The Secretary of State in exercise of powers conferred on him by sections 2(5), 25(1), (2), (2B) and (5), 28(1), 32E, 34, 105(7) and 108(1) of the National Health Service (Scotland) Act 1978(1); and of all other powers enabling him in that behalf, hereby makes the following Regulations

PART I

general

Citation and commencement

1. These Regulations may be cited as the National Health Service (General Dental Services) (Scotland) Regulations 1996 and shall come into force on 11th March 1996.

Interpretation

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

“the Act” means the National Health Service (Scotland) Act 1978;

“Appeal Body” means the body referred to in regulation 7;

(1) 1978 c. 29; section 2(5) was amended by the National Health Service and Community Care Act 1990 (c. 19) (“the 1990 Act”), Schedule 9, paragraph 19(1); section 25(2) was amended by the Health and Medicines Act 1988 (c. 49) (“the 1988 Act”), Schedule 2, paragraph 11 and by the 1990 Act, section 40(2) and Schedule 9, paragraph 19(6) and was extended by the 1988 Act, section 17; section 25(2B) was inserted by the 1990 Act, section 40(3); section 25(5) was inserted by the Health and Social Services and Social Security Adjudications Act 1983 (c. 41), section 16; section 28(1) was amended by the National Health Service (Amendment) Act 1986 (c. 66), section 3(4); section 32E was inserted by the National Health Service (Amendment) Act 1995 (c. 31), section 8; section 105(7), which was amended by the Health Services Act 1980 (c. 53), Schedule 6, paragraph 5 and Schedule 7 and by the Health and Social Services and Social Security Adjudications Act 1983, Schedule 9, paragraph 24, contains provisions relevant to the making of Regulations; section 108(1) contains a definition of “regulations” relevant to the exercise of the statutory powers under which these Regulations are made.
“appeal committee” means a committee appointed by the Appeal Body in accordance with regulation 8(6);  
“approved trainer” means a dentist on a dental list and who is approved by the Scottish Dental Vocational Training Committee as being a dentist who has the requisite skills and suitable practice facilities to enable him to act as a trainer;  
“area” means in relation to a Health Board the area for which the Health Board is constituted;  
“area dental committee”, “area medical committee” and “area pharmaceutical committee” mean the committees of those names which are recognised by the Health Board in relation to its area under section 9 of the Act(2);  
“assistant” means any dentist employed either whole-time or part-time under a contract of service by another dentist for the purpose of providing general dental services on behalf of that dentist;  
“associateship agreement” means an agreement between dentists practising as principals—  
(a) to which there are 2 parties, not being partners of each other; and  
(b) whereby one party is liable to provide, for financial consideration, the use of some or all premises and of some or all facilities for the provision of general dental services by the other party;  
“the Board” means the Scottish Dental Practice Board;  
“capitation arrangement” means an arrangement between the dentist and the patient whereby the dentist provides care and treatment in accordance with paragraph 5 of Schedule 1;  
“care and treatment” means—  
(a) all proper and necessary care which a dentist usually undertakes for a patient and which the patient is willing to undergo, including advice, planning of treatment, preventative care; and  
(b) treatment;  
“chemist” means a registered pharmaceutical chemist who provides pharmaceutical services or a person lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968(3) who provides such services;  
“Common Services Agency” means the Agency constituted under section 10 of the Act;  
“continuing care arrangement” means an arrangement between the dentist and the patient whereby the dentist provides care and treatment in accordance with paragraph 4 of Schedule 1;  
“Council” means the Scottish Council for Postgraduate Medical and Dental Education established by the Scottish Council for Postgraduate Medical and Dental Education Order 1993(4);  
“dental officer” means any dental officer appointed by the Secretary of State for the purpose of advising the Secretary of State, the Board, Health Boards and practitioners on questions arising in connection with general dental services;  
“dental surgery” means any part of the practice premises where care and treatment is provided;  
“dentist” means a registered dental practitioner;  
“deputy” means a dentist (including a partner) acting on behalf of another dentist, otherwise than in the capacity of an assistant, for the purpose of providing general dental services;  
“doctor” means a registered medical practitioner;

(2) Section 9 was amended by the 1990 Act, section 29.  
(3) 1968 c. 67.  
(4) S.I. 1993/577.
“Drug Tariff” means the statement prepared by the Secretary of State under regulation 9 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995(5);
“an emergency” means the circumstances set out in paragraph 6(2) of Schedule 1 in which a patient requires prompt care and treatment;
“emergency dental services” means treatment which is provided pursuant to arrangements made under regulation 17;
“estimate” means a form supplied by the Health Board, or a form to like effect, completed by the dentist and submitted to the Board in accordance with paragraph 26 of Schedule 1 for the purpose of obtaining prior approval under that paragraph;
“Health Board” means a board constituted under section 2 of the Act(6);
“health centre” means premises provided by the Secretary of State in accordance with the provisions of section 36(1)(b) of the Act;
“listed drugs” means such drugs and medicines as are included in a list for the time being approved by the Secretary of State for the purposes of section 27(1)(c) of the Act;
“mobile surgery” means any vehicle in which care and treatment is provided;
“NHS charge” means the charge authorised under the National Health Service (Dental Charges) (Scotland) Regulations 1989(7), to the patient within the meaning of those Regulations;
“occasional treatment” means such treatment as is mentioned in paragraph 17 of Schedule 1;
“oral health” means such a standard of health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, as in the case of any patient is reasonable having regard to the need to safeguard his general health;
“patient” means a person for whom a dentist agrees to provide general dental services;
“patient record” means the form supplied by the Health Board for the purpose of maintaining a record of treatment or a form to like effect;
“practice premises” means, in relation to any dentist, any premises at which he provides general dental services, or any mobile surgery of his;
“prior approval treatment” means any item of treatment referred to in Part I of Schedule 4 or any care and treatment specified in paragraph 1 or 2 in Part II of that Schedule;
“private”, in the context of care and treatment, means otherwise than under general dental services or Part III of the Act; and “privately” shall be construed accordingly;
“salaried dentist” means a dentist employed by a Health Board who undertakes to provide general dental services at a health centre;
“Scale of Fees” means the scale of fees set out in Determination I of the Statement of Dental Remuneration;
“Scottish Dental Vocational Training Committee” means the sub-committee of that name of the Dental Committee of the Council;
“Statement of Dental Remuneration” means the Statement published from time to time by the Secretary of State pursuant to regulation 22;
“supply” in relation to an appliance includes replacement;
“suspended by direction of the Tribunal” means suspended as respects the provision of general dental services to patients by a direction of the Tribunal made pursuant to section 32A(2) or
section 32B(1) of the Act(8) or to any provisions in force in England and Wales or Northern Ireland corresponding to those provisions;

“terms of service” means the terms of service contained, or referred to, in Schedule 1;

“trauma” means damage to teeth, gingival tissues, or alveoli caused by a force arising outside the mouth resulting in mobility, luxation, subluxation or fracture of the hard tissues or injury to the soft tissues;

“treatment” means all proper and necessary dental treatment which a dentist usually undertakes for a patient and which the patient is willing to undergo, including examination, diagnosis, preventative treatment, periodontal treatment, conservative treatment, surgical treatment, the supply and repair of dental appliances, orthodontic treatment and the taking of radiographs and the provision of anaesthesia and sedation in connection with such treatment and the supply of listed drugs and the issue of prescriptions in accordance with paragraphs 22 and 23 of Schedule 1;

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

“the Tribunal” means the Tribunal constituted under section 29 of the Act;

“vocational training” means a period of one year’s full time employment (or an equivalent period of part-time employment) undertaken wholly after 30th September 1993 during which a dentist is employed under a contract of service by an approved trainer to provide a wide range of dental care and treatment and to attend such study days as that contract requires with the aim and objectives set out in Schedule 7;

“vocational training certificate” means a certificate confirming that a dentist has completed vocational training issued—

(a) in Scotland by the Director of postgraduate dental education, the chairman of the Scottish Dental Vocational Training Committee or a regional general dental practice vocational training adviser;

(b) in England, Wales or Northern Ireland by a postgraduate dental dean or a Director of postgraduate dental education;

(c) by the Director of the Royal Naval Dental Service, the Director of the Royal Army Dental Corp or the Director of the Dental Branch of the Royal Air Force;

“vocational training number” means the number allocated to a dentist—

(a) in Scotland under regulation 6,

(b) in England and Wales under regulation 5A of the National Health Service (General Dental Services) Regulations 1992(9), and

(c) in Northern Ireland under the General Dental Services (Amendment) Regulations (Northern Ireland) 1993(10);

“voluntary vocational training certificate” means a vocational training certificate or a letter confirming that a dentist has completed vocational training on or before 30th September 1994 and signed in Scotland by the Chairman of the Scottish Dental Vocational Training Committee or an officer of a regional committee for postgraduate dental education, in England and Wales by a postgraduate dental dean or Director of postgraduate dental education, and in Northern Ireland by the Adviser in vocational training.

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

(8) Sections 32A and 32B were inserted by section 8 of the National Health Service (Amendment) Act 1995 (c. 31).

(9) S.I. 1992/661, relevant amending instruments are S.I. 1993/2209 and 3172.

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

PART II
general arrangements for provision of general dental services

Terms of service

3.—(1) The arrangement which a Health Board is required by section 25 of the Act to make with dentists for the provision of general dental services shall incorporate—
(a) in the case of a dentist undertaking to provide general dental services (other than emergency dental services) otherwise than as a salaried dentist, the terms of service contained in Parts I, II, III, IV and V of Schedule 1;
(b) in the case of a dentist undertaking to provide general dental services (other than emergency dental services) as a salaried dentist, the terms of service contained in Parts I, II, III, IV and VI of Schedule 1; and
(c) in the case of the provision of emergency dental services by a dentist undertaking to provide emergency dental services, the terms of service contained in Parts I and III, paragraphs 19, 20, 21, 22, 23 and 25 of Part IV and paragraphs 39, 40, 41 and 42 of Part VI of Schedule 1.

(2) A Health Board may, after consultation with an area dental committee and with the approval of the Secretary of State, make special arrangements with a dentist whereby the dentist undertakes to provide general dental services throughout a district specified in the arrangements, at suitable centres in the district or at the homes of persons requiring such services.

Dental list

4.—(1) The Health Board shall prepare a list, to be called the dental list, of dentists who, pursuant to the provisions of regulation 5, have undertaken to provide general dental services in its area and who are not disentitled by virtue of the provisions of—
(a) sections 25(2A), 30(1), 31(b) 32A(3), 32B(1) or 32D(2) of the Act(11);
(b) section 8(2) of the Health and Medicines Act 1988(12); or
(c) regulation 10 (restrictions on the right to be included in a dental list).

(2) The dental list shall, in addition to the name of the dentist—
(a) contain—
(i) the addresses of all the practice premises and, where he provides general dental services at a mobile surgery only, the address at which correspondence in connection with such provision may be sent to him;

(11) Section 25(2A) was inserted by S.I. 1981/432, article 4(3); section 30(1) was amended by the National Health Service (Amendment) Act 1995 (c. 31), section 10; sections 32A, 32B and 32D were inserted by section 8 of the National Health Service (Amendment) Act 1995.

(12) 1988 c. 49.
(ii) particulars of the days and hours when he is or will be usually in attendance at the practice premises for the provision of general dental services and, in the case of any mobile surgery, particulars of the places regularly visited by him and the times of those visits;

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

(iv) the date of his registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984(13), particulars of the dental qualification held by the dentist which entitled him to be so registered, including the date on which the qualification was awarded and particulars of any other dental qualification held by him which is registerable pursuant to section 19(1)(c) of the Dentists Act 1984; and

(b) indicate—

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

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

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

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

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

(6) The Health Board shall—

(a) send to the Board and the area dental committee a copy of its dental list; and

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

(7) Subject to paragraph (9) the Health Board shall—

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

(i) the Secretary of State;

(ii) the area medical committee;

(iii) the area pharmaceutical committee;

(iv) the Common Services Agency;

(v) an NHS Trust the functions of which consist of or include the management of a hospital which is situated in the Health Board area; and

(vi) any pharmacist providing pharmaceutical services in the Health Board area; and

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

(8) The Health Board shall, if necessary, prepare an updated dental list each year and send a copy—

(a) to the Board and the area dental committee; and

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

(9) Where the Health Board considers that only parts of, or only some of the alterations to, the dental list are likely to concern any person mentioned in paragraph (8)(b) it may instead of sending

(13) 1984 c. 24.
him a copy of the list or notifying him of all the alterations send that person a copy only of those parts, or as the case may be, notify him only of those alterations.

**Application for inclusion in the dental list**

5.—(1) Subject to paragraphs (2) and (3), a dentist who wishes to have his name included in the dental list shall make an application to the Health Board in writing which—

(a) shall include the information and undertaking specified in Part I of Schedule 2; and

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

and the Health Board shall determine the application within 14 days of the date of its receipt, or where it considers the proposed practice premises should be inspected, within 14 days of the date of inspection.

(2) A dentist who wishes to have his name included in the dental list but who does not have a vocational training number shall apply to the Council for a vocational training number, and his application for a vocational training number shall be dealt with in accordance with regulation 6 before the Health Board determines his application under paragraph (1).

(3) The period of 14 days specified in paragraph (1) shall not apply to an application under that paragraph by a dentist who does not have a vocational training number until such a number has been allocated to him.

**Applications for vocational training numbers**

6.—(1) An application for a vocational training number shall be made in writing to the Council and—

(a) shall state that the dentist has also made an application under regulation 5, and—

(i) specify the Health Board to which that application has been made, and

(ii) state the date on which it was made, and

(b) shall either—

(i) state that the dentist has completed vocational training and be accompanied by his vocational training certificate; or

(ii) state that the experience or training which the dentist has acquired ought to be regarded as equivalent to vocational training and be accompanied by written details of that experience or training; or

(iii) state that the dentist is exempt from the requirement to have completed vocational training on one of the grounds set out in paragraph (3) and be accompanied by written details in support of that statement.

(2) For the purpose of paragraph (1)(b)(ii) experience or training shall not be prevented from being equivalent to vocational training merely because the structure of the experience does not comply exactly with the definition of vocational training.

(3) The grounds upon which a dentist is exempt from the requirement to have completed vocational training are—

(a) he is registered as a dentist by virtue of section 15(1)(b) or (bb) of the Dentists Act 1984(14) (registration of nationals of member States who hold appropriate European diplomas) or is in any other way a person in respect of whom a member State is prohibited by Community law from imposing such a requirement; or

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(14) 1984 c. 24.
his name has been included in a dental list in the United Kingdom within the period of five years ending on the date of his application to be included in the dental list; or

(c) he holds a voluntary vocational training certificate which states that it is in respect of vocational training completed on or after—

(i) 1st January 1988 in the case of a certificate issued in England and Wales,

(ii) 1st July 1988 in the case of a certificate issued in Scotland, or

(iii) 1st August 1989 in the case of a certificate issued in Northern Ireland; or

d) he has practised in primary dental care for a period of at least four years in the aggregate in either the community dental service or the armed forces of the Crown and part of that aggregate period has fallen within four years of the date of his application under regulation 5; or

e) in the case of any application made before 1st October 1998, he was, on 1st October 1993, employed as a Senior House Officer or Registrar in a hospital in the United Kingdom or enrolled on a course intended to lead to a Master’s degree in dentistry or Membership Diploma in dentistry of any of the Royal Colleges of Surgeons in the United Kingdom.

(4) In paragraph (3)—

(a) in sub-paragraph (d), “primary dental care” means care and treatment delivered by the dentist at the first point of contact with the patient, and the “community dental service” means the dental service in Scotland provided under sections 1 and 39(2) of the Act(15), in England and Wales provided under section 3(1)(c) and section 5(1)(a) or (1A) of the National Health Service Act 1977(16) and in Northern Ireland provided under Articles 5(1)(c), 9(1)(a) and (1A) of the Health and Personal Social Services (Northern Ireland) Order 1972(17); and

(b) in sub-paragraph (e) “Membership Diploma” means any postgraduate dental qualification which is registrable with the General Dental Council.

(5) An application for a vocational training number shall be granted by the Council if the applicant—

(a) has had a vocational training certificate issued to him;

(b) has acquired experience or completed training which ought to be regarded as equivalent to vocational training; or

(c) is exempt from the requirement to have completed vocational training on one of the grounds set out in paragraph (3).

(6) If the Council determines to grant an application for a vocational training number it shall—

(a) allocate to the applicant a vocational training number;

(b) notify him of that number within 14 days of the determination; and

(c) enter that number against the name of the applicant in a register kept for that purpose.

(7) If the Council does not allocate a vocational training number to the applicant, it shall within 10 days of that decision, send him a notice to that effect together with a statement setting out the reasons why it has not done so and telling him about his right to appeal to the Appeal Body, the time limit for appeals specified in regulation 8(1) and giving the address to which an appeal, if made, must be sent.

(15) Section 39(2) was substituted by the Health and Medicines Act 1988, section 10.

(16) 1977 c. 49; section 5(1)(a) was amended by, and section 5(1A) was added by, the Health and Medicines Act 1988, section 10.

(17) S.I. 1972/1265.
Appeal body for appeals against refusal of vocational training number

7.—(1) The body to which appeals may be made in respect of a refusal to grant a vocational training number shall be a body of seven persons appointed by the Secretary of State.

(2) Of the seven persons referred to in paragraph (1)—

(a) one person shall be appointed as chairman of the body who—
   (i) is an advocate or solicitor in Scotland of at least 10 years standing, or
   (ii) has a 10 year general qualification (within the meaning of section 71 of the Courts and Legal Services Act 1990(18), or
   (iii) is a member of the Bar of Northern Ireland or a solicitor of the Supreme Court of Northern Ireland of at least 10 years standing;
(b) three shall be dentists nominated by a body appearing to the Secretary of State to be representative of the dental profession; and
(c) three shall be dentists nominated by the Secretary of State.

(3) The Secretary of State shall appoint a person to act as secretary to the Appeal Body.

Procedure on appeal

8.—(1) A dentist whose application for a vocational training number has been refused by the Council may appeal against the refusal by giving to the Appeal Body, within 28 days after he has received notice of the refusal pursuant to regulation 6(7) (or such extended period as the Appeal Body may allow pursuant to paragraph (2)), a written notice of appeal setting out a statement of the facts and contentions on which he intends to rely.

(2) The Appeal Body may agree to an extension or further extension of the period of 28 days for lodging an appeal (either before or after that period has expired).

(3) In any case in which a dentist appeals to the Appeal Body in terms of paragraph (1), that dentist shall also send a copy of the written notice of appeal to the Council.

(4) The Council shall, within 21 days of the date of receipt of the copy of its notice of appeal referred to in paragraph (3), send to the Appeal Body a statement, signed and dated, saying whether or not the appeal is opposed.

(5) The Appeal Body may agree to an extension or further extension of the period of 21 days set out in paragraph (4) for lodging the statement by the Council (either before or after that period has expired).

(6) On receipt of a notice of appeal the Appeal Body shall appoint to determine the appeal an appeal committee consisting of the chairman and two other persons, of whom—

(a) one shall be drawn from the dentists appointed under regulation 7(1) following their nomination under regulation 7(2)(b); and
(b) the other shall be drawn from the dentists appointed under regulation 7(1) following their nomination under regulation 7(2)(c).

(7) If the appeal is opposed by the Council then the Council shall—

(a) set out fully on what grounds the appeal is opposed;
(b) specify any representations which the Council may desire to submit with regard to the information furnished by the appellant; and
(c) send to the Appeal Body—
   (i) a certified copy of the application made by the dentist under regulation 6(1);

(18) 1990 c. 41.
(ii) a certified copy of the notice to the dentist and the statement of reasons specified in regulation 6(7);
(iii) certified copies of any further written correspondence between the applicant and the Council in relation to the application; and
(iv) any documentary evidence which the Council may desire to submit.

(8) In connection with an appeal, the appeal committee may require such further particulars from an appellant and such documents in support of his appeal, and may make such inquiries of such persons as it thinks fit.

(9) The appeal committee shall send to the appellant and to the Council (if the appeal is opposed) a copy of any comments made by such persons in reply to those inquiries and shall give the appellant and the Council (if the appeal is opposed) a period of 21 days beginning with the date on which the comments are sent to the respective parties in which to reply to such comments.

(10) The appeal committee shall give notice to the appellant that he may, within such period as is specified in the notice, require the appeal committee to give him an opportunity of appearing before and being heard by the appeal committee.

(11) The appeal committee shall appoint a date, time and place for the consideration of the appeal, and may, or shall if so required by the appellant, hold a hearing for that purpose.

(12) If a hearing is to be held, the appeal committee shall appoint a date, time and place for the hearing and, not less than 21 days before the date, shall send notice to the appellant and to the Council informing them of such date, time and place.

(13) At a hearing by the appeal committee, the appellant may appear and be heard in person or by counsel or a solicitor or by any other person on his behalf, and the Council may appear and be represented by counsel or a solicitor or by any duly authorised member or officer.

(14) The appellant may withdraw his appeal at any time.

(15) Where the appellant does not appear at a hearing and is not represented, the appeal committee may, if they are not satisfied that such failure to appear or be represented was due to a reasonable cause, treat any request for a hearing as having been withdrawn.

(16) The proceedings of the appeal committee shall be in private.

(17) The appeal committee shall determine the appeal and shall, within 10 days of that determination, notify the appellant and the Council in writing of their decision and the reasons for it.

(18) Where the Council receives notice that a dentist’s appeal has been allowed, it shall allocate a vocational training number to the dentist, notify him of that number within 10 days, and enter that number in its register of vocational training numbers.

(19) Subject to the foregoing paragraphs, the procedure of the Appeal Body and of the appeal committee shall be such as that body and committee respectively think fit.

Local directory of dentists

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

(a) any information included in the dental list in respect of the dentist; and
(b) any other information related to the provision of general dental services which the Health Board has agreed with the area dental committee to be appropriate.

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

Restrictions on the right to be included in a dental list

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

(2) The circumstances referred to in paragraph (1) are—

(a) if the dentist has previously withdrawn his name from the dental list prepared by any Health Board or any list prepared pursuant to section 36(1)(a) of the National Health Service Act 1977(19) in circumstances where the Secretary of State has certified for the purpose of regulation 10(4) of the National Health Service (Superannuation) (Scotland) Regulations 1980(20) or, as the case may be, regulation 8(7) of the National Health Service (Superannuation) Regulations 1980(21) that, in the interests of the efficiency of general dental services he should cease to provide such services;

(b) if the Health Board is not satisfied following inspection that the proposed practice premises meet the requirements of paragraph 33 of Schedule 1, or

(c) if the dentist does not have a vocational training number.

Removal from dental list

11.—(1) Subject to paragraph (2) where a Health Board has determined that a dentist whose name has been included in the dental list—

(a) has died, or

(b) has ceased to be a registered dental practitioner the Health Board shall remove the dentist’s name from the dental list with effect from the date of its determination.

(2) Where a dentist has died and—

(a) for so long as his practice is carried on by his personal representatives in accordance with the provisions of the Dentists Act 1984(22), and

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

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

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

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

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

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

(c) except where the dentist is a salaried dentist, consult the area dental committee.

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

(19) 1977 c. 49 section 36 was renumbered to become section 36(1) by the Health and Social Security Act 1984 (c. 48), Schedule 3, paragraph 5(1).
(20) S.I. 1980/117.
(21) S.I. 1980/362; to which there are amendments not relevant for the purpose of these Regulations.
(22) 1984 c. 24.
(a) the dentist was performing relevant service;
(b) the dentist was on maternity leave;
(c) the dentist was unable to provide general dental services because of sickness; or
(d) the dentist was suspended by direction of the Tribunal.

(6) In this regulation—
(a) “relevant service” means—
(i) whole-time service in the armed forces of the Crown in a national emergency as volunteer or otherwise; or
(ii) compulsory whole-time service in those forces, including service resulting from any reserve liability; or
(iii) any equivalent service by a person liable for compulsory whole-time service in those forces; and
(b) “maternity leave” means the period of one year beginning with the date of confinement.

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

Removal from dental list on grounds of age

12.—(1) A Health Board shall—
(a) on 1st April 1996 remove from the dental list the name of any dentist included in that list who has, on or before that date, attained the age of 66; and
(b) on 1st April 1997 remove from the dental list the name of any dentist included in that list who has, on or before that date, attained the age of 65.

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

(3) A Health Board shall give to any dentist whose name is to be removed from the dental list in accordance with paragraph (1) or (2)—
(a) notice in writing to that effect not less than 12 months nor more than 13 months before the date on which his name is to be removed; and
(b) a further such notice not less than 3 months nor more than 4 months before that date, but the failure to give notice to any dentist as required by sub-paragraph (a) or (b) shall not prevent the removal of that dentist’s name from the dental list in accordance with paragraph (1) or (2).

Withdrawal from dental list

13.—(1) Subject to paragraph (2) a dentist shall be entitled at any time to give notice in writing to the Health Board that he desires to withdraw his name from the dental list and his name shall be removed therefrom at the expiration of 3 months from the date of such notice or of such shorter period as the Health Board may agree.

(2) Where, in relation to any dentist, representations are made to the Tribunal under section 29 of the Act (disqualification of persons providing services) that the continued inclusion of a dentist in the dental list would be prejudicial to the efficiency of the general dental services, the dentist shall not, except with the consent of the Secretary of State and subject to such conditions, if any, as the Secretary of State may impose, be removed from the dental list until the proceedings on such representations have been determined.
(3) Paragraph (2) shall not apply in the case of a dentist who has reached an age at which on the following 1st April his name shall be removed from the dental list in accordance with regulation 12.

Information about assistants

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

Information about associateship agreements

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

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

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

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

Transfer of continuing care and capitation arrangements

16.—(1) Subject to paragraphs (2) and (3) where a dentist who is providing care and treatment for patients under continuing care arrangements or capitation arrangements ceases to have his name included in the dental list or is suspended by direction of the Tribunal, the Health Board may, after consultation with the area dental committee and with the agreement of the patients concerned, make arrangement with one or more dentists (whose names are included in the dental list) for the continuing care arrangements or capitation arrangements to be transferred to that or those dentists.

(2) Where a dentist has died and his name remains on the dental list in accordance with regulation 11(2), the Health Board shall, subject to the agreement of the patients concerned, make arrangements with the dentist appointed by the personal representatives of the deceased dentist for the care and treatment under any continuing care arrangements or capitation arrangements entered into by the deceased dentist to be provided by that dentist.

(3) Where a suspension by direction of the Tribunal ceases to have effect and the suspended dentist continues to be included in the dental list, the Health Board shall make arrangements for any continuing care arrangements or capitation arrangements transferred under paragraph (1) which are still in force (including any such arrangement which has been extended under paragraph 8 or 9 of Schedule 1) to be transferred back to the original dentist, subject to the agreement of the patients concerned.

Emergency dental services

17.—(1) A Health Board may make arrangements with any dentist whose name is included in its dental list for the provision of treatment in urgent cases at a hospital or premises of the Health Board when dentists in its area, or part of its area, are not normally available to provide general dental services.

(2) For the purpose of section 25(3)(b) of the Act a Health Board may pay to a dentist remuneration which consists wholly or mainly of a fixed salary where he provides general dental services in accordance with paragraph (1) of this regulation.
(3) In this regulation an “urgent case” means any circumstances in which, in the opinion of the dentist, a patient needs immediate treatment for an acute condition.

**Arrangements for emergency cover**

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

**Health Board patient information leaflets**

19. A Health Board shall compile and make available to any person who may reasonably require one, a document about the provision of general dental services by salaried dentists in its area (a “Health Board patient information leaflet”) which shall include the information specified in Schedule 6.

**PART III**

**method of obtaining general dental services**

**Application for services**

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

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

(b) treatment on referral; or

(c) occasional treatment.

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

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

(b) treatment on referral; or

(c) occasional treatment.

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

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

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

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

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

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

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

(c) on behalf of any person under the age of 18—
   
   (i) in the care of a local authority under Part II of the Social Work (Scotland)
       Act 1968(23) or under the relevant provisions of the said Part II as applied by
       section 44(5) of the said Act(24), by a person duly authorised by that authority;
   
   (ii) in the care of a voluntary organisation by that organisation or a person duly
       authorised by them; and

(d) on behalf of any person detained in a prison, remand centre or young offenders institution
by a person authorised by the Secretary of State.

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

PART IV
remuneration of dentists

Statement of Dental Remuneration

22.—(1) The Secretary of State shall, after consultation with such organisations as appear to
him to be representative of persons providing general dental services, make provision for each of
the matters set out in Column 2 of the following Table in a determination and each determination
shall bear the number in Column 1 of the said Table which corresponds with the subject matter of
the determination:—

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2 Subject Matter of Determination</th>
</tr>
</thead>
</table>
| I        | A Scale of Fees which shall prescribe the 
          remuneration to be paid to a dentist, other 
          than a salaried dentist, for care and treatment 
          under a continuing care arrangement or a 
          capitation arrangement, treatment on referral 
          and occasional treatment and the conditions of 
          payment of remuneration |
| II       | Rates of remuneration for a salaried dentist and 
          for the provision of emergency dental services |
| III      | Seniority payments |
| IV       | Vocational training allowances |
| V        | Maternity payments |

(23) 1968 c. 49; Part II of the Social Work (Scotland) Act 1968 was extended with modification by the Guardianship Act 1973
(c. 29) section 11(5).

(24) Section 44(5) was amended by the Children Act 1975 (c. 72), Schedule 3, paragraph 56 and by the Law Reform (Miscellaneous
Provisions) (Scotland) Act 1985 (c. 73), section 28.
### Column 1
#### Determination

- VI
- VII
- VIII

### Column 2
#### Subject Matter of Determination

- Long term sickness payments
- Postgraduate education allowances
- Reimbursement of non-domestic rates

#### Approval of payments

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

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

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

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

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

(b) treatment on referral; or

(c) occasional treatment;

completed by the dentist, authorise in accordance with the Scale of Fees, the remuneration to be paid by the Health Board to the dentist in respect of such care and treatment, treatment on referral, or occasional treatment.

(3) In any case falling within paragraphs 14 or 17(4) of Schedule 1 (inability of dentist to complete treatment), the Board shall authorise in accordance with the Scale of Fees, and without prejudice to the provisions of the National Health Service (Dental Charges) (Scotland) Regulations 1989(25), the remuneration to be paid by the Health Board to a dentist, other than a salaried dentist, in respect of the care and treatment or occasional treatment provided by him.

(4) A Health Board shall pay to a dentist, other than a salaried dentist, the remuneration—

(a) authorised by the Board under paragraphs (1)(a), (2) and (3); and

(b) in accordance with Determinations III, IV, V, VI, VII and VIII of the Statement of Dental Remuneration.

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

(6) The Board may at its discretion in cases of orthodontic care and treatment, authorise payments on account pending completion of that care and treatment.

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Drugs

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

Recovery of overpayments

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

(a) where he admits the overpayment; or

(b) where he does not admit the overpayment but, the matter having been referred under regulation 8 of the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992(26) for investigation, the Health Board, or the Secretary of State on appeal, decides that there has been an overpayment,

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

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

PART V

payments in consequence of suspension

Interpretation of Part V

26. In this Part of these Regulations—

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

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

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

“Health Committee” means the committee of that name being a Committee of the General Dental Council and constituted in accordance with section 2(4) of the Dentists Act 1984(27);

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

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

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

“register” means the dentists register referred to in section 14(1) of the Dentists Act 1984, and

“registration” means registration in that register;

(27) 1984 c. 24.
“suspension date” means the date on which suspension of a person’s registration takes effect;

(b) a reference to a direction or order of the Health Committee is a reference to a direction or order of that Committee under the Dentists Act 1984.

Entitlement to payment

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

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

(a) whose registration has been suspended by a direction or order of the Health Committee once he has received payments in respect of 12 months’ such suspension, whether in respect of the same or a previous period of such suspension, and whether or not those 12 months formed a continuous period;

(b) in respect of any part of a period of suspension where, in the 2 years immediately preceding the suspension date he received no fees for the provision of general dental services.

(3) In calculating whether a person has received payment in respect of 12 months’ suspension under paragraph (2)(a), no account shall be taken of any payment made in consequence of the suspension of his registration by a direction or order of the Health Committee more than five years previously.

(4) No payment shall be made to a person for any part of a period of suspension—

(a) earlier than 8 weeks before the date on which an application for payment is received by the Health Board, unless that Board is satisfied that the lateness of the application is due to illness or other reasonable cause;

(b) during which his name is not included in the dental list of any Health Board;

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

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

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

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

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

(h) during which he is suspended by direction of the Tribunal.

Application for payment

28.—(1) An application for payment shall be made to the Health Board in whose dental list the claimant’s name was included immediately before the suspension date; and where his name was then included in the list of more than one Health Board, the application shall be made to the Health Board by whom the larger or largest total amount of fees was payable to him in the 2 years immediately preceding that date.

(2) An application for payment shall—

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

**Amounts and times of payment**

29.—(1) A Health Board to whom an application for payment is made in accordance with
regulation 28, shall, if satisfied, having made such enquiries as it considers relevant, that the claimant
is eligible for payment by virtue of regulation 28, determine that he shall in respect of any period for
which he is so entitled receive payment which, subject to paragraphs (2) to (6), shall be calculated
as follows:—

(a) where his registration is suspended by a direction or order of the Health Committee—
   (i) £2,984 per month for each of the first 6 months for which he is entitled to payment,
   whether in respect of one or more periods of such suspension and whether or not
   those 6 months are consecutive, and
   (ii) £1,492 per month thereafter;
(b) where his registration is suspended by an interim suspension order—
   (i) where the period of interim suspension ends with an order for erasure or immediate
   suspension, £1,492 per month for the period of interim suspension, and
   (ii) in any other case, £2,984 per month.

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

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

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

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

(6) Any payment shall, so far as is reasonably practicable, be made by the Health Board at the
end of each month in arrears, and an appropriate proportion of the monthly amount shall be paid
where the claimant is entitled to a payment for part only of a month.

**Changes of circumstances**

30.—(1) A claimant shall notify the Health Board in writing immediately of any changes in his
circumstances which he might reasonably consider might affect his entitlement to, or the amount of,
any payment made or to be made to him in terms of this Part, and in particular of erasure, immediate
suspension or termination of suspension of his registration.
(2) Where the Health Board considers, whether or not following a notification under paragraph (1), that there has been a change of circumstances affecting a claimant’s entitlement to payment, it shall make such adjustment to payment as it considers to be appropriate.

Overpayments

31. Where the Health Board considers that a payment has been made to a claimant in error or in circumstances where he was not entitled to it, it shall, except to the extent that the Secretary of State on the Health Board’s application directs otherwise, draw the fact of overpayment to the attention of the claimant and—

(a) where he agrees that the overpayment has occurred; or

(b) where he does not so agree but, the matter having been referred under regulation 8 of the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992 for investigation, the Health Board, or the Secretary of State on appeal, decides that there has been an overpayment,

the overpayment shall be recoverable either by deduction from the fees to which the claimant is otherwise entitled or in some other manner.

PART VI

payments in consequence of suspension by the tribunal

Payments to dentists suspended by direction of the Tribunal

32.—(1) The Health Board shall make payments to any dentist who is suspended by direction of the Tribunal in accordance with the Secretary of State’s determination for the time being in force in relation to such payments.

(2) The Secretary of State shall make the determination in accordance with paragraphs (3) and (4) after consultation with the organisations referred to in regulation 22(1) and shall be published with the Statement referred to in regulation 22(2).

(3) Subject to paragraph (4), the Secretary of State’s determination shall be such as to secure that, as far as reasonably practicable, and after making adjustments for any reduction in expenses, the suspended dentist receives payments at a rate corresponding to his remuneration by virtue of regulation 22 during the 12 months ending with the direction for suspension by the Tribunal.

(4) The Secretary of State’s determination may include provision that payments in accordance with the determination are not to exceed a specified amount in any specified period.

(5) In a case to which section 32B(3) of the Act applies, the determination shall be reduced to take account of any payments which the suspended dentist receives from providing general dental services other than as a principal.

(6) Regulation 22(3) shall apply to determinations under this regulation as it applies to determinations under that regulation.

(7) Regulation 31 shall apply to payments made under this Part as it applies to payments made under Part V.
PART VII
prior approval (patterns of treatment) and surveys

Prior approval—patterns of treatment

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

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

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

(c) giving notice to him that—

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

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

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

(2) Where the dentist fails—

(a) to reply within 28 days; or

(b) to disclose the reasonable grounds as mentioned in paragraph (1)(c)(ii),

the Board may direct the dentist that he may not, for a period of not less than 3 months nor more than 9 months specified in the direction, carry out treatment, or a description of treatment specified in the direction, without first obtaining approval of an estimate from the Board, but nothing in any such direction shall prevent the dentist, without such approval, from giving treatment following trauma or in an emergency, any private treatment or, in the course of any single consultation, treatment of a patient consisting of one examination and the taking of no more than 2 small radiographs, each of a size not exceeding 16 square centimetres.

(3) Where the Board gives a direction under paragraph (2), the direction shall inform the dentist of his right of appeal under regulation 20 of the National Health Service (Service Committees and Tribunal)(Scotland) Regulations 1992 and shall have no effect until the expiry of the period allowed by that regulation for the bringing of an appeal and, if such an appeal is brought, until the determination of the appeal.

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

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

(6) Paragraphs (1) and (2) shall not apply to any treatment for which a dentist is remunerated in accordance with Section X (treatment under capitation) of Determination I of the Statement of Dental Remuneration and for which he receives no remuneration other than a capitation payment.
(7) Where, on the date on which the Board gives a direction under paragraph (2), the name of the dentist in respect of whom the direction is given is not included in any dental list the period specified in the direction shall not begin until the next day on which his name is again included in a dental list.

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

(9) In this regulation—

(a) “pattern of treatment” means—

(i) the number of instances in which an item or items of treatment are provided by or on behalf of a dentist; or

(ii) the ratio which the number of instances relating to one such item bears to the number of instances relating to another such item;

(b) “local”, in relation to pattern of treatment, means throughout the area of a Health Board; and

(c) “national”, in relation to pattern of treatment, means throughout Scotland.

Surveys

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

PART VIII
miscellaneous

Publication of particulars

35. Copies of the dental list, the local directory of dentists, these Regulations including the terms of service, the lists of listed drugs and the Statement of Dental Remuneration shall be available for inspection at the offices of the Health Board and such other places in its area as appear to the Health Board to be convenient for informing all persons interested and shall be kept revised and up to date.

Service of documents

36. Any notice or other document which is required or authorised by these Regulations (including the terms of service) to be given or sent—

(a) to a dentist by a Health Board, the Council, the Appeal Body or an appeal committee may be given or sent by delivering it to him or by sending it by post to him at his usual or last known address;

(b) to a dentist in connection with an appeal under regulation 8 who is represented by a solicitor for the purposes of that appeal, may be given or sent (as an alternative to a method mentioned in paragraph (a)) by delivering it to the solicitor at, or by sending it by post to the solicitor at, his usual or principal address;

(c) to the Appeal Body or an appeal committee may be given or sent by delivering it to, or by sending it by post to, the secretary of the Appeal Body at the address mentioned in the notice given under regulation 6(7).
Signatures

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

Revocations

38. The Regulations specified in column (1) of Schedule 8 are hereby revoked to the extent specified in column (3) of that Schedule.

St Andrew’s House,
Edinburgh
28th January 1996

James Douglas-Hamilton
Minister of State, Scottish Office
SCHEDULE 1

TERMS OF SERVICE FOR DENTISTS

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PART I
general

Interpretation

1. In these terms of service, unless the context otherwise requires—
   (a) “the Regulations” means the National Health Service (General Dental Services) (Scotland) Regulations 1996;
   (b) any reference to a numbered regulation is a reference to the regulation bearing that number in the Regulations;
   (c) any reference to a numbered paragraph is a reference to the paragraph bearing that number in these terms of service, and any reference in a paragraph to a numbered sub-paragraph is a reference to the sub-paragraph bearing that number in that paragraph;
   (d) any reference to a numbered Schedule is a reference to the Schedule to the Regulations bearing that number.

Incorporation of provisions of Regulations

2. Any provisions of the following affecting the rights and obligations of dentists shall be deemed to form part of the terms of service:—
   (a) the Regulations;
(b) so much of Part II of the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992(28) as relates to—

(i) the investigation of questions arising between dentists and their patients, and other investigations to be made by the dental service committee, the joint services committee and the action which may be taken by the Health Board as a result of such investigations;

(ii) any decision of the Secretary of State (whether on appeal or otherwise) in connection with any investigation referred to in head (i) of this sub-paragraph or with any decision of the board; and

(iii) the investigation of record keeping; and

(c) regulations 4(4) and 6(2) of the National Health Service (Dental Charges) (Scotland) Regulations 1989(29).

General Dental Services

3.—(1) In providing general dental services for any person under the Regulations, a dentist shall provide—

(a) for a person aged 18 or over with whom he has entered into a continuing care arrangement, care and treatment under that arrangement; or

(b) for a person under the age of 18 with whom he has entered into a capitation arrangement, care and treatment under that arrangement.

(2) A dentist may provide general dental services under the Regulations by way of—

(a) treatment on referral for a person who is receiving dental services from another dentist (whether or not pursuant to the Act); or

(b) occasional treatment for any person—

(i) who is receiving care and treatment with another dentist under an arrangement mentioned in sub-paragraph (1)(a) or (b); or

(ii) who does not wish to enter into an arrangement mentioned in sub-paragraph (1)(a) or (b); or

(iii) with whom the dentist is not prepared to enter into an arrangement mentioned in sub-paragraph (1)(a) or (b); or

(iv) who is referred to him under paragraph 18(1).

PART II
continuing care arrangement, capitation arrangement and treatment on referral

A continuing care arrangement

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

(a) at the time at which he accepts the patient, provide him with the information about care and treatment under general dental services which is set out in Schedule 3 and with a form of acceptance supplied by the Health Board, or form to like effect, which shall specify—


(i) the name of the patient;
(ii) the name of the dentist;
(iii) particulars of the places where the patient will receive care and treatment; and
(iv) the telephone number at which the dentist or a deputy may be contacted during
normal surgery hours, or at other times in an emergency if different;
(b) at the time of the first examination of the patient, provide the patient with a plan for
treatment on a form supplied by the Health Board, or a form to like effect, which shall
specify——
(i) details of the care and treatment (if any) which in the opinion of the dentist, at the
date of that examination, is necessary to secure and maintain the oral health of the
patient;
(ii) the approximate period following which a further examination is recommended by
the dentist;
(iii) his estimate of the NHS charge, if any, in respect of that care and treatment; and
(iv) any proposals he may have for private care and treatment as an alternative to the
care and treatment proposed under general dental services, including particulars of
the cost to the patient;
(c) where at any time during the currency of a continuing care
arrangement——
(i) the circumstance specified in sub-paragraph (2) apply; or
(ii) in the opinion of the dentist, the care and treatment included in the plan for treatment
provided under head (b) or this head of this sub-paragraph needs to be varied,
provide the patient with a new plan for treatment or, as the case may be, a revised plan
for treatment in accordance (except as to the time of its provision) with head (b) of this
sub-paragraph;
(d) complete the care and treatment (if any)—
(i) which is referred to in head (b)(i) of this sub-paragraph; and
(ii) where sub-paragraphs (2)(a) to (c) do not apply, any care and treatment which is in
the opinion of the dentist at the date of any examination of the patient, necessary to
secure and maintain his oral health;
(e) provide the patient with emergency cover in accordance with paragraph 6; and
(f) repair or replace in accordance with paragraph 7 any restoration which requires repair or
replacement.
(2) The circumstances in which the obligation mentioned in sub-paragraph (1)(c)(i) applies are
where——
(a) the patient requests a new plan for treatment; or
(b) the patient and the dentist have agreed that all or part of the treatment which is necessary
to secure and maintain oral health is to be provided privately; or
(c) the care and treatment which is to be provided includes any of the items of treatment
mentioned in sub-paragraph (3).
(3) The items of treatment referred to in sub-paragraph (2)(c) are——
(a) non-surgical treatment of chronic periodontal diseases which is likely to involve 3 or more
visits;
(b) provision of 3 or more permanent fillings;
(c) endodontic treatment;
(d) provision of a veneer, inlay, pinlay, crown or bridge;
(e) all surgical treatment other than the extractions of teeth;
(f) the extraction of—
   (i) more than 2 teeth; or
   (ii) any tooth which, in the opinion of the dentist, is likely to present special difficulty;
(g) provision of general anaesthesia or sedation in connection with any item of treatment;
(h) provision of prosthetic appliances; and
(i) orthodontic care and treatment.

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

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

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

A capitation arrangement

5.—(1) A dentist who accepts a person for care and treatment under a capitation arrangement shall—
(a) at the time at which he accepts the patient, examine him and chart the patient’s decayed, missing or filled teeth on the form supplied by the Health Board, or a form to like effect;
(b) at the time of his first examination of the patient, provide the patient with the information about care and treatment under general dental services which is set out in Schedule 3 and with a form of acceptance supplied by the Health Board, or a form to like effect which shall specify—
   (i) the name of the patient;
   (ii) the name of the dentist;
   (iii) particulars of the places where the patient will receive care and treatment; and
   (iv) the telephone number at which the dentist or a deputy may be contacted during normal surgery hours, or at other times in an emergency if different;
(c) at the time of his first examination of the patient, provide the patient with a plan for treatment on a form supplied by the Health Board, or a form to like effect, which shall specify—
   (i) details of the care and treatment (if any) which in the opinion of the dentist, at the date of that examination, is necessary to secure and maintain the oral health of the patient;
   (ii) the approximate period following which a further examination is recommended by the dentist; and
   (iii) any proposals he may have for private care and treatment as an alternative to the care and treatment proposed under general dental services, including particulars of the cost to the patient;
(d) where at any time during the currency of a capitation arrangement—
   (i) the circumstances specified in sub-paragraph (2) apply; or
(ii) in the opinion of the dentist, the care and treatment included in a plan for treatment provided under head (c) or this head of this sub-paragraph needs to be varied;

provide the patient with a new plan for treatment or, as the case may be, a revised plan for treatment in accordance (except as to the time of its provision) with head (c) of this sub-paragraph;

(e) complete the care and treatment (if any)—

(i) which is referred to in head (c)(i) of this sub-paragraph; and

(ii) where sub-paragraphs (2)(a) to (c) do not apply, any care and treatment which is, in the opinion of the dentist at the date of any examination of the patient, necessary to secure and maintain his oral health; and

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

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

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

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

(c) the care and treatment which is to be provided includes any care and treatment for which the dentist is remunerated otherwise than in accordance with Section X (treatment under capitation) of Determination I of the Statement of Dental Remuneration.

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

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

**Emergency cover**

6.—(1) Subject to regulation 18 in providing emergency cover under a continuing care arrangement or a capitation arrangement, a dentist shall make reasonable arrangements to secure that a patient requiring prompt care and treatment will receive such care and treatment as soon as appropriate either from himself or from another dentist.

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

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

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

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

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

**Repair or replacement of restorations**

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

(a) under that continuing care arrangement; or

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

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

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

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

(i) a dentist has provided private treatment; or

(ii) another dentist has provided occasional treatment otherwise than of a temporary nature,

on the tooth in respect of which the restoration was provided;

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

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

(ii) in his opinion, a different form of restoration was more appropriate to secure oral health but, notwithstanding that advice, the patient insisted on the restoration which was provided;

(c) in the opinion of the dentist the condition of the tooth in respect of which the restoration was provided is such that the restoration cannot satisfactorily be repaired or replaced and different treatment is now required; or

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

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

Duration and extension of a continuing care arrangement

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

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

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

(2) A continuing care arrangement—

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

(b) shall terminate where—

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

(ii) the patient enters into an arrangement with the dentist or another dentist whereby the whole of the care and treatment which might otherwise be provided under the continuing care arrangement is to be provided privately;
(iii) the dentist is suspended by direction of the Tribunal and the Health Board does not
within the period of one month beginning with the date of the Tribunal’s direction
arrange for it to be transferred to another dentist under regulation 16.

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

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

**Duration and extension of a capitation arrangement**

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

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

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

(2) A capitation arrangement—

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

(b) shall terminate where—

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

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

(iii) the patient attains the age of 18; or

(iv) the dentist is suspended by direction of the Tribunal and the Health Board does not
within the period of one month beginning with the date of the Tribunal’s direction
arrange for it to be transferred to another dentist under regulation 16.

(3) A capitation arrangement may be extended, with the agreement of the patient and the dentist,
at any time during the currency of the capitation arrangement before the patient attains the age of
18, but the arrangement may not be extended more than once in the same calendar year.

(4) Where a capitation arrangement is extended, the dentist—

(a) shall at the time examine the patient and assume the obligations set out in paragraph 5(1)
d to (f); and

(b) shall—

(i) provide details of the care and treatment provided to the patient under the capitation
arrangement; and

(ii) chart the patient’s decayed, missing or filled teeth,
on a form supplied by the Health Board, or a form to like effect, and send it to the Board.

**Lapse of a continuing care arrangement or a capitation arrangement**

10. Where a dentist does not agree to the extension of a continuing care arrangement or a
capitation arrangement (under paragraph 8 or 9), he shall—

(a) give notice to the patient not later than 3 months, or such shorter period as may be
reasonable in the circumstances, before the date on which the arrangement is due to lapse; and
(b) use his best endeavours to complete satisfactorily before that date any care and treatment which he has agreed to provide for the patient and which is outstanding and any further treatment that may be necessary to secure and maintain his oral health.

**Termination of a continuing care arrangement or a capitation arrangement**

11.—(1) Subject to sub-paragraph (4), a dentist who wishes to terminate a continuing care arrangement or a capitation arrangement shall give to the patient 3 months' notice in writing of the termination of the arrangement.

(2) Where a dentist gives notice under sub-paragraph (1), he shall use his best endeavours to complete satisfactorily before the termination of the arrangement any care and treatment which he has agreed to provide for the patient and which is outstanding and any further treatment that may be necessary to secure and maintain his oral health.

(3) Where a dentist gives notice under sub-paragraph (1), he shall notify the Health Board accordingly and give details to the Health Board of any care and treatment which he has agreed to provide to the patient and which is outstanding including any arrangements made for completion of that care and treatment.

(4) Where a dentist wishes a continuing care arrangement or a capitation arrangement to be terminated on less than 3 month’s notice, he shall apply in writing to the Health Board—

(a) asking that it terminate the arrangement;

(b) setting out the reasons why he wishes the arrangement to be terminated; and

(c) giving details of any care and treatment which the dentist has agreed to provide for the patient and which is outstanding including any arrangements made for completion of that care and treatment.

(5) Where a dentist applies to the Health Board under sub-paragraph (4), the Health Board may, after considering any representations made by the patient, terminate the arrangement on such date and on such terms as to completion of any outstanding care and treatment mentioned in sub-paragraph (4)(c) as it thinks fit, save that, where an arrangement is terminated because the patient has refused to pay the NHS charge, the dentist shall not be obliged to complete that care and treatment.

(6) A Health Board which terminates an arrangement under sub-paragraph (5) shall so inform the patient, the dentist and the Board in writing.

**Referral to another dentist or to a hospital or other service**

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

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

(a) give details of—

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

(ii) if relevant to the referral, details of the care and treatment he has provided or intends to provide in order to secure and maintain the patient’s oral health,

(b) use his best endeavours to complete satisfactorily before that date any care and treatment which he has agreed to provide for the patient and which is outstanding and any further treatment that may be necessary to secure and maintain his oral health.
(b) include with those details a statement of the amount paid to him by the patient under the National Health Service (Dental Charges) (Scotland) Regulations 1989(30) in respect of any care and treatment already provided in the course of the care and treatment during which the referral is made; and

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

Treatment on referral

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

(a) at the time at which he accepts the patient, provide him with a form of acceptance supplied by the Health Board, or a form to like effect, which shall specify—

(i) the name of the patient;

(ii) the name of the dentist;

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

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

(b) at the time of his first examination of the patient, provide the patient with a plan for treatment on a form supplied by the Health Board, or a form to like effect, which shall specify—

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

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

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

(c) where, in the opinion of the dentist, the care and treatment included in the plan for treatment provided under head (b) of this sub-paragraph needs to be varied, provide the patient with a revised plan for treatment in accordance (except as to the time of its provision) with head (b) of this sub-paragraph;

(d) complete the care and treatment, which is referred to in head (b)(i) of this sub-paragraph;

(e) until such time as the treatment on referral has been completed, provide the patient with emergency cover in accordance with paragraph 6(1) and (2), but only to the extent that the patient requires prompt care and treatment in relation to the particular care and treatment for which he has been referred; and

(f) repair or replace in accordance with sub-paragraph (2) any restoration which requires repair or replacement.

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

(3) A dentist shall not be under an obligation to repair or replace any restoration under sub-paragraph (2) where—

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

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

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

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

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

Care and treatment summaries

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

Mixing of general dental services and private care and treatment

16.—(1) Subject to sub-paragraph (3), a dentist may, with the consent of the patient, provide
privately any part of the care and treatment—
   (a) necessary under a continuing care arrangement or a capitation arrangement to secure and
       maintain the oral health of a patient; or
   (b) to be provided as part of treatment on referral.
(2) A dentist shall not, with a view to obtaining the agreement of a patient to undergo care and treatment privately—

(a) advise a patient that the care and treatment which is necessary in his case—
   (i) under the continuing care agreement or capitation arrangement to secure and maintain oral health; or
   (ii) having regard to the reason given for referral, is not available from that dentist under general dental services; or

(b) seek to mislead the patient about the quality of care and treatment available under general dental services.

(3) Sub-paragraph (1) shall not apply—

(a) where the treatment necessary to secure oral health relates to a single tooth, in which case the treatment shall be provided wholly under general dental services or wholly privately; and

(b) in respect of orthodontic care and treatment in which case—
   (i) the assessment, diagnosis and planning of treatment in connection with the orthodontic care and treatment shall be provided wholly under general dental services or wholly privately; and
   (ii) the orthodontic treatment shall be provided wholly under general dental services or wholly privately.

PART III
occasional treatment

Occasional treatment

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

(2) The items of treatment referred to in sub-paragraph (1) are—

(a) examination (including advice);

(b) extractions of not more than 2 permanent teeth;

(c) extractions of not more than 4 deciduous teeth, except that, where a general anaesthetic is used, there shall be no limit as to the number of deciduous teeth that may be extracted;

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

(e) incising an abscess;

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

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

(h) arrest of haemorrhage;

(i) treatment of infected sockets;

(j) removal of plugs or sutures;

(k) palliative treatment that is immediately necessary (including the treatment of sensitive cementum or dentine, the stoning and smoothing of the surface of a tooth, the provision of a temporary crown or the removal of the fractured portion of a natural crown where its dissection from supporting soft tissues is necessary prior to the provision of a permanent restoration);
(l) refixing or cementing a crown, inlay or bridge;
(m) repair of, or alterations to, dentures or other appliances not requiring the prior approval of the Board;
(n) treatment for acute conditions of the gingivae or oral mucosa (including treatment for pericoronitis or for ulcers and herpetic lesions) and any necessary oral hygiene instruction in connection with such treatment;
(o) any treatment immediately necessary as a result of trauma;
(p) provision of general anaesthesia in connection with the items of treatment specified in heads (b) to (g) and (o);
(q) provision of sedation in connection with the items of treatment specified in heads (b) to (g), (k), (l) and (o);
(r) taking of radiographs in connection with the items of treatment in heads (b) to (l) and (o);
(s) issuing a prescription in connection with the items of treatment specified in heads (a) to (o).

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

(a) permanent fillings to not more than 2 retained deciduous teeth or permanent teeth;
(b) root fillings to not more than 2 permanent teeth;
(c) replacement of a denture or temporary bridge where the original is lost or damaged beyond repair, or provision of a new denture where it is needed because of trauma or extraction;
(d) where the patient is under the age of 18, conservation of not more than 2 deciduous teeth; and
(e) provision of sedation and taking of radiographs in connection with the items of treatment specified in heads (a), (b) and (d).

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

Referral for occasional treatment

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

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

(a) give details of the oral condition of the patient and the reason for the referral to that other dentist or, as the case may be that hospital or other service, either at the time of referral or as soon as practicable afterwards;
(b) include with those details a statement of the amount paid to him by the patient under the National Health Service (Dental Charges) (Scotland) Regulations 1989 in respect of any occasional treatment already provided in the course of the occasional treatment during which the referral is made; and
(c) indicate in his claim for remuneration in respect of that course of occasional treatment that the patient has been referred for the required occasional treatment.
(3) A dentist who accepts a patient referred to him under sub-paragraph (1) shall provide only the occasional treatment which, in the opinion of the dentist, it is necessary for him to provide having regard to the reason for referral.

PART IV
additional terms of service for all dentists

Remuneration

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

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

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

Standards of care

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

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

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

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

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

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

General anaesthesia and sedation

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

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

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

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

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

Supply of drugs

22.—(1) A dentist may supply to a patient such listed drugs as are required for immediate use before a supply can otherwise be obtained under paragraph 23.
(2) A dentist may personally administer to a patient any drug required for the care and treatment of that patient.

**Issue of prescription forms**

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

(2) The prescription form—

(a) shall be signed by the dentist;
(b) shall not refer to any previous prescription;
(c) shall not be issued to persons other than patients,

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

**Domiciliary visits**

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

**Records**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) has the effect that the care and treatment then falls within Part II of Schedule 4, the dentist shall re-submit, without unreasonable delay, the estimate to the Board for approval, including details of any part of that care and treatment provided or to be provided privately.

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

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

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

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

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

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

(8) Where, in consequence of any proceeding under the National Health Service (Service Committees and Tribunal) (Scotland) Regulations 1992(31) in respect of general dental services provided in the area of any Health Board, a dentist is required for any period to submit all estimates to the Board for approval, in respect of all treatment or any specified description of treatment the dentist—

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

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

(9) Where in consequence of a direction given by the Board under regulation 33(2) a dentist is directed, for any period, to submit all estimates to the Board for approval in respect of treatment or a description of treatment specified in the direction the dentist—

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

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

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

Completion of estimate

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

(a) his name and address and the number by which his arrangement with the Health Board is identified;

(b) the patient’s name and address and date of birth; and

(c) details of the care and treatment proposed and the reasons why the dentist considers such care and treatment is necessary.

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

28.—(1) Subject to sub-paragraphs (2) and (4), the dentist shall complete within a reasonable time any course of care and treatment under a continuing care arrangement or a capitation arrangement or treatment on referral.
(2) Where the dentist and the patient agree that the patient requires dentures, or new dentures, in consequence of treatment provided by that dentist involving the extraction of one or more teeth, the dentist shall provide such dentures within 12 months of the date of the relevant extraction or, as the case may be, the later or last such extraction.

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

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

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

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

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

Dental auxiliaries

29. A dentist may in the provision of general dental services arrange for care and treatment to be given in accordance with the provision of Regulations having effect under section 45 of the Dentists Act 1984(32) by a dental auxiliary to whom those Regulations apply, and shall ensure that such treatment is properly completed.

Postgraduate education

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

Notices

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

PART V
additional terms of service for dentists other than salaried dentists

Patient information leaflets

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

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

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

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

Premises etc.

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

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

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

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

Remuneration

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

Deputies and assistants

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

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

(3) A dentist shall not employ more than two assistants at any one time for the provision of general dental services in an area without the consent of the Health Board for that area or, on appeal, the Secretary of State.
(4) Before giving any consent under sub-paragraph (3) a Health Board shall consult the area
dental committee for its area, and any consent given under that sub-paragraph shall be reviewed by
the Health Board in consultation with the area dental committee at least once a year and may be
confirmed or withdrawn by the Health Board.

(5) A dentist shall—
   (a) notify the Health Board of the employment of an assistant within 7 days of the first day
       of such employment;
   (b) forward to the Health Board such particulars concerning the assistant as the Health Board
       may reasonably require; and
   (c) on ceasing to employ an assistant, notify the Health Board within 7 days of the cessation
       of that employment.

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

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

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

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

(10) A dentist shall not, without the consent of the Secretary of State, employ as a deputy or
assistant for the purpose of the provision of general dental services any dentist who is disqualified
for inclusion in the dental list of any Health Board under section 25(2A) of the Act (33).

(11) A dentist shall not employ as a deputy or assistant for the purpose of the provision of general
dental services any dentist—
   (a) who, having been disqualified under section 29(3)(b) of the Act (or under any
       corresponding provision in force in England and Wales or Northern Ireland) from inclusion
       in the dental list of any Health Board (or, in England and Wales of a Health Authority or in
       Northern Ireland of a Health and Social Services Board) is also the subject of a declaration
       under section 29(3)(c) (34) of the Act (or any corresponding provision in force in England
       and Wales or Northern Ireland) that he is not fit to be engaged in any capacity in the
       provision of general dental services; or
   (b) who is suspended by direction of the Tribunal, other than in a case falling within
       section 32B(3) of the Act.

(12) Except as provided in sub-paragraph (13), a dentist shall be responsible for all acts and
omissions of any dentist acting as his deputy or assistant.

(13) A dentist whose name is included in the dental list, when acting as a deputy to another
dentist whose name is also included in that list, shall be responsible for his own acts and omissions

(33) Subsection (2A) of section 25 was inserted by S.I. 1981/432, article 4(3)(b).
(34) Section 29(3)(c) was inserted by section 7 of the National Health Service (Amendment) Act 1995.
36. A deputy or assistant who issues a prescription form for listed drugs under paragraph 23 shall in addition to signing his own name on such prescription form, insert on the form the name of the dentist for whom he is acting.

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

Dentists suspended under section 28 or 32 of the Dentists Act 1984

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

PART VI

additional terms of service for salaried dentists

Attendance

39.—(1) A dentist shall attend at such premises on such days and at such hours as he may agree with the Health Board.

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

General anaesthesia

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

Records

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

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

Drugs

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

(35) 1984 c. 24.
Provision of Health Board patient information leaflets

43. A salaried dentist shall make available to any person who may reasonably require one the Health Board patient information leaflet compiled and provided to him by the Health Board pursuant to regulation 19.

Termination of services

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

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

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

SCHEDULE 2

APPLICATION FOR INCLUSION IN THE DENTAL LIST

PART I

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

1. Full name.
2. Sex.
3. Date of birth.
4. Private address.
5. Date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984 and registration number and dental qualifications registerable under that Act and when obtained.
6. His vocational training number, if he has one.
7. Address of proposed practice premises and, in the case of any mobile surgery, the address to which correspondence may be sent.
8. Proposed days and hours of attendance and whether patients will be seen by appointment only and, in the case of any mobile surgery, particulars of places to be regularly visited by the dentist and the times of those visits.
9. Undertaking to provide general dental services in the area of the Health Board.
10. Whether intending to practise—
    (a) as a single-handed practitioner; or
    (b) as a partner and if so the name and address of each intended partner and whether or not his name is included in the Health Board’s dental list; or

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(c) as an associate and if so the name and address of each intended associate and whether or not his name is included in the Health Board’s dental list.

11. The names of any assistants he or any person referred to in paragraph 10(b) or (c) above intends to employ or already employs at the proposed practice premises.

12. Present or most recent appointment and whether any previous experience in the provision of general dental services.

13. Whether the general dental services to be provided are restricted to orthodontic treatment.

14. Whether there is access to the proposed dental surgery without the use of stairs.

15. Whether he has been suspended by the Tribunal.

PART II

INFORMATION WHICH MAY BE INCLUDED IN AN APPLICATION FOR INCLUSION IN THE DENTAL LIST

Details of any languages, other than English, spoken by the dentist.

SCHEDULE 3

INFORMATION TO BE PROVIDED ABOUT CARE AND TREATMENT UNDER GENERAL DENTAL SERVICES

1. Details of arrangements in an emergency.

2. Details of repairs and replacements free of charge.

3. Explanation of care and treatment to be provided.

4. Details of arrangements if the dentist with whom the patient has entered into a continuing care arrangement is not available.

5. Details of care and treatment available under general dental services.

6. Explanation of NHS charges for general dental services and of entitlement to exemptions from and remission of these charges.

7. Explanation of the arrangements for cancelling appointments.

8. Explanation of the importance of regular care.

9. The consequences of the termination of a continuing care arrangement or a capitation arrangement.
SCHEDULE 4

PRIOR APPROVAL OF CARE AND TREATMENT

PART I

items of treatment

Any item of treatment specified in Determination I of the Statement of Dental Remuneration as being an item of treatment for which the prior approval of the Board is required.

PART II

care and treatment

1. A course of care and treatment under a continuing care arrangement or a capitation arrangement, including any treatment on referral, the cost of which exceeds or is likely to exceed £200.

2. Any orthodontic care and treatment to be provided by that dentist, the cost of which exceeds or is likely to exceed £200.

3. A reference in this part of this Schedule, to the cost of care and treatment means the cost of such care and treatment calculated in accordance with the Scale of Fees, but does not include the cost of—
   (a) any care and treatment under a capitation arrangement for which the dentist is remunerated in accordance with Section X (treatment under capitation) in Determination I of the Statement of Dental Remuneration and for which he receives no remuneration other than a capitation payment;
   (b) in the case of orthodontic care and treatment, fees for diagnosis, study models, retention and the extraction of any tooth for orthodontic purposes;
   (c) any part of the care and treatment to be provided privately.

SCHEDULE 5

INFORMATION TO BE INCLUDED IN PATIENT INFORMATION LEAFLETS

1. The following personal and professional details of the dentist:—
   (a) name;
   (b) sex;
   (c) date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984 and details of any dental qualifications registrable under that Act.

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

SCHEDULE 6

INFORMATION TO BE INCLUDED IN HEALTH BOARD PATIENT INFORMATION LEAFLETS

1. The following personal and professional details of any salaried dentist providing general dental services at a health centre:—
   (a) name;
   (b) sex;
   (c) date of registration as a dental practitioner in the register kept under section 14 of the Dentists Act 1984(36) and details of dental qualifications registerable under that Act.

2. The following additional information about the provision of general dental services at health centres:—
   (a) the addresses of all the health centres within its area at which general dental services are provided;
   (b) particulars of the days and hours when general dental services are provided at the health centre, and where a Health Board has made arrangements for a salaried dentist to provide general dental services at a mobile surgery, particulars of the places visited regularly by the salaried dentist and the times of those visits;
   (c) whether a dental hygienist is employed at the health centre;
   (d) whether there is access to the dental surgery at the health centre without the use of stairs;
   (e) whether the health centre (including the dental surgery and toilets) is accessible to wheelchairs;
   (f) provided the salaried dentist consents to their inclusion, details of any languages other than English spoken by the salaried dentist.

(36) 1984 c. 24.
CONSTITUENT ELEMENTS IN VOCATIONAL TRAINING

Overall aim
To enhance clinical and administrative competence and promote high standards through relevant postgraduate training to meet the needs of unsupervised general dental practice, and in particular—
(a) to enable trainees to practise and improve their skills;
(b) to introduce trainees to all aspects of general dental practice;
(c) to identify a trainee’s personal strengths and weaknesses and balance them through a planned programme of training;
(d) to promote oral health of and quality dental care for patients;
(e) to develop further and implement peer and self review, and promote awareness of the need for professional education, training and audit as a continuing process.

Objective
To enable the trainee—
(a) to make competent and confident professional decisions including decisions for referrals to other services;
(b) to demonstrate that he is working within the guidelines regarding the ethics and confidentiality of general dental practice;
(c) to implement regulations and guidelines for the delivery of safe practice;
(d) to know how to obtain appropriate advice on, and a practical experience of, legal and financial aspects of practice;
(e) to demonstrate that he has acquired skill and knowledge in the psychology of patient care and can work successfully as a member of a practice team;
(f) to demonstrate the necessary knowledge and skills to organise and manage a practice.

REVOCATIONS

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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations consolidate, with a number of minor or consequential drafting amendments, the provisions of the National Health Service (General Dental Services) (Scotland) Regulations 1974 ("the 1974 Regulations"). The 1974 Regulations and all subsequent amendments, excepting provisions relating to the Scottish Dental Practice Board, are revoked by regulation 38 and Schedule 8. These Regulations therefore regulate the terms on which general dental services are provided under the National Health Service (Scotland) Act 1978.