and respondent.

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

## FORM 5

Regulation 24(1)(a)

### APPLICATION TO THE TRIBUNAL FOR A REVIEW

To the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978.

Application of—

.....

1. The applicant applies to the Tribunal for a review under section 30 (review etc. of disqualification) of the said Act of the decision of the Tribunal made on .....(1) in respect of .....(2).

2. The facts and grounds upon which the application is based are as follows:—

..... (3).

3. The documents of which 2 copies of each accompany this application shall be produced in evidence in support of the application (4).

Signed .....

Applicant

Dated .....

#### Notes

(1) State the date on which the Tribunal made the relevant decision.

(2) State the full name of the practitioner in respect of which the application relates.

(3) Paragraph 2 of the application must contain a concise statement of the alleged facts and grounds upon which the Applicant intends to rely.

(4) If any document to be put in evidence is of a nature which renders it difficult to make or obtain a copy of it, you are not required to submit copies of any such document.



## FORM 6

Regulation 24(4)(a)

### NOTICE OF AN APPLICATION

Notice to ..... (1) of an application.

Application of–

.....

1. On behalf of the Tribunal constituted in terms of section 29 (the NHS tribunal) of the National Health Service (Scotland) Act 1978 I enclose–

(a) a copy of an application for a review under section 30 (review etc. of disqualification) of the said Act of the decision of the Tribunal made on .....(2) in respect of .....(3);

(b) a copy of each document which accompanied the application(4).

2. The Tribunal intends to hold an inquiry in relation to the application. A notice will be sent to you not less than 2 weeks before the date on which the inquiry will commence.

Signed .....

Clerk to the Tribunal

Dated .....

#### Notes

(1) The full name of the respondent or, as the case may be, the appropriate Health Board should be inserted.

(2) State the date on which the Tribunal made the relevant direction.

(3) State the full name of the practitioner in respect of which the application relates.

(4) The applicant may intend to put in evidence documents or material which it is difficult to make or obtain a copy of. If this is the case, the clerk to the Tribunal will inform you accordingly.