

# THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES) REGULATIONS 1992

## *Schedule 2*

### Terms of Service for Doctors

#### ***Important Note***

This copy of the NHS (General Medical Services) Regulations 1992 has been electronically reproduced from a version published March 1999 by the GPC secretariat, which was the 1996 consolidated version additionally incorporating seven further statutory instruments (SI).

Although the document has been checked for errors, it is intended only as a guide for members and constituents of the WMRLMC, and has no official status. For a statement of law, reference must be made to the appropriate statutory instrument.

#### **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 -HA., 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. (1) In this paragraph, the services referred to in paragraph 12 are called the "relevant services"
- (2) Subject to the following provisions of this paragraph, a doctor shall render the relevant services during the hours for which he is normally available pursuant to paragraph 29 (in this paragraph referred to as "normal hours"):
  - (a) at his practice premises; or
  - (b) in the case of a patient whose condition is such that in the doctor's reasonable opinion it would be inappropriate for the patient to attend at the practice premises, at whichever is appropriate of the places set out in sub-paragraph (5).
- (3) Outside normal hours the doctor shall consider, in the light of the patient's medical condition, whether a consultation is needed, and if so, when.
- (4) If in the doctor's reasonable opinion a consultation is needed before the next time at which the patient could be seen during, normal hours, he shall render the relevant services:
  - (a) at his practice premises;
  - (b) at such other place as the HA, has agreed, pursuant to paragraph 29A, and he has informed the patient, pursuant to paragraph 29A(5), is a place where he will treat patients outside normal hours; or
  - (c) in the case of a patient whose condition is such that in the doctor's reasonable opinion it would be inappropriate for the patient to attend either at the practice premises or at such other place, at whichever is appropriate of the places set out in sub-paragraph (5).
- (5) The places referred to in sub-paragraphs (2)(b) and (4)(c) are:
  - (a) 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 s.4 of the Choice of Medical Practitioner Regulations. [as amended by SI 1998 No 682 wef 1/4/98] 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;
  - (b) such other place as the doctor has informed the patient and the -HA 4 is the place where he has a-reed to visit and treat the patient;
  - (c) some other place in the doctor's practice area.
- (6) Nothing, in this paragraph prevents the doctor from:
  - (a) arranging for the referral of a patient pursuant to paragraph 12(2)(d) without first seeing the patient, in a case where the medical condition of the patient makes that course of action appropriate; or
  - (b) visiting the patient in circumstances where this paragraph does not place him under an obligation to do so.-[amended by SI 1995 No 80 wef 6/2/95]

### **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 5-4 of the Choice of Medical Practitioner Regulations. [as amended by SI 1998 No 682 wef 1/4/98], 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
  - (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 HA 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 HA to any patient within a class of patients in respect of which the HA 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 HA 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 HA 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 HA pursuant to sub-paragraph (7)(b), and on determining such an appeal the Secretary of State shall either confirm the HA's decision or substitute his own determination for that of the HA.
- (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), where a patient who:
- (a) has attained the age of 16 years but has not attained the age of 75 years; and
  - (b) within the preceding 3 years has attended neither a consultation with, nor a clinic provided by, any doctor in the course of his provision of general medical services,
- requests a consultation for the purposes of assessing whether he needs personal medical services, a doctor shall in addition to and without prejudice to any other obligation under these terms of service, provide such a consultation. [amended by SI 1993 No 540 wef 1/4/93]
- (2) Sub-paragraph (1) shall not apply in the case of a doctor who is a restricted services principal.

- (3) Where a doctor provides a consultation mentioned in [amended by SI 1993 No 540 wef 1/4/93] 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.
- (4) 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 4 of the Choice of Medical Practitioner Regulations. [as amended by SI 1998 No 682 wef 1/4/98] 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 HA 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 subparagraph (2) without his knowledge.