

SCHEDULE 5

Regulation 30

PART I

CRITERIA TO BE CONSIDERED BEFORE INCLUSION IN AN OBSTETRIC LIST

1. Whether the applicant has, within the period of 10 years previous to the date of his application, held, for not less than 6 months, a resident appointment in a maternity unit in a hospital or hospitals in a member state of the European Community during which at least half the time has been spent on obstetric work.

2. Where an applicant has held an appointment of the type mentioned in paragraph 1 during a period ending more than 9 years, 6 months previous to the date of his application, whether he has, within the period of 5 years previous to the date of his application, either—

- (a) attended a refresher course in obstetrics of not less than one week; or
- (b) spent not less than 2 weeks as an obstetric officer in a maternity unit under the supervision of a consultant obstetrician.

3. Whether the applicant has, within the period of 2 years previous to the date of his application—

- (a) been included in the obstetric list of the same or another FHSA; and
- (b) at the time of ceasing to be included in that obstetric list, was qualified for admission to it under paragraph 1 or 2.

4. Whether the applicant has, in the period of 5 years previous to the date of his application, been engaged in obstetric practice involving—

- (a) attendance at not less than 100 maternity cases involving responsibility for ante-natal care; and
- (b) attendance at not less than 50 cases involving the supervision of labour and responsibility for the post-natal period.

5. Whether the applicant is, at the time of the application, in the obstetric list of another FHSA.

6. Whether the applicant has, in the period of 2 years previous to the date of his application, had at least 6 months consecutive training experience under the supervision of a consultant obstetrician in a maternity unit involving attendances at—

- (a) not less than 20 normal deliveries;
- (b) not less than 10 abnormal deliveries; and
- (c) not less than 10 ante-natal and 2 post-natal clinics.

7. For the purposes of this Part of this Schedule—

“maternity unit” means a hospital or that part of a hospital which specialises in the provision of care to a woman during her pregnancy, labour and the post-natal period;

“refresher course in obstetrics” means a course of study in obstetrics approved by the Regional Adviser on Post-Graduate Education, or in Wales, by the Postgraduate Dean;

“normal delivery” means a delivery of a baby which does not require active intervention by a doctor;

“abnormal delivery” means a delivery of a baby which does require active intervention by a doctor;

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

“ante-natal clinic” means a clinic where a woman’s pregnancy is monitored by or on behalf of a doctor and appropriate care provided;

“post-natal clinic” means a clinic where an assessment is made by a doctor of the health of a woman following the post-natal period and where the post-natal examination is performed and appropriate care given;

“resident appointment” means a post in a hospital requiring the post-holder to reside at the hospital at times when required for duty at the hospital;

“obstetric officer” means a doctor undertaking post-graduate training in obstetrics in a hospital under the supervision of a consultant obstetrician;

“obstetric practice” means the use of the skills required of a doctor supervising and caring for a woman’s health during her pregnancy, labour and the post-natal period;

“consultant obstetrician” means a doctor engaged by a hospital or hospitals as a consultant in the specialty of obstetrics.

Regulation 31

PART II

MATERNITY MEDICAL SERVICES

1. A doctor with whom a woman has made an arrangement under regulation 31(2) for the provision of maternity medical services during the ante-natal period shall take all reasonable steps to secure that she receives all necessary personal medical services connected with the pregnancy from the time when the arrangement is made until—

- (a) where the pregnancy is terminated by miscarriage, the woman has received all necessary personal medical services in connection with the miscarriage; or
- (b) where the woman goes into labour, the date of the onset of that labour.

2. A doctor with whom a woman has made an arrangement under regulation 31(2) for the provision of maternity medical services during labour shall take all reasonable steps to secure that she receives all necessary personal medical services during that labour.

3. A doctor with whom a woman has made an arrangement under regulation 31(2) for the provision of maternity medical services during the post-natal period shall—

- (a) take all reasonable steps to secure that the woman receives all necessary personal medical services related to the recent pregnancy or labour during the post-natal period; and
- (b) where the pregnancy has resulted in the birth of a live baby, render all necessary personal medical services to that baby during the period of 14 days following its birth, unless, during that period, another doctor has accepted the baby for inclusion in his list pursuant to an application made on the baby’s behalf under regulation 20(1).

4. A doctor with whom a woman has made an arrangement under regulation 31(2) for the provision of a post-natal examination shall, not less than 6 weeks nor more than 12 weeks after the conclusion of her pregnancy—

- (a) undertake a full post-natal examination of the woman; and
- (b) take all reasonable steps to ensure that the woman is informed of the need for any further treatment she may require.

5. Where the doctor is aware that an arrangement under regulation 31(2) is about to be terminated under regulation 31(5) he shall take all reasonable steps to ensure that the woman is informed of the manner in which she may make a further such arrangement with another doctor.

6. The doctor shall be relieved of his obligations under paragraph 1, 2, 3 or 4, as the case may be,
 - (a) during any period when the woman is outside the doctor's practice area and is not present at any other place where, pursuant to paragraph 13 of the terms of service, the doctor is obliged to visit and treat her;
 - (b) where it is proposed that the woman's labour should take place in a hospital, to the extent that responsibility for her care has been taken over by the hospital; and
 - (c) where the woman has been admitted to a hospital as an in-patient, to the extent that her care has been taken over by the hospital.