

NATIONAL HEALTH.

No. 95 of 1953.

An Act relating to the provision of Pharmaceutical,
Sickness and Hospital Benefits, and of
Medical and Dental Services.

[Assented to 18th December, 1953.]

BE it enacted by the Queen's Most Excellent Majesty, the Senate,
and the House of Representatives of the Commonwealth of
Australia, as follows :—

PART I.—PRELIMINARY.

1. This Act may be cited as the *National Health Act* 1953. Short title.
- 2.—(1.) Parts I. and II. of this Act shall come into operation on the day on which this Act receives the Royal Assent. Commencement.
(2.) The remaining provisions of this Act shall come into operation on such dates as are respectively fixed by Proclamation.
3. This Act is divided into Parts, as follows :— Parts.
 - Part I.—Preliminary (Sections 1-6).
 - Part II.—National Health Services (Sections 7-11).
 - Part III.—Medical Benefits (Sections 12-30).
 - Part IV.—Pensioner Medical Service (Sections 31-37).

Part V.—Hospital Benefits.

Division 1.—Preliminary (Sections 38–39).

Division 2.—Patients in Public Hospitals (Sections 40–41).

Division 3.—Patients in Private Hospitals (Sections 42–45).

Division 4.—Approval of Private Hospitals (Sections 46–54).

Division 5.—Insured Patients (Sections 55–61).

Division 6.—General (Sections 62–65).

Part VI.—Medical and Hospital Benefit Organizations (Sections 66–82).

Part VII.—Pharmaceutical Benefits (Sections 83–105).

Part VIII.—Committees of Inquiry.

Division 1.—Preliminary (Sections 106–107).

Division 2.—Medical Services Committees of Inquiry (Sections 108–112).

Division 3.—Pharmaceutical Services Committees of Inquiry (Sections 113–117).

Division 4.—Provisions applicable to Committees Generally (Sections 118–132).

Part IX.—Miscellaneous (Sections 133–140).

Interpretation.

4.—(1.) In this Act, unless the contrary intention appears—

“Committee of Inquiry” means a Committee of Inquiry established under Part VIII. of this Act;

“dependant”, in relation to a pensioner, means—

(a) the wife of the pensioner;

(b) a woman who is living with the pensioner as his wife on a permanent and *bona fide* domestic basis, although not legally married to him, and has been so living with him for not less than three years; or

(c) a child under the age of sixteen years in the custody, care and control of the pensioner or of the wife or husband of the pensioner;

“medical practitioner” means a person registered or licensed as a medical practitioner under a law of a State or Territory which provides for the registration or licensing of medical practitioners;

“organization” means a society, body or group of persons, whether corporate or unincorporate, which conducts a medical benefits fund or a hospital benefits fund;

“pensioner” means a person to whom, or in respect of whom, there is being paid—

(a) an age pension, an invalid pension or a widow’s pension under the *Social Services Consolidation Act 1947–1953*;

- (b) a service pension under the *Repatriation Act* 1920–1953 ;
or
(c) an allowance under the *Tuberculosis Act* 1948 ;

“ pharmaceutical chemist ” means a person registered as a pharmacist or pharmaceutical chemist under a law of a State or Territory providing for the registration of pharmacists or pharmaceutical chemists, and includes—

- (a) a friendly society or other body of persons (whether corporate or unincorporate) carrying on business as a pharmaceutical chemist ; and
(b) the legal personal representative of a deceased pharmaceutical chemist carrying on the business of that deceased pharmaceutical chemist ;

“ proprietor ”, in relation to a private hospital, means the owner of the business or undertaking carried on at the private hospital, and includes the person having the management or control of that business or undertaking ;

“ registered hospital benefits organization ” means an organization registered, or deemed to be registered, under Part VI. of this Act for the purposes of Part V. of this Act ;

“ registered medical benefits organization ” means an organization registered, or deemed to be registered, under Part VI. of this Act for the purposes of Part III. of this Act ;

“ registered organization ” means an organization registered, or deemed to be registered, under Part VI. of this Act ;

“ Territory ” means a Territory of the Commonwealth which forms part of the Commonwealth ;

“ the common form of pensioner medical service agreement ” means the terms and conditions of the agreement, referred to in paragraph (b) of sub-section (2.) of section thirty-two of this Act, that the Director-General may enter into with a medical practitioner for and in respect of his rendering of medical services for pensioners and their dependants ;

“ the Deputy Director ” means—

- (a) in relation to a State or to the Northern Territory of Australia—the Commonwealth Deputy Director of Health for that State or Territory ; and
(b) in relation to the Australian Capital Territory—the Director-General ;

“ the Director-General ” means the Director-General of Health of the Commonwealth.

(2.) In this Act, a reference to the wife or husband of a pensioner does not include a reference to a wife or husband who is living apart from the pensioner in pursuance of a separation agreement in writing or of a decree, judgment or order of a court.

Director-General to be a medical practitioner.

5. A person is not eligible to be appointed as the Director-General unless he is a legally qualified medical practitioner of not less than ten years' standing.

Delegation.

6.—(1.) The Minister or the Director-General may, in relation to a matter or class of matters, or to a State or part of the Commonwealth, by writing under his hand, delegate any of his powers and functions under this Act (except this power of delegation and powers and functions under section ninety-five of this Act).

(2.) A power or function so delegated may be exercised or performed by the delegate with respect to the matter or to the matters included in the class of matters, or with respect to the State or part of the Commonwealth, specified in the instrument of delegation.

(3.) A delegation under this section is revocable at will and does not prevent the exercise of a power or the performance of a function by the Minister or the Director-General, as the case may be.

(4.) The Director-General shall not delegate any of his powers and functions under Part VII. of this Act except to a Deputy Director of Health or to an officer of the Commonwealth Department of Health who is a pharmacist.

PART II.—NATIONAL HEALTH SERVICES.

Repeal.

7. The *National Health Service Act 1948* and the *National Health Service Act 1949* are repealed.

Saving.

8. Notwithstanding the repeal effected by the last preceding section—

(a) the National Health (Medical Benefits) Regulations, made under the *National Health Service Act 1948-1949*, as in force immediately before the commencement of this section, shall continue in force until the commencement of section twelve of this Act;

(b) the National Health (Medical Services to Pensioners) Regulations, made under that Act, as in force immediately before the commencement of this section, shall continue in force until the commencement of section thirty-one of this Act;

(c) the National Health (Medicines for Pensioners) Regulations, made under that Act, as in force immediately before the commencement of this section, shall continue in force until the commencement of section eighty-three of this Act;

(d) the National Health (Pensioners' Medical Services Committees of Inquiry) Regulations, made under that Act, as in force immediately before the commencement of this section, shall continue in force until the commencement of section one hundred and six of this Act;

- (e) the Pensioners' Medical Services Federal Committee of Inquiry and the Pensioners' Medical Services State Committee of Inquiry for each State which were established by the Minister in pursuance of section sixteen of that Act shall remain established as if that section had not been repealed, and, upon the commencement of Part VIII. of this Act—
- (i) those Committees shall be deemed to have been established and constituted under section one hundred and eight of this Act as the Medical Services Federal Committee of Inquiry and under section one hundred and ten of this Act as the Medical Services State Committees of Inquiry, respectively ;
 - (ii) the members of the respective Committees who were holding office immediately before the commencement of Part VIII. of this Act shall continue to hold office as if they had been appointed under those sections ; and
 - (iii) the provisions of that Part apply to and in relation to those Committees and those members accordingly ;
- (f) the National Health (Medicines for Pensioners Committees of Inquiry) Regulations, made under that Act, as in force immediately before the commencement of this section, shall continue in force until the commencement of section one hundred and six of this Act ; and
- (g) the Medicines for Pensioners Federal Committee of Inquiry and the Medicines for Pensioners State Committee of Inquiry for each State which were established by the Minister in pursuance of section sixteen of that Act shall remain established until the commencement of Part VIII. of this Act.

9.—(1.) The Governor-General may provide, or arrange for the provision of—

- (a) aerial medical and dental services ;
- (b) diagnostic and therapeutic services for medical practitioners and hospitals ;
- (c) teaching, research and advisory services in relation to maternal and child health ;
- (d) teaching, research and advisory services for or in relation to the improvement of health or the prevention of disease ; and
- (e) anything incidental to a service referred to in any of the last four preceding paragraphs.

(2.) The Minister may disseminate information relating to health or the prevention of disease.

Provision of
certain medical
and dental
services.

Arrangements
with other
Ministers.

10. The Minister may make an arrangement with any other Minister for the performance by that other Minister of a service in connexion with a service for which provision is made by or under this Part.

Arrangements
with States.

11.—(1.) The Governor-General may enter into an arrangement with the Governor of a State for the performance by that State of a service in connexion with a service for which provision is made by or under this Part.

(2.) An arrangement entered into under this section may provide for payments by the Commonwealth to the State in respect of capital expenditure or maintenance expenditure incurred by the State at the request of the Commonwealth in connexion with the service performed by the State.

(3.) Any arrangement entered into under this section which provides for payments by the Commonwealth to a State in respect of expenditure referred to in the last preceding sub-section shall provide for information to be supplied to the Minister by such persons, at such times and in such manner and form as he requires.

(4.) An arrangement entered into under this section shall provide—

(a) that property the cost of which, or part of the cost of which, has been paid by the Commonwealth to the State under the arrangement shall not, except with the approval of the Minister, be used otherwise than for the purpose for which the property was acquired; and

(b) for the indemnification of the Commonwealth—

(i) in the event of the acquisition by the Commonwealth of property the cost of which has been paid by the Commonwealth to the State under the arrangement—against payment by way of compensation for the acquisition of that property; and

(ii) in the event of the acquisition by the Commonwealth of property the cost of which was paid in part by the Commonwealth to the State under the arrangement—against payment by way of compensation proportionate to the cost so paid.

PART III.—MEDICAL BENEFITS.

Repeal and
saving.

12.—(1.) The National Health (Medical Benefits) Regulations made under the *National Health Service Act 1948-1949* are repealed.

(2.) Notwithstanding the repeal effected by the last preceding section—

(a) an organization which was registered under the Regulations repealed by the last preceding sub-section, being an organization the registration of which was in force immediately before the commencement of Part VI. of

this Act, shall be deemed to have been registered as a registered medical benefits organization under that Part, and the provisions of this Act apply to and in relation to that organization accordingly; and

- (b) a Registration Committee which was constituted under the Regulations repealed by the last preceding sub-section, being a Committee the members of which hold office immediately before the commencement of Part VI. of this Act, shall be deemed to have been constituted under that Part and the members of the Committee continue to hold office, and the provisions of that Part apply to and in relation to that Committee and those members accordingly.

(3.) Where the registration of an organization referred to in paragraph (a) of the last preceding sub-section was granted under the Regulations repealed by sub-section (1.) of this section on terms and conditions, it shall be deemed to have been registered under Part VI. of this Act on the same terms and conditions.

13.—(1.) In this Part, unless the contrary intention appears— Interpretation.

“authorized” means authorized by the Director-General;

“Commonwealth benefit” means a benefit payable by the Commonwealth under this Part in respect of a professional service rendered to a contributor and includes a payment under section twenty-five of this Act;

“contract arrangement” means an arrangement made by an organization with a medical practitioner under which—

(a) professional services are provided for contributors to the organization and for their dependants; and

(b) the medical practitioner who renders those services is remunerated by the organization by a method of payment other than payment of fees for each professional service rendered to those persons;

“contributor” means a person who—

(a) pays contributions, or on whose behalf contributions are paid, to the medical benefits fund conducted by a registered medical benefits organization; and

(b) is, if there is rendered to him any one of all the professional services specified in the First Schedule to this Act, entitled, subject to the rules of the registered organization—

(i) to receive from the registered organization a fund benefit of an amount equal to, or greater than, the amount specified in that Schedule in relation to the professional service; or

(ii) to have the professional service provided without charge under a contract arrangement,

and, except in relation to the payment of contributions, includes a dependant of such a person ;

“ fund benefit ” means the amount, other than in respect of Commonwealth benefit, paid or payable under the rules of a registered medical benefits organization in respect of medical expenses incurred by a person who pays contributions to the medical benefits fund of the organization or by a dependant of that person ;

“ medical benefits fund ” means a fund conducted by an organization under the rules of which benefits are provided to contributors to the fund, being benefits consisting of payments in respect of medical expenses incurred by those contributors or their dependants or consisting of the provision of professional services under a contract arrangement for those contributors or their dependants, or both ;

“ medical expenses ” means an amount paid or payable in respect of a professional service ;

“ professional service ” means a medical service specified in the First or Second Schedule to this Act which is rendered by or on behalf of a medical practitioner ;

“ the Committee ” means the Registration Committee referred to in section seventy of this Act.

(2.) A person shall be deemed to be, for the purposes of this Part, a dependant of a contributor if, under the rules of the organization, fund benefits in respect of professional services rendered to that person are payable in the same circumstances as fund benefits are payable to that contributor or professional services are provided for that person under a contract arrangement in the same circumstances as professional services are provided for that contributor.

Commonwealth
benefit payable
in respect of
professional
services
specified in
First Schedule.

14.—(1.) Where a contributor incurs medical expenses in respect of a professional service specified in the First Schedule to this Act and under the rules of the registered medical benefits organization to the medical benefits fund of which the contributor pays contributions the contributor is entitled to a fund benefit equal to or greater than the amount specified in that Schedule in relation to that service, Commonwealth benefit of the amount so specified is payable subject to and in accordance with the provisions of this Part.

(2.) Except as provided by the next succeeding sub-section, where for a reason or reasons specified in the rules of the registered medical benefits organization or notified to the contributor in accordance with those rules, no fund benefit, or an amount of fund benefit less than the amount specified in the First Schedule to this Act in relation to the professional service, is payable by the organization, the amount which under those rules would have been payable by the organization but for that reason or those reasons shall, for the purposes of the last preceding sub-section, be deemed to be payable by the organization under its rules.

(3.) Where a fund benefit is not paid by the registered medical benefits organization—

- (a) for the reason that the contributor has not paid all contributions due and owing by him to the registered organization ;
or
- (b) for a reason other than the reason specified in the last preceding paragraph, if the payment could have been refused for the reason so specified,

Commonwealth benefit is not payable.

(4.) The last preceding sub-section does not apply where, on the date on which the professional service was rendered, the contributor was in receipt of unemployment benefit or sickness benefit under the *Social Services Consolidation Act 1947-1953*.

15.—(1.) Where a contributor incurs medical expenses in respect of a professional service specified in the Second Schedule to this Act, Commonwealth benefit of the amount specified in that Schedule in relation to that professional service is, subject to this Part, payable, whether or not the rules of the registered medical benefits organization to the medical benefits fund of which the contributor pays contributions provide that the contributor is entitled to payment of a fund benefit in respect of medical expenses in respect of that professional service.

Commonwealth benefit payable in respect of professional services specified in Second Schedule.

(2.) If, on the date on which the professional service was rendered, the contributor had not paid all contributions due and owing by him to the organization, Commonwealth benefit is not payable unless on that date the contributor was in receipt of unemployment benefit or sickness benefit under the *Social Services Consolidation Act 1947-1953*.

16.—(1.) Where two or more operations specified in the First or Second Schedule to this Act are performed on the one contributor on the same occasion, the amount of Commonwealth benefit payable in respect of the medical expenses incurred by that contributor is—

Amount of Commonwealth benefit payable where two or more operations are performed.

- (a) where two operations are so performed and the amount specified in relation to each of those operations in either of those Schedules is the same amount—an amount which is one and one-half times the amount so specified, or Eleven pounds five shillings, whichever is the less ;
- (b) where three operations are so performed and the amount specified in relation to each of those operations in either of those Schedules is the same amount—an amount which is one and three-quarter times the amount so specified, or Eleven pounds five shillings, whichever is the less ;

- (c) where more than three operations are so performed and the amount specified in relation to each of those operations in either of those Schedules is the same amount—the sum of—
- (i) an amount which is one and three-quarter times the amount so specified ; and
 - (ii) an amount ascertained by multiplying one-quarter of the amount so specified by the number by which the number of the operations so performed exceeds three,
- or Eleven pounds five shillings, whichever is the less ;
- (d) where two operations are so performed and the amounts specified in relation to those operations in either of those Schedules are not the same—the sum of—
- (i) the amount which is the greater of the amounts so specified ; and
 - (ii) an amount which is one-half of the other amount,
- or Eleven pounds five shillings, whichever is the less ; and
- (e) where more than two operations are so performed and the amounts specified in relation to those operations in either of those Schedules are not all the same—such amount, not exceeding Eleven pounds five shillings, as the Director-General determines.

(2.) In this section, “operation” includes the treatment of a dislocation or fracture.

Anaesthetics.

17. Commonwealth benefit is not, except with the approval of the Director-General, payable in respect of the administration of an anaesthetic in connexion with a professional service unless the anaesthetic is administered by a medical practitioner other than the medical practitioner who renders the professional service in connexion with which the anaesthetic is administered.

Post-operative treatment deemed to form part of professional service.

18. Unless the Director-General otherwise directs, a professional service, not being a professional service specified in Part 1 of the First Schedule to this Act, shall be deemed to include all professional attendances necessary for the purpose of post-operative treatment of the contributor to whom the professional service is rendered.

Commonwealth benefit not payable where medical expenses payable to hospital.

19.—(1.) Commonwealth benefit is not payable in respect of a professional service where the medical expenses in respect of that service are paid or payable to an authority conducting a public hospital or to a person or body of persons acting on behalf of an authority conducting a public hospital.

(2.) The last preceding sub-section does not apply where the Minister is satisfied that a professional service rendered at a public hospital at a particular place is not otherwise available at that place.

(3.) In this section—

“public hospital” means premises or part of premises which are recognized, in accordance with the law of a State or Territory, as a public hospital and in which patients are received and lodged for hospital treatment, and includes, in relation to the State of South Australia, a hospital to which Part IV. of the Hospitals Act, 1934–1952, of that State applies ;

“hospital treatment” has the same meaning as in Part V. of this Act.

20. Commonwealth benefit is not payable in respect of medical expenses incurred by a contributor in respect of a professional service—

Commonwealth benefit not payable in respect of certain free treatment or certain examinations.

(a) if the contributor is entitled to have that professional service rendered to him without charge under the *Repatriation Act 1920–1953*, the *Interim Forces Benefits Act 1947–1950*, the *Seamen’s War Pensions and Allowances Act 1940–1953* or the *Social Services Consolidation Act 1947–1953* ; or

(b) if the professional service is a medical examination for the purpose of life insurance or admission to membership of a friendly society.

21.—(1.) Where a contributor has received, may receive, or is entitled to receive, in respect of medical expenses incurred by him, a payment by way of compensation or damages (including a payment in settlement of a claim for compensation or damages) under the law of the Commonwealth or of a State or Territory of the Commonwealth, Commonwealth benefit is not payable except in pursuance of the succeeding provisions of this section.

Commonwealth benefit not payable where contributor is entitled to compensation or damages.

(2.) If, at the time at which the contributor claims payment of Commonwealth benefit, he has received or established his right to receive a payment of the kind referred to in the last preceding subsection, but the amount of that payment is less than the amount of Commonwealth benefit which, but for this section, would be payable under this Part, the Director-General may approve payment of a benefit of an amount not exceeding the difference between the first-mentioned and the second-mentioned amounts.

(3.) If, at the time at which the contributor claims payment of Commonwealth benefit, he has not received or established his right to receive a payment of the kind referred to in sub-section (1.) of this section, the Director-General may authorize provisional payment of an amount not exceeding the amount of Commonwealth benefit which would, but for this section, be payable under this Part and, if subsequently the contributor receives a payment of the kind referred to in sub-section (1.) of this section, he is liable to repay to the Director-General the amount provisionally paid or, if the amount of that payment is less than the amount provisionally paid, so much of the amount provisionally paid as is equal to the amount of that payment.

(4.) An amount which a person is liable to repay under the last preceding sub-section is recoverable as a debt due to the Commonwealth.

Payment to be made to the next sixpence or shilling.

22. Where an amount ascertained in accordance with this Part is an amount expressed in pounds, shillings and pence or shillings and pence—

- (a) if the pence are less than six—the amount shall be deemed to be increased by treating the amount of the pence as six ; and
- (b) if the pence exceed six—the amount shall be deemed to be increased by treating the amount of the pence as a shilling.

Payment of Commonwealth benefit.

23.—(1.) Commonwealth benefit is payable to the registered medical benefits organization to the medical benefits fund of which the contributor pays his contributions or, if a contributor pays contributions to more than one registered medical benefits organization, to whichever one of those organizations the contributor selects.

(2.) Commonwealth benefit is not payable in respect of a professional service specified in the First or Second Schedule to this Act unless the registered medical benefits organization has paid the amount of the fund benefit (if any) payable in respect of that professional service and an amount equal to the amount of the Commonwealth benefit payable under this Part in relation to that professional service—

- (a) where the amount of the medical expenses incurred has been paid by, or on behalf of, the contributor—to the contributor or the person who made the payment on behalf of the contributor ; or
- (b) in any other case—to the person to whom the medical expenses are payable on behalf of the contributor.

Payment to contributor in certain circumstances.

24. Where, under the preceding provisions of this Part, Commonwealth benefit is payable in respect of medical expenses incurred by a contributor, and the Director-General is satisfied that an amount equal to that benefit has not been paid by the organization to the contributor or to a person on behalf of the contributor as provided by the last preceding section, the Director-General may authorize payment of the amount of the Commonwealth benefit to the contributor or that person.

Commonwealth benefit in case of contract arrangements.

25.—(1.) Where some or all of the professional services specified in the First Schedule to this Act are provided for contributors under a contract arrangement made by a registered medical benefits organization to which those contributors pay contributions, the Minister may, in his discretion, authorize payment to the organization of an amount not exceeding one-half of the payments made by the organization to medical practitioners under the contract arrangement.

(2.) A payment authorized under the last preceding sub-section shall be made subject to such conditions (if any) in relation to the application of the amount of that payment as the Minister determines.

(3.) If an amount paid under this section is not applied by the organization in accordance with conditions determined by the Minister, the organization is liable to repay that amount to the Minister and that amount is recoverable as a debt due to the Commonwealth.

26. Payments by the Commonwealth under this Part to a registered medical benefits organization shall not be made unless the organization furnishes to the Director-General, as soon as practicable after the end of each month, a claim in respect of that month, in the form authorized for the purposes of this section, together with such further information, and such vouchers, relating to the claim as are shown in the form to be required or as the Director-General requests.

Claims by registered organizations.

27.—(1.) The Director-General may, in his absolute discretion, on behalf of the Commonwealth, on such security and on such terms and conditions as he thinks fit, make an advance to a registered medical benefits organization for the purpose of enabling the organization to make payment of amounts equal to the amounts of Commonwealth benefits payable under this Part.

Advances.

(2.) Where an advance has been made in pursuance of the last preceding sub-section and the amount of Commonwealth benefits payable to the organization in respect of a month is less than the amount advanced, the amount of the difference is recoverable as a debt due to the Commonwealth.

28.—(1.) Where the registration of a registered medical benefits organization is suspended or cancelled under section seventy-nine of this Act, Commonwealth benefits are not, unless the Minister in respect of that organization otherwise directs, payable in respect of the period for which the suspension or cancellation has effect.

Payment of Commonwealth benefit in the event of suspension or cancellation of registration of organization.

(2.) Where the Minister gives a direction under the last preceding sub-section, the Minister may also direct that Commonwealth benefits shall be payable to such persons, in such manner, and subject to such conditions, as the Minister determines.

29.—(1.) Where a contributor who is a resident of Australia and is temporarily absent from Australia incurs medical expenses for a professional service rendered by a medical practitioner, Commonwealth benefit is, subject to the next succeeding sub-section, payable in accordance with the preceding provisions of this Part.

Payments where contributors are temporarily absent from Australia.

(2.) Commonwealth benefit under the last preceding sub-section shall be paid in such manner and to such person as the Director-General determines.

(3.) In this section—

“medical practitioner” means a person authorized to practise as a medical practitioner under the law of the place where the professional service was rendered ;

“resident of Australia” means a person who resides in Australia and includes a person—

(a) whose domicile is in Australia, unless the Director-General is satisfied that his permanent place of abode is outside Australia ; or

(b) who has actually been in Australia, continuously or intermittently, during more than one-half of the year ending on the thirtieth day of June immediately preceding the date on which the medical expenses are incurred, unless the Director-General is satisfied that his usual place of abode is outside Australia and that he does not intend to take up residence in Australia.

Offences.

30. A person shall not—

(a) make, either orally or in writing, a false or misleading statement in, or in connexion with, or in support of, a claim for payment in respect of Commonwealth benefit ;

(b) obtain payment in respect of a Commonwealth benefit which is not payable ; or

(c) obtain payment in respect of a Commonwealth benefit or other payment under this Part by means of a false or misleading statement.

Penalty : One hundred pounds or imprisonment for six months.

PART IV.—PENSIONER MEDICAL SERVICE.

Repeal and saving.

31.—(1.) The National Health (Medical Services to Pensioners) Regulations are repealed.

(2.) Notwithstanding the repeal effected by the last preceding sub-section—

(a) an arrangement made with the Federal Council of the British Medical Association in Australia in pursuance of regulation three of the repealed Regulations and in force immediately before the commencement of this Part shall be deemed to be an agreement entered into by the Minister under the next succeeding section ; and

(b) an arrangement or agreement made or entered into by the Director-General with a medical practitioner in pursuance of regulation three of the repealed Regulations for or in respect of the provision of general medical practitioner services for pensioners and their dependants and in force immediately before the commencement of this Part shall

be deemed to be an agreement entered into under section thirty-three of this Act and continues in force until a fresh agreement is entered into under that section, and may be terminated in accordance with the provisions of this Part accordingly.

32.—(1.) The Minister may, on behalf of the Commonwealth, enter into an agreement with the Federal Council of the British Medical Association in Australia for and in respect of the provision by medical practitioners of medical services for pensioners and their dependants.

Agreement with
British Medical
Association.

(2.) Without limiting the generality of the matters upon which agreement may be entered into under the last preceding sub-section, the agreement shall—

- (a) define the scope of the medical services to be rendered by medical practitioners; and
- (b) set out the terms and conditions of an agreement that the Director-General may enter into with a medical practitioner for and in respect of his rendering of those services at such fees and allowances as are prescribed.

(3.) An agreement entered into under this section may be varied or terminated by agreement of the parties.

33.—(1.) The Director-General may, on behalf of the Commonwealth, enter into an agreement with a medical practitioner in accordance with the common form of pensioner medical service agreement.

Agreement with
medical
practitioner.

(2.) In the event of a variation of the common form of pensioner medical service agreement under the last preceding section, an agreement entered into under the last preceding sub-section shall be deemed to be varied accordingly.

(3.) In the event of the termination of the agreement entered into under the last preceding section, all agreements entered into under this section while the first-mentioned agreement was in force shall, subject to the next succeeding sub-section, remain in force.

(4.) Either party to an agreement entered into under this section may give to the other party notice of intention to terminate the agreement, and the agreement shall be terminated upon the expiration of thirty days after the giving of that notice.

34. If a Committee of Inquiry established under Division 2 of Part VIII. of this Act reports that, in its opinion in the circumstances of a particular case, a medical practitioner should not be paid in respect of medical services specified in the report or should be paid in respect of services so specified an amount or a rate less than the amount or rate of fees or allowances prescribed by the regulations or fixed by or under an arrangement or agreement referred to in paragraph (b) of sub-section (2.) of section thirty-one of this Act, the Minister may, in accordance with that report, disallow, in whole or in part, a claim by that medical practitioner in respect of those services.

Disallowance
or reduction of
claims on
report of
Committee of
Inquiry.

Termination of agreement following report of Committee of Inquiry.

35.—(1.) The Minister may, after investigation and report by the appropriate Committee of Inquiry concerning the conduct of a medical practitioner in relation to his provision of medical services for pensioners and their dependants under this Part or under the repealed Regulations—

- (a) reprimand the medical practitioner ; or
- (b) terminate immediately the agreement entered into with the medical practitioner under section thirty-three of this Act.

(2.) A medical practitioner with whom an agreement is terminated in pursuance of the last preceding sub-section is, for such period (not exceeding twelve months) as the Minister determines, not capable of entering into a fresh agreement under section thirty-three of this Act.

(3.) The Minister shall not, in pursuance of sub-section (1.) of this section, terminate an agreement with a medical practitioner unless, having regard to the evidence before the Committee of Inquiry and the report of the Committee, he is satisfied that the medical practitioner has, in relation to his provision of medical services for pensioners and their dependants under this Part or under the repealed Regulations, been guilty of failure to discharge conscientiously his obligations under the agreement or of conduct which is an abuse or contravention of this Act, the regulations or the repealed Regulations or shows him to be unfit to enjoy his privileges under the agreement.

(4.) In this section, a reference to the provision of medical services for pensioners and their dependants under the repealed Regulations has the same meaning as in Part VIII. of this Act.

Publication of notice of action taken.

36.—(1.) The Minister may, if he thinks fit, cause notice of action which he has taken under the last preceding section to be published in the *Gazette*.

(2.) An action or proceeding, civil or criminal, does not lie against a person for publishing in good faith a copy of, or an extract from, a notice published in the *Gazette* in pursuance of the last preceding sub-section.

(3.) A publication shall be deemed to be made in good faith if the person by whom it is made is not actuated by ill will to the person affected by the publication or by any other improper motive.

Appeal from Minister's decision.

37.—(1.) A medical practitioner affected by the termination in pursuance of section thirty-five of this Act of an agreement entered into under section thirty-three of this Act may appeal to the Supreme Court of the State or Territory in which the medical practitioner resides against the decision of the Minister to terminate the agreement.

(2.) The Supreme Court of each State is invested with federal jurisdiction, and jurisdiction is conferred on the Supreme Court of each Territory, to hear and determine appeals under the last preceding sub-section.

(3.) The Minister shall be the respondent in the appeal.

(4.) Upon an appeal under this section, the Court shall have regard to the evidence before the Committee of Inquiry and the report of the Committee.

(5.) If the Court is satisfied that the medical practitioner has, in relation to his provision of medical services for pensioners and their dependants under this Part or under the repealed Regulations, been guilty of failure to discharge conscientiously his obligations under the agreement or of conduct which is an abuse or contravention of this Act, the regulations or the repealed Regulations or shows him to be unfit to enjoy his privileges under the agreement, it shall, subject to this section, dismiss the appeal.

(6.) If the Court is not so satisfied, it shall allow the appeal and order the Director-General to enter into a fresh agreement under section thirty-three of this Act with the medical practitioner.

(7.) The Court may, where it considers it is just to do so, instead of dismissing an appeal in accordance with sub-section (5.) of this section, order the reduction of the period for which the Minister has determined, in pursuance of sub-section (2.) of section thirty-five of this Act, that the medical practitioner is not capable of entering into a fresh agreement.

(8.) The Court may order either party to pay costs to the other party.

(9.) The jurisdiction conferred by this section is exercisable by a single Judge of the Court, whose decision is final and conclusive.

(10.) In this section, a reference to the provision of medical services for pensioners and their dependants under the repealed Regulations has the same meaning as in Part VIII. of this Act.

PART V.—HOSPITAL BENEFITS.

Division 1.—Preliminary.

38.—(1.) The *Hospital Benefits Act 1951* is repealed.

(2.) Notwithstanding the repeal effected by the last preceding sub-section—

(a) an agreement for and in relation to the provision of hospital benefits in respect of persons who are qualified patients in public hospitals in a State entered into by the Commonwealth with a State under the repealed Act shall be deemed to have been entered into in pursuance of section forty of this Act and to have been approved by the Parliament and the provisions of this Part apply to and in relation to that agreement accordingly ;

(b) a private hospital which was, immediately before the commencement of this Part, an approved private hospital under the Hospital Benefits Regulations made under the repealed Act shall be deemed to be an approved private hospital approved in pursuance of Division 4 of this Part ;

Repeal and saving.

- (c) a certificate of approval issued in pursuance of regulation twelve of those Regulations and in force immediately before the commencement of this Part shall be deemed to have been issued in pursuance of section fifty-two of this Act ;
- (d) an organization (including a hospital deemed to be an organization under those Regulations) which was registered under those Regulations, being an organization the registration of which was in force immediately before the commencement of Part VI. of this Act, shall be deemed to have been registered as a registered hospital benefits organization under that Part, and the provisions of this Act apply to and in relation to that organization accordingly ; and
- (e) a Hospitals Benefits Committee established under those Regulations the members of which were holding office immediately before the commencement of this Part shall be deemed to have been established under section forty-six of this Act and those members continue to hold office as if they had been appointed by or under that section, as the case requires.

(3.) Where the approval of a private hospital referred to in paragraph (b) of the last preceding sub-section was granted on terms and conditions, the approval of that private hospital by force of that sub-section shall be deemed to have been granted under Division 4 of this Part on the same terms and conditions.

(4.) Where the registration of an organization referred to in paragraph (d) of sub-section (2.) of this section was granted on terms and conditions, it shall be deemed to have been registered under Part VI. of this Act on the same terms and conditions.

Interpretation.

39.—(1.) In this Part, unless the contrary intention appears—

“ additional benefit ” means the amount payable under Division 5 of this Part in respect of a qualified patient who is a contributor ;

“ approved private hospital ” means a private hospital approved, or deemed to be approved, in pursuance of Division 4 of this Part ;

“ authorized ” means authorized by the Director-General ;

“ contributor ” means a person who, by reason of payments made by him or on his behalf to the funds of a registered hospital benefits organization, is entitled, subject to the rules of that organization, to receive from those funds an amount at a rate of not less than Six shillings per day for each day on which that person receives hospital treatment, and, except in relation to the payment of contributions, includes a dependant of such a person ;

“gross fees” means the amount of fees for hospital treatment which would be payable in respect of a qualified patient without the deduction of hospital benefit;

“hospital treatment”, in relation to a public hospital or an approved private hospital, means accommodation and nursing care for the purposes of—

- (a) medical or surgical treatment by or under the supervision of a medical practitioner;
- (b) obstetric treatment by or under the supervision of a medical practitioner or registered obstetric nurse; or
- (c) dental treatment by or under the supervision of a legally qualified dentist or dental practitioner;

“private hospital” means premises or part of premises, not being a public hospital, in which patients are received and lodged for hospital treatment;

“public hospital” means premises or part of premises which are recognized, in accordance with the law of a State or Territory, as a public hospital and in which patients are received and lodged for hospital treatment, and includes, in relation to the State of South Australia, a hospital to which Part IV. of the Hospitals Act, 1934-1952, of that State applies, but does not include—

- (a) a hospital for the insane, mental hospital, reception house, receiving house or similar institution which is conducted by a State or is in receipt of a grant for maintenance from a State; or
- (b) premises or part of premises the maintenance expenditure of which is provided for under an arrangement entered into under the *Tuberculosis Act 1948*;

“qualified patient” means a person who occupies a bed in a public hospital or an approved private hospital for the purpose of hospital treatment and includes—

- (a) where two or more children are born during one confinement, a child born during that confinement in excess of one; and
- (b) a newly born child whose mother does not occupy a bed in the hospital.

(2.) For the purposes of this Part, a convalescent home, benevolent home, home for the aged or orphanage or a part of such a home or of an orphanage which does not provide hospital treatment shall be deemed not to be a public hospital or a private hospital.

(3.) For the purposes of this Part, a person who is—

- (a) a member of the staff of a public hospital or an approved private hospital receiving treatment in his own quarters;
- (b) a person the whole of whose fees for hospital treatment are paid or payable, whether directly or indirectly, by the Commonwealth;

- (c) a person who has received or is entitled to receive, whether by way of damages, compensation or otherwise, the whole of his fees for hospital treatment, or an amount representing the whole of those fees, under a law in force in a State or Territory of the Commonwealth or in settlement of a claim under that law ; or
- (d) a person (not being a dependant of a person) the whole of whose fees for hospital treatment are payable by another person in pursuance of a liability imposed on that other person by or under a law in force in a State or Territory of the Commonwealth,
- shall be deemed not to be a qualified patient.

(4.) For the purposes of this Part, where—

- (a) portion of a person's fees for hospital treatment are paid or payable, whether directly or indirectly, by the Commonwealth ;
- (b) a person has received or is entitled to receive, whether by way of damages, compensation or otherwise, portion of his fees for hospital treatment, or an amount representing portion of those fees, under a law in force in a State or Territory of the Commonwealth or in settlement of a claim under such a law ; or
- (c) portion of the fees of a person (not being a dependant of a person) for hospital treatment are payable by another person in pursuance of a liability imposed on that other person by or under a law in force in a State or Territory of the Commonwealth,

that person shall be deemed to be a qualified patient for a number of days equal to the number obtained by deducting that portion of his fees, or the amount representing portion of his fees, from the total amount of hospital fees payable in respect of that person and by dividing the remaining amount by the rate per day of those hospital fees.

(5.) If, after payment of a hospital benefit or an additional benefit, or both, has or have been made under this Part, the person in respect of whom that benefit or those benefits has or have been paid receives by way of damages, compensation or otherwise the whole or portion of his fees for hospital treatment, or an amount representing the whole or portion of those fees, the provisions of sub-sections (3.) and (4.) of this section shall be deemed to apply in relation to the payment of that benefit or those benefits as if that person had received those fees or that amount immediately before the payment of that benefit or those benefits, and that person is liable to repay to the Director-General any sum not payable under those provisions as so deemed to apply and that sum is recoverable as a debt due to the Commonwealth.

(6.) For the purposes of this Part, a person shall be deemed to be a dependant of a contributor if, in accordance with the rules of the registered hospital benefits organization to the funds of which that

contributor makes payments, a payment may be made from the funds of the organization for hospital treatment provided at a public hospital or an approved private hospital for that person, or, in the case of a public hospital or an approved private hospital which is deemed to be a hospital benefits organization and is registered as such, hospital treatment is provided for that person at that public hospital or that approved private hospital without charge or at a reduced charge.

(7.) For the purposes of this Part, the day of admission and the day of discharge or death of a qualified patient shall be counted together as one day.

Division 2.—Patients in Public Hospitals.

40.—(1.) The Commonwealth may enter into an agreement with a State for and in relation to the provision of hospital benefits, at such rates, and subject to such conditions, as are specified in the agreement, in respect of persons who are qualified patients in public hospitals in that State.

Agreements with States for the provision of hospital benefits for patients in public hospitals.

(2.) An agreement under the last preceding section does not have effect unless and until it has been approved by the Parliament.

41. The regulations may, in respect of persons who are qualified patients in public hospitals in a Territory or in a State with which there is not for the time being in force an agreement entered into in pursuance of the last preceding section, provide for the payment of hospital benefits at such rates and subject to such conditions as are prescribed.

Patients in public hospitals in Territories or in States with which there is no agreement.

Division 3.—Patients in Private Hospitals.

42. Subject to this Division, there is payable to the proprietor of an approved private hospital a hospital benefit of Eight shillings per day for each day on which a person is, or is deemed to be, a qualified patient in that approved private hospital.

Hospital benefit.

43. Hospital benefit under this Division is not payable in respect of an obstetric case for a waiting period which exceeds two days before the onset of labour or for a period which exceeds fifteen days after the birth of a child, unless a medical practitioner certifies, for the purposes of this section, that the patient was in need of the longer period of hospital treatment for a reason, being an abnormality, disease of pregnancy or puerperium or a complicated or difficult labour, specified in the certificate.

Period for which benefit is payable in obstetric cases.

44.—(1.) Subject to the next succeeding sub-section, hospital benefit under this Division is not payable in respect of a qualified patient for a period exceeding eight weeks, unless a medical practitioner certifies, for the purposes of this section, that the nature of the illness necessitates hospital treatment exceeding eight weeks, and the Director-General is satisfied that the hospital treatment was necessary for a period exceeding eight weeks.

Claims for periods exceeding eight weeks.

(2.) Unless the Director-General in the special circumstances of a particular case otherwise determines, the last preceding sub-section does not apply to the payment of hospital benefit in respect of a qualified patient in a private mental hospital or home or a house for the reception of the insane.

Conditions to be complied with by proprietor of private hospital.

45.—(1.) Hospital benefit under this Division is not payable to the proprietor of an approved private hospital in respect of a qualified patient unless—

(a) the proprietor has rendered in respect of a period for which that qualified patient has received hospital treatment an account specifying—

- (i) the gross fees payable in respect of that qualified patient for that period ;
- (ii) the amount of hospital benefit which, subject to compliance with this section, is payable to the proprietor under this Division in respect of that qualified patient for that period ; and
- (iii) the amount ascertained by deducting the amount of the hospital benefit from the amount of the gross fees ;

(b) the proprietor has received a statement, in the form authorized for the purpose of this paragraph, setting out particulars of the hospital treatment and signed by the qualified patient in respect of whom the hospital benefit is claimed or by a responsible person on behalf of the patient ; and

(c) upon receiving payment in settlement of the account referred to in paragraph (a) of this sub-section, the proprietor has given a receipt in full discharge of his claim for fees in respect of the hospital treatment provided for that qualified patient for that period.

(2.) Where, in respect of a qualified patient, the proprietor of an approved private hospital fails to comply with a condition specified in the last preceding sub-section—

(a) the Director-General may, in his discretion, direct that an amount not exceeding the amount of the hospital benefit paid or payable in respect of that qualified patient be paid to the qualified patient or to a person who has paid, or is liable for the payment of, the hospital fees of that qualified patient ; and

(b) if the amount of the hospital benefit payable in respect of that qualified patient has been paid to the proprietor of the private hospital, that amount may be recovered as a debt due and payable to the Commonwealth.

Division 4.—Approval of Private Hospitals.

Hospital Benefits Committees.

46.—(1.) For the purposes of this Division, the Minister may establish a Hospital Benefits Committee in each State and Territory.

- (2.) A Hospital Benefits Committee shall consist of—
- (a) the Deputy Director, who shall be Chairman of the Committee ;
and
 - (b) two other members.
- (3.) A member of a Hospital Benefits Committee, other than the Deputy Director—
- (a) shall be appointed by the Minister ; and
 - (b) shall hold office, during the pleasure of the Minister, on such terms and conditions as the Minister determines.
- (4.) The exercise or performance of the powers or functions of a Hospital Benefits Committee is not affected by reason only of there being a vacancy in the office of a member of that Committee.

47.—(1.) A Hospital Benefits Committee shall—

- (a) examine each application for approval as a private hospital made under this Division which is referred to it by a Deputy Director ;
- (b) cause such inspections and inquiries to be made in relation to the application as it thinks fit ; and
- (c) make such recommendation to the Director-General in respect of the application as it thinks fit.

Functions and powers of Committees.

(2.) Where—

- (a) a Hospital Benefits Committee is not established in a State or Territory ; or
- (b) a Hospital Benefits Committee established in a State or Territory is, for any reason, unable to function,

the Deputy Director in that State or Territory shall have and may exercise the powers and functions of a Hospital Benefits Committee.

48.—(1.) The proprietor of a private hospital may apply, as prescribed, for approval of the private hospital as an approved private hospital.

Application for approval of private hospitals.

(2.) The Deputy Director may refer an application to the Hospital Benefits Committee (if any) in the State or Territory in which the private hospital is situated.

49.—(1.) The Director-General may, after examining an application made under the last preceding section and taking into account the recommendation of a Hospital Benefits Committee or a Deputy Director, as the case requires, in respect of the application—

Approval of applications.

- (a) approve the private hospital for the purposes of this Part upon such terms and conditions (if any) as he thinks fit ; or
- (b) refuse the application.

(2.) The proprietor of a private hospital whose application has been refused by the Director-General may apply to the Minister for a review of the Director-General's decision.

(3.) The Minister shall, upon an application for review under the last preceding sub-section, review the decision of the Director-General and may confirm or vary the decision of the Director-General as he thinks fit.

(4.) The decision of the Minister on a review under this section is final and conclusive.

Approval not to be refused for registered private hospitals.

50. The Director-General shall not refuse an application under the last preceding section for the approval of a private hospital registered under the law of a State or Territory.

Approval of certain premises.

51.—(1.) The proprietor of premises at a place where there is no resident or visiting medical practitioner may apply to the Director-General for approval of the premises as an approved private hospital.

(2.) The Director-General may, in his discretion, approve the premises as an approved private hospital or refuse the application.

(3.) Accommodation and nursing care provided in premises which are approved under this section shall be deemed to be hospital treatment for the purposes of this Part.

Certificate of approval.

52.—(1.) The Director-General shall cause to be issued to the proprietor of an approved private hospital a certificate of approval.

(2.) The proprietor of an approved private hospital shall display the certificate of approval in a prominent position in the private hospital.

Revocation of approval.

53.—(1.) The approval of a private hospital as an approved private hospital may be revoked—

(a) by the Minister at any time, in his discretion, by notice in writing posted to the person named in the certificate of approval as the proprietor of the private hospital; or

(b) by the Director-General, upon the receipt of—

(i) an application in writing to revoke the approval from the proprietor of the approved private hospital;

(ii) notice in writing from the person named in the certificate of approval as the proprietor of the approved private hospital that that person has ceased to be the proprietor of that hospital; or

(iii) a notice of the death of the proprietor of the approved private hospital from the legal personal representative of the proprietor.

(2.) A person who makes an application or gives a notice to the Director-General under paragraph (b) of the last preceding sub-section shall forward the certificate of approval of the hospital with his application or notice.

(3.) Where the Minister revokes the approval of a private hospital, the person named in the certificate of approval as the proprietor of the hospital shall forthwith forward the certificate to the Director-General.

54.—(1.) The Director-General may, by writing under his hand, authorize a person to inspect an approved private hospital or a private hospital or premises in respect of which an application for approval has been made under this Division. Inspection of hospitals.

(2.) The proprietor of the approved private hospital or the private hospital or premises shall permit the person so authorized to inspect the hospital at all reasonable times.

Division 5.—Insured Patients.

55.—(1.) Where a person contributes to the funds of a registered hospital benefits organization and under the rules of that organization an amount of not less than Six shillings per day is payable by the organization, in respect of the contributor, for each day on which the contributor is a qualified patient, a benefit of Four shillings per day for each day on which the contributor is a qualified patient is, subject to this Division, payable by the Commonwealth in respect of the contributor. Additional benefit.

(2.) Where, under the rules of the registered hospital benefits organization, an amount of not less than Six shillings per day is payable by the organization, in respect of the spouse or dependant of a contributor to the funds of the organization, for each day on which that spouse or dependant is a qualified patient, a benefit of the amount specified in the last preceding sub-section is payable by the Commonwealth as if that spouse or dependant were the contributor.

(3.) Except as provided by the next succeeding sub-section, where for a reason or reasons specified in the rules of the organization or notified to the contributor in accordance with those rules, no amount or an amount of less than Six shillings per day is payable by the organization, the amount which under those rules would have been payable by the organization but for that reason or those reasons shall, for the purposes of the preceding provisions of this section, be deemed to be payable by the organization under its rules.

(4.) Where no amount or an amount of less than Six shillings per day is payable by the registered hospital benefits organization—

(a) for the reason that the contributor has not paid all contributions due and owing by him to the organization ;
or

(b) for a reason other than the reason specified in the last preceding paragraph if the payment could have been refused for the reason so specified,

additional benefit is not payable.

(5.) The last preceding sub-section does not apply where, on the date on which the contributions became due and owing, the contributor was in receipt of unemployment benefit or sickness benefit under the *Social Services Consolidation Act 1947-1953*.

(6.) The benefits payable under this section are in addition to the hospital benefits payable under an agreement entered into in pursuance of section forty of this Act, under regulations made in pursuance of section forty-one of this Act or under Division 3 of this Part.

Payment of additional benefit.

56.—(1.) The additional benefit is payable to the registered hospital benefits organization to the fund of which the contributor concerned pays his contributions or, if a contributor pays contributions to more than one registered hospital benefits organization, to whichever one of those organizations the contributor selects.

(2.) The additional benefit is not payable to the organization unless it satisfies the Director-General that the amount (if any) payable under the rules of the organization and an amount equal to the amount of the additional benefit have been paid by the organization—

- (a) to a public hospital or an approved private hospital on behalf of the contributor for and in respect of the qualified patient concerned ; or
- (b) where an account rendered in respect of the hospital treatment of the patient has been paid by the patient or by another person on the patient's behalf—to the person who paid the account.

Non-payment or reduction in certain circumstances.

57.—(1.) The additional benefit under section fifty-five of this Act is not payable in respect of a person who is a qualified patient in a public hospital in a State in respect of whom there is payable, in accordance with the terms of an agreement entered into by the Commonwealth with that State in pursuance of section forty of this Act, a hospital benefit at a rate exceeding Eight shillings per day.

(2.) Where the gross fees per day for hospital treatment charged in respect of a qualified patient do not exceed Fourteen shillings per day, the additional benefit under section fifty-five of this Act is not payable.

(3.) Where the gross fees per day for hospital treatment charged in respect of a qualified patient who is a contributor exceed Fourteen shillings per day but do not exceed Eighteen shillings per day, there is payable, in lieu of the amount of additional benefit specified in sub-section (1.) of section fifty-five of this Act, an amount of additional benefit per day ascertained by deducting Fourteen shillings from the amount of those gross fees per day.

Payment of additional benefits in the event of suspension or cancellation of registration of organization.

58.—(1.) Where the registration of a registered hospital benefits organization is suspended or cancelled under section seventy-nine of this Act, additional benefits are not payable in respect of the period for which the suspension or cancellation takes effect unless the Minister in respect of a particular hospital benefits organization otherwise directs.

(2.) Where the Minister gives a direction under the last preceding sub-section, the Minister may also direct that additional benefits shall be payable to the contributors to the organization concerned in such manner, and subject to such conditions, as the Minister determines.

59. Sub-section (2.) of section fifty-six and sub-sections (2.) and (3.) of section fifty-seven of this Act do not apply in relation to contributors who are qualified patients in public hospitals or approved private hospitals which are deemed to be hospital benefits organizations by virtue of sub-section (2.) of section sixty-eight of this Act.

Certain provisions not applicable to hospitals deemed organizations.

60. Payment by the Commonwealth of additional benefits under this Part shall not be made unless the organization furnishes to the Director-General, as soon as practicable, after the end of each month, a claim in respect of that month, in the form authorized for the purposes of this section, together with such further information and vouchers relating to the claim as is shown in the form to be required or as the Director-General requests.

Claims by organizations.

61.—(1.) The Director-General may, in his absolute discretion, on behalf of the Commonwealth, on such security and on such terms and conditions as he thinks fit, make an advance to a registered hospital benefits organization for the purpose of enabling the organization to make payment of amounts equal to the amounts of additional benefits.

Advances.

(2.) Where an advance has been made in pursuance of the last preceding sub-section and the amount of additional benefits payable to the organization in respect of a month is less than the amount advanced, the amount of the difference is recoverable as a debt due to the Commonwealth.

Division 6.—General.

62.—(1.) The regulations may provide for the payment of hospital benefits in respect of persons who—

Hospital treatment outside Australia.

- (a) are residents of Australia or the spouses, children or prescribed dependants of residents of Australia ;
- (b) are temporarily absent from Australia ; and
- (c) are patients in hospitals, as defined by the regulations, outside Australia,

at such rates and subject to such conditions as are prescribed.

(2.) In this section, “ resident of Australia ” means a person who resides in Australia and includes a person—

- (a) whose domicile is in Australia, unless the Director-General is satisfied that his permanent place of abode is outside Australia ; or

- (b) who has actually been in Australia, continuously or intermittently, during more than one-half of the year ending on the thirtieth day of June immediately preceding the date on which the person became a patient, unless the Director-General is satisfied that his usual place of abode is outside Australia and that he does not intend to take up residence in Australia.

Territories.

63. There are payable towards the maintenance of a public hospital in a Territory such sums as are agreed upon between the Treasurer and the Minister.

Offences.

64. A person shall not—

- (a) make, either orally or in writing, a false or misleading statement in, in connexion with, or in support of, an application for approval of a private hospital or a claim for payment in respect of a hospital benefit or an additional benefit ;
- (b) obtain payment in respect of a hospital benefit or an additional benefit which is not payable ; or
- (c) obtain payment in respect of a hospital benefit or an additional benefit by means of a false or misleading statement.

Penalty : One hundred pounds or imprisonment for six months.

Regulations.

65. The regulations may make provision for and in relation to—

- (a) the procedure of a Hospital Benefits Committee established under this Part ;
- (b) the rendering by proprietors of approved private hospitals of claims for payment of hospital benefits ; and
- (c) the records to be kept for the purposes of this Part in respect of qualified patients by proprietors of approved private hospitals.

PART VI.—MEDICAL AND HOSPITAL BENEFIT ORGANIZATIONS.

Definitions.

66. In this Part, unless the contrary intention appears—

“ approved private hospital ”, “ hospital treatment ”, “ public hospital ” and “ qualified patient ” have the same meanings as in Part V. of this Act ;

“ contract arrangement ”, “ fund benefit ”, “ medical benefits fund ” and “ professional service ” have the same meanings as in Part III. of this Act ;

“ registered organization ” means a registered medical benefits organization or a registered hospital benefits organization, as the case requires ;

“ the Committee ” means the Registration Committee referred to in section seventy of this Act.

67. An organization the rules of which—

(a) provide that, subject to those rules, if a person who contributes to the medical benefits fund of the organization or the spouse or dependant of such a person has any one of all the professional services specified in the First Schedule to this Act rendered to him—

Eligibility of organizations for registration for purposes of Part III.

(i) there shall be paid to that person a fund benefit of an amount equal to, or greater than, the amount specified in that Schedule in relation to the professional service; or

(ii) the professional service shall be provided without charge under a contract arrangement; and

(b) authorize the payment of moneys received by it as contributions to its medical benefits fund only for the payment of medical benefits and administrative expenses and disbursements incurred in, or in connexion with, the receipt by it of those contributions and the payment of medical benefits,

is eligible to apply for registration as a registered medical benefits organization.

68.—(1.) An organization the rules of which—

(a) provide for the payment of a hospital benefit of an amount of not less than Six shillings per day in respect of the hospital treatment of a contributor to its funds; and

Eligibility of organizations for registration for purposes of Part V.

(b) authorize the payment of moneys received by it as contributions for hospital benefits only for the payment of hospital benefits and administrative expenses and disbursements incurred in, or in connexion with, the receipt by it of those contributions and the payment of hospital benefits,

is eligible to apply for registration as a registered hospital benefits organization.

(2.) A public hospital or an approved private hospital which, by reason of payments made by, or on behalf of, a person, provides hospital treatment for that person or for the spouse or a dependant of that person without charge or at a reduced charge shall be deemed to be a hospital benefits organization under the rules of which an amount of not less than Six shillings per day is payable to such a person for each day on which he is a qualified patient.

69.—(1.) The regulations may make provision for and in relation to the manner and form in which applications for registration are to be lodged and the documents and information which are to be furnished in support of, or in connexion with, applications.

Furnishing of information by applicant organizations.

(2.) The Director-General may refuse to entertain an application for registration unless the applicant organization furnishes, in accordance with the regulations, particulars relating to the affairs, finances, rules and conduct of the organization.

**Registration
Committee.**

70.—(1.) For the purposes of this Part, there shall be a Registration Committee which shall consist of—

- (a) the Commonwealth Actuary or a person appointed by the Commonwealth Actuary to act in his stead ; and
- (b) two officers of the Department of Health appointed by the Director-General.

(2.) The regulations may make provision for and in relation to the procedure of the Committee.

**Application to
be referred to
the Committee.**

71. The Director-General shall refer an application for registration, the documents and information furnished in support of, or in connexion with, the application and such other information as he thinks fit to the Committee for examination and report to the Minister.

**Report of the
Committee.**

72.—(1.) The Committee shall submit to the Minister a report on the application and, in its report, recommend to the Minister that registration of the organization be granted or refused.

(2.) In making a recommendation in pursuance of the last preceding sub-section the Committee shall take into account—

(a) in the case of an application for registration as a registered medical benefits organization—

- (i) the number of persons who contribute to the medical benefits fund of the organization ;
- (ii) the rate of contributions made by each of those persons to that fund ;
- (iii) the amount of the fund benefits payable by the organization to, or in respect of, those persons ;
- (iv) the professional services which are arranged for, or in respect of which fund benefits are payable to or in respect of, those persons ;
- (v) the rules of the organization relating to payments out of the medical benefits fund of the organization ; and
- (vi) the ratio which the amount paid as management and administrative expenses bears to the amount of payments made by contributors to the medical benefits fund of the organization ; and

(b) in the case of an application for registration as a registered hospital benefits organization—

- (i) the number of persons who contribute to the hospital benefits fund of the organization ;
- (ii) the rate of contributions made by each of those persons to that fund ;
- (iii) the amount of the hospital benefits payable to, or in respect of, those persons ;
- (iv) the rules of the organization relating to payments out of the hospital benefits fund of the organization ; and

- (v) the ratio which the amount paid as management and administrative expenses bears to the amount of payments made by contributors to the hospital benefits fund of the organization.

73.—(1.) The Minister may, after taking into account the report of the Committee, register the organization subject to such terms and conditions (if any) as he thinks fit or refuse to register the organization. Registration.

(2.) For the purpose of the last preceding sub-section, there shall be two registers, called “The Register of Medical Benefits Organizations” and “The Register of Hospital Benefits Organizations” respectively, and an organization shall be registered by the entering of its name and such other particulars as are prescribed in the appropriate register.

(3.) The entries in a register relating to an organization shall be signed by the Minister.

(4.) A register shall not be open for inspection except by a person authorized in writing by the Minister.

(5.) The Director-General shall furnish to each applicant organization notification in writing of its registration and the terms and conditions (if any) subject to which the organization is registered or of the refusal to register the organization, as the case requires.

(6.) The Minister may, upon a recommendation by the Committee, vary or revoke any or all of the terms and conditions subject to which an organization has been, or is deemed to be, registered under this Act and impose terms and conditions additional to those terms and conditions, and the terms and conditions as so altered or added to from time to time shall be deemed to be the terms and conditions subject to which the organization is registered.

74.—(1.) A registered organization shall, within fourteen days after the receipt by it of the notification of its registration, appoint a person to be the public officer of the organization for the purposes of this Act and shall, within seven days after the making of the appointment, furnish to the Director-General a notification of the appointment. Public officers
of registered
organizations.

Penalty : One hundred pounds.

(2.) A person who, having been appointed a public officer of a registered organization under the National Health (Medical Benefits) Regulations or the Hospital Benefits Regulations, held that appointment immediately before the commencement of this Part shall be deemed to have been appointed in accordance with the last preceding sub-section and the provisions of this Part (except the requirement for notification of the appointment under that sub-section) apply to and in relation to that public officer accordingly.

(3.) The public officer shall perform, on behalf of the registered organization, all acts which are required or permitted to be performed by the registered organization by or under this Act.

(4.) Anything done by the public officer of a registered organization in his capacity as public officer shall be deemed to be done by the registered organization.

(5.) Where a registered organization contravenes, or fails to comply with, any of the provisions of this Act applicable to the registered organization, the contravention of, or failure to comply with, those provisions shall, without limiting in any way the liability of the organization, be deemed to be a contravention or failure by the public officer, and the public officer is punishable by a fine not exceeding One hundred pounds or imprisonment for a period not exceeding six months.

(6.) A registered organization—

- (a) may, at any time, revoke the appointment of a person as its public officer ; and
- (b) shall, where a person ceases to be its public officer by death or otherwise, forthwith appoint another person to be its public officer in the place of that first-mentioned person.

Penalty : One hundred pounds.

(7.) The registered organization shall, within seven days after the making of an appointment under the last preceding sub-section, furnish to the Director-General a notification of the appointment.

Penalty : One hundred pounds.

(8.) A person who has ceased to be the public officer of a registered organization remains liable for a contravention of, or failure to comply with, any of the provisions of this Act by a registered organization while he was the public officer of that organization.

Examination
of records,
books and
accounts of
registered
organizations.

75.—(1.) Where, in the opinion of the Director-General, it is desirable for the purposes of this Act that the records, books and accounts of a registered organization be examined, the Director-General may, by writing under his hand, authorize an officer of the Department of Health to examine and report on those records, books and accounts.

(2.) An officer authorized under the last preceding sub-section shall, at all reasonable times, have full and free access to any premises in which the records, books and accounts are kept and may make extracts from, or copies of, the records, books and accounts.

(3.) The Director-General may, by notice in writing served on a person who is or has been an officer, servant or agent of a registered organization, require that person—

- (a) to furnish, within the time specified in the notice, to the Director-General or to an officer specified in the notice, such information relating to the affairs of the registered organization as is stated by the notice to be required ;
- (b) to attend, at a time and place specified in the notice, before him or an officer specified in the notice and give evidence relating to the affairs of the registered organization ; or
- (c) to produce, at a time and place specified in the notice, all records, books and accounts in his custody or under his control relating to the affairs of the registered organization.

(4.) The Director-General may require the information to be furnished, or the evidence to be given, on oath and either orally or in writing and, for that purpose, he or the officer specified in the notice may administer an oath or affirmation.

(5.) A person shall not—

(a) refuse or fail to comply with a requirement contained in a notice served on him under sub-section (3.) of this section ;
or

(b) refuse to be sworn or to make an affirmation.

Penalty : One hundred pounds or imprisonment for six months.

(6.) In this section, "registered organization" includes an organization the registration of which is for the time being suspended under section seventy-nine of this Act.

76.—(1.) A registered organization shall, within three months after the expiration of the registered organization's accounting year, or within such further time as the Director-General, on the application of the registered organization, allows, furnish to the Director-General—

Particulars to
be furnished
annually to
Director-
General.

(a) a copy of the annual report for that year made by the registered organization to its members ;

(b) a balance-sheet and revenue account of the medical benefits fund or hospital benefits fund, as the case requires, of the organization for that year ;

(c) a statement giving particulars of the management and administrative expenses and other disbursements incurred by, or made from, the medical benefits fund, or the hospital benefits fund, as the case requires, in that year in respect of contributions received and payments for medical expenses or hospital treatment and other payments ; and

(d) a statement showing in respect of that year—

(i) the number of persons who were contributing to the medical benefits fund or hospital benefits fund of the organization at the end of that year ;
and

(ii) the number of persons who commenced to contribute and the number of persons who ceased to contribute to the medical benefits fund or the hospital benefits fund of the organization in that year,

and set out according to the class of benefit for which they made contributions.

(2.) The organization shall certify as to the truth and correctness of the documents furnished under paragraphs (b), (c) and (d) of the last preceding sub-section and of the information contained in the documents so furnished.

Penalty : One hundred pounds.

Particulars
may be referred
to Committee.

77.—(1.) The Director-General may refer to the Committee for examination any reports and extracts from, and copies of, records, books and accounts made by an officer under section seventy-five of this Act and the documents and statements referred to in the last preceding section.

(2.) The Committee may, after examining the documents, make such recommendations to the Minister as it thinks fit.

Notification
of changes by
registered
organizations.

78.—(1.) If, after the registration of an organization under this Part, the registered organization changes—

- (a) the constitution of the organization ;
- (b) the articles of association or rules of the organization ;
- (c) the benefits provided by the organization or the contributions for, and the amount of, those benefits ; or
- (d) in the case of a registered medical benefits organization which provides professional services under a contract arrangement—the terms and conditions under which professional services are provided under the arrangement,

the registered organization shall, within fourteen days after the change is made, furnish to the Director-General notification in writing of the change.

Penalty : One hundred pounds,

(2.) The Director-General may refer the notification to the Committee.

(3.) The Committee may, after examining the effect of the change, make such recommendations to the Minister as it thinks fit.

Cancellation
or suspension of
registration.

79.—(1.) The Minister may, by notice in writing, suspend, for such period as is specified in the notice, the registration of an organization, or may cancel the registration of an organization, where—

- (a) the Committee has recommended the suspension or cancellation of the registration of the organization ; or
- (b) the Minister has reason to believe that—
 - (i) the organization has failed to comply with the terms and conditions subject to which the organization is registered ; or
 - (ii) the organization has contravened, or failed to comply with, a provision of this Act.

(2.) The Minister may, in his discretion, revoke, by notice in writing, a suspension or cancellation made under the last preceding sub-section and may direct that the revocation take effect from such date, either before or after the date of the notice, as is specified in the notice.

80.—(1.) Where, in pursuance of the last preceding section, the Minister suspends or cancels the registration of an organization—

Appeal against suspension or cancellation of registration.

- (a) the Minister shall, at the request of the organization, state in writing the grounds for the suspension or cancellation ; and
- (b) the organization may appeal to the Supreme Court of the State or Territory in which the principal office of the organization is situated.

(2.) The Supreme Court of each State is invested with Federal jurisdiction, and jurisdiction is conferred on the Supreme Court of each Territory, to hear and determine appeals under this section.

(3.) The Minister shall be the respondent in the appeal.

(4.) Upon an appeal under this section, the Court shall have regard to the documents which were before the Committee or the Minister and the report (if any) of the Committee.

(5.) If the Court is satisfied that the organization has not contravened, or failed to comply with, a provision of this Act or a term or condition subject to which the organization was registered, or that it is not just and equitable that its registration should be suspended or cancelled, as the case requires, the Court shall allow the appeal and order the removal of the suspension or the restoration of the registration.

(6.) If the Court is not so satisfied, it shall dismiss the appeal.

(7.) The Court may, where it considers it just to do so, instead of dismissing an appeal in accordance with the last preceding sub-section, order the suspension of the registration instead of its cancellation, or order the reduction of the period of suspension imposed by the Minister.

(8.) The Court may order either party to pay costs to the other party.

(9.) The jurisdiction conferred by this section is exercisable by a single Judge of the Court whose decision is final and conclusive.

81.—(1.) The Director-General shall publish in the *Gazette* in the month of January in each year a notice showing the names of organizations registered under section seventy-three of this Act.

Notification of registrations, &c.

(2.) Whenever an organization is registered, the registration of an organization is suspended or cancelled, or a suspension or cancellation is revoked, the Director-General shall publish in the *Gazette* a notice of the registration, suspension and period of suspension, cancellation or revocation, as the case requires.

82.—(1.) A person shall not—

Offences.

- (a) make, either orally or in writing, a false or misleading statement in or in connexion with, or in support of, an application for registration of an organization ; or
- (b) make a statement, or present to a person doing duty in relation to this Part a document, which is false in a particular.

Penalty : One hundred pounds or imprisonment for six months.

(2.) A person shall not make a representation that an organization, association or body which is not a registered organization is a registered organization.

Penalty : One hundred pounds or imprisonment for six months.

(3.) A person shall not make a representation which implies that a person who pays contributions to an organization, not being a registered medical benefits organization, is or may be entitled to receive—

(a) payment of Commonwealth benefit under Part III. of this Act ; or

(b) payment from the Commonwealth of an amount in respect of a professional service rendered to the person who pays those contributions.

Penalty : One hundred pounds or imprisonment for six months.

(4.) A person shall not make a representation which implies that a person who pays contributions to an organization, not being a registered hospital benefits organization, is or may be entitled to receive—

(a) payment of the additional benefit payable under Division 5 of Part V. of this Act ; or

(b) payment from the Commonwealth of an amount in respect of hospital treatment received by the person who pays those contributions.

Penalty : One hundred pounds or imprisonment for six months.

(5.) A person shall not publish or display or cause to be published or displayed an advertisement or notice which indicates that an organization conducts a medical benefits fund unless the advertisement or notice states—

(a) in the case of an organization which is a registered medical benefits organization—that the organization is a registered medical benefits organization ; or

(b) in any other case—that the organization is not a registered medical benefits organization.

Penalty : One hundred pounds or imprisonment for six months.

(6.) A person shall not publish or display or cause to be published or displayed an advertisement or notice which indicates that an organization is an organization the rules of which provide for the payment to contributors to the organization of benefits for hospital treatment unless the advertisement or notice states—

(a) in the case of an organization which is a registered hospital benefits organization—that the organization is a registered hospital benefits organization ; or

(b) in any other case—that the organization is not a registered hospital benefits organization.

Penalty : One hundred pounds or imprisonment for six months.

(7.) For the purposes of a prosecution for an offence against this section, a certificate in writing under the hand of the Director-General certifying that, on a date specified in the certificate—

- (a) an organization specified in the certificate was a registered medical benefits organization or a registered hospital benefits organization ; or
- (b) an organization specified in the certificate was not a registered medical benefits organization or not a registered hospital benefits organization,

as the case may be, is evidence of the facts stated in the certificate.

PART VII.—PHARMACEUTICAL BENEFITS.

83.—(1.) The *Pharmaceutical Benefits Act 1947*, the *Pharmaceutical Benefits Act 1949*, the *Pharmaceutical Benefits Act (No. 2) 1949* and the *Pharmaceutical Benefits Act 1952* are repealed. Repeal and saving.

(2.) The National Health (Medicines for Pensioners) Regulations made under the *National Health Service Act 1948–1949* are repealed.

(3.) Notwithstanding the repeal effected by sub-section (1.) of this section—

(a) where immediately before the commencement of this Part, a person or body was under the *Pharmaceutical Benefits Act 1947–1952*—

- (i) an approved pharmaceutical chemist approved in respect of one or more premises ;
- (ii) an approved medical practitioner approved in respect of an area ; or
- (iii) an approved hospital authority approved in respect of one or more hospitals,

that person or body shall be deemed to be an approved pharmaceutical chemist in respect of those premises, an approved medical practitioner in respect of that area or an approved hospital authority in respect of that hospital or those hospitals under section ninety, ninety-two or ninety-four of this Act, as the case requires, and the provisions of this Act apply to and in relation to that person or body accordingly ; and

(b) a special arrangement made in pursuance of section fifteen of the *Pharmaceutical Benefits Act 1947–1952* which was in force immediately before the commencement of this Part shall continue in force as if made in pursuance of section one hundred of this Act.

84.—(1.) In this Part, unless the contrary intention appears— Interpretation.

“approved hospital authority” means a hospital authority for the time being approved, or deemed to be approved, under section ninety-four of this Act ;

“ approved medical practitioner ” means a medical practitioner for the time being approved, or deemed to be approved, under section ninety-two of this Act ;

“ approved pharmaceutical chemist ” means a pharmaceutical chemist for the time being approved, or deemed to be approved, under section ninety of this Act ;

“ brand ”, in relation to a drug or medicinal preparation, means the manufacturer’s trade name for that drug or medicinal preparation or its name with reference to the manufacturer ;

“ general pharmaceutical benefits ” means the benefits referred to in paragraph (a) of sub-section (1.) of the next succeeding section ;

“ hospital authority ” means the governing body of a public hospital or the proprietor of a private hospital ;

“ the British Pharmacopoeia ” means—

(a) the latest edition (being an edition that has taken effect) for the time being of the book called the British Pharmacopoeia published under the direction of the General Medical Council of the United Kingdom ; or

(b) if that edition has been added to or amended by additions or amendments that have taken effect—that edition as affected by those additions or amendments.

(2.) In this Part, a reference to the supply, obtaining or receipt of a pharmaceutical benefit shall, unless the contrary intention appears, be read as a reference to the supply, obtaining or receipt of that pharmaceutical benefit under this Part.

(3.) If the Minister so determines, the Minister of State of a State administering the laws of that State relating to public hospitals shall, for the purposes of this Part, be deemed to be the governing body of the public hospitals in that State.

Pharmaceutical
benefits.

85.—(1.) The pharmaceutical benefits referred to in this Part are—

(a) drugs and medicinal preparations the names or formulae and other particulars of which are prescribed ; and

(b) in relation to a pensioner—

(i) except as prescribed, drugs and medicinal preparations which are the subject of monographs in the British Pharmacopoeia ;

(ii) drugs and medicinal preparations, being drugs and medicinal preparations not referred to in the preceding provisions of this section, which are specified in the regulations as available to pensioners ; and

(iii) medicinal compounds composed of two or more of the drugs or medicinal preparations referred to in sub-paragraphs (i) and (ii) of this paragraph.

(2.) In prescribing particulars of a drug or medicinal preparation, the regulations may specify a brand, a strength, a form and a maximum quantity or number of units, or any of those particulars, and the drug or medicinal preparation in accordance with those particulars is the pharmaceutical benefit which may be medically prescribed for supply, supplied and received for the purposes of this Part.

86.—(1.) Subject to this Part, and except as prescribed, a person who is receiving medical treatment by a medical practitioner is entitled to receive pharmaceutical benefits.

Eligibility for pharmaceutical benefits.

(2.) The regulations may provide that a particular pharmaceutical benefit may be prescribed by a medical practitioner, for the purposes of this Part, only for the treatment of a prescribed disease or purpose and may so provide in respect of a class of persons specified in the regulations.

87.—(1.) Except as prescribed, a person who receives a pharmaceutical benefit is not under an obligation to make a payment for the pharmaceutical benefit to the person who supplies it.

Provision of pharmaceutical benefits.

(2.) Except as prescribed, an approved pharmaceutical chemist, approved hospital authority or a medical practitioner shall not demand or receive a payment (other than a payment from the Commonwealth) or other valuable consideration in respect of the supply of a pharmaceutical benefit.

Penalty: One hundred pounds or imprisonment for six months.

88.—(1.) Subject to this section, every medical practitioner is authorized to write a prescription for the supply of a pharmaceutical benefit for the purposes of this Part.

Prescribing of benefits by doctors.

(2.) A medical practitioner shall not, by writing a prescription or otherwise, authorize the supply of a narcotic drug as a pharmaceutical benefit for the purpose of the administration of that drug to himself.

Penalty: One hundred pounds or imprisonment for six months.

(3.) A medical practitioner shall not write a prescription for the supply of a pharmaceutical benefit otherwise than for the treatment of a person requiring the pharmaceutical benefit.

Penalty: One hundred pounds or imprisonment for six months.

(4.) A medical practitioner who writes a prescription for the supply of a general pharmaceutical benefit shall not direct in any way that the pharmaceutical benefit is to be administered in a form other than a form prescribed by the regulations in relation to that pharmaceutical benefit.

89. Subject to this Part, a person is not entitled to receive a pharmaceutical benefit except from an approved pharmaceutical chemist and—

Pharmaceutical benefits to be provided on prescriptions

(a) at or from premises in respect of which that pharmaceutical chemist is for the time being approved; and

(b) on presentation of a prescription written by a medical practitioner in accordance with the regulations.

Approved
pharmaceutical
chemists.

90.—(1.) The Director-General may, in his discretion, upon application by a pharmaceutical chemist who is willing to supply pharmaceutical benefits on demand at particular premises, approve that pharmaceutical chemist for the purpose of supplying pharmaceutical benefits at or from those premises.

(2.) Where a pharmaceutical chemist desires to supply pharmaceutical benefits at or from several premises (being premises at which he carries on, or is about to carry on, business as a pharmaceutical chemist) a separate application shall be made in respect of each of the premises and, where approval is granted in respect of two or more premises, a separate approval shall be granted in respect of each of the premises.

(3.) Where an approved pharmaceutical chemist desires to supply pharmaceutical benefits at or from premises (being premises at which he carries on, or is about to carry on, business as a pharmaceutical chemist) other than premises in respect of which approval has been granted, the Director-General may, in his discretion, on application by the approved pharmaceutical chemist, grant approval in respect of those other premises.

(4.) Nothing in this section authorizes the Director-General to grant approval to a pharmaceutical chemist in respect of premises at which that pharmaceutical chemist is not permitted, under the law of the State or Territory in which the premises are situated, to carry on business.

(5.) Where the Director-General rejects an application of a pharmaceutical chemist under this section, the pharmaceutical chemist may appeal against the decision of the Director-General to the Minister, who may confirm or reverse the decision of the Director-General.

Friendly
Society
dispensaries.

91.—(1.) In this section, “friendly society dispensary” means a pharmaceutical chemist, being a friendly society or a body (whether corporate or unincorporate) carrying on business for the benefit of members of a friendly society or friendly societies.

(2.) Subject to the next succeeding sub-section, the approval, under the last preceding section, of a friendly society dispensary as a pharmaceutical chemist in respect of particular premises is an approval to supply pharmaceutical benefits to persons generally at or from those premises and that friendly society dispensary is entitled to supply pharmaceutical benefits to persons generally at or from those premises.

(3.) Where, at the time approval is granted under the last preceding section to a pharmaceutical chemist, being a friendly society dispensary, in respect of premises in a State, the number of premises in that State in respect of which approvals for the supply of pharmaceutical benefits generally are in force in favour of pharmaceutical chemists, being friendly society dispensaries, is not less than the number of premises in that State at which friendly society dispensaries carried on business on the first day of August, One thousand nine hundred

and forty-five, the approval so granted to that friendly society dispensary is an approval to supply pharmaceutical benefits at or from those premises—

- (a) in the case of a friendly society dispensary which is a friendly society—to the members of that friendly society, and to their respective spouses and children, only; and
- (b) in the case of a friendly society dispensary which is a body carrying on business for the benefit of members of a friendly society or friendly societies—to the members of that friendly society or of those friendly societies, and to their respective spouses and children, only.

92.—(1.) Where there is no pharmaceutical chemist approved in respect of premises from which, in the opinion of the Director-General, a convenient and efficient pharmaceutical service may be supplied in a particular area and a medical practitioner is practising in that area, the Director-General may approve the medical practitioner for the purpose of supplying pharmaceutical benefits to persons in that area.

Approved
medical
practitioners.

(2.) Pharmaceutical benefits supplied by a medical practitioner so approved shall be supplied in accordance with such conditions as are prescribed.

93.—(1.) Except as prescribed, a medical practitioner is authorized to supply such pharmaceutical benefits as are prescribed for the purpose of this section to persons who are entitled under this Part to receive those pharmaceutical benefits.

Supply of
certain
pharmaceutical
benefits by
medical
practitioners.

(2.) For the purpose of this section, the regulations may prescribe the maximum quantity or number of units of a pharmaceutical benefit which may be obtained by a medical practitioner during a specified period and a medical practitioner shall obtain the pharmaceutical benefit as prescribed.

(3.) Payment by the Commonwealth in respect of the supply of pharmaceutical benefits under this section shall be made as prescribed.

94.—(1.) Upon application by a hospital authority, the Director-General may, in his discretion but subject to sub-section (5.) of this section, approve a hospital authority for the purpose of its supplying general pharmaceutical benefits to patients receiving treatment in or at the hospital of which it is the governing body or proprietor.

Approved
hospital
authorities.

(2.) The approval of a hospital under the last preceding sub-section may be expressed to be subject to such terms and conditions as the Director-General determines.

(3.) Where a hospital authority desires to supply general pharmaceutical benefits to patients receiving treatment in or at several hospitals—

- (a) a separate application shall, unless the Director-General otherwise allows, be made in respect of each hospital; and
- (b) separate approval may be granted in respect of each hospital.

(4.) Where an approved hospital authority desires to supply general pharmaceutical benefits to patients receiving treatment in or at a hospital other than a hospital in respect of which approval has been granted, the Director-General may, on application by the approved hospital authority, grant approval in respect of that other hospital.

(5.) A hospital authority shall not be approved under this section in respect of a hospital unless the dispensing of drugs and medicinal preparations at that hospital is performed by or under the direct supervision of a medical practitioner or pharmaceutical chemist.

Suspension or
revocation of
approval or
authorization.

95.—(1.) The Minister may, after investigation and report by the appropriate Committee of Inquiry, by notice in writing, suspend or revoke—

- (a) the authority conferred upon a medical practitioner by section eighty-eight of this Act to write a prescription for the supply of pharmaceutical benefits ;
- (b) the approval of a pharmaceutical chemist under section ninety of this Act ;
- (c) the approval of a medical practitioner under section ninety-two of this Act ; or
- (d) the authority conferred upon a medical practitioner by section ninety-three of this Act to supply prescribed pharmaceutical benefits,

and may at any time, by notice in writing, remove that suspension or restore that approval or authority.

(2.) The Minister may, for good cause shown, by notice in writing, suspend or revoke the approval of a hospital authority under the last preceding section.

(3.) A suspension under either of the preceding sub-sections has effect for such period as the Minister determines and specifies in the notice of suspension.

(4.) If the Director-General considers that it is necessary in the public interest so to do pending investigation and report by the appropriate Committee of Inquiry, he may suspend an approval or authority referred to in sub-section (1.) of this section, and the Director-General may at any time remove the suspension.

(5.) Where the approval of a pharmaceutical chemist or the approval or authority of a medical practitioner is suspended under the last preceding sub-section, the Director-General shall forthwith refer the matter to the appropriate Committee of Inquiry for investigation and report to the Minister.

(6.) A suspension by the Director-General under sub-section (4.) of this section has effect only until the Minister has dealt with the matter in accordance with the next succeeding sub-section.

(7.) On receipt of a report from a Committee of Inquiry on a matter referred to it in accordance with sub-section (5.) of this section, the Minister may, by notice in writing, further suspend the approval or authority for such period as he specifies in the notice, revoke the approval or authority or remove the suspension.

(8.) The Minister shall not suspend, further suspend or revoke an approval or authority under the preceding provisions of this section unless, having regard to the evidence before the Committee of Inquiry and the report of the Committee, he is satisfied that the medical practitioner or pharmaceutical chemist has, in relation to or arising out of the approval or authority, been guilty of conduct which is an abuse of that approval or authority or is an abuse or contravention of this Act or the regulations or shows him to be unfit to continue to enjoy the approval or authority.

(9.) The suspension or revocation of the approval of a pharmaceutical chemist or hospital authority under this section may be in respect of all the premises or hospitals in respect of which the approval was granted or may be in respect of particular premises or a particular hospital.

96.—(1.) The Minister may, if he thinks fit, cause notice of action which has been taken under the last preceding section to be published in the *Gazette*. Publication of notice of suspension or revocation.

(2.) An action or proceeding, civil or criminal, does not lie against a person for publishing in good faith a copy of, or an extract from, a notice published in the *Gazette* in pursuance of the last preceding sub-section.

(3.) A publication shall be deemed to be made in good faith if the person by whom it is made is not actuated by ill will to the person affected by the publication or by any other improper motive.

97.—(1.) Where, in pursuance of section ninety-five of this Act, the Minister suspends, further suspends or revokes the approval or authority of a medical practitioner or a pharmaceutical chemist, the medical practitioner or pharmaceutical chemist may appeal to the Supreme Court of the State or Territory in which he resides. Appeal against suspension or revocation of approval or authority.

(2.) The Supreme Court of each State is invested with federal jurisdiction, and jurisdiction is conferred on the Supreme Court of each Territory, to hear and determine appeals under this section.

(3.) The Minister shall be the respondent in the appeal.

(4.) Upon an appeal under this section, the Court shall have regard to the evidence before the Committee of Inquiry and the report of the Committee.

(5.) If the Court is satisfied that the medical practitioner or pharmaceutical chemist has, in relation to or arising out of the approval or authority which has been suspended or revoked, been guilty of conduct which is an abuse of that approval or authority or is an abuse or contravention of this Act or the regulations or shows him to be unfit to continue to enjoy the approval or authority, it shall, subject to this section, dismiss the appeal.

(6.) If the Court is not so satisfied, it shall allow the appeal and order the removal of the suspension or the restoration of the approval or authority.

(7.) The Court may, where it considers it is just to do so, instead of dismissing an appeal in accordance with sub-section (5.) of this section, order the suspension of the approval or authority instead of its revocation, or order the reduction of the period of suspension imposed by the Minister.

(8.) The Court may order either party to pay costs to the other party.

(9.) The jurisdiction conferred by this section is exercisable by a single Judge of the Court, whose decision is final and conclusive.

Cancellation of approval or authority.

98.—(1.) Whenever—

- (a) an approved pharmaceutical chemist requests that his approval under section ninety of this Act in respect of all or any of the premises in respect of which he is approved be cancelled ;
- (b) an approved medical practitioner requests that his approval in respect of an area under section ninety-two of this Act be cancelled ; or
- (c) an approved hospital authority requests that its approval under section ninety-four of this Act in respect of all or any of the hospitals in respect of which it is approved be cancelled,

the Director-General shall cancel that approval.

(2.) Whenever—

- (a) an approved pharmaceutical chemist ceases to carry on business as a pharmaceutical chemist at premises in respect of which he is approved ;
- (b) an approved medical practitioner ceases to practice in the area in respect of which he is approved ; or
- (c) a hospital authority ceases to conduct a hospital in respect of which it is approved,

the pharmaceutical chemist, medical practitioner or hospital authority shall notify the Director-General forthwith.

Penalty : Ten pounds.

(3.) Upon receipt of a notification given in accordance with the last preceding sub-section the Director-General shall cancel the approval.

(4.) If a pharmaceutical chemist becomes approved in respect of premises in an area in respect of which a medical practitioner is approved under section ninety-two of this Act, the Director-General shall cancel the approval of the medical practitioner in respect of that area or of that part of the area in relation to which that section no longer applies.

Payment for supply of benefits.

99.—(1.) The Minister may, after consultation with the Federated Pharmaceutical Service Guild of Australia, determine the rates at which, and the conditions subject to which, payments shall be made in respect of the supply of pharmaceutical benefits.

(2.) An approved pharmaceutical chemist or approved medical practitioner who has supplied a pharmaceutical benefit is entitled to payment from the Commonwealth in respect of the supply of that pharmaceutical benefit at the rate and subject to the conditions determined by the Minister in pursuance of the last preceding sub-section and applicable at the time of the supply.

(3.) Nothing in the last preceding sub-section shall be deemed to authorize payment in respect of the supply of a drug or medicinal preparation—

- (a) to a person who is not entitled under this Part to receive that drug or medicinal preparation as a pharmaceutical benefit ;
- (b) by an approved pharmaceutical chemist at or from premises in respect of which he is not approved or otherwise than in accordance with the terms of his approval ; or
- (c) by an approved medical practitioner outside the area in respect of which he is approved or otherwise than in accordance with the terms of his approval.

(4.) An approved hospital authority is, subject to this Part, entitled to payment from the Commonwealth, at such rates and subject to such conditions as the Minister determines, in respect of the supply of general pharmaceutical benefits to patients receiving treatment in or at a hospital in respect of which the approved hospital authority is approved.

(5.) A payment to which an approved hospital authority in a State is entitled under this section may be paid to that State, or to an authority of that State, on behalf of the approved hospital authority.

(6.) After the commencement of this section a payment in pursuance of sub-sections (4.) and (5.) of this section may be made as if those sub-sections had come into operation on the date upon which an agreement between the Commonwealth and the State under section five of the *Hospital Benefits Act 1951* came into force.

100.—(1.) The Minister may make such special arrangements as he thinks fit for the purpose of providing that an adequate pharmaceutical service will be available to persons—

Special
arrangements.

- (a) who are living in isolated areas ; or
- (b) who are receiving medical treatment in such circumstances that the pharmaceutical benefits provided for by this Part cannot be conveniently or efficiently supplied in accordance with the general provisions of this Part.

(2.) The provisions of special arrangements made in pursuance of the last preceding sub-section have effect notwithstanding any provisions of this Part inconsistent with those arrangements.

101.—(1.) There shall be a committee, called the Pharmaceutical Benefits Advisory Committee, which, subject to the next succeeding sub-section, shall consist of an officer, being a pharmacist, of the

Pharmaceutical
Benefits
Advisory
Committee.

Commonwealth Department of Health appointed by the Director-General, four medical practitioners appointed by the Minister from among six medical practitioners nominated by the Federal Council of the British Medical Association in Australia and a pharmaceutical chemist appointed by the Minister from among three pharmaceutical chemists nominated by the Federated Pharmaceutical Service Guild of Australia.

(2.) The Minister may also appoint a pharmacologist to be a member of the Committee.

(3.) The Committee shall make recommendations to the Minister from time to time as to the drugs and medicinal preparations which it considers should be made available as pharmaceutical benefits under this Part and shall advise the Minister upon any other matter concerning the operation of this Part referred to it by the Minister.

(4.) After the general pharmaceutical benefits have first been prescribed, additional drugs or medicinal preparations shall not be prescribed as general pharmaceutical benefits except in accordance with a recommendation made by the Committee to the Minister.

(5.) The regulations may make provision for and in relation to the procedure of the Committee.

**Testing of
drugs.**

102. The Director-General may make such arrangements as he considers necessary for the testing or analysis of pharmaceutical benefits or of drugs which may be used as pharmaceutical benefits.

Offences

103.—(1.) An approved pharmaceutical chemist shall not give, promise or offer a gift, rebate or reward as an inducement to a person to present, or in consideration of a person's presenting, a prescription for the supply of a pharmaceutical benefit.

(2.) Except as prescribed, a pharmaceutical chemist to whom a prescription is presented shall not—

(a) supply, in purported pursuance of this Part, anything other than the pharmaceutical benefit as specified in the prescription ; or

(b) in exchange for the prescription make a payment in money or give any other consideration to the person presenting the prescription.

(3.) An approved pharmaceutical chemist, approved medical practitioner or approved hospital authority shall not permit a person other than a medical practitioner or pharmaceutical chemist to dispense a pharmaceutical benefit except under the direct supervision of a medical practitioner or pharmaceutical chemist.

(4.) A person for whom a prescription for a pharmaceutical benefit is written or to whom a pharmaceutical benefit is supplied shall not use, dispose of or otherwise deal with the pharmaceutical benefit in a way other than that for which the prescription was written or the pharmaceutical benefit supplied.

(5.) A person shall not—

- (a) make or present to the Director-General or to an officer or person doing duty under this Part a statement or document which is false or misleading in a particular ;
- (b) obtain a pharmaceutical benefit to which he is not entitled ;
- (c) obtain a payment, in respect of the supply of a pharmaceutical benefit, which is not payable ;
- (d) not being a medical practitioner or a person authorized to act under the next succeeding section, write a prescription for the purposes of this Part ;
- (e) being a medical practitioner, write a prescription for the supply of a pharmaceutical benefit to a person except for the purpose of the medical treatment of a person who is entitled under this Part to receive that pharmaceutical benefit ;
- (f) supply a drug or medicinal preparation as a pharmaceutical benefit unless the drug or medicinal preparation conforms as to name, form, brand, strength and standard of composition or purity with such requirements as are prescribed ;
- (g) by means of impersonation, a false or misleading statement or a fraudulent device, obtain, or by any of those means aid or abet another person to obtain, a pharmaceutical benefit or a payment in respect of the supply of a pharmaceutical benefit ; or
- (h) contravene or fail to comply with a provision of this Part which is applicable to him.

Penalty : One hundred pounds or imprisonment for six months.

104.—(1.) For the purpose of ascertaining whether the provisions of this Part are being complied with, a person authorized by the Minister or the Director-General to act under this section (in this section referred to as “ an authorized person ”) may—

Powers of
authorized
persons.

- (a) enter at all reasonable times the premises of an approved pharmaceutical chemist, approved medical practitioner, authorized medical practitioner or approved hospital authority ;
- (b) make such examination or inquiry of any person as he thinks fit ;
- (c) take from an approved pharmaceutical chemist or approved hospital authority a book, document or writing in his or its possession or custody ;
- (d) take from an approved pharmaceutical chemist, medical practitioner or approved hospital authority a sample of a drug, medicine or substance which may be supplied as, or may be an ingredient of, a pharmaceutical benefit ; and
- (e) write a prescription purporting to be a prescription for a pharmaceutical benefit for the purpose of making a test or analysis of the drug or medicinal preparation supplied on the prescription.

(2.) A person shall not—

- (a) molest, obstruct or endeavour to intimidate an authorized person in the execution of his powers under this section ;
- (b) give or cause to be given, or offer, promise to give or cause to be given, any bribe, recompense or reward to, or make any collusive agreement with, an authorized person to induce him in any way to neglect his duty ; or
- (c) by threat, demand or promise attempt to influence an authorized person in the exercise of his powers under this section.

Penalty : One hundred pounds or imprisonment for six months.

Regulations.

105. The regulations may—

- (a) prescribe the terms and conditions subject to which pharmaceutical benefits shall be supplied ;
- (b) make provision for or in relation to the writing of prescriptions ; and
- (c) prescribe the standards of composition or purity of drugs, medicines or substances which may be supplied as pharmaceutical benefits or may be ingredients of pharmaceutical benefits.

PART VIII.—COMMITTEES OF INQUIRY.

Division 1.—Preliminary.

Repeal.

106. The National Health (Pensioners' Medical Services Committees of Inquiry) Regulations and the National Health (Medicines for Pensioners Committees of Inquiry) Regulations are repealed.

Interpretation.

107.—(1.) In this Part, a reference to the provision of medical services for pensioners and their dependants under the repealed Regulations is a reference to the provision of medical services, medicines and other benefits for pensioners and their dependants under the National Health (Medical Services to Pensioners) Regulations or the National Health (Medicines for Pensioners) Regulations made under the *National Health Service Act 1948-1949* or under an arrangement made by the Director-General under section seven of that Act and the first-mentioned Regulations.

(2.) For the purposes of this Part, the Australian Capital Territory shall be deemed to be part of the State of New South Wales.

Division 2.—Medical Services Committees of Inquiry.

**Medical Services
Federal
Committee of
Inquiry.**

108.—(1.) The Minister may establish a committee, called the Medical Services Federal Committee of Inquiry, which shall consist of the Director-General and four medical practitioners appointed by the Minister from among six medical practitioners nominated by the Federal Council of the British Medical Association in Australia.

(2.) The Director-General may, from time to time, by writing under his hand, appoint a medical practitioner to be a member of the Committee in his stead, and the medical practitioner so appointed shall, until his appointment is revoked, be a member of the Committee.

109. The Medical Services Federal Committee of Inquiry shall inquire into and report to the Minister or the Director-General on any matter referred to the Committee by the Minister or the Director-General in respect of or arising out of the services or conduct of medical practitioners in connexion with—

Functions of
Federal
Committee.

- (a) the supply of pharmaceutical benefits under Part VII. of this Act or under the *Pharmaceutical Benefits Act 1947-1952*; or
- (b) the provision of medical services for pensioners and their dependants under Part IV. of this Act or under the repealed Regulations.

110. The Minister may establish in each State a committee, called the Medical Services Committee of Inquiry for the State in which it is established, which shall consist of the Deputy Director in the State and four medical practitioners appointed by the Minister from among six medical practitioners nominated by the Council of the branch of the British Medical Association in that State.

Medical
Services State
Committees of
Inquiry.

111. A State Committee of Inquiry established under the last preceding section shall inquire into and report to the Minister or the Director-General on any matter referred to the Committee by the Minister or the Director-General in respect of or arising out of the services or conduct of medical practitioners in connexion with—

Functions of
State
Committee.

- (a) the supply in the State of pharmaceutical benefits under Part VII. of this Act or under the *Pharmaceutical Benefits Act 1947-1952*; or
- (b) the provision in the State of medical services for pensioners and their dependants under Part IV. of this Act or under the repealed Regulations.

112.—(1.) Subject to the next succeeding sub-section, nothing in the preceding provisions of this Division authorizes a Committee to report on the conduct of an approved pharmaceutical chemist in relation to a matter upon which the Committee makes inquiry.

Reports not to
relate to
conduct of
chemists.

(2.) The last preceding sub-section does not prevent a Committee from referring in a report to the conduct of an approved pharmaceutical chemist where that reference is incidental to a report by the Committee on the conduct of a medical practitioner.

(3.) In this section, "Committee" means a Committee established under this Division.

Division 3.—Pharmaceutical Services Committees of Inquiry.

113.—(1.) The Minister may establish a committee, called the Pharmaceutical Services Federal Committee of Inquiry, which shall consist of the Director-General and four pharmaceutical chemists appointed by the Minister.

Pharmaceutical
Services Federal
Committee of
Inquiry.

(2.) The Director-General may, from time to time, by writing under his hand, appoint an officer of the Commonwealth Department of Health who is a medical practitioner or pharmacist to be a member of the Committee in his stead, and the person so appointed shall, until his appointment is revoked, be a member of the Committee.

Functions of
Federal
Committee.

114. The Pharmaceutical Services Federal Committee of Inquiry shall inquire into and report to the Minister or the Director-General on any matter referred to the Committee by the Minister or the Director-General in respect of or arising out of the services or conduct of approved pharmaceutical chemists in connexion with—

- (a) the supply of pharmaceutical benefits under Part VII. of this Act or under the *Pharmaceutical Benefits Act 1947-1952*; or
- (b) the provision of pensioner benefits under the National Health (Medicines for Pensioners) Regulations.

Pharmaceutical
Services State
Committees of
Inquiry.

115.—(1.) The Minister may establish in each State a committee, called the Pharmaceutical Services Committee of Inquiry for the State in which it is established, which shall consist of the Deputy Director in the State and four pharmaceutical chemists appointed by the Minister.

(2.) The Deputy Director may, from time to time, by writing under his hand, appoint an officer of the Commonwealth Department of Health who is a pharmacist to be a member of the Committee in his stead, and the person so appointed shall, until his appointment is revoked, be a member of the Committee.

Functions of
State
Committee.

116. A State Committee of Inquiry established under the last preceding section shall inquire into and report to the Minister or the Director-General on any matter referred to the Committee by the Minister or the Director-General in respect of or arising out of the services or conduct of approved pharmaceutical chemists in connexion with—

- (a) the supply in the State of pharmaceutical benefits under Part VII. of this Act or under the *Pharmaceutical Benefits Act 1947-1952*; or
- (b) the provision in the State of pensioner benefits under the National Health (Medicines for Pensioners) Regulations.

Reports not to
relate to
conduct of
medical
practitioners.

117.—(1.) Subject to the next succeeding sub-section, nothing in the preceding provisions of this Division authorizes a Committee to report on the conduct of a medical practitioner in relation to a matter upon which the Committee makes inquiry.

(2.) The last preceding sub-section does not prevent a Committee from referring in a report to the conduct of a medical practitioner where that reference is incidental to a report by the Committee on the conduct of an approved pharmaceutical chemist.

(3.) In this section, "Committee" means a Committee established under this Division.

Division 4.—Provisions applicable to Committees Generally.

- 118.** In this Division, unless the contrary intention appears— Definitions.
 “Chairman”, in relation to a Committee, includes a person elected to preside at a meeting of the Committee ;
 “Committee” means a Committee established under this Part.
- 119.**—(1.) A member of a Committee appointed by the Minister shall hold office during the Minister’s pleasure. Membership of Committees.
 (2.) A qualified person may be appointed to be a member of both a Federal Committee and a State Committee, and a person so appointed may hold both appointments at the same time.
- 120.**—(1.) A Committee shall elect one of its members to be Chairman of the Committee. Chairman.
 (2.) In the event of the absence of the Chairman of a Committee from a meeting of the Committee, the members present shall elect one of their number to preside at the meeting during the absence of the Chairman, and the member so elected shall have and may exercise and perform, during the absence of the Chairman, all the powers and functions of the Chairman.
- 121.** The regulations may make provision for and in relation to the procedure of Committees. Procedure of Committees.
- 122.** A Committee is not bound by legal rules of evidence but may inform itself on a matter referred to it under this Part in such manner as it thinks fit. Evidence.
- 123.** The proceedings of a Committee shall be held in private. Proceedings in private.
- 124.**—(1.) All questions before a meeting of a Committee shall be decided by a majority of votes. Determination of questions at meetings.
 (2.) The Chairman of a Committee shall have a deliberative vote only.
 (3.) A member shall not have a vote on a question before a Committee unless he has been present for the whole of the time for which the Committee received evidence on the matter concerning which the question arose.
 (4.) In the event of an equality of votes on a question before a meeting of a Committee, the question shall be deemed to be unresolved and the Chairman may direct that the question be reconsidered at a time and place fixed by the Chairman.
- 125.**—(1.) Where a matter referred to a Committee concerns the conduct of a medical practitioner or an approved pharmaceutical chemist, as the case may be, the Chairman of the Committee shall cause notice in writing of the matter so referred, and of the time and place at which the Committee intends to hold an inquiry into the matter, to be given to that medical practitioner or chemist at least ten days before the date of the inquiry. Medical practitioner or chemist affected by inquiry to be given notice.

(2.) For the purpose of ascertaining whether a matter referred to a Committee concerns the conduct of a medical practitioner or an approved pharmaceutical chemist, the Committee may, before causing notice to be given to any person, meet and examine any written evidence or allegation referred to the Committee by the Minister or the Director-General in relation to the matter.

(3.) Notice under sub-section (1.) of this section shall be given by delivering it personally to the medical practitioner or chemist, as the case may be, or by sending it by prepaid registered letter addressed to him at his last known place of abode or business or by leaving it at his last known place of abode or business with some person apparently an inmate of that place and apparently not less than sixteen years of age.

(4.) Subject to the next succeeding sub-section, the Committee shall afford a medical practitioner or chemist to whom notice has been given in pursuance of sub-section (1.) of this section an opportunity of examining witnesses, giving evidence and calling witnesses on his behalf and of addressing the Committee.

(5.) Where a medical practitioner or chemist to whom notice has been given in pursuance of sub-section (1.) of this section fails to attend at the time and place specified in the notice, the Committee may, unless it is satisfied that the medical practitioner or chemist is prevented by illness or other unavoidable cause from so attending, proceed to hold the inquiry in his absence.

(6.) For the purposes of this section, "inquiry" includes a reconsideration of a question by a Committee in pursuance of sub-section (4.) of the last preceding section where that reconsideration involves the rehearing of evidence or the hearing of further evidence.

(7.) When a matter referred to a Federal Committee of Inquiry concerns a course of conduct of medical practitioners or approved pharmaceutical chemists generally or in a class of cases, the matter shall, for the purposes of this section, be deemed not to concern the conduct of a medical practitioner or approved pharmaceutical chemist, as the case may be.

Summoning of
witnesses.

126.—(1.) The Chairman of a Committee may, by writing under his hand, summon a person to attend the Committee at a time and place specified in the summons and to give evidence and to produce books, documents and writings in his custody or control which he is required by the summons to produce.

(2.) A summons under this section shall be served by delivering it personally to the person to be served or by sending it by prepaid registered letter addressed to him at his last known place of abode or business, or by leaving it at his last known place of abode or business with some person apparently an inmate of that place and apparently not less than sixteen years of age.

(3.) A Committee may inspect books, documents or writings before it, and may retain them for such reasonable period as it thinks fit, and may make copies of such portions of them as are relevant to the inquiry.

127.—(1.) The Committee may examine on oath a person appearing as a witness before the Committee, whether the witness has been summoned or appears without being summoned, and for this purpose a member of the Committee may administer an oath to the witness.

Committee may examine upon oath or affirmation.

(2.) Where a witness conscientiously objects to take an oath, he may make an affirmation instead of taking an oath.

128.—(1.) A person served with a summons to attend a Committee shall not, after payment to him of reasonable expenses, fail, without reasonable excuse, to attend the Committee or to produce the books, documents or writings in his custody or control which he is required by the summons to produce.

Failure to attend or produce documents.

Penalty : One hundred pounds or imprisonment for six months.

(2.) It is a defence to a prosecution for failing without reasonable excuse to produce a book, document or writing if the defendant proves that the book, document or writing was not relevant to the matter the subject of the Committee's proceedings.

129.—(1.) A person appearing as a witness before a Committee shall not refuse to be sworn or to make an affirmation or to answer a question relevant to the proceedings put to him by a member of the Committee.

Refusal to be sworn or give evidence.

Penalty : One hundred pounds or imprisonment for six months.

(2.) A statement or disclosure made by a witness to a Committee is not admissible in evidence against him in civil or criminal proceedings in a court except in a prosecution for giving false testimony in the Committee's proceedings.

130. A witness before a Committee has the same protection as a witness in a matter before the High Court.

Protection of witnesses.

131. A witness summoned to attend before a Committee shall be paid fees in accordance with the scales of fees payable in respect of attendance before the Supreme Court of the State or Territory in which the witness is required to attend or, in special circumstances, such fees as the Committee directs.

Allowances to witnesses.

132.—(1.) An action or proceeding, civil or criminal, does not lie against a member of a Committee for or in respect of an act or thing done, or report made, in good faith by the member or the Committee in pursuance of the powers and duties conferred on the member or the Committee by this Part.

Protection of members.

(2.) An act or thing shall be deemed to have been done, or a report shall be deemed to have been made in good faith, if the member or Committee by whom the act or thing was done or the report was made was not actuated by ill will to the person affected or by any other improper motive.

PART IX.—MISCELLANEOUS.

Effect of
prosecution
for offence.

133.—(1.) Where a medical practitioner or an approved pharmaceutical chemist is charged before a court with having committed an offence against this Act or the regulations or an offence against another law of the Commonwealth or of a State or Territory, punishable either on indictment or on summary conviction, which arises out of or is connected with—

- (a) the provision of medical services for pensioners under Part IV. of this Act or under the National Health (Medical Services to Pensioners) Regulations made under the *National Health Service Act 1948-1949*;
- (b) the supply of pharmaceutical benefits under Part VII. of this Act or under the *Pharmaceutical Benefits Act 1947-1952*;
- or
- (c) the provision of pensioner benefits under the National Health (Medicines for Pensioners) Regulations made under the *National Health Service Act 1948-1949*,

the Director-General may, if he thinks fit, by notice in writing—

- (d) in the case of a medical practitioner—suspend the operation of an agreement with that medical practitioner under section thirty-three of this Act, the authority to write a prescription for the supply of pharmaceutical benefits conferred upon that medical practitioner by section eighty-eight of this Act, an approval of that medical practitioner under section ninety-two of this Act and the authority to supply prescribed pharmaceutical benefits conferred upon that medical practitioner by section ninety-three of this Act; or
- (e) in the case of an approved pharmaceutical chemist—suspend the approval of that pharmaceutical chemist under section ninety of this Act.

(2.) If, upon the hearing of the charge by the court, the medical practitioner or pharmaceutical chemist is convicted of the offence, the Minister may, if he thinks fit, by notice in writing—

- (a) in the case of a medical practitioner—further suspend any authority or approval referred to in paragraph (d) of the last preceding sub-section for such period as he specifies in the notice, or revoke the approval or authority, and terminate immediately an agreement with that medical practitioner under section thirty-three of this Act; or
- (b) in the case of a pharmaceutical chemist—further suspend the approval of that pharmaceutical chemist under section ninety of this Act for such period as he specifies in the notice, or revoke the approval,

and may, at any time, remove that suspension or further suspension or restore that approval or authority.

(3.) For the purposes of the last preceding sub-section, the medical practitioner or pharmaceutical chemist shall be deemed to have been convicted of the offence if a court of summary jurisdiction thought that the charge was proved but, without proceeding to conviction, discharged the offender conditionally on his entering into a recognizance.

(4.) If, upon the hearing of the charge by the court, the medical practitioner or pharmaceutical chemist is acquitted, a suspension effected by the Director-General under sub-section (1.) of this section lapses.

(5.) Except as provided by the last preceding sub-section, a suspension by the Director-General under sub-section (1.) of this section has effect only until the Minister has taken action in pursuance of sub-section (2.) of this section.

(6.) A medical practitioner with whom an agreement under section thirty-three of this Act is terminated by the Minister in pursuance of sub-section (2.) of this section is for such period as the Minister determines not capable of entering into a fresh agreement under section thirty-three of this Act.

(7.) If a medical practitioner or pharmaceutical chemist has been tried by a court for an offence, the act or conduct which was alleged to constitute the offence with which he was charged is not an act or conduct which may be referred to a Committee of Inquiry under Part VIII. of this Act or in respect of which action may be taken under section thirty-five or section ninety-five of this Act.

134.—(1.) When the authority conferred upon a medical practitioner by section eighty-eight of this Act is suspended or revoked, that medical practitioner shall not, during the period of suspension or after the revocation takes effect, write a prescription for the purposes of Part VII. of this Act and an approved pharmaceutical chemist, approved medical practitioner or approved hospital authority shall not supply for the purposes of that Part a pharmaceutical benefit on a prescription written by that medical practitioner.

Effect of suspension or cancellation or approval or authority.

(2.) Where the approval of a medical practitioner under section ninety-two of this Act is suspended or revoked, that medical practitioner shall not, during the period of suspension or after the revocation takes effect, supply a pharmaceutical benefit for the purposes of Part VII. of this Act.

(3.) Upon the revocation of an authority conferred upon a medical practitioner by section eighty-eight or section ninety-three of this Act, the medical practitioner shall deliver to a person specified by the Director-General all drugs and medicinal preparations in that medical practitioner's possession which he has obtained for the purposes of Part VII. of this Act.

Penalty : One hundred pounds or imprisonment for six months.

Right of
Commonwealth
officers to
practise.

135. An employee of the Commonwealth who is registered as a medical practitioner, dentist, nurse, pharmaceutical chemist, pharmacist, physiotherapist or optometrist under the law of a State or Territory is entitled to perform, on behalf of the Commonwealth, the duties of his profession in any other State or Territory notwithstanding that he is not registered in that other State or Territory.

Committees.

136.—(1.) In addition to the committees for the establishment of which express provision is made in the preceding provisions of this Act, the Minister may establish such other committees as he thinks fit for the purposes of this Act.

(2.) The regulations may make provision for and in relation to the constitution, powers, functions, duties and procedure of committees established in pursuance of the last preceding sub-section.

Payments to
be made out
of the National
Welfare Fund.

137.—(1.) Subject to this section, payments for the purposes of this Act or of an agreement entered into in pursuance of section thirty-three or section forty of this Act shall be made out of the Trust Account established under the *National Welfare Fund Act 1943-1952* and known as the National Welfare Fund.

(2.) Expenditure of a capital nature and expenditure in respect of administrative expenses (including the remuneration of members of committees established under this Act) incurred by or on behalf of the Commonwealth for the purposes of this Act shall be paid out of moneys from time to time appropriated by the Parliament for the purpose.

Exercise of
Director-
General's
powers subject
to directions of
Minister.

138. The exercise of a power by the Director-General under this Act is subject to the directions (if any) of the Minister.

Judicial notice
of signature
of Director-
General.

139.—(1.) For the purposes of any proceeding under this Act or a prosecution for an offence against a law of the Commonwealth, all Courts shall take judicial notice of the signature of the person who holds or a person who has held the office of Director-General and of the fact that that person holds or has held that office.

(2.) In this section, "Courts" has the same meaning as in the *Evidence Act 1905-1950*.

Regulations.

140. The Governor-General may make regulations, not inconsistent with this Act, prescribing all matters which by this Act are required or permitted to be prescribed, or which are necessary or convenient to be prescribed for carrying out or giving effect to this Act, and, in particular, for prescribing—

(a) the fees and allowances payable to members of a committee established under this Act, other than members who are officers of the Public Service of the Commonwealth or of a State; and

(b) penalties not exceeding a fine of Fifty pounds or imprisonment for a period not exceeding three months, or both, for offences against the regulations.

THE SCHEDULES.

FIRST SCHEDULE.

Section 14.

COMMONWEALTH BENEFITS FOR PROFESSIONAL SERVICES IN RESPECT OF WHICH FUND BENEFITS ARE ALSO PAYABLE BY REGISTERED MEDICAL BENEFITS ORGANIZATIONS.

Item No.	Professional Service.	Commonwealth Benefit.
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PART 1.—PROFESSIONAL ATTENDANCES.

	£	s.	d.
1. Professional attendance (including attendance at rooms, surgery, home or hospital, but not including an attendance at which there is made an examination of a patient's sight for the purpose of correcting errors of refraction by the prescription of spectacle lenses) by—			
(1) A medical practitioner other than a specialist in the practice of his specialty—each attendance ..		0	0
(2) A specialist in the practice of his specialty—			
(a) When patient referred by another medical practitioner—			
(i) For the first attendance	1	0	0
(ii) For each subsequent attendance during the same course of treatment		10	0
(b) When patient not referred by another medical practitioner—each attendance		6	0

PART 2.—ADMINISTRATION OF ANAESTHETICS.

2. Administration, whether by one or more than one medical practitioner, of general, intravenous, local or spinal anaesthetics (not covered by any other item in this Schedule or the Second Schedule to this Act), including pre-medication and pre-operative examination in preparation for anaesthesia, in connexion with a professional service or a series or combination of professional services—			
(1) For which the Commonwealth benefit payable does not exceed £3		15	0
(2) For which the Commonwealth benefit payable exceeds £3 but does not exceed £7	1	2	6
(3) For which the Commonwealth benefit payable exceeds £7 but does not exceed £11 5s.	1	10	0

PART 3.—OPERATIONS.

Division 1.—Ear, Nose and Throat.

3. Removal of tonsils or tonsils and adenoids of—			
(1) Persons under twelve years of age	1	17	6
(2) Persons twelve years of age or over	3	0	0
4. Removal of adenoids		15	0
5. Paracentesis tympani, myringotomy, operation for acute otitis media, operation for abscess of middle ear	1	2	6
6. Maxillary antrum proof puncture		15	0
7. Cortical mastoidectomy	5	12	6
8. Intubation of larynx	1	17	6
9. Tracheotomy	3	15	0
10. Incision of peritonsillar abscess (quinsy)		15	0

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 3.—OPERATIONS—<i>continued.</i>		
<i>Division 2.—General Surgical.</i>		
		£ s. d.
11.	Cholecystectomy	11 5 0
12.	Cholecystostomy	5 12 6
13.	Suture of perforated gastric ulcer	7 10 0
14.	Appendicectomy	5 12 6
15.	Drainage of appendiceal abscess, or for ruptured appendix or for peritonitis	5 12 6
16.	Splenectomy	11 5 0
17.	Repair of hernia, namely :—	
	(1) Umbilical—	
	(a) Persons under ten years of age	2 12 6
	(b) Persons ten years of age or over	5 12 6
	(2) Incisional, double or strangulated	7 10 0
	(3) Femoral, inguinal or ventral (not being incisional, double or strangulated hernia)	5 12 6
18.	Laparotomy, namely :—	
	(1) Exploratory	5 12 6
	(2) Involving operations on abdominal viscera not covered by any other item or sub-item in this Schedule	7 10 0
19.	Removal of varicocele	3 15 0
20.	Enterostomy	5 12 6
21.	Gastrostomy	5 12 6
22.	Colostomy	5 12 6
23.	Treatment of intussusception, namely :—	
	(1) Reduction by fluid	3 15 0
	(2) Laparotomy and reduction	7 10 0
	(3) Laparotomy and resection	11 5 0
24.	Reduction of volvulus	7 10 0
25.	Separation of peritoneal adhesions	5 12 6
26.	Paracentesis abdominis	15 0
27.	Tapping of hydrocoele	15 0
28.	Removal of hydrocoele	3 15 0
29.	Removal, incision, ligation or cauterization of haemorrhoids	4 10 0
30.	Excision of fistula in ano	5 12 6
31.	Incision of ischio-rectal abscess	1 17 6
32.	Excision of fissure in ano	1 17 6
33.	Dilatation of anus	15 0
34.	Excision of rectal polypus	1 17 6
35.	Orchidectomy-simple	4 10 0
36.	Transplantation of undescended testis or testes	5 12 6
37.	Circumcision of—	
	(1) Persons aged less than twelve months	15 0
	(2) Persons not less than one year but less than twelve years of age	1 2 6
	(3) Persons twelve years of age or over	1 17 6
38.	Suture of—	
	(1) One nerve trunk	2 12 6
	(2) Two or more nerve trunks	4 10 0
39.	Suture of tendo achillis or other large tendon	3 15 0

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 3.—OPERATIONS—<i>continued.</i>		
		£ s. d.
40.	Suture of tendons not covered by item 39 in this Schedule, namely :—	
	(1) Primary suture of—	
	(a) Flexor tendons of hand—	
	(i) One tendon	2 12 6
	(ii) Two or more tendons	3 15 0
	(b) Extensor tendons of hand—	
	(i) One tendon	1 17 6
	(ii) Two or more tendons	2 12 6
	(c) Tendons of foot—	
	(i) One tendon	1 17 6
	(ii) Two or more tendons	2 12 6
	(2) Secondary suture of—	
	(a) Flexor tendons of hand—	
	(i) One tendon	3 15 0
	(ii) Two or more tendons	5 12 6
	(b) Extensor tendons of hand—	
	(i) One tendon	2 12 6
	(ii) Two or more tendons	3 15 0
	(c) Tendons of foot—	
	(i) One tendon	2 12 6
	(ii) Two or more tendons	3 15 0
41.	Excision of ganglion of wrist	1 17 6
42.	Excision of bursa—	
	(1) Small	1 17 6
	(2) Large (including olecranon, calcanean or patellar)	3 15 0
43.	Incision of bursa	15 0
44.	Excision of exostosis	1 17 6
45.	Incision with drainage of—	
	(1) Furuncle, small abscess or similar lesion not requiring a general anaesthetic	7 6
	(2) Large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic	15 0
46.	Operation for acute tenosynovitis	1 17 6
47.	Drainage of middle palmar, thenar or hypothenar spaces	1 17 6
48.	Incision for pulp space, paronychia and other acute infections of hands or feet, not covered by any other item or sub-item in this Schedule	15 0
49.	Ligation of vessels, namely :—	
	(1) Veins and small arteries	15 0
	(2) Medium arteries	1 17 6
	(3) High saphenous ligation	3 15 0
	(4) Great vessels (carotids and jugulars)	5 12 6
50.	Biopsy (including aspiration biopsy, excision of lymph gland or glands, biopsy of cervix or section of breast) not covered by any other item or sub-item in this Schedule	1 2 6
51.	Removal of cysts and tumours, namely :—	
	(1) Cysts and tumours not covered by any other item or sub-item in this Schedule	1 2 6
	(2) Cyst or simple tumour of breast (minor operation)	1 17 6
	(3) Deep tumours or cysts malignant or non-malignant (not covered by any other item or sub-item in this Schedule) requiring wide excision	3 15 0

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 3.—OPERATIONS—<i>continued.</i>		
		£ s. d.
52.	Paracentesis or aspiration of thoracic cavity—either or both ..	15 0
53.	Operation for empyema—	
	(1) Intercostal drainage not involving resection of rib ..	1 17 6
	(2) Radical operation involving resection of rib ..	3 15 0
54.	Amputation of breast—simple	5 12 6
55.	Operation for acute osteomyelitis, namely :—	
	(1) Of phalanx metacarpal or metatarsal (one bone) ..	1 17 6
	(2) Of tibia, ulna, clavicle, rib, tarsus, carpus, fibula or radius (one bone)	3 0 0
	(3) Of humerus or femur (one bone)	3 15 0
	(4) Of any combination of bones specified in sub-item (1) or (2) of this item	4 10 0
	(5) Of any combination of bones specified in sub-item (3) of this item or in that sub-item and sub-item (1) or (2) of this item	7 10 0
56.	Craniotomy, not covered by any other item or sub-item in this Schedule	11 5 0
57.	Lumbar puncture	15 0
58.	Removal of foreign bodies not covered by any other item or sub-item of this or the Second Schedule to this Act—	
	(1) Superficial	6 0
	(2) Subcutaneous	1 2 6
	(3) Deep	2 12 6
59.	Suture of traumatic wounds not covered by any other item or sub-item in this Schedule—each attendance	6 0
<i>Division 3.—Urological.</i>		
60.	Catheterization of bladder	15 0
61.	Passage of urethral sounds—dilatation of urethral stricture ..	1 2 6
62.	Suprapubic cystostomy	2 12 6
63.	Nephrectomy—complete or partial	11 5 0
64.	Drainage of perinephric abscess	5 12 6
65.	Repair of ruptured urethra or bladder	9 7 6
<i>Division 4.—Gynaecological.</i>		
66.	Hysterectomy—	
	(1) Subtotal	7 10 0
	(2) Total	11 5 0
67.	Hysterectomy and plastic repair operations	11 5 0
68.	Repair of cystocele or rectocele not covered by item 70 in this Schedule	5 12 6
69.	Repair of cystocele and rectocele not covered by item 70 in this Schedule	7 10 0
70.	Colporrhaphy, Donald-Fothergill or Manchester operation (operation for genital prolapse)	9 7 6
71.	Amputation or repair of cervix not covered by item 70 in this Schedule	3 15 0
72.	Cauterization, ionization or diathermy of cervix	1 17 6
73.	Curetage with or without dilatation	1 17 6
74.	Dilatation of cervix not covered by item 73 in this Schedule ..	1 10 0
75.	Salpingectomy or salpingo-oophorectomy—	
	(1) Unilateral	5 12 6
	(2) Bilateral	7 10 0

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 3.—OPERATIONS—<i>continued.</i>		
		£ s. d.
76.	Oophorectomy, excision of ovarian, parovarian, fimbrial and broad ligament cysts, not covered by any other item or sub-item in this Schedule	6 7 6
77.	Removal of ectopic gestation	7 10 0
78.	Suspension or fixation of uterus, internal or external shortening of round ligaments	5 12 6
79.	Myomectomy	5 12 6
80.	Cotpotomy	1 17 6
81.	Suprapubic drainage of pelvic abscess	5 12 6
82.	Excision of Bartholin's cyst	1 17 6
83.	Gynaecological examination under anaesthesia	15 0
84.	Removal of simple tumour of perineum or vulva	1 17 6
85.	Incision of Bartholin's abscess	1 2 6
86.	Excision of vaginal cysts	1 17 6
87.	Excision of, or cautery to, urethral caruncle	1 17 6
<i>Division 5.—Ophthalmological.</i>		
88.	Extirpation of tarsal cyst	15 0
89.	Removal of foreign body from cornea or sclera	7 6
90.	Enucleation of eye	5 12 6
<i>Division 6.—Amputations and Disarticulations of Limbs.</i>		
91.	Amputation or disarticulation—	
	(1) Finger or fingers, thumb or thumbs—	
	(a) One finger or thumb	1 10 0
	(b) Each additional finger or thumb	7 6
	(2) Through metacarpals	3 15 0
	(3) Hand	5 12 6
	(4) Forearm	5 12 6
	(5) Through arm	5 12 6
	(6) At shoulder	9 7 6
	(7) Toe or toes—	
	(a) One toe (or great toe)	1 17 6
	(b) Each additional toe (or great toe)	7 6
	(8) Foot	7 10 0
	(9) Through leg	7 10 0
	(10) At knee	7 10 0
	(11) Through thigh	9 7 6
	(12) At hip	11 5 0
<i>Division 7.—Miscellaneous.</i>		
92.	Assisting at operation—In respect of not more than one medical practitioner (not being the anaesthetist) who assists at any operation or series or combination of operations performed on the same patient on the same occasion—	
	(1) Operation not exceeding one hour in duration	15 0
	(2) Operation exceeding one hour in duration—	
	(a) First hour	15 0
	(b) Each additional half-hour or part thereof	3 9
93.	Collection intravenously of blood specimen for pathological test	7 6
94.	Injection intravenously of saline and glucose	15 0
95.	Blood transfusion—	
	(1) Collection from donor and transfusion	2 5 0
	(2) Using pooled blood or blood already collected	1 10 0
96.	Collection of blood for purposes of transfusion	1 2 6

THE SCHEDULES—continued.

FIRST SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
PART 4.—MIDWIFERY.		
<i>£ s. d.</i>		
<i>Division 1.—General.</i>		
97.	Ante-natal care (excluding any service or services covered by item 101, 103, 104 or 105 in this Schedule)— (1) Where attendances do not exceed seven—each attendance (2) Where attendances exceed seven	6 0 2 2 0
98.	Confinement and post-natal care for nine days, excluding any service or services covered by item 102, 103, 106, 107 or 108 in this Schedule, where the medical practitioner has not given the ante-natal care	2 5 0
99.	Ante-natal care, confinement and post-natal care for nine days, excluding any service or services covered by items 101 to 108 (inclusive) in this Schedule	3 15 0
100.	Caesarean section	7 10 0
<i>Division 2.—Special Services.</i>		
101.	Toxaemia of pregnancy, eclampsia or ante-partum haemorrhage—each attendance	6 0
102.	Post-partum haemorrhage requiring special procedures such as packing	1 2 6
103.	Surgical induction of labour	1 2 6
104.	External version under anaesthesia	1 2 6
105.	Internal version under anaesthesia	1 2 6
106.	Repair of third degree tear	1 2 6
107.	Evacuation by manual removal of the products of conception such as retained foetus, placenta, membranes or mole	1 2 6
108.	Decapitation, craniotomy, cleidotomy or evisceration of foetus or any two or more of those services	5 12 6
PART 5.—INJECTIONS AND VACCINATIONS.		
109.	Local infiltration around nerve or in muscle with Novocaine or similar preparation—each attendance at which one or more injections are given	7 6
110.	Injection of varicose veins or haemorrhoids—each attendance at which one or more injections are given	7 6
111.	Injections not covered by any other other item or sub-item in this Schedule (including hypodermic, intramuscular or intravenous injections of morphine, atropine, vaccines, penicillin or vitamin products)—each attendance	6 0
112.	Immunization against diphtheria, whooping cough or tetanus—each attendance	6 0
113.	Inoculation (prophylactic) against cholera, typhoid fever, paratyphoid fever (T.A.B. inoculation), plague or typhus—each attendance	6 0
114.	Vaccination against smallpox—each attendance	6 0

THE SCHEDULES—continued.

FIRST SCHEDULE—continued.

Item No.	Professional Service.	Commonwealth Benefit.
PART 6.—TREATMENT OF DISLOCATIONS.		
£ s. d.		
<i>Division 1.—Not Requiring Open Operation.</i>		
115.	Treatment of dislocation of—	
	(1) Mandible—	
	(a) First or second dislocation	15 0
	(b) Third or subsequent dislocation	7 6
	(2) Clavicle	2 5 0
	(3) Shoulder—	
	(a) First or second dislocation	1 17 6
	(b) Third or subsequent dislocation—	
	(i) Requiring anaesthesia	1 17 6
	(ii) Not requiring anaesthesia	15 0
	(4) Elbow	2 5 0
	(5) Carpal bone	1 10 0
	(6) Carpus on radius and ulna	3 15 0
	(7) Finger	15 0
	(8) Metacarpo-phalangeal joint of thumb	1 17 6
	(9) Hip	5 12 6
	(10) Knee	4 10 0
	(11) Patella	1 10 0
	(12) Ankle	2 12 6
	(13) Toe	15 0
	(14) Tarsus or tarsal bone	1 17 6
<i>Division 2.—Requiring Open Operation.</i>		
116.	Treatment of a dislocation referred to in item 115 in this Schedule, or in item 701 in the Second Schedule to this Act, which requires an open operation—the amount specified in the relevant item for the treatment of that dislocation if an open operation had not been required, plus one-half of that amount.	
	Professional Service.	Commonwealth Benefit.

PART 7.—TREATMENT OF FRACTURES.

£ s. d.

Division 1.—Simple and Uncomplicated Fractures not requiring Open Operation and not involving Treatment of a Joint or Joints.

117.	Treatment of fracture of—	
	(1) Terminal phalanx of—	
	(a) Finger or thumb	15 0
	(b) More than one finger, or of thumb and one or more fingers	1 2 6
	(2) Proximal phalanx of—	
	(a) Finger or thumb	1 17 6
	(b) More than one finger or of thumb and one or more fingers	2 12 6

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 7.—TREATMENT OF FRACTURES— <i>continued.</i>		
		£ s. d.
(3)	Middle phalanx of—	
	(a) Finger	1 2 6
	(b) More than one finger	1 17 6
(4)	One or more metacarpals not involving base of first carpo-metacarpal joint	1 17 6
(5)	One or more metacarpals including the base of the first metacarpal and involving the first carpo-metacarpal joint (Bennett's fracture)	2 12 6
(6)	Carpal bone (excluding navicular)	1 10 0
(7)	Navicular or carpal scaphoid	3 15 0
(8)	Radius	2 5 0
(9)	Ulna	1 17 6
(10)	Both shafts of forearm	4 10 0
(11)	Wrist—	
	(a) Colles's fracture	2 12 6
	(b) Distal end of radius	2 12 6
	(c) Distal end of ulna	2 12 6
(12)	Humerus	4 10 0
(13)	Clavicle	1 17 6
(14)	Scapula	2 12 6
(15)	Sternum	1 17 6
(16)	One or more ribs	1 10 0
(17)	Maxilla	3 15 0
(18)	Mandible	4 10 0
(19)	Zygoma	1 17 6
(20)	Pelvis (excluding symphysis pubis)	4 10 0
(21)	Symphysis pubis	3 15 0
(22)	Femur	7 10 0
(23)	Patella	1 17 6
(24)	Tibia	3 15 0
(25)	Fibula	1 17 6
(26)	Both shafts of leg	5 12 6
(27)	Ankle (Pott's fracture) with or without dislocation of ankle	5 12 6
(28)	Tarsal bone (excepting os calcis or os talus)	1 17 6
(29)	Os calcis (calcaneus)	3 15 0
(30)	Os talus	3 15 0
(31)	One or more metatarsals	1 17 6
(32)	Phalanx of toe (other than of great toe)	15 0
(33)	More than one phalanx of toe (other than of great toe)	1 2 6
(34)	Distal phalanx of great toe	1 2 6
(35)	Proximal phalanx of great toe	1 10 0
(36)	Skull	3 15 0

THE SCHEDULES—*continued.*FIRST SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 7.—TREATMENT OF FRACTURES— <i>continued.</i>		
		£ s. d.
(37)	Nasal bones—	
	(a) Not requiring reduction	15 0
	(b) Requiring reduction	1 17 6
(38)	Spine—	
	(a) Transverse process or bone other than vertebral body, not requiring immobilization in plaster	1 17 6
	(b) Transverse process or bone other than vertebral body, requiring immobilization in plaster	4 10 0
	(c) Fracture of vertebral bodies—	
	(i) Without involvement of cord	7 10 0
	(ii) With involvement of cord	11 5 0

Division 2.—Treatment of Simple and Uncomplicated Fractures requiring Open Operation.

118. Treatment of a simple and uncomplicated fracture of a part referred to in item 117 in this Schedule requiring an open operation but not involving a joint or joints—the amount specified for the treatment of that fracture in that item if an open operation and treatment involving a joint or joints had not been required, plus one-third of that amount or an amount of Eleven pounds five shillings, whichever is the less.

Division 3.—Treatment of Simple Fractures involving Joints and requiring Open Operation.

119. Treatment of a simple fracture of a part referred to in item 117 in this Schedule involving a joint or joints and requiring an open operation—the amount specified for the treatment of that fracture in that item if an open operation and treatment involving a joint or joints had not been required, plus one-third of that amount or an amount of Eleven pounds five shillings, whichever is the less.

Division 4.—Treatment of Compound Fractures requiring Open Operation.

120. Treatment of a compound fracture of a part referred to in item 117 in this Schedule requiring an open operation—the amount specified in that item for the treatment of that fracture if the fracture was a simple and uncomplicated one and did not require an open operation and did not involve treatment of a joint or joints, plus one-half of that amount or an amount of Eleven pounds five shillings, whichever is the less.

Division 5.—Treatment of Complicated Fractures involving Viscera, Blood Vessels or Nerves and requiring Open Operation.

121. Treatment of a complicated fracture of a part referred to in item 117 in this Schedule involving viscera, blood vessels or nerves and requiring an open operation—the amount specified in that item for the treatment of that fracture if the fracture had been simple and uncomplicated, had not required an open operation and had not involved a joint or joints, plus three-quarters of that amount or an amount of Eleven pounds five shillings, whichever is the less.

THE SCHEDULES—*continued.*

SECOND SCHEDULE.

Section 15.

COMMONWEALTH BENEFITS FOR ADDITIONAL PROFESSIONAL SERVICES.

Item No.	Professional Service.	Commonwealth Benefit.
PART I.—PATHOLOGICAL SERVICES.		
<i>Division 1.—Blood.</i>		
		£ s. d.
201.	Pathological services in relation to blood, namely :—	
	(1) Examination of blood film	6 0
	(2) Red cell count	6 0
	(3) Red cell count and estimation of haemoglobin	7 6
	(4) White cell count	6 0
	(5) White cell count and differential leucocyte count	7 6
	(6) Red cell count, white cell count, estimation of haemoglobin and examination of blood film	6 0
	(7) Platelet count	6 0
	(8) Reticulocyte count	6 0
	(9) Haemoglobin estimation (when patient referred by another medical practitioner)	6 0
	(10) Estimation of coagulation time	6 0
	(11) Estimation of prothrombin time	6 0
	(12) Estimation of bleeding time	6 0
	(13) Blood sedimentation rate	6 0
	(14) Determination of fragility of red blood cells	6 0
	(15) Haematocrit estimations	7 6
	(16) Estimation of mean diameter of red blood cells	15 0
	(17) Blood grouping, namely :—	
	(a) A.B.O.	6 0
	(b) A.B.O. and compatibility test	7 6
	(c) A.B.O. and either M.N. or Rh typing	15 0
	(18) Examination of serum for Anti-Rh or other blood group antibodies	15 0
	(19) Coombs' test	7 6
	(20) Determination and titration of cold agglutinins in blood	7 6
	(21) Examination of blood for malarial, filarial and other parasites	7 6
	(22) Paul-Bunnell reaction	7 6
	(23) Paul-Bunnell reaction with white cell count and differential white cell count	15 0
	(24) Blood culture	15 0
	(25) Blood sugar estimation—initial or repeated	7 6
	(26) Glucose tolerance test	15 0
	(27) Estimation of urea, chloride, creatinine, cholesterol, phosphatase and similar blood chemistry—	
	(a) One item	15 0
	(b) Two items	1 10 0
	(c) Three or more items	2 5 0
	(28) Estimation of total protein (by gravimetric methods)	6 0
	(29) Estimation of lead (quantitative analysis)	15 0
	(30) Examination of specimen obtained by sternal puncture or biopsy	15 0
	(31) Van den Bergh reaction—	
	(a) Qualitative	7 6
	(b) Quantitative	15 0
	(32) Spectroscopic tests for blood and blood derivatives	15 0
	(33) Estimation of alcohol in blood	15 0
	(34) Carbon dioxide combining power	15 0

THE SCHEDULES—*continued.*
SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART I.—PATHOLOGICAL SERVICES— <i>continued.</i>		£ s. d.
<i>Division 2.—Urine.</i>		
202.	Pathological services in relation to urine, namely:—	
	(1) Microscopical and cultural examination for micro-organisms—	
	(a) Not including animal inoculation	7 6
	(b) Including animal inoculation	15 0
	(2) Microscopical examination of centrifugalized deposit (when patient referred by another medical practitioner)	6 0
	(3) Quantitative chemical estimation of sugar, albumin, urea, phosphates and similar urine chemistry—	
	(a) One item	15 0
	(b) Two items	1 10 0
	(c) Three or more items	2 5 0
	(4) Estimation of 17 keto-steroids	15 0
	(5) Estimation of hippuric acid	15 0
	(6) Estimation of lead (quantitative analysis)	15 0
	(7) General examination for reaction, specific gravity, blood, albumin and sugar, with microscopical examination of centrifugalized deposit with or without qualitative tests for urobilin, acetone or indican (when patient referred by another medical practitioner)	7 6
	(8) Urea concentration test	15 0
	(9) Urea clearance test	15 0
	(10) Assay of ascorbic acid excretion	15 0
<i>Division 3.—Pus, Exudations and other Morbid Fluids.</i>		
203.	Pathological services in relation to pus, exudations and other morbid fluids, namely:—	
	(1) Microscopical examination of smear for cellular content and micro-organisms	6 0
	(2) Cultural examination for and identification of aerobic micro-organisms	7 6
	(3) Cultural examination for and identification of <i>Cl. tetani</i> and other anaerobes	15 0
	(4) Microscopical examination of vaginal and cervical discharge	6 0
	(5) Microscopical and cultural examination of vaginal discharge	7 6
	(6) Serological typing of streptococci including <i>Str. pneumoniae</i>	15 0
	(7) Serological grouping (Lancefield) of streptococci	15 0
	(8) Examination of vaginal discharge for <i>T. vaginalis</i>	6 0
	(9) Microscopical and cultural examination and animal inoculation in connexion with the pathological examination of pus, exudations and other morbid fluids	15 0
<i>Division 4.—Serological Tests.</i>		
204.	Agglutination test, including agglutination tests for enteric fever and Brucella infection	7 6
205.	Complement fixation test for syphilis (qualitative or quantitative)	7 6
206.	Complement fixation test for gonorrhoea	7 6
207.	Complement fixation test for hydatid	7 6
208.	Flocculation tests for syphilis, including Kline, Kahn, Eagle and similar tests—each test	6 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART I.—PATHOLOGICAL SERVICES—<i>continued.</i>		
<i>Division 5.—Faeces.</i>		
209.	Pathological services in relation to faeces, namely :—	£ s. d.
	(1) Cultural examination for <i>S. typhi</i> , dysentery bacilli and other intestinal pathogens—	
	(a) Without full fermentation reaction, serological or other investigation for purpose of identification	7 6
	(b) With full fermentation reaction, serological and other investigation for purpose of identification	15 0
	(2) Chemical examination, including chemical examination for occult blood and urobilin	6 0
	(3) General microscopical examination for <i>M. tuberculosis</i> including microscopical and cultural examinations—	
	(a) Without animal inoculation	7 6
	(b) With animal inoculation	15 0
	(4) Microscopical examination for—	
	(a) Pus cells	6 0
	(b) Helminthic infestation, worms and ova (all or any of them)	7 6
	(c) Amoebae, flagellates, vegetative forms and cysts (all or any of them)	7 6
	(5) Estimation of lead	15 0
	(6) Estimation of fat	7 6
<i>Division 6.—Skin Sensitivity Tests.</i>		
210.	Skin sensitivity tests (not being mass or group tests), namely :—	
	(1) Skin sensitivity tests for allergens, including skin sensitivity tests for hay fever, asthma and other allergic conditions—	
	(a) Scratch tests—	
	(i) Less than four reagents	6 0
	(ii) Four or more reagents	15 0
	(b) Intradermal tests—	
	(i) Less than four injections	6 0
	(ii) Four or more injections	15 0
	(2) Casoni reaction for hydatid infestation	6 0
	(3) Mantoux test	6 0
	(4) Von Pirquet reaction	6 0
	(5) Vollmer patch test	6 0
	(6) Frei antigen test	6 0
	(7) Schick test	6 0
<i>Division 7.—Autogenous Vaccines.</i>		
211.	Preparation of autogenous vaccines	15 0
<i>Division 8.—Milk.</i>		
212.	Chemical analysis of human milk	15 0
<i>Division 9.—Examinations for Special Pathogens.</i>		
213.	Examination for actinomyces—	
	(1) Microscopical examination	6 0
	(2) Microscopical examination with culture aerobic and anaerobic—	
	(a) Without animal inoculation	15 0
	(b) With animal inoculation	1 2 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART I.—PATHOLOGICAL SERVICES—<i>continued.</i>		
		£ s. d.
214.	Examination for anthrax bacilli—	
	(1) Microscopical examination	6 0
	(2) Microscopical examination with cultural examination	15 0
	(3) Microscopical examination with cultural examination and animal inoculation	1 2 6
215.	Examination for diphtheria bacilli—	
	(1) Microscopical examination of smear	6 0
	(2) Microscopical examination, cultural examination and biochemical reactions	7 6
	(3) Microscopical examination, cultural examination, biochemical reactions and virulence tests	15 0
	(4) Microscopical examination, cultural examination, biochemical reactions, virulence tests and typing of strains	1 2 6
216.	Dark ground examination for <i>T. pallidum</i>	6 0
<i>Division 10.—Calculi, Faecal Concretions and Gallstones.</i>		
217.	Qualitative examination of calculi, faecal concretions or gallstones	6 0
<i>Division 11.—Gastric Contents and Examination of Vomitus.</i>		
218.	Pathological services in relation to gastric contents and vomitus, namely:—	
	(1) General chemical and microscopical examination	7 6
	(2) Fractional test meal	15 0
	(3) Microscopical and cultural examination for <i>M. tuberculosis</i> —	
	(a) Without animal inoculation	7 6
	(b) With animal inoculation	15 0
	(4) Chemical examination for metallic poisons—	
	(a) Qualitative	7 6
	(b) Quantitative	15 0
<i>Division 12.—Hair and Skin.</i>		
219.	Pathological services in relation to hair and skin, namely:—	
	(1) Microscopical examination including examination for parasitic fungi	6 0
	(2) Microscopical examination with culture	7 6
	(3) Microscopical examination with culture and animal inoculation	15 0
<i>Division 13.—Cerebro-spinal Fluid.</i>		
220.	Pathological services in relation to cerebro-spinal fluid, namely:—	
	(1) Cytological examination	6 0
	(2) Chemical examination	7 6
	(3) Cytological and chemical examination	15 0
	(4) Cytological examination, chemical examination and bacteriological examination, including culture—	
	(a) Without animal inoculation	1 2 6
	(b) With animal inoculation	1 10 0
	(5) Lange colloidal gold reaction	15 0
	(6) Wassermann reaction	7 6
	(7) Flocculation tests for syphilis, including Kline, Kahn, Eagle and similar tests—each test	6 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 1.—PATHOLOGICAL SERVICES—<i>continued.</i>		
<i>£ s. d.</i>		
<i>Division 14.—Sputum.</i>		
221.	Pathological services in relation to sputum, namely general microscopical examination, including examination for <i>M. tuberculosis</i> , other micro-organisms and evidence of parasitic infestation—	
	(1) Without cultural examination and without animal inoculation	6 0
	(2) With cultural examination, but without animal inoculation	7 6
	(3) With cultural examination and animal inoculation	15 0
<i>Division 15.—Morbid Anatomy.</i>		
222.	Pathological services in relation to morbid anatomy, namely:—	
	(1) Histo-pathological examination of biopsy specimens—each specimen	15 0
	(2) Histo-pathological examination of biopsy specimens by immediate frozen section—each section	15 0
	(3) Cytological examination, including examination of pleural fluid, peritoneal fluid, bronchial or cervical exudates or urine, for cancer cells.	15 0
<i>Division 16.—Miscellaneous Tests.</i>		
223.	Estimation of basal metabolic rate	15 0
224.	Pregnancy tests, using—	
	(1) Rabbits, mice or rats	15 0
	(2) Toads	7 6
225.	Appraisal of semen	7 6
<i>Division 17.—Investigation of Antibiotics and Chemotherapeutic Agents.</i>		
226.	Sensitivity tests of micro-organisms to antibiotics and chemotherapeutic agents	15 0
227.	Assay of concentration of antibiotics and chemotherapeutic agents in body fluids	15 0
<i>Division 18.—Liver Function Tests.</i>		
228.	Liver function tests, namely:—	
	(1) Alkaline phosphatase test	15 0
	(2) Serum colloidal gold test.	15 0
	(3) Thymol turbidity test	15 0
	(4) Hippuric acid excretion	15 0
	(5) Sugar tolerance curves	15 0
PART 2.—RADIOLOGICAL SERVICES.		
<i>Division 1.—Extremities.</i>		
301.	Radiographic examination and report, namely:—	
	(1) Digits or phalanges—all or any of either hand or either foot	7 6
	(2) Hand, wrist, forearm, elbow or arm (elbow to shoulder)	7 6
	(3) Hand, wrist and lower forearm; upper forearm and elbow; or elbow and arm (elbow to shoulder)	7 6
	(4) Foot, ankle, lower leg, upper leg, knee or thigh	7 6
	(5) Foot, ankle and lower leg; or upper leg and knee	7 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
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PART 2.—RADIOLOGICAL SERVICES—*continued.*

£ s. d.

Division 2.—Shoulder and Hip Joints.

302.	Radiographic examination and report, namely :—	
	(1) Shoulder region including clavicle and scapula ..	15 0
	(2) Hip joint, single	15 0
	(3) Pelvic girdle	15 0

Division 3.—Head.

303.	Radiographic examination and report, namely :—	
	(1) Skull	15 0
	(2) Sinuses	15 0
	(3) Mastoids	15 0
	(4) Maxilla and orbit or either of them	15 0
	(5) Mandible, malar bones or salivary calculus	15 0
	(6) Nose	15 0

Division 4.—Spine.

304.	Radiographic examination of spine and report, namely :—	
	(1) One region, namely :—	
	(a) Cervical	15 0
	(b) Dorsal	15 0
	(c) Lumbar	15 0
	(d) Sacral and coccygeal	15 0
	(2) Any two regions of the regions specified in sub-item (1) of this item	1 10 0
	(3) Any three or more regions of the regions specified in sub-item (1) of this item	1 17 6

Division 5.—Thorax.

305.	Radiographic examination of thorax and report, namely :—	
	(1) Chest—	
	(a) Lung fields (by direct radiography) ..	15 0
	(b) Lung fields (by direct radiography) with fluoroscopic screening	1 0 0
	(c) By miniature radiography	6 0
	(2) Orthodiagraphy	15 0
	(3) Teleroentgenogram with cardiac measurements	15 0
	(4) Cardiac examination (including barium swallow)	1 10 0
	(5) Heart measurements and kymography fee	1 10 0
	(6) One or more ribs	15 0
	(7) Sternum	15 0

Division 6.—Urinary Tract.

306.	Radiographic examination of urinary tract and report, namely :—	
	(1) Plain renal	15 0
	(2) Intravenous pyelography	1 17 6
	(3) Retrograde pyelography—examination and report only	1 2 6
	(4) Cystography	1 17 6
	(5) Urethrography or vesiculography	1 17 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 2.—RADIOLOGICAL SERVICES—<i>continued.</i>		
£ s. d.		
<i>Division 7.—Alimentary Tract and Biliary System.</i>		
307.	Radiographic examination of alimentary tract and biliary system (with or without fluoroscopy) and report, namely :—	
	(1) Oesophagus (with or without examination for foreign body or barium swallow)	15 0
	(2) Stomach and duodenum with or without screening of chest	1 10 0
	(3) Plain abdominal	15 0
	(4) Full barium or other opaque meal with or without screening of chest	1 17 6
	(5) Opaque enema	1 10 0
	(6) Graham's test (cholecystography)	1 10 0
	(7) Graham's test and barium or other opaque meal	2 5 0
	(8) Cholangiography	1 10 0
	(9) Barium or other opaque meal, stomach, duodenum and proximal colon plus colon by enema (including follow through)	2 5 0
<i>Division 8.—Localization of Foreign Bodies.</i>		
308.	Radiographic examination and report, namely :—	
	(1) Foreign body in eye (special method, Sweet's or other)	15 0
	(2) Foreign body elsewhere than in eye—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus	7 6
<i>Division 9.—Examination of Breasts.</i>		
309.	Radiographic examination of breast or breasts and report	1 2 6
<i>Division 10.—Opaque or Contrast Media.</i>		
310.	Radiographic examination and report with opaque or contrast media (not including any service covered by item 468 or 489 in this Schedule), namely :—	
	(1) Myelography, encephalography, cerebral angiography or ventriculography	1 10 0
	(2) Uterine lipiodol (hysterosalpingography)—examination and report only	1 2 6
	(3) Bronchography—	
	(a) If injection is given by radiologist	2 5 0
	(b) If injection is not given by radiologist	1 2 6
	(4) Sialography	1 2 6
	(5) Arteriography—examination and report only	1 2 6
	(6) Sinuses and fistulae—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus	6 0
<i>Division 11.—Tomography.</i>		
311.	Tomography of any part	15 0
<i>Division 12.—Pregnancy.</i>		
312.	Radiographic examination and report, namely :—	
	(1) Pregnant uterus	15 0
	(2) Pelvimetry (pelvic measurements)	1 17 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
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PART 2.—RADIOLOGICAL SERVICES—*continued.*

£ s. d.

Division 13.—Stereoscopic Examinations.

313. Stereoscopic examination—the amount of Commonwealth benefit payable for the radiographic examination of the area, plus .. 6 0

Division 14.—Fluoroscopic Examinations.

314. Fluoroscopic examination and report not covered by any other item or sub-item in this Schedule (where radiograph is not taken)—
- (1) With general anaesthesia 15 0
- (2) Without general anaesthesia 7 6

Division 15.—Radiography.

315. Radiographic examination and report, namely:—
- (1) Eye 7 6
- (2) Larynx 15 0
- (3) Smith-Peterson Pin 1 17 6

Division 16.—Radiotherapy.

316. Radiotherapy (including treatment by means of X-rays, radium rays and other radio-active substances) not covered by any other item or sub-item in this Schedule—each attendance at which treatment is given 15 0
317. Implantation of radon or radium for carcinoma of—
- (1) Lip 2 5 0
- (2) Mouth or tongue or both 3 15 0
- (3) Bladder 2 5 0
- (4) Regions not otherwise specified in this Schedule or the First Schedule to this Act 2 5 0
318. Radium moulds for—
- (1) Alveolus—palate or antrum 4 10 0
- (2) Scar following radical mastectomy 2 5 0
- (3) Hand or other skin area 2 5 0

PART 3.—MISCELLANEOUS PROCEDURES.

331. Electrocardiograph 15 0
332. Electroencephalogram 15 0
333. Electroconvulsive therapy—each attendance at which treatment is given 15 0
334. Electromyography 15 0
335. Audiogram (as a separate procedure) 15 0
336. Test of ear, or tests of ears on the same occasion, for integrity of static labyrinth 1 2 6

THE SCHEDULES—*continued.*
SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 4.—ANAESTHETICS.		
		<i>£ s. d.</i>
351.	Administration, whether by one or more than one medical practitioner, of nitrous oxide, cyclopropane or other gaseous anaesthetics (not covered by any other item or sub-item in this Schedule), including pre-medication and pre-operative examination in preparation for anaesthesia, in connexion with a professional service or a series or combination of professional services—	
	(1) For which the Commonwealth benefit payable does not exceed £3	1 2 6
	(2) For which the Commonwealth benefit payable exceeds £3 but does not exceed £7	1 10 0
	(3) For which the Commonwealth benefit payable exceeds £7 but does not exceed £11 5s.	1 17 6
352.	Administration by a medical practitioner of an anaesthetic, including pre-medication and pre-operative examination in preparation for anaesthesia, in connexion with a dental operation	15 0
PART 5.—OPERATIONS.		
<i>Division 1.—Ear, Nose and Throat.</i>		
401.	Removal of—	
	(1) Aural polypus	1 17 6
	(2) Nasal polypus or polypi—	
	(a) Simple	1 2 6
	(b) Requiring hospitalization	2 5 0
402.	Radical maxillary antrostomy—	
	(1) Single	7 10 0
	(2) Single plus transantral ethmoid	9 7 6
	(3) Double	9 7 6
	(4) Double plus transantral ethmoid	11 5 0
403.	Intranasal operation on antrum	4 10 0
404.	Operation on frontal sinus, namely :—	
	(1) External	11 5 0
	(2) Intranasal	4 10 0
405.	Operation on ethmoid sinuses, namely :—	
	(1) External	11 5 0
	(2) Intranasal	4 10 0
406.	Mastoidectomy—radical or modified radical	11 5 0
407.	Resection of nasal septum	7 10 0
408.	Cauterization of septum turbinates or pharynx or both	15 0
409.	Turbinectomy	1 2 6
410.	Plastic operation to nose—	
	(1) Rib graft	7 10 0
	(2) Soft tissue operation with or without cosmetic restoration	7 10 0
411.	Laryngo-fissure	9 7 6
412.	Total laryngectomy	11 5 0
413.	Direct examination of larynx—	
	(1) Without biopsy	1 2 6
	(2) With biopsy	2 5 0
414.	Operation for fractured larynx	4 10 0
415.	Removal of pharyngeal pouch	11 5 0
416.	Lateral pharyngotomy	4 10 0
417.	Labyrinthotomy	11 5 0
418.	Destruction of labyrinth	11 5 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
419.	Removal of foreign body in—	
	(1) Bronchus	7 10 0
	(2) Oesophagus	7 10 0
	(3) Nose (otherwise than by simple probing)	1 17 6
	(4) Ear (otherwise than by simple syringing)	1 17 6
420.	Oesophagoscopy—	
	(1) Without biopsy	3 15 0
	(2) With biopsy	5 12 6
421.	Bronchoscopy—	
	(1) Without biopsy	4 10 0
	(2) With biopsy	6 7 6
422.	Insertion of Scuttar's tubes and dilatation of cicatricial or malignant strictures (and similar procedures) of oesophagus or bronchi not covered by any other item or sub-item in this Schedule	7 10 0
423.	Fenestration operation—each ear	11 5 0
<i>Division 2.—Ophthalmological.</i>		
424.	Cataract extraction (including initial and subsequent needlings)	11 5 0
425.	Needling of cataract and subsequent linear extraction not covered by any other item or sub-item in this Schedule—each stage	2 12 6
426.	Needling of secondary cataract not covered by any other item or sub-item in this Schedule—each stage	2 12 6
427.	Paracentesis in relation to eye	2 12 6
428.	Filtering and allied operations for glaucoma	11 5 0
429.	Iridectomy—	
	(1) For glaucoma	9 7 6
	(2) Otherwise than for glaucoma	7 10 0
430.	Iridotomy	7 10 0
431.	Removal of pterygium—	
	(1) Monocular	2 12 6
	(2) Binocular	3 15 0
432.	Excision of tarsal cartilage	4 10 0
433.	Crushing operation for trachoma	2 12 6
434.	Operation for detached retina	11 5 0
435.	Keratoplasty	11 5 0
436.	Excision of lachrymal sac or operation designed to restore drainage into the nose	7 10 0
437.	Canthoplasty, suturing lids and similar operations	3 15 0
438.	Removal of intra-ocular foreign bodies	11 5 0
439.	Exenteration of orbit	11 5 0
440.	Evisceration of globe	7 10 0
441.	Enucleation of eye and insertion of ball	7 10 0
442.	Operation for squint	7 10 0
443.	Cyclo-diathermy	4 10 0
444.	Operation for trichiasis	4 10 0
445.	Operation for entropion or ectropion (other than plastic restoration covered by item 446 in this Schedule)	2 12 6
446.	Plastic operation for—	
	(1) Reconstruction of lid or socket	7 10 0
	(2) Repair of perforating wound of globe	7 10 0
447.	Probing congenital ophthalmological obstruction	1 2 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
<i>PART 5.—OPERATIONS—continued.</i>		
<i>Division 3.—Thorax.</i>		
		£ s. d.
448.	Thoracotomy—	
	(1) Without pneumolysis	2 5 0
	(2) With pneumolysis	7 10 0
449.	Thoracoplasty—	
	(1) Complete	11 5 0
	(2) In stages—each stage	7 10 0
450.	Thoracoscopy	2 5 0
451.	Phrenic avulsion or crush	2 12 6
452.	Removal of hydatid cysts of lungs	11 5 0
453.	Drainage of pericardium	9 7 6
454.	Lobectomy	11 5 0
455.	Pneumonectomy	11 5 0
456.	Oesophagectomy	11 5 0
457.	Operation for atresia of oesophagus	11 5 0
458.	Radium to oesophagus or other thoracic viscera	4 10 0
459.	Oesophagoscopy	3 15 0
460.	Artificial pneumothorax—	
	(1) Induction	1 2 6
	(2) Each filling subsequent to induction	7 6
461.	Intra-thoracic operation on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item or sub-item in this Schedule	11 5 0
<i>Division 4.—Urological.</i>		
462.	Biopsy or removal of adrenal gland	11 5 0
463.	Operations on kidney and ureter, namely:—	
	(1) Nephrolithotomy	9 7 6
	(2) Pyelolithotomy	9 7 6
	(3) Nephrostomy	7 10 0
	(4) Nephropexy	7 10 0
	(5) Plastic procedures to pelvi-ureteric junction	11 5 0
	(6) Ureterolithotomy	9 7 6
	(7) Repair of divided ureter	11 5 0
	(8) Ureteric transplantation (skin, bowel or bladder)	11 5 0
	(9) Drainage of pyonephrosis	7 10 0
464.	Operation on the prostate, namely:—	
	(1) Prostatectomy—	
	(a) Suprapubic	11 5 0
	(b) Perineal	11 5 0
	(c) Retropubic	11 5 0
	(d) Transurethral	7 10 0
	(2) Transurethral resection of median bar	6 7 6
	(3) Total excision of prostate	11 5 0
	(4) Radon or radium implantation	4 10 0
	(5) Biopsy of prostate (perineal or transurethral)	4 10 0
465.	Operation on the bladder, namely:—	
	(1) Closed—	
	(a) Cystoscopy	2 12 6
	(b) Cystoscopy with retrograde pyelography	3 15 0
	(c) Cystoscopic removal of foreign body	4 10 0
	(d) Biopsy of bladder tumours	5 12 6
	(e) Diathermy of bladder tumours	5 12 6
	(f) Diathermy of ureteric orifices	5 12 6
	(g) Litholapaxy	6 7 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
	(2) Open—	
	(a) Excision of bladder (partial)	11 5 0
	(b) Excision of bladder with ureteric trans- plantation	11 5 0
	(c) Ureteric transplantation (skin, bowel or bladder)	11 5 0
	(d) Bladder neck resection	7 10 0
	(e) Suprapubic diathermy of bladder neoplasms (simple or malignant)	5 12 6
	(f) Suprapubic insertion of radon	5 12 6
	(g) Excision or obliteration of diverticulum	9 7 6
	(h) Plastic repair of bladder (congenital or acquired)	11 5 0
466.	Operation on testes, vasa or seminal vesicles, namely :—	
	(1) Orchidectomy—	
	(a) With excision of glands	11 5 0
	(b) With excision of vas and seminal vesicles	11 5 0
	(2) Vasectomy—	
	(a) Simple	3 15 0
	(b) Radical	9 7 6
	(3) Vasotomy (bilateral)	3 15 0
	(4) Testicular biopsy	2 12 6
	(5) Excision of spermatoceole	2 12 6
467.	Operations on penis, urethra and scrotum, namely :—	
	(1) Urethrotomy—	
	(a) External	9 7 6
	(b) Internal	6 7 6
	(2) Excision of stricture	9 7 6
	(3) Amputation of penis—	
	(a) Partial or complete	5 12 6
	(b) With excision of glands	11 5 0
	(4) Partial excision of scrotum	5 12 6
<i>Division 5.—Neuro-surgical.</i>		
468.	Preparation (including injection of opaque or contrast media or the removal of ventricular or cerebro spinal fluid and its replacement by air, oxygen or other contrast media) for—	
	(1) Myelography	1 10 0
	(2) Encephalography	2 5 0
	(3) Cerebral angiography	3 15 0
	(4) Ventriculography	3 15 0
469.	Plastic repairs to scalp—each stage	2 5 0
470.	Operation for fractured skull, namely :—	
	(1) Operation for depressed fracture or fractures of skull	5 12 6
	(2) Operation for complicated fracture or fractures of skull	11 5 0
471.	Operation for intracranial haemorrhage, namely :—	
	(1) Chronic subdural haematoma	11 5 0
	(2) Middle meningeal haemorrhage	11 5 0
	(3) Operation for aneurysm	11 5 0
472.	Operation for tumour, namely :—	
	(1) Exploratory craniotomy	11 5 0
	(2) Craniotomy and tumour removal	11 5 0
473.	Transfrontal orbitotomy for tumours or other lesions	11 5 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS— <i>continued.</i>		
		£ s. d.
474.	Operation for intracranial infection, namely :—	
	(1) Drainage	11 5 0
	(2) Excision of abscess	11 5 0
475.	Frontal lobotomy for psychiatric causes	11 5 0
476.	Laminectomy for cordotomy, removal of tumours or of inter-vertebral disc	11 5 0
477.	Intracranial neurectomy	11 5 0
<i>Division 6.—Gynaecological.</i>		
478.	Hysterectomy and partial bilateral salpingectomy	11 5 0
479.	Hysterectomy and dissection of pelvic glands	11 5 0
480.	Vaginal hysterectomy (with or without perineal repair)	11 5 0
481.	Excision of pelvic lymph glands (pelvic lymphadenectomy)	11 5 0
482.	Vulvectomy—	
	(1) Simple	7 10 0
	(2) Radical	11 5 0
483.	Presacral neurectomy	9 7 6
484.	Repair of fistula between genital and urinary tracts	9 7 6
485.	Artificial vagina and operations for gynastresia	11 5 0
486.	Cure of urethrocoele	3 15 0
487.	Application of radium for carcinoma of cervix or corpus uteri	2 5 0
488.	Salpingostomy or salpingolysis, or salpingostomy and salpingolysis	4 10 0
489.	Injection of opaque media for hysterosalpingography	1 10 0
<i>Division 7.—Obstetric Operations and Midwifery.</i>		
490.	Caesarean section and partial bilateral salpingectomy	11 5 0
491.	Caesarean section and hysterectomy	11 5 0
492.	Caesarean section and myomectomy	11 5 0
<i>Division 8.—Orthopaedic.</i>		
493.	Osteosynthesis by Smith-Petersen Nail	11 5 0
494.	Arthrodesis, namely :—	
	(1) Finger or single small joint	3 15 0
	(2) Two small joints	5 12 6
	(3) More than two small joints	7 10 0
	(4) Single large joint (other than those specified in any other sub-item of this item)	9 7 6
	(5) Two or more large joints	11 5 0
	(6) Hip	11 5 0
	(7) Spine	11 5 0
	(8) Sacro-iliac	11 5 0
495.	Osteotomy, namely :—	
	(1) Phalanx, metacarpal or metatarsal	3 15 0
	(2) Fibula, radius, ulna, clavicle, rib, tarsus or carpus	6 7 6
	(3) Tibia, humerus or femur	7 10 0
496.	Radical cure of talipes	9 7 6
497.	Correction of hallux valgus—	
	(1) One toe	6 7 6
	(2) Two toes	9 7 6
498.	Correction of hammer toes—	
	(1) One toe	3 15 0
	(2) Two or more toes	6 7 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
499.	Bone graft—	
	(1) To spine	9 7 6
	(2) Not covered by any other item or sub-item in this Schedule or the First Schedule to this Act ..	7 10 0
500.	Tenotomy as applied to orthopaedic surgery	2 5 0
501.	Tendon transplantation (orthopaedic)	6 7 6
502.	Nerve surgery, namely:—	
	(1) Primary suture—cutaneous nerve	1 2 6
	(2) Anterior transposition of ulna nerve	4 10 0
	(3) Removal of tumour from peripheral nerve	3 15 0
	(4) Nerve graft	11 5 0
	(5) Radical removal as in tic douloureux	11 5 0
	(6) Injection of ganglion with alcohol or similar substance for tic douloureux	7 10 0
	(7) Sympathectomy—	
	(a) Cervical	11 5 0
	(b) Lumbar	11 5 0
	(c) Sacral	11 5 0
	(d) Injection of sympathetic trunk	2 5 0
503.	Excision of plantar wart	1 2 6
504.	Removal of calcanean spurs	4 10 0
505.	Operation for cure of—	
	(1) Ingrowing toenail	1 17 6
	(2) Ingrowing toenails	2 12 6
506.	Radical cure of Dupuytren's contracture	7 10 0
507.	Operation for Volkmann's contracture	4 10 0
508.	Tendon lengthening	2 5 0
509.	Tendon splitting	3 15 0
510.	Operation on hip joint, namely:—	
	(1) Excision	11 5 0
	(2) Arthroplasty	11 5 0
	(3) Arthrotomy	6 7 6
511.	Orthopaedic operation on knee joint, namely:—	
	(1) Excision	9 7 6
	(2) Arthroplasty	9 7 6
	(3) Arthrotomy	4 10 0
	(4) Operation for internal derangement	7 10 0
	(5) Reconstruction of cruciate ligaments	11 5 0
	(6) Reconstruction of capsular ligaments	7 10 0
	(7) Excision of patella	7 10 0
	(8) Open operation for repair of patella	6 7 6
	(9) Operation for recurrent dislocation of patella	9 7 6
<i>Division 9.—Paediatric.</i>		
512.	Manipulations and plaster work for correction of congenital abnormalities, namely:—	
	(1) Congenital dislocation of the hip—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster (one hip)	1 17 6
	(c) Manipulation and plaster (both hips)	2 5 0
	(2) Talipes equino-varus—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 2 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS— <i>continued.</i>		
		£ s. d.
(3)	Calcaneus valgus—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 2 6
(4)	Pes planus—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 2 6
(5)	Genu varum—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 10 0
(6)	Genu valgum—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 10 0
(7)	Contractures not covered by any other item or sub- item in this Schedule—	
	(a) Manipulation	15 0
	(b) Manipulation and plaster	1 2 6
(8)	Spastic paralysis—	
	(a) Manipulation	15 0
	(b) Plaster (one limb)	1 10 0
	(c) Plaster (two or more limbs)	2 5 0
(9)	Birth palsies—	
	(a) Facial manipulation	15 0
	(b) Erb's—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
	(c) Klumpke's and similar congenital abnormal- ities—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
513.	Operation for correction of congenital abnormalities, namely :—	
	(1) Imperforate anus—	
	(a) Abdomino-perineal correction	11 5 0
	(b) Operation other than abdomino-perineal correction	5 12 6
	(2) Intestinal atresia and stenosis—excision and anas- tomosis (or either of these procedures)	11 5 0
	(3) Malrotation of gut—	
	(a) Duodenal obstruction (anastomosis or re- section)	11 5 0
	(b) Reduction of volvulus of the small intestine	7 10 0
	(4) Hirschsprung's disease—	
	(a) Colostomy	5 12 6
	(b) Rectosigmoidectomy	11 5 0
	(5) Exomphalos	9 7 6
	(6) Abnormalities of the oesophagus—	
	(a) Short or hiatus hernia	11 5 0
	(b) Stenosed (radical correction)	11 5 0
	(c) Tracheo-oesophageal fistula	11 5 0
	(7) Contracted bladder neck—	
	(a) Wedge excision of bladder neck	7 10 0
	(b) Per-urethral resection of bladder neck	7 10 0
	(c) Lumbar sympathectomy	11 5 0
	(8) Contracted lower end of ureters—	
	(a) Cystotomy and dilatation	4 10 0
	(b) Lumbar sympathectomy	11 5 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
(9)	Urachal fistula	6 7 6
(10)	Ectopic bladder—	
	(a) “Turning-in” operation	7 10 0
	(b) Transplantation of ureters	11 5 0
(11)	Pinhole urinary meatus—	
	(a) Dilatation	15 0
	(b) Meatotomy	1 2 6
(12)	Urethral valves	7 10 0
(13)	Incontinence of urine—	
	(a) Plastic operation to sphincter	7 10 0
	(b) Transplantation of ureters	11 5 0
(14)	Myelomeningocele—excision of sac	9 7 6
(15)	Hydrocephalus—	
	(a) Suboccipital decompression	11 5 0
	(b) Third ventriculostomy	11 5 0
	(c) Torkildsen’s operation	11 5 0
	(d) Spino-ureteral anastomosis	11 5 0
(16)	Craniosostenosis	11 5 0
(17)	Arachnoideal cysts	11 5 0
(18)	Subdural haemorrhage—	
	(a) Tap	1 2 6
	(b) Flap and excision	11 5 0
(19)	Amputation for—	
	(a) Abnormal limbs	5 12 6
	(b) Extra digits	1 17 6
(20)	Cardiac—	
	(a) Tetralogy of Fallot	11 5 0
	(b) Patent ductus arteriosus	11 5 0
	(c) Cardiac operation not covered by any other item or sub-item in this Schedule or the First Schedule to this Act	11 5 0
514.	Operation for excision of congenital abnormalities, namely :—	
	(1) Dermoid of the eye—	
	(a) Extra-ocular	2 5 0
	(b) Intra-ocular	9 7 6
	(2) Dermoid of the nose—	
	(a) Extranasal	2 5 0
	(b) Intranasal	7 10 0
	(3) Sacrococcygeal dermoids and teratomata other than pilonidal sinuses	7 10 0
515.	Plastic operation for congenital abnormalities, namely :—	
	(1) Hare-lip—	
	(a) Unilateral	3 15 0
	(b) Bilateral	5 12 6
	(2) Cleft palate—	
	(a) Partial	7 10 0
	(b) Complete	11 5 0
	(3) Cleft palate and hare-lip	11 5 0
	(4) Hypospadias or epispadias—	
	(a) Preliminary plastic	4 10 0
	(b) Urethral reconstruction	9 7 6
	(5) Syndactyly—each stage	4 10 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
(6)	Lymphangiectasis of a limb (Milroy's disease)—	
	(a) Each injection	7 6
	(b) Excision	7 10 0
(7)	Macrocheilia	9 7 6
(8)	Macroglossia	9 7 6
(9)	Macrostomia	9 7 6
(10)	Angiomata—	
	(a) Each injection	7 6
	(b) Cautery	15 0
	(c) Excision, namely:—	
	(i) Simple	2 5 0
	(ii) Complicated or large (localized)	4 10 0
	(iii) Complicated or large (diffused)	7 10 0
(11)	Torticollis	5 12 6
(12)	Bat ears	9 7 6
(13)	Reconstruction of ears, nose and other parts of the face, not covered by any other item or sub-item in this Schedule or the First Schedule to this Act	11 5 0
516.	Operation for acquired conditions, namely:—	
	(1) Portal hypertension—	
	(a) Laparotomy	4 10 0
	(b) Lieno-renal anastomosis	11 5 0
	(c) Eck's fistula	11 5 0
	(2) Prolapsed rectum—	
	(a) Injection	15 0
	(b) Resection—plastic operation	5 12 6
(3)	Megacolon—colectomy	11 5 0
(4)	Manipulations and plaster work for correction of epiphysitis—	
	(a) Perthes' (Calve's)—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 17 6
	(b) Sever's—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
	(c) Kohler's—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
	(d) Kienboch's—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
	(e) Schlatter's—	
	(i) Manipulation	15 0
	(ii) Manipulation and plaster	1 2 6
	(f) Scheuermann's—	
	(i) Manipulation	1 2 6
	(ii) Manipulation and plaster	2 12 6
Division 10.—General Surgical.		
517.	Gastrectomy, partial or complete	11 5 0
518.	Partial gastrectomy and gastro-jejunostomy	11 5 0
519.	Operation for perforated duodenal ulcer	9 7 6
520.	Caecostomy	5 12 6
521.	Anastomosis of bowel	11 5 0

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS— <i>continued.</i>		
		£ s. d.
522.	Removal of Meckel's diverticulum	9 7 6
523.	Choledochotomy (with or without cholecystectomy)	11 5 0
524.	Reconstruction of bile duct including choledochoduodenostomy, cholecystoduodenostomy, choledochocenterostomy, choledochogastrostomy, cholecystogastrostomy or cholecystenterostomy	11 5 0
525.	Resection of bowel or viscera for neoplasm or chronic inflammation	11 5 0
526.	Repair or removal of ruptured viscus (including liver, spleen, bowel)	11 5 0
527.	Operation for hydatid of liver, peritoneum or viscus	11 5 0
528.	Abdomino-perineal resection	11 5 0
529.	Gastro-enterostomy	11 5 0
530.	Entero-enterostomy	11 5 0
531.	Entero-colostomy	11 5 0
532.	Amputation of breast (radical)	11 5 0
533.	Excision of tuberculous or neoplastic glands of neck—	
	(1) Limited	7 10 0
	(2) Radical	11 5 0
534.	Thyroidectomy	11 5 0
535.	Excision of localized thyroid tumour	6 7 6
536.	Removal of parathyroid tumour	11 5 0
537.	Radical operation for prolapse of rectum in an adult	7 10 0
538.	Sigmoidoscopic examination (sigmoidoscopy)	1 2 6
539.	Operation of acute osteomyelitis, namely:—	
	(1) Of spine, pelvic bones or skull (one bone)	5 12 6
	(2) Of any combination of bones specified in sub-item (1) of this item and sub-item (1), (2) or (3) of item 55 in the First Schedule to this Act	7 10 0
540.	Operation (with or without sequestrectomy) for chronic osteomyelitis—	
	(1) Of phalanx, tibia, metacarpal, metatarsal, fibula, radius, ulna, carpus, clavicle, rib or tarsus (one bone)	5 12 6
	(2) Of humerus or femur (one bone)	7 10 0
	(3) Of spine, pelvic bones or skull (one bone)	11 5 0
	(4) Of any combination of bones specified in sub-item (1) of this item	7 10 0
	(5) Of any combination of bones not covered by sub-item (4) of this item	11 5 0
541.	Operation for cure of hypertrophic pyloric stenosis (Ramstedt's operation)	6 7 6
542.	Vagotomy	6 7 6
543.	Gastroscopy	3 15 0
544.	Removal of tumours of liver	11 5 0
545.	Drainage of liver abscess, namely:—	
	(1) Abdominal	4 10 0
	(2) Trans-pleural	6 7 6
546.	Portal vein anastomosis for portal obstruction	11 5 0
547.	Partial excision of pancreas	11 5 0
548.	Drainage of pancreas	5 12 6
549.	Repair of diaphragmatic hernia	11 5 0
550.	Drainage of subphrenic abscess	5 12 6
551.	Removal of branchial cyst or branchial fistula	6 7 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
<i>PART 5.—OPERATIONS—continued.</i>		
		<i>£ s. d.</i>
552.	Removal of cystic hygroma	6 7 6
553.	Removal of ranula	3 15 0
554.	Removal of dentigerous cyst	6 7 6
555.	Excision of innocent bone tumour	6 7 6
556.	Resection of upper jaw, lower jaw or both jaws	11 5 0
557.	Excision of tongue	11 5 0
558.	Total extirpation of submaxillary or parotid glands	11 5 0
559.	Incision of submaxillary or parotid glands	2 5 0
560.	Removal of calculus of submaxillary or parotid glands	4 10 0
561.	Excision of coccyx	4 10 0
562.	Excision of pilonidal cyst or sinus	4 10 0
563.	Excision of diverticulum of pharynx or larynx	9 7 6
564.	Removal of thyroglossal cyst	6 7 6
565.	Removal of thyroglossal fistula	6 7 6
566.	Repair of cut throat—	
	(1) Involving skin and muscle	1 17 6
	(2) Involving vessels or nerves, or both	3 15 0
	(3) Involving vessels and nerves and oesophagus or trachea	7 10 0
567.	Removal of malignant tumour of neck	11 5 0
568.	Scalenotomy	4 10 0
569.	Removal of cervical rib	9 7 6
570.	Thymectomy	9 7 6
571.	Removal of retroperitoneal tumour	11 5 0
572.	Drainage of retroperitoneal abscess	5 12 6
573.	Peritoneoscopy	2 5 0
574.	Operation for malignant tumours requiring wide excision and dissection of glands or involving muscle, bone or viscera not covered by any other item or sub-item in this Schedule or the First Schedule to this Act	11 5 0
<i>Division 11.—Plastic and Reconstructive.</i>		
575.	Free graft, namely :—	
	(1) Pinch grafts	2 5 0
	(2) Split grafts—	
	(a) Limited	2 5 0
	(b) Extensive	4 10 0
	(3) Full thickness grafts	3 0 0
576.	Tubed pedicle repair—each stage	2 12 6
577.	Open abdominal flap—each stage	2 12 6
578.	Cross leg flap—each stage	2 12 6
579.	Plastic restoration of eye socket	7 10 0
580.	Total reconstruction of eye socket—each stage	2 12 6
581.	Restoration of eyebrows	4 10 0
582.	Grafting for symblepharon	7 10 0
583.	Restoration of eyelids—each stage	2 12 6
584.	Correction of ptosis	7 10 0
585.	Correction of humped or long nose	7 10 0
586.	Correction of deflected or twisted nose	7 10 0
587.	Reconstruction of syphilitic nose—each stage	2 12 6
588.	Local nasal reconstruction not covered by any other item or sub-item in this Schedule or the First Schedule to this Act	7 10 0
589.	Forehead flap or pedicle reconstruction of nose—each stage	2 12 6

THE SCHEDULES—*continued.*SECOND SCHEDULE—*continued.*

Item No.	Professional Service.	Commonwealth Benefit.
PART 5.—OPERATIONS—<i>continued.</i>		
		£ s. d.
590.	Rhinophyma	7 10 0
591.	Ear reconstruction, total or partial—each stage	2 12 6
592.	Total lip and mouth reconstruction—each stage	2 12 6
593.	Facial slings for facial paralysis	7 10 0
594.	Cosmetic meloplasty	7 10 0
595.	Excision of moles and melanomata, and repair, not covered by any other item or sub-item in this Schedule	3 15 0
596.	Excision of carcinomata, and repair, not covered by any other item in this Schedule or the First Schedule to this Act	3 15 0
597.	Correction of prognathism	11 5 0
598.	Plastic reconstruction operations (not covered by any other item or sub-item in this Schedule or the First Schedule to this Act) for—	
	(1) Fracture of mandible	7 10 0
	(2) Fracture of maxilla	7 10 0
	(3) Fracture of malar-maxillary compound	7 10 0
	(4) Fracture of nose	7 10 0
	(5) Condylectomy—	
	(a) Single	4 10 0
	(b) Double	5 12 6
	(6) Finger reconstruction	3 15 0
599.	Repair of neck contractures—each stage	2 12 6
600.	Correction of cicatricial flexion contractures of joints	4 10 0
601.	Mammoplasty	4 10 0
602.	Major grafting of hands—each stage	2 12 6
603.	Penile reconstruction—each stage	2 12 6
604.	Vaginal reconstruction in congenital absence	11 5 0
Division 12.—Miscellaneous.		
605.	Hormone implantation—	
	(1) By incision	1 2 6
	(2) By cannula	15 0
606.	Excision of varicose veins of lower limb—	
	(1) Excision of varicose veins	2 12 6
	(2) Excision of varicose veins with high ligation of saphenous vein	5 12 6
607.	Blood transfusion with venesection and complete replacement of blood—	
	(1) Including collection from donor	3 0 0
	(2) Using pooled blood or blood already collected	2 5 0
PART 6.—TREATMENT OF DISLOCATIONS.		
701.	Treatment, not requiring an open operation, of dislocation of spine—	
	(1) Cervical (without fracture)	2 12 6
	(2) Lumbar (without fracture)	3 15 0
	(3) Associated with fracture of—	
	(a) Transverse process or bone other than vertebral body, not requiring immobilization in plaster	1 17 6
	(b) Transverse process or bone other than vertebral body, requiring immobilization in plaster	4 10 0
	(c) Vertebral bodies—	
	(i) Without involvement of cord	7 10 0
	(ii) With involvement of cord	11 5 0