

Appendix A

AGREEMENT FOR PROVISION OF SERVICES UNDER SECTION 58 OF THE HEALTH ACT, 1970

I (block letters) _____ of (block letters) _____

(hereinafter called the medical practitioner) propose to provide services in accordance with the terms and conditions in the Schedule to this agreement to persons entitled to services under section 58 of the Health Act, 1970 (hereinafter referred to as eligible persons) for whom the _____ Health Board (hereinafter called the board) is responsible for making such services available.

The place (s) of attendance from which I shall provide these services and the days and hours during which I shall be normally available each week for surgery consultations at my place (s) of attendance shall be as follows:-

(i) Place of attendance _____

Days and hours normally available at surgery _____

(ii) Place of attendance _____

Days and hours normally available at surgery _____

(iii) Place of attendance _____

Days and hours normally available at surgery _____
excluding such holidays as are observed in the locality.

I undertake, as long as this agreement is in force, not to change my place (s) of attendance or the days or hours of attendance so as to materially affect the convenience of my patients in the area in which I am practising on entering into the agreement or to reside beyond reasonable access to the places of attendance listed above.

The date of my birth is ____ day of _____ 19__

Signed this ____ day of _____ 19__

_____ (Signature of medical practitioner)

in the presence of -

The above proposal of the medical practitioner for the provision by him of services in accordance with the terms and conditions aforesaid is hereby accepted on behalf of the board.

Signed this ____ day of _____ 19__

Chief Executive Officer

SCHEDULE

TERMS AND CONDITIONS OF AGREEMENT WITH REGISTERED MEDICAL PRACTITIONERS

Persons for whom services shall be provided

1. The medical practitioner shall provide services, or arrange for the provision of services, in accordance with these terms and conditions for –

(a) all eligible persons whom he has accepted for inclusion in his list of eligible persons and who have not been notified to him by the board as having ceased to be on his list,

(b) all eligible persons who have been assigned to him by the board in accordance with paragraph 2 and who have not been notified to him by the board as having ceased to be on his list,

(c) all eligible persons whom he has accepted as temporary residents (as defined in paragraph 3) or who have been assigned to him as temporary residents,

(d) any dependent child of an eligible person included in his list whose name may not yet have been added to the list by the board, not being an infant for whom a medical practitioner has liability to provide services under section 63 of the Health Act, 1970, in accordance with an agreement made with the board.

2. The board may assign an eligible person to be included in the medical practitioner's list in accordance with this paragraph. In any area where it is open to an eligible person to choose between two or more medical practitioners who have entered into agreements to provide services, the board shall exercise its power of assignment only in the case of a person who has unsuccessfully applied to all those medical practitioners or to at least three of them whichever is the less. The assignment of a patient by the board shall be to an available medical practitioner practising in the area who has entered into an agreement for the provision of services, unless the chief executive officer is satisfied that there is a good reason for not doing this. Assignments shall be reviewed on the request of the doctor at any time after the expiration of six months from the date of assignment. Where an agreement with a medical practitioner has terminated or has been suspended under paragraph 25 the board may assign persons on that practitioner's list to another medical practitioner (being a medical practitioner who has entered into an agreement with the board) with the consent of that practitioner until an agreement has been made with another medical practitioner in succession to the first mentioned medical practitioner, or the suspension has been terminated, as the case may be. The chief executive officer shall consult at regular intervals with the organised medical profession in relation to the policy of the board on the operation of this paragraph.

Temporary residence

3. An eligible person who moves temporarily to and is resident in a place not served by the medical practitioner on whose list he is included and who does not, at the time of his arrival in that place, intend to remain there for a period exceeding three months, shall be regarded as a temporary resident. If his stay at that place extends to more than three months his residence from the end of that period shall cease to be regarded as temporary.

Emergency treatment

4. The medical practitioner accepts responsibility within reason to provide, when available, within his area of practice emergency services for cases, arising from accidents or otherwise, of eligible persons not on his list where he is summoned to give such services or where the person attends at his surgery for such services. No such responsibility shall arise save where the medical practitioner on whose list the person's name is included, or his deputy, is not available to provide such services.

Limitation on numbers

5. The number of persons whose names may be placed on the list of a practitioner (or, in the case of a practitioner who has agreements with two or more health boards, the total of the numbers which may be placed on the lists for these boards) shall not exceed 2,000 save where the board or the boards, in exceptional circumstances, after consultation with the organised medical profession, decide not to apply this limit. Where a medical practitioner who has entered into an agreement holds an appointment under a health board, the board may specify a limit lower than 2,000 for the number of eligible persons on the list or lists of that practitioner.

Discontinuance of acceptance of a person.

6. At any time subsequent to the inclusion of an eligible person on his list, a medical practitioner may request the board to arrange the discontinuance of such inclusion. The board shall thereupon notify the person accordingly and supply him with information to enable him to apply for inclusion in the list of another medical practitioner. On the person being accepted by, or assigned to, another medical practitioner, his name shall be deleted from the list of the medical practitioner who requested discontinuance. The board shall arrange for action under this paragraph to be initiated within seven days and to be completed with all convenient speed. If, after the expiration of one month from the request for discontinuance, the person's name has not been included on the list of another medical practitioner, the board shall, unless there are substantial grounds for not doing so, assign him to another medical practitioner (being a medical practitioner who has entered into an agreement with the board). The chief executive officer shall consult with the organised medical profession at regular intervals in relation to the policy of the board on the operation of this paragraph.

Manner of providing services

7. The medical practitioner shall be available for consultation by eligible persons at his surgery or surgeries and for domiciliary visiting for a total of 40 hours during each week, on five days or more in the week. He shall also make suitable arrangements to enable contact to be made with him outside normal hours for urgent cases. The medical practitioner shall make available (either, as the circumstances may require, at his surgery or at the person's home or at another place within his area of practice) to the persons for whom he is obliged to provide services all proper and necessary treatment of a kind usually undertaken by a general practitioner and not requiring special skill or experience of a degree or kind which general practitioners cannot reasonably be expected to possess. The medical practitioner shall not provide under this agreement any services which may be provided under an agreement for the provision of services under section 62 or section 63 of the Health Act, 1970, or, save with the consent of the board, any service relating to immunisation or vaccination excluding tetanus immunisation in case of injury.

8. If the medical practitioner considers that any patient being attended by him under the agreement needs hospital or specialist services or any other service which may be made available by the board and which cannot appropriately be given by him under the agreement, he shall inform the patient (or the parent if the patient is a child) of the availability of such service and shall make arrangements if he considers it necessary for the referral of the patient for such services.

9. The medical practitioner shall furnish to a person whom he has examined and for whom he is obliged to provide services (or, in the case of a child, to his parent) a certificate in relation to any illness noticed during the examination which is reasonably required by him or by the parent as the case may be. The medical practitioner may not accept any fee for any such certificate other than a certificate required under the Social Welfare Acts.

Practice premises

10. Subject to any supplementary agreement made between the medical practitioner and the board for the use by him of premises maintained by the board, the medical practitioner shall provide and maintain the following facilities for persons on his list:

(a) a waiting room with a reasonable standard of comfort, sufficient in size to accommodate the normal demands of his practice for both eligible and private patients with adequate seating accommodation,

(b) a surgery sufficient in size for the requirements of normal general practice, with facilities including electric light, hot and cold running water, an examination couch and other essential needs of such practice.

The medical practitioner shall arrange that a telephone shall be available to him on the premises of his centre of practice or, if he has two centres of practice, at least at the main centre of practice.

11. The medical practitioner shall not make surgery arrangements which discriminate between eligible persons and private patients.

12. The medical practitioner shall, if required, allow a medical officer to inspect by prior arrangement any premises provided under paragraph 10.

Prescribing and dispensing

13. The medical practitioner shall prescribe such drugs and medicines as he considers necessary for any person for whom he is obliged to provide services. The medical practitioner may prescribe appliances, from such categories as may be specified by the Minister. The board shall make available special forms to the medical practitioner for this purpose. The medical practitioner shall keep the stocks of these forms carefully and securely. He shall use them only for issuing prescriptions to eligible patients and shall complete each form in accordance with its terms.

14. The medical practitioner shall dispense drugs, medicines and appliances for any person for whom he is obliged to provide services and for whom, in accordance with the arrangements directed by the Minister, he has liability to dispense. The medical practitioner shall obtain his requirements of drugs, medicines and appliances for this purpose by making a requisition on a form made available by the board from a pharmacist (being a pharmacist who has entered into an agreement with the board for the supply of drugs, medicines and appliances) who has his premises in the medical practitioner's normal area of practice or, if there is no such premises in that area, from a reasonably convenient retail pharmacist outside that area who has entered into an agreement with the board.

15. The medical practitioner shall supply to any person for whom he is obliged to provide services any drugs, medicines or appliances considered necessary by the medical practitioner for immediate administration or application. The medical practitioner may obtain drugs, medicines and appliances used for this purpose by requisition from a retail pharmacist who has an agreement with the board for the supply of drugs, medicines and appliance.

16. In arrangements for prescribing or dispensing drugs, medicines or appliances, the medical practitioner shall have due regard to the need for economy but shall have primary regard for the interests of the patients.

Assistance of another medical practitioner

17. Subject to such conditions and directions as the Minister for Health may lay down from time to time, the medical practitioner may, where the circumstances of the case so require, summon the assistance of another registered medical practitioner as respects any eligible

person for whom he is obliged to provide services. The board shall be liable to pay for such consultation in accordance with a scale approved by the Minister for Health.

Records

18. The medical practitioner shall keep a record of attendances in a form approved or directed by the Minister in relation to his attendance on persons for whom he is obliged to provide services and shall make any such record available, when required, for inspection by a medical officer of the board or of the Minister authorised in that behalf. He shall also keep adequate clinical records and shall in relation to such records observe article 5 of the Health Services Regulations, 1971 (S.I. 105 of 1971) as if they were records kept in accordance with those regulations.

19. When a person on the medical practitioner's list is transferred to the list of another medical practitioner providing services under section 58 of the Health Act, 1970, the former medical practitioner shall, subject to the consent of the person (or in the case of a child, his parent) give to the second medical practitioner a summary of the medical history and condition of the patient.

Deputising

20. The medical practitioner shall normally provide services under this agreement but may do so through a deputy who shall be a registered medical practitioner (not being a medical practitioner as respects whom an agreement has been terminated under paragraphs 28, 30, 31 or 33, unless with the consent of the chief executive officer of the board). Subject to paragraph 32, the board will not be responsible for any payment to such a practitioner. The board will, if requested, co-operate in obtaining a deputy and where the need for a locum arises through illness of the medical practitioner, the board will, if requested, have the obligation to obtain a deputy.

Remuneration

21. The board shall, in consideration of the services provided by the medical practitioner in accordance with those terms and conditions and on the foot of claims made in the form and at the times directed by the Minister for Health, make payments or arrange for payments to be made to the medical practitioner in accordance with such scale as may be approved of or directed by the Minister from time to time. Payments of fees shall be made monthly and allowances shall be paid quarterly. Where an amount of claim is in dispute appropriate payments on account shall be made.

22. The medical practitioner shall not demand or accept any payment or consideration whatsoever other than payments under paragraph 21 in reward for services provided by him under this agreement, or for travelling or for other expenses incurred by him or for the use of any premises, equipment or instruments in making the services available. The medical practitioner shall instruct any deputy providing services on his behalf to comply with the provisions of this paragraph.

23. Where a claim or claims for remuneration submitted by the medical practitioner appear to indicate that the rate of attendance by him under the services has been excessive the circumstances shall be investigated by a medical officer acting on behalf of the board and the medical practitioner shall co-operate in such investigation. If the medical officer so decides the circumstances may then be referred for consideration to a group consisting of –

(a) a nominee of the Minister for Health appointed after consultation with the Irish Medical Association and Medical Union.

(b) a medical officer acting on behalf of the board (not being the medical officer who investigate the circumstances) and,

(c) a medical practitioner selected by the Minister from a panel nominated by the Irish Medical Association and the Medical Union.

After this group has considered the matter and has heard such representations or explanations as the medical practitioner may make to them, it may, by majority vote, decide that no action is required, that the medical practitioner concerned should be warned in relation to his rate of visiting or that a deduction should be made in remuneration due to the medical practitioner. This deduction may include disallowance of fees for past services performed or claimed to have been performed by the medical practitioner as well as, if the group so think fit, a further reduction not exceeding £100. The group shall, within seven days of making its decision, furnish a written report to the medical practitioner on its findings. The medical practitioner shall have a right to appeal to a committee established under article 8 of the Health Services Regulations, 1972 against a decision of this group and the board shall act in accordance with the decision of that committee on the appeal and shall not make any such deductions or disallowances pending the decision on the appeal.

Complaints against medical practitioners

24. Where the chief executive officer of the board has reason to believe that a medical practitioner has failed to comply with any of the terms of the agreement, he shall notify the medical practitioner of the reasons for such belief by registered post and inform him that he will consider any representations in regard to the matter which may be received by him from the medical practitioner within one month of the issue of the notification. The chief executive officer shall not consider a complaint relating to an individual living patient except where –

(a) it is made by the patient, by a member of his family or by another person with the written consent of the patient, or where the patient is a child, of his parent or guardian and is in writing and signed by the person making it and

(b) it is made within six weeks of the event or the alleged event in relation to which the complaint is made or, where the chief executive officer, having consulted the chairman of the board (or in his absence, the vice-chairman) and another designated member of the board (one of these two being a registered medical practitioner) considers it appropriate, within such longer period as he may determine.

The chief executive officer may, after consideration of any representations which the medical practitioner may make in regard to the matter –

(a) if he is satisfied that the medical practitioner has not complied with the terms of the agreement and if he thinks fit, issue a warning or other like communication to the medical practitioner,

(b) arrange for the referral of the matter for investigation by a committee established under article 8 of the Health Services Regulations, 1972.

When a complaint has been referred to such a committee, the board shall act in accordance with the terms of article 8 of the Health Services Regulations, 1972.

Suspension of Agreement

25. Where the chief executive officer is satisfied that the care of patients is placed in jeopardy, he may, in accordance with this paragraph, suspend the operation of the medical practitioner's agreement pending investigation of a complaint under the preceding paragraph. If it appears to him that such suspension is desirable, he shall consult the chairman (or in his absence the vice-chairman) and another designated member of the health board (one of these two being a registered medical practitioner). If both concur in the proposed suspension, the chief executive officer shall proceed accordingly with it. If both dissent from the proposal he may not carry out the suspension. If one concurs and the other dissents he may, or may

not, at his discretion proceed with the suspension, after such further consultation with the chairman (or vice-chairman) and the other designated member as he considers desirable. Consultation under this paragraph shall be joint consultation unless there is a compelling reason to the contrary. When the operation of an agreement with a medical practitioner has been suspended, the committee referred to in paragraph 24 shall meet to consider the complaint on a date not later than 3 weeks from the date of the suspension. Where a suspension has been made by a chief executive officer in accordance with this paragraph, the chief executive officer of any other health board with which the medical practitioner has an agreement may, if he so thinks fit, suspend that agreement pending the investigation of the complaint by the committee. On termination of a suspension under this paragraph, the medical practitioner's list of patients shall be restored to him.

Termination of the agreement

26. The medical practitioner may terminate the agreement on giving three months notice or such shorter notice as may be accepted by the board.

27. The agreement shall be terminated forthwith where the medical practitioner's name is erased from the register of medical practitioners under the Medical Practitioners Act, 1927 (No. 25 of 1927).

28. Where the committee, having complied with article 8 of the Health Services Regulations, 1972, recommends termination of the agreement, the board may terminate the agreement subject to appeal to the Minister under article 8 (17) of the Health Services Regulations, 1972. Where an agreement has been terminated under this paragraph and the medical practitioner requests a review of the board's decision, the board shall carry out such a review and may, if it so thinks fit, declare that the medical practitioner is considered suitable to enter into a new agreement for the provision of services under Section 58 of the Health Act, 1970.

29. The agreement shall be terminated, on such notice not exceeding three months as may be agreed to by the board, upon the medical practitioner accepting employment in a whole time capacity in the service of the State or of a health board or otherwise.

30. Subject to paragraph 32, the board may terminate the agreement where the board is satisfied, after compliance with procedures determined by the Minister for Health that the medical practitioner is suffering from permanent infirmity of mind or body. An appeal shall lie to the Minister for Health against a decision of the board to terminate the agreement and the board shall comply with any direction in that respect given by the Minister.

31. The agreement shall terminate on the medical practitioner reaching the age of seventy years. The medical practitioner, if required by the board, shall, on entering into the agreement, furnish evidence of his date of birth.

Former district medical officers

32. Where the medical practitioner is an officer of the board who is entitled to benefit from the provisions agreed to by the Minister for Health as respects persons holding office as district medical officer, the board shall operate this agreement subject to, and in accordance with, those provisions, a copy of which the board shall furnish to the medical practitioner before the agreement is entered into.

33. An agreement with a registered medical practitioner referred to in paragraph 32 who is a permanent officer of a health board shall terminate on his ceasing to be such an officer.