

National Insurance Act : regulations made by the Joint Committee acting jointly with the Insurance Commissioners and the Welsh Insurance Commissioners, as to the administration of medical benefit ... : (presented in pursuance of Sections 65, 82 and 83 of the National Insurance Act, 1911) / ordered, by the House of Commons, to be printed.

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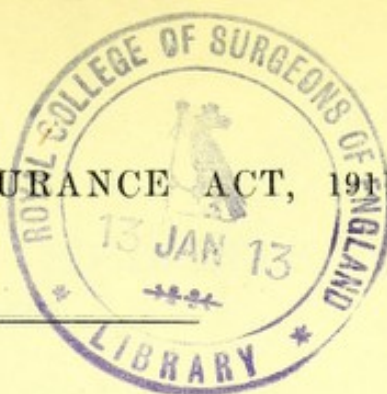
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NATIONAL INSURANCE ACT, 1911.



REGULATIONS made by the JOINT COMMITTEE acting jointly with the INSURANCE COMMISSIONERS and the WELSH INSURANCE COMMISSIONERS, as to the ADMINISTRATION of MEDICAL BENEFIT, dated the 5th day of December, 1912.

National Health Insurance (Joint Committee).	}	W. J. BRAITHWAITE.
National Health Insurance Commission (England).		
National Health Insurance Commission (Wales).	}	THOMAS JONES.

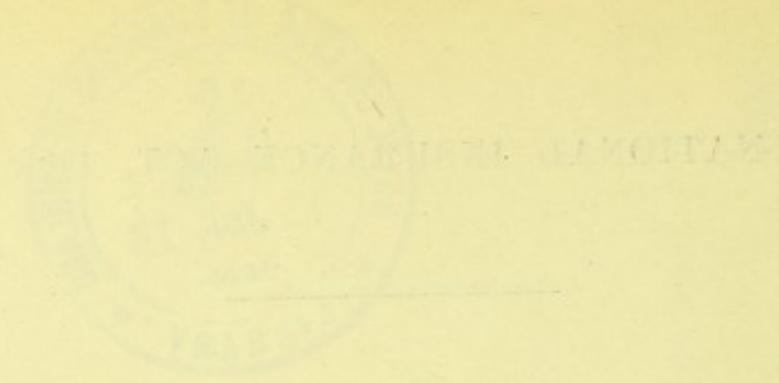
(Presented in pursuance of Sections 65, 82 and 83 of the National Insurance Act, 1911.)

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RESOLUTION: That the Joint Committee on
Education and the Bureau of Education and the
Department of Education be authorized to
conduct a study of the situation of
education in the United States.

W. A. BRANTWATER
CLAUDE B. BROWN
THOMAS J. JOYCE

Approved and reported by the Committee on
Education, December 15, 1915.

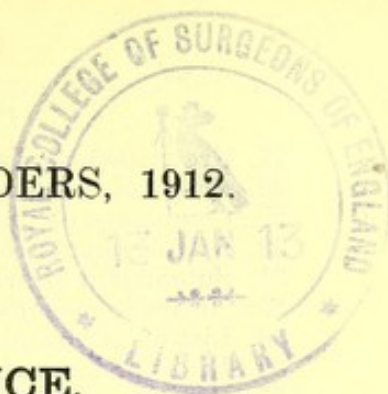
Ordered by the House of Representatives
that the report be printed.

REPORT OF THE JOINT COMMITTEE ON
EDUCATION AND THE BUREAU OF
EDUCATION AND THE DEPARTMENT OF
EDUCATION, CONCERNING THE
SITUATION OF EDUCATION IN THE
UNITED STATES.

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STATUTORY RULES AND ORDERS, 1912.

No. 1719.



NATIONAL INSURANCE.

National Health Insurance.

THE NATIONAL HEALTH INSURANCE (ADMINISTRATION OF MEDICAL BENEFIT) REGULATIONS, 1912, DATED DECEMBER 5, 1912, MADE BY THE JOINT COMMITTEE ACTING JOINTLY WITH THE INSURANCE COMMISSIONERS AND THE WELSH INSURANCE COMMISSIONERS.

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The Joint Committee of the several bodies of Insurance Commissioners appointed for the purpose of Part I. of the National Insurance Act, 1911, acting jointly with the Insurance Commissioners and the Welsh Insurance Commissioners, in pursuance of the powers conferred on them by the said Act and by paragraphs 7 and 16 of the National Insurance (Joint Committee) Regulations, 1912, hereby make the following Regulations:—

PART I.

General.

Short title.

1. These Regulations may be cited as the National Health Insurance (Administration of Medical Benefit) Regulations, 1912.

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

“The Act” means the National Insurance Act, 1911.

“The Commissioners” means the Insurance Commissioners or, where by virtue of the National Insurance (Joint Committee) Regulations, 1912, any power is exercisable by the Joint Committee or by the Joint Committee acting jointly with the Commissioners, means the Joint Committee, or the Joint Committee acting jointly with the Commissioners, as the case may require.

“Committee” means the Insurance Committee for any County or County Borough.

“County” includes County Borough.

“Society” means an Approved Society and includes the Navy and Army Insurance Fund.

“Member” means a member of a Society who is an insured person under the Act entitled to medical benefit.

“Insured Person” means an insured person under the Act entitled to medical benefit.

“Practitioner” means a duly qualified medical practitioner, and, where the Regulations refer to a practitioner attending an insured person, includes a practitioner attending the insured person in lieu of the practitioner in accordance with the terms of the latter’s agreement with the Committee.

“Chemist” means any person, firm, or body corporate, entitled to carry on the business of a chemist or druggist under the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908.

“Treatment” means medical attendance and treatment of insured persons.

“Drugs” includes medicines.

“Local Medical Committee” means a Local Medical Committee formed for any County and recognised by the Commissioners under Section 62 of the Act, and any references to a Local Medical Committee shall have effect only where a Local Medical Committee has been so formed and recognised.

“Institution” means a system or institution existing on the 16th December, 1911, and providing medical attendance and treatment.

“Year” means “medical year.”

“Medical year” means the period ending on the 14th day of January, 1914, and any successive similar period fixed by the Commissioners for the purpose.

(2.) The Interpretation Act, 1889, applies to the interpretation of these Regulations as it applies to the interpretation of an Act of Parliament.

PART II.

Provision of Medical Attendance and Treatment.

3. Every Committee shall as soon as may be make arrangements for securing the treatment of insured persons resident in the County by such practitioners as are willing to undertake the treatment, and shall submit those arrangements for the approval of the Commissioners. Duty of Committee to make arrangements.

Power to
make provi-
sional
arrange-
ments.

Negotia-
tions with
Societies.

List of
Deposit
Contribu-
tors.

Conditions
of service of
practi-
tioners.

4. Notwithstanding anything contained in these Regulations, in the event of any difficulty arising in completing or bringing into operation any arrangements proposed to be adopted by the Committee, the Committee may, subject to the approval of the Commissioners, make provisional arrangements to extend over a period of three months or such further period as the circumstances of the case may require and where any such provisional arrangements are made any of the provisions of these Regulations shall have effect subject to such modifications and conditions as the Commissioners may approve.

5.—(1.) Every Society having members resident in any County shall as soon as may be supply to the Committee a list showing the name of every member so resident, specifying the full postal address of the usual residence of the member.

(2.) The Committee shall cause to be furnished to each Society supplying a list of members, and to every other Society which in the belief of the Committee has members resident in the County, a statement of the amount estimated to be necessary in respect of the cost of the medical benefit of the members of that Society and of the administration of that benefit, and the Committee and the Society shall enter into an agreement accordingly, but any agreement so made shall have effect only if and so far as the arrangements made by the Committee in accordance with the Act and these Regulations are approved by the Commissioners.

(3.) Where the Commissioners are satisfied, upon such evidence as they think sufficient, that the Committee and any Society are unable to enter into any agreement as aforesaid, the Commissioners shall determine the amount to be paid by the Society to the Committee in such manner as they think fit, after a consideration of any representations made by either party.

6. The Committee shall cause to be prepared as soon as may be a list showing, in respect of each deposit contributor in the County, his name and the full postal address of his usual residence.

7.—(1.) With a view to making arrangements with practitioners for the purpose of administering medical benefit, the Committee shall, after consulting the Local Medical Committee, determine the conditions of service upon which it is proposed to invite practitioners to undertake treatment, and the method and rate of remuneration for that treatment, and shall embody particulars of those matters in draft agreements.

(2.) Every such draft agreement shall include the conditions specified in Part I. of the First Schedule to these Regulations, and one of the methods of remuneration specified in Part II. of that Schedule, provided that the Committee may, if they think fit, subject to the approval of the Commissioners, make any modifications in any of those conditions and methods of remuneration, whether in the case of any one or more practitioners, or combine any of the methods of remuneration and, where payment is to be made to the practitioner out of the proceeds of any Parliamentary grant, shall include such conditions as are necessary to be complied with as conditions of that grant.

(3.) The Committee shall determine the form and manner in which notice of the terms and conditions including the method

and rate of remuneration offered by the Committee is to be given to practitioners, and the form and manner in which a practitioner may intimate his acceptance of those terms and conditions and his desire to be included in the list of practitioners undertaking treatment, which practitioners are in these Regulations collectively referred to as "the panel."

8. As soon as the Committee have determined the matters specified in the last preceding Regulation, they shall submit for the approval of the Commissioners the arrangements proposed to be made accordingly, and in particular:

Submission
of arrange-
ments.

- (a) the draft agreements with practitioners determined by the Committee;
- (b) the form and manner of notification to, and acceptance by, practitioners of the terms and conditions of service;
- (c) the agreements proposed to be entered into with Societies, showing separately the amounts proposed to be paid in respect of the cost of medical benefit and the administration thereof;
- (d) in respect of any Society with which no agreement has been entered into, the amount proposed by the Committee as sufficient, and the amount, if any, offered by the Society;
- (e) the amount which, in the opinion of the Committee, is properly payable in respect of each deposit contributor for the purposes of the cost of his medical benefit;
- (f) the method proposed to be adopted by the Committee for the distribution amongst, and assignment to, the practitioners on the panel, of the insured persons who have failed to select a practitioner, or who have been refused by the practitioner whom they have selected;
- (g) the arrangements proposed to be made by the Committee in respect of persons entitled under Section 15 (2) (e) of the Act to the provision of medical attendance and treatment, on the same terms as to remuneration as those arranged with respect to insured persons.

9. The Committee shall, after consultation with the Local Medical Committee, prepare Rules to be submitted for the approval of the Commissioners, with regard to the administration of medical benefit by the Committee in accordance with Section 14 of the Act, and shall submit them for the approval of the Commissioners.

Preparation
and submis-
sion of rules.

10. The Committee shall furnish for the information of the Commissioners a statement of the income limit, if any, proposed to be fixed by the Committee under these Regulations.

Income limit.

11. Before approving any arrangements submitted to them in accordance with these Regulations, the Commissioners shall consider any representations made to them by the Local Medical Committee, and, subject to any alterations made in pursuance of the requirements of the Commissioners, any arrangements so made by the Committee and approved by the Commissioners shall have effect for such period as may be specified in the approval.

Approval by
Commis-
sioners.

Invitation to
practi-
tioners.

12. The Committee shall, as soon as the Commissioners have notified their approval of the arrangements submitted by the Committee and their decision in respect of any questions arising in relation thereto, give notice, in the form and manner approved in accordance with these Regulations, of the terms and conditions upon which practitioners are invited to undertake treatment, and of the form and manner in which acceptance may be notified, and the notice shall specify a period, not being less than 14 or more than 21 days, within which a practitioner is entitled to make application to be included in the list first to be issued of practitioners on the panel.

Preparation
of Medical
list.

13.—(1.) After the expiration of the period specified in the notice, the Committee shall prepare a list of the medical practitioners who have signified their desire to undertake treatment.

(2.) Each list so prepared (in these Regulations referred to as "the medical list,") shall contain, in addition to the names of practitioners—

- (a) the private address, and the address of any surgery, dispensary, or other place, at which any practitioner undertakes to attend for the purpose of treating insured persons;
- (b) particulars of the days and hours at which he undertakes to be in attendance at each place; and
- (c) where two or more practitioners practising in partnership have signified their desire to undertake treatment, the name of the firm or partnership;

and may, if the Committee think fit, be so arranged as to show the area in the County in which each practitioner undertakes treatment and the medical list shall have effect for the year for which it is prepared.

(3.) The Committee shall fix by its rules, and give public notice of, a date, not being earlier than the 1st November or later than the 1st December in any year, for revision of the medical list which date is in these Regulations referred to as "the date of revision."

Power to
require or
allow
persons to
make their
own arrange-
ments for
treatment.

14.—(1.) The Committee may fix an income limit for the purpose of the administration of medical benefit, and may require any persons whose income exceeds that limit, in lieu of receiving medical benefit under the arrangements to be made by the Committee under these Regulations, to make their own arrangements for receiving treatment (including medicines and appliances), provided that, in fixing that limit, the Committee may exempt from the necessity of making their own arrangements any insured persons who ought in the opinion of the Committee to be exempted whether by reason of the occupation or method of remuneration of the class to which they belong or of their circumstances or residence or otherwise.

(2.) The Committee before fixing, varying, or abolishing an income limit, shall give public notice of their intention so to do and shall consult the Local Medical Committee, and shall

consider representations made to them by any Society, or association of deposit contributors, having members resident in the County.

(3.) An insured person, whose income exceeds the income limit and who is not exempted by the Committee, shall not be entitled to receive medical benefit under the arrangements made by the Committee.

(4.) Any Society or association of deposit contributors, having members resident in the County, or the Local Medical Committee, or, where no Local Medical Committee exists, any practitioner on the panel, or any chemist or other person, firm or body corporate undertaking the supply of drugs or appliances under these Regulations may at any time, by notice in writing to the Committee, dispute the right of any insured person to receive medical benefit under the arrangements made by the Committee, on the ground that the income of that person exceeds the income limit and that he is not entitled to be exempted.

(5.) Upon receipt of any such notice the Committee may, if it appears to them that the income of that person exceeds the income limit, and that he is not entitled to be exempted, give notice in writing to that person that, unless, within a period specified in the notice, he shows that his income does not exceed that limit or that he is entitled to be exempted, the Committee will require him to make his own arrangements for receiving treatment (including medicines and appliances), and if, within the said period, the insured person fails to show that his income does not exceed that limit or that he is entitled to be exempted, the Committee shall require him to make his own arrangements.

(6.) Any decision of the Committee to fix, vary or abolish an income limit shall only take effect from the commencement of the year.

(7.) The Committee may allow any insured persons resident in the County, whether individually or collectively, in lieu of receiving medical benefit under the arrangements made by the Committee, to make their own arrangements for receiving treatment (including medicines and appliances).

(8.) Where the Committee are of opinion upon such evidence as they think sufficient that the arrangements made by any person who has been required or allowed to make his own arrangements under this Regulation are satisfactory, that is to say such as to secure treatment (including medicines and appliances) not inferior in nature quality or extent to that provided under the arrangements made by the Committee and to comply in other respects with any conditions which by reason of any scheme for the distribution of Parliamentary grant must be complied with in the case of treatment provided otherwise, there shall be made towards the cost of that treatment such a contribution calculated and paid in such a manner as hereinafter in these Regulations provided, and where the Committee are of opinion that the arrangements so made are not satisfactory or, upon any representation by a Society, that the treatment is not such as will adequately protect the funds of the Society, they shall either withhold the contribution or may make such a deduction therefrom as they may in any case determine.

Approval of
institutions.

15.—(1.) The Board of Management or other governing authority of, or person administering, any institution may apply to the Committee to approve the institution for the purposes of Section 15 (4) of the Act.

(2.) Upon any such application being made the Committee shall send to the Commissioners such particulars of the institution as the Commissioners may require, and shall state whether the Committee propose to approve that institution and the reasons for the course of action proposed to be adopted, and, if the Committee and the Commissioners approve the institution, it shall be approved for the purposes of the Section aforesaid for the period specified in the approval:

Provided that

- i. no institution shall be approved unless the Committee are satisfied that—
 - (a) the treatment given by the institution is adequate, and
 - (b) every insured person obtaining treatment thereunder is entitled to determine his arrangement with that institution, upon giving reasonable notice of his intention so to do, at the expiration of the currency of the medical list, without thereby incurring any pecuniary loss or other penalty; and
- ii. every institution shall as a condition of approval from time to time furnish such accounts and returns as the Commissioners, or the Committee with the consent of the Commissioners, may require.
- iii. every institution shall be conducted in such a manner as to comply with any conditions as to the nature, quality and extent of the treatment provided which by reason of any scheme for the distribution of a Parliamentary grant must be complied with in the case of treatment provided otherwise than through the institution as a condition of the payment of that grant.

(3.) The Committee may contribute, towards the expenses of the treatment furnished by any approved institution to an insured person who elects to obtain treatment through it, an amount calculated and paid in such manner as is hereinafter in these Regulations provided.

Publication
of medical
list.

16. Where the Commissioners have approved the arrangements made by the Committee in pursuance of these Regulations, the Committee shall as soon as may be publish in any one or more newspapers circulating in the County an announcement containing particulars of the arrangements made by the Committee, including a statement of the places where a copy of the medical list and of a list of approved institutions may be seen, and forms of application obtained, by insured persons, a statement as to the income limit, if any, and any other particulars which the Committee think proper, including such particulars as are necessary to bring to the notice of insured persons their right to select a practitioner on the panel and their rights with respect to obtaining treatment in some other manner.

17. Where a Committee have adopted for the remuneration of practitioners on the panel a system of payment either in whole or in part by capitation, the following provisions shall have effect:—

Distribution
under capita-
tion system.

(1.) Every insured person shall, if he desires and is entitled to select a practitioner on the panel, fill up the appropriate form of application, and send or present it to the practitioner by whom he desires to be attended before a date indicated in the announcement referred to in the last preceding Regulation.

(2.) Where an application has been received by a practitioner, that practitioner shall within one week notify to the Committee the acceptance or rejection of that application on the appropriate place on the form of application, and in the case of rejection the Committee shall as soon as may be thereafter notify the rejection to the applicant.

(3.) After the date indicated in the announcement the Committee shall provide for the distribution, amongst practitioners on the panel and so far as practicable under arrangements made by them, of those insured persons for whose treatment no arrangements have been made.

(4.) The Committee shall prepare a list of those persons who have been accepted by, or assigned to, each practitioner on the panel, and shall furnish to each practitioner a copy of the list of persons for whose treatment he is responsible, and each list shall, subject as provided in these Regulations, have effect until the commencement of the year succeeding that for which it is prepared.

(5.) Before giving treatment to any insured person on his list a practitioner shall be entitled to require the production by that person of such voucher or other document as the Commissioners may approve for the purpose.

(6.) Any insured person who desires to be attended by a practitioner other than the practitioner who attended him in the previous year, shall make application to the Committee, not later than one month before the date of revision, and any insured person not making such an application shall be deemed to have selected the practitioner from whom he was entitled to receive treatment in the previous year.

(7.) A practitioner desiring to discontinue treatment of an insured person shall give to the Committee notice to that effect not later than one month before the date of revision, and any practitioner not giving notice to the Committee before that date shall be deemed to have undertaken treatment of the insured persons attended by him in the previous year, other than those who desire to be attended by another practitioner or who adopt some other arrangement for obtaining treatment or who by reason of death, removal or some other cause are no longer included in his list.

(8.) With regard to any person making application to be attended by another practitioner and any person whom a practitioner has refused to continue to treat, the Committee shall so

far as may be adopt the procedure above-mentioned for his selection of or assignment to a practitioner on the panel.

(9.) As soon as may be after the date of revision the Committee shall issue to each practitioner on the panel a copy of the revised list of the insured persons for whose treatment that practitioner is responsible.

Distribution
under system
of payment
by attend-
ance.

18. Where a Committee have adopted a method of payment by attendance, the following provisions shall have effect:—

(1.) An insured person who is not required or does not desire to make his own arrangements for obtaining treatment, and does not desire to obtain treatment through an approved institution as his medical benefit shall be entitled, on production to a practitioner on the panel of such voucher or other document as the Commissioners may approve for the purpose, to obtain treatment from that practitioner subject to the consent of the practitioner, who shall signify his consent by endorsing the voucher or other document in such manner as the Commissioners shall require.

(2.) Every practitioner shall upon his acceptance of an insured person for treatment give notice to the Committee upon a form to be provided by the Committee for the purpose.

(3.) An insured person who has selected and been accepted by a practitioner in the manner above-mentioned shall be deemed to have selected that practitioner, and shall be entitled, upon production to the practitioner if he so requires of the said voucher or other document, to treatment from him, during the year, and shall not during the year be entitled, while in the area within which that practitioner has agreed to attend him, to obtain treatment from any other practitioner on the panel as part of his medical benefit.

(4.) Any insured person who has selected a practitioner shall be entitled at any time after the expiration of the year on production of the voucher or other document as aforesaid, to obtain treatment from that practitioner or from any other practitioner on the panel who is willing to accept him and shall, upon the endorsement by the practitioner of his voucher or other document be deemed to have selected and been accepted by that practitioner for the currency of the revised medical list.

(5.) Where any insured person gives notice to the Committee that he is unable to obtain treatment from a practitioner on the panel the Committee shall provide for his assignment to a practitioner on the panel so far as practicable under arrangements made by practitioners on the panel.

Choice of
methods of
obtaining
treatment.

19.—(1.) Every insured person shall before the date indicated in the announcement made by the Committee in accordance with the requirements of these Regulations

(a) if he is required, or desires, to make his own arrangements for obtaining treatment, including medicines and appliances, fill up the appropriate form and send it to the Committee;

(b) if he desires, and is entitled, to obtain treatment, including medicines and appliances, through an approved institution, fill up the appropriate form and send or present it to the institution.

(2.) The Committee shall notify to any insured person applying to be allowed to make his own arrangements their consent or refusal as the case may be.

(3.) Where an application has been received by an approved institution, that institution shall within one week notify the acceptance or rejection of the application to the Committee on the appropriate place on the form of application, and in the case of rejection the Committee shall as soon as may be thereafter notify that rejection to the applicant.

20.—(1.) The Committee shall prepare a list of those persons who have been accepted by each approved institution, and a list of persons required or allowed to make their own arrangements for obtaining treatment, and shall furnish each approved institution with a copy of its appropriate list. Preparation of lists.

(2.) Any list so prepared shall, subject as provided in these Regulations, have effect until the commencement of the medical year succeeding that for which it is prepared.

21.—(1.) Any insured person who desires to obtain treatment by any of the methods referred to in these Regulations, other than that which he adopted in the previous year, shall make application to the Committee not later than one month before the date of revision, and any insured person not making such an application shall be deemed to have applied to obtain treatment in the same manner as in the previous year. Revision of lists.

(2.) Any practitioner desiring to withdraw from the panel shall give to the Committee notice to that effect not later than one month before the date of revision and his name shall thereupon be removed from the medical list.

(3.) With regard to any person making application to obtain treatment by any method other than that which he adopted in the previous year, the Committee shall so far as may be adopt the procedure provided by these Regulations for enabling an insured person to select his method of treatment.

22. Where an insured person who has elected to receive treatment under the arrangements made by the Committee with practitioners on the panel changes his residence to the area of another Committee, he shall upon arriving in that area give notice to the last-mentioned Committee, and thereupon that Committee shall make arrangements whereby he can receive treatment including drugs and appliances in their area, and such adjustment shall be made between the two Committees as is equitable in the circumstances, regard being had to the proportion of the year spent by the insured person in the area of each of the Committees respectively, and the arrangements made by each of the Committees with the practitioners on the panel in their respective areas shall be so adjusted as to conform with the adjustments so made. Insured person applying during year.

23.—(1.) If a practitioner, other than a practitioner whose name has been removed from the medical list in force in the area of any Committee in the United Kingdom by the Commissioners, makes application to the Committee during the year, the Committee shall include him in the medical list. Practitioner applying during year.

(2) The name of any practitioner who dies during the year or is directed to be removed therefrom by the Commissioners shall thereupon be removed from the medical list, and, in the case of any practitioner who by reason of a change of residence is unable to attend insured persons within the area for which he undertook to give treatment, the necessary alteration shall be made in the medical list.

(3.) A copy of the medical list revised up to date shall be kept available for the inspection of any person at the office of the Committee and at such other places as the Committee may think fit.

Notice of
changes in
lists.

24.—(1.) Where a deposit contributor changes his residence he shall notify the full postal address of his new residence to the Commissioners.

(2.) Where a member of a Society changes his residence he shall notify the full postal address of his new residence to the Society.

(3.) Every Society shall four times in every year on days appointed by the Commissioners for the purpose notify the names and the numbers in the Society or branch of those members who have in the preceding three months changed their places of residence, together with the full postal addresses of their former and new places of residence, to the Committees of the Counties in which they have respectively taken up their residence, and in the case of a change of residence from one County to another, the last-mentioned Committees shall as soon as may be notify the name of the member and of his Society or branch and his number in the Society or branch to the Committee of the County of his former place of residence.

(4.) Every Society having members in the County shall immediately after the dates above-mentioned notify to the Committee the names and numbers in the Society or branch of those of its members who have during the last preceding three months died or ceased to be insured persons or members of the Society, and of persons resident in the County who have been admitted as members.

(5.) Where an insured person who is entitled to obtain treatment from a practitioner on the panel or approved institution has died or ceased to be an insured person or to reside in the County, the Committee shall give notice to that practitioner or institution in a form to be provided for the purpose, and the list of the practitioner or institution shall be amended accordingly.

Notice of
suspension
of medical
benefit
of insured
person.

25. Where the medical benefit of a member of a Society is suspended by reason of his contributions being in arrear or of marriage, the Society shall give notice to the Committee of the County in which that person resides, and the Committee shall, in the case of suspension of the medical benefit of an insured person entitled to obtain treatment from a practitioner on the panel or through an approved institution, give notice to that practitioner or institution, and the list of the practitioner or institution shall be amended accordingly.

26. During the year an insured person may be transferred from one practitioner on the panel to another, or from an approved institution to a practitioner on the panel, in the following circumstances, and under the following conditions:—

Changes
during year.

- (a) an insured person and the practitioner responsible for his treatment may by consent arrange for the transfer of the insured person to any other practitioner on the panel who is willing to accept the insured person;
- (b) where an insured person entitled to receive treatment from a practitioner on the panel is by reason of a change of residence no longer able to obtain that treatment he may give notice to the Committee who shall make arrangements so far as may be similar to those prescribed by these Regulations for his selection of or assignment to a practitioner on the panel;
- (c) where the Committee after enquiry into a question arising between an insured person and the practitioner attending him consider it desirable that an insured person should be transferred, the Committee may arrange with another practitioner on the panel to undertake the treatment of that person;
- (d) where the name of a practitioner has been removed from the medical list, or where a practitioner has ceased to practise within the area within which he has undertaken treatment, he or his legal personal representative, as the case may be, may notify to the insured persons concerned that he has made arrangements with another practitioner on the panel to undertake the treatment of those persons, and subject to their consent may transfer them to that other practitioner, and if any insured person is unwilling to be so transferred he shall give notice to the Committee who shall make arrangements so far as may be similar to those prescribed by these Regulations for his selection of or assignment to another practitioner;
- (e) subject as aforesaid, the provisions of these Regulations relating to insured persons coming to reside within the County during the year shall apply to insured persons who were attended by a practitioner whose name has been removed from the medical list or who has ceased to practise within the area within which he has undertaken treatment, and to insured persons who were obtaining treatment through an approved institution which has ceased to be approved.

Provided that, where an insured person has been transferred by consent, the practitioner to whom he has been transferred shall within seven days of the transfer give notice thereof to the Committee on the form to be provided by the Committee for that purpose, and the notice shall be signed by the insured person

and both the practitioners concerned or, in the event of the death or total incapacity of a practitioner, by the insured person and the practitioner to whom he is transferred.

PART III.

Provision of Drugs and Appliances.

Prescribed
appliances.

27. The medical and surgical appliances to be provided as part of medical benefit shall be the appliances mentioned in the Second Schedule to these Regulations.

Prices of
drugs and
appliances.

28.—(1.) With a view to making arrangements for the supply of drugs and appliances the Committee shall—

- (a) prepare a list of the prices upon which the sums to be paid for the drugs ordinarily supplied and for the prescribed appliances are to be calculated (in these Regulations referred to as "the Drug Tariff"); and
- (b) determine the conditions upon which it is proposed to invite chemists and other persons, firms, or bodies corporate (all of whom are in these Regulations included in the expression "chemists or other persons") to undertake the supply of drugs or appliances or both.

(2.) The Committee shall embody the Drug Tariff and the conditions and method in which payment for drugs not included in the Drug Tariff is to be calculated in draft agreements which shall include the terms and conditions specified in the Third Schedule to these Regulations, with the necessary modifications in the case of a person undertaking to supply drugs or appliances only, or not entitled to dispense medicines, and with such other modifications as the Committee may, subject to the approval of the Commissioners, think fit.

Conditions
of dispensing
medicines.

29. The Committee shall determine the form and manner in which notice is to be given to chemists and other persons desiring to supply drugs or appliances or both, and the form in which any such chemist or other person may intimate his acceptance of those terms and conditions (other than a medical practitioner with whom an arrangement for the supply of drugs and appliances has been made by the Committee in accordance with these Regulations), and that notice shall state that no person shall be entitled to dispense medicines for insured persons under the arrangements made with chemists and other persons by the Committee other than a chemist who undertakes that all medicines supplied by him to insured persons under the arrangements made by the Committee shall be dispensed either by or under the direct supervision of a registered pharmacist or by a person who, for three years immediately prior to the 16th December, 1911, has acted as a dispenser to a practitioner or a public institution.

Arrange-
ments for
supply by
practitioners
of drugs and
appliances.

30.—(1.) Where an insured person is resident in a rural area at a distance of more than one mile from the place of business of a chemist who is on the list, or where the Committee are satisfied that an insured person by reason of distance or inadequacy of means of communication will have difficulty in obtaining

any necessary drugs or appliances from a chemist or other person on the list the Committee may, and shall, if the practitioner so desires, make arrangements for the supply to that person by the practitioner attending him of such drugs or appliances as would otherwise under these Regulations have been supplied by a chemist or other person on the list, and any question arising under this Regulation shall be referred to the Commissioners whose decision shall be final.

(2.) The Committee may make arrangements for the supply by practitioners on the panel of all or any of the following:—

- (a) drugs which are necessarily or ordinarily administered by a practitioner in person; and
- (b) drugs and appliances required for immediate administration or application, or required for use before a supply can conveniently be obtained otherwise under these Regulations.

31.—(1.) The Committee shall as soon as may be submit for the approval of the Commissioners the arrangements proposed to be made by the Committee for the supply of drugs and appliances and in particular; Submission of arrangements.

- (a) the draft agreements determined by the Committee;
- (b) the form and manner of notification to, and acceptance by, chemists and other persons of the terms and conditions upon which persons shall undertake the supply of drugs or appliances or both; and
- (c) the arrangements made by the Committee for the supply by practitioners on the panel of drugs and appliances.

(2.) Subject to any alterations made in pursuance of the requirements of the Commissioners, any arrangements so made by the Committee and approved by the Commissioners shall have effect for such period as may be specified in the approval.

32. The Committee shall, as soon as the Commissioners have notified their approval of the arrangements made by the Committee, give notice, in the form and manner approved in accordance with the last preceding Regulation, of the terms and conditions upon which persons shall undertake the supply of drugs or appliances or both, and of the form and manner in which acceptance may be notified, and that notice shall specify a period, not being less than 14 or more than 21 days, within which a chemist or other person is entitled to make application to be included in the list first to be issued. Notice to persons desirous of undertaking supply.

33.—(1.) After the expiration of the period specified in the notice the Committee shall prepare a list of the names and addresses of the chemists and other persons who have signified their acceptance, indicating whether they have undertaken to supply drugs or appliances or both, and distinguishing those who are entitled to dispense medicines. List of persons undertaking supply.

(2.) The list shall, subject as provided in these Regulations, have effect for the year for which it is prepared.

(3.) A copy of the list shall be sent to every practitioner on the panel and shall be available for the inspection of insured persons at the office of the Committee and in such other way as the Committee may think fit.

(4.) The Committee shall supply to every chemist or other person included in the list a copy of the medical list, and every chemist or other person shall exhibit at his place of business a notice in the form prescribed in the Fourth Schedule to these Regulations indicating that he has undertaken to supply drugs or appliances or both, as the case may be, under the arrangements made by the Committee.

Right of insured persons to obtain drugs and appliances.

34.—(1.) Every insured person obtaining medical benefit under the arrangements made by the Committee shall be entitled to obtain as part of his medical benefit such drugs and prescribed appliances as may be ordered for him by the practitioner attending him from any chemist or other person whose name is on the list and who is entitled and has undertaken to supply those drugs or appliances.

(2.) An insured person shall not be entitled to obtain any appliance from a chemist or other person on the list, if the Committee have made provision for lending that appliance and have given notice to the practitioners on the panel and the chemists and other persons on the list that the appliance is obtainable from the Committee.

Revision of prices of drugs and appliances.

35.—(1.) The Committee shall not later than two months before the date of revision in every year, after consultation with the Local Medical Committee, submit for the approval of the Commissioners a statement of any alterations which the Committee may desire to make in the Drug Tariff, and, where the Commissioners have prescribed any further appliances, of the prices which the Committee are prepared to pay for those appliances.

(2.) The Commissioners shall, subject to the alterations, if any, which they may require to be made by the Committee, approve the statement.

(3.) The Committee shall as soon as may be after such approval send a copy of the statement to every chemist or other person included in the list and to every practitioner on the panel.

Right to discontinue supply.

36.—(1.) Any chemist or other person desiring to have his name removed from the list shall give notice in writing of his desire to the Committee not later than one month after the issue to him of the statement of alterations made by the Committee, or where no statement has been issued not later than one month before the date of revision, and thereupon his name shall be removed from the list.

(2.) Any chemist or other person not giving such notice to the Committee shall be deemed to have undertaken to supply drugs or appliances or both upon the same terms as in the previous year, subject to such modifications as are mentioned in the statement of alterations, if any, issued to him by the Committee.

37.—(1.) Any chemist or other person may make application to the Committee in any year, not later than one month before the date of revision, to be included in the revised list and shall thereupon, unless he has previously been excluded from the list by the Commissioners, be included in the revised list. Inclusion in revised list.

(2.) As soon as may be after the date of revision the Committee shall prepare a revised list, and a copy thereof shall be sent to every practitioner on the panel and shall be available for the inspection of insured persons at the office of the Committee, and in such other way as the Committee may think fit.

38.—(1.) Where a chemist or other person commences to carry on business in the County during the year and desires to undertake the supply of drugs or appliances or both under the arrangements made by the Committee he shall upon application to the Committee be entitled forthwith to be included in the list. Inclusion during year.

(2.) Where upon the death of a chemist included in the list the business is carried on in accordance with the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, by his legal personal representative or the trustee of his estate, that legal personal representative or trustee shall be deemed to be a person included in the list so long as the business is carried on by him in accordance with the provisions of those Acts.

PART IV.

Financial.

39. All moneys available to the Committee for the purposes of the treatment under arrangements made by the Committee with practitioners on the panel of insured persons (in these Regulations referred to as "persons on panel-lists") obtaining treatment from those practitioners (including any Parliamentary grant or portion of a Parliamentary grant paid or to be paid to the Committee in respect of the treatment of those persons for that year) shall be credited to, and all payments to practitioners on the panel in respect of the treatment of insured persons by them shall be charged to a fund to be established by the Committee (in these Regulations referred to as the "Panel Fund") and there shall be paid accordingly to each practitioner on the panel, out of the Panel Fund amounts calculated in accordance with the method of remuneration adopted by the Committee. Panel Fund.

40.—(1.) Where the Committee have adopted a capitation system of payment, they shall credit to each practitioner on the panel, in respect of each of the persons included in his list, an amount (in these Regulations referred to as a "capitation fee") calculated in accordance with the rate contained in the practitioner's agreement with the Committee. Calculation of remuneration under single system.

(2.) Where the Committee have adopted a system of payment by attendance, they shall credit to each practitioner on the panel, in respect of each service rendered by him an amount (in these

Regulations referred to as an "attendance fee"), calculated in accordance with the rate contained in his agreement with the Committee.

(3.) The Committee shall ascertain the aggregate amounts so credited to the practitioner, and the aggregate amounts so credited to all practitioners on the panel, and shall pay to each practitioner an amount bearing the same proportion to the sum credited to him as the amount in the Panel Fund available for the purpose, after deducting any sum set apart for mileage in accordance with these Regulations, bears to the aggregate amounts so credited to all the practitioners.

Calculation
of remunera-
tion under
combined
system.

41. Where the Committee have adopted a method of remuneration which combines a capitation system with a system of payment by attendance (the capitation fees or the attendance fees, as the case may be, being payable in priority), the Committee shall pay to each practitioner out of the Panel Fund the fees credited to him which are payable in priority, and shall pay to each practitioner, out of the balance of the Panel Fund, in respect of other fees credited to him, an amount bearing the same proportion to those fees as the balance of the Panel Fund available for the purpose bears to the aggregate amounts of such other fees credited to all the practitioners on the panel.

Prac-
titioner's
accounts to
be rendered
quarterly.

42.—(1.) Every practitioner on the panel shall on dates to be appointed by the Commissioners furnish to the Committee quarterly accounts in a form provided by the Committee, containing such particulars as may be necessary for calculating the amount of remuneration payable to him by the Committee.

(2.) As soon as may be after the receipt of an account the Committee shall pay to the practitioner such sum as may be agreed between the Committee and the practitioners on the panel in advance of the amount due to him, and shall pay the balance of the amount so due as soon as may be after the expiration of the year, but before payment of the balance the Committee shall submit all accounts to a committee appointed by the practitioners on the panel which committee shall have power to reduce or disallow any item of any account submitted to them.

Drug Fund.

43.—(1.) All moneys in the hands of the Committee for the purpose of defraying the cost of drugs and appliances supplied to persons on panel-lists (including any Parliamentary grant or portion of a Parliamentary grant paid to the Committee in respect of those persons for that purpose) shall be paid into, and all payments to chemists and other persons supplying drugs or appliances in respect of that supply shall be made out of, a fund to be established by the Committee (in these Regulations referred to as the "Drug Fund") and there shall be paid out of that fund to each chemist or other person supplying drugs or appliances an amount calculated in accordance with these Regulations.

(2.) The Committee shall credit to each chemist or other person supplying drugs or appliances in respect of that supply a sum calculated in accordance with the Drug Tariff, or in the case of

drugs not included in that tariff, an amount calculated in accordance with the method adopted by the Committee for the purpose, and shall pay to each person an amount bearing the same proportion to the sum credited to him as the amount in the Drug Fund bears to the aggregate amounts so credited to all those persons.

44.—(1.) Every chemist or other person on the list shall furnish to the Committee on dates to be appointed by the Commissioners quarterly accounts in a form provided by the Committee, containing particulars of drugs and appliances supplied by him to insured persons.

Accounts of
drugs to be
rendered
quarterly.

(2.) As soon as may be after the receipt of an account the Committee shall pay to the chemist or other person furnishing the account such sum as may be agreed between the Committee and any Committee representative of chemists and other persons undertaking the supply of drugs and appliances (in these Regulations referred to as "the Pharmaceutical Committee") in advance of the amount due to him, and shall pay the balance of the amount so due as soon as may be after the expiration of the year, but before payment of the balance the Committee shall submit all accounts to the Pharmaceutical Committee which shall have power to reduce or disallow any item of any account submitted to them.

45. For the purpose of determining the amounts in the hands of the Committee which are contributed to the Panel Fund and to the Drug Fund respectively the following provisions shall apply:—

Allocation
of Funds.

- (1.) The Committee shall ascertain the amount available for the medical benefit of persons on panel-lists including in that amount any Parliamentary grant or portion of a Parliamentary grant paid or to be paid to them for that purpose and shall carry the sum so ascertained, as to thirteen-seventeenths thereof to the credit of the Panel Fund; as to three-seventeenths thereof to the credit of the Drug Fund; and as to one-seventeenth thereof to the credit of the fund to be called "The Drug Suspense Fund" and to be dealt with as hereinafter in these Regulations provided.
- (2.) If and in so far as in any year the amount to the credit of the Drug Fund is less than the aggregate amounts credited to chemists and other persons supplying drugs and appliances the excess amount required shall, so far as that excess is not met from moneys provided by Parliament or from any other source, be paid out of the Drug Suspense Fund to the credit of the Drug Fund and shall be applied accordingly.
- (3.) If in any year the amount to the credit of the Drug Fund exceeds the aggregate amounts so credited to chemists and other persons that excess shall be carried forward to the credit of the Drug Fund in the succeeding year.

- (4.) Any sum remaining to the credit of the Drug Suspense Fund at the close of any year shall be treated as moneys in the hands of the Committee for the purpose of the treatment of persons on panel-lists for that year and carried accordingly to the credit of the Panel Fund for that year.

Excessive
ordering of
drugs.

46.—(1.) Where it appears to the Local Medical Committee that the drugs or appliances ordered for insured persons by any practitioner or practitioners on the panel are by reason of their character or of the amount so ordered such as to be in excess of what may reasonably be required for the adequate treatment of those persons, the Local Medical Committee may, and if any representations to that effect are made to them by the Pharmaceutical Committee, shall, make an investigation into the circumstances of the case, whether in respect of the drugs and appliances ordered by an individual practitioner or generally as to the orders given for drugs and appliances by practitioners in the County.

(2.) The Local Medical Committee shall, after hearing the Pharmaceutical Committee and any practitioner concerned, make a report to the Committee, and if, after considering the report, the Committee are of opinion that an excessive demand upon the Drug Fund has arisen owing to orders given by a practitioner which are extravagant either in character or in quantity they may, if they think fit, make such deduction from the amount payable to that practitioner out of the Panel Fund as is appropriate in the circumstances and shall make such adjustments as are necessary accordingly between the Panel Fund and the Drug Fund.

Capitation
Fee for
supply of
drugs by
practitioner.

47. Where the Committee have adopted a capitation system of payment of practitioners and have made arrangements with a practitioner for the supply by him of all drugs and prescribed appliances requisite for the treatment of an insured person the Committee may instead of paying the price of drugs and appliances actually supplied pay to the practitioner as a capitation fee a sum, payable out of the Drug Fund, representing three-seventeenths of the amount available for the medical benefit of that person together with any sum which may be payable in that year from the Drug Suspense Fund to the Drug Fund in respect of each person on a panel-list.

Institutions
Fund.

48.—(1.) All moneys available to the Committee for the purposes of the medical benefit of insured persons who obtain treatment through an approved institution (including any Parliamentary grant or portion of a Parliamentary grant paid or to be paid to the Committee in respect of the medical benefit of those persons) shall be carried to the credit of a fund to be called the Institutions Fund.

(2.) The Committee may contribute towards the expenses of the treatment furnished by any approved institution to insured persons obtaining treatment through it an amount not exceeding the aggregate amounts standing to the credit of the Institutions

Fund available for the medical benefit of those persons; Provided that as a condition of any such payment the Committee shall be satisfied that accounts are kept by the institution showing separately the amounts expended by them in respect of treatment and of the supply of medicines and appliances respectively, and no payment shall be made by the Committee in respect of the treatment of insured persons receiving treatment through an approved institution in excess of fourteen-seventeenths of the aggregate amount available for the medical benefit of those persons, nor in respect of the medicines and appliances supplied to those persons in excess of four-seventeenths of that amount.

(3.) Any sum standing to the credit of the Institutions Fund at the end of any year shall be carried to the credit of the Institutions Fund for the succeeding year.

49.—(1.) All moneys available to the Committee for the purposes of insured persons who are required or allowed to make their own arrangements for obtaining treatment (including medicines and appliances) shall be carried to a fund to be called the Special Arrangements Fund.

Special
Arrange-
ments
Funds.

(2.) There shall be paid to every insured person required or allowed to make his own arrangements by way of contribution to the cost of his treatment (including medicines and appliances) an amount equal to that expended by him in obtaining treatment, medicine and appliances: Provided that

- (a) in the case of a person who has contracted to obtain treatment (including medicines and appliances) for the year, the sum so to be paid shall be a sum equal to the amount contracted to be paid by him or a sum equal to the aggregate amount standing to the credit of the fund divided by the number of persons making their own arrangements whichever is the less; and
- (b) in the case of any other person required or allowed to make his own arrangements the sum expended shall be deemed to be a sum calculated in accordance with a scale of fees fixed by the Committee, and where the aggregate amount so expended exceeds the amount available in the fund the amount contributed in the case of each such person shall be reduced proportionately; and
- (c) it shall be a condition of any payment that the medicines and appliances supplied to any person required or allowed to make his own arrangements shall be supplied otherwise than by or at the profit of the practitioner who is attending him (except where the circumstances of the insured person are such that the practitioner would, if he were attending that person under the arrangements made by the Committee, be entitled under his contract with the Committee to supply medicines and appliances to that person) and

of the total fund not more than thirteen-seventeenths (or, if the Commissioners so allow, fourteen-seventeenths) shall be deemed to be available for the purpose of defraying the cost of medical treatment and not more than four-seventeenths for the purpose of defraying the cost of medicines and prescribed appliances.

(3.) In calculating the amount available in respect of the medical benefit of any person required or allowed to make his own arrangements, account shall be taken of any Parliamentary grant or portion of a Parliamentary grant which may be made to the Committee for the purpose of medical benefit as well as of the sums otherwise available to the Committee for that purpose.

(4.) Any sum standing to the credit of the Special Arrangements Fund at the close of any year shall be carried forward to the credit of that Fund for the succeeding year, so however that in the expenditure of the money to the credit of the Special Arrangements Fund in that year regard shall be had to whether any sum so carried forward has arisen from moneys which under this Regulation were applicable to treatment or to the provision of medicines and prescribed appliances and that the sum so carried forward shall be applicable accordingly.

PART V.

Special Provisions.

Mileage.

50. The Committee may if they think fit make arrangements for a payment to practitioners on the panel in respect of mileage, that is to say, their obligation to attend insured persons resident beyond such distance from the residence of the practitioner, as the Committee having regard to the special difficulties of access to the residence of the insured person may in any case agree with the practitioner.

Old and disabled members of Friendly Societies.

51.—(1.) Any person who was on the 16th December, 1911, and still is, a member of a friendly society, which or a separate section of which is an Approved Society, and who is not entitled to medical benefit under the Act by reason either that he was on the 15th July, 1912, of the age of 65 or upwards, or that being subject to permanent disablement at that date he is not qualified to become an insured person, or the secretary or other officer of the Society of which he is a member on his behalf, may give notice to the Committee that the member desires to obtain medical attendance and treatment under arrangements made by the Committee and that the Society undertakes to pay in respect of the medical attendance and treatment of the member the sum prescribed in this Regulation, and where the notice is given personally it shall be countersigned by the secretary or other officer of the Society.

(2.) The Committee shall furnish to each such member such voucher or other document as may be approved by the Commissioners, and it shall be a condition of every agreement

between the Committee and a practitioner on the panel that he shall attend and treat any person presenting such voucher or other document at a rate of remuneration not exceeding the amount which would be available for the medical treatment (not including drugs and appliances) of that member if he were an insured person: Provided that no practitioner shall be under any obligation to attend and treat a number of such members greater than a number bearing the same proportion to the insured persons on his list as the total number of such members obtaining treatment under arrangements made by the Committee bears to the total number of persons on panel-lists.

52.—(1.) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the "Medical Service Sub-Committee") for dealing with any question arising between an insured person and a practitioner attending him under the arrangements made by the Committee in respect of the treatment rendered by the practitioner or the conduct of the insured person while receiving that treatment and every question so arising shall stand referred to that Sub-Committee and the Committee may, if they think fit, refer to that Sub-Committee any other question arising with reference to the administration by them of medical benefit.

Medical
Service Sub-
Committee.

(2.) The Medical Service Sub-Committee shall be constituted in the following manner:—

- (i.) three persons shall be appointed by and from the members of the Committee who represent insured persons;
- (ii.) three persons shall be appointed by the Local Medical Committee, or if no Local Medical Committee exists, by the practitioners on the panel;
- (iii.) a Chairman shall be selected from those members of the Committee appointed respectively by the Council of the County and by the Commissioners who are neither insured persons nor practitioners, and the selection shall be made by the six persons appointed as above-mentioned, or in default of selection being made by those persons, by the members of the Committee appointed respectively by the Council of the County and by the Commissioners;

provided that if in the opinion of the Chairman any member of the Medical Service Sub-Committee is interested or in the case of a practitioner is partner or assistant to a practitioner interested in a question referred to them, that member shall take no part in the hearing thereof, but another member shall be appointed in the manner aforesaid by the persons by whom that member was appointed.

(3.) Where any question which under these Regulations is to stand referred to the Medical Service Sub-Committee arises, the person desiring to have the question considered shall state in

writing the substance of the matter and shall forward the statement to the Clerk of the Committee.

(4.) The proceedings before the Medical Service Sub-Committee shall be private, and no person shall be admitted to those proceedings except—

- (a) the person raising the question and the person with respect to whom the question arises;
- (b) the secretary or other officer of the Society, if any, to which the insured person belongs;
- (c) the secretary or other officer of the Local Medical Committee;
- (d) such other person, not being counsel or a solicitor or other paid advocate, as the Medical Service Sub-Committee may upon the application of either party admit by reason of the fact that his attendance is required for the purposes of the proceedings or to assist either party in the presentation of his case; and
- (e) such officers and servants of the Committee as they may appoint for the purpose.

(5.) The quorum of the Medical Service Sub-Committee, their term of office and the procedure with regard to the hearing of the question, the nature of the evidence admitted and otherwise shall be such as may be fixed by the Committee subject to the approval of the Commissioners.

(6.) The Medical Service Sub-Committee shall draw up a report stating such relevant facts as appear to them to be established by the evidence placed before them, together with a recommendation as to the action, if any, which should be taken, and shall present the report to the Committee and the Committee shall accept as conclusive any finding of fact contained in the report.

(7.) Where the question at issue relates to the conduct of an insured person and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the practitioner so desires, make arrangements for the transfer of the insured person in accordance with the provisions of these Regulations and may deal with him under the rules of the Committee relating to fines and to suspension of medical benefit.

(8.) Where the question at issue relates to the treatment given by a practitioner and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the insured person so desires, make arrangements for his transfer in accordance with the provisions of these Regulations, and may if in the opinion of the Committee the continuance of the practitioner on the panel will be prejudicial to the efficiency of the medical service, make representations to that effect to the Commissioners.

53. It shall be the duty of the Local Medical Committee to consider any complaint made by a practitioner on the panel against any other practitioner on the panel involving any question of the efficiency of the medical service of insured persons and the Local Medical Committee may apply to the Commissioners to remove the name of the practitioner against whom complaint is made from the panel or may take such other action as they may deem proper in the circumstances.

Duty of
Local
Medical
Committee
to consider
complaints.

54.—(1.) If any representations are made to the Commissioners by a Committee or a Local Medical Committee that the continuance of a practitioner on the panel will be prejudicial to the efficiency of the medical service of insured persons, the Commissioners shall, and if any similar representations are made by any other body or any person, may, if they think fit, hold an enquiry in the manner hereinafter provided.

Enquiry as
to practi-
tioner.

(2.) For the purpose of each enquiry the Commissioners shall constitute an enquiry committee (in these Regulations referred to as the Enquiry Committee) which shall be composed of two practitioners and one other person who shall be a barrister-at-law or solicitor in actual practice and if any body of practitioners has been established for the purpose by the Joint Committee the two practitioners so appointed shall be selected from that body.

(3.) The Enquiry Committee shall appoint one of its members to be chairman, but the chairman shall not have a casting vote.

(4.) Either party may appear in person, or, with the consent of the Enquiry Committee,—

- (a) by counsel or by solicitor;
- (b) by any member of his family;
- (c) in the case of a company or corporation, by any director or officer of the company or corporation; or
- (d) by any officer or member of any Society or other body of persons of which the person in question is a member or with which he is connected.

(5.) The Enquiry Committee shall take into consideration in addition to oral evidence such written evidence as they may in each case think fit, and may, if they think fit, require any statement to be verified by a statutory declaration, and the procedure of the Enquiry Committee shall be such as they may with the approval of the Commissioners think fit.

(6.) Upon the determination of the hearing, the Enquiry Committee shall as soon as may be draw up a report or reports stating such relevant facts as appear to them to be established by the evidence, and the inferences, if any, which in the opinion of the Enquiry Committee may properly be drawn from those facts.

55.—(1.) If, in the course of the attendance upon an insured person of a practitioner on the panel under an agreement made between him and an Insurance Committee under these Regulations, the practitioner is of opinion that a question arises or may arise as to whether an operation or other service is comprised in the treatment which he has by the agreement undertaken to give,

Decision as
to range of
medical
services.

that question shall be referred by the practitioner to the Local Medical Committee, and, if the Local Medical Committee and the Insurance Committee fail to come to an agreement, the matter shall be submitted for decision to Referees established under these Regulations in such summary manner as, subject to any rules made by the Commissioners in that behalf, may be directed by the Commissioners; and the decision of those Referees, given after hearing such parties and taking such evidence, if any, as they think just, shall be final, and the Referees in giving any such decision shall state whether in arriving at their decision they have had regard to any custom or practice of the medical profession which is peculiar to the area in which the question arose.

(2.) For the purpose of giving effect to these Regulations the Commissioners shall, upon any such question arising, nominate as Referees two medical practitioners (who shall be chosen from any panel of practitioners set up by the Joint Committee for the purpose, or if no such panel exists from among medical practitioners in actual practice in Great Britain) and one barrister or solicitor in actual practice.

(3.) The Referees may decide any question coming before them by a majority, but, subject as aforesaid, their procedure shall be such as they may from time to time determine.

Enquiry as
to persons
supplying
drugs or
appliances.

56.—(1.) If any representations are made to the Commissioners by a Committee or a Local Medical Committee that the inclusion or continuance on the list of a chemist or other person will be prejudicial to the efficiency of the service in the County, the Commissioners shall, and if any similar representations are made by any other body or any person may, if they think fit, hold an enquiry in the manner hereinafter provided.

(2.) For the purpose of each enquiry held in accordance with the provisions of this Regulation the Commissioners shall constitute a committee which shall be composed of two persons, who (if any panel has been set up by the Joint Committee for that purpose) shall be chosen from that panel, and of a barrister-at-law or solicitor in actual practice.

(3.) The procedure, powers and duties of the Committee shall be similar to those of the Enquiry Committee.

Approval of
forms by
Commis-
sioners.

57. All forms required by these Regulations to be provided by a Committee shall be submitted by that Committee for the approval of the Commissioners.

Seamen's
National
Insurance
Society.

58. These Regulations shall only apply to members of the Seamen's National Insurance Society where that Society has agreed with a Committee for the administration by the Committee of medical benefit to individual members of the Society.

District
Committees.

59. Where, in pursuance of any Regulations made by the Commissioners under Sub-section (4) of Section 59 of the Act, any powers or duties of the Committee under these Regulations are conferred upon a District Committee, these Regulations shall have effect so far as those powers and duties are concerned, and subject to any modifications made by those Regulations as if the District Committee were in these Regulations substituted for the Committee.

60. These Regulations in their application to Wales shall be subject to the following modifications—

Application
to Wales.

(1.) "The Commissioners" means the Welsh Insurance Commissioners, or where by virtue of the National Insurance (Joint Committee) Regulations, 1912, any power is exercisable by the Joint Committee or by the Joint Committee acting jointly with the Welsh Insurance Commissioners means the Joint Committee or the Joint Committee acting jointly with the Welsh Insurance Commissioners as the case may require.

(2.) References to the National Health Insurance (Collection of Contributions) Regulations, 1912, shall be construed as references to the National Health Insurance (Collection of Contributions) Regulations (Wales), 1912.

61. These Regulations shall have effect subject to the exercise by the Commissioners of the powers reserved to them by the proviso to subsection (2) of Section 15 of the Act.

Regulations
subject to
powers
reserved to
Commis-
sioners.

Given under the seal of office of the aforesaid Joint Committee this 5th day of December in the year one thousand nine hundred and twelve.

(L.S.)

W. J. Braithwaite.

Given under the seal of office of the Insurance Commissioners this 5th day of December, in the year one thousand nine hundred and twelve.

(L.S.)

Claud Schuster.

Given under the seal of office of the Welsh Insurance Commissioners this 5th day of December, in the year one thousand nine hundred and twelve.

(L.S.)

H. Meredith Richards.

The First Schedule.

PART I.

CONDITIONS OF SERVICE FOR PRACTITIONERS.

1. The National Insurance Act, 1911, and the Regulations made by the Commissioners and in force for the time being in the County are incorporated with and form part of these conditions of service and this agreement shall cease to have effect in the event of the Commissioners exercising any of the powers conferred on them by the proviso to subsection (2) of Section 15 of the Act, and in the event of conflict between this agreement and the Regulations, the latter shall prevail.

2. The practitioner shall give to all persons who are for the time being entitled to obtain treatment from him (all or any of whom are hereinafter referred to as the "patients" or "patient" as the case may be) such treatment as is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill: Provided that the practitioner shall not, by virtue of this agreement, be required to give, nor entitled under this agreement to make any charge for treatment to any person in respect of a confinement (that is to say, labour resulting in the issue of a living child or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead), * [nor to any person suffering from tuberculosis or any other disease the treatment of which may hereafter be included in sanatorium benefit, in so far as that person has been recommended for and is entitled to obtain that treatment as part of his sanatorium benefit] *

3. Where the condition of the patient is such as to require services beyond the competence of an ordinary practitioner the practitioner shall advise the patient as to the steps which should be taken in order to obtain such treatment as his condition may require.

4. The practitioner shall visit at the place of residence for the time being of the patient, or at any other place within the county within a distance of miles by road from the residence of the practitioner where the patient may be for the time being, any patient whose condition so requires.

[Note.—These particulars will be contained in a Schedule to the agreement.]

5. The practitioner shall attend and treat at the places specified for the purpose, and on such days and at such hours as are so specified, any patient who attends there for that purpose: Provided that if at any time the practitioner decides to alter the places, days or hours of his attendance, or any of them, he shall give not less than 7 days' notice in writing to the Committee and to each of the insured persons for the time being entitled to obtain treatment from him.

6. The practitioner shall order in the form provided by the Committee for the purpose such drugs and prescribed appliances as are requisite for the treatment of any patient other than those which the practitioner may be under arrangement himself to supply: Provided that if the practitioner orders any drug not included in the list from time to time supplied by the Committee to the practitioner, he shall give such orders on special forms for those purposes provided by the Committee.

7. All treatment shall be given by the practitioner personally, except where he is prevented from so doing by urgency of other professional duties, absence from home, or other reasonable cause, and the practitioner will to the best of his ability provide that when he is so precluded from personal attendance some other practitioner will give attendance as his deputy on his behalf: Provided that where treatment is given by a deputy the deputy shall be entitled to treat patients at places other than those specified in the practitioner's agreement with the Committee.

8. The practitioner shall keep such simple records of the diseases of his patients and of his treatment of them as may be required as conditions of the payment of any Parliamentary Grant, and such further records as may at any time hereafter be agreed between the Committee and the Local Medical Committee.

* The words in square brackets are to be omitted in any agreement entered into with a practitioner, if by that agreement the practitioner undertakes to give, in addition to medical treatment under these regulations, domiciliary treatment to persons recommended for sanatorium benefit.

PART II.

Methods of Remuneration of Practitioners undertaking treatment.

A.

The rate of shillings a quarter of the year as fixed by the Commissioners for the purpose in respect of each person included in the list of the practitioner, the number of those persons during any quarter to be ascertained by adding the number of persons included at the close of that quarter to the number of persons included at the commencement of the quarter and dividing the total by two. Capitation system.

[*Note.*—An adjustment will be required in the case of a practitioner being placed on the panel after the commencement of any quarter.]

B.

In priority, the rate of shillings a quarter of the year as fixed by the Commissioners for the purpose in respect of each person included in the list of the practitioner, the number of those persons during any quarter to be ascertained by adding the number of persons included at the close of that quarter to the number of persons included at the commencement of the quarter and dividing the total by two. Capitation system *plus* payment for special services.

[*Note.*—An adjustment will be required in the case of a practitioner being placed on the panel after the commencement of any quarter.]

Other rates for all or any of the following services :—

	£	s.	d.
(1) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday... ..			
(2) Night visit, <i>i.e.</i> , visit paid between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours ...			
(3) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit			
(4) Setting of fracture			
(5) Reduction of dislocation			
(6) Administration of general anæsthetic for the purposes of any operation included in medical benefit			
(7) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit.			
(<i>a</i>) per visit			
(<i>b</i>) per attendance at practitioner's residence, surgery or dispensary			
(8) Mileage			

C.

In priority, the rate of shillings a quarter of the year as fixed by the Commissioners for the purpose in respect of each person included in the list of the practitioner, the number of those persons during any quarter to be ascertained by adding the number of persons included at the close of that quarter to the number of persons included at the commencement of the quarter and dividing the total by two. Capitation system *plus* payment for services.

[*Note.*—An adjustment will be required in the case of a practitioner being placed on the panel after the commencement of any quarter.]

Other rates for the following services :—

£ s. d.

- | | | | | | | |
|---|--------------------|-----|-----|-----|-----|-----|
| (1) Visit to the patient's residence | ... | ... | ... | ... | ... | ... |
| (2) Attendance on the patient at the practitioner's residence, surgery, or dispensary | ... | ... | ... | ... | ... | ... |
| (3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after | a.m., or on Sunday | ... | ... | ... | ... | ... |
| (4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours. | | ... | ... | ... | ... | ... |
| (5) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit | ... | ... | ... | ... | ... | ... |
| (6) Setting of fracture | ... | ... | ... | ... | ... | ... |
| (7) Reduction of dislocation | ... | ... | ... | ... | ... | ... |
| (8) Administration of general anæsthetic for the purposes of any operation included in medical benefit | ... | ... | ... | ... | ... | ... |
| (9) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit. | | | | | | |
| (a) per visit | ... | ... | ... | ... | ... | ... |
| (b) per attendance at practitioner's residence, surgery or dispensary | ... | ... | ... | ... | ... | ... |
| (10) Mileage | ... | ... | ... | ... | ... | ... |

D.

Payment for special services plus capitation system.

In priority, rates for all or any of the following services :—

£ s. d.

- | | | |
|---|--------------------|-----|
| (1) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after | a.m., or on Sunday | ... |
| (2) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours | ... | ... |
| (3) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit | ... | ... |
| (4) Setting of fracture | ... | ... |
| (5) Reduction of dislocation | ... | ... |
| (6) Administration of general anæsthetic for the purposes of any operation included in medical benefit | ... | ... |
| (7) Treatment of tuberculosis in so far as the patient is not entitled to receive such treatment as part of sanatorium benefit | | |
| (a) per visit | ... | ... |
| (b) per attendance at the practitioner's residence, surgery or dispensary | ... | ... |
| (8) Mileage | ... | ... |

A further rate of shillings a quarter of the year as fixed by the Commissioners for the purpose in respect of each person included in the list of the practitioner, the number of those persons during any quarter to be ascertained by adding the number of persons included at the close of that quarter to the number of persons included at the commencement of the quarter and dividing the total by two.

[Note.—An adjustment will be required in the case of a practitioner being placed on the panel after the commencement of any quarter.]

E.

Rates for the following services :—

	£	s.	d.	Payment by attendance.
(1) Visit to the patient's residence				
(2) Attendance on the patient at the practitioner's residence surgery, or dispensary				
(3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday				
(4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours				
(5) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit				
(6) Setting of fracture				
(7) Reduction of dislocation				
(8) Administration of general anæsthetic for the purposes of any operation included in medical benefit				
(9) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit.				
(a) per visit				
(b) per attendance at practitioner's residence, surgery or dispensary				
(10) Mileage				

The Second Schedule.

LIST OF APPLIANCES.

Bandages :

Calico, bleached.
Calico, unbleached.
Crepe.
Domette.
Flannel.
India rubber.
Muslin.
Plaster of Paris.
Open-weave.

Gauzes :

Unmedicated.
Boric.
Carbolic.
Cyanide.
Sal-alembroth.
Sublimate.

Lints :

Unmedicated.
Boric.
Sal-alembroth.

Wools :

Cotton.
Wood.

Oiled silk.

Oiled paper.

Gutta percha tissue.

Adhesive plaster.

Ice-bags.

Splints.

Catheters :

Gum-elastic.
Soft rubber

*The Third Schedule.***CONDITIONS OF AGREEMENT FOR SUPPLY OF DRUGS AND APPLIANCES BY CHEMIST.**

1. The National Insurance Act, 1911, and the Regulations made by the Commissioners and in force for the time being in the County are incorporated with and form part of these conditions, and this agreement shall cease to have effect in the event of the Commissioners exercising any of the powers conferred on them by the proviso (i) to subsection (5) of Section 15 of the Act or suspending medical benefit and in the event of conflict between this agreement and the Regulations the latter should prevail.

2. The chemist will be prepared to supply, and so far as practicable will keep in stock, the drugs and medical and surgical appliances specified for the purpose.

3. The chemist will, with reasonable promptness, supply to any person presenting an order for drugs or appliances in a form provided by the Committee for the purpose, and signed by any practitioner on the panel or his deputy, such drugs or appliances as are so ordered.

[*Note.*—These particulars will be contained in a Schedule to the agreement.]

4. All drugs and appliances shall be of good quality, and shall be supplied at a price covering the cost of retailing and dispensing, and calculated by reference to the prices specified for the purpose, and in the case of substances to which Section 5 of the Poisons and Pharmacy Act, 1908, or the Regulations made under Section 1 of the Pharmacy Act, 1868, relate, the provision of proper bottles and other vessels, and any drug, the price of which is not so specified, shall be supplied by the chemist at a price to be agreed with the Committee or in default of agreement to be determined by the Commissioners.

5. The dispensing of medicines shall be performed either by or under the direct supervision of a registered pharmacist or by a person who for three years immediately prior to the 16th December, 1911, has acted as a dispenser to a practitioner or a public institution.

6. All drugs and appliances shall be supplied free of charge to the person presenting such order.

*The Fourth Schedule.***FORM OF NOTICE TO BE EXHIBITED BY PERSONS UNDERTAKING THE SUPPLY OF DRUGS OR APPLIANCES OR BOTH.****NATIONAL INSURANCE ACT.**

(*Name of Person or Firm contracting.*)

[*Note.*—Strike out words not applicable.]

Under contract with the Insurance Committee for the County [or County Borough] of.....

To dispense medicines.

To supply drugs.

To supply drugs (except scheduled poisons).

To supply appliances.