

Dear Colleague

GENERAL DENTAL SERVICES

- NHS (General Dental Services) (Scotland) Amendment Regulations 2016**
- Increase in the Prior Approval Limit - Amendment No 131 to the Statement of Dental Remuneration**

Summary

- This letter advises NHS Boards, Practitioner Services and NHS Education for Scotland of the introduction of the NHS (General Dental Services) (Scotland) Amendment Regulations 2016. It also advises of an Amendment (Amendment No 131) to the Statement of Dental Remuneration (SDR).
- The Regulations and Amendment No 131 to the SDR will come into force on 1 April 2016.

Background

NHS (General Dental Services) (Scotland) Amendment Regulations 2016

- The NHS (General Dental Services) (Scotland) Amendment Regulations 2016 amend the NHS (General Dental Services) (Scotland) Regulations 2010 ("the 2010 Regulations") to:

18 March 2016

Addresses

For action

Chief Executives, NHS Boards

Director, Practitioner Services

Chief Executive,
NHS Education for Scotland

For information

Chief Executive,
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- 3.1 allow the Scottish Dental Practice Board (SDPB) to make payments on account (i.e. interim payments) for all types of general dental services treatment (currently payments on account can only be made for orthodontic care and treatment);
- 3.2 require adult patients to have a dental examination at the time they are registered (at present this requirement only applies to child patients);
- 3.3 ensure that where a dentist wishes to terminate a capitation or continuing care arrangement, their reason for doing so does not relate to the race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition of the patient;
- 3.4 allow for the adoption of e-signature technology by dental practices;
- 3.5 allow for the extension of the 6 month time limit for the completion of clinical audit activities on approval by NHS Education for Scotland or the NHS Board;
- 3.6 clarify existing provisions regarding the inspection of dental practices by NHS Boards, and introduce a new provision that allows NHS Boards to make an unannounced inspection where there is a clear risk to the safety of the patient;
- 3.7 require applicants, applying for the first time or after an absence of less than 5 years, to join sub-part A of the first part of the NHS Board's dental list to provide a certificate which confirms that they have completed mandatory training provided by NHS Education for Scotland (NES), and similarly for those returning to work after an absence of 5 years or more, to provide a certificate which confirms that they have completed return-to-work training provided by NES;
- 3.8 remove the reference to the prior approval limit from the 2010 Regulations, at which point the dentist must seek prior approval for a course of care and treatment from the SDPB. Instead the limit will be the amount set out in Section XV of Determination I of the SDR. The prior approval limit is also being increased to £390 for courses of treatment started on or after 1 April 2016;
- 3.9 make minor drafting and tidying up amendments.

4. Background information on the amendments to the 2010 Regulations is contained in Annex A to this letter.

Statement of Dental Remuneration

5. Amendment No 131 to the SDR, which brings the changes at paragraph 3.8 above into effect, is attached to the Memorandum to this letter.

Action

6. **NHS Boards** are asked to:

6.1 note the background information at the Annex to the is letter;

6.2 note that further guidance will issue shortly regarding the amendment at paragraph 3.6 above, specifically unannounced inspections of dental practices

providing NHS general dental services, and on the amendment at paragraph 3.7 above;

6.4 note Amendment No 131 to the SDR;

6.5 **urgently** issue the Memorandum to this letter to **all** dentists and dental bodies corporate on their dental lists.

7. **Practitioner Services** are asked to note the:

7.1 amendments at paragraphs 3.1 and 3.8 above, in particular the increase in the prior approval limit, and at paragraphs 1, 12 and 13 of the Annex to this letter and draw these amendments to the attention of the Scottish Dental Practice Board (SDPB);

7.2 amendments at paragraphs 3.2 and 3.4 above and at paragraphs 3 and 5 of the Annex to this letter and take the necessary actions to ensure their compliance;

7.3 Amendment No 131 to the SDR.

8. **NHS Education for Scotland** are asked to note the amendments at paragraphs 3.7 above and at paragraphs 9 and 10 of the Annex to this letter and take the necessary actions.

9. **NHS Boards, Practitioner Services and NHS Education for Scotland** are also asked to note that the NHS (General Dental Services) (Scotland) Amendment Regulations 2016 can be viewed or downloaded at:

<http://www.legislation.gov.uk/ssi/2016/53/contents/made>.

Yours sincerely

MARGIE TAYLOR
Chief Dental Officer

BACKGROUND FOR NHS BOARDS, PRACTITIONER SERVICES, NHS EDUCATION FOR SCOTLAND ON THE NATIONAL HEALTH SERVICE (GENERAL DENTAL SERVICES) (SCOTLAND) AMENDMENT REGULATIONS 2016

This section should be read in conjunction with a copy of the above regulations.

Payments on Account for General Dental Services

1. Regulation 2(3) enables payments to be made to all dentists on account by the SDPB. The current provision only allows for payments to be made on account for orthodontic treatment, in recognition that orthodontic treatment can take a comparatively long time to complete, and therefore interim payments may be made to reflect the work done to date. The provision of general treatment has moved on, with a number of courses of treatment also taking some time to complete. This amendment recognises the increasing complexity of dental treatment by extending the current provision to allow payments on account for all general dental service treatment.

2. Regulation 2(4) makes a number of amendments to Schedule 1 of the 2010 Regulations:

Examination of Adult Patients at Point of Registration

3. Paragraph 4 of Schedule 1 is amended to include the requirement that where the patient is accepted into a continuing care arrangement, the patient is also examined. At present the dentist is required to provide an adult patient with certain information only on registration. The arrangements for adult and child registrations will be aligned so that as for child patients (with the exception of where a child under 3 years of age is accepted into a capitation arrangement by a dental nurse or therapist as part of Childsmile Practice), the adult patient needs to be examined by a dentist in order to be accepted into a continuing care arrangement.

Termination of a Capitation or Continuing Care Arrangement

4. Paragraph 10 of Schedule 1 is amended to ensure that where a dentist wishes to terminate a capitation or continuing care arrangement with a patient, that the registration can only be terminated on grounds which do not relate to the patient's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. This provision brings general dental services into line with general medical services.

e-Signatures

5. Paragraph 27 of Schedule 1 is amended to allow for dental practices to adopt e-signature technology. At present practices with IT practice management systems are required to retain the GP17PR form in paper copy. The dentist in future will be allowed to move to electronic records with the patient being able to sign the equivalent of a GP17PR on an appropriate device with the record retained in computerised form. The requirement to retain the paper copy of the GP17PR in this event will be removed.

Clinical Audit Activities

6. Paragraph 40 of Schedule 1 is amended to clarify that it is only those on sub-part A of the first part or the second part of the dental list who are required to undertake clinical audit activities. It is also amended to allow for an extension to the 6 month time limit for the completion of clinical audit activities. Any such extension will require the prior approval of NES or the NHS Board, depending on which body initially approved the project.

Unannounced Inspections by NHS Boards of Dental Practices providing NHS General Dental Services (GDS)

7. Paragraph 42 of Schedule 1 is amended to enable NHS Boards to make unannounced practice inspections, where (a) concerns about patient safety were raised during a previous routine inspection by the NHS Board; or (b) information comes to light that necessitates further investigation by the NHS Board. At present a practice that provides NHS GDS is inspected on a three year cycle. This new provision will allow the NHS Board to make an unannounced inspection in response to a specific concern about patient safety such as an infection control incident.

8. As noted in the PCA, NHS Boards will shortly be provided with further guidance on unannounced inspections.

Applications to the NHS Board Dental List: Mandatory Training Requirement

9. Regulation 2(5) makes amendments to Part 1A of Schedule 2 to ensure that for dentists applying to join the dental list in Scotland for the first time, or where a dentist is returning to clinical work after an absence of less than 5 years, that they must satisfactorily complete a mandatory training programme, proof of which would be a certificate from NES. Inclusion of this provision will mean that all dentists seeking to join a dental list in Scotland for the first time must obtain a certificate from NES to confirm that they have a sufficient level of training on the system of NHS dentistry in Scotland. The amendment also introduces a similar provision for dentists returning to clinical work after an absence of 5 years or more, requiring them to produce a certificate from NES confirming that they have successfully completed return-to-work training.

10. NHS Boards should note that at present this amendment only applies to those applying to join sub-part A of the first part of the dental list. At present, it does not apply to dentists applying to join the second part of the dental list. A further amendment will be made to the 2010 Regulations to mirror this provision for assistants at the next available legislative opportunity.

11. As noted in the PCA, NHS will shortly be provided with further guidance on mandatory training.

Prior Approval Limit

12. Regulation 2(6) amend Schedule 4 to remove the reference to the amount of the cost of a course of treatment, before a dentist must submit the treatment to the SDPB for prior approval. The prior approval amount will instead be set out in Section XV (conditions of payment of remuneration and submission of dental payment claim forms) of Determination I (Scale of Fees) of the SDR. The purpose of this amendment is to allow the amount to be varied on a more frequent basis, without necessitating an amendment to the 2010 Regulations.

13. The prior approval limit is also being increased to £390 for courses of treatment started on or after 1 April 2016.
14. A number of other minor and tidy-up amendments are included in these changes to the Regulations.

**DENTISTS/DENTAL BODIES CORPORATE
NATIONAL HEALTH SERVICE
GENERAL DENTAL SERVICES**

**1. NHS (GENERAL DENTAL SERVICES) (SCOTLAND) AMENDMENT
REGULATIONS 2016
2. INCREASE IN THE PRIOR APPROVAL LIMIT - AMENDMENT NO 131 TO THE
STATEMENT OF DENTAL REMUNERATION**

Summary

1. This Memorandum advises dentists and dental bodies corporate (DBC)s of the introduction of the NHS (General Dental Services) (Scotland) Amendment Regulations 2016, which come into force on 1 April 2016. It also advises of an Amendment (Amendment No 131) to the Statement of Dental Remuneration (SDR), which also comes into effect on 1 April 2016.

2. These Amendment Regulations amend the NHS (General Dental Services) (Scotland) Regulations 2010 (“the 2010 Regulations”) to:

- 2.1 allow the Scottish Dental Practice Board (SDPB) to make payments on account (i.e. interim payments) for the full range of general dental services treatment (currently payments on account can only be made for orthodontic care and treatment);
- 2.2 require an examination of adult patients at the time they are registered (at present this requirement only applies to child patients);
- 2.3 ensure that where a dentist wishes to terminate a capitation or continuing care arrangement, their reason for doing so does not relate to the race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition of the patient;
- 2.4 allow for the adoption of e-signature technology by dental practices;
- 2.5 allow for the extension of the 6 month time limit for the completion of clinical audit activities on approval by NHS Education for Scotland (NES) or the NHS Board;
- 2.6 clarify existing provisions regarding the inspection of dental practices by NHS Boards, and introduce a new provision that allows NHS Boards to make an unannounced inspection where there is a clear risk to the safety of the patient;
- 2.7 require applicants, applying for the first time or after an absence of less than 5 years, to join sub-part A of the first part of a NHS Board’s dental list to provide a certificate which confirms that they have completed mandatory training provided by NES, and similarly for those returning to work after an absence of 5 years or more, to provide a certificate which confirms that they have completed return-to-work training provided by NES;

2.8 remove the reference to the prior approval limit from the 2010 Regulations, at which point the dentist must seek prior approval for a course of care and treatment SDPB. Instead the limit will be the amount set out in Section XV of Determination I of the SDR. The prior approval limit is also being increased to £390 started on or after 1 April 2016;

2.9 Make minor drafting and tidying up amendments.

3. A copy of the NHS (General Dental Services) (Scotland) Amendment Regulations 2016, which bring the above amendments into effect, can be viewed or downloaded at:

<http://www.legislation.gov.uk/ssi/2016/53/contents/made>.

Background

Payments on Account for General Dental Services

4. At present only orthodontic treatment qualifies for payments on account (i.e. interim payments to reflect the work done to date). In view of the increasing complexity of general treatment, the current provision has been extended to provide for payments on account for the full range of general dental services treatment (amendment regulation 2(3) refers).

5. Further guidance will be issued by Practitioner Services on the criteria for payments on account.

Examination of Adult Patients at Point of Registration

6. At present children require an examination on acceptance into a capitation arrangement (with the exception of where a child under 3 years of age is accepted into a capitation arrangement by dental nurse or therapist as part of Childsmile Practice). This requirement has now been extended to adult patients, such that when a patient is accepted into a continuing care arrangement, they should be examined, have their decayed, missing and filled teeth recorded in their patient record and be provided with the information required under paragraph 4(1A) and (b) of Schedule 1 to the 2010 Regulations (amendment regulation 2(4)(a) refers). This requirement does not apply where patients are bulk transferred between contractors within the same or another practice.

7. In the event that a claim is presented to Practitioner Services registering an adult patient without an appropriate examination at the point of registration, this claim will be rejected.

8. Further guidance will be issued by Practitioner Services on the processes that should be followed where an adult is accepted into a continuing care arrangement by a dental body corporate.

Termination of a Capitation or Continuing Care Arrangement

9. Where a dentist wishes to terminate a capitation or continuing care arrangement, their reason for doing so cannot relate to the race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition of the patient (amendment regulation 2(4)(c) refers). Where it is shown that a capitation or continuing care arrangement has been

discontinued on the above grounds, then may be viewed by the relevant NHS Board as a breach of terms of service.

10. This brings the arrangements for General Dental Services into line with General Medical Services.

e-Signatures

11. At present, practices with IT practice management systems are required to retain the GP17PR form in paper copy. The dentist in future will be allowed to move to electronic records with the patient being able to sign the equivalent of a GP17PR on an appropriate device with the record retained in computerised form (amendment regulation 2(4)(d) refers). The requirement to retain the paper copy of the GP17PR in this event will be removed.

12. Dentists should note that Practitioner Services will be working with system suppliers on appropriate accreditation of e-signature technology over the next few months. It is the intention of the Scottish Government to make funding available for IT infrastructure, including the adoption of e-signatures. Dentists and DBCs are therefore advised to await further communication from the Scottish Government and Practitioner Services with regard to e-signature technology before deciding whether they wish to adopt the technology.

Clinical Audit Activities

13. At present clinical audit activities have to have a defined start and end date, which should be no more than 6 months apart. An exception has been added which allows for an extension to the 6 month time limit for the completion of clinical audit activities where the prior approval of NES or the NHS Board, depending on which body initially approved the project, is received (amended regulation 2(4)(e) refers)

Unannounced Inspections by NHS Boards of Dental Practices providing NHS General Dental Services (GDS)

14. NHS Boards will be able to make unannounced practice inspections, where (a) concerns about patient safety were raised during a previous routine inspection by the NHS Board; or, (b) information comes to light that necessitates further investigation by the NHS Board (amendment regulation 2(4)(g) refers). At present a practice that provides NHS general dental services is inspected on a three year cycle.

15. Dentists and DBCs should be aware that the Scottish Government is currently working with BDA (Scotland) and NHS Boards on guidance to NHS Boards for unannounced inspections. This will follow shortly.

16. Dentists and DBCs should note that the Scottish Government views an unannounced inspection as a relatively rare occurrence that will only take place in circumstances where there is a high risk to patient safety, for example through an infection control incident. NHS Boards will therefore be using these powers in extremis where the issue in question is of serious concern and a direct threat to patient safety.

Applications to the NHS Board Dental List: Mandatory Training Requirement

17. Dentists applying to join the dental list in Scotland for the first time, or in some instances after an absence of less than 5 years, must satisfactorily complete a mandatory training programme, proof of which would be a certificate from NES. This means that all

dentists seeking to join the dental list in Scotland must obtain a certificate from NES to confirm that they have a sufficient level of training on the system of NHS dentistry in Scotland.

18. The amendment also introduces a similar provision for dentists returning to clinical work after an absence of 5 years or more, requiring them to produce a certificate confirming that they have successfully completed return-to-work training.

19. At present this provision only applies to dentists applying to join the list as associates or principals (i.e. joining sub-part A of the first part of the list) (amendment regulation 2(5) refers). The intention of the Scottish Government is to extend this provision to include those dentists seeking to join the second part of the dental list (assistants) at the next available legislative opportunity.

Prior Approval Limit

20. Dentists and DBCs should be aware that the amount for the prior approval limit has been removed from Schedule 4, Part II, paragraphs 1 and 2 of the 2010 Regulations, and has been replaced with “the amount set out in Determination I of the Statement of Dental Remuneration”.

21. In effect the amount for the prior approval limit will now sit in Section XV (conditions of payment of remuneration and submission of dental payment claim forms) of Determination I (Scale of Fees) of the SDR. The purpose of this amendment is to allow the amount to be varied on a more frequent basis, without necessitating an amendment to the 2010 Regulations.

22. The prior approval limit is also being increased to £390 for course of treatment started on or after 1 April 2016.

24. Dentists and DBCs should note that for care and treatment, other than orthodontic care and treatment, that the fees for diagnosis (i.e. treatment under Section II of Determination I of the SDR) and domiciliary visits are excluded from the cost of treatment for the purpose of calculating the prior approval limit.

25. Amendment No 131, which brings the changes at paragraph 21 and 22 above into effect, is attached.

Enquiries

26. Any enquiries arising from the Memorandum should be taken up with your NHS Board.

Scottish Government Health and Social Care Integration Directorate
18 March 2016

STATEMENT OF DENTAL REMUNERATION

Pursuant to Regulation 22(3) of the National Health Service (General Dental Services) (Scotland) Regulations 2010, as amended, Scottish Ministers have amended on 1 April 2016 the Statement of Dental Remuneration

Amendment No 131

1. The amendment shall take effect from the date set out below:
 - (i) The amendment to Section XV of Determination I shall take effect from 1 April 2016.
2. This amendment shall not affect any rights or liabilities acquired or incurred under or by virtue of any provisions of the Statement of Dental Remuneration amended or replaced by this amendment.
3. The attached pages 69 to 74 replace pages 69 to 74 in Amendment No 130 to the Statement of Dental Remuneration.

Section XV—Conditions of Payment of Remuneration and Submission of Dental Payment Claim Forms

Interpretation

1.—(1) In this Section, unless the context otherwise requires:—

"the Board" means the Scottish Dental Practice Board;

"the CSA" means the Common Services Agency for the Scottish Health Service constituted under Section 10 of the NHS (Scotland) Act 1978;

"contractor" means a person who has undertaken to provide general dental services and whose name is included in sub-part A of the first part of a Health Board's dental list;

"dental list" means a dental list prepared by a Health Board in accordance with Regulation 4(1) of the Regulations;

"dental payment claim form" means—

- (a) in respect of the provision of general dental services other than orthodontic care and treatment, the form GP17, supplied by the Health Board for the purposes of payment for such services, or a form to like effect;
- (b) in respect of the provision of orthodontic care and treatment, the form GP17(O), supplied by the Health Board for the purposes of payment for such care and treatment, or a form to like effect;

and "appropriate dental payment claim form" shall be construed accordingly;

"dentist" means a registered dental practitioner whose name is included on either the first or second part of the dental list of a Health Board otherwise than as a salaried dentist;

"emergency dental services" shall have the same meaning as in the Regulations;

"practice record form" means a form supplied by the Health Board and completed for the purpose of obtaining general dental services in circumstances where the dentist intends to use a computer to make a claim for remuneration;

"Regulations" means the National Health Service (General Dental Services) (Scotland) Regulations 2010;

"salaried dentist" means a dentist, employed by a Health Board to provide general dental services;

(2) In this Section, a reference to a numbered paragraph is to the paragraph bearing that number and a reference in a paragraph to a numbered sub-paragraph is to the sub-paragraph bearing that number in that paragraph.

Conditions of Payment

2.—(1) It shall be a condition of the payment of remuneration for the provision of general dental services that a dentist satisfies the conditions specified in sub-paragraph (2) and sub-paragraphs (3) and/or (4) where appropriate.

(2) The conditions referred to in sub-paragraph (1) are that the dentist—

- (a) shall make a claim for remuneration on the relevant part of the appropriate dental payment claim form completed and sent to the Board in accordance with paragraph 3 (completion of forms);
- (b) shall comply with paragraph 4 (time limits); and
- (c) shall comply with paragraph 6 (conditions as to materials).

(3) It is a condition of payment of remuneration that the prior approval of the Board is obtained for any course of care and treatment under a continuing care arrangement or a capitation arrangement, including any treatment on referral, or any occasional treatment or orthodontic treatment, the cost of which exceeds or is likely to exceed £390. Such prior approval is required under paragraph 28 of Schedule 1 of the Regulations. The costs which are excluded from the prior approval calculation are set down in Schedule 4 of the Regulations.

(4) It shall be a condition of payment of remuneration for the provision of orthodontic treatment as specified in Section VIII of this Determination that a dentist when undertaking orthodontic treatment shall have regard to guidance on the Index of Orthodontic Treatment Need and on orthodontic treatment issued by the Scottish Government.

Completion of Appropriate Dental Payment Claim Form

3.—Subject to sub-paragraph (2) and paragraph 5 (use of computers), in providing general dental services, a dentist, including a salaried dentist, shall, at the appropriate time—

- (a) complete each relevant part of the appropriate dental payment claim form; and
- (b) secure the completion of that form as far as applicable, by the patient or any person acting on behalf of the patient;

in accordance with instructions given by the Scottish Government, or the CSA on behalf of the Scottish Government, for completion of dental payment claim forms and send that form to the Board.

Time Limits

4.—(1) A dentist, including a salaried dentist, shall:—

- (a) where care and treatment for a patient is provided under a continuing care or a capitation arrangement, send the appropriate dental payment claim form to the Board within three months of the completion of such care and treatment;
- (b) in the case of treatment on referral, send the appropriate dental payment claim form to the Board within three months of the completion of such treatment on referral; or

- (c) in the case of occasional treatment, send the appropriate dental payment claim form to the Board within three months of the completion of such occasional treatment.

(2) A contractor shall:—

- (a) send the appropriate dental payment claim form, referred to in paragraph 3(2), to the Board within three months of the patient being accepted into a continuing care arrangement;
- (b) send the appropriate dental payment claim form to the Board within three months of the patient being accepted into a capitation arrangement;

(3) In very exceptional circumstances where an adequate reason is provided the Board may have discretion to pay claim forms received outwith the time limit. Each claim form will be considered by the Board on its merits under this discretionary power. Batches of claims will not be considered under this discretionary power.

Use of Computers

5.—(1) A dentist, including a salaried dentist, who is required by paragraph 3 to make a claim for remuneration by completing and sending a dental payment claim form to the Board may, by arrangement with the Board, use a computer to make that claim for remuneration.

(2) A dentist, including a salaried dentist, who, in accordance with sub-paragraph (1), uses a computer to make a claim for remuneration—

- (a) shall, at the appropriate time, secure the completion so far as applicable, by the patient or any person acting on behalf of the patient, of the practice record form; and
- (b) shall use only such computer program as the Board has approved as suitable for the purpose;
- (c) shall include with the claim for remuneration—
 - (i) the number by which his arrangement with the Health Board is identified, the patient's name and address, sex and date of birth and details of the care and treatment provided; and
 - (ii) the personal identification number allocated to him by the Board for the purpose; and
- (d) shall ensure so far as is reasonably possible, that the data is transmitted to the Board in the format required by the Board.

(3) A dentist, including a salaried dentist, who uses a computer to make a claim for remuneration is deemed to have accepted responsibility for any claim for remuneration which is made by computer using the personal identification number allocated to him by the Board for that purpose.

Conditions as to Materials

6.—(1) A dentist, including a salaried dentist, shall not, without the prior approval of the Board, use materials other than dental amalgam, silicate, silico-phosphate or glass ionomer cements or composites or other self-polymerising synthetic resin filling materials for the filling of permanent teeth.

(2) A dentist, including a salaried dentist:—

(a) shall only use in metal denture bases—

- (i) an alloy containing not less than 33^{1/3}% fine gold, platinum or palladium and not more than 20% base metal; or
- (ii) stainless steel; or
- (iii) cobalt chromium casting alloy;

(b) shall only use in bands and clasps—

- (i) an alloy containing not less than 40% precious metal of fine gold, platinum or palladium, and including not less than 15% fine gold, and not more than 20% base metal; or
- (ii) stainless steel; or
- (iii) cobalt chromium casting alloy;

(c) shall only use in cusps, backing posts and tags—

- (i) an alloy containing not less than 33^{1/3}% fine gold, platinum or palladium and not more than 20% base metal; or
- (ii) stainless steel; or
- (iii) cobalt chromium casting alloy; or
- (iv) nickel chromium casting alloy;

provided that he shall only use metal cusps in cases of close bite where porcelain or synthetic resin teeth cannot be used:

(d) shall only use lingual or palatal bar castings which contain not less than 75% gold;

(e) shall only use in crowns—

- (i) an alloy containing not less than 33^{1/3}% fine gold, platinum or palladium and not more than 20% base metal; or
- (ii) stainless steel; or
- (iii) cobalt chromium casting alloy; or
- (iv) nickel chromium casting alloy;

- (f) shall only use in inlays and bridges—
 - (i) an alloy containing not less than 33^{1/3}% of fine gold, platinum or palladium and not more than 20% base metal; or
 - (ii) cobalt chromium casting alloy; or
 - (iii) nickel chromium casting alloy; and
- (g) shall only use in inlay or three-quarter crown construction, synthetic resin for the provision of any facing or core.

Claims for Repairs and Replacements

7.—(1) Where a dentist:—

- (a) in the course of a continuing care arrangement, repairs or replaces in accordance with paragraph 7 of Schedule 1 to the Regulations, a restoration which he or another dentist on his behalf has provided;
- (b) in the course of a capitation arrangement, repairs or replaces any restoration specified in sub-paragraph (3), which he or another dentist on his behalf has provided and for which remuneration apart from the capitation fee may be payable; or
- (c) in the course of providing treatment on referral, repairs or replaces in accordance with paragraph 14 of Schedule 1 to the Regulations, a restoration which he has provided;

he may not make a claim to the Board for payment of the fee, unless that repair or replacement is required as a result of trauma.

(2) Where a dentist makes a claim under sub-paragraph (1) due to the repair or replacement being required as a result of trauma, the Board shall authorise in accordance with the Scale of Fees the remuneration to be paid by the CSA to, or in respect of, the dentist in respect of that repair or replacement.

(3) The restorations referred to in sub-paragraph (1)(b) are any filling, root filling, inlay, pinlay or crown which, within 12 months of the date on which it was provided, has to be repaired or replaced to secure oral health.

(4) Where a dentist, in the course of a continuing care arrangement or capitation arrangement transferred to him, repairs or replaces in accordance with paragraph 7 of Schedule 1 to the Regulations, a restoration which was provided by or on behalf of the dentist from whom the arrangement was transferred, he may make a claim to the Board for payment of the fee in full for that repair or replacement.

(5) Where a dentist makes a claim under sub-paragraph (4), the Board shall authorise in accordance with the Scale of Fees the remuneration to be paid by the CSA to, or in respect of, the dentist in respect of that repair or replacement.

Claims for Repairs and Replacements – Occasional Treatment

8.—(1) Where a dentist in the course of occasional treatment repairs or replaces in accordance with paragraph 18 of Schedule 1 to the Regulations, a restoration which he or another dentist on his behalf has provided he may not make a claim to the Board for payment of the fee, unless the repair or replacement is required as a result of trauma.

(2) Where a dentist makes a claim under sub-paragraph (1) due to the repair or replacement being required as a result of trauma, the Board shall authorise in accordance with the Scale of Fees the remuneration to be paid by the CSA to, or in respect of, the dentist in respect of that repair or replacement.

(3) The restorations referred to in sub-paragraph (1), are any filling or root filling which, within 12 months of the date it was provided, has to be repaired or replaced to secure oral health.

Emergency Dental Services

9. Where a dentist provides, pursuant to arrangements made under regulation 19 of the Regulations, emergency dental services to a patient who has a continuing care or capitation arrangement with him, he shall not be entitled to claim item of service fees in respect of any treatment provided to that patient as part of emergency dental services.

Application of this Section

10. This section applies where the contract or arrangement leading to the provision of general dental services is made on or after 1 October 1990.

11. Any amendment to this Determination shall take effect from the relevant amendment effective date.