

SCHEDULE 2

Regulation 3(2)

TERMS OF SERVICE FOR DOCTORS

ARRANGEMENT OF PARAGRAPHS

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Interpretation

1. In this Schedule, unless the context otherwise requires—
 - “appliance” means an appliance which is included in a list for the time being approved by the Secretary of State for the purposes of section 41 of the Act⁽¹⁾;
 - “assistant” includes a trainee general practitioner;
 - “chemical reagent” means a chemical reagent which is included in a list for the time being approved by the Secretary of State for the purposes of section 41 of the Act;
 - “deputy” means a person to whom a doctor has, under paragraph 19, delegated the treatment of his patient;
 - “deputising service” means any person or body carrying on a business which is concerned with the provision of a deputy or deputies for doctors for periods which do not normally exceed 48 hours;
 - “drugs” includes medicines;

(1) Section 41 was amended by paragraph 53 of Schedule 1 to, and by Schedule 3 to the Health Services Act 1980 (c. 53) and by S.I. 1985/39, article 7(13) and by paragraph 18 of Schedule 9 to the National Health Service and Community Care Act 1990 (c. 19).

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“Drug Tariff” means the statement published under regulation 18 of the Pharmaceutical Regulations;

“post-natal period” means the period of 14 days following the conclusion of a pregnancy;

“prescription form” means a form provided by a health authority, an FHSA or, where the doctor is in the medical list of more than one FHSA, by the FHSA which is responsible for the supply of that form, and issued by a doctor to enable a person to obtain pharmaceutical services;

“Scheduled drug” means a drug or other substance specified in Schedule 10 or, except where the conditions in paragraph 44(2) are satisfied, in Schedule 11;

2. Unless the context otherwise requires, any reference in a paragraph in this Schedule to a numbered sub-paragraph is a reference to the sub-paragraph bearing that number in that paragraph.

General

3. 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 expected to exercise a higher degree of skill, knowledge and care than—

- (a) in the case of a doctor providing child health surveillance services under regulation 28, maternity medical services under regulation 31 or minor surgery services under regulation 33, that which any general practitioner included in the child health surveillance list, the obstetric list or, as the case may be, the minor surgery list may reasonably be expected to exercise; and
- (b) in any other case, that which general practitioners as a class may reasonably be expected to exercise.

A doctor’s patients

4.—(1) Subject to sub-paragraph (2) and to paragraphs 9, 10 and 11, a doctor’s patients are—

- (a) persons who are recorded by the FHSA as being on his list;
- (b) persons whom he has accepted or agreed to accept on his list, whether or not notification of that acceptance has been received by the FHSA, and who have not been notified to him by the FHSA as having ceased to be on his list;
- (c) for the limited period specified in sub-paragraph (4), persons whom he has refused to accept;
- (d) persons who have been assigned to him under regulation 21;
- (e) for the limited period specified in sub-paragraph (5), persons in respect of whom he has been notified that an application has been made for assignment to him in a case to which regulation 21(3)(b) applies;
- (f) persons whom he has accepted as temporary residents;
- (g) in respect of services under paragraph 8, persons to whom he has agreed to provide those services;
- (h) persons to whom he may be requested to give treatment which is immediately required owing to an accident or other emergency at any place in his practice area, provided that—
 - (i) he is not, at time of the request, relieved of liability to give treatment under paragraph 5, and
 - (ii) he is not, at the time of the request, relieved, under paragraph 19(2), of his obligation to give treatment personally, and
 - (iii) he is available to provide such treatment,

and any persons by whom he is requested, and agrees, to give treatment which is immediately required owing to an accident or other emergency at any place in the locality of any FHSA in whose medical list he is included, provided there is no doctor who, at the time of the request, is under an obligation otherwise than under this head to give treatment to that person, or there is such a doctor but, after being requested to attend, he is unable to attend and give treatment immediately required;

- (i) persons in relation to whom he is acting as deputy for another doctor under these terms of service;
- (j) during the period of an appointment under regulation 25, persons whom he has been appointed to treat temporarily;
- (k) in respect of child health surveillance services, contraceptive services, maternity medical services, or minor surgery services persons for whom he has undertaken to provide such services; and
- (l) during the hours arranged with the FHSA, any person whose own doctor has been relieved of responsibility during those hours under paragraph 19 and for whom he has accepted responsibility under that paragraph.

(2) Except in a case to which head (h), (i) or (j) of sub-paragraph (1) applies, no person shall be a patient for the purposes of that sub-paragraph if the doctor has been notified by the FHSA that he is no longer responsible for the treatment of that person.

(3) Where a person applies to a doctor for treatment and claims to be on that doctor's list, but fails to produce his medical card on request and the doctor has reasonable doubts about that person's claim, the doctor shall give any necessary treatment and shall be entitled to demand and accept a fee accordingly under paragraph 38(f), subject to the provision for repayment contained in paragraph 39.

(4) Where a doctor refuses to accept for inclusion on his list a person who lives in his practice area and who is not on the list of another doctor practising in that area, or refuses to accept as a temporary resident a person to whom regulation 26 applies, he shall on request give that person any immediately necessary treatment for one period not exceeding 14 days from the date when that person was refused acceptance or until that person has been accepted by or assigned to another doctor, whichever period is the shorter.

(5) Where the FSHA has notified a doctor that it is applying for the Secretary of State's consent under regulation 21(3)(b), the doctor shall give the person proposed for assignment any immediately necessary treatment until the FHSA has notified him that—

- (a) the Secretary of State has determined whether or not the person is to be assigned to that doctor; and
- (b) either the person has been accepted by, or assigned to, another doctor or another doctor has been notified that an application has been made, in a case to which regulation 21(3)(b) applies, to assign that person to him.

5. A doctor who is elderly or infirm or who has been exempted by the FHSA under regulation 21(11) from the liability to have persons assigned to him, may be relieved by the FHSA of any liability to give treatment which is immediately required owing to an accident or other emergency between 7pm on weekdays and 8am on the following morning and between 1pm on Saturday and 8am on the following Monday to persons who are neither—

- (a) on his list; nor
- (b) temporary residents for whom he is responsible; nor
- (c) accepted by him for the provision of maternity medical services.

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Acceptance of patients

6.—(1) Subject to sub-paragraph (2), a doctor may agree to accept a person on his list if the person is eligible to be accepted by him.

(2) Where a doctor is responsible for treating the patients of another doctor whose name has been removed from the medical list, he may not consent to the transfer of any of those patients under regulation 22 to his own list or to that of his partner.

(3) Where a doctor has agreed to accept a person on his list, he shall, within 14 days of receiving that person's medical card or form of application, or as soon after the expiry of that period as is practicable—

- (a) sign the medical card or, as the case may be, the form of application; and
- (b) send it to the FHSA.

(4) Where, for the purposes of sub-paragraph (3), any person signs a medical card or form of application on behalf of a doctor he shall, in addition to his own signature, specify the name of the doctor on whose behalf he is signing.

7. A doctor may—

- (a) undertake to provide contraceptive services to a woman who has applied to him in accordance with regulation 29;
- (b) accept as a temporary resident a person who has applied to him in accordance with regulation 26(1);
- (c) undertake to provide maternity medical services to a woman who has made an arrangement with him in accordance with regulation 31(2).

8. Notwithstanding that the person concerned is not on his list, 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; and
- (b) vaccinate or immunise a person who would be eligible for acceptance by him as a temporary resident.

Termination of responsibility for patients

9.—(1) A doctor may have any person removed from his list and shall notify the FHSA in writing that he wishes to have a person removed from his list and, subject to sub-paragraph (2), the removal shall take effect—

- (a) on the date on which the person is accepted by or assigned to another doctor; or
- (b) on the eighth day after the FHSA receives the notice,

whichever is the sooner.

(2) Where, at the date when the removal would take effect under sub-paragraph (1), the doctor is treating the person at intervals of less than 7 days, the doctor shall inform the FHSA in writing of the fact and the removal shall take effect—

- (a) on the eighth day after the FHSA receives notification from the doctor that the person no longer needs such treatment; or
- (b) on the date on which the person is accepted by or assigned to another doctor,

whichever is the sooner.

10. Where a doctor informs the FHSA in writing that he wishes to terminate his responsibility for a temporary resident, his responsibility for that person shall cease in accordance with paragraph 9, as if the temporary resident were a person on his list.

11.—(1) A doctor with whom an arrangement has been made for the provision of any or all of the maternity medical services mentioned in regulation 31(1)(a) may agree with the woman concerned to terminate the arrangement, and in default of agreement the doctor may apply to the FHSA for permission to terminate the arrangement.

(2) On an application under paragraph (1), the FHSA, after considering any representations made by either party and after consulting the Local Medical Committee, may terminate the arrangement.

(3) Where a doctor ceases to provide any or all of the maternity medical services mentioned in regulation 31(1)(a), he shall inform any woman for whom he has arranged to provide such services that he is ceasing to provide them and that she may make a fresh arrangement to receive those services from another doctor.

Services to patients

12.—(1) Subject to paragraphs 3, 13 and 44, a doctor shall render to his patients all necessary and appropriate personal medical services of the type usually provided by general medical practitioners.

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

- (a) giving advice, where appropriate, to a patient in connection with the patient's general health, and in particular about the significance of diet, exercise, the use of tobacco, the consumption of alcohol and the misuse of drugs or solvents;
 - (b) offering to patients consultations and, where appropriate, physical examinations for the purpose of identifying, or reducing the risk of, disease or injury;
 - (c) offering to patients, where appropriate, vaccination or immunisation against measles, mumps, rubella, pertussis, poliomyelitis, diphtheria and tetanus;
 - (d) arranging for the referral of patients, as appropriate, for the provision of any other services under the Act; and
 - (e) giving advice, as appropriate, to enable patients to avail themselves of services provided by a local social services authority.
- (3) A doctor is not required by sub-paragraph (1) or (2)—
- (a) to provide to any person child health surveillance services, contraceptive services, minor surgery services nor, except in an emergency, maternity medical services, unless he has previously undertaken to the FHSA to provide such services to that person; or
 - (b) where he is a restricted services principal, to provide any category of general medical services which he has not undertaken to provide.

Provision of services to patients

13. The services referred to in paragraph 12 shall be rendered by a doctor—

- (a) at his practice premises;
- (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 21 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,

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- (ii) at such other place as the doctor has informed the patient and the FHSA is the place where 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; or
- (c) at such places and at such times as have been approved by the FHSA in his case, pursuant to paragraph 29.

Newly registered patients

14.—(1) Subject to sub-paragraphs (4) to (9), where a patient has been accepted on a doctor's list under paragraph 6 or assigned to a doctor's list under regulation 21, the doctor shall, in addition to 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 13(b) to render personal medical services to that patient.

(2) Where a patient (or, in the case of a patient who is a child, his parent) agrees to participate in a consultation mentioned in sub-paragraph (1), the doctor shall, in the course of that consultation—

- (a) seek details from the patient as to his medical history 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, 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 albumen and glucose;
- (c) record, in the patient's medical records, his findings arising out of the details supplied by, 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;
- (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, offer to discuss with the patient (or, where the patient is a child, the parent) the conclusions the doctor has drawn as a result of the consultation as to the state of the patient's health.

(3) On each occasion where a doctor invites a patient or parent 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 parent at the address recorded in his medical records as being his last home address;
- (b) record in the patient's medical records the date of each such invitation and whether or not it was accepted; and

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- (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 FHSA accordingly.
- (4) 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 the doctor's list, had participated in a consultation pursuant to sub-paragraph (1); or
 - (d) to the extent allowed by the FHSA, to any patient within a class of patients in respect of which the FHSA or, on appeal, the Secretary of State has, pursuant to sub-paragraphs (5) to (8), deferred the doctor's obligation under sub-paragraph (1).
- (5) Where a doctor assumes responsibility for a list of patients on his succession to a practice declared vacant, or otherwise becomes responsible for a significant number of new patients within a short period, he may apply, in accordance with sub-paragraph (6), to the FHSA for the deferment of his obligation under sub-paragraph (1) for a period not exceeding 2 years from the date of the application.
- (6) An application pursuant to sub-paragraph (5) shall be made in writing and shall be accompanied by a statement of the doctor's proposals, by reference to particular classes of patient, 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.
- (7) Within 2 months of receiving an application the FHSA shall determine it—
 - (a) by approving the application;
 - (b) by approving the application subject to conditions; or
 - (c) by refusing the application.
- (8) 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 the FHSA pursuant to sub-paragraph (7)(b), and on determining such an appeal the Secretary of State shall either confirm the FHSA's decision or substitute his own determination for that of the FHSA.
- (9) The Secretary of State shall notify the doctor in writing of his determination and shall include with the notice a statement of his reasons for it.

Patients not seen within 3 years

- 15.—**(1) Subject to sub-paragraph (2), a doctor shall, in addition to and without prejudice to any other obligation under these terms of service, invite each patient on his list who appears to him—
- (a) to have attained the age of 16 years but who has not attained the age of 75 years; and
 - (b) to have neither—
 - (i) within the preceding 3 years attended either a consultation with, or a clinic provided by, any doctor in the course of his provision of general medical services, nor
 - (ii) within the preceding 12 months been offered a consultation pursuant to 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.

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(3) When inviting a patient to participate in a consultation pursuant to sub-paragraph (1) a doctor shall comply with the requirements of paragraph 14(3).

(4) 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 his medical history 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 diseases, medication and tests carried out for breast or cervical cancer,
 - (ii) social factors (including employment, 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 blood pressure, and
 - (ii) the taking of a urine sample and its analysis to identify the presence of albumen and glucose, and
 - (iii) the measurement necessary to detect any changes in his body mass;
- (c) record, in the patient’s medical records, his findings arising out of the details supplied by, 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, offer to discuss with the patient the conclusions the doctor has drawn as a result of the consultation as to the state of the patient’s health.

(5) In this paragraph “body mass” means the figure produced by dividing the number of kilograms in the patient’s weight by the square of the number of metres in his height.

Patients aged 75 years and over

16.—(1) Subject to sub-paragraph (2), a doctor shall, in addition to and without prejudice to any other obligations under these 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 that patient.

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

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

(4) In the case of a patient who is accepted by a doctor pursuant to paragraph 6, or assigned to him pursuant to regulation 21 and who has attained the age of 75 years when he is so accepted or

assigned, an invitation and an offer pursuant to sub-paragraph (1) shall be made within 12 months of the date of his acceptance or assignment.

(5) A doctor shall, when making an assessment following a consultation under sub-paragraph (1), record in the patient's medical records the 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;
- (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 14(3) as if paragraph 14(3) referred to an offer as well as 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.

17.—(1) Unless prevented by an emergency, a doctor shall attend and treat any patient who attends for the purpose at any place, and during the hours, for the time being approved by the FHSA under paragraph 29, other than a patient who attends when an appointment system is in operation and who has not previously made, and is not then given, an appointment to see the doctor.

(2) In such a case the doctor may refuse to attend and treat the patient during that surgery period, provided that—

- (a) the patient's health would not thereby be jeopardised; and
- (b) the patient is offered an appointment to attend again within a time which is reasonable having regard to all the circumstances.

(3) A doctor shall take reasonable steps to ensure that no refusal is made pursuant to sub-paragraph (2) without his knowledge.

Absences, deputies, assistants and partners

18.—(1) Subject to sub-paragraph (2), a doctor is responsible for ensuring the provision for his patients of the services referred to in paragraph 12 throughout each day during which his name is included in the FHSA's medical list.

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

19.—(1) Subject to the following provisions of this paragraph, a doctor shall give treatment personally.

(2) Subject to sub-paragraphs (3), (5) and (6), a doctor (in this sub-paragraph referred to as "the patient's doctor") shall be under no obligation to give treatment personally to a patient provided

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that reasonable steps are taken to ensure the continuity of the patient's treatment, and in those circumstances treatment may be given—

- (a) by another doctor acting as a deputy, whether or not he is a partner or assistant of the patient's doctor; or
- (b) in the case of treatment which it is clinically reasonable in the circumstances to delegate to someone other than a doctor, by a person whom the doctor has authorised and who he is satisfied is competent to carry out such treatment.

(3) Subject to sub-paragraph (4), in the case of maternity medical services a doctor on the obstetric list shall not arrange for the provision of such services by another doctor unless that doctor is a doctor on the obstetric list or satisfies one or more of the criteria set out in Part 1 of Schedule 5.

(4) Sub-paragraph (3) shall not apply where there has been a summons to an obstetric emergency.

(5) In the case of child health surveillance services, a doctor who has, pursuant to regulation 28, undertaken to provide such services shall not arrange for the provision of such services by—

- (a) another doctor unless that doctor is included in a child health surveillance list; or
- (b) any other person without the consent of the FHSA.

(6) In the case of minor surgery services, a doctor who has, pursuant to regulation 33, undertaken to provide such services shall not arrange for the provision of such services by—

- (a) another doctor unless that doctor is included in a minor surgery list; or
- (b) any other person.

(7) In this paragraph “a summons to an obstetric emergency” means a summons to the doctor by a midwife or on behalf of the patient to attend when medical attention is required urgently by a woman or her baby during pregnancy, labour or the post-natal period, as defined in regulation 31(7).

20.—(1) In relation to his obligations under these terms of service, a doctor is responsible for all acts and omissions of—

- (a) any doctor acting as his deputy;
- (b) any deputising service while acting on his behalf; and
- (c) any person employed by, or acting on behalf of, him or such a deputy or deputising service, except where the act or omission is one for which a deputy is responsible under sub-paragraph (2).

(2) Where a doctor whose name is included in the medical list is acting as deputy to another doctor whose name is also included in the list, the deputy is responsible for—

- (a) his own acts and omissions in relation to the obligations under these terms of service of the doctor for whom he acts as deputy; and
- (b) the acts and omissions of any person employed by him or acting on his behalf.

21.—(1) A doctor shall inform the FHSA of any arrangements for the engagement of a deputy on a regular basis unless the deputy—

- (a) is an assistant of the doctor, or is a doctor included in the medical list of an FHSA; and
- (b) is to carry out the arrangements at the doctor's practice premises.

(2) Where a doctor proposes to be absent from his practice for more than a week, he shall inform the FHSA of the name of any doctor responsible for his practice during his absence.

22.—(1) Before entering into arrangements with a deputising service for the provision of any deputy, a doctor shall obtain the consent of the FHSA.

(2) In giving its consent, the FHSA may impose such conditions as it considers necessary or expedient to ensure the adequacy of such arrangements.

(3) Before refusing its consent or imposing any such conditions, the FHSA shall consult the Local Medical Committee.

(4) The FHSA may at any time, and shall periodically, review in consultation with the Local Medical Committee any such consent given or conditions imposed in relation to any doctor under this paragraph, and may withdraw such consent or vary such conditions.

(5) A doctor may appeal to the Secretary of State against refusal of consent or the imposition of a condition under this paragraph or against withdrawal of consent or variation of conditions under this paragraph.

(6) An appeal under sub-paragraph (5) shall be made in writing within 30 days of the decision of the FHSA and shall set out the grounds of appeal.

(7) In determining an appeal under sub-paragraph (5) the Secretary of State may substitute for the FHSA's decision such decision and conditions as he thinks fit.

23. A doctor shall take reasonable steps to satisfy himself that a doctor whom he proposes to employ as a deputy or assistant is not disqualified under section 46 of the Act⁽²⁾ from inclusion in the medical list of the FHSA and he shall not knowingly employ a doctor who is so disqualified.

24.—(1) A doctor shall inform the FHSA of the name of any assistant he employs and of the termination of such employment, and shall not employ any one or more assistants for a total period of more than three months in any period of twelve months without the consent of the FHSA.

(2) The FHSA shall periodically review and may withdraw any consent given, but, before refusing or withdrawing consent, the FHSA shall consult the Local Medical Committee.

(3) The doctor may appeal to the Medical Practices Committee against any refusal or withdrawal of consent.

(4) Any withdrawal of consent under this paragraph shall not have effect until the expiration of a period of one month after the date of notification of the withdrawal, but if the doctor appeals to the Medical Practices Committee against the withdrawal, and the Medical Practices Committee dismisses the appeal, the withdrawal shall not take effect until after such date as that Committee determines being a date falling not less than one month after the date of such dismissal.

25. A doctor acting as a deputy for another doctor may treat patients at places and at times other than those approved pursuant to paragraph 29 in relation to the doctor for whom he is acting, but when determining the places and times at which he is to provide such treatment, the deputy shall have regard to the convenience of the patients.

26. When issuing any document under these terms of service a deputy or assistant (other than a partner or assistant whose name is included in the medical list) shall, as well as signing the document himself, enter on it the name of the doctor for whom he is acting, if it does not already appear.

Arrangements at practice premises

27. A doctor shall—

- (a) provide proper and sufficient accommodation at his practice premises, having regard to the circumstances of his practice; and
- (b) on receipt of a written request from the FHSA, allow inspection of those premises at a reasonable time by a member or officer of the FHSA or Local Medical Committee or both, authorised by the FHSA for the purpose.

(2) Section 46 was amended by Schedule 8 to the Health and Social Security Act 1984 (c. 48) and by S.I. 1985/39, article 7(16).

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Employees

28.—(1) A doctor shall, before employing any person to assist him in the provision of general medical services, take reasonable care to satisfy himself that the person in question is both suitably qualified and competent 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; and
- (c) any guidance issued by the FHSA pursuant to regulation 39.

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

Doctors' availability to patients

29.—(1) Any doctor whose name is included in a medical list shall—

- (a) normally be available at such times and places as shall have been approved by the FHSA or, on appeal, by the Secretary of State in his case, in accordance with the requirements of the following provisions of this paragraph, following an application by the doctor; and
- (b) inform his patients about his availability in such manner as the FHSA may require in accordance with sub-paragraph (16).

(2) Subject to sub-paragraphs (3), (4), (5) and (6), the FHSA 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—

- (a) the times proposed are such that the doctor will normally be available—
 - (i) in 42 weeks in any period of 12 months,
 - (ii) for no less than the number of hours in any such week which are specified in the condition imposed or treated as imposed in relation to him under regulation 15, and
 - (iii) on 5 days in any such week;
- (b) the hours for which the doctor will normally be available in any week are to be allocated between the days on which he will normally be available in that week in such a manner as is likely to be convenient to his patients;
- (c) where the doctor is a three-quarter-time doctor or a half-time doctor, he is practising in partnership with—
 - (i) another doctor whose name is included in the medical list and who is himself a full-time doctor, or
 - (ii) two job-sharing doctors whose names are included in the medical list and whose hours are aggregated for the purpose of head (d) of this sub-paragraph;
- (d) where the doctor is a job-sharing doctor—
 - (i) he is practising in partnership with another doctor whose name is included in the medical list, and
 - (ii) the hours for which both doctors will normally be available will in aggregate be not less than 26 hours in any week referred to in head (a)(i) of this sub-paragraph.

(3) On any application made pursuant to sub-paragraph (1) by a three-quarter-time doctor or a half-time doctor—

- (a) head (a)(iii) of sub-paragraph (2) shall not apply; and

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- (b) any approval of the application shall be subject to the condition that the approval shall lapse after the expiry of a period of 6 months from that date on which that doctor ceases to satisfy head (c) of sub-paragraph (2).
- (4) On any application made pursuant to sub-paragraph (1) by a job-sharing doctor—
 - (a) head (a)(iii) of sub-paragraph (2) shall apply so as to require either the job-sharing doctor or the other doctor referred to in sub-paragraph (2)(d) to be normally available on each of the days mentioned in that head; and
 - (b) any approval of the application 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 sub-paragraph (2)(d).
- (5) On any application made pursuant to sub-paragraph (1) by a doctor who is a restricted list principal or a restricted services principal, sub-paragraph (2)(a)(i) and (iii), (c) and (d) shall not apply.
- (6) The FHSA may, in relation to the application of any full-time doctor who seeks normally to be available on only 4 days in any week referred to in sub-paragraph (2)(a)(i), excuse the doctor from the requirement of head (a)(iii) of that sub-paragraph and approve the application to the extent allowed by paragraph 30.
- (7) In this paragraph and in paragraph 30, “available” means, in relation to a doctor, available to provide general medical services to his patients, and for the purposes of calculating the time 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 making a domiciliary visit; but
 - (b) no account shall be taken of time spent by the doctor holding himself in readiness to make a domiciliary visit if required by any patient;and “availability” shall be construed accordingly.
- (8) An application by a doctor in relation to any place at which he is to be available shall not be approved by the FHSA unless it is satisfied that—
 - (a) the place at which the doctor proposes to be available is likely to be convenient to his patients;
 - (b) the location of that place is in accordance with any condition imposed in his case pursuant to section 33(4)(b) or (5) of the Act (distribution of general medical services).
- (9) An application for approval pursuant to sub-paragraph (1) shall be made in writing to the FHSA and shall—
 - (a) include the information specified in Part I of Schedule 8 to these Regulations; and
 - (b) where appropriate, also include—
 - (i) in the case of a doctor to whom sub-paragraph (5) applies, the additional information specified in Part II of that Schedule,
 - (ii) in the case of a doctor to whom sub-paragraph (6) applies, the additional information specified in Part III of that Schedule.
- (10) The FHSA shall determine an application within 28 days of receiving it.
- (11) In determining any application, the FHSA shall either—
 - (a) grant approval;
 - (b) grant approval subject to such conditions as the FHSA 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

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(c) refuse approval.

(12) The FHSA shall notify the doctor in writing of its determination, 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 determination and of the doctor's right of appeal under sub-paragraph (13).

(13) A doctor may within 30 days of receiving a notification pursuant to sub-paragraph (12) appeal in writing to the Secretary of State against any refusal of approval or against any condition imposed pursuant to sub-paragraph (11).

(14) The Secretary of State may, when determining an appeal, either confirm the determination of the FHSA or substitute his own determination for that of the FHSA.

(15) The Secretary of State shall notify the doctor in writing of his determination and shall in every case include with the notification a written statement of the reasons for the determination.

(16) The FHSA may, as it considers appropriate, require a doctor to inform his patients, by displaying a notice at his practice premises or sending notices to them, about the times and places at which he is available.

(17) A doctor may apply to the FHSA for a variation of the times and places at which, in accordance with a determination under this paragraph ("the earlier determination"), he is required to be normally available, and sub-paragraphs (2) to (15) shall apply to the making and determination ("the subsequent determination") of an application under this sub-paragraph as if it were the first application by that doctor for the purposes of this paragraph.

(18) Where an application made under sub-paragraph (17) is approved or is approved subject to conditions, for the purposes of sub-paragraphs (1) and (16) the earlier determination mentioned in sub-paragraph (17) shall cease to have effect and the subsequent determination mentioned in that sub-paragraph shall have effect instead—

(a) where the subsequent determination is made by the FHSA and no appeal is made, from the day falling 8 weeks after the date on which the doctor receives notification of that FHSA's determination.

(b) where the subsequent determination is made on appeal, from the day falling 8 weeks after the date on which the doctor receives notification of the Secretary of State's determination.

(19) Where it appears to the FHSA that a doctor's hours of availability are allocated for the purposes of sub-paragraph (2)(b) in a manner which may no longer be convenient to his patients, it may, subject to sub-paragraph (26), review the terms of—

(a) any approval granted under sub-paragraph (11)(a) or (b); or

(b) any direction given under sub-paragraph (21)(a);

by the FHSA or the Secretary of State as to such allocation.

(20) On review under sub-paragraph (19) the FHSA shall—

(a) give notice to the doctor of its proposed re-allocation of his hours of availability; and

(b) allow him 30 days within which to make representations to the FHSA about its proposals.

(21) After considering any representations made in accordance with sub-paragraph (20)(b), the FHSA shall either—

(a) direct the doctor to revise the allocation of his hours of availability in the manner specified in the direction; or

(b) confirm that the existing allocation of the doctor's hours of availability continues to be convenient to his patients.

(22) The FHSA shall notify the doctor in writing of its determination under sub-paragraph (21), and, where it gives a direction under head (a) of that sub-paragraph, it shall include with the notice

a statement in writing of the reasons for its determination and of the doctor's right of appeal under sub-paragraph (23).

(23) A doctor may, within 30 days of receiving notification under sub-paragraph (22), appeal in writing to the Secretary of State against a direction under sub-paragraph (21).

(24) Sub-paragraphs (14) and (15) shall apply to any appeal made under sub-paragraph (23).

(25) A doctor in respect of whom a direction is given under sub-paragraph (21) shall revise the allocation of his hours of availability so as to give effect to the direction—

- (a) where the direction is given by the FHSA and no appeal is made, not later than 8 weeks after the date on which he receives notification under sub-paragraph (22); or
- (b) where the direction is given or confirmed on appeal, not later than 8 weeks after the date on which he receives notification of the Secretary of State's decision;

and the allocation of hours as so revised shall be regarded as having been approved for the purposes of sub-paragraphs (1) and (16).

(26) No FHSA shall undertake a review under sub-paragraph (19) on more than one occasion in any period of 2 years.

Doctors available for only 4 days a week

30.—(1) Subject to sub-paragraph (3), where the FHSA 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 29(2)(a)(iii) applied in his case, it may give its approval for the doctor normally to be available 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 and treatment; or
- (d) the administration of services under Part I of the Act or of arrangements pursuant to section 29 of the Act for the provision of general medical services,

and in determining whether any activity is a health-related activity, the FHSA shall have regard to the illustrative list in Part IV of Schedule 8.

(3) The FHSA 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 having been relieved from the requirements of paragraph 29(2)(a)(iii).

31. A doctor who—

- (a) intends to operate an appointments system;
- (b) succeeds to a practice where such a system is in force; or
- (c) joins a partnership operating such a system,

shall notify the FHSA of any appointments system which he proposes to operate or, as the case may be, of any proposal to discontinue such a system.

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32.—(1) A doctor shall not, without the consent of the FHSA or, on appeal, the Medical Practices Committee, carry on practice at any house, flat, surgery, branch surgery, or other similar premises (referred to in this paragraph as “the practice premises”) which have been previously occupied or used for the purpose of his practice by another doctor (referred to in this paragraph as “the former occupant”) whose practice has been declared vacant and to whose practice a successor has been, or is to be, appointed; but this provision shall not apply—

- (a) where the former occupant or his executors or administrators has or have, in agreement with the FHSA, made an offer to the successor on his appointment to sell or let to him the practice premises upon terms to be approved by the Medical Practices Committee and upon terms that the offer cannot be withdrawn within one month from the date on which the successor was appointed, and the successor has failed or refused to accept the offer before the expiry thereof;
- (b) where such an offer was made to the successor and accepted by him before its expiry and the approval of the Medical Practices Committee has been given to the terms of the proposed agreement;
- (c) after the expiry of a period of 12 months from the date on which the successor was appointed;
- (d) where the former occupant was a member of a partnership and the doctor concerned is another member of the partnership who acquires the practice premises in accordance with the terms of a partnership agreement which has been in operation for a period of 12 months before the date on which notice of the former occupant’s intended retirement was given to the FHSA concerned, or the date of the former occupant’s death; or
- (e) where the doctor is using the practice premises in consequence of temporary arrangements for the carrying on of the practice made either under regulation 25 or by agreement between the former occupant or his executors or administrators and the successor pending the approval of the Medical Practices Committee to a proposed sale or lease of the practice premises to the successor.

(2) In this paragraph “successor” means the doctor appointed by the Medical Practices Committee to succeed to the practice in accordance with regulations 13, 14 and 17, and “the date on which the successor was appointed” means—

- (a) the date on which the successor is informed that no appeal has been made to the Secretary of State;
- (b) in the event of an appeal, the date on which the successor is notified of the Secretary of State’s decision to dismiss the appeal.

33.—(1) Subject to sub-paragraph (2), a doctor shall not, without the consent of the FHSA, or, on appeal, the Medical Practices Committee, start to practise at any house, flat, surgery, branch surgery or other similar premises (referred to in this paragraph as “the practice premises”) within 1 year of their having ceased to be occupied or used for the purpose of his practice by another doctor (referred to in this paragraph as “the former occupant”) who was within one month of such cessation practising at group practice premises as a member of a group, or at accommodation made available by the Secretary of State, less than 3 miles away (in either case) from the practice premises.

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

- (a) where the former occupant gives written consent to another doctor to use the practice premises;
- (b) after the former occupant has (or if there was more than one former occupant, all the former occupants have) ceased to practise as a member of a group at the group practice premises, or at accommodation made available by the Secretary of State; or

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(c) to any of the former occupants who has ceased to practise at such premises as are mentioned in sub-paragraph (2)(b).

(3) In this paragraph “group practice premises” means premises where practice is wholly or mainly carried on by a group practice.

Practice area

34.—(1) Subject to sub-paragraph (2), a doctor may at any time with the consent of the FHSA, or, on appeal, the Secretary of State, alter the extent of his practice area.

(2) A doctor shall not, contrary to any condition imposed by the Medical Practices Committee, or on appeal the Secretary of State, under section 33(4) or (5) of the Act, open practice premises in any locality or part of a locality where, at the time of his application to open such premises, the Medical Practices Committee is of the opinion that the number of medical practitioners undertaking to provide general medical services in that locality or part of that locality is already adequate.

Notification of change of place of residence

35. Where a doctor whose name is included in the medical list changes his place of residence he shall notify the FHSA in writing of the change not later than 28 days after such change.

Records

36. A doctor shall—

- (a) keep adequate records of the illnesses and treatment of his patients on forms supplied to him for the purpose by the FHSA; and
- (b) forward such records to the FHSA on request as soon as possible; and

within 14 days of being informed by the FHSA of the death of a person on his list and, in any other case of the death of such a person, not later than one month of learning of such a death, forward the records relating to that person to the FHSA.

Certification

37.—(1) A doctor shall issue free of charge to a patient or his personal representatives any medical certificate of a description prescribed in column 1 of Schedule 9, which is reasonably required under or for the purposes of the enactments specified in relation to the certificate in column 2 of that Schedule, except where, for the condition to which the certificate relates, the patient—

- (a) is being attended by another doctor (other than a partner, assistant or other deputy of the first named doctor); or
- (b) is not being treated by, or under the supervision of, a doctor.

(2) The exception in sub-paragraph (1)(a) shall not apply where the certificate is issued pursuant to regulation 2(1) of the Social Security (Medical Evidence) Regulations 1976(3) (which provides for the issue of a certificate in the form of a special statement by a doctor on the basis of a written report made by another doctor).

(3) Any certificate given under sub-paragraph (1) for the purposes of—

- (a) the Social Security Act 1975(4) shall be issued in accordance with any regulations made under that Act(5);

(3) S.I. 1976/615, as amended by S.I. 1982/699, 1987/409, 1987/1686 and 1992/247.

(4) 1975 c. 14.

(5) See S.I. 1976/615 and 1987/1968.

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- (b) section 17(2) of the Social Security and Housing Benefits Act 1982(6) shall be issued in accordance with any regulations made under that Act(7); or
- (c) Part V of, and Schedule 4 to, the Social Security Act 1986(8), shall be issued in accordance with any regulations made under that Act(9).

Fees

38. A doctor shall not, otherwise than under or by virtue of the Regulations, demand or accept a fee or other remuneration for any treatment, including child health surveillance services, contraceptive services, maternity medical services and minor surgery services, whether under these terms of service or not, which he gives to a person for whose treatment he is responsible under paragraph 4, except—

- (a) from any statutory body for services rendered for the purposes of that body's statutory functions;
- (b) from any body, employer or school for a routine medical examination of persons for whose welfare the body, employer or school is responsible, or an examination of such persons for the purpose of advising the body, employer or school of any administrative action they might take;
- (c) for treatment which is not of a type usually provided by general medical practitioners and which is given—
 - (i) pursuant to the provisions of section 65 of the Act, or
 - (ii) in a registered nursing home which is not providing services under the Act,
 if, in either case, the doctor is serving on the staff of a hospital providing services under the Act as a specialist providing treatment of the kind the patient requires and if, within 7 days of giving the treatment, the doctor supplies the FHSA, on a form provided by it for the purpose, with such information about the treatment as it may require;
- (d) under section 158 of the Road Traffic Act 1988(10);
- (e) from a dentist in respect of the provision at his request of an anaesthetic for a person for whom the dentist is providing general dental services;
- (f) when he treats a patient under paragraph 4(3), in which case he shall be entitled to demand and accept a reasonable fee (recoverable in certain circumstances under paragraph 39) for any treatment given, if he gives the patient a receipt on a form supplied by the FHSA;
- (g) for attending and examining (but not otherwise treating) a patient at his request at a police station in connection with proceedings which the police are minded to bring against him;
- (h) for treatment consisting of an immunisation for which no remuneration is payable by the FHSA in pursuance of the Statement made under regulation 34 and which is requested in connection with travel abroad;
- (i) for circumcising a patient for whom such an operation is requested on religious grounds and is not needed on any medical ground;
- (j) for prescribing or providing drugs which a patient requires to have in his possession solely in anticipation of the onset of an ailment while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;

(6) 1982 c. 24; section 17 was amended by section 20 of the Social Security Act 1985 (c. 53).

(7) See S.I. 1985/1604, as amended by S.I. 1992/247.

(8) 1986 c. 50.

(9) See S.I. 1987/235, as amended by S.I. 1991/2284.

(10) 1988 c. 53.

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- (k) for a medical examination to enable a decision to be made whether or not it is inadvisable on medical grounds for a person to wear a seat belt;
- (l) where the person is not one to whom any of paragraphs (a), (b) or (c) of section 38(1) of the Act⁽¹¹⁾ applies (including by reason of regulations under section 38(6) of that Act), for testing the sight of that person.
- (m) where he is a doctor who is authorised or required by an FHSA under regulation 20 of the Pharmaceutical Regulations to provide drugs, medicines or appliances to a patient and provides for that patient, otherwise than under pharmaceutical services, any Scheduled drug.

39.—(1) Where a person from whom a doctor received a fee under paragraph 38(f) applies to the FHSA for a refund within 14 days of payment of the fee (or such longer period not exceeding a month as the FHSA may allow if it is satisfied that the failure to apply within 14 days was reasonable) and the FHSA is satisfied that the person was on the doctor's list when the treatment was given, the FHSA may recover the amount of the fee from the doctor, by deduction from his remuneration or otherwise, and shall pay that amount to the person who paid the fee.

(2) Where a doctor has supplied any drug or appliance in respect of which, in the case of a person on his list, he would have been entitled to payment, the FHSA shall credit him with the appropriate amount.

40. Subject to paragraph 38(f) and (j) a doctor shall not demand or accept a fee or other remuneration from a patient of his for any prescription for any drug or appliance.

41. A doctor shall not without reasonable excuse demand or accept from the FHSA any fee or other remuneration to which he is not entitled under the provisions of these Regulations, the Statement published under regulation 34 or the Drug Tariff.

42. A doctor shall take all practicable steps to ensure that any partner, deputy, or assistant of his, whether or not the partner, deputy or assistant is providing general medical services, shall not demand or accept any remuneration for treatment given to the doctor's patients, or for any prescription for any supply of any drug or appliance for the doctor's patients, unless the partner, deputy or assistant would have been entitled to charge if the patient had been on his own list.

Prescribing

43.—(1) Subject to paragraph 44, a doctor shall order any drugs or appliances which are needed for the treatment of any patient to whom he is providing treatment under these terms of service by issuing to that patient a prescription form, and such a form shall not be used in any other circumstances.

(2) In issuing any such prescription form the doctor shall himself sign the form in ink with his initials, or forenames, and surname in his own handwriting and not by means of a stamp, and shall so sign only after particulars of the order have been inserted in the form, and—

- (a) the prescription shall not refer to any previous prescription; and
- (b) a separate prescription form shall be used for each patient, except where a doctor is prescribing in bulk for a school or institution under paragraph 45.

(3) Where a doctor orders drugs specified in Schedule 2 to the Misuse of Drugs Regulations 1985 ⁽¹²⁾ (controlled drugs to which regulations 14, 15, 16, 18, 19, 20, 21, 23, 25 and 26 of those Regulations apply) for supply by instalments for treating addiction to any drug specified in that Schedule, he shall—

⁽¹¹⁾ 1977 c. 49; section 38 was amended by the Health and Social Security Act 1984 (c. 48), section 1(3), by S.I. 1985/39, article 7(11), and by the Health and Medicines Act 1988 (c. 49), section 13(1).

⁽¹²⁾ S.I. 1985/2066; the relevant amending instrument is S.I. 1986/2330.

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- (a) use only the prescription form provided by the FHSA specially for the purposes of supply by instalments;
- (b) specify the number of instalments to be dispensed and the interval between each instalment; and
- (c) order only such quantity of the drug as will provide treatment for a period not exceeding 14 days.

(4) The form provided by the FHSA specially for the purpose of supply by instalments shall not be used for any purpose other than ordering drugs in accordance with sub-paragraph (3) of this paragraph.

(5) In a case of urgency a doctor may request a chemist to dispense a drug or an appliance before a prescription form is issued, only if—

- (a) that drug is not a Scheduled drug;
- (b) that drug is not a controlled drug within the meaning of the Misuse of Drugs Act 1971(13), other than a drug which is for the time being specified in Schedule 5 to the Misuse of Drugs Regulations 1985; and
- (c) the doctor undertakes to furnish the chemist, within 72 hours, with a prescription form completed in accordance with sub-paragraph (2).

44.—(1) In the course of treating a patient to whom he is providing treatment under these terms of service, a doctor shall not order on a prescription form a drug or other substance specified in Schedule 10 to these Regulations but may otherwise prescribe such a drug or other substance for that patient in the course of that treatment.

(2) In the course of treating such a patient a doctor shall not order on a prescription form a drug specified in an entry in column 1 of Schedule 11 to these Regulations unless—

- (a) that patient is a person of a description mentioned in column 2 of that entry;
- (b) that drug is prescribed for that patient only for the purpose specified in column 3 of that entry; and
- (c) the doctor endorses the face of the form with the reference “SLS”,

but may otherwise prescribe such a drug for that patient in the course of that treatment.

45.—(1) Where a doctor—

- (a) is responsible under these terms of service for the treatment of 10 or more persons in a school or other institution in which at least 20 persons normally reside; and
- (b) orders, for any two or more of those persons for whose treatment he is responsible, drugs or appliances to which this paragraph applies,

he may use a single prescription form for the purpose.

(2) Where a doctor uses a single prescription form for the purpose mentioned in sub-paragraph (1), he shall (instead of entering on the form the names of the persons for whom the drugs or appliances are ordered) enter on the form—

- (a) the name of the institution in which those persons reside; and
- (b) the number of persons residing there for whose treatment he is responsible.

(3) This paragraph applies to any drug or appliance which can be supplied as part of pharmaceutical services and which—

(13) 1971 c. 38.

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(a) in the case of a drug, is not a product of a description or class which is for the time being specified in an order made under section 58(1) of the Medicines Act 1968(14); or

(b) in the case of an appliance, does not contain such a product.

46. For the purposes of paragraphs 43 and 44 in their application to a doctor who has undertaken to provide contraceptive services, “drugs” includes contraceptive substances and “appliances” includes contraceptive appliances.

Practice leaflet

47.—(1) Subject to paragraph (2), a doctor whose name is included in the medical list of an FHSA shall compile in relation to his practice a document (in this paragraph called a “practice leaflet”) which shall include the information specified in Schedule 12.

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

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

(4) A doctor shall make available a copy of the most recent edition of his practice leaflet to the FHSA, 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.

Reports to medical officer etc

48. A doctor shall—

(a) supply in writing to a medical officer within such reasonable period as that officer may specify, any relevant clinical information which he requests about a patient to whom the doctor under these terms of service has issued or has refused to issue a medical certificate; and

(b) answer any inquiries by a medical officer about a prescription form or medical certificate issued by the doctor under these terms of service or about any statement which the doctor has made in a report under these terms of service.

Inquiries about prescriptions and referrals

49.—(1) A doctor whose name is included in the medical list shall, subject to sub-paragraphs (2) and (3) below, sufficiently answer any inquiries, whether oral or in writing, from the FHSA concerning—

(a) any prescription form issued by the doctor under these terms of service;

(b) the considerations by reference to which the doctor issues such forms under these terms of service;

(c) the referral by the doctor under these terms of service of any patient to any other services provided under the Act; and

(d) the considerations by reference to which the doctor refers patients to any such services.

(14) 1968 c. 67. See S.I. 1983/1212 as amended by S.I. 1984/756, 1986/586, 1987/674, 1987/1250, 1988/2017 and 1989/1852.

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(2) An inquiry referred to in sub-paragraph (1) may be made only for the purpose either of obtaining information to assist the FHSA to discharge its functions or of assisting the doctor in the discharge of his obligations under these terms of service.

(3) A doctor shall not be obliged to answer any inquiry referred to in sub-paragraph (1) unless it is made by a doctor appointed under regulation 38 who produces, on request, written evidence that he is authorised by the FHSA to make such an inquiry on behalf of the FHSA.

Annual reports

50.—(1) A doctor whose name is included in the medical list shall provide annually to the FHSA a report, in accordance with this paragraph, 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 Schedule 13.

(3) Each annual report shall be compiled in respect of the period of 12 months ending on the 31st March of the year in which it is provided and shall be sent to the FHSA by 30th June of that year.

(4) 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 produce his own annual report.

(5) Where the FHSA requires that the information referred to in sub-paragraph (2) be provided on a form supplied by the FHSA, the doctor shall use that form.

(6) The FHSA shall not disclose any annual report to any person, unless otherwise lawfully empowered to do so.

Incorporation of provisions of regulations etc.

51. Any provisions of the following affecting the rights and obligations of doctors shall be deemed to form part of the terms of service—

- (a) the Regulations;
- (b) so much of Part II of the National Health Service (Service Committees and Tribunal) Regulations 1992(**15**) as relates to—
 - (i) the investigation of questions arising between doctors and their patients and other investigations to be made by the medical service committee and the joint services committee and the action which may be taken by the FHSA as a result of such investigations,
 - (ii) appeals to the Secretary of State from decisions of the FHSA,
 - (iii) the investigation of cases of alleged excessive prescribing,
 - (iv) the investigation of certification,
 - (v) the investigation of record keeping,
 - (vi) decisions as to treatment for which fees may be charged.

(15) S.I. 1992/664.