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

A Chara

I am directed by the Minister for Health to refer to the recently concluded Review of the General Medical Service which involved representatives of the Department, the health boards and the medical organisations. Arising out of the review discussions agreement has been reached on the following matters relating to the service.

1. Minimum qualifications for Entry to the GMS

For doctors who commence full-time general practice after 1st July 1982 the minimum experience required for entry into the General Medical Service will be two years experience subsequent to full registration in the Medical Register. The required experience shall comprise:-

> (i) six months experience in full-time General Practice. In future it would be expected that this would be in an established practice but it is recognized that this may not in all cases be possible. The six months experience need not be continuous but must be in full-time general practice. Experience gained in short term locums in a locum bureau or in employment otherwise than as a full-time general practitioner will not be reckonable towards the aggregate of the six months.
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> (ii) periods of six months hospital experience in each of any three of the following specialities (or three months in the case of Participants in a recognised Vocational Training Scheme):
> Accident and Emergency Medicine or General Surgery
> General Medicine
> Geriatric Medicine
> Obstetrics, and/or Gynaecology.
> Paediatrics
> Psychiatry

All entrants should have at least six months in either General Medicine or Paediatrics.

2. Interviewing of applicants for vacancies in the GMS

Standards and guidelines are laid down in existing circulars relating to recruitment generally in the health services. The following guidelines are suggested to assist in producing uniformity in the interviewing of applicants for vacancies in the General Medical Service Scheme.
The purpose of an interview is to place candidates in order of merit. An interview board must consider the nature of the practice concerned - e.g. if the practice is in an isolated area or if it contains a large element of obstetrics - in allocating marks and consequently the general marking system adopted by a board should not be rigid.

In general marks should be awarded for:-

> (i) qualifications of an academic nature - memberships, diplomas, etc - appropriate to general practice. Marks can also be allocated for having completed a recognised vocational training scheme in general practice.
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> (ii) varied hospital experience - most marks should be for the first six months in each speciality with a loading for those hospital posts of importance to general practice.

(iii) experience in general practice itself, taking into consideration the amount of responsibility the candidate exercised, without giving undue value to experience over five years.

(iv) general acceptability and suitability - the candidate's personality and other experience should be considered

3. Selection procedure for partners and assistants with a view to partnership

Arising out of problems relating to the operation of existing arrangements for selecting assistants and partners, it has been agreed to revise these selection procedures and follows:-

(a) Towards the and of each year health boards will make a projection of the number of assistantship and partnership posts likely to be created the following year under Sections 22 and 23 of Circular 13/75.

(b) A competition will then be advertised to establish a panel from which principals may choose partners and assistants with a view for posts approved by health boards in the course of the following year. Doctors who hold the minimum qualifications for entry to the GMS specified at 1 above will be eligible for the competition.

(c) The interview board will be composed of an independent chairman, a general practitioner, a medical officer of a health board and a member of a health board's management team. In view of the number of general practitioners which might be expected to apply all candidates may not be called to interview.

(d) Following interviews, the board will place on a panel the number of candidates determined for the coming year. This panel will be notified to the Chief Executive Officers, preferably before January of the year for which it is operative, and will last for twelve months from the date of notification. The panel will also be notified to each of the medical organisations.

Doctors on the panel will, of course, also be eligible for other competitions for GMS vacancies in the course of the year. Some candidates may subsequently be offered posts as single-handed practitioners in the Scheme, resulting in a reduction in the panel for assistants and partners. Also, the number of principals actually seeking assistants or partners may exceed the projected number for the year. Both points will be borne in mind when determining the size of the panel.

(e) Inclusion in a panel for assistants and partners does not confer any entitlement to an appointment.

4. Right of Entry to the General Medical Service

It has been agreed to reduce the period of seven years in full-time general practice, specified in Paragraph 25 of Circular 8/75, to five years with effect from 1 August 1981. A doctor who has completed five years continuous service in full time general practice at a particular centre may apply for a GMS contract at that centre. Other doctors in general practice may similarly apply for a contract on completion of five years full-time practice in a particular centre. Practice in a particular centre may be construed as including cases in which a doctor practices at not more than one other local centre. Doctors intending to avail themselves of right of entry to the scheme should notify the health board when establishing themselves in private practice at a centre or centres in the board's area. A doctor who holds a contract from a health board may not open another centre of practice in the GMS without the consent of the health board. Entry under the provisions of Paragraph 25 does not apply to a doctor who has terminated his GMS contract or whose contract has been terminated on the recommendation of a Disciplinary Committee.

The seven year period specified in Sub-paragraph 23 (e) (iii) of Circular 8/75 as amended by Circular 9/80 is also reduced to five years.

5. Procedures to follow upon dissolution of Multiple Partnerships under the GMS.

The health board should be informed immediately a partnership is formed, or dissolved, amongst doctors who participate in the GMS. Any addition to or diminution of the numbers in the partnership should also be notified to the Health Board immediately after the occurrence of such an event. Notification of the formation of a multiple partnership should contain at least the signature of the partners witnessed by a solicitor. There are partnerships in the GMS which hitherto had not been notified to the health boards. Doctors will be requested by their medical organisations to bring these partnerships to the notice of the appropriate health board.

Procedures to follow upon dissolution of two handed partnerships, involving a partner who entered the Scheme as an assistant with a view, are dealt with in Circular 9/80. The following procedures will apply in cases of dissolution of multiple partnerships created under the Modified Conditions of Entry 1975:-

(i) On dissolution through the death, resignation or retirement from the GMS of member of a partnership involving three or more participating doctors his panel should be frozen and assigned by the health board to a surviving member of the partnership on a temporary basis.

(ii) The Health Board should consider whether the vacancy should be filled, taking account of the views of the remaining partners, the total of the panels in the practice, the nature of the practice generally and the panel positions of other doctors in the neighbourhood. The presumption should be in favour of the continuation of the partnership. Following consultation with the secretariats of the medical organisations the board may decide:-

(a) not to fill the vacancy and offer the patients a choice from among the remaining partners, or

(b) that an additional doctor should be taken into the partnership - an assistant with a view to partnership or a direct partner. On completion of the partnership agreement the patients on the frozen panel should be given a choice from the remaining doctors in the earlier partnership. If after 2 years an additional partner is not appointed the health board may advertise the frozen panel as a vacancy for a single handed practice, or

(c) that in certain circumstances it would be in the best interests of the GMS patients in the area that the deceased partner's panel should be filled as a single handed practice.

(iii) If as a result of the death or retirement from the scheme of a partner in a multiple partnership the number of panel patients served by the partnership would exceed an average of 1,500 per remaining partner, including the deceased's panel then the Board must arrange for the taking on of an additional partner or for the creation of a single handed practice.

(iv) on the resignation of a partner, appointed under the Modified Conditions of Entry, 1975, from the partnership but not from the GMS the partner shall retain the panel of patients which he held on the date of his resignation provided his partnership has existed for a period In excess of five years.

6. Position of Former District Medical Officers in relation to dispensary residences

Former DMOs who occupied dispensary residences at the commencement of the Scheme are guaranteed continued occupancy, on the basis of conditions existing at that time, as long as they participate in the Scheme in the area concerned. However, a former DMO in this position, taking up a post elsewhere in the GMS does not carry a guarantee of a residence in the new area.

7. Transfer of patients prior to retirement

The GMS panel of a participating doctor shall be frozen for the six month period prior to the date on which he is due to retire from the Scheme.

8. Grants for Practice Premises

The level of Practice premises grants for participating doctors in the GMS is revised as follows:-

Single handed practitioner - 25% of cost up to maximum of £1,700
Partnerships - 37.5% of cost up to maximum of £2,500
Groups of Three - 50% of cost up to maximum of £3,400 (increasing by £850 for each additional doctor over 3 in the Group).

Where a doctor holds two contracts a grant may be paid only by the board in whose area the premises is situated.

9. Patient Records

If a patient changes his doctor, the patient's record, or a summary of its contents, shall, subject to the consent of the patient, be forwarded to the new doctor by the patient's former doctor.
On the death of a participating doctor, the health board should arrange through the Director of Community Care and Medical Officer of Health for the transfer of the records of his GMS patients to the doctor providing services for these patients. Where it is necessary to take custody of the records this should be done by the appropriate Director of Community Care and Medical Officer of Health.
Where a participating doctor retires or resigns from the GMS the health board should inform each patient, when notifying him of the name of the new doctor, that the records are being transferred to this doctor. The patient should be notified that if he does not agree to the transfer of his records he should indicate this to the health board within fourteen days of the notification. Records deposited with the Director of Community Care and Medical Officer of Health may be destroyed after a reasonable time.

10. Fees for Second Medical Opinion

A fee is payable to a general practitioner in full time general practice who visits and gives a second medical opinion in the case of a GMS patient at the request of the patient's doctor. The consultation may take place at the home of the patient or at his or her doctor's surgery.
The general practitioner claiming the fee shall not be in partnership or arrangement (other than a rota arrangement) in public or private practice, with the doctor who sought his opinion. Claims for this fee should be made to the local health board indicating the time and location of the consultation, the patient's name and medical card number, and the claim should be counter signed by the doctor who sought the second opinion,

11. Fees for Special Services

An additional fee equal to double the basic surgery fee will be payable where any of the following services are provided:

(i) Removal of cysts

(ii) Suturing cuts and lacerations

(iii) Draining of hydroceles

(iv) Treatment and plugging of dental and nasal haemorrhages

(v) Recognised vein treatment

(vi) ECG tests and their interpretation

(vii) Instruction in the fitting of a diaphragm

The fee payable in the case of (v) above will only be paid where sclerotherapy treatment is involved and will not be payable where dressings only are provided. The fee payable in respect of (vi) above will include the recording as well as interpretation of ECG tests.

Fees for special services will be payable to former DMOs on salary, but the appliances necessary for the provision of these services will not be supplied by health boards.
Participating doctors who intend to provide any of these services must indicate to the Director of Community Care which of services (i) to (vii) they will be providing.

12. Procedure for claiming fees in respect of short-term stay patients from within the EEC

Applicants for health services from EEC countries - other than the United Kingdom - can prove entitlement to GMS services under EEC Regulations by presenting an official EEC form E 111 duly completed and certified in the country of origin. G.M.S doctors claiming for EEC patients should copy the essential information from this form on to the special type consultation form i.e the patient's name and address in his country of origin and, in the space for the patient's registered number, the name and address of the competent institution appearing on form E 111.

In the case of a temporary visitor from the United Kingdom, claims for services should also be entered on the special type consultation form. The doctor should enter the patient's name and address in the UK and in the space for the patient's registered number, the patient's Insurance Number if available. In future, doctors need not submit Form Reg. 1408/71 with claims in the case of UK visitors.

Completed special type consultation forms should be forwarded to the health board.

The wider question of the provision of services under EEC Regulations will be given further consideration. This consideration should be concluded by June 30, 1982.

13. Surgery Hours

Doctors proposing to change surgery hours should be reminded again that they must first notify and obtain the agreement of the health board before introducing any change in hours.

14. Availability of Locums

The Personnel Unit of the health board will advise, on request, of doctors who have indicated to the health board that they are available for locum duty in the board's area.

15. Excessive panels in the GMS

GMS panels in excess of 2,000 should be frozen. Once frozen, only new medical card patients who are members of families already being treated by the practice should in future be allowed on to the panel.

16. Disciplinary Procedures

In the case of Investigating Groups set up in accordance with Paragraph 23 of the schedule to the Agreement for the provision of services by general practitioners under Section 58 of the Health Act, 1970, the following will in future apply:

(i) there will be a panel of three Chairmen appointed after consultation with the IMA and MU. One or more of these shall have legal qualifications. Where a member of the panel has been nominated by the Minister to act as Chairman of a Group and where it is discovered that the nominated chairman is ill or otherwise not available to act, the Minister may nominate another member of the panel to act as chairman.

(ii) While it is envisaged that the hearing would effectively be a peer review, where the circumstances relating to a doctor's provision of services are being investigated and the doctor wishes to be accompanied to the hearing by his legal adviser, the Minister in such cases may nominate a person with legal qualifications from the panel of Chairmen.

(iii) The Medical Officer of the GMS (Payments) Board shall be present at hearings to clarify, if called upon by the Chairman to do so, any points in the Medical Officer's report which the doctor might question. Where the doctor appearing before the Group is accompanied by his legal adviser, the Medical Officer of the Payments Board may also be accompanied by a legal adviser.

(iv) in so far as this is possible, there will be a standard format for the report of an Investigating Group in which the reasons for the Groups decision will be clearly indicated.

(v) It has been agreed that the Medical Officer of the GMS (payments) Board may in future refer any case where he is satisfied after his own enquiries that claims are unreasonable and he shall inform the doctor concerned of his so doing.

The provisions at (i) to (iv) above will also apply in the case of Appeal Committees established under Article 8(i)(b) and Disciplinary Committees established under Article 8(i)(a) of the Health Services regulations, 1972 and in accordance with Paragraph 23 of the Schedule to the Agreement.

The number of doctors on the panels nominated by the Medical Organisations for the purposes of Investigating Groups and Committees under Article 8 will be increased so as to allow greater flexibility in constituting groups and committees. The Minister may nominate a substitute from these panels where a member of a Group or Committee becomes ill or is otherwise unavailable.

It should be noted that Appeals Committees under Article 8(i)(b) of the Health Services Regulations, 1972 may, where they deem it proper to do so, exercise their option to increase the deduction from the remuneration of a doctor who appeals from the findings of an Investigating Group. According to present practice these committees would appear to have confined themselves to confirming the penalty of the Investigating Group, or reducing or remitting this penalty.

It should also be noted that in addition to the power of Disciplinary Committees established under Article 8(i)(a) of the 1972 Regulations, to recommend that a doctor's GMS contract be terminated, these committees also have power to recommend that a reduction be made from the remuneration of a doctor or that he be admonished.

Where a doctor holds two contracts, one of which is terminated on the recommendation of a Disciplinary Committee, the second contract shall also be deemed to be terminated.

17. Handbook for Doctors participating in the GMS

The department has agreed to the introduction of a handbook for the information of doctors participating in the scheme. It is proposed that this booklet should be in three part binder form - the first section to be prepared by the Department and to relate to the provisions of the contract; the second to be prepared by the GMS (Payments) Board and to relate to its requirements; the final section will relate to the local health services and will be prepared by the appropriate health board.

As soon as this booklet is ready, it will be circulated to all participating doctors and in future each entrant to the GMS will be given a copy. The above seventeen items now form part of the arrangements for the General Medical Service and come into effect on August 1st. 1981.

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