

SCHEDULE 3

Regulation 5(1)

PART I

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

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

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

8. Present or most recent appointment.
 - (a) (a) Name and private address of any intended partner and whether or not the name is in the FHSA’s medical list.
 - (b) Names and private addresses of members of group (other than those already specified in (a) above) with whom doctor intends to practise.
10. Whether applied/intending to apply for inclusion in obstetric list/child health surveillance list/minor surgery list.
11. Notification of the geographical boundary of the applicant’s proposed practice area by reference to a sketch, diagram or plan.
12. Notification of address(es) of proposed practice premises.

Status: This is the original version (as it was originally made).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

13. Whether the applicant intends to practise as—
 - (a) a full-time doctor;
 - (b) a three-quarter-time doctor;
 - (c) a half-time doctor;
 - (d) a job-sharing doctor; or
 - (e) a restricted doctor.
14. Where the applicant intends to practise as a job-sharing doctor, the name of the other job-sharing doctor with whose hours the applicant's hours are to be aggregated for the purposes of regulation 15(1)(d).
15. Notification of proposed days and hours of attendance.
16. Telephone number(s) at which prepared to receive messages.
17. Undertaking that if accepting as a patient a person who, at the time of acceptance, is residing at a place outside the practice area, he will visit him at that address.
18. Proposed place of residence (including telephone number and distance from main practice premises) and an undertaking to inform the FHSA whenever changing permanent residence.
19. Declaration that he is a registered medical practitioner, included in the Medical Register in that name.
20. Undertaking to be bound by the terms of service.
Regulation 5(2)

PART II

INFORMATION AND UNDERTAKINGS TO BE INCLUDED IN AN APPLICATION TO FILL A VACANCY

1. Full name.
2. Sex.
3. Date of birth.
4. Private Address and telephone number.
5. Medical qualifications and where obtained.
6. Declaration that he is a registered medical practitioner, included in the Medical Register in that name.
7. Registration number in the Medical Register and date of first registration.
8. Whether applying to succeed to a practice, or be appointed to a vacancy in a practice.
9. Notification of the geographical boundary of the applicant's proposed practice area by reference to a sketch, diagram or plan.
10. Notification of address(es) of proposed practice premises.
11. Whether the applicant intends to practise as—
 - (a) a full-time doctor;
 - (b) a three-quarter-time doctor;
 - (c) a half-time doctor;

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

- (d) a job-sharing doctor; or
- (e) a restricted doctor.

12. Where the applicant intends to practise as a job-sharing doctor, the name of the other job-sharing doctor with whose hours the applicant's hours are to be aggregated for the purposes of regulation 15(1)(d).

13. Notification of proposed days and hours of attendance.

14. Telephone number(s) at which prepared to receive messages.

15. Undertaking that if accepting as a patient a person who at the time of acceptance or succession is residing at a place outside the practice area he will visit him at that address.

16. Proposed place of residence (including telephone number and distance from main surgery) and an undertaking to inform the FHSA whenever changing permanent residence.

17. Whether or not on the medical list for the FHSA's locality.

18. If not in the FHSA's medical list, present or most recent appointment, and if in general practice, whether as principal, assistant or locum.

19. Professional experience (including starting and finishing dates of each appointment) separated into:

- (a) trainee or assistant experience in general practice;
- (b) general practice experience;
- (c) hospital appointments;
- (d) other (including obstetric) experience;
- (e) any additional supporting particulars.

20. The name and address of principal to whom trainee or assistant.

21. Particulars of covenants restricting medical practice by the applicant in the FHSA's locality.

22. Name and address of any intended partner and whether or not the name is included in the FHSA's medical list.

23. Names and addresses of two referees.

24. If applicant is not in the FHSA's medical list—

- (1) name of any other FHSA in whose list he is included;
- (2) particulars of any outstanding application for inclusion on the medical list of any FHSA;
- (3) information about general medical services to be provided and, in particular, whether—

(a) (a) including excluding	maternity medical services limited to
(b) (b) including excluding limited to	contraceptive services
(i) excluding including	fitting of intra-uterine including devices
(ii) restricted not restricted	to patients to whom the doctor or partner provides other personal medical services
(c) (c) including	child health surveillance services

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

excluding limited to (d) (d) including excluding limited to	 minor surgery services
---	--------------------------------------

- (4) whether or not applied/intending to apply for—
 - (a) inclusion in minor surgery list,
 - (b) inclusion in child health surveillance list,
 - (c) inclusion in obstetric list; and
 - (5) undertaking to be bound by terms of service.
- Regulation 5(3)

PART IIIA

INFORMATION TO BE INCLUDED IN REPORT BY FHSA TO MEDICAL PRACTICES COMMITTEE IN RESPECT OF APPLICATION FOR INCLUSION IN A MEDICAL LIST

1. Full name of applicant.
2. Copies of—
 - (a) the applicant’s application to the FHSA;
 - (b) any evidence concerning the applicant’s qualifications and experience produced in accordance with the National Health Service (Vocational Training) Regulations 1979(1); and
 - (c) any declaration of partnership.
3. Date from which applicant proposes to provide general medical services and whether he proposes to practise as a full-time, three-quarter-time, half-time, job-share or restricted doctor.
4. Area of the FHSA’s locality in which such services are to be provided.
5. The number of doctors who are not restricted doctors already providing general medical services in that area whose names are included in the FHSA’s medical list and whether they are full-time, three-quarter-time, half-time, job-sharers, and the number of full-time assistants.
6. The total number of patients registered with the medical list doctors as at 31st March, 30th June, 30th September or 31st December, whichever is the last to precede the date of the report.
7. The average number of patients on the lists of doctors providing general medical services in that area.
8. Where the applicant proposes to provide such services in partnership with another doctor, details of each proposed partner, as respects—
 - (a) his full name and his age, and whether he practises as a full-time, three-quarter-time, half-time, job-sharer or restricted doctor;
 - (b) the total number of patients on his list;
 - (c) the number of patients on his list who are over the age of 65;

(1) [S.I. 1979/1644](#).

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

- (d) the number of patients on his list who attract deprivation payments;
- (e) where the proposed partner is a doctor who is authorised or required to provide drugs, medicines or appliances, the number of patients on his list who are patients in respect of whom he is so authorised;
- (f) the total annual number of temporary resident attendances based on the last available four complete quarters;
- (g) the total number of rural practice units credited for the last known quarter;
- (h) the number of hours in each week which he devotes to health-related activities, within the meaning of paragraph 30 of Schedule 2;
- (i) the number and location of the practice premises from which he provides general medical services and sessions spent at branch surgeries.

9. Details of each doctor, including where requested, the sex of that doctor who provides general medical services from practice premises situated up to 5 miles from the applicant's proposed practice premises, as respects each of the matters mentioned in sub-paragraphs (a) to (h) of paragraph 8 above.

10. Any other information which the FHSA considers to be relevant to the determination of the application.

11. Whether or not the application is supported by the FHSA, including details of its reasons for supporting or not supporting the application and any report from the Local Medical Committee or Community Health Council.

12. If the Medical Practices Committee so request, a breakdown of the lists of patients by reference to age and/or sex and a description of the area.

13. A statement that the FHSA has confirmed that the applicant is a registered medical practitioner and that his name as entered on the application is currently included in the Medical Register.

14. A statement that the applicant is a British or a European Community national or, if not, that the FHSA has checked that the applicant is entitled to work as a self-employed practitioner in the United Kingdom.
Regulation 5(4)

PART IIIB

INFORMATION TO BE INCLUDED IN REPORT BY ADDITIONAL FHSAS TO MEDICAL PRACTICES COMMITTEES IN RESPECT OF APPLICATION FOR INCLUSION IN A MEDICAL LIST

1. Full name of applicant.
2. Date from which the applicant proposes to provide medical services.
3. The area of the FHSA's locality in which medical services are to be provided.
4. The name of any other FHSA in whose locality the applicant provides or intends to provide medical services.
5. The area of any other FHSA's locality in which the applicant provides, or intends to provide, medical services.
6. Details of the distance from the nearest point on the FHSA boundary (to whom the current application is made) to:—

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

- (a) the doctor's nearest surgery,
 - (b) the doctor's private address.
7. Whether the areas named in the application—
- (a) are/are not within the catchment area of the doctor's present practice,
 - (b) are/are not adjacent to the doctor's area of practice,
 - (c) do/do not already contain patients of the doctor's present partnership practice.
8. Whether local practices are unwilling/unable to accept the proposed patients.
9. Whether the applicant intends to open a branch surgery.
10. Whether or not the application is supported by the FHSA, including details of its reasons for supporting or not supporting the application and any report from the Local Medical Committee or Community Health Council.
11. Any other information which the FHSA considers to be relevant to the determination of the application, including whether or not it is the opinion of the FHSA that the doctor would be able to comply with the terms of service.
- Regulation 5(5)

PART IIIC

INFORMATION TO BE INCLUDED IN REPORT BY FHSA TO MEDICAL PRACTICES COMMITTEE IN RESPECT OF A RESTRICTED LIST APPLICATION

1. Full name of applicant.
2. Date from which applicant proposes to provide general medical services.
3. Copy of the applicant's application to the FHSA.
4. Copy of evidence concerning the applicant's qualifications and experience produced in accordance with the National Health Service (Vocational Training) Regulations 1979(2).
5. The name of the establishment or organisation, to which patients connected to them, the applicant will be limiting the provision of general medical services, and the numbers of such patients.
6. The area of the FHSA's locality in which the establishment or organisation is sited.
7. A statement that the FHSA has confirmed that the applicant is a registered medical practitioner and that his name as entered on the application is currently included in the Medical Register.
8. A statement that the applicant is a British or European Community national or, if not, that the FHSA has checked that the applicant is entitled to work as a self-employed practitioner in the United Kingdom.
9. Whether the application is in respect of a new practice or an extension of the doctor's current practice.
10. Whether the application is made by the successor to any other doctor and if so the name of that doctor.

(2) [S.I. 1979/1644](#).

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

11. Whether or not the application is supported by the FHSA, including details of its reasons for supporting or not supporting the application and any report from the Local Medical Committee or Community Health Council.

12. Any other information which the FHSA considers to be relevant to the determination of the application.
Regulation 5(6)

PART IIID

INFORMATION TO BE INCLUDED IN A REPORT BY FHSA TO MEDICAL COMMITTEE IN RESPECT OF A RESTRICTED SERVICES APPLICATION

- 1.** Full name of applicant.
- 2.** Copy of the applicant's application to the FHSA.
- 3.** The names of any proposed partners and/or members of the applicant's group practice.
- 4.** Copy of any declaration of partnership, or intent to practise in association with a group practice.
- 5.** The date from which the applicant proposes to provide the services in question.
- 6.** Confirmation that the applicant is eligible to be included in the child health surveillance list or the minor surgery list as the case may be.
- 7.** The area of the FHSA's locality in which the medical services in question are to be provided.
- 8.** The name of any other FHSA in whose locality the applicant provides or intends to provide the medical services.
- 9.** The area of any other FHSA's locality in which the applicant provides, or intends to provide, the medical services.
- 10.** Whether or not the application is supported by the FHSA, including details of its reasons for supporting or not supporting the application and any report from the Local Medical Committee or Community Health Council.
- 11.** A statement that the FHSA has confirmed that the applicant is a registered medical practitioner and that his name as entered on the application is currently included in the medical register.
- 12.** A statement that the applicant is a British or European Community national, or, if not, that the FHSA has checked that the applicant is entitled to work as a self-employed practitioner in the United Kingdom.
- 13.** Any other information which the FHSA considers to be relevant to the determination of the application, including any unusual factors that may affect demand for the particular services in question.
- 14.** If the Medical Practices Committee so request, details of the numbers of doctors on the Medical List already providing the services in question in the area of locality of the FHSA where the applicant proposes to provide the service.
Regulation 11(1)

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

PART IV

INFORMATION TO BE INCLUDED IN A REPORT BY FHSA TO THE MEDICAL PRACTICES COMMITTEE CONCERNING ADEQUACY OF SERVICES

1. The names of the doctors in the medical list providing general medical services mainly in the FHSA's locality.
2. The names and numbers of full-time assistants.
3. Where appropriate, the serial number of each partnership.
4. The part of the FHSA's locality where the doctors mainly practise, and whether each doctor practises as—
 - (a) a full-time doctor;
 - (b) a three-quarter time doctor;
 - (c) a half-time doctor; or
 - (d) a job-sharing doctor.
5. In respect of each doctor,—
 - (a) his full name, sex and date of birth;
 - (b) his index number;
 - (c) the number of patients on his list in respect of each FHSA in whose medical list he is included and the total.

Regulation 11(2)

PART V

INFORMATION TO BE INCLUDED IN A REPORT BY FHSA ON DEATH, WITHDRAWAL OR REMOVAL OF DOCTOR FROM MEDICAL LIST

- (a) (a) the full name, age, practice address and, if requested, the sex of the doctor and the area of the FHSA's locality in which such services were provided and the date of his death, withdrawal or removal from the medical list;
- (b) whether the doctor practised as—
 - (i) a full time doctor,
 - (ii) a three-quarter time doctor,
 - (iii) a half-time doctor,
 - (iv) a job-sharing doctor,
 - (v) a restricted doctor;
- (c) the total number of patients on his list;
- (d) the number of patients on his list who are over the age of 65;
- (e) where he was a doctor who was authorised or required under regulation 20 of the Pharmaceutical Regulations to provide drugs or appliances, the number of patients on his list in respect of whom he was so authorised;
- (f) the total annual number of temporary resident attendances based on the last available four complete quarters;

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

- (g) the number of patients on his list attracting deprivation payments;
 - (h) the number of hours per week which he devoted to health related activities within the meaning of paragraph 30 of Schedule 2;
 - (i) the total number of rural practice units credited for the last known quarter;
 - (j) the number and location of the practice premises from which he provided general medical services, and sessions spent at branch surgeries;
 - (k) in respect of a single handed doctor, whether the premises are available for sale or rent.
2. Where the doctor provided services in partnership with another doctor, details of each partner as respects each of the matters mentioned in paragraph 1(a)–(j) above.
 3. Details of each doctor who provides general medical services from practice premises situated up to 5 miles from the doctors' practice premises as respects each of the matters mentioned in paragraph 1(a)–(j).
 4. Any other information which the FHSA considers to be relevant.
 5. The number of doctors who are not restricted doctors providing general medical services in the area where the doctor practised whose names are included in the FHSA's medical list and whether they are full-time, three-quarter-time, half-time or job-sharers, and the number of full-time assistants.
 6. If the Medical Practice Committee so request a breakdown of age/sex of patient lists and type of area of residence.
 7. A recommendation from the FHSA, with reasons, for dealing with the vacancy, giving an account of any report from the Local Medical Committees or Community Health Council (if made); and in respect of partnerships the proposals by the remaining partner(s).
- Regulation 16(2)

PART VI

INFORMATION TO BE INCLUDED IN AN APPLICATION FOR THE VARIATION OF A CONDITION IMPOSED IN CONNECTION WITH INCLUSION IN A MEDICAL LIST

1. Full name.
2. Private address.
3. Information about the services to be provided, and in particular whether they—

(a) (a) will include will exclude will be limited to	maternity medical services
(b) (b) will include will exclude will be limited to	contraceptive services
(i) excluding including	fitting of intra-uterine including devices
(ii) restricted not restricted	to patients to whom the doctor or partner provides other personal medical services
(c) (c) will include	child health surveillance services

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

will exclude	
will be limited to	
(d) (d) will include	minor surgery services
will exclude	
will be limited to	

4. Name and private address(es) of partner(s) with whom the applicant intends to practise, indicating whether or not the name is in the FHSA’s medical list.

5. Details of any proposed changes to—

- (a) the geographical boundary of the applicant’s practice area, by reference to a sketch, diagram or plan;
- (b) his practice premises;
- (c) his place of residence; or
- (d) his telephone number(s) at which messages may be received.

6. Where applicant is seeking a variation of a condition relating to his hours or the sharing of work, whether he wishes to practise as —

- (a) a full-time doctor;
- (b) a three-quarter-time doctor;
- (c) a half-time doctor;
- (d) a job-sharing doctor and the name of the other job-sharing doctor with whose hours the applicant’s hours are to be aggregated for the purposes of regulation 15(1)(d); or
- (e) a restricted doctor.

Regulation 19(2)

PART VII

INFORMATION TO BE SUPPLIED BY FHSA WITH REGARD TO DOCTORS' LISTS

1. The number of patients included on the doctor’s list, in each of the age groups in accordance with the capitation fee they attract.

2. The number of children included on the doctor’s list for whom he or she has undertaken to provide child health surveillance services.

3. The number of patients included on the doctor’s list for whom a deprivation payment is due, in each group in accordance with the level of fee they attract.

4. The number of patients included for whom a rural practice payment is due.

5. The number of patients for whom the doctor has assumed responsibility from a doctor who is relieved of the responsibility to provide out of hours services.

Regulation 27(3)

PART VIII

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

1. Full name.
 2. Address of practice premises.
 3. Registration number in the Medical Register and date of first registration.
 4. Details of relevant medical experience after date of first registration (and, if appropriate, before that date) during last 5 years, together with any references.
 5. Title of any post-graduate qualification held and date awarded.
- Regulation 32(3)

PART IX

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

1. Name.
 2. Address of practice premises.
 3. Registration number in the Medical Register and date of first registration.
 4. Details of relevant medical experience after date of first registration (and, if appropriate, before that date) during last 5 years together with any references.
 5. Details of premises and equipment to be used.
 6. Title of any post-graduate qualification held and date awarded.
- Regulation 30(3)

PART X

INFORMATION TO BE SUPPLIED BY DOCTOR APPLYING FOR INCLUSION IN AN OBSTETRIC LIST

1. Name.
2. Address of practice premises.
3. Registration number in the Medical Register and date of first registration.
4. Details of relevant obstetric experience during the previous 10 years (and, if appropriate, before that date), together with any references.
5. Details of relevant training undertaken during the previous 5 years.
6. Title of any relevant post-graduate qualification held and date awarded.