Entry to General Medical Service, Revised Fees in General Medical Service

Title: Right of Entry to General Medical Service, Revised Fees in General Medical Service
Date: 9 April 1975
Document Type: Circular 8/75
Link: Circular 9/80

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

(1) Right of Entry to General Medical Service
(2) Revised Fees in General Medical Service

A Chara

I am directed by the Minister for Health to state that the medical organisations have now informed him that they have accepted proposals put to them in connection with the right of entry to the general medical service and the fees payable in this service.

I am to enclose copies of the agreed document in relation to right of entry to the service. This document differs in minor respects from that issued to Chief Executive Officers on 27th November last. The changes are set out in an enclosure to this circular.

Health Boards should now take the necessary steps to implement the proposals in the document. It will be necessary to advertise in each area requesting doctors who come within the categories mentioned at paragraph seven to apply to the Chief Executive Officer for admission to the service. They should be asked to enclose any documentation necessary to establish that they are qualified for entry.

Each health board should inform the Department, by 30th June of the number of doctors admitted to the scheme in accordance with these proposals. It should be noted that the word "present" in paragraph 15, 2nd line, refers back to paragraph 7 and should be construed as the 1st October 1974.

The revised scale of fees which has been accepted by the medical organisations is attached. The General Medical Services (Payments) Board has paid the arrears up to 30th November, 1974, of the fees to doctors normally paid by that Board. It will be necessary for Health Boards to arrange to pay any arrears which fall due in relation to the doctors who are normally paid directly by the Boards. The 1975 allocation falls to be adjusted accordingly and you are requested to submit the estimated cost of this approval to the Finance Unit, Room 49, Department of Health, Custom House, Dublin, 1 as soon as possible. Allocations will then be adjusted for the purposes of the monthly financial reports.

Mise le meas

J Darby

9 Aibrean 1975

Right Of Entry To GMS

Suggested Modifications In Existing Procedures

Introduction

1. A claim made by the medical organisations for unrestricted entry to the general medical services was discussed at a meeting between the Minister and representatives of the organisations on 21 August. Following this meeting, the Minister issued a discussion document in which he set out the background considerations which made it impossible for him to justify the acceptance of the organisations' claim and in which he suggested for discussion a number of possible modifications of the present system of entry which would go some way towards meeting the wishes of the medical organisations.

2. Without prejudice to the organisations' claim, or to the Minister's view that the existing scheme was satisfactory, modifications outlined by the Minister and an interim solution suggested by a representative of the Irish Medical Association were fully discussed between representatives of the Department and representatives of the medical organisations at meeting held on 9th, 16th, 22nd, 30th October and on 14th November.

3. The Minister has been informed of these discussions and he has reconsidered the position in the light of the various views expressed at these meetings.

4. The Minister has already given in detail the reasons why he would not be justified in substituting for the present system of entry by open competition a form of unrestricted entry. He wishes to emphasise in particular –

(a) agreement was reached regarding entry by open competition after full discussion with the medical organisations and, in fact, entry by open competition was stressed by them. The arrangements finally agreed were based on a complex interlocking set of clauses involving the method and rates of payment, the size of panels, the control of abuse and recruitment to the scheme and were arrived at only after intensive study between the representatives of the Department and the medical organisations.

(b) doctors with small panels tend to have very high visiting rates. A system of unrestricted entry would result in smaller average panels and thus a substantial increase in visiting rates. There is a clear correlation between visiting rates and prescribing rates so that unrestricted entry could result in a considerable increase in cost.

(c) there is not a need to attract considerably increased numbers of doctors into the general medical service.

(d) under a system of free entry it has been found in other countries that doctors tend to set up in the cities and large towns to the detriment of the less populous areas. The Minister has no reason to believe that a different position would obtain in this country. The information submitted by the organisations shows clearly that the demand for additional entries to the scheme relates mainly to the cities and large towns which are already relatively well served with doctors.

(e) there is a grave danger that unrestricted entry could result in a form of "closed shop" and that there would not be equal opportunity for persons wishing to enter the general medical service to do so.

5. The Minister remains satisfied that the retention of the principle of entry by open competition is desirable, both in the interests of patients and doctors, but he is nevertheless anxious to go a reasonable distance to meet the representations of the medical organisation regarding the position of -

(i) doctors who did not opt to enter the general medical service when it first came into operation but who may now wish to do so;

(ii) doctors who set up in practice after the inception of the general medical service without an appreciation of the disabilities resulting from their inability to obtain entry into the general medical service;

(iii) doctors who have become assistants or partners since the inception of the scheme without a full appreciation of the disabilities resulting from the fact that they are not entitled to be admitted to the scheme.

6. The Minister is also impressed by the assurances, given at the meetings, by the medical organisations that they are not only prepared but are anxious to co-operate in preventing and dealing with abuses in the operation of the scheme.

Suggested Modifications in Entry

7. Subject to the acceptance by the medical organisations of the provisions set out in this document the Minister is prepared to arrange with Health Boards that they will depart from the present arrangement for filling vacancies and, subject to the conditions set out below, will admit to the general medical service doctors in the following categories:-

(a) any doctor who has been in general practice for at least two years prior to 1st October, 1974; *

(b) any single handed general practitioner not covered by (a) in practice on 1st October, 1974 when he has completed two years in general practice;*

(c) any partner as on 1st October, 1974 of a doctor or doctors already participating in the scheme;

(d) any doctor who was on 1st October, 1974, employed as assistant to a doctor in the scheme or who is admitted under (a) and who becomes a partner of such a doctor prior to the 31st of December, 1975 or six months after the date of the agreement on the document, whichever is the later.

* Experience in general practice acquired elsewhere than in the practice premises in which he was practising on 1st October, 1974, would count towards the completion of this two years.

Conditions Related To Modifications Of Entry

8. Any doctor admitted under the provision of paragraph 7 would be admitted from a date to be determined by the Chief Executive Officer of the relevant Health Board, such date to be fixed as soon as possible, and in any event not later than one month after the Chief Executive Officer has been satisfied that the doctor fulfils the requirements set out in this document.

9. The Chief Executive Officer must be satisfied that an applicant for entry to the general medical service is under 70 years of age, possesses the required professional qualifications and experience and is otherwise suitable for admission to the service. Where the Chief Executive Officer proposes not to admit a doctor on the grounds that he does not comply with the requirements relating to professional qualifications or experience he shall, before reaching a decision, consult with persons nominated through the secretariats of the medical organisations. He shall also consult with such persons if he proposes not to admit a doctor in accordance with the terms of paragraphs 11 and 14.

10. The Chief Executive Officer shall draw to the attention of a doctor admitted under article 7 the provisions in his agreement with the Health Board which relate specifically to over-visiting and prescribing and shall explain to him the arrangements agreed on for monitoring these.

11. The Chief Executive Officer must be satisfied that any doctor covered by paragraph 7(a) was providing a general practitioner service for the period specified either wholetime or where general practice was his primary occupation. A doctor employed in another post who provided a limited general practitioner service would not be regarded as genuinely in general practice, nor would persons who acted as locums or part time assistants for other doctors who were participating in the general medical service.

12. The Chief Executive Officer must be satisfied that any doctor referred to in paragraph 7(b) was providing a general practitioner service in accordance with paragraph 11 on 1st October, 1974.

13. The Chief Executive Officer must be satisfied that a genuine partnership existed on 1st October, 1974 between the doctors referred to in paragraph 7(c). For this purpose he will be entitled to get evidence of the existence of this partnership.

14. The Chief Executive Officer must be satisfied that the doctors referred to at 7(d) were genuinely employed as assistance on 1st October, 1974; e.g. a person, whether employed in another post or not, who only acted as locum or provided only a part time service for a doctor already participating in the scheme would not be included. The Chief Executive Officer will be entitled to get evidence of the existence of the assistantship with a view to partnership and of the subsequent partnership.

15. The acceptance of any doctor referred to in paragraph 7 would apply only to his present practice premises. Should he wish later to open another premises he shall in accordance with the terms of the agreement entered into by all doctors participating in the scheme seek the agreement of the Chief Executive Officer to do so.

Co-operation by medical organisations

16. The Minister expects that the medical organisations will –

(a) accept the modifications already discussed and agreed during the course of the negotiations in regard to disciplinary procedures regarding over-visiting, set out in Appendix A.

(b) agree to co-operate fully in the prevention of the over prescribing of drugs and the prescribing of needlessly expensive drugs and for this purpose agree that a working party will be established to make recommendations on how best this can be done. The working party would contain representatives of the medical organisations, the health boards and the Department of Health.

Measures To Curb Excessive Demands by Patients

17. To prevent excessive demands by patients:-

(a) any doctor participating in the scheme will be entitled, in confidence, to draw to the attention of the health board any cases of excessive demands by patients. The health board would communicate with the patient about his visiting in such cases.

(b) the health boards would be entitled to write to patients with unusually high visiting patterns drawing their attention to them and suggesting that they should discuss with their doctor the need for such visiting. A copy of the letter would be sent to the doctor.

(c) the Minister will arrange in consultation with the medical organisations for the production of leaflets and other publicity material aimed at encouraging patients to use the scheme reasonably.

Future Entry to the Central Medical Service

18. Apart from the exceptional provisions already set out the Minister is satisfied that the main method of entry to the general medical service must be by open competition. He will be prepared to discuss with the medical organisations possible changes designed to speed up the process of selection and appointment of persons to the scheme. He will also be prepared to discuss the laying down of essential qualifications for future entrants.

19. While the minister is satisfied that the main method of entry to the medical service should be by open competition, he is prepared to facilitate, within reasonable limits, the establishment of partnerships and group practices. As far as private practice is concerned he has, of course, no functions. He would welcome the creation of partnership or group practices by doctors already participating in the general medical

service. Where a doctor participating in the service wishes to take in a partner, or where participating doctors wish to take in another doctor to a group practice, problems arise.

20. The Minister is concerned to ensure that persons wishing to enter the service compete on equal terms and that no suggestion of a "closed shop" arises. Notwithstanding this concern he appreciates the desire of doctors to ensure that any person admitted into a partnership or group practice will be acceptable to and will co-operate and work in harmony with the partner or group. It is not easy to reconcile these two points of view and a compromise solution is the only possibility. The Minister proposes provisions as in the following two paragraphs.

21. The creation of a position as partner, or as an additional member of a group practice, or as an assistant with a view to partnership for the purpose of the general medical service, will be subject to the approval of the Health Board. In considering any such proposal the Board shall have regard to the total practice of the applicant. Before giving approval the Board must be satisfied –

(a) that the creation of the position is preferable to the creation of an additional position which could be filled by open competition in the normal way; and

(b) that the creation of the position will not result in the admission of a particular person into the general medical service while other equally well or better qualified persons are not given a reasonable chance to compete. Where the Chief Executive Officer proposes to seek the approval of the Board to the creation of a position as a partner, or as an additional member of a group practice, or as an assistant with a view to partnership he shall, before doing so, consult the medical organisations.

22. Where a Health Board agrees to the creation of a partnership or an addition to a group practice or to the recruitment of an assistant with a view to a partnership the position will be advertised in the normal way but the doctor or doctors involved or a nominee of the doctor or doctors involved in the proposed taking in of a partner, or additional member or assistant will be entitled to sit on the selection board. The selection board shall pay due regard to any objection of this representative to the giving of the post to a particular individual or individuals. If the board considers it desirable it may not recommend any candidate for appointment.

Employment of an Assistant With a View to Partnership

23. Where the Health Board has agreed to the recruitment of an assistant with a view to partnership the following provisions shall apply:-

(a) the doctor recommended by the selection board shall serve as an assistant for a trial period of six months. The arrangement may be terminated by either party, or by mutual agreement, at any time during this period.

(b) if the arrangement is terminated further recommendations of an assistant may be made by a selection board constituted in accordance with paragraph 22 but if a partnership is not created within 2 years of the first assistant taking up duty the agreement of the Health Board to the employment of an assistant with a view to partnership in the GMS shall lapse.

(c) during the trial period an assistant will not be entitled to enter into an agreement with the Health Board to provide services for eligible patients he may, on behalf of the participating doctor, provide services for such patients but he shall not be assigned sole responsibility for any specific patients or group of patients.

(d) the participating doctor shall retain responsibility for the provision of services to all patients on his list and shall also be generally responsible for the visiting and prescribing patterns of the assistant.

(e) after entering into partnership at the conclusion of the trial period the assistant shall be entitled to enter into an agreement with the Health Board to provide services for eligible patients as a member of the partnership.

Employment of Other Assistants

24. In the light of the provisions already set out there should be little need for the employment of assistants other than those referred to in paragraph 23. Where such an assistant is employed the doctor will notify the Health Board to this effect and the following provisions will apply -

(a) such an assistant will have no right of succession to the general medical service panel,

(b) the participating doctor must normally provide, in person, services in accordance with the provisions of his contract,

(c) such an assistant could deal with general medical service patients as locum and he could also deal with such patients when it is not practicable for the participating doctor to provide the services in person, but there can be no assignment to the assistant of any specific patients or group of patients,

(d) the participating doctor would retain full responsibility for the proper care of all patients on his list,

(e) the participating doctor would be responsible for the visiting and prescribing patterns of the assistant. The selection of an assistant would normally be a matter for the participating doctor or doctors.

25. As indicated above, the Minister regards entry by open competition as continuing to be the primary method of entry to the service and would not be willing to accept as a general feature of the arrangements for the service a system giving right of entry by any doctor who sets up in private practice in a particular area. Nevertheless, he accepts that there may be circumstances in which a doctor might enter the service other than by open competition. Recognising that general practice in this country is a mix of public and private practice, that there is no restriction on doctors setting up in private practice and that such doctors may to some extent be affected by transfers of patients under the present arrangements from the private to the public sector, the Minister is prepared to accept that a doctor well-established in private practice should have the right to take public patients. Accordingly, he would be prepared to agree that any doctor established in his own right in private practice in a particular centre for seven years should then become entitled to take public patients (but would not, of course, be given any guaranteed panel of such patients). Such a doctor would be entitled to apply to the health board for entry into the scheme and if he satisfied the board that he complied with the provision mentioned, subject to any agreement reached in accordance with paragraph 18 regarding essential qualifications, the board would be obliged to admit him to the scheme in the centre where he was then established.

26. The Chief Executive Officer shall consult the medical organisations before seeking the approval of the Board to the amalgamation of existing posts, the creation of a new post or the suppression of an existing post in the General Medical Service. An existing post which becomes vacant shall be advertised in accordance with current practice.

Appendix A

Proposed Changes in Existing Disciplinary Measures

1. Over Visiting (see paragraph 23 of Agreement)
(a) Where a committee which has investigated a prima facie case of excessive visiting considers that the evidence justifies it, they may remit the case to a Disciplinary Committee to consider whether the doctors 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.
(b) An appeal against a decision of an investigating committee should be made within 21 days of the receipt of the decision by the doctor. Monetary penalties would be payable upon the expiration of this time limit in the absence of an appeal.

2. Complaints against general practitioners (see paragraph 22 of Agreement)
(a) Where it has been established by a Disciplinary Committee that a doctor has accepted payment from an eligible patient in respect of service under the scheme which the doctor's contract requires him to give, the Disciplinary Committee shall consider recommending termination of his contract.