

# Review of General Medical Services

**Title: Review of General Medical Services**

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From: Department of Health, Ireland

To: Each Health Board Chief Executive Officer

Re: Review of General Medical services

A Chara

I am directed by the Minister for Health to refer to the review of the general medical service which, during, the past year, has been undertaken in conjunction with the medical organisations. Since the commencement of the review, agreement has been reached with these organisations to revise a number of the existing procedures. Several of these revisions have already been notified to you, including revised fees, the arrangements for allowing certain categories of doctors to enter the service, the creation of locum panels, the extension of the period of guarantee, the proposed Working Party to consider prescribing in the service and the extension until 30<sup>th</sup> September, 1975 of the temporary guarantees to former DMOs.

It is considered desirable now to draw attention to a number of other matters on which agreement has been reached with the organisations during the course of the review. These agreements are set out in attached list which also relates them, where appropriate, to the earlier references in [circular 13/72](#) and in the doctors agreement. Where the agreement relates to a matter in which the initiative lies with the health board the agreement s should now be put in into effect.

There are a number of items which remain to be discussed with the organisations and it is hoped to conclude those discussions as soon as possible. On the completion of the review a revised circular will be sent to you which will comprehend all the agreements reached in the course of the negotiations.

Mise le Meas

1 Iúil, 1975

## **Items agreed with the medical organisations**

**1. Limitation on numbers** - The first sentence of paragraph 5 of the agreement (page 18 of circular 13/72) should be replaced by the following:

"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 normally 2000. In considering whether to apply the 2000 limit such factors as the distance from participating doctors, family members already on a doctors panel, applicants being former private patients and the total population of the area may be taken into account."

**2. Clinical records** (see page 22, paras. 18 and 19 of [circular 13/72](#)) - The organisations have agreed that new doctors entering the GMS should use either the Royal College of General Practitioners or Department of Health forms. This will assist the process of standardisation of clinical records and health boards are requested to ensure that adequate supplies of forms and the folder cards are available.

### 3. Disciplinary procedures

(a) Page 23 paragraph 22 of Circ. 13/72. Add at end of paragraph.

Where it has been established by a committee set up under article 8 of the health services regulations, 1972 that a doctor has accepted payment from an eligible patient in respect of services under the scheme which the doctor's contract requires him to give, the committee shall consider recommending termination of his contract.

(b) Excessive visiting

Paragraph 23, page 24 of Circ. 13/72 – delete "as well as, if the group so think fit, a further deduction of £100", and insert

"Where a group which has investigated a prima facie case of excessive visiting considers that the evidence justifies it, they may remit the case to a committee set up under article 8 of the Health Services Regulations, 1972 to consider whether the doctor's contract should be terminated. This option shall, in particular, be considered in cases in which a doctor's visiting rate has been found to be persistently excessive".

Add at end of paragraph –

An appeal against a decision of an investigating group shall be made within 21 days of the receipt of the decision by the doctor. Monetary penalties would be payable upon expiration of this time limit in the absence of an appeal.

(c) Abnormal prescribing.

Add new paragraph in page 24.

23A. Where the prescribing pattern of a medical practitioner appears to be abnormal the circumstances may be investigated by a medical officer acting on behalf of the board. If the medical officer so decides the circumstances may be referred for consideration by an investigating group established under paragraph 23.

4. Incapacity of doctors (see page 26 para. 30 of 13/72) - It has been agreed with the medical organisations that paragraph 24, page 24 of [circular 13/7](#) and article 8 of the Health Services Regulations 1972 should be used by the chief executive officer to initiate proceedings against a doctor who is unable to perform his duties from physical or mental infirmity. It has also been agreed that before the committee, set up under article 8 of the regulations, takes a decision they should have an independent medical examination carried out on the doctor at which the doctor's own medical attendant may be present.

5. Remuneration (see page 28 of [Circular 13/72](#)) - It has been agreed that where a doctor is unable to reach a house by car, the fee payable should be changed to accommodate this type of situation. A Chief Executive Officer is therefore authorised to reclassify patients in the next higher mileage category where he considers that the circumstances warrant it and a request has been received from a doctor to do so.

6. Monitoring of visiting and prescribing patterns - It has been agreed with the organisations that doctors should be informed monthly by their local health board of their practice patterns together with health board and national figures. While it may not be possible to do so at present a doctor's visiting and prescribing statistics should, ideally, be compared with similarly structured panels and health boards staff would be available to discuss those figures with the doctor should he so desire. With the information flow, health boards should issue a general statement indicating that if a doctor's visiting or prescribing pattern is continually abnormal, this would be drawn to the attention of the medical officer of the Payments Board. Before doing this, the health board would notify the doctor that they proposed to do this. Health board staff would be available also at this stage to discuss the doctor's figures with him.

7. Dispensing doctor's records (see page 21 para. 14 of [circular 13/72](#)) It has been agreed that a sub-committee will be set up to draft a record for dispensing doctors of items dispensed by them. The sub-committee will have a representative from the department, and one representative from each of the medical organisations.

8. Filing Cabinets - It has been agreed that former permanent DMOs may be supplied with filing cabinets by health boards and chief executive officers are authorised to do so on request from such a doctor.

9. Urgent Forms - It has been agreed that doctors will write "medically urgent" on forms where medicine is urgently required. Participating doctors will shortly be informed of this agreement by the GMS (payments) Board.