RE-ORGANISATION OF GENERAL MEDICAL SERVICE

Date: 15 May 1972
Document Type: Circular 13/72

From: Department of Health, Ireland
To: Each Health Board Chief Executive Officer

A Chara,

1. I am directed by the Minister for Health to state that, in accordance with announced policy, steps are being taken for the re-organisation of the General Medical Service provided by health boards. This has come into effect in the area of the Eastern Health Board from 1st April, 1972 and will commence in the areas of the other health boards on 1st October, 1972. This circular sets out the basis for the operation of the re-organised service, as agreed by the Minister after consultation with the Irish Medical Association, the Medical Union and the representatives of the retail pharmacists.

LEGAL PROVISIONS

Health Services Regulations, 1972

2. The statutory basis for the re-organised service is contained mainly in Sections 58 and 59 of the Health Act, 1970. The Health Services Regulations, 1972 (copy attached) govern its operation. The regulations provide that the service will normally operate through arrangements made under section 26 of the Act. In this respect your attention is drawn to articles 5(3) and 6(5) which specify that functions as respects arrangements under those articles are to be performed by the chief executive officer.

3. This circular may be regarded as conveying formally the conditions specified by the Minister under section 26 for the making and operation of those arrangements.

4. The relevant provisions of the Act were brought into effect on 1st April last by the Health Act, 1970 (Commencement) Order. 1972 (copy attached) but, in accordance with article 7 of the Regulations, the existing arrangements will, in effect, be continued outside the area of the Eastern Health Board until 1st October next.

5. The responsibility for providing this service primarily rests on the health boards but, in accordance with a decision taken some time ago, the preparatory work for it has been done by the Department and a special unit - the Central Pricing Bureau - has been established at Phibsboro Tower, Phibsboro, Dublin, 7, to deal with the practical planning for the commencement of the new service. This unit, which will be charged with the arrangements for the payment of fees to medical practitioners and pharmacists under the scheme is at present staffed by the Department but the intention is that it will eventually become the joint responsibility of the eight health boards under section 11 of the 1970 Act. A further communication will be sent to you on the details of this.

ARRANGEMENTS WITH MEDICAL PRACTITIONERS

Form of agreement with medical practitioners

6. Agreements with medical practitioners shall be in the form contained in Appendix A to this circular. Copies of this form, which was agreed with the representatives of the profession, were sent to you earlier. It has been agreed with medical organisations that either side may seek to have a review of the terms of the agreement after 1st April, 1973. You might note any points in relation to the operation of the agreement up to that date which you think would be of use in relation to such a review. You will be asked at that time for your views as to whether any revision should be sought.

7. The agreement sets out the responsibilities as between the medical practitioner and the health board on the details of the arrangements. The medical practitioner will not, of course, be required to provide services for any person whom he is unwilling to accept as a patient, unless the person concerned is one assigned to him by the board or where he is summoned to attend a patient in an emergency situation.

Choice of medical practitioner

8. Subject to this and the next paragraph, an eligible person will be allowed to register with any participating medical practitioner who has not already got a list up to the maximum (see paragraph 5 of the Schedule to the Agreement). A person's choice will, however, be subject to the condition that the medical practitioner does not live more than seven miles from him, but this condition will not apply in certain individual cases such as where there is no participating practitioner within seven miles of the patient. This condition will not apply either in the case of a medical practitioner who, at the commencement of the scheme in his area, had an established centre of practice for more than two years in a place more than seven miles from his home. In such a case, an eligible person in the area concerned will be allowed to choose him and the domiciliary fee payable will be that appropriate to the distance the person lives from the medical practitioner's residence. In other instances where, for special reasons, a medical practitioner agrees to take on to his list a patient living more than seven miles from him and where there is one or more than one participating practitioner available within seven miles of that patient's residence, the domiciliary fee payable will be that for a patient seven miles distant from the medical practitioner.

9. A former district medical officer with guaranteed conditions (see Appendix D) must not unreasonably refuse patients within a radius of seven miles from his residence, even where they are not within his former dispensary district. Except in the case of assigned patients, such a doctor is under no obligation to accept patients over seven miles distant unless they are within his former dispensary districts and have not choice of another participating practitioner within a radius of seven miles.

Itinerants

10. It is recommended that the health boards should arrange, through its own officers or through voluntary organisations, to ensure that eligible itinerant families are issued with medical cards and are accepted on the lists of medical practitioners in the areas where the itinerants are normally resident. Where itinerant families move outside those areas, they will be regarded as temporary residents.

Change of medical practitioner by person

11. Where a person whose name is included in the list of a medical practitioner wishes to transfer to the list of another medical practitioner, he should be asked to make application to the board seeking such transfer. The name of the medical practitioner to whom he wishes to transfer should be specified in the application and it will be a matter for the person concerned to seek from that medical practitioner acceptance of the transfer and for the latter to indicate such acceptance on the application form. The first medical practitioner will cease to be responsible for the patient on the date he receives a notification from the board that the patient has been transferred to another list. The details of the procedure for such transfers and of the forms to be used will be worked in conjunction with the health boards.

Discontinuance of person by medical practitioner

12. Where a medical practitioner wishes to discontinue a person on his list the procedure for doing so is detailed in paragraph 6 of the Schedule to the Agreement.

Records

13. A form of record to be kept under paragraph 18 of the Schedule to the Agreement with medical practitioners has been prepared by the Department in consultation with the medical organisations. Supplies of this will be made available to your board and should be provided without charge to doctors for use in respect of eligible patients. An alternative to this form has been prepared by the Royal College of General Practitioners and it is intended that copies of this should be available for participating practitioners wishing to use it. Health boards may purchase supplies of it from the Irish Counci1 of the College c/o Institute of Public Administration Lansdowne Road, Dublin.

Participation in the service and future vacancies

14. The arrangements agreed with the medical organisations in relation to the rights of participation initially by existing practitioners have already been notified to you and acted on. It is intended that admissions to

the service after the initial list of doctors admitted to the scheme has been closed in any area will be based on open competition following advertisement of the vacancies.

15. It is thought that the most suitable method of filling normal vacancies in the service will be by means of an independent body with the assistance of selection boards. The nature and procedures of the machinery for the filling of vacancies will be the subject of discussion between the Department, the chief executive officers and the medical organisations. A separate instruction will be issued to chief executive officers on the procedure to be adopted for the filling of vacancies between now and 1 October next.

16. The health board will, as soon as possible (and anticipating vacancies where practicable) request a selection body to recommend a candidate for each vacancy, except where it is apparent, after full examination, that an existing or intending vacancy need not be filled, because of a sufficiency of other participating practitioners in the area. The board would notify the bodies representing the medical profession of any intention not to fill a vacancy. The procedure will be such that steps will be taken in good time so that replacements will be available as soon as possible after a vacancy occurs.

17. While the permanent filling of a vacancy is pending, transfers from the list of the vacant practice will not be allowed. On a practitioner taking up duty to fill a vacancy, he will have assigned to him his predecessor's list of eligible persons, but any person on that list may subsequently exercise his normal right to transfer to another participating practitioner. Unless there are exceptional circumstances, this right may not be exercised until three months have expired from the date on which the new practitioner takes up duty.

18. While the vacancy exists, the health board may fill it in a temporary capacity or may assign patients on a temporary basis to other participating practitioners, but the health board must without undue delay take steps to fill the post in a permanent capacity, if it is to be filled. The number of patients assigned on a temporary basis would be subject to the normal limit referred to in paragraph 5 of the Schedule to the Agreement with medical practitioners. The assignment of patients will be governed by the provisions of paragraph 5 of that Schedule.

Qualifications

19. The Minister may, after consultation with the medical profession, prescribe minimum qualifications and experience for applicants for vacancies under the service.

Irish language

20. As has been the case in the dispensary service, it will be a condition for participation in the service in a Gaeltacht area that the medical practitioner has a satisfactory knowledge of the Irish language.

Partnerships and group practices

21. Where two or more medical practitioners proposing to enter into agreements with the board are in partnership or in group practice, each will have to enter into an individual agreement with the board and will have his individual list of eligible patients and be responsible for them in the same way as if he were practicing independently.

22. Where one partner or one member of a group practice provides treatment for an eligible person on another partner's list, he will do so in the capacity of a locum tenens and he will not be entitled to claim an emergency fee or a temporary resident's fee for attending such a person.

23. Where a vacancy is filled in a partnership or group practice following the death or withdrawal from it of a doctor who is a participant in the scheme the new member will not be admitted to the scheme unless he has been selected for the partnership's group's area of practice by the selection machinery referred to in paragraph 15 or had been admitted to the scheme for the area at its commencement.

Practice premises

24. The standards required for practice premises are dealt with in paragraphs 10 to 12 in the Schedule to the Agreement with medical practitioners. Participating medical practitioners may be offered facilities to

practise in existing health centres, dispensaries or other health board accommodation. Where dispensary premises are continued in use it is recommended that, where necessary, the health board should improve the standard of accommodation and facilities provided in them to bring them into line with those required for practice premises provided by the doctors themselves.

25. Where a permanent district medical officer occupies a dispensary residence, he will be allowed to continue in occupation as long as he participates in the new service in the area concerned. Where a dispensary and residence are sited together, only the doctor occupying the residence will have a right to use that dispensary.

26. No charge should be made to a dispensary doctor with automatic right of participation using a health centre, dispensary or other health board premises. An appropriate negotiated contribution towards running expenses should be made by other participating practitioners availing themselves of such facilities, but they should be provided free-of-charge for approved partnerships or group practices.

27. Where a dispensary premises is not required by a health board for the purposes of the general medical service, it may be used for some other health purpose or disposed of in accordance with the settled procedure and statutory requirements.

28. Where there is a dispensary residence, the health board may continue to rent it, or, at its discretion, may, in accordance with the settled procedure and statutory requirements, sell it to a participating practitioner who is occupying at the time. Except in some special areas, new residences should not be provided by the health board.

Remuneration, allowances and grants

29. The agreed scale of fees and allowances directed by the Minister and the conditions of payment are set out in Appendix B to this circular. It has been agreed with the medical organisations that the review of this scale will take place between 1 October, 1973 and 31 March, 1974. Additional allowances for rural areas and contributions towards locums and other practice expenses are provided for. In addition, there is a scheme of grants towards practice premises set out in the appendix.

Arrangements for the payment of fees, allowances and grants to medical practitioners.

30. Former permanent district medical officers with guaranteed minimum incomes and temporary district medical officers who have been guaranteed minimum incomes in certain circumstances may opt for their guaranteed salary in lieu of claiming fees. Where they so opt their salary will be paid direct to them by the health board in accordance with existing arrangements.

31. District medical officers with guaranteed salary who opt for fees will also continue to receive payments of salary from the health board in accordance with existing arrangements. Their claims for fees will be submitted monthly to the Central Pricing Bureau which will send a monthly return to each health board detailing the fees payable to all participating medical practitioners in the health board's area. Where the salary paid to a medical practitioner with a guaranteed annual income falls short of the fees to which he is entitled the health board will pay him the appropriate deficit. It is suggested that health boards should make any necessary adjustments in pay on a quarterly basis. Fees earned by other participating medical practitioners will be paid direct to them by the Central Pricing Bureau.

32. As well as being entitled to fees and/or salary for services given, some medical practitioners may qualify for special allowances under the scheme. For the time being it will be a matter for health boards to make these payments on a quarterly basis. When the initial problems of implementing this scheme have been overcome, it may be found desirable to centralise all these payments in the Central Pricing Bureau but this will, of course, be a matter for decision by the proposed joint body. The special payments provided for under the scheme are detailed in appendix B and are as follows:

(i) Rural dispensing fee,

(ii) Allowance towards locum and other practice expenses,

(iii) Practice payments for rural area.

Immunisation and vaccination

33. In accordance with paragraph 7 in the Schedule to the Agreement, the arrangements under the new service do not cover any service relating to immunisation or vaccination excluding tetanus immunisation in case of injury except with the consent of the health board. It is intended that policy in relation to responsibility for the programmes of routine immunisation and vaccination against poliomyelitis, diphtheria, tuberculosis and rubella should not come under this arrangement but be continued as far as practical as heretofore. In this respect, the Department is examining the situation arising from the change in the position of district medical officers whereby they will no longer be obliged to perform those prophylactic procedures as part of their duties. A further communication will be sent to you about this.

Services of public health nurses

34. Heretofore as part of their comprehensive duties public health nurses engaged on district nursing services assisted district medical officers at health centres and dispensaries in dealing with patients eligible for general medical services and also in providing domiciliary nursing care for such patients. All medical practitioners participating in the re-organised general medical services may request the public health nurses serving in their area to assist in providing services for eligible patients. Health boards should, therefore, ensure that the practitioners concerned are made aware of the services the public health nurses can provide and of the names and addresses of the nurses serving in their area. Arrangements should be made locally, in consultation with the nurses and doctors concerned to ensure that these doctors can readily contact the appropriate nurse.

Complaints against medical practitioners

35. The procedure to be adopted following complaints against participating medical practitioners is set out in paragraphs 24 to 28 of the Schedule to the agreement. The procedure for establishing a committee to consider a serious complaint and for the determination by the committee of the complaint is set out in Article 8 of the Health Services Regulations, 1972. These provisions are similar to those governing disciplinary committees established under section 24 of the Health Act, 1970 to deal with complaints relating to officers of health boards.

36. At the request of the medical organisations it is suggested that where there is no reaction from a medical practitioner who has been notified of a complaint against him in accordance with paragraph 24 of the Schedule to the Agreement a further communication on the matter should be sent to him before the expiry of the period for making representations.

PRESCRIBING AND DISPENSING

General arrangements

37. Drugs, medicines and appliances under the service will be provided through retail pharmacists. In most cases, the medical practitioner will give the prescription on the approved form to the patient who will take it to any pharmacist who has an agreement with the health board. A copy of the form of agreement for this purchase which has been directed by the Minister is the Appendix C to this circular.

38. Each health board, other than the Eastern Health Board, should now invite retail pharmacists within its area to apply for participation in the scheme. The board where the pharmacist has his premises should make the contract: it will not be necessary for a pharmacist who also serves part of the area of another board to enter into a separate agreement with each such board as an agreement with one board will cover the provision of services for patients from another board's area. Where a pharmacist has more than one pharmacy, a separate agreement will be necessary in respect of each of them and this should be made with the health board where the particular pharmacy is situated.

39. In relation to agreements with pharmacists, it would be advisable for the board to check that, in each centre, the opening hours for the shops are adequate to provide a reasonably convenient service. Where thought desirable, discussions locally with representatives of the pharmacists might be held on the operation of a rota system or a similar arrangement for Sundays, holidays and early closing days.
40. In cases where, in accordance with his agreement, the medical practitioner himself dispenses drugs, medicines and appliances, he will obtain these on a special order form from a retail pharmacist participating

in the scheme. The pharmacist would be one in the medical practitioners normal area of practice or, if there is none in that area, a reasonably convenient pharmacist outside that area. Copies of the forms and other documents relating to this will be sent separately to the medical practitioners concerned by the Central Pricing Bureau.

41. Where a medical practitioner has only one centre of practice and it is three miles or more from the nearest retail pharmacist, all patients on his list should be asked by the board to indicate whether they wish to have their prescriptions dispensed by the medical practitioner or by a retail pharmacist. The scale of payments to medical practitioners set out in Appendix B provides for dispensing fees in such cases.

42. Where a medical practitioner has a number of centres of practice, one or more being within three miles of a pharmacy and one or more over three miles from a pharmacy, only those patients who would normally be expected to attend the distant centre will have a right to opt for dispensing by the medical practitioner.

43. When a pharmacist opens a pharmacy within three miles of a dispensing medical practitioner's place of attendance, his eligible patients will cease to have a choice between him and the pharmacist for dispensing purposes. As from a date to be determined by the health board, these patients will, subject to the next paragraph, have their prescriptions dispensed by the pharmacist.

44. Where a medical practitioner lives within three miles of a pharmacist but where, in the view of the board, it would be a hardship on certain individual patients because of disability to obtain their prescriptions from the pharmacist, the medical practitioner may, in such instances, be required to dispense for the patients. The medical practitioner would be paid the usual dispensing fee for each of these patients.

45. Pharmacists applying for participation in the scheme are being asked to agree to the deduction from fees payable to them of a small sum which will be paid over to the Pharmaceutical Contractors Committee which will represent their interests in regard to the operation of the scheme. This arrangement is being made at the request of the pharmacists themselves. A slip as attached to Appendix C seeking the agreement of individual pharmacists to this deduction should be enclosed with each form of agreement being forwarded to applicants for admission to the scheme.

Hospital out-patient departments

46. It is assured that an eligible person receiving consultant out-patient care at a hospital will normally be referred back to his general practitioner, who will issue him with a prescription for whatever medicines he may require. In an exceptional instance where the hospital doctor considers it essential that he should issue a prescription himself, the prescription will be completed on the prescribed form, supplies of which will be given by the Central Pricing Bureau to appropriate hospitals following consultation with the health boards, and it will be dispensed by a retail pharmacist on the same terms as if it were issued by a participating general practitioner.

Homes for elderly persons

47. Some homes for the elderly persons operated by voluntary bodies provide accommodation for persons in the full eligibility category whose drugs and medicines up to now have been supplied through the dispensary system. Where the medical practitioner visiting these homes is participating in the new scheme, he may issue prescriptions on the official form for eligible patients which will be dispensed in the ordinary way by a retail pharmacist. In some homes the attending medical practitioner may not be a participant in the scheme. In such instances the Central Pricing Bureau will, on being notified by the health board, issue to the authorities of the home a supply of official prescription forms which may be used for eligible patients. In all those homes an official prescription may be issued in respect of a patient only if he has been issued with a current medical card.

Food and toilet preparations

47. Only drugs, medicines and appliances may be provided under section 59 of the Act. Foods and toilet preparations may not. The instructions issued to participating doctors and pharmacists list several food and toilet preparations which may not be prescribed or supplied under the scheme. Copies of these instructions are being sent to you under a separate cover. While prescribing of foods under this scheme is thus precluded, it is open to the health board to take steps for aid through public assistance to be given in any appropriate case where a participating medical practitioner certifies that a person on his list needs special nutritional requirements.

Drugs etc., for persons with limited eligibility

48. Article 6 of the Health Services Regulations, 1972, provide for a scheme of assistance towards the cost of prescribed medical requisites for persons with limited eligibility. Instructions on this scheme have already been issued to the Eastern Health Board, in whose area this scheme came into operation on 1st April. A separate circular on this subject will be issued to other health boards before 1st October, when the scheme commences in their areas. It is expected that these arrangements and those for the free supply of drugs, etc., for certain long-term ailments will provide adequately for many of the persons who up to now have been covered by the 'hardship' provisions for the supply of medicines. It is accepted, however, that there may still be some individuals not in the full eligibility category who, because of special circumstances, will need special assistance in obtaining expensive prescriptions from retail pharmacists.

Complaints against participating pharmacists

49. The procedure for dealing with complaints against participating pharmacists is set out in paragraphs 12 to 15 to the schedule to the agreement.

TRANSITIONAL ARRANGEMENTS

Legal provisions as respects district medical officers

50. Section 52 of the Health Act, 1953, which provided for the statutory office of district medical officer of a dispensary district, was repealed under the 1970 Act. District medical officers are now governed by the provisions of section 14 of that Act. A district medical officer who opts to participate in the new service in accordance with this circular should be retained in his office but with his duties changed so that, instead of serving a dispensary district as hitherto, he would operate under the agreement which he would enter into with the board. His superannuation rights and other rights as an officer will thus be preserved. Where a permanent district medical officer opts, not to participate, his office should be abolished and he would then receive the customary abolition superannuation terms.

51. The participation in the scheme of district medical officers who hold office as registrars of births, deaths and marriages will not affect their duties under the latter office. Medical practitioners who opt to discontinue holding the office of district medical officer will also cease to hold the office of registrar.

Guarantees for district medical officers

52. In the negotiations with the medical organisations, the position of district medical officers in the existing service was particularly considered and guarantees in relation to their position were given by the Minister. There were two categories of these officers, first those district medical officers who were permanent and had been appointed from a competition initiated before May, 1965, when permanent filling of vacancies was discontinued. The second category included temporary district medical officers and some permanent medical officers appointed in recent years with a proviso in the terms of appointment that, on the commencement of the new scheme, the office would cease to exist. The provisions agreed as respects each of these two categories are set out in Appendix D.

53. It is imperative that, in the operation of the new service, the guarantees given by the minister be fully implemented. If any question or doubt arises as to the interpretation of a clause in the guarantees, it should be referred for resolution to the Department.

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Keywords

Agreement - pharmacist, Agreement - medical practitioner, Allowance for locum and practice expenses, Assignment of patients, Assistance of another medical practitioner, Central Pricing Bureau, Certificates - issue of medical practitioner, Change of medical practitioner, Choice of medical practitioner, Complaints against medical practitioners, Complaints against pharmacists, Deputies, Discontinuance of acceptance of a person, Dispensing arrangements, Dispensing fee, Dispensary premises, Dispensary residences,

Distance limitation, District medical officers - guaranteed conditions - legal provisions, Emergency treatment, Excessive rate of attendance by medical practitioner, Fees - medical practitioners - pharmacists - arrangements for payment, Food and toilet preparations, Group practice, Homes for elderly persons - prescribing, Hospital out-patients - prescribing, Hospital services - referral of patient, Hours of attendance, Irish language, Itinerants, Immunisation arrangements, Legal provisions, Limitation on numbers, Manner of providing services, Medicines for persons with limited eligibility, Partnerships, Persons eligible for services, Pharmaceutical Contractors Committee - contribution, Practice premises - grants for - standards, Prescribing and dispensing, Public health nurses, Qualifications for medical practitioners, Records, Registrars of births, deaths and marriages, Remuneration - general provisions, Remote areas - special salaries, Review of arrangements, Rural areas - special allowances for medical practitioners - dispensing arrangements, Statutory basis for service, Suspension of agreement- medical practitioner, Temporary residents, Vacancies