

SCHEDULE 1

Regulation 16(a)

PART I

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

Amendments to terms of service

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

New paragraph (Exercise of professional judgment)

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

“Exercise of professional judgment

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

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

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

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

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

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

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

“**6A.** A doctor may—

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

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Provision of child health surveillance services and minor surgery services

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

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

Child health surveillance services

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

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

Minor surgery services

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

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

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

Cessation of child health surveillance services

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

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

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

Amendment to paragraph 9 (service to patients)

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

“Service to patients

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

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

- (a) the administration of anaesthetics or the rendering of any other assistance at an operation performed by, and of the kind usually performed by, a general medical practitioner;
- (b) where appropriate giving advice personally to patients, either individually or in groups, relating to their general health, and in particular on the significance of diet, exercise, the use of tobacco, the consumption of alcohol and the misuse of drugs and solvents;
- (c) offering to patients consultations and, where appropriate, physical examinations for the purpose of identifying, or reducing the risk of, disease or injury;
- (d) offering to patients, where appropriate, vaccination or immunisation against Measles, Mumps, Rubella, Pertussis, Poliomyelitis, Diphtheria and Tetanus;
- (e) arranging for the referral of patients, as appropriate, for the provision of any other services provided under the National Health Service (Scotland) Act 1978(1);
- (f) giving advice, as appropriate, to enable patients to avail themselves of social work services provided by a local authority.

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

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

New paragraph (practice leaflet)

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

“Practice leaflet

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

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

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

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

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

Amendment to paragraph 10 (treatment of patients)

7. In paragraph 10 (treatment of patients)—

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

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

- (a) at his practice premises; or

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

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

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

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

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

“Newly registered patients

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

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

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

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

(3) In sub-paragraphs (2) and (4) of this paragraph and in paragraph 10B(5)(e) "the appropriate person", in relation to a child, is a person who has the right under regulation 35 to choose on behalf of the child the person by whom general medical services are to be provided for the child.

(4) On each occasion where a doctor invites a patient or, where the patient is a child, the appropriate person, to participate in a consultation pursuant to sub-paragraph (1), he shall—

- (a) make the invitation in writing or, if the invitation is initially made orally, confirm it in writing, by a letter either handed to the patient or his representative or sent to the patient or, where the patient is a child, to the appropriate person, at the address recorded in the medical records kept for the patient as being his last home address or that of the appropriate person, as the case may be;
- (b) record in the patient's medical records the date of each such invitation and whether or not it was accepted;
- (c) where, as a result of making the invitation, the doctor becomes aware that the patient is no longer residing at the address shown in his medical records, advise the Board accordingly.

(5) A doctor shall not be obliged to offer a consultation pursuant to sub-paragraph (1)—

- (a) if he is a restricted services principal;
- (b) in respect of a child under the age of 5 years;
- (c) to any patient who, immediately before joining the list of the doctor, was a patient of a partner of the doctor and who, during the 12 months immediately preceding the date of his acceptance or assignment to his current doctor's list, had participated in a consultation pursuant to sub-paragraph (1); or
- (d) to the extent allowed by the Board, to any patient within a class of patients in respect of which the Board or, on appeal, the Secretary of State has, pursuant to paragraphs (6) to (9), deferred the doctor's obligation under paragraph (1).

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

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

(8) Within 2 months of receiving an application the Board shall decide it—

- (a) by approving the application;

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

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

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

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

Patients not seen within 3 years

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

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

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

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

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

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

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

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

Patients aged 75 years and over

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

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

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

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

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

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

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

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

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

(f) use of medicines.

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

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

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

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

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

"Duration of doctors responsibility

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

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

Amendments to paragraph 12

10. In paragraph 12—

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

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

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

New paragraph (Employees)

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

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“Employees

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

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

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

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

Amendments to paragraph 13 (arrangements at practice premises)

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

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

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

New paragraphs (Doctors' availability to patients)

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

“Doctors' availability to patients

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

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

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

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

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

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

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

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

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

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

and “availability” shall be construed accordingly.

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

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

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

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

Doctors available for only 4 days a week

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

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

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

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

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

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

Doctors available for less than 26 hours a week

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

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

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

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

Doctors jointly available for 26 hours a week

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

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

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

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

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Doctors previously available for less than 20 hours a week

- 13E.**—(1) Subject to sub-paragraph (3), where a doctor—
- (a) does not practise in partnership with any other doctor;
 - (b) has no more than 599 patients on his list on 31st January 1990;
 - (c) during the period of 12 months immediately preceding that date—
 - (i) was available normally for an average of less than 20 hours each week, and
 - (ii) in consequence, had his remuneration abated by the Board, in accordance with the Statement published pursuant to regulation 31(1); and
 - (d) seeks to be available normally, in each week referred to in regulation 13A(2)(a), for not less than the number of hours for which he had, on average, been available in each week during the period mentioned in head (c)(i) above,

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

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

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

New paragraph (annual reports)

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

“Annual reports

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

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

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

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

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

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

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

Amendment to paragraph 20 (acceptance of fees)

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

- “(o) where the person is not one to whom any of paragraphs (a), (b) or (c) of section 26(1) of the National Health Service (Scotland) Act 1978⁽²⁾ applies, including any person to whom any of those paragraphs do not apply by virtue of regulations made under section 26(1E) of that Act, for testing the sight of that person.”.

(2) 1978 c. 29; section 26 was amended by the Health and Social Security Act 1984 (c. 48), Schedules 1 and 8 and by the Health and Medicines Act 1988, section 13(4).