The National Health Service (General Dental Services) Regulations 1992

Made       -       -       -     10th March 1992
Laid before Parliament       11th March 1992
Coming into force       -       -     1st April 1992

The Secretary of State for Health, in exercise of powers conferred by sections 15(1)(b), 35(1) and (4), 36(1) and (3), 37(1)(a), (1A) and (1C), 43(1), 50 and 126(4) of the National Health Service Act 1977(1) and of all other powers enabling him in that behalf, hereby makes the following Regulations:

PART I
GENERAL

Citation and commencement

1. These Regulations may be cited as the National Health Service (General Dental Services) Regulations 1992 and shall come into force on 1st April 1992.

Interpretation

2.—(1) In these Regulations, unless the context otherwise requires—

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(1) 1977 c. 49; in section 128(1) see the definitions of “prescribed” and “regulations”. Section 15(1)(b) was amended by the National Health Service and Community Care Act 1990 (c. 19) (“the 1990 Act”), section 12. Section 35(1) was substituted by S.I. 1985/39, article 7(9). Section 36 was amended by S.I. 1981/432, article 3(3), the Health and Social Security Act 1984 (c. 48), section 5(4) and Schedule 3, paragraph 5, S.I. 1985/39, article 7(10), the Health and Medicines Act 1988 (c. 49) (“the 1988 Act”), section 25(1) and Schedule 2, paragraph 4 and the 1990 Act, section 24 and was extended by section 17 of the 1988 Act. Section 37 was renumbered so as to become section 37(1) by section 12(2) of, section 37(1)(a) was amended by section 25 of, and Schedule 3 to, and subsections (1A) and (1C) were inserted by section 12(3), of the 1988 Act. Section 43(1) was amended by the Health Services Act 1980 (c. 53), section 21(2) and Schedule 1, paragraph 55, S.I. 1985/39, article 7(15) and the 1990 Act, section 66(1) and Schedule 9, paragraph 18(2). Section 126(4) was amended by the 1990 Act, section 65(2).
“the Act” means the National Health Service Act 1977(1);
“assistant” means any dentist employed either whole-time or part-time under a contract of service by another dentist for the purpose of providing general dental services on behalf of that other dentist;
“associateship agreement” means an agreement between dentists practising as principals—
(a) to which there are two parties, not being partners of each other, and
(b) whereby one party is liable to provide, for financial consideration, the use of some or all premises and of some or all facilities for the provision of general dental services by the other party;
“the Board” means the Dental Practice Board;
“capitation arrangement” means an arrangement between the dentist and the patient whereby the dentist provides care and treatment in accordance with paragraph 5 of Schedule 1;
“care and treatment” means—
(a) all proper and necessary care which a dentist usually undertakes for a patient and which the patient is willing to undergo, including advice, planning of treatment and preventive care, and
(b) treatment;
“continuing care arrangement” means an arrangement between the dentist and the patient whereby the dentist provides care and treatment in accordance with paragraph 4 of Schedule 1;
“dental officer” means a dentist in the service of the Board, or of the Welsh Office, as the case may be;
“dental surgery” means any part of the practice premises where care and treatment is provided;
“dentist” means a registered dental practitioner;
“deputy” means a dentist acting on behalf of another dentist, otherwise than in the capacity of an assistant, for the purpose of providing general dental services;
“doctor” means a registered medical practitioner;
“Drug Tariff” means the statement prepared by the Secretary of State under regulation 18 of the National Health Service (Pharmaceutical Services) Regulations 1992(2);
“an emergency” means the circumstances set out in paragraph 6(2) of Schedule 1 in which a patient requires prompt care and treatment;
“emergency dental services” means treatment which is provided pursuant to arrangements made under regulation 14;
“estimate” means a form supplied by an FHSA, completed by the dentist and submitted to the Board in accordance with paragraph 26 of Schedule 1 for the purpose of obtaining prior approval under that paragraph;
“FHSA” means a Family Health Services Authority(3);

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(1) 1977 c. 49; in section 128(1) see the definitions of “prescribed” and “regulations”. Section 15(1)(b) was amended by the National Health Service and Community Care Act 1990 (c. 19) (“the 1990 Act”), section 12. Section 35(1) was substituted by S.I. 1985/39, article 7(9). Section 36 was amended by S.I. 1981/432, article 3(3), the Health and Social Security Act 1984 (c. 48), section 5(4) and Schedule 3, paragraph 5, S.I. 1985/39, article 7(10), the Health and Medicines Act 1988 (c. 49) (“the 1988 Act”), section 25(1) and Schedule 2, paragraph 4 and the 1990 Act, section 24 and was extended by section 17 of the 1988 Act. Section 37 was renumbered so as to become section 37(1) by section 12(2) of, section 37(1)(a) was amended by section 25 of, and Schedule 3 to, and subsections (1A) and (1C) were inserted by section 12(3), of the 1988 Act. Section 43(1) was amended by the Health Services Act 1980 (c. 53), section 21(2) and Schedule 1, paragraph 35, S.I. 1985/39, article 7(15) and the 1990 Act, section 60(1) and Schedule 9, paragraph 18(2). Section 126(4) was amended by the 1990 Act, section 65(2).


(3) See section 10(1) of the National Health Service Act 1977 (c. 49), amended by the Health and Social Security Act 1984 (c. 48), section 5 and section 2 of the National Health Service and Community Care Act 1990 (c. 19).
“listed drugs” means such drugs and medicines as are included in a list for the time being approved by the Secretary of State for the purposes of section 41 of the Act(4);
“Local Dental Committee”, “Local Medical Committee” and “Local Pharmaceutical Committee” mean the committees of those names which are recognised by the FHSA in relation to its locality under section 44 of the Act(5);
“locality” means the locality for which an FHSA is established;
“mobile surgery” means any vehicle in which care and treatment is provided;
“NHS charge” means the charge, authorised under the National Health Service (Dental Charges) Regulations 1989(6), to the patient within the meaning of those Regulations;
“occasional treatment” means such treatment as is mentioned in paragraph 17 of Schedule 1;
“oral health” means such a standard of health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, as in the case of any patient is reasonable having regard to the need to safeguard his general health;
“patient” means a person for whom a dentist agrees to provide general dental services;
“patient record” means a form supplied by an FHSA for the purpose of maintaining a record of treatment;
“practice premises” means in relation to any dentist, any premises at which he provides general dental services, or any mobile surgery of his;
“practice record form” means a form supplied by an FHSA and completed in accordance with paragraph 27 of Schedule 1 for the purpose of obtaining general dental services in circumstances where the dentist intends to use a computer to send an estimate to the Board;
“prior approval treatment” means any item of treatment referred to in Part I of Schedule 4 or any care and treatment specified in paragraph 1 or 2 in Part II of that Schedule;
“private”, in the context of care and treatment, means otherwise than under general dental services or Part I of the Act, and “privately” shall be construed accordingly;
“salaried dentist” means a dentist employed by an FHSA who undertakes to provide general dental services at a health centre;
“Scale of Fees” means the Scale of Fees set out in Determination I of the Statement of Dental Remuneration;
“Statement of Dental Remuneration” means the Statement published by the Secretary of State pursuant to the provisions of regulation 19;
“supply”, in relation to an appliance, includes replacement;
“terms of service” means the terms of service contained, or referred to, in Schedule 1;
“trauma” means damage to teeth, gingival tissues or alveoli caused by a force arising outside the mouth, resulting in mobility, luxation, subluxation or fracture of the hard tissues or injury to the soft tissues;
“treatment” means all proper and necessary dental treatment which a dentist usually undertakes for a patient and which the patient is willing to undergo, including examination, diagnosis, preventive treatment, periodontal treatment, conservative treatment, surgical treatment, the supply and repair of dental appliances, orthodontic treatment and the taking of radiographs and the provision of general anaesthesia and sedation in connection with such treatment and

(4) Section 41 was amended by the Health Services Act 1980 (c. 53), section 20, Schedule 1, paragraphs 53 and 96 and Schedule 7, S.I. 1985/39, article 7(13) and the National Health Service and Community Care Act 1990 (c. 19), Schedule 9.
(5) Section 44 was amended by section 12 of the National Health Service and Community Care Act 1990 (c. 19).
the supply of listed drugs and the issue of prescriptions in accordance with paragraphs 22 and 23 of Schedule 1; and

“treatment on referral” means any care and treatment provided by a dentist under paragraph 13 of Schedule 1.

(2) In these Regulations, unless the context otherwise requires—

(a) any reference to a numbered regulation is a reference to the regulation bearing that number in these Regulations;

(b) any reference in a regulation to a numbered paragraph is a reference to the paragraph bearing that number in that regulation;

(c) any reference in a regulation to a numbered Schedule is a reference to the Schedule to these Regulations bearing that number; and

(d) any reference to a form supplied by an FHSA includes a reference to a form which, though not supplied by the FHSA, is in all material respects the same as a form which is supplied by that FHSA in its locality.

PART II
GENERAL ARRANGEMENTS FOR PROVISION OF GENERAL DENTAL SERVICES

Terms of service

3. The arrangements with dentists for the provision of general dental services which it is the duty of an FHSA under section 35 of the Act to make, and under section 15(1)(a) of the Act to administer, shall incorporate—

(a) in the case of a dentist undertaking to provide general dental services (other than emergency dental services), otherwise than as a salaried dentist, the terms of service contained in Parts I, II, III, IV and V of Schedule 1;

(b) in the case of a dentist undertaking to provide general dental services (other than emergency dental services), as a salaried dentist, the terms of service contained in Parts I, II, III, IV and VI of Schedule 1;

(c) in the case of the provision of emergency dental services by a dentist undertaking to provide emergency dental services, the terms of service contained in Parts I and III, paragraphs 19, 20, 21, 22, 23 and 25 of Part IV and paragraphs 39, 40, 41 and 42 of Part VI of Schedule 1.

Dental list

4.—(1) An FHSA shall prepare a list, to be called the dental list, of dentists who, pursuant to the provisions of regulation 5, have undertaken to provide general dental services in its locality and who are not disqualified for inclusion by virtue of the provisions of—

(a) section 36(2), 47(1) or 48(b) of the Act; or

(b) section 8(2) of the Health and Medicines Act 1988 (7); or

(c) regulation 7 (restrictions on the right to be included in a dental list).

(2) The dental list shall, in addition to containing the name of a dentist,—

(7) 1988 c. 49.
(a) contain—

(i) the addresses of all his practice premises and, where he provides general dental services at a mobile surgery only, the address at which correspondence in connection with such provision may be sent to him;

(ii) particulars of the days and hours when he is or will usually be in attendance at the practice premises for the provision of general dental services and, in the case of any mobile surgery, particulars of the places visited regularly by him and the times of those visits;

(iii) the name of any other dentist in association with whom he provides general dental services at his practice premises;

(iv) the date of his registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984(8), particulars of the dental qualification which entitled him to be so registered, including the date on which the qualification was awarded, and particulars of any other dental qualification held by him which is registrable pursuant to section 19(1)(c) of the Dentists Act 1984(8); and

(b) indicate—

(i) whether the dentist provides only orthodontic treatment; and

(ii) whether there is access to the dental surgery without the use of stairs.

(3) The dental list may, provided that the dentist consents to their inclusion, also give particulars of any languages, other than English, spoken by the dentist.

(4) The dental list may, if an FHSA thinks fit, be so arranged as to show the part of the locality in which each dentist has undertaken to provide general dental services.

(5) A dentist whose name is included in the dental list of an FHSA shall notify the FHSA of any occurrence requiring an alteration to the information recorded in relation to him in the dental list within 14 days of the date of such occurrence.

(6) An FHSA shall—

(a) send to the Board and the Local Dental Committee a copy of its dental list; and

(b) notify the Board and the Local Dental Committee of any alteration to its dental list within 7 days of the date on which the alteration is made.

(7) Subject to paragraph (9), an FHSA shall—

(a) send, if requested to do so, a copy of the dental list to—

(i) the Secretary of State;

(ii) the Local Medical Committee;

(iii) the Local Pharmaceutical Committee;

(iv) the relevant Regional Health Authority(9);

(v) a District Health Authority any part of the district of which is in the locality of the FHSA;

(vi) the Board of Governors of the Eastman Dental Hospital(10);

(vii) an NHS Trust the functions of which consist of or include the management of a hospital which is situated in the locality of the FHSA; and

(8) 1984 c. 24.
(8) 1984 c. 24.
(9) See section 15(1A) of the National Health Service Act 1977 (c. 49) inserted by section 12(1)(c) of the National Health Service and Community Care Act 1990 (c. 19).
(10) See S.I. 1990/1525.
(viii) a person whose name is included in the list maintained by the FHSA pursuant to section 42(2)(a) of the Act; and

(b) in that event, notify them, at intervals of not less than 3 months, of any alterations made to the dental list.

(8) An FHSA shall, if necessary, prepare an updated dental list each year and send a copy—

(a) to the Board and the Local Dental Committee; and

(b) subject to paragraph (9), to any person mentioned in paragraph (7)(a) who under that paragraph requested a copy of the dental list.

(9) Where an FHSA considers that only parts of, or only some of the alterations to, the dental list are likely to concern any person mentioned in paragraph (7)(a), the FHSA may instead of sending them a copy of the list or notifying them of all those alterations send that person a copy only of those parts or, as the case may be, notify him only of those alterations.

Application for inclusion in the dental list

5.—(1) A dentist who wishes to have his name included in the dental list shall make an application to the FHSA in writing which—

(a) shall include—

(i) in the case of a salaried dentist or a dentist undertaking to provide only emergency dental services, the information specified in paragraphs 1, 2, 3, 4, 5 and 11 of Part I of Schedule 2 and the undertaking specified in that Part of that Schedule; and

(ii) in any other case, all the information and the undertaking specified in Part I of Schedule 2; and

(b) may include the information specified in Part II of that Schedule.

(2) The FHSA shall determine an application made by a dentist under paragraph (1) within 14 days of the date of its receipt of the application or, where the FHSA considers the proposed practice premises should be inspected, within 14 days of the date of that inspection.

Local directory of dentists

6.—(1) An FHSA may prepare, and thereafter maintain, in addition to a dental list, another list, to be known as the local directory of dentists, which may contain, in respect of each dentist whose name is included in its dental list—

(a) any information included in the dental list in respect of the dentist; and

(b) any other information related to the provision of general dental services which the FHSA has agreed with the Local Dental Committee to be appropriate.

(2) Where the FHSA has agreed with the Local Dental Committee that certain information is appropriate for inclusion in the local directory of dentists, it may request in writing any dentist whose name is included in its dental list to furnish the FHSA with such information as it relates to him, and the dentist shall furnish that information to the FHSA within 28 days of the date of the FHSA’s request.

Restrictions on the right to be included in a dental list

7.—(1) A dentist shall not be entitled to have his name included in the dental list prepared by any FHSA where the circumstances specified in paragraph (2) apply.

(2) The circumstances referred to in paragraph (1) are—
(a) if the dentist has previously withdrawn his name from the dental list prepared by any FHSA or any list prepared pursuant to section 25(2)(a) of the National Health Service (Scotland) Act 1978(11) in circumstances where the Secretary of State has certified for the purposes of regulation 8(7) of the National Health Service (Superannuation) Regulations 1980(12) or, as the case may be, regulation 10(4) of the National Health Service (Superannuation) (Scotland) Regulations 1980(13) that, in the interests of the efficiency of general dental services, he should cease to provide such services; or

(b) if the FHSA is not satisfied following an inspection that the proposed practice premises meet the requirements of paragraph 33 of Schedule 1.

Removal from dental list

8.—(1) Subject to sub-paragraph (2), where an FHSA determines that a dentist whose name is included in the dental list—

(a) has died; or

(b) subject to section 35(3) of the Act, is no longer a dentist; the FHSA shall remove his name from the dental list with effect from the date of its determination.

(2) Where a dentist has died and—

(a) for so long as his practice is carried on by his personal representatives in accordance with the provisions of the Dentists Act 1984(14), and

(b) the personal representatives have appointed for that purpose a dentist whose name is included in the dental list of the FHSA,

the FHSA shall not remove the dentist’s name from the dental list.

(3) Subject to paragraph (5), where an FHSA determines, in accordance with paragraph (4), that a dentist whose name has been included for the preceding 6 months in the dental list has not during that period provided general dental services, the FHSA may remove the dentist’s name from the dental list.

(4) Before making any determination under paragraph (3) the FHSA shall—

(a) give the dentist 28 days' notice of its intention to do so;

(b) afford the dentist an opportunity of making representations to the FHSA in writing or, if he so wishes, in person; and

(c) except where the dentist is a salaried dentist, consult the Local Dental Committee.

(5) In calculating the period of 6 months referred to in paragraph (3) there shall be disregarded any period during which—

(i) the dentist was performing relevant service;

(ii) the dentist was on maternity leave; or

(iii) the dentist was unable to provide general dental services because of sickness.

(6) In this regulation—

(a) “relevant service” means—

(i) whole-time service in the armed forces of the Crown in a national emergency as a volunteer or otherwise; or

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(11) 1978 c. 29.
(12) S.I. 1980/362; the relevant amending instrument is S.I. 1981/1205.
(13) S.I. 1980/1177.
(14) 1984 c. 24.
(ii) compulsory whole-time service in those forces, including service resulting from any reserve liability; or
(iii) any equivalent service by a person liable for compulsory whole-time service in those forces; and
(b) “maternity leave” means the period of one year beginning with the date of confinement.

(7) Nothing in this regulation shall prejudice any right of a dentist to have his name included again in a dental list.

**Removal from dental list on grounds of age**

9.—(1) An FHSA shall, on each of the dates specified in column (1) of the Table below, remove from the dental list the name of any dentist included in the list who has, on or before that date, attained the age specified in column (2) of the Table in relation to that date.

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
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<tbody>
<tr>
<td>1st April 1992</td>
<td>the age of 70</td>
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<tr>
<td>1st April 1993</td>
<td>the age of 69</td>
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<tr>
<td>1st April 1994</td>
<td>the age of 68</td>
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<tr>
<td>1st April 1995</td>
<td>the age of 67</td>
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<tr>
<td>1st April 1996</td>
<td>the age of 66</td>
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<tr>
<td>1st April 1997</td>
<td>the age of 65</td>
</tr>
</tbody>
</table>

(2) An FHSA shall, on 1st April in 1998 and in each successive year thereafter, remove from the dental list the name of any dentist included in the list who has attained the age of 65 during the period of 12 months ending on 1st April in that year.

(3) An FHSA shall give to any dentist whose name is to be removed from the dental list in accordance with paragraph (1) or (2)—

(a) notice in writing to that effect not less than 12 months nor more than 13 months before the date on which his name is to be removed; and

(b) a further such notice not less than 3 months nor more than 4 months before that date; but failure to give notice to any dentist as required by sub-paragraph (a) or (b) of this paragraph shall not prevent the removal of that dentist’s name from the dental list in accordance with paragraph (1) or (2).

(4) An FHSA shall, no later than 7 days after the removal in accordance with paragraph (1) or (2) of the name of any dentist from the dental list, notify the Board in writing of the name, address and date of birth of the dentist in question and of the number by which his arrangement with the FHSA is identified.

**Withdrawal from dental list**

10.—(1) Where a dentist wishes to withdraw his name from the dental list—

(a) he shall give 3 months' notice in writing to the FHSA, or such shorter period as he may agree with the FHSA, before the date on which he wishes his name to be removed from the dental list; and
(b) subject to paragraph (2), the FHSA shall remove the dentist’s name from the dental list on the expiry of the period of notice given under sub-paragraph (a) of this paragraph.

(2) Where, in relation to any dentist, representations are made to the Tribunal under section 46 of the Act that the continued inclusion of his name in a dental list would be prejudicial to the efficiency of general dental services, the name of the dentist shall not, except with the consent of the Secretary of State, be removed from the dental list until the proceedings in relation to those representations have been determined.

(3) Paragraph (2) shall not apply in the case of a dentist who has reached an age at which the following 1st April his name shall be removed from the dental list in accordance with regulation 9.

Information about assistants

11. An FHSA shall send to the Board any information it receives under paragraph 35(5) of Schedule 1 (employment of assistants) within 7 days of the date of its receipt of the information.

Information about associateship agreements

12.—(1) Where an associateship agreement is made, written notice of the parties to that agreement and of the date on which the agreement was made shall be given to the FHSA within 7 days of the date on which the agreement was made.

(2) Written notice of any change in the parties to, or of the termination of, any associateship agreement shall be given to the FHSA within 7 days of the date of such change or termination.

(3) Any notice required by this regulation shall be given by the person or, if more than one, one of the persons, liable by virtue of the associateship agreement to provide the use of premises and facilities.

(4) An FHSA shall supply to the Board the information it receives under paragraphs (1) and (2) within 7 days of the date of its receipt of the information.

Transfer of continuing care and capitation arrangements

13.—(1) Subject to paragraph (2), where a dentist who is providing care and treatment for patients under continuing care arrangements or capitation arrangements ceases to have his name included in the dental list, the FHSA may, after consultation with the Local Dental Committee and with the agreement of the patients concerned, make arrangements with one or more dentists (whose names are included in the dental list) for the continuing care arrangements or capitation arrangements to be transferred to that or those dentists.

(2) Where a dentist has died and his name remains on the dental list in accordance with regulation 8(2), the FHSA shall, subject to the agreement of the patients concerned, make arrangements with the dentist appointed by the personal representatives of the deceased dentist for the care and treatment under any continuing care arrangements or capitation arrangements entered into by the deceased dentist to be provided by that dentist.

Emergency dental services

14.—(1) An FHSA may make arrangements with any dentist whose name is included in its dental list for the provision of treatment in urgent cases at a health centre when dentists in its locality or part of its locality, are not normally available to provide general dental services.

(15) Section 46 was amended by the Health and Social Security Act 1984 (c. 48), section 24 and Schedule 8 and S.I. 1985/39, article 7(16).
(2) In this regulation an “urgent case” means any circumstances in which, in the opinion of the dentist, a patient needs immediate treatment for an acute condition.

**Arrangements for emergency cover**

15. It shall be the responsibility of an FHSA to make any arrangements that may be necessary to enable a salaried dentist whose name is included in its dental list to comply with his obligation under paragraph 6 of Schedule 1.

**FHSA patient information leaflets**

16. An FHSA shall compile and, from 1st October 1992, make available to any person who may reasonably require one, a document about the provision of general dental services at any health centre in its locality (in this regulation called an “FHSA patient information leaflet”) which shall include the information specified in Schedule 6.

**PART III**

**METHOD OF OBTAINING GENERAL DENTAL SERVICES**

**Application for services**

17.—(1) A person aged 18 or over may apply to any dentist whose name appears in any dental list for general dental services by way of—

(a) care and treatment under a continuing care arrangement; or

(b) treatment on referral; or

(c) occasional treatment.

(2) Subject to paragraph (3), a person under the age of 18 may apply to any dentist whose name appears in any dental list for general dental services by way of—

(a) care and treatment under a capitation arrangement; or

(b) treatment on referral; or

(c) occasional treatment.

(3) A dentist may not enter into a capitation arrangement with a person during the month before he attains the age of 18.

(4) A person under the age of 18 may apply to a dentist for general dental services by way of care and treatment under a continuing care arrangement at any time during the month before he attains the age of 18 provided that he is not immediately before that date receiving care and treatment under a capitation arrangement with that dentist.

(5) A person who is receiving care and treatment under a capitation arrangement with a dentist may at any time after he attains the age of 17 apply for general dental services by way of care and treatment under a continuing care arrangement with that dentist from the date that he attains the age of 18.

(6) Application under this regulation shall be made in person at the practice premises unless a person is unable to attend those premises owing to illness or any other reasonable cause.

**Exercise of choice of dentists in certain cases**

18.—(1) An application to a dentist for general dental services shall be made—
(a) on behalf of any person under the age of 16, by either parent, or in the absence of both parents, the guardian or other person who has the care of the child;

(b) on behalf of any other person who is incapable of making such an application, by a relative or any person who has the care of such person; and

(c) on behalf of any person under the age of 18—

(i) in the care of an authority to whose care he has been committed under the provisions of the Children Act 1989(16), by a person duly authorised by that authority;

(ii) in the care of a voluntary organisation by that organisation or a person duly authorised by them;

(d) on behalf of any person detained in a prison or a young offender institution, by the governor or, in the case of a contracted out prison within the meaning of section 84 of the Criminal Justice Act 1991(17), the director or the controller, as the case may be.

(2) An application under paragraph (1) may not be made by the dentist to whom the application is made.

PART IV

RENUMERATION OF DENTISTS

Statement of Dental Remuneration

19.—(1) The Secretary of State shall after consultation with such organisation as appears to him to be representative of persons providing general dental services make provision for each of the matters set out in column (2) of the Table below in a determination and each determination shall bear the number in column (1) of that Table which corresponds to the subject matter of the determination.

Table

<table>
<thead>
<tr>
<th>(1) Determination</th>
<th>(2) Subject Matter of Determination</th>
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<tbody>
<tr>
<td>I</td>
<td>A Scale of Fees which shall prescribe the remuneration to be paid to a dentist, other than a salaried dentist, for care and treatment under a continuing care arrangement or a capitation arrangement, treatment on referral and occasional treatment and the conditions of payment of remuneration;</td>
</tr>
<tr>
<td>II</td>
<td>Rates of remuneration for a salaried dentist and for the provision of emergency dental services;</td>
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<td>III</td>
<td>Seniority payments;</td>
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<td>Incentive scheme allowances;</td>
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<td>VI</td>
<td>Maternity payments;</td>
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(16) 1989 c. 41.
(17) 1991 c. 53.


<table>
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<tr>
<th>(1) Determination</th>
<th>(2) Subject Matter of Determination</th>
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<tbody>
<tr>
<td>VII</td>
<td>Long term sickness payments;</td>
</tr>
<tr>
<td>VIII</td>
<td>Postgraduate education allowances;</td>
</tr>
<tr>
<td>IX</td>
<td>Reimbursement of non-domestic rates.</td>
</tr>
</tbody>
</table>

(2) The Secretary of State shall publish the determinations in a statement called the Statement of Dental Remuneration.

(3) The Secretary of State—

(a) may amend the determinations, in whole or in part, after consultation with the organisation referred to in paragraph (1); and

(b) shall publish any such amendment in the Statement of Dental Remuneration.

Approval of payments

20.—(1) The Board shall, where it is satisfied—

(a) that a patient has been accepted by a dentist, other than a salaried dentist, under a continuing care arrangement or a capitation arrangement or for treatment on referral, make the payments which, in accordance with the Scale of Fees, fall to be made by it to the dentist in respect of such an arrangement or referral; or

(b) that a continuing care arrangement or a capitation arrangement has terminated or treatment on referral has terminated or has been completed, cease such payments to the dentist.

(2) The Board shall, where it approves a claim for remuneration made by a dentist, other than a salaried dentist, in respect of—

(a) care and treatment under a continuing care arrangement or a capitation arrangement;

(b) treatment on referral; or

(c) occasional treatment,

completed by the dentist, pay, in accordance with the Scale of Fees, the remuneration due to the dentist in respect of such care and treatment, treatment on referral, or occasional treatment.

(3) The Board shall, where it approves a claim for remuneration made by a dentist, other than a salaried dentist, in any case falling within paragraph 14 or 17(4) of Schedule 1 (inability of dentist to complete treatment), pay, in accordance with the Scale of Fees, and without prejudice to the provisions of the National Health Service (Dental Charges) Regulations 1989(18), the remuneration due to that dentist, in respect of such care and treatment or occasional treatment as he has provided.

(4) The remuneration which it is the function of the Board to pay(19) shall be paid in accordance with Determinations I, III, IV, VI, VII, VIII and IX of the Statement of Dental Remuneration.

(5) The FHSA—

(a) shall pay to a salaried dentist and a dentist providing emergency dental services remuneration in accordance with Determination II of the Statement of Dental Remuneration; and

(b) shall pay a dentist, other than a salaried dentist, remuneration in accordance with Determination V of the Statement of Dental Remuneration.


(6) In the case of orthodontic care and treatment the Board may make such payments on account as it considers appropriate pending completion of that care and treatment.

Drugs

21. The fees payable by an FHSA to a dentist in respect of listed drugs supplied by him under paragraph 22(1) of Schedule 1 for use before a supply can otherwise be obtained under paragraph 23 of that Schedule shall be calculated in accordance with the provisions of the Drug Tariff.

Recovery of overpayments

22.—(1) Where the FHSA or the Board considers it has made a payment to a dentist owing to an error or in circumstances when it was not due, the FHSA or, as the case may be, the Board shall, except to the extent that the Secretary of State on the application of the FHSA or, as the case may be, the Board directs otherwise, shall draw that overpayment to the attention of the dentist and—

(a) where he admits the overpayment; or

(b) where he does not admit the overpayment but, the matter having been referred under regulation 7 of the National Health Service (Service Committees and Tribunal) Regulations 1992(20) for investigation, the FHSA, or the Secretary of State on appeal, decides that there has been an overpayment,

the amount overpaid shall be recoverable either by deduction from the remuneration of the dentist or in some other manner.

(2) Recovery of an overpayment under this regulation shall be without prejudice to the investigation of an alleged breach of the terms of service.

PART V
PAYMENTS IN CONSEQUENCE OF SUSPENSION

Interpretation

23. In this Part of these Regulations, unless the context otherwise requires—

(a) “claimant” means a person claiming to be entitled to, or receiving, payments;

“erasure” means the erasure of a person’s name from the register;

“fees” does not include remuneration by way of salary;

“immediate suspension” means suspension by virtue of an order under section 30(3) of the Dentists Act 1984(21) except suspension which is terminated by the court under section 30(6) of that Act;

“interim suspension order” means an order under section 32 of the Dentists Act 1984(21);

“payment” means a payment under this Part of these Regulations;

“register” means the register kept under section 14 of the Dentists Act 1984(22) and “registration” means registration in that register;

“suspension date” means the date on which suspension of a person’s registration takes effect;

(20) S.I. 1992/664.
(21) 1984 c. 24.
(22) 1984 c. 24.
(b) a reference to a direction or an order of the Health Committee is to a direction or an order of that Committee under the Dentists Act 1984.(22).

Entitlement to payments

24.—(1) Payments shall be made as provided for by this Part of these Regulations to a person whose registration is suspended by an interim suspension order or by a direction or an order of the Health Committee.

(2) Subject to paragraph (3), no payment shall be made to a person—

(a) whose registration has been suspended by a direction or an order of the Health Committee once he has received payments in respect of twelve months' such suspension, whether in respect of the same or a previous period of such suspension and whether or not those twelve months formed a continuous period;

(b) in respect of any part of a period of suspension where in the period of two years immediately preceding the suspension date he received no fees for the provision of general dental services.

(3) In calculating whether a person has received payments in respect of twelve months, suspension under paragraph (2)(a), no account shall be taken of any payment made in consequence of the suspension of his registration by a direction or order of the Health Committee more than five years previously.

(4) No payment shall be made to a person for a period (whether the whole or part of a period of suspension)—

(a) earlier than eight weeks before the date on which an application for payments is received by the FHSA, unless the FHSA is satisfied that the lateness of the application is due to illness or some other reasonable cause;

(b) during which his name is not included in the dental list of an FHSA;

(c) during which he is absent from the United Kingdom;

(d) for which he is entitled to any benefit under a contract of insurance against the risk of the suspension of his registration or of the circumstances which led to it or for which the FHSA is satisfied he could have been so entitled but for his failure to enter into such a contract or to pay any premium due under such a contract;

(e) during which he is serving a term of imprisonment;

(f) during which he is remanded in custody in connection with a criminal offence for which he is (then or later) convicted; or

(g) during which he is in breach of any condition of bail in connection with a criminal offence for which he is (then or later) convicted.

Application for payments

25.—(1) An application for payments shall be made to the FHSA in whose dental list the claimant’s name was included immediately before the suspension date; and where his name was then included in the list of more than one FHSA, the application shall be made to the FHSA by whom the larger or largest amount of remuneration was payable to him in the two years immediately preceding that date.

(2) An application for payments shall—

(a) be made in writing;
(b) be made by the claimant or, where he is incapable of applying, on his behalf; and
(c) contain or be supported by such information as the FHSA may reasonably require for the
purpose of establishing the claimant’s entitlement to payments.

Amount and time of payments

26.—(1) An FHSA to whom an application for payments is made in accordance with
regulation 25 shall, having made such enquiries as it considers relevant, if satisfied that the claimant
is entitled to payments by virtue of regulation 24, determine that he shall, in respect of any period
for which he is so entitled, receive payments which, subject to paragraphs (2) to (6), shall be of the
following amounts—

(a) where his registration is suspended by a direction or an order of the Health
Committee—
   (i) £2,984 per month for each of the first six months for which payments are made to
   him, whether in respect of that or a previous period of such suspension and whether
   or not those six months form a continuous period, and
   (ii) £1,492 per month thereafter;
(b) where his registration is suspended by an interim suspension order—
   (i) where the period of interim suspension ends with an order for erasure or immediate
   suspension, £1,492 per month, and
   (ii) in any other case, £2,984 per month.

(2) Where in the period of two years immediately preceding the suspension date the total amount
of a claimant’s gross fees received for the provision of general dental services was less than £142,242,
the amount of payments made to him shall (subject to any further reduction under paragraph (3))
be the same proportion of the amount otherwise payable in accordance with paragraph (1) as that
total amount of fees is of £142,242.

(3) Where a claimant’s name was included in the dental list of an FHSA for a period of less
than two years immediately preceding the suspension date the amount of payments made to him
shall be the same proportion of the amount otherwise payable in accordance with paragraph (1) or
paragraph (2) as the number of complete months in that lesser period is of 24.

(4) Where a claimant’s registration has been suspended by an interim suspension order or by
a direction or an order of the Health Committee within a period of two years after the expiry of a
previous period of any such suspension, the references in paragraphs (2) and (3) to the suspension
date shall be taken as references to the suspension date as respects that previous period.

(5) Where the FHSA has to make a determination as to payments at a time when it does not
know whether or not the period of a person’s interim suspension will end with an order for erasure
or immediate suspension, or whether or not he will be convicted of a criminal offence, it shall make
that determination as though his period of interim suspension did so end or he was convicted of
the offence; but it shall review that determination and determine that a claimant is entitled to an
appropriate payment of any arrears if subsequently that period does not so end or he is not convicted
of the offence.

(6) Where the FHSA determines that a claimant is entitled to a payment, it shall inform the Board
of the amount of that payment and authorise the Board to make the payment to the claimant.

(7) The Board shall make to the claimant any payments authorised by the FHSA.

(8) Payments under paragraph (7) shall be made monthly in arrears, and an appropriate proportion
of the amount for a full month shall be paid where the claimant is entitled to a payment for part
only of a month.
Changes of circumstances

27.—(1) A claimant shall notify the FHSA in writing immediately of any changes in his circumstances which he might reasonably be expected to know might affect his entitlement to, or the amount of, any payment made or to be made to him, and in particular of any erasure, immediate suspension, or termination of suspension, of his registration.

(2) Where the FHSA considers, whether or not following a notification under paragraph (1), that there has been a change of circumstances affecting a claimant’s payments it shall determine the adjustment as respects those payments which is appropriate to take account of that change and notify the Board accordingly.

Overpayments

28. Where the Board considers that a payment has been made to a person owing to an error or in circumstances where it was not due it shall, except to the extent that the Secretary of State on the Board’s application directs otherwise, draw the overpayment to the attention of that person and—

(a) where he admits the overpayment; or

(b) where he does not admit the overpayment but, the matter having been referred under regulation 7 of the National Health Service (Service Committees and Tribunal) Regulations 1992(23) for investigation, the FHSA, or the Secretary of State on appeal, decides that there has been an overpayment,

the overpayment shall be recoverable either by deduction from that person’s remuneration or payments or in some other manner.

PART VI

PRIOR APPROVAL (PATTERNS OF TREATMENT) AND SURVEYS

Prior approval — patterns of treatment

29.—(1) Where it appears to the Board that a dentist’s pattern of treatment in respect of all or any particular description of treatment, provided as part of general dental services in the locality of any FHSA, differs so substantially from the local or national pattern of treatment of other dentists as to warrant, in the opinion of the Board, further investigation, the Board may write to the dentist—

(a) giving details of his pattern of treatment in respect of all or any particular description of treatment and stating the extent to which it differs from the local or national pattern of treatment of other dentists;

(b) inviting him to submit to the Board in writing the reasons why his pattern of treatment differs to the extent identified by the Board under sub-paragraph (a) of this paragraph, from that local or national pattern; and

(c) giving notice to him that if—

(i) he fails to reply within 28 days; or

(ii) his reply discloses no reasonable grounds, in the opinion of the Board, for his pattern of treatment to differ, to the extent identified by the Board under sub-paragraph (a) of this paragraph, from that local or national pattern of treatment,

the Board may give a direction as mentioned in paragraph (2).

(2) Where the Board fails—
(a) to reply within 28 days; or
(b) to disclose the reasonable grounds as mentioned in paragraph (1)(c)(ii),

the Board may direct the dentist that he may not, for a period of not less than 3 months nor more than 9 months specified in the direction, carry out treatment, or a description of treatment specified in the direction, without first obtaining approval of an estimate from the Board, but nothing in any such direction shall prevent the dentist, without such approval, from giving treatment following trauma or in an emergency, any private treatment or, in the course of any single consultation, treatment of a patient consisting of one examination and the taking of no more than two small radiographs, each of a size not exceeding 16 square centimetres.

(3) Where the Board gives a direction under paragraph (2), the direction shall inform the dentist of his right of appeal under regulation 19 of the National Health Service (Service Committees and Tribunal) Regulations 1992(24) and shall have no effect until the expiry of the period allowed by that regulation for the bringing of an appeal and, if such an appeal is brought, until the determination of the appeal.

(4) The Board shall not give a direction to a dentist under paragraph (2) in consequence of having written to him under paragraph (1) more than 12 months previously.

(5) Where the Board gives a direction to a dentist under paragraph (2), the Board shall not give a further direction under that paragraph in relation to that dentist in respect of any treatment specified in the earlier direction for a period of 9 months beginning with the expiry of the period specified in the earlier direction or, where the dentist appeals that earlier direction and the appeal is allowed, the date on which the appeal is allowed.

(6) Paragraphs (1) and (2) shall not apply to any treatment for which a dentist is remunerated in accordance with Section X (treatment under capitation) of Determination I of the Statement of Dental Remuneration dated 1st June 1991 and amended on 9th January 1992 and for which he receives no remuneration other than a capitation payment.

(7) Where, on the date on which the Board gives a direction under paragraph (2), the name of the dentist in respect of whom the direction is given is not included in any dental list the period specified in the direction shall not begin until the next day on which his name is again included in a dental list.

(8) For the purpose of computing the date on which the period specified in any direction given under paragraph (2) comes to an end, no account shall be taken of any day on which the dentist’s name is not included in any dental list.

(9) In this regulation—
(a) “pattern of treatment” means—
   (i) the number of instances in which an item or items of treatment are provided by or on behalf of a dentist, or
   (ii) the ratio which the number of instances relating to one such item bears to the number of instances relating to another such item;
(b) “local”, in relation to pattern of treatment, means throughout the locality of an FHSA; and
(c) “national”, in relation to a pattern of treatment, means throughout England and Wales.

Surveys

30. The Board may conduct or commission surveys or other research relating to the provision of general dental services.

PART VII
MISCELLANEOUS

Publication of documents

31.—(1) An FHSA shall make available for inspection at its offices copies of:—
   (a) the dental list;
   (b) the local directory of dentists;
   (c) these Regulations including the terms of service;
   (d) the Statement of Dental Remuneration; and
   (e) the list of listed drugs,
and keep them up-to-date.

(2) An FHSA shall make the documents referred to in paragraph (1) available for inspection at
such other places in its locality as appear to the FHSA to be convenient for informing all persons
interested.

Service of documents

32. Any notice or other document which an FHSA is required or authorised by these Regulations
(including the terms of service) to give or send to a dentist may be given or sent by delivering it to
the dentist or by sending it by post to the dentist at his usual or last-known address.

Signatures

33. Any signature by a dentist required by these Regulations (including the terms of service)
shall be handwritten in ink with his initials, or forenames, and surname in his own handwriting, and
not by means of a stamp.

Revocations

34. The Regulations specified in column (1) of Schedule 7 are hereby revoked to the extent
specified in column (3) of that Schedule.

Transitional provisions

35. Until 1st July 1992 paragraph 17 of Schedule 1 shall have effect as if in sub-paragraph (2)
of that paragraph—
   (a) head (a) were omitted;
   (b) in head (k) the words “or the removal of the fractured portion of a natural crown, where its
dissection from supporting soft tissues is necessary prior to the provision of a permanent
restoration” were omitted; and
   (c) in head (s) for “(a)” there were substituted “(b)”.

10th March 1992

William Waldegrave
Secretary of State for Health
SCHEDULE 1

TERMS OF SERVICE FOR DENTISTS ARRANGEMENT OF PARAGRAPHS

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PART I
GENERAL

Interpretation

1. In these terms of service, unless the context otherwise requires—
   (a) “the Regulations” means the National Health Service (General Dental Services) Regulations 1992;
   (b) any reference to a numbered regulation is a reference to the regulation bearing that number in the Regulations;
   (c) any reference to a numbered paragraph is a reference to the paragraph bearing that number in these terms of service, and any reference in a paragraph to a numbered sub-paragraph is a reference to the sub-paragraph bearing that number in that paragraph; and
   (d) any reference to a numbered Schedule is a reference to the Schedule to the Regulations bearing that number.

Incorporation of provisions of Regulations

2. Any provisions of the following affecting the rights and obligations of dentists shall be deemed to form part of the terms of service—
   (a) the Regulations;
   (b) so much of Part II of the National Health Service (Service Committees and Tribunal) Regulations 1992(25) as relates to—
      (i) the investigation of questions arising between dentists and their patients, and other investigations to be made by the dental service committee, the joint services committee and the denture conciliation committee, and the action which may be taken by the FHSA as a result of any such investigation;
      (ii) any decision of the Secretary of State (whether on appeal or otherwise) in connection with any investigation referred to in head (i) of this sub-paragraph or with any decision of the Board; and
      (iii) the investigation of record keeping;
   (c) regulations 4(4) and 6(2) of the National Health Service (Dental Charges) Regulations 1989(26).

General dental services

3.—(1) In providing general dental services for any person under the Regulations, a dentist shall provide—
   (a) for a person aged 18 or over with whom he has entered into a continuing care arrangement, care and treatment under that arrangement; or
   (b) for a person under the age of 18 with whom he has entered into a capitation arrangement, care and treatment under that arrangement.

   (2) A dentist may provide general dental services under the Regulations by way of—
   (a) treatment on referral for a person who is receiving dental services from another dentist (whether or not pursuant to the Act); or

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(b) occasional treatment for any person—
   (i) who is receiving care and treatment with another dentist under an arrangement
       mentioned in sub-paragraph (1)(a) or (b); or
   (ii) who does not wish to enter into an arrangement mentioned in sub-paragraph (1)(a)
       or (b); or
   (iii) with whom he is not prepared to enter into an arrangement mentioned in sub-
       paragraph (1)(a) or (b); or
   (iv) who is referred to him under paragraph 18(1).

PART II
CONTINUING CARE ARRANGEMENT, CAPITATION
ARRANGEMENT AND TREATMENT ON REFERRAL

A continuing care arrangement

4.—(1) A dentist who accepts a person for care and treatment under a continuing care
   arrangement shall—
   (a) at the time at which he accepts the patient, provide him with the information about care
       and treatment under general dental services which is set out in Schedule 3 and with a form
       of acceptance supplied for that purpose by the FHSA which shall specify—
       (i) the name of the patient;
       (ii) the name of the dentist;
       (iii) particulars of the places where the patient will receive care and treatment; and
       (iv) the telephone number at which the dentist or a deputy may be contacted during
           normal surgery hours, or at other times in an emergency if different;
   (b) at the time of his first examination of the patient, provide the patient with a plan for
       treatment on a form supplied for that purpose by the FHSA which shall specify—
       (i) details of the care and treatment (if any) which in the opinion of the dentist, at the
           date of that examination, is necessary to secure and maintain the oral health of the
           patient;
       (ii) the approximate period following which a further examination is recommended by
           the dentist;
       (iii) his estimate of the NHS charge, if any, in respect of that care and treatment; and
       (iv) any proposals he may have for private care and treatment as an alternative to the
           care and treatment proposed under general dental services, including particulars of
           the cost to the patient;
   (c) where at any time during the currency of a continuing care arrangement—
       (i) the circumstances specified in sub-paragraph (2) apply; or
       (ii) in the opinion of the dentist, the care and treatment included in a plan for treatment
           provided under head (b) or this head of this sub-paragraph needs to be varied,
           provide the patient with a new plan for treatment or, as the case may be, a revised plan
           for treatment in accordance (except as to the time of its provision) with head (b) of this
           sub-paragraph;
   (d) complete the care and treatment (if any)—
(i) which is referred to in head (b)(i) of this sub-paragraph; and
(ii) where sub-paragraph (2)(a) to (c) do not apply, any care and treatment which is, in the opinion of the dentist at the date of any examination of the patient, necessary to secure and maintain his oral health;
(e) provide the patient with emergency cover in accordance with paragraph 6; and
(f) repair or replace, in accordance with paragraph 7, any restoration which requires repair or replacement.

(2) The circumstances referred to in sub-paragraph (1)(c)(i) are that—
(a) the patient requests a new plan for treatment; or
(b) the patient and the dentist have agreed that all or part of the treatment which is necessary to secure and maintain oral health is to be provided privately; or
(c) the care and treatment which is to be provided includes any of the items of treatment mentioned in sub-paragraph (3).

(3) The items of treatment referred to in sub-paragraph (2)(c) are—
(a) non-surgical treatment of chronic periodontal diseases which is likely to involve three or more visits;
(b) provision of three or more permanent fillings;
(c) endodontic treatment;
(d) provision of a veneer, inlay, pinlay, crown or bridge;
(e) any surgical treatment, other than the extraction of teeth;
(f) the extraction of—
   (i) more than two teeth, or
   (ii) any tooth which, in the opinion of the dentist, is likely to present special difficulty;
(g) provision of general anaesthesia or sedation in connection with any item of treatment;
(h) provision of a prosthetic appliance;
(i) orthodontic care and treatment.

(4) Where a dentist accepts the transfer of a continuing care arrangement, he shall provide the patient with the information specified in sub-paragraph (1)(a)(ii) to (iv) and assume the obligations set out in sub-paragraph (1)(c) to (f).

(5) Where a dentist is informed that the dentist to whom a patient has been referred under paragraph 12 has died and is aware that the particular care and treatment for which the patient was referred has not been completed, he shall inform the patient and refer him to another dentist in accordance with paragraph 12 for the completion of that care and treatment.

(6) Where a dentist accepts a person, who is detained in a prison or a young offender institution, for care and treatment under a continuing care arrangement, he shall at the time at which he accepts the patient examine him.

A capitation arrangement

5.—(1) A dentist who accepts a person for care and treatment under a capitation arrangement shall—

(a) at the time at which he accepts the patient, examine him and chart the patient’s decayed, missing or filled teeth on the form supplied for that purpose by the FHSA;
(b) at the time of his first examination of the patient, provide the patient with the information about care and treatment under general dental services which is set out in Schedule 3 and with a form of acceptance supplied for that purpose by the FHSA which shall specify—
   (i) the name of the patient;
   (ii) the name of the dentist;
   (iii) particulars of the places where the patient will receive care and treatment; and
   (iv) the telephone number at which the dentist or deputy may be contacted during normal surgery hours, or at other times in an emergency if different;

(c) at the time of his first examination of the patient, provide the patient with a plan for treatment on a form supplied for that purpose by the FHSA which shall specify—
   (i) details of the care and treatment (if any) which in the opinion of the dentist, at the date of that examination, is necessary to secure and maintain the oral health of the patient;
   (ii) the approximate period following which a further examination is recommended by the dentist; and
   (iii) any proposals he may have for private care and treatment as an alternative to the care and treatment proposed under general dental services, including particulars of the cost to the patient;

(d) where at any time during the currency of a capitation arrangement—
   (i) the circumstances specified in sub-paragraph (2) apply; or
   (ii) in the opinion of the dentist, the care and treatment included in a plan for treatment provided under head (c) or this head of this sub-paragraph needs to be varied, provide the patient with a new plan for treatment, or as the case may be, a revised plan for treatment in accordance (except as to the time of its provision) with head (c) of this sub-paragraph;

(e) complete the care and treatment (if any)—
   (i) which is referred to in head (c)(i) of this sub-paragraph; and
   (ii) where sub-paragraph (2)(a) to (c) do not apply, any care and treatment which is, in the opinion of the dentist at the date of any examination of the patient, necessary to secure and maintain his oral health; and

(f) provide the patient with emergency cover in accordance with paragraph 6.

(2) The circumstances referred to in sub-paragraph (1)(d)(i) are that—

(a) the patient requests a new plan for treatment; or

(b) the patient and the dentist have agreed that all or part of the treatment which is necessary to secure and maintain oral health is to be provided privately; or

(c) the care and treatment which is to be provided includes any care and treatment for which the dentist is remunerated otherwise than in accordance with Section X (treatment under capitation) of Determination I of the Statement of Dental Remuneration dated 1st June 1991 and amended on 9th January 1992.

(3) Where a dentist accepts the transfer of a capitation arrangement he shall provide the patient with the information specified in sub-paragraph (1)(b)(ii) to (iv) and assume the obligations set out in sub-paragraph (1)(d) to (f).

(4) Where the dentist is informed that the dentist to whom a patient has been referred under paragraph 12 has died and is aware that the particular care and treatment for which the patient was
referred has not been completed, he shall inform the patient and refer him to another dentist in accordance with paragraph 12 for completion of that care and treatment.

**Emergency cover**

6.—(1) Subject to regulation 15, in providing emergency cover under a continuing care arrangement or a capitation arrangement, a dentist shall make reasonable arrangements to secure that a patient requiring prompt care and treatment will receive such care and treatment as soon as appropriate either from himself or from another dentist.

(2) For the purposes of sub-paragraph (1) a patient requires prompt care and treatment where, in the opinion of a dentist—

(a) the patient’s oral health is likely to deteriorate significantly without such care and treatment; or

(b) the patient is in severe pain by reason of his oral condition;

but the provision of emergency cover does not include any obligation to repair or replace dentures.

(3) The obligation to provide emergency cover begins on the date on which the patient and the dentist enter into the continuing care arrangement or the capitation arrangement and ceases when that arrangement lapses or is terminated.

**Repair or replacement of restorations**

7.—(1) Subject to sub-paragraph (3), in repairing or replacing a restoration in the course of a continuing care arrangement, a dentist shall repair or replace at no charge to the patient any restoration specified in sub-paragraph (2) which he or another dentist, acting on his behalf or from whom the continuing care arrangement was transferred, has provided under general dental services—

(a) under that continuing care arrangement; or

(b) under a capitation arrangement with or transferred to the dentist, where on termination of that arrangement the patient has immediately entered into the continuing care arrangement.

(2) The restorations referred to in sub-paragraph (1) are any filling, root filling, inlay, pinlay or crown which, within 12 months of the date on which it was provided, has to be repaired or replaced to secure oral health.

(3) A dentist shall not be under an obligation to repair or replace any restoration under sub-paragraph (1) where—

(a) within 12 months of the date on which the restoration was provided—

(i) a dentist has provided private treatment, or

(ii) another dentist has provided occasional treatment otherwise than of a temporary nature, on the tooth in respect of which the restoration was provided;

(b) the dentist advised the patient at the time of the restoration and indicated on any plan for treatment provided to the patient in accordance with paragraph 4(1)(b) or (c) or 5(1)(c) or (d) and on the patient record—

(i) that the restoration was intended to be temporary in nature; or

(ii) that, in his opinion, a different form of restoration was more appropriate to secure oral health but, notwithstanding that advice, the patient insisted on the restoration which was provided;
(c) in the opinion of the dentist, the condition of the tooth in respect of which the restoration was provided is such that the restoration cannot satisfactorily be repaired or replaced and different treatment is now required; or

(d) the repair or replacement is required as a result of trauma.

(4) The obligation to repair or replace any restoration under sub-paragraph (1) begins on the date on which the patient and the dentist enter into the continuing care arrangement and ceases when that arrangement lapses or is terminated.

**Duration and extension of a continuing care arrangement**

8.—(1) Unless extended under sub-paragraph (3), a continuing care arrangement shall lapse after a period of 2 years beginning on—

(a) the date on which the patient is first accepted by the dentist under the continuing care arrangement, or

(b) where the arrangement is extended in accordance with sub-paragraph (3), the date on which it is so extended, or is last so extended.

(2) A continuing care arrangement—

(a) may be terminated by the dentist or the FHSA in accordance with paragraph 11; or

(b) shall terminate where—

(i) the patient enters into a continuing care arrangement with another dentist; or

(ii) the patient enters into an arrangement with the dentist or another dentist whereby the whole of the care and treatment which might otherwise be provided under the continuing care arrangement is to be provided privately.

(3) A continuing care arrangement may be extended, with the agreement of the patient and the dentist, at any time when the dentist is providing care and treatment during the currency of the continuing care arrangement.

(4) Where a continuing care arrangement is extended, the dentist shall assume the obligations set out in paragraph 4(1)(c) to (f).

**Duration and extension of a capitation arrangement**

9.—(1) Unless extended under sub-paragraph (3), a capitation arrangement shall lapse at the end of 31st December in the year following that in which—

(a) the patient is first accepted by the dentist under the capitation arrangement, or

(b) the arrangement is extended in accordance with sub-paragraph (3), or is last so extended.

(2) A capitation arrangement—

(a) may be terminated by the dentist or the FHSA in accordance with paragraph 11; or

(b) shall terminate where—

(i) the patient enters into a capitation arrangement with another dentist; or

(ii) the patient enters into an arrangement with the dentist or another dentist whereby the whole of the care and treatment which might otherwise be provided under the capitation arrangement is to be provided privately; or

(iii) the patient attains the age of 18.

(3) A capitation arrangement may be extended, with the agreement of the patient and the dentist, at any time during the currency of the capitation arrangement before the patient attains the age of 18, but the arrangement may not be extended more than once in the same calendar year.
(4) Where a capitation arrangement is extended, the dentist—
(a) shall at the time examine the patient and assume the obligations set out in paragraph 5(1) (d) to (f); and
(b) shall—
   (i) provide details of the care and treatment provided to the patient under the capitation arrangement, and
   (ii) chart the patient’s decayed, missing or filled teeth,
on a form supplied for that purpose by the FHSA, and send it to the Board.

Lapse of continuing care or capitation arrangement

10. Where a dentist does not agree to the extension of a continuing care arrangement or a capitation arrangement (under paragraph 8 or 9), he shall—
(a) give notice in writing to the patient not later than 3 months, or such shorter period as may be reasonable in the circumstances, before the date on which the arrangement is due to lapse; and
(b) use his best endeavours to complete satisfactorily before that date any care and treatment which he has agreed to provide for the patient and which is outstanding and any further treatment that may be necessary to secure and maintain his oral health.

Termination of a continuing care arrangement or a capitation arrangement

11.—(1) Subject to sub-paragraph (4), a dentist who wishes to terminate a continuing care arrangement or a capitation arrangement shall give to the patient 3 months' notice in writing of the termination of the arrangement.
(2) Where a dentist gives notice under sub-paragraph (1), he shall use his best endeavours to complete satisfactorily before the termination of the arrangement any care and treatment which he has agreed to provide for the patient and which is outstanding and any further treatment that may be necessary to secure and maintain his oral health.
(3) Where a dentist gives notice under sub-paragraph (1), he shall notify the FHSA accordingly and give details to the FHSA of any care and treatment which he has agreed to provide to the patient and which is outstanding including any arrangements made for completion of that care and treatment.
(4) Where a dentist wishes a continuing care arrangement or a capitation arrangement to be terminated on less than 3 months' notice, he shall apply in writing to the FHSA—
(a) asking that it terminate the arrangement;
(b) setting out the reasons why he wishes the arrangement to be terminated; and
(c) giving details of any care and treatment which he has agreed to provide for the patient and which is outstanding including any arrangements made for completion of that care and treatment.
(5) Where a dentist applies to the FHSA under sub-paragraph (4), the FHSA may, after considering any representations made by the patient, terminate the arrangement on such date and on such terms as to completion of any outstanding care and treatment mentioned in sub-paragraph (4) (c) as it thinks fit, save that, where an arrangement is terminated because the patient has refused to pay the NHS charge, the dentist shall not be obliged to complete that care and treatment.
(6) An FHSA which terminates an arrangement under sub-paragraph (5) shall so inform the patient, the dentist and the Board in writing.
Referral to another dentist or to a hospital or other service

12.—(1) Where a patient requires particular care and treatment under a continuing care arrangement or a capitation arrangement and the dentist with whom the patient has made the arrangement does not have the necessary facilities, experience or expertise to provide that care and treatment, he shall, if the patient agrees, refer him in accordance with sub-paragraph (2) for the provision of that care and treatment by another dentist under general dental services or by a hospital or other service provided under Part I of the Act.

(2) In referring a patient under sub-paragraph (1) to another dentist or to a hospital or other service for that care and treatment, the dentist shall—

(a) give details of—

(i) the oral condition of the patient and the reason for the referral; and

(ii) if relevant to the referral, details of the care and treatment he has provided or intends to provide in order to secure and maintain the patient’s oral health, to that other dentist or, as the case may be, that hospital or other service, either at the time of referral or as soon as practicable afterwards;

(b) include with those details a statement of the amount paid to him by the patient under the National Health Service (Dental Charges) Regulations 1989(27) in respect of any care and treatment already provided in the course of the care and treatment during which the referral is made; and

(c) indicate in his claim for remuneration in respect of that course of care and treatment that the patient has been referred for the required care and treatment.

Treatment on referral

13.—(1) Subject to sub-paragraph (5), a dentist who accepts a patient referred to him by another dentist who is providing dental services to that patient (whether or not pursuant to the Act) otherwise than under Part III of this Schedule for particular care and treatment shall—

(a) at the time at which he accepts the patient, provide him with a form of acceptance supplied for that purpose by the FHSA which shall specify—

(i) the name of the patient;

(ii) the name of the dentist;

(iii) particulars of the places where the patient will receive care and treatment; and

(iv) the telephone number at which the dentist or a deputy may be contacted during normal surgery hours, or at other times in an emergency if different;

(b) at the time of his first examination of the patient, provide the patient with a plan for treatment on a form supplied for that purpose by the FHSA which shall specify—

(i) details of the care and treatment which, in the opinion of the dentist, at the date of that examination, is necessary for him to provide having regard to the reason for the referral;

(ii) his estimate of the NHS charge, if any, in respect of that care and treatment;

(iii) any proposals he may have for private care and treatment as an alternative to the care and treatment proposed under general dental services, including particulars of the cost to the patient;

(c) where, in the opinion of the dentist, the care and treatment included in the plan for treatment under head (b) of this sub-paragraph needs to be varied, provide the patient with

(d) complete the care and treatment, which is referred to in head (b)(i) of this sub-paragraph;
(e) until such time as the treatment on referral has been completed, provide the patient with emergency cover in accordance with paragraph 6(1) and (2), but only to the extent that the patient requires prompt care and treatment in relation to the particular care and treatment for which he has been referred; and
(f) repair or replace, in accordance with sub-paragraph (2), any restoration which requires repair or replacement.

(2) Subject to sub-paragraphs (3) and (4), in repairing or replacing a restoration in the course of treatment on referral, a dentist shall repair or replace at no charge to the patient any of the following restorations, namely, a filling, root filling, inlay, pinlay or crown which has to be repaired or replaced and which was provided by him in the course of the treatment on referral.

(3) A dentist shall not be under an obligation to repair or replace any restoration under sub-paragraph (2) where—
(a) within 12 months of the date on which the restoration was provided—
   (i) a dentist has provided private treatment, or
   (ii) another dentist has provided occasional treatment otherwise than of a temporary nature,
on the tooth in respect of which the restoration was provided;
(b) the dentist advised the patient at the time of the restoration and indicated on any plan for treatment provided to the patient in accordance with sub-paragraph (1)(b) or (c) and on the patient record—
   (i) that the restoration was intended to be temporary in nature; or
   (ii) that, in his opinion, a different form of restoration was more appropriate but, notwithstanding that advice, the patient insisted on the restoration which was provided;
(c) in the opinion of the dentist, the condition of the tooth in respect of which the restoration was provided is such that the restoration cannot satisfactorily be repaired or replaced and different treatment is now required; or
(d) the repair or replacement is required as a result of trauma.

(4) The obligation to repair or replace any restoration under sub-paragraph (2) shall cease 12 months after the date on which the restoration was provided or when the treatment on referral has been completed, whichever is the sooner.

(5) Sub-paragraph (1) shall not apply where the dentist refers a patient for examination and advice only.

**Inability of dentist to complete care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral**

14. If, owing to any cause beyond his control, the dentist is unable to complete any care and treatment which has been commenced under a continuing care arrangement or a capitation arrangement or treatment on referral, he shall forthwith notify the Board in writing of the extent of the care and treatment or treatment on referral provided and of the reason for his inability to complete the remainder.
Care and treatment summaries

15. Where a patient who has been receiving care and treatment under a continuing care arrangement or a capitation arrangement requests the dentist to provide him with a summary of the care and treatment he has received from the dentist under that arrangement because he intends to enter into such an arrangement with another dentist, the dentist shall provide such a summary as he considers appropriate (including details of any care and treatment which could not be easily observed on a visual examination) to the patient on a form supplied for that purpose by the FHSA, within 28 days of the request.

Mixing of general dental services and private care and treatment

16.—(1) Subject to sub-paragraph (3), a dentist may, with the consent of the patient, provide privately any part of the care and treatment—
   (a) necessary under a continuing care arrangement or a capitation arrangement to secure and maintain the oral health of a patient; or
   (b) to be provided as part of treatment on referral.

(2) A dentist shall not, with a view to obtaining the agreement of a patient to undergo care and treatment privately—
   (a) advise a patient that the care and treatment which is necessary in his case—
      (i) under the continuing care agreement or the capitation arrangement to secure and maintain oral health, or
      (ii) having regard to the reason given for referral, is not available from that dentist under general dental services; or
   (b) seek to mislead the patient about the quality of care and treatment available under general dental services.

(3) Sub-paragraph (1) shall not apply—
   (a) where the treatment necessary to secure oral health relates to a single tooth, in which case the treatment shall be provided wholly under general dental services or wholly privately; and
   (b) in respect of orthodontic care and treatment in which case:—
      (i) the assessment, diagnosis and planning of treatment in connection with the orthodontic care and treatment shall be provided wholly under general dental services or wholly privately; and
      (ii) the orthodontic treatment shall be provided wholly under general dental services or wholly privately.

PART III

OCCASIONAL TREATMENT

17.—(1) A dentist may provide as occasional treatment any of the items of treatment mentioned in sub-paragraph (2).

(2) The items of treatment referred to in sub-paragraph (1) are—
   (a) examination (including advice);
   (b) extractions of not more than 2 permanent teeth;
(c) extractions of not more than 4 deciduous teeth, except that, where a general anaesthetic is used, there shall be no limit as to the number of deciduous teeth that may be extracted;

(d) dressing of deciduous or permanent teeth including any preparatory treatment;

(e) incising an abscess;

(f) opening one or more root canals for drainage;

(g) pulp extirpation and dressing to seal the cavity;

(h) arrest of haemorrhage;

(i) treatment of infected sockets;

(j) removal of plugs or sutures;

(k) palliative treatment that is immediately necessary (including the treatment of sensitive cementum or dentine, the stoning and smoothing of the surface of a tooth, the provision of a temporary crown or the removal of the fractured portion of a natural crown, where its dissection from supporting soft tissues is necessary prior to the provision of a permanent restoration);

(l) refixing or recementing a crown, inlay or bridge;

(m) repair of, or alterations to, dentures or other appliances not requiring the prior approval of the Board;

(n) treatment for acute conditions of the gingivae or oral mucosa (including treatment for pericoronitis or for ulcers and herpetic lesions) and any necessary oral hygiene instruction in connection with such treatment;

(o) any treatment immediately necessary as a result of trauma;

(p) provision of general anaesthesia in connection with the items of treatment specified in heads (b) to (g) and (o);

(q) provision of sedation in connection with the items of treatment specified in heads (b) to (g), (k), (l) and (o);

(r) taking of radiographs in connection with the items of treatment specified in heads (b) to (l) and (o);

(s) issuing a prescription in connection with the items of treatment specified in heads (a) to (o).

(3) Where a patient has entered into a continuing care arrangement or a capitation arrangement with a dentist, another dentist who is not acting on behalf of that dentist may provide (in addition to the items of treatment specified in sub-paragraph (2)) as occasional treatment to that patient the following items of treatment—

(a) permanent fillings to not more than 2 retained deciduous teeth or permanent teeth;

(b) root fillings to not more than 2 permanent teeth;

(c) replacement of a denture or temporary bridge where the original is lost or damaged beyond repair, or provision of a new denture where it is needed because of trauma or extraction;

(d) where the patient is under the age of 18, conservation of not more than 2 deciduous teeth; and

(e) provision of sedation and taking of radiographs in connection with the items of treatment specified in heads (a), (b) and (d).

(4) If, owing to any cause beyond his control, the dentist is unable to complete any occasional treatment which has been commenced, he shall forthwith notify the Board in writing of the extent of the occasional treatment provided and of the reason for his inability to complete the remainder.
Referral for occasional treatment

18.—(1) Where a patient requires any occasional treatment and the dentist does not have the necessary facilities, experience or expertise to provide that occasional treatment, he shall, if the patient agrees, refer him in accordance with sub-paragraph (2) for the provision of that occasional treatment by another dentist under general dental services or by a hospital or other service provided under Part I of the Act.

(2) In referring a patient under sub-paragraph (1) to another dentist or to a hospital or other service for that occasional treatment, the dentist shall—

(a) give details of the oral condition of the patient and the reason for the referral to that other dentist or, as the case may be, that hospital or other service, either at the time of referral or as soon as practicable afterwards;

(b) include with those details a statement of the amount paid to him by the patient under the National Health Service (Dental Charges) Regulations 1989(28) in respect of any occasional treatment already provided in the course of the occasional treatment during which the referral is made; and

(c) indicate in his claim for remuneration in respect of that course of occasional treatment that the patient has been referred for the required occasional treatment.

(3) A dentist who accepts a patient referred to him under sub-paragraph (1) shall provide only the occasional treatment which, in the opinion of the dentist, it is necessary for him to provide having regard to the reason for referral.

PART IV

ADDITIONAL TERMS OF SERVICE FOR ALL DENTISTS

Remuneration

19.—(1) Except as otherwise provided in the Regulations (including the terms of service) or the National Health Service (Dental Charges) Regulations 1989(29), a dentist shall not claim or accept the payment of any fee or other remuneration in respect of any treatment—

(a) which he has provided under general dental services; or

(b) which has not been provided or for which another claim has already been submitted to the Board.

Standards of care

20.—(1) In providing general dental services, a dentist shall—

(a) employ a proper degree of skill and attention;

(b) save as is provided in paragraphs 12, 18, 21, 29, 35 and 38, give all treatment personally;

(c) use only materials which are suitable for the purpose for which they are used;

(d) except in the case of occasional treatment and treatment on referral, provide, subject to sub-paragraph (2), care and treatment, to such extent, and at such intervals, as may be necessary to secure and maintain the oral health of the patient.

(2) When providing general dental services a dentist shall not provide care and treatment in excess of that which is necessary to secure and maintain oral health.

General anaesthesia and sedation

21.—(1) Where a dentist undertakes, in the course of providing general dental services, any procedure for which general anaesthesia of the patient is necessary, he shall arrange—

(a) for a doctor or another dentist experienced in the administration of general anaesthesia to administer the general anaesthetic and to remain with the patient throughout the procedure and until the return of the patient’s protective reflexes; and

(b) for another person with suitable training and experience to remain with the patient until the recovery phase is complete.

(2) Where a dentist undertakes, in the course of providing general dental services, any procedure for which sedation of the patient is necessary he shall remain with the patient, and arrange for another person with suitable training and experience to remain with the patient, throughout the procedure.

(3) In this paragraph “a person with suitable training and experience” means a person who has received such training and experience as to be capable of assisting the dentist in monitoring the clinical condition of the patient and in the event of an emergency.

Supply of drugs

22.—(1) A dentist may supply to a patient such listed drugs as are required for immediate use before a supply can otherwise be obtained under paragraph 23.

(2) A dentist may personally administer to a patient any drug required for the treatment of that patient.

Issue of prescription forms

23.—(1) A dentist shall order such listed drugs (other than those supplied under paragraph 22) as are needed for the treatment of any patient for whom he is providing general dental services by issuing to the patient a prescription form.

(2) The prescription form—

(a) shall be signed by the dentist;

(b) shall not refer to any previous prescription; and

(c) shall not be issued to persons other than patients;

and a separate prescription form shall be issued for each patient.

Domiciliary visits

24. A dentist shall visit and treat a patient whose condition so requires at the place at which the patient normally resides or is temporarily resident provided that such place is not more than five miles from his practice premises, or in the case of a dentist who provides general dental services at a mobile surgery only, from any of the places regularly visited by him.

Records

25.—(1) A dentist shall keep a record in respect of—

(a) the care and treatment given to each patient under a continuing care arrangement or a capitation arrangement and the fact of referral under such an arrangement under paragraph 12;

(b) treatment on referral; or

(c) occasional treatment,
in the patient record and shall include with that record details of any private care and treatment (to the extent that it is provided with care and treatment under general dental services for the purpose of securing and maintaining oral health), any practice record form and all radiographs, photographs and study models (being models in respect of orthodontic treatment) taken or obtained by him as part of the care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral or occasional treatment.

(2) The records, radiographs, photographs and study models referred to in sub-paragraph (1) shall be retained for a period of 2 years after completion of any course of care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral or occasional treatment to which they relate.

(3) The dentist shall, during the period in which he holds any records, radiographs, photographs and study models referred to in sub-paragraph (1), produce them to a dental officer or send them to the Board or the FHSA within 14 days of being required to do so by a dental officer, the Board or the FHSA.

(4) A dentist may keep the records (other than the practice record form) referred to in sub-paragraph (1) in computerised form.

(5) Nothing in sub-paragraph (1) shall be taken as removing any rights of property which the dentist may have in relation to the records, radiographs, photographs and study models referred to in that sub-paragraph.

Prior approval of treatment

26.—(1) Subject to sub-paragraphs (6), (7) and (10), where care and treatment is or includes prior approval treatment, the dentist—

(a) shall submit, without unreasonable delay, to the Board for approval an estimate of the whole of the care and treatment, including details of any part of that care and treatment to be provided privately; and

(b) otherwise than in an emergency, shall not, until he receives approval from the Board, proceed—

(i) where prior approval is required by virtue of Part I of Schedule 4, with any item of treatment referred to in that Part; or

(ii) where prior approval is required by virtue of Part II of Schedule 4, with any care and treatment mentioned in the estimate.

(2) Subject to sub-paragraphs (6), (7) and (10), where in the course of providing any care and treatment to which, at its outset, sub-paragraph (1) does not apply, a dentist is of the opinion that a variation of or addition to such care and treatment is necessary, and by reason of the variation or addition the care and treatment includes or becomes prior approval treatment, the dentist—

(a) shall submit, without unreasonable delay, to the Board for approval an estimate of the whole of the care and treatment (including that which the dentist has commenced) together with details of any part of that care and treatment provided or to be provided privately; and

(b) otherwise than in an emergency, shall not, until he receives approval from the Board, proceed—

(i) where prior approval is required by virtue of Part I of Schedule 4, with any item of treatment referred to in that Part; or

(ii) where prior approval is required by virtue of Part II of Schedule 4, with any care and treatment mentioned in the estimate.

(3) Subject to sub-paragraphs (6), (7) and (10), where a dentist has obtained the approval from the Board required by sub-paragraph (1) because the care and treatment is or includes an item of
treatment referred to in Part I of Schedule 4, and in the opinion of the dentist a variation of or addition to such care and treatment is necessary, which variation or addition—

(a) is or includes an item of treatment referred to in Part I of Schedule 4; or

(b) has the effect that the care and treatment then falls within Part II of Schedule 4,

the dentist shall re-submit, without unreasonable delay, the estimate to the Board for approval, including details of any part of that care and treatment provided or to be provided privately.

(4) Subject to sub-paragraphs (6), (7) and (10), where a dentist has obtained approval from the Board in accordance with sub-paragraph (1) because prior approval is required by virtue of Part II of Schedule 4 and in the opinion of the dentist a variation of or addition to such care and treatment is necessary, the dentist shall re-submit, without unreasonable delay, the estimate to the Board for approval together with details of any part of that care and treatment provided or to be provided privately.

(5) Where the Board receives an estimate under sub-paragraphs (3) or (4) it may withdraw or vary its original approval in so far as the care and treatment has not yet been carried out in accordance with such approval, or add to its original approval, and, otherwise than in an emergency, the dentist shall not, until he receives approval from the Board, proceed—

(a) in any case falling within sub-paragraph (3)(a), with any item of treatment referred to in Part I of Schedule 4; or

(b) in any other case, with any of the care and treatment mentioned in the estimate.

(6) Sub-paragraphs (1), (2), (3) and (4) shall not apply where the care and treatment to be provided under a capitation arrangement is care and treatment for which the dentist is remunerated in accordance with Section X (treatment under capitation) of Determination I of the Statement of Dental Remuneration dated 1st June 1991 and amended on 9th January 1992 and for which he receives no remuneration other than a capitation payment.

(7) The dentist may proceed immediately with the care and treatment of merchant seamen, deep sea fishermen, or oil rig workers, about to go to sea for a period in excess of four weeks, or persons about to go abroad for a period in excess of four weeks, and in such event shall send an estimate to the Board for approval within 7 days of the commencement of the care and treatment.

(8) Where, in consequence of any proceedings under the National Health Service (Service Committees and Tribunal) Regulations 1992(30) in respect of general dental services provided in the locality of any FHSA, a dentist is required for any period to submit all estimates to the Board for approval, in respect of all treatment or any specified description of treatment, the dentist—

(a) shall submit, without unreasonable delay, all such estimates (whether relating to treatment to be provided in that or any other locality) to the Board for approval; and

(b) shall not proceed with such treatment until he receives approval from the Board, except that he may in the course of any single consultation, proceed with treatment consisting of one examination and the taking of no more than two small radiographs, each of a size not exceeding 16 square centimetres, or treatment in an emergency.

(9) Where in consequence of a direction given by the Board under regulation 29 a dentist is directed, for any period, to submit all estimates to the Board for approval in respect of treatment or a description of treatment specified in the direction the dentist—

(a) shall submit, without unreasonable delay, all such estimates (relating to treatment in the locality of any FHSA) to the Board for approval; and

(b) shall not proceed with such treatment until he receives approval from the Board, except that he may in the course of any single consultation, proceed with treatment consisting of

one examination and the taking of no more than two small radiographs, each of a size not exceeding 16 square centimetres, or treatment following trauma or in an emergency.

(10) Nothing in this paragraph shall prevent a dentist carrying out any care and treatment privately.

Completion of an estimate

27.—(1) Subject to sub-paragraphs (2), (3) and (4), when submitting an estimate to the Board for approval in accordance with paragraph 26(1), (2), (3), (4), (8) or (9), a dentist shall in all cases, in addition to the information specified in those paragraphs, provide to the Board the following information—

(a) his name and address and the number by which his arrangement with the FHSA is identified;
(b) the patient’s name and address, sex and date of birth; and
(c) details of the care and treatment proposed and the reasons why the dentist considers such care and treatment is necessary.

(2) Subject to sub-paragraph (3), a dentist who is required as mentioned in sub-paragraph (1) to send an estimate to the Board may, by arrangement with the Board, use a computer to send that estimate to the Board.

(3) Sub-paragraph (2) shall not apply to any estimate in respect of orthodontic care and treatment.

(4) A dentist who, in accordance with sub-paragraph (2), uses a computer to send an estimate—

(a) shall at the appropriate time secure the completion, so far as applicable, by the patient or by any person acting on behalf of the patient, of the practice record form;
(b) shall use only such a computer program as the Board has approved as suitable for the purpose; and
(c) shall include with that estimate—

(i) all the information specified in sub-paragraph (1)(a), (b) and (c) except his name and address; and
(ii) the personal identification number allocated to him by the Board for that purpose.

Completion of care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral

28.—(1) Subject to sub-paragraphs (2) and (4), the dentist shall complete within a reasonable time any course of care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral.

(2) Where the dentist and the patient agree that the patient requires dentures, or new dentures, in consequence of treatment provided by that dentist involving the extraction of one or more teeth, the dentist shall provide such dentures within 12 months of the date of the relevant extraction or, as the case may be, the later or last such extraction.

(3) In so far as any treatment relates to the provision of dentures, it shall not be regarded as completed unless the dentures have been delivered to, and remain in the possession of, the patient.

(4) A dentist shall not be regarded as having failed to comply with sub-paragraphs (1) and (2) by reason of any delay in completing treatment where the Board is satisfied that the delay is due to the failure of the patient to attend for treatment or that there is some other sufficient reason for the delay.

(5) Where a dentist—
(a) has been notified that a patient has been requested to submit himself for examination by a dental officer; and
(b) has not been notified that the examination has been carried out or cancelled, he shall not, otherwise than in an emergency, provide any care and treatment to that patient and shall take all reasonable steps to facilitate the examination.

(6) Where a dentist—
(a) has been notified that a dental service committee, a joint services committee or a denture conciliation committee will investigate a complaint or reference relating to the provision of general dental services by him to a patient; and
(b) has not been notified—
(i) that the investigation has been completed; or
(ii) that such committee has no objection,
he shall not, otherwise than in an emergency, provide any care and treatment to that patient and shall take all reasonable steps to facilitate the investigation.

(7) Nothing in this paragraph shall prevent a dentist carrying out any care and treatment privately.

Dental auxiliaries

29. A dentist may in the provision of general dental services arrange for care and treatment to be given in accordance with the provisions of regulations having effect under section 45 of the Dentists Act 1984 (31) by a dental auxiliary to whom those regulations apply, and shall ensure that such care and treatment is properly completed.

Postgraduate education

30. A dentist shall in the provision of general dental services take reasonable steps to develop professional knowledge and skills through activities undertaken with a view to maintaining an up-to-date knowledge of dental science and practice.

Notices

31. A dentist shall display in a prominent position at the practice premises a notice, in a form supplied or approved by the FHSA, indicating NHS charges which are payable under general dental services and entitlement to exemption from and remission of NHS charges.

PART V

ADDITIONAL TERMS OF SERVICE FOR DENTISTS OTHER THAN SALARIED DENTISTS

Patient information leaflets

32.—(1) Subject to sub-paragraph (4), a dentist shall compile and make available, to the FHSA (if it requires one) and to any person who may reasonably require one, a document about the provision of general dental services at his practice premises (in this paragraph called a “patient information leaflet”) which shall include the information specified in Schedule 5.

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(2) A dentist shall make any amendments to his patient information leaflet which he considers to be necessary to maintain its accuracy.

(3) A dentist who practises in partnership or under an associateship agreement with other dentists whose names are included in the dental list satisfies the requirements of this paragraph if he makes available a patient information leaflet, compiled and, where appropriate, amended in accordance with sub-paragraphs (1) and (2), which relates to the partnership or associateship as a whole.

(4) The requirements of sub-paragraph (1) shall not apply to any dentist to the extent that he provides general dental services to persons detained in a prison or a young offender institution.

Premises etc

33.—(1) Unless he provides general dental services from a mobile surgery only, a dentist shall provide proper and sufficient dental surgery and waiting-room accommodation for his patients.

(2) A dentist who provides general dental services at a mobile surgery shall provide proper and sufficient mobile surgery and waiting-room accommodation.

(3) A dental surgery and a mobile surgery shall be furnished with suitable equipment and a dentist shall provide treatment with suitable instruments.

(4) A dentist, on receipt of reasonable notice in writing, shall at all reasonable times admit a dental officer or a person authorised by the FHSA for the purpose of inspecting any dental surgery, mobile surgery or waiting-room under the dentist’s control.

Remuneration

34. The provisions of paragraph 19 shall not have effect in relation to any claim made by a dentist in respect of loss of remuneration resulting from the failure of a patient to keep an appointment for general dental services.

Deputies and assistants

35.—(1) Where a dentist is prevented from providing care and treatment by reason of temporary absence through illness or other reasonable cause, such care and treatment may be given by a deputy or assistant.

(2) In the case of two or more dentists practising in partnership or as a principal and assistant, care and treatment may at any time be given by a partner or an assistant of the dentist who is responsible for the patient’s care and treatment, if reasonable steps are taken to secure continuity of care and treatment.

(3) A dentist shall not employ more than two assistants at any one time for the provision of general dental services in a locality without the consent of the FHSA for that locality, or on appeal the Secretary of State.

(4) Before giving any consent under sub-paragraph (3) an FHSA shall consult the Local Dental Committee for its locality, and any consent given under that sub-paragraph shall be reviewed by the FHSA in consultation with the Local Dental Committee at least once a year and may be confirmed or withdrawn by the FHSA.

(5) A dentist shall—

(a) notify the FHSA of the employment of an assistant within 7 days of the first day of such employment;

(b) forward to the FHSA such particulars concerning the assistant as the FHSA may reasonably require; and
(c) on ceasing to employ an assistant, notify the FHSA within 7 days of the cessation of that employment.

(6) A dentist shall not employ as an assistant any dentist who has the same address in the dental list as any of his own practice premises.

(7) Where a dentist employs an assistant who to the dentist’s knowledge is subject to a requirement mentioned in paragraph 26(8) or (9) to submit estimates to the Board for prior approval in respect of treatment, he shall not allow the assistant to carry out the treatment unless the prior approval of the Board has first been obtained.

(8) If a dentist intends to absent himself from his practice premises for more than 28 consecutive days he shall notify the FHSA of—
   (a) his intended absence; and
   (b) the name and address, if different to the practice premises, of the deputy or assistant (if any) responsible for providing general dental services during his absence.

(9) A dentist who intends to be or is absent from his practice premises for more than two months—
   (a) shall notify the FHSA in writing; and
   (b) shall not employ an assistant for any period of absence in excess of two months without the consent of the FHSA.

(10) A dentist shall not, without the consent of the Secretary of State, employ as a deputy or assistant for the purpose of the provision of general dental services any dentist who is disqualified for inclusion in the dental list of any FHSA by virtue of the provisions of section 36(2), 47(1) or 48(b) of the Act.

(11) Except as provided in sub-paragraph (12), a dentist shall be responsible for all acts and omissions of any dentist acting as his deputy or assistant.

(12) A dentist, whose name is included in a dental list, when acting as a deputy to another dentist whose name is also included in that list, shall be responsible for his own acts and omissions in relation to the obligations under these terms of service of the dentist for whom he acts as deputy and for the acts and omissions of any person employed by him or acting on his behalf.

(13) A deputy may provide general dental services at places or at times other than those arranged by the dentist for whom he is acting, due regard being had to the convenience of patients.

36. A deputy or assistant who issues a prescription form for listed drugs under paragraph 23, shall, in addition to signing his own name on the prescription form, insert on the form the name of the dentist for whom he is acting.

37. A deputy or assistant who signs a claim for remuneration or an estimate or part thereof on behalf of the dentist for whom he is acting shall do so in his own name and, except where the person who signs is a partner whose name is included in the dental list, shall also insert the name of the dentist for whom he is acting.

**Dentists suspended under section 28 or 32 of the Dentists Act 1984(32)**

38. Where a dentist’s registration in the register kept under section 14 of the Dentists Act 1984(32) is suspended by a direction or order of the Health Committee under section 28 of that Act (health cases) or by an order under section 32 of that Act (interim suspension order), he shall secure that any dentist appointed by him to provide general dental services on his behalf during that period of suspension shall be a dentist whose name is included in the dental list.
PART VI

ADDITIONAL TERMS OF SERVICE FOR SALARIED DENTISTS

Attendance

39.—(1) A dentist shall attend at such premises (being health centre premises) on such days and at such hours as he may agree with the FHSA.

(2) Except where paragraph 16 applies a dentist may not, without the permission of the FHSA, provide at such premises any care and treatment which is not part of general dental services.

General anaesthetics

40. Where required to do so by the FHSA, or on behalf of that FHSA, the dentist shall pay to a doctor or another dentist, for the administration of general anaesthetic by virtue of arrangements made under paragraph 21, a fee not exceeding the fee in the Scale of Fees appropriate to the item of treatment provided.

Records

41.—(1) The records, radiographs, photographs and study models referred to in paragraph 25(1) shall be the property of the FHSA.

(2) The dentist shall supply to the Board or a dental officer such information with regard to the care and treatment of patients as they may request within 7 days of the date of the request.

Drugs

42. Any drugs supplied under paragraph 22 shall be obtained by the dentist in such a manner as the FHSA may require.

Provision of FHSA patient information leaflets

43. A salaried dentist shall make available to any person who may reasonably require one the FHSA patient information leaflet compiled, and provided to him, by the FHSA pursuant to regulation 16.

Termination of services

44.—(1) Subject to sub-paragraph (2), any arrangement between the FHSA and a salaried dentist for the provision of general dental services may be terminated by either party giving to the other three months' notice in writing.

(2) If a dentist fails to comply with any of the terms of service that apply to a salaried dentist the FHSA may terminate the arrangement by giving him one month’s notice in writing.

(3) The FHSA may at any time suspend a salaried dentist from the discharge of his duties but such suspension shall not affect the right of the salaried dentist to receive remuneration during the period of suspension.
SCHEDULE 2

PART I

Information and undertaking to be included in
an application for inclusion in the dental list

1. Full name.
2. Sex.
3. Date of birth.
4. Private address.
5. Date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984 and registration number, dental qualifications registrable under that Act and when obtained.
6. Address of proposed practice premises and in the case of any mobile surgery, the address to which correspondence may be sent.
7. Proposed days and hours of attendance and whether patients will be seen by appointment only and in the case of any mobile surgery, particulars of places to be visited regularly by the dentist and the times of those visits.
8. Undertaking to provide general dental services in the locality of the FHSA.
9. Whether intending to practise—
   (a) as a single-handed practitioner; or
   (b) as a partner and if so the name and address of each intended partner and whether or not his name is included in the FHSA’s dental list; or
   (c) as an associate and if so the name and address of each intended associate and whether or not his name is included in the FHSA’s dental list.
10. The names of any assistants he or any person referred to in paragraph 9(b) or (c) intends to employ or already employs at the proposed practice premises.
11. Present or most recent appointment and whether any previous experience in the provision of general dental services.
12. Whether the general dental services to be provided are restricted to orthodontic treatment.
13. Whether there is access to the proposed dental surgery without the use of stairs.

PART II

Information which may be included in an application for inclusion in the dental list
Details of any languages, other than English, spoken by the dentist.

(33) 1984 c. 24.
SCHEDULE 3

Information to be provided about care and treatment under general dental services

1. Details of arrangements in an emergency.
2. Details of repairs and replacements free of charge.
3. Explanation of care and treatment to be provided.
4. Details of arrangements if the dentist with whom the patient has entered into a continuing care arrangement or a capitation arrangement is not available.
5. Details of care and treatment available under general dental services.
6. Explanation of NHS charges for general dental services and of entitlement to exemptions from and remission of these charges.
7. Explanation of the arrangements for cancelling appointments.
8. Explanation of the importance of regular care.
9. The consequences of the termination of a continuing care arrangement or a capitation arrangement.

SCHEDULE 4

PRIOR APPROVAL TREATMENT

PART I

Items of treatment

Any item of treatment specified in Determination I of the Statement of Dental Remuneration dated 1st June 1991 and amended on 9th January 1992 as being an item of treatment for which the prior approval of the Board is required.

PART II

Care and treatment

1. A course of care and treatment under a continuing care arrangement or a capitation arrangement or any treatment on referral, the cost of which exceeds or is likely to exceed £600.
2. Any orthodontic care and treatment to be provided by that dentist, the cost of which exceeds or is likely to exceed £600.
3. A reference in this Part of this Schedule, to the cost of care and treatment means the cost of such care and treatment calculated in accordance with the Scale of Fees, but does not include the cost of—
   (a) any care and treatment under a capitation arrangement for which the dentist is remunerated in accordance with Section X (treatment under capitation) in Determination I of the Statement of Dental Remuneration dated 1st June 1991 and amended on 9th January 1992 and for which he receives no remuneration other than a capitation payment;
(b) in the case of orthodontic care and treatment, fees for diagnosis, study models and retention; and
(c) any part of the care and treatment to be provided privately.

SCHEDULE 5
Regulation 3 Schedule 1, paragraph 32

INFORMATION TO BE INCLUDED IN PATIENT INFORMATION LEAFLETS

1. The following personal and professional details of the dentist:—
   (a) Name.
   (b) Sex.
   (c) Date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984(34) and details of dental qualifications registrable under that Act.

2. The following additional information about the provision of general dental services at practice premises:—
   (a) The address of all the practice premises and where he provides general dental services at a mobile surgery only, the address to which correspondence may be sent.
   (b) Particulars of the days and hours when the dentist is or will be usually in attendance at the practice premises, and in the case of any mobile surgery, particulars of the places visited regularly by him and the times of those visits.
   (c) The names of all dentists at the practice premises including partners, associates and assistants and details for them as specified in paragraph 1 of this Schedule.
   (d) Whether a dental hygienist is employed at the practice premises.
   (e) Whether there is access to the dental surgery without the use of stairs.
   (f) Whether the practice premises (including the dental surgery and toilets) are accessible to wheelchairs.
   (g) Whether the dentist or any person referred to in sub-paragraph (c) provides only orthodontic treatment.
   (h) Provided the dentist consents to their inclusion, details of any languages, other than English, spoken by the dentist.

SCHEDULE 6
Regulation 16

INFORMATION TO BE INCLUDED IN FHSA PATIENT INFORMATION LEAFLETS

1. The following personal and professional details of any salaried dentist providing general dental services at a health centre:—
   (a) Name.
   (b) Sex.
   (c) Date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984(34) and details of dental qualifications registrable under that Act.

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(34) 1984 c. 24.
2. The following additional information about the provision of general dental services at health centres:—

(a) The addresses of all the health centres within its locality at which general dental services are provided.

(b) Particulars of the days and hours when general dental services are provided at the health centre and, where an FHSA make arrangements for a salaried dentist to provide general dental services at a mobile surgery, particulars of the places visited regularly by the salaried dentist and the times of those visits.

(c) Whether a dental hygienist is employed at the health centre.

(d) Whether there is access to the dental surgery at the health centre without the use of stairs.

(e) Whether the health centre (including the dental surgery and toilets) is accessible to wheelchairs.

(f) Provided the salaried dentist consents to their inclusion, details of any languages, other than English, spoken by the salaried dentist.

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**SCHEDULE 7**

**Revocations**

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<td>The National Health Service (General Dental Services) Amendment Regulations 1991</td>
<td>S.I. 1991/1348</td>
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These Regulations provide for the arrangements under which general dental services are provided under Part II of the National Health Service Act 1977. They supersede the National Health Service (General Dental Services) Regulations 1973 (“the 1973 Regulations”).

The provision made by these Regulations differs from that made in the 1973 Regulations in a number of respects.

Family Health Services Authorities (“FHSAs”) are to prepare, each year where necessary, an updated list (“the dental list”) of dentists providing general dental services in their localities (regulation 4(8)). FHSAs are to determine applications for inclusion in the dental list within 14 days, unless the dentist’s proposed practice premises are to be inspected by the FHSA, in which case the application is to be determined within 14 days of such inspection (regulation 5(2)). Regulation 7(2) prevents the inclusion of a dentist’s name in a dental list if the FHSA is not satisfied, following an inspection, that his proposed practice premises are of a satisfactory standard. An FHSA may remove a dentist’s name from the dental list on the grounds that he has not for the preceding six months provided general dental services, but in the calculation of that period any absence because of the dentist’s service in the armed forces or maternity leave or sickness is to be disregarded (regulation 8(5)). Provision is made for FHSAs to make arrangements with dentists to provide general dental services in urgent cases at times when general dental services are not normally available (regulation 14).

FHSAs are required, from 1st October 1992, to prepare patient information leaflets (“FHSA patient information leaflets”) about the provision of general dental services at any health centre in their locality (regulation 16 and Schedule 6). Prison governors (and in the case of a contracted out prison, the director or controller) may make an application to dentists for general dental services on behalf of persons detained in prison or at young offender institutions (regulation 18). Provision for payments to dentists during periods where their registration is suspended under the Dentists Act 1984 (by an interim suspension order or a direction of the Health Committee) is extended and the amounts payable are increased (regulation 26). Provision is also made for the Dental Practice Board to conduct or commission surveys or other research relating to the provision of general dental services (regulation 30).

The terms of service under which dentists provide general dental services to their patients are set out in Schedule 1. The principal changes to these terms of service are as follows.

The provision relating to the mixing of general dental services and private care and treatment is extended to salaried dentists (paragraph 16). Paragraph 21 imposes special obligations on dentists in connection with the administration of sedation. Provision is also made regarding dental records, which must be retained for a period of 2 years but may be kept on computer (paragraph 25). A dentist

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**EXPLANATORY NOTE**

(This note is not part of the Regulations)

The National Health Service (General Dental Services) (Miscellaneous Amendments) Regulations 1992

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must allow the FHSA to inspect his practice premises provided that he has been given reasonable notice of its intention to do so (paragraph 33).

Other provisions of these Regulations (including the terms of service) differ from those of the 1973 Regulations in minor respects, or in consequence of other changes which are mentioned above.

Copies of Determination 1 of the Statement of Dental Remuneration, which is referred to in these Regulations, may be obtained from the Department of Health, Room 528, Portland Court, 160 Great Portland Street, London W1N 5TB.