

# Re: Revision of Paragraph 23 of the Modified Conditions of Entry to the GMS 1975

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From: Department of Health, Ireland

To: Chief Executive Officer Each Health Board

Re: Revision of Paragraph 23 of the Modified Conditions of Entry to the GMS 1975

Dear Chief Executive Officer

I am directed by the Minister for Health to refer to a series of discussions between the Department, the Health Boards and the medical organisations concerning the consequences of dissolution of two handed partnership in the GMS which involves a partner who has entered the Scheme as an assistant-with-a-view to partnership.

In the course of these discussions it has been suggested to the medical organisations that they should advise their members when forming partnerships in the GMS to enter into a formal partnership agreement in which the consequences of dissolution should be clearly spelled out. The Department agreed to recommend to Health Boards that the GMS contract issued to an incoming partner who has completed his assistantship, should indicate that it is subject to the terms of Modified Conditions of Entry to the GMS.

As you are aware the Modified Conditions of Entry to the GMS issued by the Department in April 1975, entitle an assistant to a GMS contract when he becomes a full partner. However, under the provisions of paragraph 23(e) of that document, he holds his contract only as a member of the partnership and on dissolution of the partnership automatically loses his right to participate in the GMS.

The implications of this provision and its consequences have been considered at length during this series of discussions. With a view to resolving the problems which have arisen in this area it has been agreed to extend paragraph 23 of the Modified Conditions of Entry to the GMS 1975. The extended paragraph 23, agreed with the medical organisations, is attached and takes effect as and from 1st February 1980.

In the context of sub-paragraph 23 (e)(i), 23(e)(ii) and 23(e)(iii), the term "senior partner" refers to the partner who requested the creation of the vacancy for an assistant while the "junior partner" refers to the partner who entered the partnership through that vacancy and on completion of his assistantship.

I am also to inform you that the medical organisations are seeking, a reduction in the period of seven years specified in paragraph 25 of the Modified Conditions of Entry, 1975. It has been agreed that should any reduction in the seven year rule follow from these discussions sub-paragraph 23 (e)(iii), will be revised.

The Modified Conditions of Entry, April 1975 as now amended form part of the arrangements for the GMS.

Yours sincerely,

J O'Rourke

6 June 1980

## Revision of Paragraph 23 of the Modified Conditions of Entry, 1975

### 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 for 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. Should this partnership be dissolved the following provisions shall apply:

(i) on the death of the senior partner the surviving partner shall continue in the scheme with the panel of GMS patients held by him at the date of the senior partner's death, provided the surviving partner's entry as a partner in the GMS Scheme had been approved by the appropriate Health Board prior to that date. The deceased partner's panel of GMS patients shall then be frozen and assigned to the surviving partner on a temporary basis until such time as the Health Board decides as to future arrangements for the provision of general practitioner services for medical card holders in the area. Where the combined panel of the former partners is such as to require, in the opinion of the Health Board, the services of a second doctor, the Board may require the surviving partner to take on a locum, pending a decision as to the filling on a permanent basis of the vacancy.

The Health Board for the area should then examine the panel position of the former partnership and its geographical spread together with the panel positions of the other doctors in the neighbourhood and the pattern of private practice in the area. As a result of this examination and discussion with the surviving partner and the secretariats of the medical organisations the Health Board may decide that a second doctor should be appointed.

However, where the combined total of the panels of the former partners exceeds two thousand patients, the Health Board shall decide - save in exceptional circumstances - that a second doctor should be appointed.

Where a second doctor is to be appointed the Health Board may decide to

(a) approve the creation of a partnership with the surviving partner or

(b) divide the deceased partner's panel so as to create two separate panels.

The presumption shall be in favour of continuation of a partnership with the surviving partner. The creation of a new partnership with the surviving partner shall be in accordance with the provisions of paragraphs 21, 22 and 23 above. On creation of the partnership the

surviving partner shall be assigned the amalgamated panel. If after two years a partnership has not been formed, the provisions of (b) above shall apply.

Where it is decided to create two separate panels the deceased partner's panel shall be divided so that each doctor's GMS panel shall be approximately equal.

Where the combined total of the panels of the two former partners does not exceed two thousand patients, the Health Board, as a result of the examination and discussion already referred to, may decide that one doctor would be adequate to serve the number of patients on the panels. In this case the surviving partner shall be appointed to the sole charge of the amalgamated panel.

A Health Board should make its decision regarding the continuation of the practice preferably within three months and certainly within six months of the senior's death.

(ii) On the retirement or resignation of the senior partner from the GMS the remaining partner shall continue in the Scheme provided he has served for a period in excess of three years as a partner in the partnership.

However, where the senior partner:-

(a) resigns to take up a post elsewhere in the GMS.

(b) retires from general practice to take up a post in another sector of the Health Services,

(c) forfeits his GMS contract as a result of proceedings under Article 8 of the Health Services Regulations, 1972 or

(d) resigns on the grounds of ill health and the Chief Executive Officer of the Health Board is satisfied, following medical evidence, that the senior partner is permanently and wholly unfit on medical grounds to continue the practice of medicine in the General Medical Service,

the junior partner shall continue in the Scheme provided he has at least two years service as a partner in the partnership.

Where the junior partner retains his right to participate in the GMS under these provisions the Health Board shall proceed in relation to the allocation of the former senior partner's panel along the lines set out at 23(e)(i)

(iii) Where a partnership is dissolved for reasons other than those referred to at 23(e)(i) and 23(e)(ii) the junior partner shall retain his GMS contract and shall also retain the panel of GMS patients held by him at the date of dissolution of the partnership provided the partnership has existed for a period in excess of seven years.