

SCHEDULE 1

Regulation 3(2)

TERMS OF SERVICE FOR DOCTORS

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Explanatory Note

Interpretation

1. In this Schedule, unless the context otherwise requires—
 - (a) “associate” means a doctor employed by a single-handed isolated practitioner with the consent of the Board;
 - (b) “patient” means a person for whose treatment a doctor is responsible under paragraph 4 of these terms of service;
 - (c) “deputising service” means any person or body carrying on a business which consists of or includes the provision of deputies for periods which normally do not exceed 72 consecutive hours;
 - (d) “prescription form” means a form provided by the Board or, where the doctor is on the medical list of more than one Board, by the Board which is responsible for the supply of

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that form for issue by a doctor to enable a person to obtain pharmaceutical services as defined by section 27 of the Act⁽¹⁾;

- (e) unless the context otherwise requires any reference in a paragraph in this Schedule to a numbered sub-paragraph is a reference to the sub-paragraph bearing that number in that paragraph.

Incorporation of provisions of regulations, etc.

2. Any provisions of the following affecting the rights and obligations of doctors shall be deemed to form part of the terms of service:—

- (a) these Regulations;
- (b) any Statement made under regulation 35;
- (c) any provisions of Part II of the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992⁽²⁾.

Exercise of professional judgment

3. Where a decision whether any, and if so what, action is to be taken under these terms of service requires the exercise of professional judgment, a doctor shall not, in reaching that decision, be required to exercise a higher degree of skill, knowledge and care than—

- (a) in the case of a doctor providing child health surveillance services under regulation 29 or minor surgery services under regulation 33, that which any general practitioner included in the child health surveillance list or, as the case may be, the minor surgery list might reasonably be expected to exercise; and
- (b) in any other case, that which general practitioners as a class might reasonably be expected to exercise.

Persons for whose treatment the doctor is responsible

4.—(1) The persons for whose treatment a doctor is responsible are—

- (a) all persons whom he has accepted or agreed to accept for inclusion in his list and who have not been notified to him by the Board as having ceased to be on his list;
- (b) all persons whom he has accepted or agreed to accept as temporary residents;
- (c) all persons who have been assigned to him and who have not been notified to him by the Board as having ceased to be on his list;
- (d) all persons for whom he may be required in terms of sub-paragraph (2) to provide treatment pending their acceptance by or assignment to a doctor;
- (e) all persons for whom he may be required in terms of sub-paragraph (3) to provide treatment which is immediately required in case of accident or other emergency;
- (f) all persons to whom the doctor is required to give necessary treatment under paragraph 10;
- (g) all persons in respect of whom he is acting as a deputy under the provisions of paragraph 18(6);
- (h) during the period of an appointment under regulation 24 persons whom he has been appointed to treat temporarily;

(1) Section 27 was amended by the Health Services Act 1980 (c. 53), section 20(2), by the National Health Service (Amendment) Act 1986 (c. 66), section 3(3) and by the 1990 Act, Schedule 9, paragraph 19(7).

(2) S.I. 1992/434, amended by S.I. 1994/3038.

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- (i) in respect of contraceptive services and maternity medical services women for whom he has undertaken to provide such services;
- (j) in respect of services specified in regulations 29 and 33 and paragraph 8, persons to whom he has undertaken to provide those services;
- (k) during the hours agreed with the Board, any person whose own doctor has been relieved of responsibility during those hours specified in paragraph 5 and for whom he has accepted responsibility.

(2) If a doctor refuses to accept, for inclusion in his list or as a temporary resident, a person who lives in his practice area and who is not in the list of, or has not been accepted as a temporary resident by, another doctor practising in that area, he may inform him of the name and address of any neighbouring doctor to whom he may apply for acceptance and shall inform him of the name and address of the Board and of his right to apply to it for assignment, and he shall give that person any treatment which he may require until that person has been accepted by or assigned to another doctor.

(3) Where a doctor has notified the Board that he wishes to have a person removed from his list in accordance with paragraph 9(2), he shall on request give that person any immediately necessary treatment until the expiry of 14 days beginning with the date of the notification or until that person has been accepted by or assigned to another doctor, whichever occurs first.

(4) If a doctor notifies the Board in writing of his refusal to accept for inclusion in his list or as a temporary resident, a person specified in sub-paragraph (2) and states the person's name and address, the Board shall forthwith inform the person that he should at once apply to another doctor, or to the Board for assignment to a doctor and, if he has not been accepted by another doctor and has not applied for assignment before the expiry of 14 days after receipt of the Board's communication, he shall be deemed to have applied to the Board for assignment and shall be assigned by the Board to a doctor in accordance with the provisions of regulation 20(1), and the obligation to give treatment in sub-paragraph (2) shall cease on the date of the assignment.

(5) If a doctor is requested to provide treatment, and is available, he shall provide treatment immediately required, by reason of accident or other emergency, by a person who is not on the list of and who has not been accepted as a temporary resident by or assigned to, any doctor practising in the locality, or who is on the list of or has been accepted as a temporary resident by or assigned to, such a doctor, but neither the said doctor nor any deputy whom he may have appointed is available.

(6) Notwithstanding anything contained in this paragraph, a doctor shall not be responsible under these terms of service for the treatment in hospital of a person admitted thereto for treatment by the staff of the hospital.

5. A doctor who is elderly or infirm or who has been exempted by the Board under regulation 20(2) from the liability to have persons assigned to him may be relieved by the Board of any liability for emergency calls arising between 7 pm on weekdays and 8 am on the following morning and between 1 pm on Saturday and 8 am on the following Monday to persons who—

- (a) are not on his list, or
- (b) are not temporary residents for whom he is responsible, or
- (c) have not been accepted by him for the provision of maternity medical services.

Acceptance of patients

6.—(1) A doctor may agree to accept a person on his list if the person is eligible to be accepted by him.

(2) A doctor shall indicate his acceptance of an applicant by signing either his medical card or a form of application for acceptance which has been completed by the applicant or on his behalf, and sending the card or form to the Board within 14 days of receiving it. Where any person is authorised

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by the doctor to sign the card or form on behalf of that doctor, he shall say so accordingly and in addition to his own signature, add the doctor's name.

7. A doctor may—
 - (a) undertake to provide contraceptive services to a woman who has applied to him in accordance with regulation 30;
 - (b) accept as a temporary resident a person who has applied to him in accordance with regulation 26(1);
 - (c) undertake to provide maternity medical services to a woman who has made an arrangement with him in accordance with regulation 31(1).
8. Notwithstanding that the person concerned is not on his list, a doctor may—
 - (a) take a cervical smear from a woman who would be eligible for acceptance by him as a temporary resident or for whom he has undertaken to provide maternity medical services or contraceptive services;
 - (b) vaccinate or immunise a person who would be eligible for acceptance by him as a temporary resident.

Right of a doctor to have patient removed from his list

9.—(1) Subject to sub-paragraphs (2) to (5), a doctor may have the name of any person removed from his list by giving notice to the Board and the removal shall take effect on the date of acceptance of that person by, or assignment to, another doctor or on the eighth day after the Board receives such notice, whichever first occurs. If the doctor at the date when removal would take effect is providing treatment to the person (otherwise than at intervals of more than 7 days because of the chronic nature of the person's illness), the doctor shall notify the Board accordingly, and removal shall take place on the eighth day after the Board receives notice from him that the person no longer requires such treatment or upon acceptance by, or assignment to, another doctor, whichever first occurs.

- (2) Where—
 - (a) a person on a doctor's list has committed an act of violence against the doctor or has behaved in such a way that the doctor has feared for his safety; and
 - (b) the doctor has reported the incident to the police or the Procurator Fiscal

the doctor may notify the Board that he wishes to have that person removed from his list with immediate effect.

(3) Notification under sub-paragraph (2) may be given by any means including telephone or fax, but if not given in writing shall subsequently be confirmed in writing within 7 days (and for this purpose a faxed notification is not a written one).

(4) The time at which the doctor notifies the Board shall be the time at which he makes the telephone call or sends or delivers the notification to the Board.

(5) Where pursuant to this paragraph a doctor has notified the Board that he wishes to have a person's name removed from his list with immediate effect, he shall take all reasonable steps to inform the person concerned.

Evidence of person's title to obtain treatment

10.—(1) A doctor is entitled to require a person claiming to be on his list and applying for treatment, regarding whose identity he has reasonable doubts, to produce his medical card.

(2) If such a person fails on request to produce his medical card, the doctor is required to give any necessary treatment (including the supply of any drugs or appliances which he would be required to supply to a person on his list) but the doctor may charge the applicant a reasonable fee for any

treatment given, including any drugs or appliances supplied, provided that he renders the applicant an account, or gives him a receipt for the fee. The doctor may order any drugs or appliance required for the treatment of the applicant in the same way as for a person on his list.

(3) If the applicant applies to the Board within 14 days after receiving the account or paying the fee, as the case may be (or within such longer period not exceeding 30 days as may be allowed by the Board if it is satisfied that the failure to make application within the period of 14 days was occasioned by some reasonable cause) and the Board is satisfied that he was on the doctor's list, the Board may require the doctor to withdraw his account, or if the fee has been paid, may recover the fee from the doctor by deduction from his remuneration or otherwise and repay it to the applicant. If the doctor has supplied any drug or appliance for which, in the case of a person on his list, he would have been entitled to payment from the Board, the Board shall credit him with the payment to which he would have been so entitled.

Services to patients

11.—(1) Subject to paragraphs 3, 13 and 31 a doctor shall render to his patients all necessary and appropriate personal medical services of the type usually provided by general medical practitioners.

(2) The services which a doctor is required by sub-paragraph (1) to render shall include the following:—

- (a) the administration of anaesthetics or the rendering of any other assistance at an operation performed by, and of the kind usually performed by, a general medical practitioner;
 - (b) where appropriate giving advice personally to patients, either individually or in groups, relating to their general health, and in particular on the significance of diet, exercise, the use of tobacco, the consumption of alcohol and the misuse of drugs and solvents;
 - (c) offering to patients consultations and, where appropriate, physical examinations for the purpose of identifying, or reducing the risk of, disease or injury;
 - (d) offering to patients, where appropriate, vaccination or immunisation against Measles, Mumps, Rubella, Pertussis, Poliomyelitis, Diphtheria and Tetanus;
 - (e) arranging for the referral of patients, as appropriate, for the provision of any other services provided under the Act;
 - (f) giving advice, as appropriate, to enable patients to avail themselves of social work services provided by a local authority.
- (3) A doctor shall not be required under sub-paragraph (1) or (2) to provide to any person—
- (a) services which involve the application of such special skill or experience of a degree or kind which general medical practitioners as a class cannot reasonably be expected to possess;
 - (b) the administration of an anaesthetic at an operation performed by a doctor in the course of providing maternity medical services;
 - (c) contraceptive services, child health surveillance services, minor surgery services nor, except in an emergency, maternity medical services, unless he has previously undertaken to provide such services to that person; or
 - (d) where he is a restricted services principal, any category of general medical services which he has not undertaken to provide.

(4) In the case of maternity medical services the expression “all necessary and appropriate personal medical services” includes the provision of all necessary medical services (other than services which involve the application of special skill or experience of a degree or kind which general medical practitioners as a class cannot reasonably be expected to possess) during and following

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pregnancy and labour in respect of all conditions arising therefrom and in particular the following services:—

- (a) antenatal services, i.e. full antenatal care, supervision and examination, including full medical and obstetric examination of the patient as soon as possible after the doctor's engagement to provide maternity medical services and such further examination as the condition of the patient requires;
 - (b) services during the confinement and lying-in period including—
 - (i) attendance at some stage of labour either before or at delivery, or at such early time thereafter as is reasonably possible in the light of clinical circumstances;
 - (ii) attendance within twelve hours of completion of labour or as soon thereafter as practicable and as often as the condition of the patient or her child requires throughout a lying-in period of 14 days;
 - (iii) attendance at any time when summoned by the midwife attending the case;
 - (c) post-puerperal services, i.e., medical and pelvic examination of the patient at or about six weeks after confinement.
- (5) The doctor providing the maternity medical services shall, if he is not the doctor on whose list the name of the person is included—
- (a) comply with any request by the doctor on whose list the name of the woman is included to examine or give other assistance to the woman and her child if and so far as the practitioner providing the services considers it necessary and appropriate that he should do so;
 - (b) issue, in accordance with the provisions of paragraph 13(7) to the woman or her personal representative certificates of pregnancy, expected confinement and confinement, being certificates reasonably required by her.
- (6) The doctor providing the services shall also, subject always to paragraph 4(5) administer an anaesthetic or render other assistance, as required, in connection with any service or operation performed by another doctor otherwise than as part of the general medical services, if the administration of the anaesthetic or the rendering of such other assistance does not involve the application of special skill or experience of a degree or kind which general medical practitioners as a class cannot reasonably be expected to possess.
- (7) Nothing in the foregoing shall affect the responsibility of the doctor on whose list the name of the woman receiving maternity medical services is included for the provision of treatment necessary for her general health.
- (8) In the case of emergency, the doctor is required to render whatever services are, having regard to the circumstances, in the best interest of the patient.
- (9) In determining whether a particular service involves the application of such special skill and experience as aforesaid, regard is to be had to the question whether services of the kind are or are not usually undertaken by general medical practitioners practising in the area in which the question arose.

Practice leaflet

12.—(1) Subject to sub-paragraph (2), a doctor whose name is included in the medical list shall compile in relation to his practice a document (in this paragraph called a “practice leaflet”) which shall include the information specified in Schedule 5.

(2) Sub-paragraph (1) shall, in relation to a doctor referred to in regulation 4(5)(f), apply only to the extent that the Board sees fit.

(3) A doctor shall review his practice leaflet at least once in every period of 12 months and shall make any amendments necessary to maintain its accuracy.

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(4) A doctor shall make available a copy of the most recent edition of his practice leaflet to the Board, to each patient on his list and to any other person who, in the doctor's opinion, reasonably requires one.

(5) A doctor who practises in partnership with other doctors whose names are included in the medical list shall satisfy the requirements of this paragraph if he makes available a practice leaflet, compiled and, where appropriate, revised in accordance with sub-paragraphs (1) and (3) which relates to the partnership as a whole; and in such a case a doctor may, if he so wishes, also produce a practice leaflet relating to his own activities.

Treatment of patients

13.—(1) If the condition of a patient is such that he requires treatment which is not within the scope of the doctor's obligations under these terms of service, but such treatment is to the knowledge of the doctor available under the National Health Service, the doctor shall inform the patient of the fact and if the patient so wishes, the doctor shall take all necessary steps to enable him to receive such treatment. The doctor shall also give his patients such advice or assistance as he may consider appropriate to enable them to take advantage of other medical services available under the National Health Service.

(2) Subject to the following provisions of this paragraph, a doctor shall render the services referred to in paragraph 11 (in this paragraph called the "relevant services") during the hours for which he is normally available pursuant to paragraph 24 (in this paragraph referred to as "normal hours")—

- (a) at his practice premises; or
- (b) in the case of a patient whose condition is such that in the doctor's reasonable opinion it would be inappropriate for the patient to attend at the practice premises, at whichever is appropriate of the places set out in sub-paragraph (5).

(3) Outside normal hours the doctor shall consider, in the light of the patient's medical condition, whether a consultation is needed, and if so, when.

(4) If in the doctor's reasonable opinion a consultation is needed before the next time at which the patient could be seen during normal hours, he shall render the relevant services—

- (a) at his practice premises;
- (b) at such other place as the Board has agreed, pursuant to paragraph 27 and he has informed the patient, pursuant to paragraph 27(5), is a place where he will treat patients outside normal hours; or
- (c) in the case of a patient whose condition is such that in the doctor's reasonable opinion it would be inappropriate for the patient to attend either at the practice premises or at such other place, at whichever is appropriate of the places set out in sub-paragraph (5).

(5) The places referred to in sub-paragraphs (2)(b) and (4)(c) are—

- (a) the place where the patient was residing when he was accepted by the doctor pursuant to paragraph 6 or, as the case may be, when he was assigned to the doctor pursuant to regulation 20 or, in the case of a patient who was previously on the list of a doctor in a practice declared vacant, when the doctor succeeded to the vacancy;
- (b) such other place as the doctor has informed the patient and the Board is the place where he has agreed to visit and treat the patient;
- (c) some other place in the doctor's practice area.

(6) Nothing in this paragraph prevents the doctor from—

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- (a) arranging for the referral of a patient pursuant to paragraph 11(2)(e) without first seeing the patient, in a case where the medical condition of the patient makes that course of action appropriate; or
- (b) visiting the patient in circumstances where this paragraph does not place him under an obligation to do so.

(7) A doctor shall issue to a patient or his personal representatives free of charge any certificate of a description prescribed in the first column of Schedule 9 which is reasonably required by him under or for the purposes of the enactments specified in the second column of the said Schedule opposite and in relation to the description of the certificate in the first column. Any certificate issued under this sub-paragraph for the purposes of:

- (a) the Social Security Act 1975(3); or
- (b) section 17(2) of the Social Security and Housing Benefits Act 1982(4); or
- (c) Part V of and Schedule 4 Part I to the Social Security Act 1986(5)

shall be issued in accordance with any regulations made under those Acts.

(8) A doctor shall not be required to issue a certificate under this paragraph where the patient is receiving treatment otherwise than from or under the supervision of a doctor.

(9) A doctor, except when providing maternity medical services, is responsible for providing the services of another doctor for the administration of an anaesthetic, when necessary, in connection with any service or operation on his patient undertaken by him under these terms of service whenever such administration does not involve the application of special skill or experience of a degree or kind which general medical practitioners as a class cannot reasonably be expected to possess.

(10) A doctor providing maternity medical services is responsible for providing the services of another doctor for the administration of an anaesthetic when necessary in connection with any operation performed by him on his patient and undertaken by him under these terms of service.

(11) The provisions of sub-paragraphs (2) and (3) shall not apply in the case of a patient who attends when an appointment system is in operation and who has not previously made, and is not given, an appointment. In such a case the doctor may decline to attend the patient during that surgery period, if the patient's health would not thereby be jeopardised and the patient is offered an appointment to attend within a reasonable time having regard to all circumstances. The doctor shall take all reasonable steps to ensure that a consultation is not so deferred except in accordance with his instructions.

Newly registered patients

14.—(1) Subject to sub-paragraphs (4) to (9), where a patient has been accepted on the list of a doctor under paragraph 6 or assigned to such a list under regulation 20, the doctor shall, in addition and without prejudice to his other obligations in respect of that patient under these terms of service, within 30 days of the date of such acceptance or assignment, invite the patient to participate in a consultation either at his practice premises or, if the condition of the patient so warrants, at such other place as the doctor is obliged, under paragraph 13(4)(b), to render personal medical services to that patient.

(2) Where a patient (or, in the case of a patient who is a child, the appropriate person in relation to that child) agrees that he, or in the case of a child, that the child will participate in such a consultation as is mentioned in sub-paragraph (1), the doctor shall, in the course of that consultation—

- (a) seek details as to the medical history of the patient and, so far as may be relevant to the patient's medical history, as to that of his consanguineous family, in respect of—

(3) 1975 c. 14.

(4) 1982 c. 24; section 17 was amended by section 20 of the Social Security Act 1985 (c. 53).

(5) 1986 c. 50.

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- (i) illnesses, immunisations, allergies, hereditary conditions, medication and tests carried out for breast or cervical cancer,
 - (ii) social factors (including employment or unemployment, housing and family circumstances) which may affect his health,
 - (iii) factors of his lifestyle (including diet, exercise, use of tobacco, consumption of alcohol, and misuse of drugs or solvents) which may affect his health, and
 - (iv) the current state of his health;
- (b) offer to undertake a physical examination of the patient, comprising—
- (i) the measurement of his blood pressure,
 - (ii) the taking of a urine sample and its analysis to identify the presence of albumin and glucose, and
 - (iii) the measurements necessary to detect any changes in his body mass index;
- (c) record, in the records maintained in relation to the patient pursuant to paragraph 32, his findings arising out of the details supplied by or in relation to, and any examination of, the patient under this sub-paragraph;
- (d) assess whether and, if so, in what manner and to what extent he should render personal medical services to the patient; and
- (e) in so far as it would not, in the opinion of the doctor, be likely to cause serious damage to the physical or mental health of the patient to do so, discuss with the patient (or, where the patient is a child, the appropriate person) the conclusions the doctor has drawn as a result of the consultation as to the state of the patient's health.
- (3) In sub-paragraphs (2) and (4) and in paragraph 15(3)(e) "the appropriate person", in relation to a child, is a person who has the right under regulation 39 to choose on behalf of the child the person by whom general medical services are to be provided for the child.
- (4) On each occasion where a doctor invites a patient or, where the patient is a child, the appropriate person, to participate in a consultation pursuant to sub-paragraph (1), he shall—
- (a) make the invitation in writing or, if the invitation is initially made orally, confirm it in writing, by a letter either handed to the patient or his representative or sent to the patient or, where the patient is a child, to the appropriate person, at the address recorded in the medical records kept for the patient as being his last home address or that of the appropriate person, as the case may be;
 - (b) record in the patient's medical records the date of each such invitation and whether or not it was accepted;
 - (c) where, as a result of making the invitation, the doctor becomes aware that the patient is no longer residing at the address shown in his medical records, advise the Board accordingly.
- (5) A doctor shall not be obliged to offer a consultation pursuant to sub-paragraph (1)—
- (a) if he is a restricted services principal;
 - (b) in respect of a child under the age of 5 years;
 - (c) to any patient who, immediately before joining the list of a doctor, was a patient of a partner of the doctor and who, during the year immediately preceding the date of his acceptance or assignment to his current doctor's list, had participated in a consultation pursuant to sub-paragraph (1); or
 - (d) to the extent allowed by the Board, to any patient within a class of patients in respect of which the Board or, on appeal, the Secretary of State, has pursuant to sub-paragraphs (6) to (9), deferred the doctor's obligation under sub-paragraph (1).

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(6) Where a doctor assumes responsibility for a list of patients on his succession to a vacant medical practice or otherwise becomes responsible for a significant number of new patients within a short period, he may apply, in accordance with sub-paragraph (7), to the Board for the deferment of his obligation under sub-paragraph (1) for a period not exceeding 2 years from the date of the application.

(7) An application pursuant to sub-paragraph (6) shall be made in writing and shall be accompanied by a statement of the doctor's proposals by reference to particular classes of patients, with a view to securing that all eligible patients are invited to participate in a consultation pursuant to sub-paragraph (1) by the end of the period of the deferment.

(8) Within 60 days of receiving an application the Board shall decide it—

- (a) by approving the application;
- (b) by approving the application subject to conditions; or
- (c) by refusing the application,

and shall give written notice of its decision and, where it refuses the application or grants it subject to conditions, of its reasons for refusal or for such conditions, and of the doctor's right of appeal under sub-paragraph (9).

(9) A doctor may appeal in writing to the Secretary of State against any refusal of an application, or against any condition subject to which an application is approved by a Board pursuant to sub-paragraph (8)(b), and on determining such an appeal the Secretary of State shall—

- (a) either confirm the Board's decision or substitute his own determination for the decision of the Board, and
- (b) give to the doctor written notice of his decision and of his reasons therefor.

(10) In this paragraph and paragraph 15 "body mass index" means the figure produced by dividing the number of kilograms in the patient's weight by the square of the number of metres in his height.

Patients not seen within 3 years

15.—(1) Subject to sub-paragraph (2), where a patient who—

- (a) has attained the age of 16 years but has not attained the age of 75 years; and
- (b) within the preceding 3 years has attended neither a consultation with, nor a clinic provided by, any doctor in the course of his provision of general medical services, requests a consultation for the purposes of assessing whether he needs personal medical services, a doctor shall, in addition to and without prejudice to any other obligation under these terms of service, provide such a consultation.

(2) Sub-paragraph (1) shall not apply in the case of a doctor who is a restricted services principal.

(3) Where a doctor provides a consultation mentioned in sub-paragraph (1), the doctor shall, in the course of that consultation—

- (a) where appropriate seek details from the patient as to the medical history of the patient, and, so far as may be relevant to the patient's medical history, as to that of his consanguineous family, in respect of—
 - (i) illnesses, immunisations, allergies, hereditary conditions, medication and tests carried out for breast or cervical cancer,
 - (ii) social factors (including employment or unemployment, housing and family circumstances) which may affect his health,
 - (iii) factors of his lifestyle (including diet, exercise, use of tobacco, consumption of alcohol, and misuse of drugs or solvents) which may affect his health, and
 - (iv) the current state of his health;

- (b) offer to undertake a physical examination of the patient, comprising—
 - (i) the measurement of his blood pressure,
 - (ii) the taking of a urine sample and its analysis to identify the presence of albumin and glucose, and (iii) the measurements necessary to detect any changes in his body mass index;
- (c) record, in the records maintained in relation to the patient pursuant to paragraph 32, his findings arising out of the details supplied by or in relation to, and any examination of, the patient under this sub-paragraph;
- (d) assess whether and, if so, in what manner and to what extent he should render personal medical services to the patient; and
- (e) in so far as it would not, in the opinion of the doctor, be likely to cause serious damage to the physical or mental health of the patient to do so, discuss with the patient (or, where the patient is a child, the appropriate person) the conclusions the doctor has drawn as a result of the consultation as to the state of the patient's health.

Patients aged 75 years and over

16.—(1) Subject to sub-paragraph (2), a doctor shall, without prejudice and in addition to any other obligations under the terms of service, in each year beginning on 1st April—

- (a) invite each patient on his list who has attained the age of 75 years to participate in a consultation, and
- (b) offer to make a domiciliary visit to each such patient,

for the purpose of assessing whether he needs to render personal medical services to such a patient.

(2) Sub-paragraph (1) shall not apply in the case of any doctor who is a restricted services principal.

(3) Any consultation pursuant to sub-paragraph (1) may take place in the course of a domiciliary visit made pursuant to sub-paragraph (1).

(4) In the case of a patient who is accepted by a doctor pursuant to paragraph 6, or assigned to him pursuant to regulation 20 and who has attained the age of 75 years when he is so accepted or assigned, an invitation and an offer pursuant to sub-paragraph (1) shall be made within a year of the date of his acceptance or assignment.

(5) A doctor shall, when making an assessment following a consultation under sub-paragraph (1), record in the patient's medical records kept pursuant to paragraph 32 his observations made of any matter which appears to him to be affecting the patient's general health, including where appropriate, the patient's—

- (a) sensory functions,
- (b) mobility,
- (c) mental condition,
- (d) physical condition, including continence,
- (e) social environment, and
- (f) use of medicines.

(6) A doctor shall keep with the patient's medical records a report of any observations made in the course of a domiciliary visit made pursuant to sub-paragraph (1) which are relevant to the patient's general health.

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(7) When inviting a patient to participate in a consultation or offering him a domiciliary visit, pursuant to sub-paragraph (1), a doctor shall comply with the requirements of paragraph 14(4), as if that sub-paragraph referred to an offer as well as to an invitation.

(8) Where a patient has participated in a consultation pursuant to sub-paragraph (1), the doctor shall offer to discuss with him the conclusions he has drawn, as a result of the consultation, as to the state of the patient's health, unless to do so would, in the opinion of the doctor, be likely to cause serious harm to the physical or mental health of the patient.

Absences, deputies, assistants and partners

17.—(1) Subject to sub-paragraph (2) a doctor is responsible for ensuring the provision to each of his patients of the services referred to in paragraph 11 throughout each day during which his name is included in the medical list.

(2) A doctor who was, prior to 1st April 1990, relieved by the Board of such responsibility in respect of his patients during times approved by the Board may continue to enjoy such relief for so long as his name is included in the medical list.

18.—(1) Subject to the provisions of sub-paragraphs (2), (3) and (4) a doctor shall give treatment personally.

(2) If reasonable steps are taken to ensure continuity of treatment the practitioner shall be under no obligation to give treatment personally to a patient and such treatment may be given—

- (a) by a partner or assistant;
- (b) by a deputy; or
- (c) if it is treatment which it is reasonable in the circumstances to delegate to a person who is competent to carry out such treatment, by such person.

(3) In the case of child health surveillance services a doctor who has, pursuant to regulation 29(3), undertaken to provide such services may employ for the purposes of providing such services a deputy, associate or assistant general practitioner whose name is included in a child health surveillance list or, with the consent of the Board, some other deputy or assistant.

(4) In the case of minor surgery services a doctor who has, pursuant to regulation 33(2), undertaken to provide such services may employ a deputy, associate or assistant whose name is included in a minor surgery list to conduct a procedure described in Schedule 4.

(5) Without prejudice to paragraph 17(1), in relation to his obligations under these terms of service, a doctor is responsible for all acts and omissions of any doctor acting as his deputy, whether or not he is a partner or assistant, or of any deputising service, while acting on his behalf, or of any person employed by, or acting on behalf of, him or such a deputy or deputising service; but a doctor shall not be responsible for any act or omission for which a deputy is responsible under sub-paragraph (6).

(6) Where a doctor whose name is included in the medical list of any Board or of a Family Health Services Authority established under section 10(1) of the National Health Service Act 1977(6) is acting as deputy to another doctor whose name is included in the medical list of a Board the deputy alone is responsible for—

- (a) his own acts and omissions in relation to the obligations under these terms of service of the doctor for whom he acts as deputy; and
- (b) the acts and omissions of any person employed by him or acting on his behalf.

(6) 1977 c. 49; section 10 was substituted by the Health and Social Security Act 1984 (c. 48), section 5(1) and was amended by the 1990 Act, section 2.

(7) A doctor shall make all necessary arrangements for the treatment of his patients. He shall inform the Board of any standing deputising arrangements. When he proposes to be absent from his practice for more than 14 days he shall inform the Board of the arrangements he has made for the provision of general medical services to his patients during his absence. If he has undertaken the provision of contraceptive services or maternity medical services he shall ensure that the doctor or doctors providing general medical services on his behalf will also provide such services.

(8) Where such absence is to exceed 90 days he shall before the expiry of that period obtain the consent of the Board to such arrangement in respect of any period beyond the 90th day of his absence. In giving consent the Board may also impose such conditions as it thinks necessary or expedient to ensure the adequacy of such arrangements.

(9) The provisions of paragraph 19(8) and (9) shall apply with respect to the Board's consent and conditions under sub-paragraph (8) as they apply under paragraph 19.

(10) A doctor shall not except with the consent of the Board employ any one or more assistants for a total period of more than 90 days in any period of 1 year and where such consent has been given it shall be subject to periodic review and may be withdrawn by the Board. Where the Board refuses or withdraws its consent the doctor may appeal against such refusal or withdrawal to the Medical Practices Committee by sending to the Committee notice of appeal within 14 days or such longer period as the Committee may allow from the date on which the Board notifies the doctor of its decision, and the Committee after such inquiry as it may think necessary shall determine the appeal.

(11) A doctor shall notify the Board as soon as possible of the name of any assistant he employs and of the termination of such employment.

(12) A doctor shall not, without the consent of the Secretary of State, employ as a deputy or assistant any doctor who is disqualified for inclusion in the medical list of the Board under section 29 of the Act(7).

(13) A doctor acting as a deputy shall be entitled to treat patients at places and at times other than those arranged by the doctor for whom he is acting, due regard being had to the convenience of the patients.

(14) A doctor acting as a deputy for another doctor may not treat the other doctor's patients at any place approved under paragraph 27 unless it is so approved for the other doctor.

(15) A deputy or assistant (other than a partner or assistant whose name is included on the medical list or an associate) shall, in addition to signing with his own name any certificate, prescription form or other document issued by him under these terms of service, insert therein if it does not already appear the name of the doctor for whom he is acting as deputy or assistant.

(16) For the purposes of this paragraph the word "partner" shall include any partner who is otherwise deemed under the Regulations to be an assistant and the word "assistant" shall not include such a person.

19.—(1) Before entering into regular or standing arrangements with a deputising service for the provision of a deputy or deputies, a doctor shall—

- (a) obtain the written agreement of the deputising service that any doctor provided to him by the deputising service will be suitably experienced within the meaning of section 21 of the Act (other than by virtue of being a restricted services principal) or will have the acquired right specified in regulation 5(1)(d) of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994(8); and
- (b) obtain the consent of the Board.

(7) Section 29 was amended by the Health and Social Security Act 1984 (c. 48), Schedule 8, Part I.

(8) S.I. 1994/3130.

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(2) The Board shall refuse its consent if the doctor has not obtained the written agreement of the deputising service as referred to in sub-paragraph (1)(a).

(3) In giving such consent the Board shall impose the condition that the agreement referred to in sub-paragraph (1)(a) remain in force, and may impose such other conditions, including conditions in relation to the standards and the facilities provided by the deputising service, having regard to the advice of the Area Medical Committee on these standards and facilities, as it considers necessary or expedient to ensure—

- (a) that the doctor's patients will receive all proper and necessary treatment, and
- (b) that the arrangements with the deputising service will have due regard to the provisions of these terms of service.

(4) References below in this paragraph to refusing consent and to conditions do not include refusing consent under sub-paragraph (2) or the condition set out in sub-paragraph (3).

(5) Before refusing or withdrawing such consent or imposing or varying such conditions, the Board shall consult the Area Medical Committee.

(6) The Board may at any time, and shall periodically, review in consultation with the Area Medical Committee any such consent given or conditions imposed and may withdraw such consent or vary such conditions.

(7) Where the Board decides to withdraw consent given to a doctor under this paragraph, it shall so far as is reasonably practicable, give the doctor not less than 30 days' notice of the date on which the Board's decision is to come into effect; but the Board may dispense with such notice if it is satisfied that it is in the interests of patients to do so.

(8) A doctor may appeal to the Secretary of State against the refusal of consent or the imposition of a condition or against withdrawal of consent or variation of conditions under this paragraph by sending to him notice of appeal within 30 days from the date on which the Board notifies the doctor of its decision.

(9) In determining an appeal under this paragraph the Secretary of State may substitute for the Board's decision such decision and conditions as he thinks fit.

20.—(1) A doctor shall not engage another doctor as a deputy, or employ one as an assistant (other than as a trainee general practitioner), unless the other doctor—

- (a) is suitably experienced within the meaning of section 21 of the Act (other than by virtue of being a restricted services principal); or
- (b) has the acquired right specified in regulation 5(1)(d) of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994.

(2) A doctor shall from time to time, and at any time when there are grounds for doing so, take reasonable steps to satisfy himself that a deputising service with which he has entered into arrangements for the provision of any deputy continues to comply with the agreement referred to in paragraph 19(1)(a).

(3) If the Board so requests, a doctor shall furnish it with evidence that such a deputising service is continuing to comply with that agreement.

21.—(1) Nothing in paragraphs 18, 19 and 20 requires a doctor to terminate or vary any existing contract of employment or contract for services, or any existing arrangement he has with a deputising service, before he has the right to do so under the terms of the contract or arrangement.

(2) In paragraph (1), "existing" means existing on 1st January 1995.

Employees

22.—(1) A doctor, before employing any person to assist him in the provision of general medical services, shall take reasonable care to satisfy himself that the person in question is both competent and suitably qualified to discharge the duties for which he is to be employed.

(2) The duty imposed by sub-paragraph (1) is in addition to the duty imposed by paragraph 19(1) so far as it relates to assistants.

(3) When considering the competence and suitability of any person for the purpose of sub-paragraph (1) a doctor shall have regard, in particular, to—

- (a) that person's academic and vocational qualifications;
- (b) that person's training and his experience in employment;
- (c) any guidance issued by the Board in accordance with regulation 38.

(4) A doctor shall afford to each employee reasonable opportunities to undertake appropriate training with a view to maintaining that employee's competence.

Arrangements at practice premises

23.—(1) A doctor shall—

- (a) provide proper and sufficient accommodation—
 - (i) at his practice premises, having regard to the circumstances of his practice, and
 - (ii) at any other premises at which the Board, in accordance with paragraph 27, has agreed he may treat his patients; and
- (b) on receipt of a written request from the Board, allow inspection of those premises at a reasonable time by a member or officer of the Board or the Area Medical Committee or both, authorised by the Board for the purpose.

(2) The accommodation referred to in sub-paragraph (1) shall not except with the consent of the Board or, on appeal, of the Secretary of State, be in premises occupied by a pharmacist.

(3) Where a doctor proposes to cease to practise at an address in respect of which he is included in the medical list, he shall inform the Board whether or not in the event of consent being given, he would propose to give notice under regulation 21(10) for the removal of the persons who would attend for treatment at that address. Approval may be given subject to such conditions as seem necessary to the Board or in the case of appeal, the Secretary of State, to enable the doctor to carry out his obligations under these terms of service and to a condition that the doctor inform his patients, at his own expense, of any special arrangements for the conduct of his practice or of any changes in his practice arrangements.

(4) A doctor shall obtain the approval of the Board (who shall consult the Area Medical Committee) or, on appeal, the Secretary of State to the introduction of an appointment system.

(5) Without prejudice to sub-paragraph (4) a doctor who succeeds to a practice where an appointment system is in force shall be required only to notify the Board that he intends to continue to operate an appointment system.

(6) A doctor whose name is included in the medical list shall notify the Board in writing of any change in his place of residence not later than 30 days after such change takes place.

Doctors' availability to patients

24.—(1) Any doctor whose name is included in a medical list shall—

- (a) be available normally at such times and places as, following an application by the doctor, the Board shall approve after consultation with the Area Medical Committee, or, on appeal

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the Secretary of State shall determine in his case, in accordance with the requirements of the following provisions of this paragraph; and

- (b) inform his patients about his availability in such manner as the Board may require in accordance with sub-paragraph (16).
- (2) Subject to sub-paragraphs (3), (4), (5) and (6), a Board shall not approve any application submitted by a doctor in relation to the times at which he is to be available unless it is satisfied that—
- (a) the times proposed are such that the doctor will be available normally—
 - (i) in 42 weeks in any period of 12 months;
 - (ii) for no less than the number of hours in any such week which are specified in the condition in relation to him under regulation 15; and
 - (iii) on 5 days in any such week; and
 - (b) the hours for which the doctor will be available normally in any week are to be allocated between the days on which he will be available normally in that week in such a manner as is likely to be convenient to his patients;
 - (c) where the doctor is a three-quarter-time doctor or a half-time doctor, he is practising in partnership with—
 - (i) another doctor whose name is included in the medical list and who is himself a full-time doctor; or
 - (ii) two job-sharing doctors whose names are included in the medical list and whose hours are aggregated for the purpose of head (d) of this sub-paragraph;
 - (d) where the doctor is a job-sharing doctor—
 - (i) he is practising in partnership with another doctor whose name is included in the medical list, and
 - (ii) the hours for which both doctors will be available normally will in aggregate be not less than 26 hours in any week referred to in head (a)(i) of this sub-paragraph.
- (3) On any application made pursuant to sub-paragraph (1) by a three-quarter-time doctor or a half-time doctor—
- (a) head (a)(iii) of sub-paragraph (2) shall not apply; and
 - (b) any approval of the application shall be subject to the condition that the approval shall lapse after the expiry of a period of 6 months from the date on which that doctor ceases to satisfy sub-paragraph (2)(c).
- (4) On any application made pursuant to sub-paragraph (1) by a job-sharing doctor—
- (a) head (a)(iii) of sub-paragraph (2) shall apply so as to require either the job-sharing doctor or the other doctor referred to in sub-paragraph (2)(d) to be available normally on each of the days mentioned in that head; and
 - (b) any approval of the application shall be subject to the condition that the approval shall lapse after the expiry of a period of 6 months from the date on which the doctor ceases to satisfy sub-paragraph (2)(d).
- (5) On any application made pursuant to sub-paragraph (1) by a doctor who is a restricted list principal or a restricted services principal, sub-paragraph (2)(a)(i) and (iii), (c) and (d) shall not apply.
- (6) The Board may, in relation to the application of any full-time doctor who seeks to be available normally on only 4 days in any week referred to in sub-paragraph (2)(a)(i), excuse the doctor from the requirement of head (a)(iii) of that sub-paragraph and approve the application to the extent allowed by paragraph 25.

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(7) In this paragraph and in paragraphs 25 and 26, “available” means, in relation to a doctor, available to provide general medical services to his patients, and for the purposes of calculating the times at which the doctor is to be regarded as available—

- (a) account may be taken of any period when the doctor is attending at his practice premises or at any clinic provided by him for his own patients, and of any time spent when he is making a domiciliary visit; but
- (b) no account shall be taken of time spent by the doctor when he is holding himself in readiness to make a domiciliary visit if required by any patient;

and “availability” shall be construed accordingly.

(8) An application by a doctor in relation to any place at which he is to be available shall not be approved by the Board unless it is satisfied that the place at which the doctor proposes to be available normally is likely to be convenient to his patients.

(9) An application for approval pursuant to sub-paragraph (1) shall be made in writing to the Board and shall—

- (a) include the information specified in Part I of Schedule 6; and
- (b) where appropriate, also include—
 - (i) in the case of a doctor to whom sub-paragraph (3) applies, the additional information specified in Part II of that Schedule,
 - (ii) in the case of a doctor to whom sub-paragraph (4)(a) applies, the additional information specified in Part III of that Schedule.

(10) The Board shall decide an application under sub-paragraph (1) within 30 days of receiving it.

(11) In deciding upon any application, the Board shall either—

- (a) grant approval;
- (b) grant approval subject to such conditions as the Board sees fit to impose for the purpose of securing that the doctor is available at such times and places as are convenient to his patients; or
- (c) refuse approval.

(12) The Board shall notify the doctor in writing of its decision, and, where it refuses an application or grants an application subject to conditions, it shall send the doctor a statement in writing of the reasons for its decision and of the doctor’s right of appeal under sub-paragraph (13).

(13) A doctor may within 30 days of receiving a notification pursuant to sub-paragraph (12) appeal in writing to the Secretary of State against any refusal of approval or against any condition imposed pursuant to sub-paragraph (11)(b).

(14) The Secretary of State may, when determining the appeal, either confirm the decision of the Board or substitute his own determination for the decision of the Board.

(15) The Secretary of State shall give written notice to the doctor of his determination and of his reasons therefor.

(16) The Board may, as it considers appropriate, require a doctor to inform his patients, either by displaying a notice in his waiting room or by sending notices to them, about the times and places at which he is available.

Doctors available for only 4 days a week

25.—(1) Subject to sub-paragraph (3), where the Board is satisfied that, by reason of a doctor’s participation in health-related activities (other than the provision of general medical services to his patients) he would be likely to suffer an unreasonable degree of inconvenience if paragraph 24(2)

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(a)(iii) applied in his case, it may give its approval for the doctor to be available normally on only 4 days in any week referred to in sub-paragraph (2)(a) of that paragraph.

(2) For the purposes of sub-paragraph (1), “health-related activities” means activities connected with—

- (a) the organisation of the medical profession or the training of its members;
- (b) the provision of medical care or treatment;
- (c) the improvement of the quality of such care or treatment; or
- (d) the administration of services under Part I of the Act, or of arrangements pursuant to section 19 of the Act for the provision of general medical services,

and in reaching a decision as to whether any activity is a health-related activity, the Board shall have regard to the illustrative list in Part IV of Schedule 6.

(3) The Board shall not give its approval in accordance with sub-paragraph (1) if, in its opinion—

- (a) the effectiveness of the doctor’s services to his patients is likely to be significantly reduced; or
- (b) his patients are likely to suffer significant inconvenience,

by reason of the doctor’s having been relieved from the requirements of paragraph 24(2)(a)(iii).

Variation of doctors' availability to patients

26.—(1) A doctor may apply to a Board for a variation of the times and places at which, in accordance with a determination under paragraph 24 (“the earlier determination”), he is required to be available normally, and sub-paragraphs (2) to (15) of that paragraph shall apply for the making and determination (“the subsequent determination”) of an application under this paragraph as if it were the first application by that doctor for the purposes of this paragraph.

(2) Where an application made under sub-paragraph (1) is approved or is approved subject to conditions, for the purposes of sub-paragraphs (1) and (16) of paragraph 24 the earlier determination shall cease to have effect and the subsequent determination shall have effect instead—

- (a) where the subsequent determination is made by a Board and no appeal is made from that determination, from the day falling 60 days after the date on which the doctor receives notification of that Board’s determination;
- (b) where the subsequent determination is made on appeal, from the day falling 60 days after the date on which the doctor receives notification of the Secretary of State’s determination.

(3) Where it appears to a Board that a doctor’s hours of availability are allocated for the purposes of paragraph 24(2)(b) in a manner which may no longer be convenient to his patients, it may, subject to sub-paragraph (10), review the terms of—

- (a) any approval granted under sub-paragraph (11)(a) or (b) of paragraph 24; or
- (b) any direction given under sub-paragraph (9)(a),

by the Board or the Secretary of State as to such allocation.

(4) On any review under sub-paragraph (3) the Board shall—

- (a) give notice to the doctor of its proposed re-allocation of his hours of availability; and
- (b) allow him 30 days within which to make representations to that Board about its proposals.

(5) After considering any representations made in accordance with sub-paragraph (4)(b), the Board shall either—

- (a) direct the doctor to revise the allocation of his hours of availability in the manner specified in the direction; or

(b) confirm that the existing allocation of the doctor's hours of availability continues to be convenient to his patients.

(6) A Board shall notify the doctor in writing of its determination under sub-paragraph (5), and where it gives a direction under head (a) of that sub-paragraph, it shall include with the notice a statement in writing of the reasons for its determination and of the doctor's right of appeal under sub-paragraph (7).

(7) A doctor may, within 30 days of receiving notification under sub-paragraph (6), appeal in writing to the Secretary of State against a direction under sub-paragraph (5)(a).

(8) Without prejudice to the generality of sub-paragraph (1), sub-paragraphs (14) and (15) of paragraph 24 shall apply to any appeal made under sub-paragraph (7).

(9) A doctor in respect of whom a direction is given under sub-paragraph (5) shall revise the allocation of his hours of availability so as to give effect to the direction—

(a) where the direction is given by a Board and no appeal is made, not later than 60 days after the date on which he receives notification under sub-paragraph (6);

(b) where the direction is given or confirmed on appeal, not later than 60 days after the date on which he receives notification of the Secretary of State's decision,

and the allocation of hours as so revised shall be regarded as having been approved for the purposes of sub-paragraphs (1) and (15) of paragraph 24.

(10) No Board shall undertake a review under sub-paragraph (3) on more than one occasion in any period of 2 years.

Availability to patients outside normal hours

27.—(1) Subject to the provisions of this paragraph, a doctor may apply to the Board for approval to treat patients at premises other than his practice premises outside the hours for which he is normally available pursuant to paragraph 24 (in this paragraph referred to as "normal hours").

(2) An application under sub-paragraph (1) shall be made in writing and shall state the address of the premises.

(3) An application under sub-paragraph (1) shall not be approved by the Board unless it is satisfied that—

(a) having regard to the fact that the premises are for the treatment of patients outside normal hours and to all other relevant circumstances, the premises to which the application relates are likely to be reasonably convenient to the doctor's patients; and

(b) the location of those premises is in accordance with any condition imposed in relation to the doctor making the application pursuant to section 23(4)(b)(9) of the Act (distribution of general medical services).

(4) Sub-paragraphs (1) to (16) of paragraph 24 shall apply to an application under sub-paragraph (1) of this paragraph as they apply to an application under paragraph 24(1).

(5) Where the Board determines an application under sub-paragraph (1) by granting approval (with or without conditions), the doctor shall inform his patients by displaying a notice at his practice premises, stating the address of the premises for which approval has been granted.

(6) A doctor may apply to the Board for a variation of any approval granted under this paragraph, and any such application shall be made and determined as if it were the first application for the purposes of this paragraph.

(9) Section 23(4) was amended by the 1990 Act, section 39(3).

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(7) Where it appears to the Board that premises which it has approved under this paragraph may no longer be reasonably convenient to the doctor's patients, it may give notice to the doctor that it proposes to review the terms of the approval.

(8) On any review under sub-paragraph (7), the Board shall allow the doctor a period of 30 days beginning with the date on which he receives the notice within which to make representations to the Board about its proposals.

(9) After considering any representations made in accordance with sub-paragraph (8), the Board may determine to—

- (a) continue its approval;
- (b) continue its approval subject to such new or varied conditions as it sees fit to impose; or
- (c) withdraw its approval.

(10) The Board shall notify the doctor in writing of its determination under sub-paragraph (9); and where it determines to withdraw its approval or to continue it subject to new or varied conditions, it shall include with the notice a statement in writing of the reasons for its determination and of the doctor's right of appeal under sub-paragraph (11).

(11) A doctor may, within the period of 30 days beginning with the date on which he receives the notice referred to in sub-paragraph (10), appeal in writing to the Secretary of State against the withdrawal of approval or against any condition imposed pursuant to sub-paragraph (9); and sub-paragraphs (14) and (15) of paragraph 24 shall apply to any such appeal as they apply to an appeal under that paragraph.

Practice area

28.—(1) Subject to sub-paragraph (2) a doctor may at any time with the consent of the Board or, on appeal, the Secretary of State alter the extent of his practice area.

(2) A doctor shall not, contrary to any condition imposed by the Medical Practices Committee, or, on appeal, the Secretary of State under section 23(4) or 23(5), as the case may be, of the Act, extend his practice area or open practice premises in any area or part of an area where, at the time of his application to open such premises, the Medical Practices Committee is of the opinion that the number of doctors undertaking to provide general medical services in that area or part is already adequate.

Prescribing and dispensing

29.—(1) A doctor shall supply any drugs, not being a scheduled drug, or appliances for the immediate treatment of a patient if such treatment is necessary before a supply can be obtained otherwise, and he may supply any other drug, not being a scheduled drug, which he administers in person, or an appliance listed in the Drug Tariff or a pessary which is an appliance.

(2) A doctor, who is required by the Board to supply drugs and appliances under regulation 34 to a patient, in the course of treating that patient under these terms of service—

- (a) shall, subject to paragraph 31, record on a prescription form completed in accordance with paragraph 30(2), an order for supply of any drugs or appliances which are needed for the treatment of that patient, but shall not be required to issue that form to that patient;
- (b) shall supply those drugs and appliances for that patient under regulation 34 but—
 - (i) shall not supply under regulation 34 for that patient any scheduled drug except that, where he has ordered a drug which has an appropriate non-proprietary name either by that name or by its formula, he may supply a drug which has the same specification notwithstanding that it is a scheduled drug (but, in the case of a drug which combines more than one drug, only if the combination has an appropriate non-proprietary name);

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- (ii) shall supply under regulation 34 for that patient a drug specified in Schedule 11 only where the conditions in paragraph 31 are satisfied;
 - (c) may supply for that patient with his consent, in respect of that treatment but otherwise than under regulation 34, any scheduled drug.
- (3) A doctor shall comply with any arrangements made by the Secretary of State, or made by the Board after consultation with the Area Medical Committee and the Area Pharmaceutical Committee and approved by the Secretary of State, under which he may obtain and have available any drugs or appliances which he is required or entitled to supply in terms of this paragraph.
- (4) A drug supplied by a doctor unless administered in person shall be supplied in a suitable container.

30.—(1) Subject to paragraphs 29 and 31 a doctor shall order any drugs or appliances which are needed for the treatment of any patient to whom he is providing treatment under these terms of service by issuing for that patient a prescription form, and such a form shall not be used in any other circumstances.

(2) A prescription form shall be signed by the doctor with his own hand and shall not be written in such a manner as to necessitate reference on the part of the person supplying the drugs or appliances to a previous order, and in the case of an appliance which requires to be of a size suitable for the individual patient shall include the necessary measurements. A separate prescription form shall be used for each patient.

(3) In a case of urgency a doctor may request a pharmacist to dispense a drug, or an appliance, before a prescription form is issued, only if—

- (a) that drug is not a scheduled drug;
- (b) that drug is not a controlled drug within the meaning of the Misuse of Drugs Act 1971⁽¹⁰⁾ other than a drug which is for the time being specified in Schedule 5 to the Misuse of Drugs Regulations 1985⁽¹¹⁾; and
- (c) in any case, the doctor undertakes to furnish the pharmacist, within 72 hours, with a prescription form completed in accordance with sub-paragraphs (1) and (2).

31.—(1) In the course of treating a patient to whom he is providing treatment under these terms of service, a doctor shall not order on a prescription form a scheduled drug, but may with the consent of the patient otherwise prescribe such a drug or other substance for that patient in the course of that treatment.

(2) In the course of treating such a patient, a doctor shall not order on a prescription form a drug specified in Schedule 11 unless—

- (a) that patient is a person mentioned in column 2 of that entry; and
- (b) that drug is prescribed for that patient only for the purpose specified in column 3 of that entry; and
- (c) the doctor endorses the face of that form with the reference “SLS”, but may with the consent of the patient otherwise prescribe such a drug for that patient in the course of that treatment.

Records

32.—(1) A doctor is required—

⁽¹⁰⁾ 1971 c. 38.

⁽¹¹⁾ S.I. 1985/2066, the relevant amending instrument is S.I. 1986/2330.

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- (a) to keep records of the illnesses of his patients and of his treatment of them in such form as the Secretary of State may from time to time determine after consultation with an organisation which is in his opinion representative of the general body of doctors;
- (b) to send such records with reasonable promptness when they are called for by the Board;
- (c) upon knowledge of the death of a person on his list to send such record to the Board within 30 days.

(2) Records to be kept by a doctor providing maternity medical services shall contain such particulars, including particulars of the services rendered by the doctor, as may be determined by the Secretary of State after such consultation as is mentioned in sub-paragraph (1).

33. Where a doctor provides general medical services for pupils or staff at a school or for inmates or staff at a residential institution he shall on signing such person's medical card or form of application for acceptance indicate that person's status at such school or institution, and if the Board, after consultation with the Area Medical Committee, request him to give the names of persons on his list who are pupils, staff or inmates of such school or institution on a specific date he shall within 30 days give such particulars to the Board.

Reports to the medical officer

34. A doctor is required—

- (a) to furnish in writing to the medical officer within such reasonable period as the latter may specify any information which he may require with regard to the case of any patient to whom the doctor has issued or declined to issue a medical certificate,
- (b) to meet the medical officer, at his request, for the purpose of examining in consultation any patient in respect of whom the doctor has sought the advice of the medical officer, and
- (c) to make available to the medical officer, upon notice being given, the records kept by the doctor under these terms of service and to furnish to the medical officer any information desired by him with regard to any entry therein or with regard to any prescription or certificate issued by the doctor under these terms of service.

Annual reports

35.—(1) A doctor whose name is included in the medical list shall, in accordance with the provisions of this paragraph, provide annually to each Board in whose medical list his name is included, a report relating to the provision by him of personal medical services (in this paragraph called an "annual report").

(2) An annual report shall contain—

- (a) the information specified in paragraphs 1 and 2 of Schedule 7;
- (b) where the Board, having considered whether the information is available from another source, and having consulted the Area Medical Committee, so requests, the information specified in paragraph 3 of Schedule 7; and
- (c) where the Board so requests, in the case of a doctor who is not already supplying that information to the Board in order to qualify for payments in respect of health promotion or disease management, the information specified in paragraph 4 of Schedule 7.

(3) An annual report shall be compiled in respect of each year ending on 31st March and shall be sent to the Board not later than 30th June of that year.

(4) In the case of a doctor who practises in partnership with other doctors whose names are included in the medical list the information referred to in sub-paragraph (2) may alternatively be provided in the form of an annual report in respect of the partnership as a whole instead of by each

doctor in the partnership individually and in such a case a doctor may, if he so wishes, also provide his own annual report.

(5) When a Board requires that the information referred to in sub-paragraph (2) be provided on a form supplied by the Board the doctor shall provide that information on that form.

(6) A Board shall not disclose any annual report to any person unless empowered or required in accordance with any provision or rule of law to do so.

Acceptance of fees

36.—(1) A doctor shall not demand or accept any fee, remuneration or charge, other than payments due to him under these Regulations, or any charge payable in accordance with the National Health Service (Charges for Drugs and Appliances) (Scotland) Regulations 1989⁽¹²⁾, in respect of any treatment rendered or any drug or appliance supplied, whether under these terms of service or not, to a patient of his or of his partner or assistant, except—

- (a) under paragraph 10 of these terms of service;
- (b) from any statutory body for services rendered for the purpose of that body's statutory functions;
- (c) from any school, employer or body for the medical examination of persons for whose welfare that school, employer or body is responsible, such examination being either a routine medical examination or for the purpose of advising the school, employer or body of any administrative action they might take;
- (d) for treatment not included within the range of service defined in paragraph 11 given—
 - (i) pursuant to the provisions of section 57 of the Act,⁽¹³⁾ or
 - (ii) in a registered nursing home which is not providing services under the Act,

if in either case the doctor is serving on the staff of a hospital providing services under the Act as a specialist providing treatment of the kind required by the patient and if within 7 days after the date on which the treatment is given he gives the Board, on a form to be supplied by it for the purpose, such information about the treatment as it may require;

- (e) under section 158 of the Road Traffic Act 1988⁽¹⁴⁾;
- (f) from a dental practitioner in respect of the provision at his request of an anaesthetic for a person for whom the dental practitioner is providing general dental services;
- (g) from a partner or assistant in respect of the provision of an anaesthetic to a patient of the partner or assistant;
- (h) for attending and examining (but not otherwise treating) a patient at his request at a police station;
- (i) for treatment consisting of an immunisation in connection with travel abroad when no fee is payable by the Board under the Statement referred to in regulation 35(1);
- (j) for circumcising a patient for whom such an operation is requested on religious grounds and is not needed on any medical ground;
- (k) for providing a prescription (other than by way of an order under paragraph 30 of these terms of service) for drugs for chemoprophylaxis or for medicine for a patient who intends to take the medicine abroad in circumstances where the medicine is required solely in respect of an ailment that might occur while the patient is abroad and that will then,

⁽¹²⁾ S.I. 1989/326, amended by S.I. 1990/468, 1990/787, 1991/574, 1992/394, 1993/522 and 1994/697.

⁽¹³⁾ Section 57 was substituted by the Health and Medicines Act 1988 (c. 49), section 7(11) and amended by the 1990 Act, Schedule 9, paragraph 19(10) and Schedule 10.

⁽¹⁴⁾ 1988 c. 52.

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

- (i) be occurring for the first time, or
- (ii) has previously occurred but from which the patient is not suffering at the time of going abroad;
- (l) for a medical examination to enable a decision to be made whether or not it is inadvisable on medical grounds for a person to wear a seat belt;
- (m) where the doctor has been required by the Board to supply any drugs and appliances for a patient under regulation 34 and he supplies for that patient in accordance with paragraph 29(2)(c) any scheduled drug;
- (n) where the person is not one to whom any of paragraphs (a), (b) and (c) of section 26(1) of the Act⁽¹⁵⁾ applies, including any person to whom any of those paragraphs does not apply by virtue of regulations made under section 26(1E) of the Act⁽¹⁶⁾, for testing the sight of that person;
- (o) pursuant to an arrangement with him for the provision of services in accordance with regulation 18 of the National Health Service (Fund-Holding Practices) (Scotland) Regulations 1993⁽¹⁷⁾;
- (p) for prescribing or providing drugs for malaria chemoprophylaxis.

(2) A doctor shall take all practicable steps to ensure that any partner, deputy or assistant of his, whether or not such partner, deputy or assistant is providing general medical services, shall not demand or accept any fee, remuneration or charge in respect of treatment rendered, or any drug or appliance supplied to the doctor's patients unless the partner, deputy or assistant would have been entitled to payment if the patient had been on his own list.

(3) In this paragraph, the expression "treatment" includes the provision of personal medical services during and following pregnancy and labour in respect of conditions arising therefrom.

(15) Section 26 was amended by the Health and Social Security Act 1984 (c. 48), Schedules 1 and 8 and by the Health and Medicines Act 1988, section 13(4).

(16) Section 26(1E) was inserted by the Health and Medicines Act 1988 (c. 49), section 13(4).

(17) S.I. 1993/488; amended by S.I. 1993/1369.