

SCHEDULES

SCHEDULE 4

Regulations 12, 14 and 42

Terms of Service

Incorporation of provisions

1.—(1) Any provisions of the following affecting the rights and obligations of contractors form part of the terms of service—

- (a) these Regulations;
- (b) the Statement;
- (c) the fee directions;
- (d) so much of Part 2 of the National Health Service (Service Committees and Tribunal) Regulations 1992⁽¹⁾ as relates to—
 - (i) the investigation of questions arising between contractors and their patients, other investigations to be made by the ophthalmic discipline committee (“the Committee”), and the action which may be taken by the Committee as a result of such investigations, including the withholding of remuneration from a contractor where there has been a breach of the terms of service;
 - (ii) appeals to the Welsh Ministers against decisions of the Committee;
 - (iii) the investigation of excessive issuing of optical vouchers following the testing of sight;
- (e) regulation 9 of the National Health Service (Optical Charges and Payments) Regulations 1997⁽²⁾ (issue of vouchers by ophthalmic medical practitioners or opticians).

(2) The contractor must secure that any person the contractor employs to assist in the provision of primary ophthalmic service complies with the provisions listed at paragraph (1)(a) to (e) in so far as they apply to such persons.

(3) In this paragraph, “fee directions” has the meaning given in regulation 32.

Duty to make available basic glasses

2.—(1) Sub-paragraphs (2) and (3) apply where—

- (a) in the course of its business, a contractor supplies glasses for the purpose of correcting visual defects, and
- (b) a person presents that contractor with a voucher for supply of optical appliances issued under the National Health Service (Optical Charges and Payments) Regulations 1997.

(2) A contractor may accept the voucher in substitution for payment in relation to a pair of glasses only if the contractor has made available to the person at least one pair of basic glasses (whether or not the payment is in relation to those basic glasses or another pair of glasses).

(1) S.I. 1992/664; relevant amending instruments are S.I. 1996/703, S.I. 2002/2469 and S.I. 2013/2042.

(2) S.I. 1997/818, amended by S.I. 2003/301.

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(3) For the purposes of this paragraph, “basic glasses” means a pair of glasses that are an appropriate fit for the person which—

- (a) meet the person’s prescription, and
- (b) are of a value equal to or less than the face value of the voucher.

(4) In sub-paragraph (3), “face value” has the meaning given in the National Health Service (Optical Charges and Payments) Regulations 1997.

Premises at which primary ophthalmic services are to be provided

3. Subject to paragraph 4, a contractor may provide primary ophthalmic services only at the contractor’s registered premises.

Provision of mobile services

4.—(1) A contractor who has made arrangements with a Local Health Board to provide mobile services in that Local Health Board’s area may only provide them in accordance with sub-paragraph (2).

(2) The contractor may only provide mobile services if—

- (a) the patient has requested the contractor provides those services to them, or where the patient is not capable of making such a request, a relative or primary carer of that patient, or a duly authorised person, has made such a request,
- (b) the patient’s circumstances related to their physical or mental illness or disability make it impossible or unreasonable for them to receive primary ophthalmic services at a registered premises, and
- (c) the contractor is satisfied that the patient is eligible for mobile services in accordance with these Regulations.

Premises and equipment

5.—(1) Subject to sub-paragraphs (2) to (6) and paragraph 18(4), a contractor must provide, as necessary, proper and sufficient consulting and waiting room accommodation and suitable equipment for the provision of primary ophthalmic services which the contractor has undertaken to provide.

(2) A contractor, who has made arrangements with the Local Health Board to provide mobile services, must provide suitable equipment for the provision of such services.

(3) Where the circumstances in sub-paragraph (4) apply, a contractor may, instead of providing the accommodation and equipment, as required under sub-paragraph (1), or equipment as required under sub-paragraph (2), enter into arrangements of the kind described in sub-paragraph (5), provided the conditions set out in sub-paragraph (6) are met.

(4) The circumstances referred to in sub-paragraph (3) are that a contractor who was included on the ophthalmic list of a Local Health Board on 31 January 2006—

- (a) does not provide or no longer provides accommodation and equipment, as required under sub-paragraph (1), or equipment as required under sub-paragraph (2), and
- (b) is not employed, in relation to the primary ophthalmic services which the contractor has undertaken to provide in the area of that Local Health Board, by another contractor.

(5) The arrangements referred to in sub-paragraph (3) are legally enforceable arrangements under which the following are available to the contractor for the provision of primary ophthalmic services that the contractor has undertaken to provide, which permit inspection as required under sub-paragraph (7) or (8)—

- (a) requisite, proper and sufficient consulting and waiting room accommodation and suitable equipment, or
 - (b) in the case of the provision of mobile services, suitable equipment.
- (6) The conditions referred to in sub-paragraph (3) are that the contractor has satisfied the Local Health Board that—
- (a) the arrangements are legally enforceable and permit inspection as required under sub-paragraph (7) or (8);
 - (b) the accommodation and equipment or, in the case of the provision of mobile services, equipment, provided under the arrangements are adequate and suitable.
- (7) Subject to sub-paragraph (8) and paragraph 18(4), a contractor, on receipt of a written request from the Local Health Board to do so, must admit at all reasonable times for the purposes of inspecting the contractor's accommodation or equipment an authorised officer of the Welsh Ministers, or an authorised officer or member of the Local Health Board.
- (8) On receipt of a written request from the Local Health Board or the Welsh Ministers, a contractor who has made arrangements with the Local Health Board to provide mobile services must—
- (a) arrange for an authorised officer of the Local Health Board or of the Welsh Ministers to be allowed to inspect at a reasonable time the facilities and equipment that the contractor uses;
 - (b) allow an authorised officer of the Welsh Ministers or that Local Health Board to inspect the facilities and equipment that the contractor uses when providing those services.
- (9) A contractor must have regard to the code of practice on access to premises prepared and published by the Welsh Ministers under section 19(1) of the Health and Social Care (Quality and Engagement) (Wales) Act 2020(3) (code of practice on access to premises) (so far as the code is relevant) in exercising any function that relates to the provision of health services or social services (within the meaning of those terms in section 21 of that Act).

Displaying of notices

- 6.—(1) Subject to sub-paragraph (2), a contractor must prominently display at each place at which the contractor provides primary ophthalmic services—
- (a) a notice and leaflets supplied or approved by the Local Health Board, indicating that primary ophthalmic services are available and indicating to which descriptions of the contractor's patients a payment may be made under the National Health Service (Optical Charges and Payments) Regulations 1997, and
 - (b) details of the days on which and hours between which the contractor has agreed to provide primary ophthalmic services at that place.
- (2) Where mobile services are being provided, a notice is required to be displayed only in so far as it is reasonably practicable to do so.

Welsh Language

- 7.—(1) Where the contractor provides primary ophthalmic services through the medium of Welsh, the contractor must notify the Local Health Board of that fact.
- (2) The contractor must make available a Welsh language version of any document or form provided by the Local Health Board for use by patients and other members of the public.
- (3) Where the contractor displays a new sign or notice in connection with primary ophthalmic services, the text on the sign or notice must be in English and Welsh.

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(4) The contractor may utilise the translation service offered by the Local Health Board for the purposes of sub-paragraph (3).

(5) The contractor must encourage persons delivering primary ophthalmic services who speak Welsh to wear a badge provided by the Local Health Board conveying that they are able to speak Welsh.

(6) The contractor must encourage persons delivering primary ophthalmic services to utilise information and/or attend training courses and events provided by the Local Health Board, so that they can develop—

- (a) an awareness of the Welsh language (including awareness of its history and its role in Welsh culture), and
- (b) an understanding of how the Welsh language can be used when delivering primary ophthalmic services.

(7) The contractor must encourage those delivering primary ophthalmic services to establish and record the Welsh or English language preference expressed by or on behalf of a patient.

Times at which primary ophthalmic services must be provided

8. The contractor must provide primary ophthalmic services during times agreed with the Local Health Board.

Records

9.—(1) Subject to paragraph 10, a contractor must keep a proper record in respect of each patient to whom the contractor provides primary ophthalmic services.

(2) Subject to paragraphs 10 and 18(4), a contractor must retain all such records for a period of 10 years after the date the patient was last seen or until the patient turns 25 years old, whichever is the later.

(3) During the period referred to in sub-paragraph (2), a contractor must produce those records when required to do so by a Local Health Board or the Welsh Ministers—

- (a) to an officer authorised by a Local Health Board or by the Welsh Ministers, and
- (b) within such period, not being less than 14 days, as the Local Health Board or the Welsh Ministers may specify.

Alternative records arrangements

10.—(1) Where the circumstances in sub-paragraph (2) apply, a contractor may, instead of keeping the records required under paragraph 9, comply with the conditions set out in sub-paragraph (3).

(2) The circumstances referred to in sub-paragraph (1) are that a contractor—

- (a) was included on the ophthalmic list of a Local Health Board on 31 January 2006,
- (b) does not keep or no longer keeps records as required under paragraph 9, and
- (c) is not employed, in relation to the primary ophthalmic services the contractor provides in the area of that Local Health Board, by another contractor.

(3) The conditions referred to in sub-paragraph (1) are that the contractor has—

- (a) made legally enforceable arrangements that—
 - (i) a proper record in respect of each patient to whom the contractor provides primary ophthalmic services is kept,

- (ii) all such records are kept for a period of 10 years after the date the patient was last seen or until the patient turns 25 years old, whichever is the later, and
- (iii) during that period such records must be produced when and as required under paragraph 9(3),
- (b) satisfied the Local Health Board's requirements as to the keeping of records and that the arrangements are legally enforceable and require such production, and
- (c) access to those records at all reasonable times.

Audits

- 11.**—(1) A contractor must—
- (a) complete such audits as the Local Health Board on whose ophthalmic list the contractor is included may require in each financial year, and
 - (b) submit those audits to that Local Health Board in the form and manner required by the Local Health Board.
- (2) Nothing in this paragraph requires a contractor to complete more than three such audits in any financial year.
- (3) The audits required by sub-paragraph (1) are audits—
- (a) relating to services provided by the contractor, and
 - (b) which the Local Health Board requires for the purpose of exercising its functions under the Act.
- (4) For the purposes of this Schedule, “financial year” has the meaning given in section 206 of the Act (interpretation).

Workforce reporting

- 12.**—(1) A contractor must provide such workforce data to the Local Health Board on whose ophthalmic list the contractor is included as the Local Health Board may, from time to time, require.
- (2) Nothing in these terms of service requires a contractor to do anything contrary to data protection legislation.
- (3) For the purposes of this paragraph—
- “data protection legislation” (“*deddfwriaeth diogelu data*”) has the meaning given in section 3 of the Data Protection Act 2018(4) (terms relating to the processing of personal data);
- “workforce data” (“*data am y gweithlu*”) means data relating to those employed by the contractor.

Optometry collaborative

- 13.**—(1) A contractor must—
- (a) attend at least four meetings of the relevant optometry collaborative in each financial year, and
 - (b) vote in the election of the optometric lead of the relevant optometry collaborative (and any vote regarding that person's continued appointment).

(4) 2018 c. 12; the definition in section 3 was amended by S.I. 2019/419.

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(2) For the purposes of complying with the requirements in sub-paragraph (1), a contractor may appoint an individual who is an optometrist, an ophthalmic medical practitioner or a dispensing optician to act on the contractor's behalf.

(3) For the purposes of this paragraph—

“optometric lead” (“*arweinydd optometreg*”) means the person elected by an optometry collaborative to represent it within a primary care cluster;

“optometry collaborative” (“*cydweithredfa optometreg*”) means a group of contractors providing primary ophthalmic services within the geographic area of the same primary care cluster;

“primary care cluster” (“*clwstwr gofal sylfaenol*”) means a group of health and social care providers that have agreed to work collaboratively to deliver primary care services across a specified geographical area;

“relevant optometry collaborative” (“*cydweithredfa optometreg berthnasol*”) means the optometry collaborative in whose area the contractor provides primary ophthalmic services.

Quality improvement and governance

14.—(1) A contractor must—

- (a) complete a quality improvement and governance self-assessment, in the form required by the Local Health Board on whose list the contractor is included, in each financial year,
- (b) submit the completed self-assessment to that Local Health Board, and
- (c) undertake, and ensure that relevant employees of the contractor undertake, appropriate training in relation to quality improvement and governance provided by Health Education and Improvement Wales, as required by the Local Health Board on whose list the contractor is included.

(2) The requirement in sub-paragraph (1)(c) that the contractor must undertake training does not apply to a contractor that is a corporate optician.

(3) For the purposes of this paragraph, “relevant employees” means, in relation to a contractor, employees of such a description as required by the Local Health Board.

Declarations of Convictions etc.

15.—(1) On becoming aware of a change to the information the contractor provided in accordance with paragraph 7 of Schedule 3 when applying to be included in a Local Health Board's ophthalmic list, the contractor must notify the Local Health Board in writing within 7 days.

(2) Where sub-paragraph (1) applies, the contractor must provide all necessary authority to enable a request to be made by the Local Health Board to any employer (or former employer), licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to the notification given by the contractor under sub-paragraph (1).

(3) A contractor who is included in an ophthalmic list of a Local Health Board must supply that Local Health Board with an enhanced criminal record certificate under section 113B of the Police Act 1997 in relation to them, if the Local Health Board at any time, for reasonable cause, gives the contractor notice to provide such a certificate.

Applications to other lists

16. A contractor who is an ophthalmic medical practitioner or optometrist must inform the Local Health Board in whose list they are included—

- (a) if they or a body corporate of which they are a director apply to be included in a primary care list or equivalent list, and of the outcome of any such application;
- (b) if they become a director of a body corporate that is included in any primary care list, or apply to be included in such a list, and the outcome of any such application;
- (c) in the case of a corporate optician, if any of its directors applies to be included in a primary care list or equivalent list and the outcome of any such application.

Deputies

17.—(1) A contractor may arrange for a deputy to provide primary ophthalmic services on the contractor's behalf.

(2) Any contractor who makes an arrangement for the regular provision of services by a deputy must notify the Local Health Board of that arrangement.

(3) A contractor is responsible for all acts and omissions of any person acting as their deputy and of any employee of that person.

(4) A deputy who is also a contractor is jointly responsible to the same extent as the contractor for whom the deputy is deputising.

Employees

18.—(1) A contractor may employ—

- (a) to assist in the provision of primary ophthalmic services, an ophthalmic medical practitioner or optometrist included in a combined list;
- (b) to assist in the provision of primary ophthalmic services to the extent they are qualified to do so, and under the supervision of an ophthalmic medical practitioner or optometrist whose name is included in a combined list, a student optometrist whose name is included in a supplementary list;
- (c) to test sight, a person who—
 - (i) is authorised to test sight by rules made under section 24(3) of the Opticians Act 1989⁽⁵⁾ (testing of sight), under the supervision of an ophthalmic medical practitioner or optometrist whose name is included in a combined list, but
 - (ii) is not a student optometrist;
- (d) to assist in the provision of eye examination services to the extent they are accredited to do so, an accredited dispensing optician.

(2) A contractor who regularly employs an ophthalmic medical practitioner, optometrist, student optometrist or accredited dispensing optician must notify the Local Health Board accordingly.

(3) A contractor is responsible for all acts and omissions of its employees.

(4) An employee of the contractor who is also a contractor is jointly responsible but only, in the case of paragraphs 5(1) and (7) and 9(2), to the extent that the employee has not taken all reasonable steps to secure that the requirements of those provisions are met.

(5) In this paragraph—

“accredited dispensing optician” (“*optegydd cyflenwi achrededig*”) means a person who—

- (a) is registered as a dispensing optician in the register maintained under section 7 of the Opticians Act 1989 (register of opticians) with a contact lens specialty entry,

(5) Section 24 was amended by [S.I. 2005/848](#).

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- (b) has been accredited by Health Education and Improvement Wales to undertake elements of the eye examination service, and
 - (c) has provided evidence of (b) to the contractor;
- “employee” (“*cyflogai*”) includes, in the case of a body corporate, a director and “employ” (“*cyflogi*”) must be interpreted accordingly.

Concerns procedure

19.—(1) A contractor must have in place arrangements which comply with the requirements of the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011(6) (“the 2011 Regulations”), for the handling and consideration of any concerns.

(2) References in this paragraph and in paragraph 20 to a “concern” are to a concern notified in accordance with the 2011 Regulations.

Co-operation with investigations

20.—(1) A contractor must co-operate with any investigation of a complaint or concern in relation to any matter reasonably connected to the contractor’s provision of primary ophthalmic services undertaken by a “relevant body”, which includes—

- (a) the Local Health Board;
 - (b) the Welsh Ministers;
 - (c) the Public Services Ombudsman for Wales.
- (2) The co-operation required by sub-paragraph (1) includes—
- (a) answering questions reasonably put to the contractor by a relevant body;
 - (b) providing any information relating to the complaint or concern reasonably required by a relevant body;
 - (c) attending any meeting to consider the complaint or the concern (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given), if the contractor’s presence is reasonably required by a relevant body.

Complaints made against and concerns notified about ophthalmic medical practitioners

21.—(1) Where a contractor who, being an ophthalmic medical practitioner, also performs primary medical services under a GMS contract for any person for whom the contractor provides primary ophthalmic services, the complaints procedure or procedure for notifying concerns established and operated in accordance with the terms of that GMS contract applies in relation to any matter reasonably connected with the contractor’s provision of primary ophthalmic services as it applies as respects the provision of services under the GMS contract.

(2) Any requirement as to co-operation with investigations of complaints or concerns by other bodies imposed on a GMS contractor under the terms of the contractor’s contract which gives effect to paragraph 102 of Schedule 3 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(7) also applies in relation to complaints or concerns about the matters referred to in sub-paragraph (1).

(3) For the purposes of this paragraph, “GMS contract” means a general medical services contract under section 42 of the Act (general medical services contracts: introductory) and “GMS contractor” must be interpreted accordingly.

(6) S.I. 2011/704; relevant amending instruments are S.I. 2023/274 (W. 41) and S.I. 2023/281 (W. 42).

(7) S.I. 2023/953 (W. 155).

Payment claims

22.—(1) Any claim by a contractor for fees for the provision of primary ophthalmic services under these Regulations must be made by completing a primary ophthalmic services form and sending it to the Local Health Board in whose area the primary ophthalmic services were provided within 3 months beginning with the date of completion of the provision of those services.

(2) Any such claim—

(a) may be submitted electronically or on paper, and

(b) must be—

(i) signed by the optometrist or ophthalmic medical practitioner whose name is included in a combined list and who provided or assisted in the provision of the primary ophthalmic services in respect of which the claim is made (“the practitioner”), and

(ii) in a case where the practitioner is not on the ophthalmic list of that Local Health Board, counter-signed on behalf of the contractor by a person (who may be the contractor) duly authorised by the contractor to counter-sign, whom the contractor has previously notified the Local Health Board as being so authorised.

(3) In the case of a claim signed under sub-paragraph (2)(b)(i), the practitioner must supply with their signature, their professional registration number with the prefix and suffix given to that number in the combined list in which the qualified practitioner’s name is included.

(4) In the case of a claim counter-signed under sub-paragraph (2)(b)(ii), the person authorised to counter-sign must supply, with that person’s counter-signature, the professional registration number of the contractor.

(5) A signatory or counter-signatory is to sign any electronic claim or paper claim in digital ink or in ink, in the signatory or counter-signatory’s own handwriting and not by means of a stamp or reproduced image, with the signatory or counter-signatory’s—

(a) initials or forename, and

(b) surname.

(6) Except as provided in these Regulations, in the Statement or in sub-paragraph (7), a contractor must not demand or accept from any patient or from other persons the payment of any fee or other remuneration in respect of the provision of primary ophthalmic services.

(7) A contractor is entitled to demand and recover from a patient, or person having charge of a patient, a sum in respect of loss of remunerative time resulting from that patient’s failure to keep an appointment.

(8) A contractor must not demand or accept from the Local Health Board the payment of any fee or other remuneration in respect of any item of service—

(a) which has not been provided under primary ophthalmic services, or

(b) for which another claim has already been submitted to the Local Health Board.

Testing of sight

23.—(1) Where a contractor has accepted an application for the testing of sight under these Regulations, the contractor must—

(a) test the sight of the patient to determine whether the patient needs to wear or use an optical appliance,

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- (b) in doing so, must fulfil any duty imposed on the contractor by, or in regulations made under, section 26 of the Opticians Act 1989⁽⁸⁾ (duties to be performed on sight testing), and
 - (c) provide relevant eye health advice to the patient.
- (2) A prescription for glasses issued following a testing of sight under general ophthalmic services must—
- (a) be completed by the method recommended in guidance published by the British Standards Institution, and
 - (b) comply with any requirements as to its form specified in the Statement for the purposes of payment in respect of the sight test.
- (3) Where a contractor provides a sight test as part of mobile services, the contractor must record the reason given by the patient, or on their behalf, for requiring mobile services on the primary ophthalmic services form.
- (4) A contractor must keep a record of the eye health advice provided to a patient under this paragraph.
- (5) For the purposes of this paragraph, “relevant eye health advice”, in relation to a patient, means—
- (a) advice about any risks to eye health or vision that appear to the contractor to be relevant to that patient,
 - (b) advice about how to mitigate any identified risks to their eye health or vision,
 - (c) recommendations for managing the patient’s eye condition or eye health or vision, and
 - (d) such other advice, for the purpose of increasing the patient’s knowledge and understanding of any health issues connected to the patient’s eye condition, eye health or vision, which appears to the contractor to be relevant to the patient’s personal circumstances.

Eye examinations

- 24.**—(1) A contractor must provide an eye examination to a person in the circumstances in sub-paragraph (2).
- (2) The circumstances are that a qualified practitioner considers that it is clinically appropriate to provide an eye examination to a person—
- (a) due to clinical findings that have become apparent during the provision of general ophthalmic services or during a sight test provided otherwise than under the Act, to that person,
 - (b) following a recommendation by a health care professional that the person should be examined by a qualified practitioner,
 - (c) because the person has, or may have, an acute eye problem, or
 - (d) for the purpose of reviewing the person’s eye health following—
 - (i) treatment at an ophthalmic hospital, or
 - (ii) a previous eye examination under sub-paragraph (c).
- (3) Where a contractor provides an eye examination as part of mobile services, the contractor must record the reason given by the patient, or on their behalf, for requiring mobile services on the primary ophthalmic services form.

⁽⁸⁾ Section 26 was amended by [S.I. 2005/848](#), article 19.

(4) For the purposes of this paragraph, “health care professional” means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002⁽⁹⁾ (the Professional Standards Authority for Health and Social Care).

Refusal to provide services

25.—(1) Paragraphs (2) and (3) apply—

(a) where—

- (i) a person applies for a sight test, and
- (ii) the contractor is satisfied that the person is eligible for a sight test in accordance with these Regulations, or

(b) where one of the circumstances in paragraph 24(2) applies in relation to a person.

(2) The contractor may refuse to provide the relevant service to that person only if they have reasonable grounds for doing so.

(3) For the purposes of paragraph (2), reasonable grounds may not relate to the person’s age, ophthalmic condition or related medical condition.

Referrals

26.—(1) Where a contractor, or qualified practitioner assisting the contractor in the provision of primary ophthalmic services, is of the opinion that a patient who has received a sight test pursuant to paragraph 23 or an eye examination pursuant to paragraph 24 of this Schedule—

- (a) shows on examination signs of injury, disease or abnormality in the eye or elsewhere which may require medical treatment, or
- (b) is not likely to attain a satisfactory standard of vision notwithstanding the application of corrective lenses,

the contractor must, if appropriate, and with the consent of the patient, take the steps set out in sub-paragraph (2).

(2) The steps referred to in sub-paragraph (1) are—

- (a) in the first instance, a referral to an optometrist with qualifications appropriate to the needs of the patient;
- (b) if the contractor considers that a referral of the kind specified in paragraph (a) would not meet the patient’s needs, a referral to an ophthalmic hospital.

(3) Where a contractor makes a referral in accordance with this paragraph, the contractor must immediately—

- (a) inform the patient’s general practitioner of the referral and provide details of the reason for the referral, and
- (b) give the patient a written statement confirming the referral has been made with details of the referral.

(4) In this paragraph, “general practitioner” means a medical practitioner registered as a general practitioner.

(5) A referral made by a contractor in accordance with this paragraph must be made electronically where the means of making electronic referrals are available to the contractor.

(9) 2002 c. 17.

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Use of disqualified name

27.—(1) Subject to sub-paragraph (2), a contractor must not use in any manner the name or part of the name, either alone or in combination with any other words or letters of, or used by, any person so long as that person is disqualified by the First-tier Tribunal from inclusion in any combined list by virtue of the Act or these Regulations.

(2) Nothing in sub-paragraph (1) prevents—

- (a) a contractor other than a body corporate from using the contractor's own name, or
- (b) a contractor that is a body corporate from using the name by which it is enrolled in the register maintained under the Opticians Act 1989.

Training

28.—(1) A contractor must ensure that the persons specified in sub-paragraph (2) undertake training, as required by the Local Health Board on whose list the contractor is included, which—

- (a) must include annual training for the purpose of maintaining and updating the individual's professional skills and knowledge in relation to the services that person performs, assists with or supports;
- (b) may include other ad-hoc or one-off training for that purpose.

(2) The persons are—

- (a) the contractor, except where the contractor is a corporate optician;
- (b) those employed by the contractor under paragraph 18(1) to assist in the provision of primary ophthalmic services;
- (c) others employed by the contractor who support the persons listed at (b) in the performance of such services.

(3) A contractor may not employ or otherwise engage a qualified practitioner in relation to the provision of primary ophthalmic services unless the contractor is satisfied that the qualified practitioner has the clinical experience and training necessary to enable them to properly perform the services that they are to be required to perform.

Compliance with legislation and guidance

29. A contractor must—

- (a) comply with all relevant legislation, and
- (b) have regard to all relevant guidance issued by the Local Health Board or the Welsh Ministers.