
STATUTORY INSTRUMENTS

1989 No. 1990 (S.139)

NATIONAL HEALTH SERVICE, SCOTLAND

**The National Health Service (General Medical
and Pharmaceutical Services) (Scotland)
Amendment (No.2) Regulations 1989**

<i>Made</i>	- - - -	<i>31st October 1989</i>
<i>Laid before Parliament</i>		<i>1st November 1989</i>
<i>Coming into force in accordance with regulation 1(2)</i>		<i>22nd November</i>
<i>for certain purposes</i>		<i>1989</i>
<i>for certain other purposes</i>		<i>1st January 1990</i>
<i>for all remaining purposes</i>		<i>1st April 1990</i>

The Secretary of State, in exercise of powers conferred on him by sections 2(5), 19, 105(7), 106(a) and 108(1) of the National Health Service (Scotland) Act 1978(1) and section 8(1) of the Health and Medicines Act 1988(2), and of all other powers enabling him in that behalf, and after consulting the Council of Tribunals and its Scottish Committee in accordance with section 10 of the Tribunals and Inquiries Act 1971(3), hereby makes the following Regulations:

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the National Health Service (General Medical and Pharmaceutical Services) (Scotland) Amendment (No. 2) Regulations 1989 and shall come into force in accordance with paragraph (2).

(2) These Regulations shall come into force, as follows—

-
- (1) 1978 c. 29; section 19 was amended by the Health Services Act 1980 (c. 53) (“the 1980 Act”), section 7, the Health and Social Services and Social Security Adjudications Act 1983 (c. 41) (“the 1983 Act”), Schedule 7, paragraph 2, and the Medical Act 1983 (c. 54), Schedule 5, paragraph 17(a); the provisions of section 19 are subject to the Health and Medicines Act 1988 (c. 49), section 17; section 105(7), which was amended by the 1983 Act, Schedule 9, paragraph 24, contains provisions, and section 108(1) contains definitions of “prescribed” and “regulations”, relevant to the exercise of the statutory powers under which these Regulations are made.
- (2) 1988 c. 49; the relevant commencement provision is contained in S.I. 1989/1984; the provisions relevant to which this power is exercised came into force on 31st October 1989.
- (3) 1971 c. 62

- (a) for the purposes of regulations 1, 4(3), 5 (to the extent that it relates to regulation 4C of the principal Regulations), 6, 9, 11, 16(a) (to the extent that it relates to paragraph 15 of Schedule 1 to these Regulations) and 17(3), on 22nd November 1989;
- (b) for the purposes of regulations 3 (to the extent that it relates to paragraph 13A of Part I and to Part ID of Schedule 1 to the principal Regulations), 5 (to the extent that it relates to regulation 4A (1) to (11) and (18) inserted into the principal Regulations), 16(a) (to the extent that it relates to paragraphs 12(1) and 13 of Schedule 1 to these Regulations), 16(b) (to the extent that it relates to Part 1D inserted into Schedule 1 to the principal Regulations) 16(d) and 17(4), on 1st January 1990; and
- (c) for all other purposes, on 1st April 1990.

(3) In these Regulations “the principal Regulations” means the National Health Service (General Medical and Pharmaceutical Services) (Scotland) Regulations 1974(4).

Amendments to regulation 2 (interpretation) of the principal Regulations

2.—(1) In paragraph (1) of regulation 2 (interpretation) of the principal Regulations there shall be inserted the following definitions in appropriate alphabetical order:—

“child” means a person who has not attained the age of 16 years;

“child health surveillance list” shall be construed in accordance with regulation 4A;

“child health surveillance services” means the personal medical services described in paragraph 6C(a) in Part I and in Part 1A of Schedule 1;

“domiciliary visit” means a visit to either—

- (a) the place where the patient resides, or
- (b) the place, other than a doctor’s practice premises, where the doctor is obliged, pursuant to paragraph 10 of the terms of service, to render personal medical services to the patient;

“group practice” means an association of two or more doctors both or all of whom—

- (a) have their names included in the medical list of a Board,
- (b) co-ordinate in the course of regular contact among them, the provision of personal medical services to their patients in fulfilment of their obligations under Part I of Schedule 1, and
- (c) conduct and manage their practices from at least one common set of practice premises;

“Local Directory” means the Local Directory of Family Doctors maintained by a Board in accordance with regulation 4C;

“medical records” means, in relation to any patient, the records kept in respect of that patient in accordance with paragraph 17 of the terms of service;

“minor surgery list” shall be construed in accordance with regulation 4A;

“minor surgery services” means the personal medical services described in paragraph 6D in Part I and in Part IB of Schedule 1;

“practice premises” means, in relation to any doctor, the premises at which he is obliged under the terms of service to attend at specified times in order to be consulted by, or to provide treatment or other services for his patients;

“restricted list principal” means a doctor who has undertaken to provide general medical services only to a restricted category of patients identified by reference to their connection with a particular establishment or organisation;

(4) S.I. 1974/506; relevant amending instruments are S.I. 1975/696, 1978/1762, 1981/56, 1982/1279, 1985/296, 804, 1625 and 1987/385

“restricted services principal” means a doctor who has undertaken to a Board to provide general medical services limited to—

- (a) child health surveillance services;
- (b) contraceptive services;
- (c) maternity medical services; or
- (d) minor surgery services,

or to any combination of the above;

“Schedule” means a Schedule to these Regulations;

“terms of service” in relation to doctors means the terms of service which are contained or referred to in Part 1 of Schedule 1.

(2) In paragraph (1) aforesaid the definition of “treatment” shall be amended by substituting—

- (a) for the words “contraceptive services or maternity medical services”, the words “child health surveillance services, contraceptive services, maternity medical services or minor surgery services”, and
- (b) for the word “woman” the word “person”.

(3) Paragraph (2) of regulation 2 of the principal Regulations shall be deleted and there shall be substituted therefor the following:—

“(2) For the purposes of these Regulations including without prejudice to the generality of this paragraph, the purpose of determining under regulation 17 the number of persons whom a doctor may have on his list, and except where expressly provided to the contrary, a doctor shall be deemed to be carrying on practice otherwise than in partnership unless the Board or, on appeal, the Medical Practices Committee is satisfied that he—

- (a) discharges the duties and exercises the powers of a principal in connection with the practice of the partnership; and,
- (b) either—
 - (i) in the case of a doctor whose “approved hours” are not less than 26 hours per week, he is entitled to a share of the profits which is not less than one third of the share of the partner with the greatest share; or
 - (ii) in the case of a doctor whose approved hours are less than 26 hours per week but not less than 19 hours per week he is entitled to a share of the profits which is not less than one quarter of the share of the partner with the greatest share; or
 - (iii) in the case of a doctor whose approved hours are less than 19 hours per week but not less than 13 hours per week he is entitled to a share of the profits which is not less than one fifth of the share of the partner with the greatest share;

(3) In this paragraph, “approved hours” means, in relation to any doctor, the period approved by the Board in his case, pursuant to paragraph 13A of the terms of service, during which he is normally to be available to his patients.

(4) In any appeal under paragraph (2) the Medical Practices Committee shall admit to any hearing of such appeal such persons not exceeding two in number as may be appointed for the purpose by an organisation recognised by the Secretary of State as representative of the medical profession, and shall allow such persons to address the Committee before deciding on the appeal.

(5) These Regulations shall apply to a person (other than a chemist, doctor or dental practitioner) providing pharmaceutical services as they apply to a chemist.”.

(4) Paragraph (3) of regulation 2 of the principal Regulations shall be renumbered (6) and paragraph (4) shall be omitted.

Amendment to regulation 3 (terms of service for doctors)

3. The existing provisions of regulation 3 (terms of service for doctors) of the principal Regulations shall be numbered paragraph (1) and thereafter there shall be inserted a new paragraph, as follows:—

“(2) Parts 1C, 1D and 1E of Schedule 1 shall have effect for the purposes of paragraphs 9A, 13A and 19A respectively of the terms of service.”.

Amendments to regulation 4 (medical list)

4.—(1) In paragraph (2) of regulation 4 (medical list) of the principal Regulations there shall be inserted after sub-paragraph (a) the following sub-paragraph:—

“(aa) general medical services including either child health surveillance services or minor surgery services or both child health surveillance services and minor surgery services, or”.

(2) In paragraph (3) of that regulation—

(i) after sub-paragraph (a), there shall be inserted the following sub-paragraph:—

“(aa) the names of which of them are included in either or both of the child health surveillance list and the minor surgery list;”;

(ii) in sub-paragraph (c), after “terms of service” there shall be inserted “as in force immediately prior to 1st April 1990”; and

(iii) after sub-paragraph (d) there shall be inserted the following sub-paragraph:—

“(e) whether they are restricted list principals or restricted services principals.”.

(3) In paragraph (4) of that regulation there shall be—

(a) inserted after sub-paragraph (d) the following sub-paragraph:—

“(dd) whether he participates as a member of a group practice and if so the name of each other doctor in that group practice;”;

(b) substituted for sub-paragraph (f) the following sub-paragraphs:—

“(f) the geographical boundary of his practice area shown on a map of appropriate scale; and

(g) provided that the doctor consents to its inclusion, his date of birth or, if he does not so consent, the date of his first full registration (whether pursuant to the Medical Act 1983(5) or otherwise) as a medical practitioner;”.

(4) There shall be inserted after paragraph (4) of that regulation the following paragraph:—

“(5) Without prejudice to the provisions of regulation 4B(1) a doctor whose name is included in the medical list of a Board and who—

(a) is requested in writing by the Board by not later than 1st January 1990 to provide information about any matter referred to in paragraphs (3) and (4), shall provide that information to the Board not later than 1st February 1990; or

(b) participates as a member of a group practice, shall provide to the Board not later than 1st February 1990 the name of each other doctor in that group practice.”.

New regulations (child health surveillance and minor surgery lists, amendment to the medical list and Local Directory)

5. After regulation 4 (medical list) of the principal Regulations there shall be inserted the following regulations:—

“Child health surveillance list and minor surgery list

4A.—(1) The Board shall, on and after 1st April 1990, maintain lists, in these Regulations referred to respectively as “the child health surveillance list”, and “the minor surgery list” and shall include in those lists the name of any doctor who has satisfied the Board or, on appeal, the Secretary of State in accordance with the following provisions of this regulation, that he has such medical experience, training and (in the case of minor surgery services) such qualifications, as are necessary to enable him properly to provide child health surveillance services or, as the case may be, minor surgery services.

(2) A doctor may apply, in accordance with paragraph (3), to a Board for inclusion of his name in the child health surveillance list or the minor surgery list required to be maintained by the Board or in both of those lists.

(3) An application under paragraph (2) shall be in writing, signed by the applicant and shall include the information specified in Part IV or, as the case may be, Part V of Schedule 1.

(4) A doctor whose name is included in the child health surveillance list or, as the case may be, the minor surgery list of any Board and who applies to have his name included in the corresponding list of another Board shall provide the information specified in paragraph (3) together with the name of the Board in whose such list his name is included and the date from which it was so included.

(5) The provisions of paragraphs (6) to (11) of this regulation shall not apply to any application by a doctor referred to in paragraph (4), and such application shall be granted by the Board and within one month after receiving the application the Board shall give written notice to the doctor to that effect.

(6) Unless the applicant otherwise agrees, the Board shall decide any application made in accordance with paragraph (3) by either granting or refusing it not later than the expiry of the period of 2 months after receiving it.

(7) The Board may, if it thinks fit, hold an oral hearing of any application and, if minded to refuse an application, shall not do so without first giving the doctor the opportunity of an oral hearing.

(8) The Board before deciding upon an application under this regulation—

(a) for inclusion in the child health surveillance list, shall have regard in particular to—

- (i) any training undertaken by the doctor; and
- (ii) any medical experience gained by him,

during the period of five years immediately preceding the date of the application which is relevant to the provision of child health surveillance services;

(b) for inclusion in the minor surgery list, shall have regard in particular for the purpose of assessing the doctor’s medical experience, to any—

- (i) postgraduate qualification held by him;
- (ii) training undertaken by him; and
- (iii) medical experience gained by him,

during the period of five years immediately preceding the date of the application, which is relevant to the provision of minor surgery services, and in the case of any application for inclusion in either list shall seek and take into account the advice of any medical practitioners, including the Area Medical Committee, as it considers necessary to enable it to decide upon the application.

(9) Within 28 days of reaching its decision, the Board shall give written notice thereof to the applicant and shall—

- (a) where it refuses the application give written notice of the reasons for the decision and of the right of appeal of the applicant under paragraph (10); or
- (b) where it grants the application, include the applicant's name in the child health surveillance list or, as the case may be, the minor surgery list.

(10) Where an application is refused the applicant may appeal in writing to the Secretary of State within 90 days of receiving written notice of the Board's decision.

(11) Where the applicant appeals under paragraph (10), the Secretary of State—

- (a) may, if he thinks fit, hold an oral hearing of the appeal;
- (b) in deciding upon the appeal, shall either confirm or reverse the decision of the Board;
- (c) where he reverses the decision of the Board, shall direct that the Board include the doctor's name in its child health surveillance list or, as the case may be minor surgery list.

(12) Subject to paragraphs (13) to (17) the Board may remove a doctor's name from the child health surveillance list or, as the case may be, the minor surgery list, only in the following circumstances—

- (a) if it has been removed from the medical list of any Board under regulation 5 or 5A;
- (b) if the Board is satisfied that the doctor has not provided child health surveillance services or, as the case may be, minor surgery services during the immediately preceding 5 years;
- (c) if the Board is satisfied that the doctor has, in relation to any patient in respect of whom he has undertaken to provide child health surveillance services or, as the case may be, minor surgery services, failed in any material respect to comply with any of the requirements of paragraph 6C in Part I and Part IA or, as the case may be, paragraph 6D in Part 1 and Part 1B of Schedule 1;
- (d) if the Board is satisfied that the doctor is no longer able to provide child health surveillance services or, as the case may be, minor surgery services.

(13) Before reaching any decision in terms of sub-paragraphs (b), (c) or (d) of paragraph (12) the Board shall—

- (a) give the doctor 28 days' notice in writing of its intention to do so, and
- (b) afford the doctor an opportunity of making representations in writing or, if he so desires, orally to the Board.

(14) Where the Board reaches a decision in terms of any of sub-paragraphs (b), (c) or (d) of paragraph (12), it shall send to the doctor a notice which shall include a statement—

- (a) to the effect that, subject to any appeal under paragraph (15), the doctor's name will, after 28 days from the date of notice, be removed from the child health surveillance list or, as the case may be, the minor surgery list, maintained by the Board;
- (b) of the Board's reasons for its decision; and

(c) of the doctor's right of appeal under paragraph (15).

(15) A doctor who has received a notice sent in accordance with paragraph (14) may, within 21 days of receiving it, appeal to the Secretary of State against the decision of the Board, and pending the determination of the appeal the Board shall not remove his name from the child health surveillance list or, as the case may be, the minor surgery list.

(16) An appeal to the Secretary of State shall be made in writing and shall include a statement of the facts and contentions on which the doctor intends to rely; and, if he allows the appeal, the Secretary of State shall direct that the Board does not remove the doctor's name from the child health surveillance list or, as the case may be, the minor surgery list.

(18) The Board shall comply with any direction given under this regulation.

Amendment of the medical list

4B.—(1) A doctor shall, unless it is impractical for him to do so, notify the Board within 28 days of any occurrence requiring a change in the information recorded about him in the medical list.

(2) A doctor shall, unless it is impractical for him to do so, notify the Board in writing at least 3 months in advance of any date on which he intends either—

- (a) to withdraw his name from any one of the medical list, child health surveillance list or minor surgery list, or
- (b) to cease to provide any of the following services or to provide general medical services limited to any of the following services (or any combination of them), that is to say—
 - (i) maternity medical services;
 - (ii) contraceptive services;
 - (iii) child health surveillance services; or
 - (iv) minor surgery services.

(3) The Board shall—

- (a) on receiving notification by any doctor in accordance with paragraph (1), amend the medical list in relation to that doctor;
- (b) in the case of a notification pursuant to paragraph (2) so amend the medical list either—
 - (i) on the date which falls 3 months after the date of the notification; or
 - (ii) on the date from which the Board has agreed that the withdrawal or cessation shall take effect,whichever is the earlier.

Local Directory of Family Doctors

4C.—(1) In accordance with this regulation the Board shall prepare not later than 1st April 1990, and thereafter maintain, in addition to a medical list, a list to be known as the Local Directory of Family Doctors (referred to in these Regulations as the "Local Directory") comprising, in respect of each doctor whose name is included in the medical list, the following information:—

- (a) all information relating to the doctor as is included in the medical list, except—
 - (i) any information so included under regulation 4(3)(c), and

- (ii) his date of birth, unless the doctor has agreed to its inclusion in the Local Directory;
 - (b) where the doctor's date of birth is included in the medical list but he has not agreed to its inclusion in the Local Directory, the date of his first full registration (whether pursuant to the Medical Act 1983 or otherwise) as a medical practitioner;
 - (c) the sex of the doctor;
 - (d) details of any medical qualification held by the doctor which he is entitled to have registered pursuant to section 16 of the Medical Act 1983 (registration of qualifications), including the date on which the qualification was awarded;
 - (e) the nature of any clinic provided by the doctor for his patients and the frequency with which it is held;
 - (f) the numbers of assistants and trainee general practitioners employed by him;
 - (g)
 - (i) the number of other persons employed or available at the practice premises to assist the doctor in the provision of medical services under the terms of service,
 - (ii) the nature of the services provided by each such person, and
 - (iii) whether such persons are employed or available full-time or part-time;
 - (h) the terms of any consent granted to the doctor by the Board or, on appeal, by the Secretary of State, in accordance with paragraph 12(3) of Schedule 1 concerning the use of a deputising service;
 - (j) where, and to the extent that the doctor so requests, details of any languages, other than English, spoken by the doctor or by any person referred to in sub-paragraph (f) or (g); and
 - (k) where the doctor so requests, and to the extent that the Board considers it justified, details of any particular clinical interests of the doctor.
- (2) Paragraph (1) shall apply in the case of a restricted list principal or a restricted services principal only to the extent that the Board sees fit.
- (3) The Board may, to the extent that it sees fit also include in the Local Directory other details or information relating to the provision of general medical services, general dental services, general ophthalmic services and pharmaceutical services in its locality under Part II of the Act.
- (4) A doctor shall, in respect of each Local Directory in which information about him is recorded, provide to the Board not later than 1st January 1990 so much of the information specified in sub-paragraph (b) to (h) of paragraph (1) as may be requested by the Board in writing before 1st December 1989.
- (5) The Local Directory shall include the name of each doctor in alphabetical order.
- (6) Where a doctor practises in partnership or in a group practice with other doctors, the information regarding his practice which falls to be included in the Local Directory in accordance with paragraphs (1)(e),(f), and (g) may, provided each doctor in the partnership, or as the case may be, the group practice agrees, be included in the entry relating to only one of those doctors.
- (7) Without prejudice to the provisions of regulation 33, the Board may compile extracts from the information in the Local Directory in relation to a part or parts of the area of the Board and may make any such extract available to any person to whom, in the opinion of the Board, it is likely to be of interest.

(8) A doctor shall, unless it is impractical for him to do so, notify the Board within 28 days of any occurrence requiring a change in the information recorded about him in the Local Directory.

(9) Following receipt of notification in accordance with paragraph (1) the Board shall forthwith amend the Local Directory accordingly.”.

New regulation (removal from medical list on grounds of age)

6. After regulation 5 (removal from the medical list of names of doctors not providing services) of the principal Regulations there shall be inserted the following regulation:—

“Removal from medical list on grounds of age

5A.—(1) The Board shall, on 1st April 1991, remove from the medical list the name of any doctor who has, on or before that date, attained the age of 70 years.

(2) Where, on any day after 1st April 1991, a doctor whose name is included in the medical list attains the age of 70 years, the Board shall thereupon remove his name from the list.

(3) A Board shall give to any doctor whose name is to be removed from the medical 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 any failure to give such notice to any doctor as required by sub-paragraph (a) or (b) shall not prevent the removal of that doctor’s name from the medical list in accordance with paragraph (1) or (2).

(4) A doctor shall provide to the Board not later than 1st February 1990 such evidence of his date of birth as the Board, for the purposes of this regulation may require by written notice given not later than 1st January 1990.”.

Amendment to regulation 6 (application for inclusion in medical list)

7. In paragraph (1) of regulation 6 (application for inclusion in medical list) of the principal Regulations, for the words “in the form set out” there shall be substituted the words “in writing which shall include the information and undertakings specified”.

Amendment to regulation 15 (selection of doctor)

8. In regulation 15 (selection of doctor) of the principal Regulations, there shall be inserted after paragraph (2) the following paragraphs:—

“(3) The appropriate person, in relation to a child who is under the age of 5 years, may apply to a doctor—

- (a) who is—
 - (i) the doctor on whose list the child is included (in this paragraph referred to as “the child’s doctor”),
 - (ii) a doctor with whom the child’s doctor practises in partnership, or
 - (iii) a doctor with whom the child’s doctor is associated in a group practice; and

- (b) whose name is included in any medical list and in the child health surveillance list of the Board,

for the provision of child health surveillance services in respect of the child for a period ending on the date on which the child attains the age of 5 years.

(4) In paragraph 3 the “appropriate person” in relation to a child who is under the age of 5 years is a person who has the right under regulation 35 of these regulations to choose on behalf of the child the person by whom general medical services are to be provided for the child.

(5) A person may apply to a doctor—

(a) who is—

(i) the doctor on whose list he is included (in this paragraph referred to as “his own doctor”),

(ii) a doctor with whom his own doctor practises in partnership, or

(iii) a doctor with whom his own doctor is associated in a group practice; and

(b) whose name is included in any medical list and in the minor surgery list of the Board,

for the provision of a procedure specified in Part IB of Schedule 1.

(6) A doctor shall not be required to provide either child health surveillance services or minor surgery services for a patient unless, following an application pursuant to paragraph (3) or, as the case may be, (5), he has accepted that patient for the provision of such services.”.

Amendment to regulation 18 (change of doctor)

9. In regulation 18 (change of doctor) of the principal Regulations for paragraphs (1) and (2) there shall be substituted the following paragraphs:—

“(1) Subject to the requirements of paragraph (2), a person may apply in accordance with regulation 15(1) to any doctor, other than the doctor in whose list he is included, who provides general medical services, for acceptance in that other doctor’s list of patients.

(2) A person who has applied, pursuant to paragraph (1), and been refused acceptance by any doctor, may apply to the Board in whose area he is resident to be allocated to any doctor whose name is included in the Board’s medical list.”.

Amendment to regulation 20 (temporary provision of general medical services)

10. In paragraph (14) of regulation 20 (temporary provisions of general medical services) of the principal Regulations, for the words after “to provide”, where they first occur, to the end of the paragraph, there shall be substituted the words:—

“child health surveillance services, contraceptive services, maternity medical services or minor surgery services which he has not undertaken to provide.”.

Amendment to regulation 25 (change of doctor)

11. For regulation 25 (change of doctor) of the principal Regulations, there shall be substituted the following regulation:—

“Change of doctor

25.—(1) A woman who has arranged with a doctor (in this regulation referred to as “the original doctor”) for the provision of maternity medical services may terminate the arrangement by—

- (a) giving written notice to that effect to—
 - (i) the Board; or
 - (ii) the original doctor who shall within 7 days give written notice to the Board; or
- (b) making a new arrangement with another doctor who shall within 7 days give written notice to the Board of the new arrangement.

(2) Where a Board receives notification in accordance with paragraph (1)(a)(i) or (b) it shall within 7 days give written notice to the original doctor that the arrangement with him has been terminated.”.

Amendments to regulation 31 (payments to doctors)

12. In paragraph (1) of regulation 31 (payments to doctors) of the principal Regulations—

- (a) (i) for sub-paragraph (a) there shall be substituted the following sub-paragraph:—
 - “(a) basic practice allowance, and additional allowances for designated areas, seniority and employment of assistants;”;
 - (ii) in sub-paragraph (b) the words “and supplementary” shall be deleted;
 - (iii) in sub-paragraph (e) the words “for post-graduate training,” shall be deleted;
 - (iv) for sub-paragraph (f) there shall be substituted “allowances for practice expenses and for improvement of premises;”
- (b) there shall be inserted after sub-paragraph (g) of that paragraph the following:—
 - “(h) capitation fees in respect of patients who participate in a consultation in accordance with paragraph 10A in Part I of Schedule 1;
 - (i) capitation fees in respect of patients to whom child health surveillance services are provided;
 - (j) capitation fees in respect of patients who are resident in deprived areas;
 - (k) a fee for each minor surgery session undertaken;
 - (l) fees in respect of the provision of health promotion clinics approved by the Board;
 - (m) target payments in respect of immunisations provided;
 - (n) target payments in respect of cervical cytology;
 - (o) allowances for the employment of locums by doctors during confinement, sickness or study leave;
 - (p) allowances for undergoing approved postgraduate education;
 - (q) allowances for the employment of doctors by isolated single-handed doctors;
 - (r) allowances in respect of providing placements in practices for undergraduate medical students;
 - (s) transitional payments in consequence of changes to the terms of service;”.

Amendments to regulation 33 (publication of particulars)

13. In paragraph (1) of regulation 33 (publication of particulars) of the principal Regulations there shall be inserted, after sub-paragraph (g), the following sub-paragraphs:—

- “(h) the Local Directory,
- (i) a compendium of practice leaflets provided to it by doctors whose names are included in its Medical List.”.

New regulation (guidance to doctors)

14. After regulation 33 (publication of particulars) of the principal Regulations there shall be inserted the following regulation:—

“Guidance to doctors

33A.—(1) Subject to sub-paragraph (2) a Board may issue guidance to doctors whose names are included in its medical list to assist them in assessing, in accordance with paragraph 12A of Schedule 1, the qualifications, experience and competence of any employee or prospective employee.

- (2) Any guidance issued under sub-paragraph (1) shall—
 - (a) be issued only after consultation with the Area Medical Committee, and
 - (b) have regard to standards adopted either by an appropriate national regulatory body for a profession or occupation or by a similar body.”.

Amendment to regulation 35 (exercise of choice of doctor or chemist in certain cases)

15. In regulation 35(a) (exercise of choice of doctor or chemist in certain cases) of the principal Regulations, the words “under the age of sixteen” shall be deleted.

Amendments to Schedule 1 to the principal Regulations

16. In Schedule 1 to the principal Regulations—

- (a) Part I (terms of service for doctors) shall be amended in accordance with Part I of Schedule 1 to these Regulations;
- (b) after Part I there shall be inserted new Parts IA, IB, IC, ID and IE set out in Part II of Schedule 1 to these Regulations;
- (c) Part II (form of application for inclusion in medical list) shall be amended in accordance with Schedule 2 to these Regulations;
- (d) after Part III there shall be inserted new Parts IV and V as set out in Schedule 3 to these Regulations.

Transitional provisions

17.—(1) Subject to paragraph (2), where, on or after the date on which regulation 12 of these Regulations comes into force, there falls to be determined an application by a doctor for a payment arising pursuant to a provision of regulation 31(1) of the principal Regulations which has been amended by that regulation 12, the application shall be determined as if that provision had not been so amended.

- (2) Paragraph (1) shall not apply to an application received by the Board after 31st March 1991.

(3) Until 1st April 1990 paragraph (5) of regulation 4 of the principal Regulations shall have effect as if the reference in that paragraph to “any matter referred to in paragraphs (3) and (4)” were to include a reference to a matter to be inserted in paragraph (4) of that regulation by virtue of paragraph (3)(b) and (c) of regulation 4 of these Regulations.

(4) Where a doctor, whose name is included in the medical list of a Board on 1st January 1990, has appealed to the Secretary of State under paragraph 13A(11) of Part I of Schedule 1 to the principal Regulations and that appeal has not been determined by 1st April 1990, he shall be able, without prejudice to any other provisions in the Regulations applicable in his case, to continue to practise under the terms of service until his appeal has been determined, as if the amendments in these Regulations to the provisions of regulation 2(2) and (3) and paragraph 13 of Part 1 of Schedule 1 to the principal Regulations, and the provisions of paragraph 13A thereof relating to availability to patients other than the provisions in relation to applications and appeals, did not apply in his case.

St Andrew’s House,
Edinburgh
31st October 1989

Michael B Forsyth
Parliamentary Under Secretary of State, Scottish
Office

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

SCHEDULE 1

Regulation 16(a)

PART I

AMENDMENTS TO PART I OF SCHEDULE 1 TO THE PRINCIPAL REGULATIONS (TERMS OF SERVICE FOR DOCTORS)

Amendments to terms of service

1. Part I of Schedule 1 (terms of service for doctors) to the principal Regulations shall be amended in accordance with the following provisions of this Part.

New paragraph (Exercise of professional judgment)

2. After paragraph 3 (alteration of terms of service) there shall be inserted the following paragraph:—

“Exercise of professional judgment

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

- (a) in the case of a doctor providing child health surveillance services under paragraph 6C or minor surgery services under paragraph 6D, that which any general practitioner included in the child health surveillance list or, as the case may be, the minor surgery list might reasonably be expected to exercise; and
- (b) in any other case, that which general practitioners as a class might reasonably be expected to exercise.”

Amendment to paragraph 4 (persons for whose treatment the doctor is responsible)

3. In paragraph 4 (persons for whose treatment the doctor is responsible) there shall be inserted after sub-paragraph (j) the following sub-paragraph:—

“(jj) in respect of services specified in paragraph 6A, 6C or 6D, persons to whom he has undertaken to provide those services;”.

New paragraph after paragraph 6 (acceptance of patients) and new paragraphs (child health surveillance services and minor surgery services)

4. After paragraph 6 (acceptance of patients) there shall be inserted the following paragraphs:—

“**6A.** A doctor may—

- (a) take a cervical smear from a woman who would be eligible for acceptance by him as a temporary resident or for whom he has undertaken to provide maternity medical services or contraceptive services;
- (b) vaccinate or immunise a person who would be eligible for acceptance by him as a temporary resident.

Provision of child health surveillance services and minor surgery services

6B. A doctor whose name is included in the medical list may, in respect of any person on his list or on the list of a doctor with whom he practises in partnership or with whom he is associated in a group practice, undertake to provide for any person—

- (a) child health surveillances, provided that—
 - (i) his name is also included in the child health surveillance list, and
 - (ii) the person in question is a child who is under the age of 5 years;
- (b) minor surgery services, provided that his name is included in the minor surgery list.

Child health surveillance services

6C. A doctor who has undertaken, pursuant to paragraph 6B(a), to provide child health surveillance services to any child shall, in respect of that child—

- (a) provide all the services described in paragraph 1 of Part IA of this Schedule, until the date upon which the child attains the age of 5 years, other than any examination so described which the appropriate person refuses to allow the child to undergo;
- (b) maintain such records as are specified in paragraph 2 of that Part; and
- (c) provide to the Board in accordance with the requirements of paragraph 3 of that Part such information as is specified in that paragraph.

Minor surgery services

6D.—(1) A doctor who has undertaken, pursuant to paragraph 6B(b), to provide minor surgery services in respect of any patient shall provide, or at least offer to provide, any of the procedures described in Part IB of this Schedule which it is, in his opinion, appropriate for him to provide in respect of that patient.

(2) Where a doctor provides minor surgery services in respect of a patient who is not included on his list, he shall inform in writing the doctor on whose list the patient is included of the outcome of the procedure.

(3) A doctor who provides minor surgery services shall ensure that at all times he has available suitable and adequate premises, equipment and facilities for use by him in providing such services.

Cessation of child health surveillance services

6E.—(1) An undertaking referred to in paragraph 6B(a) shall cease forthwith to be effective if—

- (a) either—
 - (i) the appropriate person informs the doctor, or
 - (ii) the doctor informs the appropriate person,that he wishes the undertaking to have no further effect;
- (b) the child has been removed from the doctor's list, from that of his partner or from that of a doctor with whom he is associated in a group practice, as the case may be, and has not been transferred to any other of those lists;
- (c) the appropriate person—

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

- (i) has been invited to arrange for the child to attend for an examination referred to in paragraph 1(b) of Part IA of this Schedule, and
 - (ii) fails within 42 days to respond to that invitation; or
 - (d) any examination referred to in paragraph 1(b) of that Part is undertaken in respect of the child otherwise than by the doctor or a person acting on his behalf.
- (2) Where, in accordance with sub-paragraph (1), an undertaking referred to in paragraph 6B(a) has ceased to be effective, the doctor shall forthwith—
- (a) in a case to which any one of heads (a), (c) or (d) of that sub-paragraph applies, so inform the Board in writing; and
 - (b) in a case to which either head (c) or (d) of that sub-paragraph applies, so inform the appropriate person in writing.
- (3) In this paragraph and paragraph 6C and in Part IA of this Schedule the expression “the appropriate person” in relation to a child who is under the age of 5 years has the meaning given in regulation 15(4).”.

Amendment to paragraph 9 (service to patients)

5. In paragraph 9 (service to patients) for sub-paragraph (1) there shall be substituted the following:—

“Service to patients

9.—(1) Subject to paragraphs 3A, 10 and 16A a doctor shall render to his patients all necessary and appropriate personal medical services of the type usually provided by general medical practitioners.

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

- (a) the administration of anaesthetics or the rendering of any other assistance at an operation performed by, and of the kind usually performed by, a general medical practitioner;
- (b) where appropriate giving advice personally to patients, either individually or in groups, relating to their general health, and in particular on the significance of diet, exercise, the use of tobacco, the consumption of alcohol and the misuse of drugs and solvents;
- (c) offering to patients consultations and, where appropriate, physical examinations for the purpose of identifying, or reducing the risk of, disease or injury;
- (d) offering to patients, where appropriate, vaccination or immunisation against Measles, Mumps, Rubella, Pertussis, Poliomyelitis, Diphtheria and Tetanus;
- (e) arranging for the referral of patients, as appropriate, for the provision of any other services provided under the National Health Service (Scotland) Act 1978(6);
- (f) giving advice, as appropriate, to enable patients to avail themselves of social work services provided by a local authority.

(1B) A doctor shall not be required under sub-paragraph (1) or (1A) to provide to any person—

(6) 1978 c. 29

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

- (a) services which involve the application of such special skill or experience of a degree or kind which general medical practitioners as a class cannot reasonably be expected to possess;
- (b) the administration of an anaesthetic at an operation performed by a doctor in the course of providing maternity medical services;
- (c) contraceptive services, child health surveillance services, minor surgery services nor, except in an emergency, maternity medical services, unless he has previously undertaken to provide such services to that person; or
- (d) where he is a restricted services principal, any category of general medical services which he has not undertaken to provide.”.

New paragraph (practice leaflet)

6. After paragraph 9 (service to patients), there shall be inserted the following paragraph:—

“Practice leaflet

9A.—(1) Subject to sub-paragraph (2), a doctor whose name is included in the medical list shall, from 1st April 1990, compile in relation to his practice a document (in this paragraph called a “practice leaflet”) which shall include the information specified in Part 1C of this Schedule.

(2) Sub-paragraph (1) shall, in relation to a doctor referred to in regulation 4(3)(e), apply only to the extent that the Board sees fit.

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

(4) A doctor shall from 1st April 1990, or from such later date (being not later than 1st July 1990) as the Board may allow, make available a copy of the most recent edition of his practice leaflet to the Board, to each patient on his list and to any other person who, in the doctor’s opinion, reasonably requires one.

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

Amendment to paragraph 10 (treatment of patients)

7. In paragraph 10 (treatment of patients)—

(a) for sub-paragraphs (3) and (4) there shall be substituted the following:—

“(3) Subject to sub-paragraph (7) the services referred to in paragraph 9 shall be rendered by a doctor—

(a) at his practice premises; or

(b) if the condition of the patient so requires—

(i) at the place where the patient was residing when he was accepted by the doctor pursuant to paragraph 6 or, as the case may be, when he was assigned to the doctor pursuant to regulation 16 or, in the case of a patient who was previously on the list of a doctor in a practice declared vacant, when the doctor succeeded to the vacancy, or

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

- (ii) at such other place as the doctor has informed the patient and the Board that he has agreed to visit and treat the patient if the patient's condition so requires; or
 - (iii) in any other case, at some other place in the doctor's practice area.
- (4) Without prejudice to the generality of sub-paragraph (3) a doctor shall in particular make himself available for consultations at such places and at such times as have been approved by the Board in his case pursuant to paragraphs 13 and 13(A)."; and
- (b) there shall be added at the end the following sub-paragraph:—
- “(7) The provisions of sub-paragraphs (3) and (4) shall not apply in the case of a patient who attends when an appointment system is in operation and who has not previously made, and is not given, an appointment. In such a case the doctor may decline to attend the patient during that surgery period, if the patient's health would not thereby be jeopardised and the patient is offered an appointment to attend within a reasonable time having regard to all circumstances. The doctor shall take all reasonable steps to ensure that a consultation is not so deferred except in accordance with his instructions.”

New Paragraphs (newly registered patients, patients not seen within 3 years, patients aged 75 years and over)

8. After paragraph 10 (treatment of patients) there shall be inserted the following paragraphs:—

“Newly registered patients

10A.—(1) Subject to sub-paragraphs (4) to (10), where a patient has been accepted on the list of a doctor under paragraph 6 or assigned to such a list under regulation 16, the doctor shall, in addition and without prejudice to his other obligations in respect of that patient under these terms of service, within 28 days of the date of such acceptance or assignment, invite the patient to participate in a consultation either at his practice premises or, if the condition of the patient so warrants, at such other place as the doctor is obliged, under paragraph 10(3)(b), to render personal medical services to that patient.

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

- (a) seek details as to the medical history of the patient and, so far as may be relevant to the patient's medical history, as to that of his consanguineous family, in respect of—
 - (i) illnesses, immunisations, allergies, hereditary conditions, medication and tests carried out for breast or cervical cancer,
 - (ii) social factors (including employment or unemployment, housing and family circumstances) which may affect his health,
 - (iii) factors of his lifestyle (including diet, exercise, use of tobacco, consumption of alcohol, and misuse of drugs or solvents) which may affect his health, and
 - (iv) the current state of his health;
- (b) offer to undertake a physical examination of the patient, comprising—
 - (i) the measurement of his height, weight and blood pressure, and
 - (ii) the taking of a urine sample and its analysis to identify the presence of albumin and glucose;

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

- (c) record, in the records maintained in relation to the patient pursuant to paragraph 17, his findings arising out of the details supplied by or in relation to, and any examination of, the patient under this sub-paragraph;
 - (d) assess whether and, if so, in what manner and to what extent he should render personal medical services to the patient; and
 - (e) in so far as it would not, in the opinion of the doctor, be likely to cause serious damage to the physical or mental health of the patient to do so, discuss with the patient (or, where the patient is a child, the appropriate person) the conclusions the doctor has drawn as a result of the consultation as to the state of the patient's health.
- (3) In sub-paragraphs (2) and (4) of this paragraph and in paragraph 10B(5)(e) "the appropriate person", in relation to a child, is a person who has the right under regulation 35 to choose on behalf of the child the person by whom general medical services are to be provided for the child.
- (4) On each occasion where a doctor invites a patient or, where the patient is a child, the appropriate person, to participate in a consultation pursuant to sub-paragraph (1), he shall—
- (a) make the invitation in writing or, if the invitation is initially made orally, confirm it in writing, by a letter either handed to the patient or his representative or sent to the patient or, where the patient is a child, to the appropriate person, at the address recorded in the medical records kept for the patient as being his last home address or that of the appropriate person, as the case may be;
 - (b) record in the patient's medical records the date of each such invitation and whether or not it was accepted;
 - (c) where, as a result of making the invitation, the doctor becomes aware that the patient is no longer residing at the address shown in his medical records, advise the Board accordingly.
- (5) A doctor shall not be obliged to offer a consultation pursuant to sub-paragraph (1)—
- (a) if he is a restricted services principal;
 - (b) in respect of a child under the age of 5 years;
 - (c) to any patient who, immediately before joining the list of the doctor, was a patient of a partner of the doctor and who, during the 12 months immediately preceding the date of his acceptance or assignment to his current doctor's list, had participated in a consultation pursuant to sub-paragraph (1); or
 - (d) to the extent allowed by the Board, to any patient within a class of patients in respect of which the Board or, on appeal, the Secretary of State has, pursuant to paragraphs (6) to (9), deferred the doctor's obligation under paragraph (1).
- (6) Where a doctor assumes responsibility for a list of patients on his succession to a vacant medical practice or otherwise becomes responsible for a significant number of new patients within a short period, he may apply, in accordance with sub-paragraph (7), to the Board for the deferment of his obligation under sub-paragraph (1) for a period not exceeding 2 years from the date of the application.
- (7) An application pursuant to sub-paragraph (6) shall be made in writing and shall be accompanied by a statement of the doctor's proposals by reference to particular classes of patients, with a view to securing that all eligible patients are invited to participate in a consultation pursuant to sub-paragraph (1) by the end of the period of the deferment.
- (8) Within 2 months of receiving an application the Board shall decide it—
- (a) by approving the application;

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

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

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

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

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

Patients not seen within 3 years

10B.—(1) A doctor shall, without prejudice and in addition to any other obligations in the terms of service, invite each patient on his list who appears to him—

- (a) to have attained the age of 16 years but not the age of 75 years; and
- (b) to have neither—
 - (i) within the 3 years preceding the date of the offer attended either a consultation with, or a clinic provided by, any doctor, nor
 - (ii) within the 12 months preceding the date of the offer been offered a consultation in accordance with this sub-paragraph by any doctor, to participate in a consultation at his practice premises for the purpose of assessing whether he needs to render personal medical services to that patient.

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

(3) In the case of any patient who is on the doctor's list on 1st April 1990, the first invitation to participate in a consultation pursuant to sub-paragraph (1) shall be made no later than 1st April 1991.

(4) When inviting a patient to participate in a consultation pursuant to sub-paragraph (1) a doctor shall comply with the requirements of paragraph 10A(4).

(5) Where a patient agrees to participate in a consultation mentioned in sub-paragraph (1), the doctor shall, in the course of that consultation—

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

- (ii) the taking of a urine sample and its analysis to identify the presence of albumin and glucose;
- (c) record, in the records maintained in relation to the patient pursuant to paragraph 17, his findings arising out of the details supplied by or in relation to, and any examination of, the patient under this sub-paragraph;
- (d) assess whether and, if so, in what manner and to what extent he should render personal medical services to the patient; and
- (e) in so far as it would not, in the opinion of the doctor, be likely to cause serious damage to the physical or mental health of the patient to do so, discuss with the patient (or, where the patient is a child, the appropriate person) the conclusions the doctor has drawn as a result of the consultation as to the state of the patient's health.

Patients aged 75 years and over

10C.—(1) Subject to sub-paragraph (2), a doctor shall, without prejudice and in addition to any other obligations under the terms of service, in each period of 12 months beginning on 1st April in each year—

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

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

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

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

(4) An invitation made by a doctor pursuant to sub-paragraph (1) shall be made—

- (a) in the case of a patient who is over the age of 75 years and is on the doctor's list on 31st March 1990, not later than 1st April 1991;
- (b) in the case of a patient who attains the age of 75 years on or after 1st April 1990, within 12 months after his 75th birthday;
- (c) in the case of a patient who—
 - (i) is accepted by the doctor pursuant to paragraph 6, or is assigned to him pursuant to regulation 16, after 1st April 1990, and
 - (ii) who has attained the age of 75 years when he is so accepted or assigned, within 12 months after the date on which he is so accepted or assigned.

(5) A doctor shall, when making an assessment following a consultation under sub-paragraph (1), record in the patient's medical records kept pursuant to paragraph 17 his observations made of any matter which appears to him to be affecting the patient's general health, including where appropriate, the patient's—

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

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

(f) use of medicines.

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

(7) When inviting a patient to participate in a consultation or offering him a domiciliary visit, pursuant to sub-paragraph (1), a doctor shall comply with the requirements of paragraph 10A(4), as if that sub-paragraph referred to an offer as well as to an invitation.

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

Amendment to paragraph 11 (duration of doctor's responsibility)

9. For paragraph 11 (absences, deputies, assistants and partners) there shall be substituted the following:—

“Duration of doctors responsibility

11.—(1) Subject to paragraph (2) a doctor is responsible for ensuring the provision to each of his patients of the services referred to in paragraph 9 throughout each day during which his name is included in the medical list.

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

Amendments to paragraph 12

10. In paragraph 12—

- (a) in sub-paragraph (1)(a) for the words “sub-paragraph (1)(b)” there shall be substituted the words “sub-paragraphs (1)(b), (1A) and (1B)”;
- (b) in sub-paragraph (1)(b)(iii) the words “member of his staff, being a” shall be deleted and, for the word “member” there be substituted the word “person”;
- (c) after sub-paragraph (1) there shall be inserted the following new sub-paragraphs:—

“(1A) In the case of child health surveillance services a doctor who has, pursuant to paragraph 6B(a), undertaken to provide such services may employ for the purposes of providing such services a deputy, associate or assistant general practitioner whose name is included in a child health surveillance list or, with the consent of the Board, some other deputy or assistant.

(1B) In the case of minor surgery services a doctor who has, pursuant to paragraph 6B(b), undertaken to provide such services may employ a deputy, associate or assistant whose name is included in a minor surgery list to conduct a procedure described in Part 1B of this Schedule.”.

New paragraph (Employees)

11. After paragraph 12 there shall be inserted a new paragraph as follows:—

“Employees

12A.—(1) A doctor, before employing any person to assist him in the provision of general medical services, shall take reasonable care to satisfy himself that the person in question is both competent and suitably qualified to discharge the duties for which he is to be employed.

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

- (a) that person’s academic and vocational qualifications;
- (b) that person’s training and his experience in employment;
- (c) any guidance issued by the Board in accordance with regulation 33A.

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

Amendments to paragraph 13 (arrangements at practice premises)

12.—(1) In sub-paragraph (3) of paragraph 13 (arrangements at practice premises) there shall be deleted the words from “for the places where” to “one or both of them and” inclusively.

(2) After sub-paragraph (4) of that paragraph there shall be inserted the following sub-paragraph:

—
“(5) A doctor whose name is included in the medical list shall notify the Board in writing of any change in his place of residence not later than 28 days after such change takes place.”.

New paragraphs (Doctors' availability to patients)

13. After paragraph 13 there shall be inserted the following paragraphs:—

“Doctors' availability to patients

13A.—(1) Any doctor whose name is included in a medical list shall, after 31st March 1990—

- (a) be available normally at such times and places as, following an application by the doctor, the Board shall approve after consultation with the Area Medical Committee, or, on appeal the Secretary of State shall determine in his case, in accordance with the requirements of the following provisions of this paragraph; and
- (b) inform his patients about his availability in such manner as the Board may require in accordance with sub-paragraph (14).

(2) Subject to sub-paragraphs (3) and (4), a Board shall not approve any application submitted by a doctor in relation to the times at which he is to be available unless it is satisfied that the times proposed are such that—

- (a) the doctor will be available normally—
 - (i) in 42 weeks in any period of twelve months,
 - (ii) during not less than 26 hours in any such week, and
 - (iii) on 5 days in any such week; and
- (b) the hours for which the doctor will be available normally in any week are to be allocated between the days on which he will be available normally in that week in such a manner as is likely to be convenient to his patients.

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

(3) On any application made pursuant to sub-paragraph (1) by a doctor who is a restricted services principal or a restricted list principal—

- (a) sub-paragraph (2) shall not apply; and
- (b) the Board shall approve the application provided that it is satisfied that the times at which the doctor proposes to be available normally are likely to be convenient to his patients.

(4) The Board may, in relation to the application of any doctor—

- (a) who seeks to be available normally on only 4 days in any week referred to in sub-paragraph (2)(a), excuse the doctor from the requirement of head (a)(iii) of that sub-paragraph and approve the application to the extent allowed by paragraph 13B;
- (b) who seeks to be available normally for either—
 - (i) less than 26 hours but not less than 19 hours, or
 - (ii) less than 19 hours but not less than 13 hours,in any week referred to in sub-paragraph (2)(a), excuse the doctor from the requirement of head (a)(ii) and
 - (iii) of that sub-paragraph and approve the application to the extent allowed by paragraph 13C;
- (c) to whom either paragraph 13D or 13E applies, may excuse the doctor from the requirement of head (a)(ii) and (iii) of sub-paragraph (2) to the extent allowed by paragraph 13D or, as the case may be, paragraph 13E.

(5) In this paragraph and in paragraphs 13B to 13E, “available” means, in relation to a doctor, available to provide general medical services to his patients, and for the purposes of calculating the times at which a doctor is to be regarded as available—

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

and “availability” shall be construed accordingly.

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

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

- (a) include the information specified in paragraph 1 of Part ID of this Schedule; and
- (b) where appropriate, also include—
 - (i) in the case of a doctor to whom sub-paragraph (3) applies, the additional information specified in paragraph 2 of that Part,
 - (ii) in the case of a doctor to whom sub-paragraph (4)(a) applies, the additional information specified in paragraph 3 of that Part,
 - (iii) in the case of a doctor to whom sub-paragraph (4)(b) applies, the additional information specified in paragraph 4 of that Part,
 - (iv) in the case of a doctor to whom paragraph 13D(1) applies, the additional information specified in paragraph 5 of that Part, and

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

- (v) in the case of a doctor to whom paragraph 13E(1) applies, the additional information specified in paragraph 6 of that Part,
- (c) be made—
 - (i) in the case of a doctor whose name is in the medical list on 1st January 1990, not later than 1st February 1990,
 - (ii) in the case of a doctor who is notified after 1st January 1990 that his name has been included in a medical list, within 28 days of his receiving such notification.
- (8) The Board shall decide an application under sub-paragraph (1) within 28 days of receiving it.
- (9) In deciding upon any application, the Board shall either—
 - (a) grant approval;
 - (b) grant approval subject to such conditions as the Board sees fit to impose for the purpose of securing that the doctor is available at such times and places as are convenient to his patients; or
 - (c) refuse approval.
- (10) The Board shall notify the doctor in writing of its decision, and, where it refuses an application or grants an application subject to conditions, it shall send the doctor a statement in writing of the reasons for its decision and of the doctor’s right of appeal under sub-paragraph (11).
- (11) A doctor may within 28 days of receiving a notification pursuant to sub-paragraph (10) appeal in writing to the Secretary of State against any refusal of approval or against any condition imposed pursuant to sub-paragraph (9)(b).
- (12) The Secretary of State may, when determining the appeal, either confirm the decision of the Board or substitute his own determination for the decision of the Board.
- (13) The Secretary of State shall give written notice to the doctor of his determination and of his reasons therefor.
- (14) The Board may, as it considers appropriate, require a doctor to inform his patients, either by displaying a notice in his waiting room or by sending notices to them, about the times and places at which he is available.

Doctors available for only 4 days a week

13B.—(1) Subject to sub-paragraph (3), where the Board is satisfied that, by reason of a doctor’s participation in health-related activities (other than the provision of general medical services to his patients) he would be likely to suffer an unreasonable degree of inconvenience if paragraph 13A(2)(a)(iii) applied in his case, it may give its approval for the doctor to be available normally on only 4 days in any week referred to in sub-paragraph (2) (a) of that paragraph.

- (2) For the purposes of sub-paragraph (1), “health-related activities” means activities connected with—
 - (a) the organisation of the medical profession or the training of its members;
 - (b) the provision of medical care or treatment;
 - (c) the improvement of the quality of such care or treatment; or
 - (d) the administration of services under Part I of the National Health Service (Scotland) Act 1978, or of arrangements pursuant to section 19 of that Act for the provision of general medical services, and in reaching a decision as to whether any

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

activity is a health-related activity, the Board shall have regard to the illustrative list in paragraph 7 of Part 1D of this Schedule.

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

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

by reason of the doctor's having been relieved from the requirements of paragraph 13A(2)(a)(iii).

Doctors available for less than 26 hours a week

13C.—(1) Subject to sub-paragraph (2) the Board may, in the case of a doctor—

- (a) who practises in partnership with another doctor
 - (i) whose name is included in the medical list, and
 - (ii) who is available normally for not less than 26 hours in each of the weeks referred to in paragraph 13A(2)(a); and
- (b) who seeks to be available normally for either—
 - (i) less than 26 hours but not less than 19 hours, or
 - (ii) less than 19 hours but not less than 13 hours,

decide the application as if for the reference to 26 hours in paragraph 13A(2)(a)(ii) there were substituted a reference to 19 hours or 13 hours, as the case may be, and as if the provisions of paragraph 13A(2)(a)(iii) did not apply.

(2) Any approval of an application which has been decided in accordance with sub-paragraph (1) shall be subject to the condition that the approval shall lapse after the expiry of a period of 6 months from the date on which the doctor ceases to satisfy head (a) of that sub-paragraph.

Doctors jointly available for 26 hours a week

13D.—(1) Subject to sub-paragraph (2), where a doctor applies for the approval of the Board pursuant to paragraph 13A(1) jointly with another doctor—

- (a) with whom he practises in partnership;
- (b) whose name is included in the medical list;
- (c) with whom he proposes to operate an arrangement whereby—
 - (i) each doctor will be available normally for less than 26 hours in any week referred to in paragraph 13A(2)(a), but
 - (ii) the hours for which both doctors will be available normally will be in aggregate not less than 26 hours in any such week,

the Board may approve the application, notwithstanding that neither doctor can himself satisfy the requirement specified in paragraph 13A(2)(a)(ii).

(2) Any approval of an application to which sub-paragraph (1) applies shall be subject to the condition that the approval shall lapse after the expiry of six months after the date on which the arrangement referred to in head (c) of that sub-paragraph comes to an end.

Doctors previously available for less than 20 hours a week

13E.—(1) Subject to sub-paragraph (3), where a doctor—

- (a) does not practise in partnership with any other doctor;
- (b) has no more than 599 patients on his list on 31st January 1990;
- (c) during the period of 12 months immediately preceding that date—
 - (i) was available normally for an average of less than 20 hours each week, and
 - (ii) in consequence, had his remuneration abated by the Board, in accordance with the Statement published pursuant to regulation 31(1); and
- (d) seeks to be available normally, in each week referred to in regulation 13A(2)(a), for not less than the number of hours for which he had, on average, been available in each week during the period mentioned in head (c)(i) above,

the Board may approve the application notwithstanding that the doctor will not be available normally in accordance with paragraph 13A(2)(a)(ii).

(2) When calculating the average hours for the purposes of sub-paragraph (1)(c)(i), account shall be taken of the aggregate number of hours for which the doctor was available normally to patients in the areas of all Boards on whose medical lists his name was included.

(3) Any approval by the Board in relation to a doctor to whom sub-paragraph (1) applies shall be subject to the condition that it shall lapse on 1st April 1991.”.

New paragraph (annual reports)

14. After paragraph 19 (reports to the medical officer) there shall be inserted the following new paragraph:—

“Annual reports

19A.—(1) A doctor whose name is included in the medical list shall, in accordance with the provisions of this paragraph, provide annually to each Board in whose medical list his name is included, a report relating to the provision by him of personal medical services (in this paragraph called an “annual report”).

(2) An annual report shall contain the information specified in Part IE of this Schedule.

(3) Each annual report shall be compiled in respect of a period of 12 months ending on 31st March of the year in which it is provided and shall be sent to the Board not later than 30th June of that year.

(4) The first annual report shall be sent to the Board not later than 30th June 1991 and shall be compiled in respect of the period of twelve months ending on 31st March 1991.

(5) In the case of a doctor who practises in partnership with other doctors whose names are included in the medical list the information referred to in sub-paragraph (2) may alternatively be provided in the form of an annual report in respect of the partnership as a whole instead of by each doctor in the partnership individually and in such a case a doctor may, if he so wishes, also provide his own annual report.

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

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

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

Amendment to paragraph 20 (acceptance of fees)

15. In paragraph 20(1) (acceptance of fees) after sub-paragraph (n) there shall be added the following sub-paragraph:—

- “(o) where the person is not one to whom any of paragraphs (a), (b) or (c) of section 26(1) of the National Health Service (Scotland) Act 1978(7) applies, including any person to whom any of those paragraphs do not apply by virtue of regulations made under section 26(1E) of that Act, for testing the sight of that person.”.

Regulation 16(b)

PART II

**NEW PARTS TO BE INSERTED AFTER PART I OF
SCHEDULE 1 TO THE PRINCIPAL REGULATIONS**

“PART IA

CHILD HEALTH SURVEILLANCE SERVICES

1. The services referred to in paragraph 6C(a) of Part I of this Schedule shall comprise—
 - (a) the monitoring—
 - (i) by the consideration of information concerning the child received by or on behalf of the doctor, and
 - (ii) on any occasion when the child is examined or observed by or on behalf of the doctor (whether pursuant to sub-paragraph (b) or otherwise)
of the health, well-being and physical, mental and social development (all of which characteristics for the purpose of child health surveillance shall be referred to as “development”) of the child while under the age of 5 years with a view to detecting any deviations from normal development;
 - (b) the examination of the child by or on behalf of the doctor on so many occasions and at such intervals as shall be determined by the Board in whose area the child resides for the purposes of the provision of child health surveillance services generally in that area.
2. The records mentioned in paragraph 6C(b) of Part I of this Schedule shall comprise an accurate record of—
 - (a) the development of the child while under the age of 5 years, compiled as soon as is reasonably practicable following the first examination mentioned in paragraph 1(a) of this Part and, where appropriate, amended following each subsequent examination mentioned in that sub-paragraph; and
 - (b) the responses if any to offers made to an appropriate person for the child to undergo any examination referred to in paragraph 1(b) of this Part.
3. The information mentioned in paragraph 6C(c) of Part I of this Schedule shall comprise—
 - (a) a statement, to be prepared and dispatched to the Board referred to in paragraph 1(b) of this Part as soon as is reasonably practicable following any examination referred

(7) 1978 c. 29; section 26 was amended by the Health and Social Security Act 1984 (c. 48), Schedules 1 and 8 and by the Health and Medicines Act 1988, section 13(4).

- to in paragraph 1(a) of this Part, of the procedures undertaken in the course of that examination and of the doctor's findings in relation to each such procedure;
- (b) such further information regarding the development of the child while under the age of 5 years as that Board may request.

PART IB

MINOR SURGERY PROCEDURES

Injections	intra articular
	peri articular
	varicose veins
	haemorrhoid
Aspirations	joints
	cysts
	bursae
	hydrocele
Incisions	abcesses
	cysts
Excisions	thrombosed piles
	sebaceous cysts
	lipoma
	skin lesions for histology
	intra dermal naevi, papilloma, dermatofibroma and similar
	conditions
	warts
Curette, Cautery and cryocautery	ganglions
	removal of toe nails (partial and complete)
	warts and verrucae
Other	other skin lesions (eg molluscum contagiosum)
	ligation of varicose veins removal of foreign bodies nasal cautery

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

PART IC

INFORMATION TO BE INCLUDED IN PRACTICE LEAFLETS

Personal and Professional Details of Doctor

1. Full name.
2. Sex.
3. Medical qualifications registered by the General Medical Council.
4. Date and place of first registration as medical practitioner.

Practice Information

5. The times approved by the Board during which the doctor is personally available for consultation by his patients at his practice premises.
6. Whether an appointments system is operated by the doctor for surgery consultations at his practice premises.
7. If there is an appointments system, the method of obtaining a non-urgent appointment and the method of obtaining an urgent appointment.
8. The method of obtaining a non-urgent domiciliary visit and the method of obtaining an urgent domiciliary visit.
9. The doctor's arrangements for providing personal medical services when he is not personally available.
10. The method by which patients may obtain repeat prescriptions from the doctor.
11. Whether the doctor's practice is a dispensing practice, and, if so, the arrangements for dispensing prescriptions.
12. Whether the doctor provides clinics for his patients, and if so, their frequency, duration and purpose.
13. The numbers of staff, other than doctors, assisting the doctor in his practice, and a description of their roles.
14. Whether the doctor provides (1) maternity medical services, (2) contraceptive services, (3) child health surveillance services, or (4) minor surgery services.
15. Whether the doctor works single-handed, in partnership, part-time or on a job share basis, or within a group practice.
16. Details of any arrangements whereby the doctor or his staff receive comments by patients on the provision by him of general medical services.
17. The geographical boundary of his practice area by reference to a map of an appropriate scale.
18. Whether the doctor's practice premises have suitable access for all disabled patients and, if not, the limitations on access for particular types of disability.
19. Personal and professional details as in paragraphs 1 to 4 in relation to any assistant or associate general practitioner who is employed.
20. If the practice either—

- (a) is a general practitioner training practice for the purposes of the National Health Service (Vocational Training) (Scotland) Regulations 1980(8), or
 - (b) undertakes the teaching of undergraduate medical students,
- details of any arrangements for drawing this to the attention of patients.

PART ID

1. Information to be included with any application under paragraph 13A of Part I

- (1) The address of the proposed practice premises.
- (2) The days in each week during which the doctor will be in attendance normally at the practice premises and available for consultation by his patients.
- (3) The hours of each such attendance by the doctor.
- (4) The hours of any attendance by the doctor on those occasions when he is not usually available to provide the full range of services specified in paragraph 9 of the terms of service (for example, for providing emergency treatment only).
- (5) The frequency, duration and purpose of any clinic provided by the doctor.
- (6) The estimated total time to be spent each week making any domiciliary visits.
- (7) The doctor's proposals for notifying patients of the times and places approved by the Board at which he will be available to patients for consultation.
- (8) In the case of a doctor to whom paragraph 11(2) of the terms of service does not apply, his proposals for discharging his continuous responsibility for his patients.

2. Additional information to be included in any application by a doctor who is a restricted services principal or a restricted list principal

- (1) In the case of a restricted services principal—
 - (a) the proposed allocation, between each category of services provided, of the total number of hours for which he is to be available normally in any week; and
 - (b) where different services are to be provided at different places, the place at which each category of services is to be provided.
- (2) In the case of a restricted list principal, the name, address and nature of the establishment(s) or organisation(s) with which his patients are connected.

3. Additional information to be included in any application by a doctor who seeks to be available normally on only 4 days in each week

- (1) A brief description of each health-related activity with reference to which the application is made.
- (2) The days in each week during which the doctor will be undertaking that activity.
- (3) The number of hours in each week which are likely to be occupied in the course of such activity.

4. Additional information to be included in any application by a doctor who seeks to be available normally for less than 26 hours in each week

- (1) The level of reduced availability sought: either—
 - not less than 19 hours; or
 - not less than 13 hours.

(8) S.I. 1980/30, amended by S.I. 1986/1657

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

- (2) The proposed allocation of those hours among the days on which the doctor is to be available normally.
- (3) The name(s) of the doctor's partner(s).
- (4) Whether such reduced availability is sought permanently or for only a temporary period.
5. Additional information to be included in any application made jointly by doctors to whom paragraph 13D(1) of Part I applies
 - (1) The name of the doctor's partner with whom the joint application is made.
 - (2) The nature of the proposed arrangement, including—
 - (a) the hours for which each doctor will be available normally in each week; and
 - (b) the days on which each doctor will be available normally in each week.
6. Additional information to be included in any application made by a doctor to whom paragraph 13E(1) of Part I applies
 - (1) Details of the doctor's practice(s) in the area of any other Board(s) in whose medical list his name is included.
 - (2) The number of hours occupied in each week in the course of such practice(s).
7. Illustrative list of health-related activities
 - (1) Appointments concerning medical education or training.
 - (2) Medical appointments within the health service other than in relation to the provision of general medical services.
 - (3) Medical appointments under the Crown, with Government Departments or Agencies, or public or local authorities.
 - (4) Appointments concerning the regulation of the medical profession or the Medical Practices Committee.”.

“PART 1E

INFORMATION TO BE PROVIDED IN ANNUAL REPORTS

1. The number of staff, other than doctors, who assist the doctor in his practice giving details of—
 - (i) the total number of such staff (without specifying their names);
 - (ii) the principal duties of the members of staff and the hours each week during which each assists the doctor;
 - (iii) the qualifications of each member of staff;
 - (iv) in relation to such staff the training undertaken by each member, during the preceding 5 years, which is relevant to their role in the practice.
2. Information in relation to the practice premises, as follows:—
 - (i) any variations in the size of the floor space or, in general, in the design or quality of the premises since the last annual report;
 - (ii) any such variations anticipated in the course of the forthcoming period of 12 months.
3. The following information in relation to the referral of patients to other services under the National Health Service (Scotland) Act 1978 during the period of the Report:—

- (a) referrals by the doctor to a specialist specifying—
 - (i) the total number of patients referred as in-patients;
 - (ii) the total number of patients referred as out-patients;giving details, in each case, of the hospital to which each patient was referred and, in respect of which of the clinical specialities on the following list, each referral was made:—
 - General Surgery
 - General Medicine
 - Orthopaedics
 - Rheumatology (physical medicine)
 - Ear, Nose and Throat
 - Gynaecology
 - Obstetrics
 - Paediatrics
 - Ophthalmology
 - Psychiatry
 - Geriatrics
 - Dermatology
 - Neurology
 - Genito-urinary
 - X-Ray
 - Pathology
 - Others (including plastic surgery, accident & emergency, endocrinology)
 - (b) the total number of patients who, so far as the doctor is aware, referred themselves for services under that Act.
4. The doctor's other commitments as a medical practitioner with reference to—
- (i) a description of any posts held; and
 - (ii) a description of all work undertaken, including in each case the annual hourly commitment.
5. Details of any arrangements whereby the doctor or his staff receive comments by patients on the provision by him of general medical services.
6. Information in relation to orders for drugs and appliances as follows:—
- (a) whether the doctor's practice has its own dispensary;
 - (b) whether the doctor uses a separate dispensary, and, if so, its location; and
 - (c) the doctor's arrangements for the issue of repeat prescriptions to patients.”.

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

SCHEDULE 2

Regulation 16(c)

NEW PART II TO BE SUBSTITUTED IN
SCHEDULE 1 TO THE PRINCIPAL REGULATIONS

“PART II

INFORMATION AND UNDERTAKINGS TO BE INCLUDED
IN AN APPLICATION FOR INCLUSION IN MEDICAL LIST

1. Full name.
2. Sex.
3. Date of birth.
4. Private address.
5. Medical qualifications and where obtained.
6. Registration number in the Medical Register and date of first registration.
7. Information about general medical services to be provided for persons in the Board’s area, and in particular whether—

(a) including excluding limited to	maternity medical services
(b) including excluding limited to	contraceptive services
(i) excluding including	fitting of intra uterine devices
(ii) restricted not restricted	to patients to whom GP or partners provides other personal medical services
(c) including excluding limited to	child health surveillance services
(d) including excluding limited to	minor surgery services

8. Present or most recent appointment.
 - (a) Names and addresses of intended partner(s) and whether or not they are on the Board’s Medical List;
 - (b) Names and addresses of members of group (other than those already specified in (a)) with whom doctor intends to practise.
10. Whether applied/intending to apply for inclusion on minor surgery list/child health surveillance list.
11. Notification of proposed practice area (including appropriate map).

12. Notification of proposed practice premises.
13. Notification of proposed days and hours of attendance.
14. Proposed place of residence (including telephone number and distance from main surgery) and an undertaking to inform the Board whenever changing permanent residence.
15. Telephone number(s) at which prepared to receive messages.
16. Undertaking that if accepting as a patient a person who at the time of acceptance is residing at a place outside the practice area that he will visit him at that address.”.

SCHEDULE 3

Regulation 16(d)

(NEW PARTS IV AND V TO BE ADDED TO SCHEDULE 1 TO THE PRINCIPAL REGULATIONS)

“PART IV

INFORMATION TO BE SUPPLIED BY DOCTOR APPLYING FOR INCLUSION IN A CHILD HEALTH SURVEILLANCE LIST

1. Name.
2. Address of practice premises.
3. Registration number in the Medical Register and date of first registration.
4. Details of relevant medical experience (if appropriate before and) after the date of first registration (3) and during the 5 years prior to the application, together with any references.
5. Title of postgraduate qualifications held and date awarded.

PART V

INFORMATION TO BE SUPPLIED BY DOCTOR APPLYING FOR INCLUSION IN A MINOR SURGERY LIST

1. Name.
2. Address of practice premises.
3. Registration number in the Medical Register and date of first registration.
4. Details of relevant medical experience (if appropriate before and) after the date of first registration during the 5 years prior to the application, together with any references.
5. Details of premises and equipment to be used.
6. Title of postgraduate qualifications held and date awarded.”.

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

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations further amend the National Health Service (General Medical and Pharmaceutical Services) (Scotland) Regulations 1974 (“the principal Regulations”) which regulate the terms on which general medical and pharmaceutical services are provided under the National Health Service (Scotland) Act 1978 (“the 1978 Act”).

Regulations 3 and 4 of the principal Regulations is amended to include child health surveillance services (set out in a new Part 1A of Schedule I to the principal Regulations) and minor surgery services (set out in a new Part 1B) among the services provided by medical practitioners (“doctors”) in pursuance of arrangements made by a Health Board (“the Board”) (regulations 3 and 4), and new regulation 4A is inserted to make provision for each Board to compile and maintain lists of the doctors providing child health surveillance services and minor surgery services in its locality (regulation 5). New Parts IV and V are inserted into Schedule 1 to the principal Regulations (by Schedule 3 to these Regulations) to specify the information to be provided by a doctor applying for the inclusion of his name in, respectively, the child health surveillance list or the minor surgery list.

Amendments are made to require a Board to record additional information on the list (“the medical list”) it maintains of the names of doctors providing general medical services (regulations 4 and 5). A new regulation 4C is inserted in the principal Regulations to require each Board to compile and maintain a Local Directory of Family Doctors (“the Local Directory”) in relation to those doctors whose names are included in its medical list, and to oblige doctors to supply certain information to the Board for the purpose of the Local Directory. A new regulation 5A is also inserted to make provision for the removal of a doctor’s name from any medical list when attains the age of 70 (regulation 6). The form to be used by doctors when applying to have their names included in a medical list is replaced by a specified list of particulars and undertakings to be included in an application (Schedule 2 to these Regulations).

Regulation 8 amends regulation 15 of the principal Regulations to make provision for a patient’s application to a doctor for the provision of child health surveillance services or minor surgery services and consequential amendments are made to govern the provision of such services, in circumstances where, respectively, a patient is assigned by a Board to a doctor’s list or where a doctor is providing temporary medical services to a patient (regulations 8 and 10). Regulations 9 and 11 of these Regulations simplify the procedure whereby a patient may change the doctor who is providing, respectively, any general medical services or only maternity medical services. Regulation 12 of these Regulations amends the provision for the remuneration of doctors providing general medical services, and amendments made by regulation 13 provide for the publication by a Board of its Local Directory and of doctors’ practice leaflets. Regulation 14 inserts a new regulation 33A in the principal Regulations to provide for the issue by Health Boards of guidance to assist doctors in assessing the competence of actual or prospective employees. Transitional provision is made (in regulation 17) in respect of any doctor whose claim for fees or allowances earned before the date from which the amendments relating to doctor’s remuneration come into force is not determined until after that date and in respect of any doctor whose appeal against a decision of a Board under new paragraph 13A of Part I of Schedule I to the principal Regulations (availability to patients) is not determined by 1st April 1990.

Schedule 1 to these Regulations amends Part I of Schedule 1 to the principal Regulations which contains the “terms of service” under which doctors provide general medical services to their patients. A new paragraph 3A is inserted into those terms of service to make provision for the

standard of skill, knowledge and care to be expected from doctors providing child health surveillance services and minor surgery services, and an amendment is made to the definition of a doctor's patients in paragraph 4 to include those persons to whom he provides such services. New paragraphs 6A, 6B, 6C, 6D, and 6E of the terms of service and new Parts IA and IB of Schedule 1 to the principal Regulations are inserted to make detailed provision for the nature and application of child health surveillance services and minor surgery services.

Paragraph 9 (service to patients) is amended to specify the nature of the services to be provided by a doctor, including the giving of general advice in relation to the health of his patients and the provision of consultations, vaccinations and referrals. A new paragraph 9A is inserted to oblige a doctor to produce annually, and to make available to the Board, to his patients and to certain other persons, a practice leaflet which must include certain information (specified in a new Part IC of Schedule 1 to the principal Regulations) about the personal medical services he provides.

New paragraphs 10A, 10B and 10C of the terms of service are inserted to provide that a doctor is, in addition to his general obligations, required to offer a consultation to newly registered patients (new paragraph 10A), to patients whom he has not seen within the preceding 3 years (new paragraph 10B) and to patients who have attained the age of 75 (new paragraph 10C).

An amendment is made also in paragraph 10 in connection with the employment of assistants and deputies by doctors when providing child health surveillance services or minor surgery services.

Paragraph 11 of the terms of service is amended to provide that a doctor is at all times responsible for the provision of general medical services to his patients, while enabling those doctors who have before 1st April 1990 been relieved by the Board of such responsibility at certain times to continue to enjoy such relief after that date.

A new paragraph 12A is inserted in the terms of service to require a doctor to satisfy himself as to the suitability and competence of prospective employees, having regard in particular to any guidance to doctors by the Board under the new regulation 33A in the principal Regulations (inserted by regulation 14) Paragraph 13 is amended to require a doctor to notify the Board of any change in his place of residence.

A new paragraph 13A is inserted in the terms of service to require a doctor to obtain the approval of the Board for the times and places at which he proposes to be available for consultation by his patients, and new paragraphs 13B, 13C, 13D and 13E are also inserted to make provision for the circumstances in which, and the extent to which, a Board may approve a proposal by a doctor to be available for fewer hours, or on fewer days, in each week than are specified in the new paragraph 13A. A new Part ID is inserted in Schedule 1 to the principal Regulations to specify the information to be included in applications by doctors for the purposes of paragraph 13A.

New paragraph 19A obliges a doctor to provide annually to the Board a report which must include certain information (specified in a new Part IE of Schedule 1 to the principal Regulations) about his practice and paragraph 20 is amended to enable an ophthalmic doctor to demand or accept a fee or remuneration for testing the sight of a patient.

These Regulations also effect consequential amendments in the principal Regulations arising out of and in connection with the changes mentioned above.

The Regulations come into effect, in terms of regulation 2(2), for certain purposes on 22nd November 1989, for certain other purposes on 1st January 1990, and for all remaining purposes on 1st April 1990.