

# ENTRY TO THE GENERAL MEDICAL SERVICES (GMS) SCHEME

**Title: Entry to the General Medical Services (GMS) Scheme**

**Date: 19 June 1996**

**Document Type: Circular 3/96**

**From: Department of Health, Ireland**

**To: Each Health Board Chief Executive Officer**

**Re: Entry to the General Medical Services (GMS) Scheme**

Dear CEO,

I am directed by the Minister for Health to refer to this Department's Circular 1/95 concerning the Agreement between Management and the Irish Medical Organisation (IMO) following the review of the operation of the General Medical Services (GMS) Scheme in relation to general practitioners in 1994.

Appendix 2 of the 1994 Agreement dealt with matters relating to:

- the criteria for filling vacancies/creating new posts;
- the consultation process in relation to new posts created and vacancies suppressed;
- recruitment of Partners and Assistants and;
- interviewing of applicants.

Following discussion between representatives of Management and the IMO over the past number of months, agreement has now been reached on a revised version of Appendix 2 of the 1994 GMS Review Agreement. In this connection, please find attached a copy of the revised version of Appendix 2 which should now be substituted, as appropriate, in the 1994 Agreement.

In addition to dealing with the criteria and the consultation procedure for filling general practitioner posts ( i.e. the creation of new posts, filling of vacancies and suppression of posts in the GMS Scheme), the recruitment of Partners and Assistants and the interviewing of applicants for vacancies, the revised Appendix 2 also includes reference to other, new, Appendices which deal with: -

- Guidelines for a marking system for interview boards (Appendix 3);
- Guidelines for use in assessing the viability of posts (Appendix 4) and;
- An explanatory note on entry by doctors to the Scheme and related matters (Appendix 5).

I would be obliged if you would bring this documentation to the attention of the appropriate staff in your Health Board.

Yours sincerely

Alan Aylward  
GMS Division  
19 June 1996

**General Medical Services Review Agreement 1994**  
**Appendix 2: Incorporating Revisions agreed in June 1996.**

ENTRY TO THE GMS

1. Criteria for filling vacancies/ creating new Posts

Where it is proposed to fill vacancies or new posts these will be filled by open competition following public advertisement. In arriving at a decision regarding the filling of a vacancy or creation of a new post, considerations to be taken into account include

- the provision of a proper level of access to general practitioner services for patients,
- that patients have a reasonable degree of choice in selecting a practitioner, and
- that due regard is given to the question of the viability\* of practices in the area in question.

\* See 5 and Guidelines on Viability at Appendix 4

2. Consultation process in relation to new posts created, vacancies filled or suppressed.

The Chief Executive Officer or his representative at an appropriately senior level, shall consult formally with and obtain the views of the Irish Medical Organisation (IMO) through the IMO head office before a decision is taken regarding an appointment to the General Medical Service (GMS.), whether as a new appointment or the filling of a vacancy, or where it is intended to suppress a vacancy. The final decision on the creation of new posts or the filling or suppression of vacancies will rest with the Chief Executive Officer of the health board, following the consultation process. In the case of vacancies which can be anticipated, this consultation process should commence at least six (6) months in advance of the position becoming vacant and, except where exceptional circumstances apply, a period of 6 weeks should be allowed for a formal response from the IMO.

3. Recruitment of partners and assistants with a view to partnership.

(a) Recruitment of partners and assistants with a view to partnership will be by open competition. Where a participating doctor wishes to recruit a partner/assistant, he/she shall apply to the Chief Executive Officer of the relevant health board. This application should include all relevant factors relating to the need for a partner or assistant.

(b) Where the Chief Executive Officer of the health board is of the view that an optimal general medical service for eligible persons and/or the orderly conduct of general practitioner services in a particular area is already adequately met by existing arrangements, the Chief Executive Officer or his representative at an appropriately senior level, shall consult formally with and obtain the views of the IMO through the IMO head office. Following this consultation process the Chief Executive Officer may determine that an applicant doctor shall not be entitled to recruit a partner or assistant in the GMS.

A period of 6 weeks should be allowed for a formal response from the IMO

(c) Where, following consultation with the IMO as outlined above, the Chief Executive officer is satisfied that there is a need for recruitment of a partner or assistant in the GMS an open competition following public advertisement will be conducted for each appointment.

In making a recommendation regarding the appointment of a partner or assistant with a view to partnership, the interview board must be satisfied that the proposed appointment will result in a workable arrangement.

Where no appointment is made following the competition, the applicant doctor may request that a new competition be held after a period of one year has elapsed from the date of the first competition. If no appointment is made following this competition, no further application for a partner/assistant shall be entertained for a period of four years.

(d) The conditions governing the termination of assistantships/partnerships contained in Circulars 9/80 and 9/81 shall continue to operate.

#### 4. Interviewing of applicants for vacancies in the GMS Interview Boards

Appointments in respect of vacancies, new posts and partner/assistants, will be made from an open competition following advertisement and competitive interview. The interview board will be composed of an independent chairman nominated by the chief executive officer, the Director of Public Health of the health board or a public health doctor with relevant experience, or a member of the health board's management team, an independent general practitioner chosen from panels nominated every three years by the Irish Medical Organisation and the Irish College of General Practitioners and in the case of partners /assistants, the applicant doctor or other doctor nominated by him/her. Candidates may be short listed for interview on the basis of the information contained in their application forms.

Candidates selected for GMS posts shall be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service and shall be required to satisfy a medical examiner as to their fitness to hold an appointment. They shall be obliged to produce evidence of qualifications and medical indemnity insurance.

#### Guidelines for Marking

A marking system for guidance of interview boards in awarding marks to candidates at interview is attached at Appendix 3.

#### 5. Guidelines on Viability of GMS posts

Guidelines which may be used in assessing viability of posts have been agreed and are attached at Appendix 4.

#### 6. Explanatory Note on criteria applied for Entry to the General Medical Services.

An explanatory note on the criteria applied for entry to the GMS is attached at Appendix 5.

## **APPENDIX 3**

### INTERVIEWING FOR APPLICANTS FOR VACANCIES IN THE GMS

#### GUIDELINES FOR ALLOCATING MARKS

##### Guidelines for allocating marks:

It is recommended that the following guidelines be introduced to assist in producing uniformity in the interviewing of applicants for vacancies in the General Medical Services Scheme. The purpose of an interview is to place candidates in order of merit.

To be eligible for interview all candidates must have satisfactorily completed a recognised Vocational Training Scheme in General Practice or have acquired rights under the EU Directive on specific training in general practice. (See paragraph 2(a), (b) and (f) of Appendix 5 for an explanation of acquired rights).

Marks should be awarded for:

- (i) Qualification of an academic nature - memberships, diplomas, etc. - appropriate to general practice.
- (ii) Suitable hospital experience - most marks should be for the first three/six months in each speciality.
- (iii) Experience in general practice itself, taking into consideration the amount of responsibility the candidate exercised.
- (iv) Experience in research, teaching, CME, GP Unit and other compatible experience.
- (v) General acceptability and suitability - the candidate's personality and other experience should be considered.

#### **(1) PROFESSIONAL QUALIFICATIONS AND RESEARCH:**

MAXIMUM MARKS AVAILABLE 100 marks

- (i) Membership of the Irish College of General Practitioners or other recognised Colleges of General Practice 60 marks

##### **Maximum marks available under this sub-section 60 marks**

- (ii) MD Thesis (General Practice based) 40 marks

Additional higher qualifications in General Practice e.g. FRCGP by assessment 30 marks

MRCPI or other recognised membership qualification relevant to General Practice e.g. MRCP, MR Psch, FRSCI 20 marks

Masters in Medical Science in General Practice 20 marks

Diplomas (DCH, DRCOG, DF, or other recognised diplomas) 10 marks each

**Maximum number of Diplomas considered 2.**

Published Research relevant to General Practice or relevant to the specific Practice 15 marks

Other Published Work 5 marks

**Maximum number of papers considered 2.**

**Maximum marks available under this sub-section 40 marks**

**(2) GENERAL PRACTICE TRAINING AND HOSPITAL EXPERIENCE:**

MAXIMUM MARKS AVAILABLE 100 marks

(a) Specific Training in General Practice

Recognised Vocational Training Scheme in General Practice - as per EU Directive 100 marks

**OR**

(b) Self-structured training/experience

Recognised Hospital experience.

(i) Maximum of 10 Marks per six month's rotation (or 2 x 3 months rotations, where appropriate) up to a maximum of 2.5 years in combinations of the following specialities:

- Medicine
- Geriatric Medicine
- Obstetrics/Gynaecology
- Psychiatry
- Accident and Emergency/General Surgery
- Ophthalmology/Otorhinolaryngology
- Paediatrics
- Rheumatology
- Dermatology

50 marks maximum

(ii) General Practice experience other than recognised Vocational Training Training year in recognised training practice 30 marks

**OR**

Other General Practice experience in non-training practice 15 marks per year (max 2 years)

**Maximum marks available under this sub-section 80 marks**

### **(3) GENERAL PRACTICE EXPERIENCE:**

MAXIMUM MARKS AVAILABLE 100 marks

The quality of General Practice experience i.e. appointment as Principal in the GMS, assistant to a Principal in a practice with GMS patients, single-handed General Practitioner in a non-GMS practice, part-time or sessional work in General Practice and Locum work should have relevance to the marks obtained as it has relevance to the quality and range of General Practice experience obtained in a fixed period.

- (a) Principal in GMS 20 marks per year (max 5 years)
- (b) Assistant or approved associate GP 15 marks per year (max 5 years)
- (c) Principal in General Practice 15 marks per year (max 5 years)
- (d) Assistant in General Practice and continuous locum experience for periods of 3 months or more (marks may be awarded for part-time experience on a pro-rata basis) 10 marks per year (max 5 years)
- (e) Teaching/Research and other academic activity 10 marks per year (max 5 years)

**Under this section, marks should not be awarded for concurrent activities, but where concurrent activities are undertaken the benefit of the higher mark should apply.**

### **(4) GENERAL SUITABILITY**

MAXIMUM MARKS AVAILABLE 100 marks

Personality, general suitability, previous training and experience of the candidate should be relevant to the position being filled. Specific consideration should be given to the relevance of general practice, and other experience to the appointment being considered particularly if there are special features to the practice under consideration

**Only candidates who get more than 50% in this category can be considered for appointment.**

## **APPENDIX 4**

### **Guidelines regarding the Viability of a Practice**

In relation to entry to the GMS one of the criteria which is taken into account by the Chief Executive Officer of a health board when filling vacancies or creating new posts is the viability of the practice in the area in question.

The following guidelines set out a number of factors which may be considered in the case of new posts, vacancies, suppression of vacancies or applications for recruitment of partners or assistants with a view to partnership. Some or all of these factors will be relevant or of assistance in assessing viability depending on the nature of the post in question.

The criteria that may be taken into account when considering the viability of a practice are as follows -

- The number of GMS patients on the list
- The age/sex profile of the patients on the list
- The geographic area in which the practice is situated.
- The number and age profile of the GMS doctors in the area, and their list sizes.
- The private practice profile of the area in question, including the ratio of private to public patients in the area.
- The population size in the area and surrounding areas.
- The factors advanced by the applicant doctor in support of his/her application.
- The particular public health needs of the area in question.

In the current General Medical Services Agreement provisions have been agreed for a full consultation process between a Health Board and the Irish Medical Organisation in relation to the decision on whether to advertise or suppress a post or in the case of partners or assistants with a view to partnership to grant the application.

The final decision will rest with the Chief Executive Officer of the Health Board, following the consultation process.

## APPENDIX 5

### Explanatory note on entry to the GMS Scheme and related matters

#### 1. General

Changes in the terms and conditions of the GMS Doctors contract are notified to health boards from time to time by way of Circular letter from the Department of Health. Such Circulars are issued following agreement between the Department, the health boards and the Irish Medical Organisation (IMO).

This note is explanatory in nature and does not supersede the terms of the relevant Circular (s) in relation to entry to the Scheme. In the event that a problem arises in relation to some particular aspect of entry, then the appropriate Circular should be consulted.

For information purposes, a list is attached at the end of this note setting out the Circulars dealing with entry.

#### 2. Modes of Entry

General practitioners can gain entry to the GMS Scheme by way of open competition for:

- (i) Vacancies (or new posts) that arise;
- (ii) Posts of Partner and Assistant-with-a-View to Partnership;

These competitions are advertised from time to time by the health boards, usually in the national press and the medical press. The conditions governing entry to the Scheme for either of the posts mentioned above are set out in the following paragraphs:

##### (a) European Union Directive 93/16

In accordance with the **European Union (EU) Directive 93/16** on specific training in general practice, doctors entering the GMS Scheme or equivalent schemes in the EU, with effect from 1/1/95, must have qualified from a recognised Vocational Training Scheme or possess acquired rights in accordance with the terms of the Directive.

The terms of the E.U. Directive as they apply in Ireland, were set out in **Circular 12/94** dated 22 December, 1994.

##### (b) Acquired Rights

For GPs in Ireland, the acquired rights provision is interpreted to mean that if they were registered and qualified in terms of experience (see paragraph (f) below) to apply for vacancies in the Scheme as at 31/12/94, they can avail of the acquired right to apply for vacancies as they arise on or after 1/1/95.

Acquired rights also apply to registered doctors who complete, before 30th June, 1997, a self structured training programme in general practice recognised by the Irish College of General Practitioners (ICGP) and accepted by the Medical Council. Practitioners who intended to seek recognition for such training programmes were required to notify the Medical Council before February, 28th, 1995.



In relation to "Acquired Rights" see also, paragraph (e) below.

(c) Qualifications and/or certificates issued by other EU member states.

Diplomas, certificates or other evidence of formal qualifications issued to nationals of Member States by other Member States in accordance with the Directive are recognised for the purpose of meeting the training requirements for entry to the GMS Scheme.

Certificates of acquired rights under the Directive issued to nationals of Member States by other Member States are also recognised.

EU nationals who have qualifications, training and experience obtained outside the E.U. and which the Medical Council deems to be at least equivalent to the requirements set out at paragraphs (a) and (b) above are eligible to compete for entry to the GMS Scheme. (See, also, paragraph (e) below).

(d) Position of doctors providing locum services or services on a sessional basis to medical card holders.

GPs. who provide locum/deputising or sessional services to medical card holders under the GMS Scheme may continue to provide such services after 1 January, 1995. However is the intention, over time, to review this matter with a view to requiring practitioners providing such services to have graduated from a recognised Vocational Training scheme.

(e) Role of Medical Council

It is a matter for the Medical Council, under the terms of the Directive, to issue appropriate certification to doctors graduating from recognised Vocational Training courses and to those doctors who possess acquired rights.

(f) Experience Requirements

Prior to the requirements of the EU Directive, the requirements for GPs. applying for entry to the Scheme on or after 1st July, 1982, were set out in **Circular 9/81**. The terms of that Circular require GPs. to have, as a minimum, two years experience subsequent to full registration and comprising of the following:

(i) Six months experience in full-time general practice. The six months 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 is not reckonable towards the aggregate of the six months.

(ii) Periods of six months hospital experience in each of any three of the following specialties, (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 and Psychiatry. All entrants should have at least six months in either General Medicine or Paediatrics.

3. Vacancies, new posts and Assistants-with-a-view to Partnership.

The decision to suppress or fill a GP vacancy; to create a new post in the GMS Scheme or to make an appointment of an Assistant-with-a-View to Partnership, is a matter for the relevant

health board following consultation with the Irish Medical Organisation. These matters are addressed in detail in the Circular accompanying this document.

#### 4. Rights of Assistants to panels on dissolution of two handed partnerships.

In general terms, the following arrangements apply:

- On the death of the senior partner, the Assistant retains his/her contract and panel of patients provided the junior partner's entry to the Scheme as a partner had been approved by the health board;

- On the retirement/resignation of the senior partner, the junior partner retains his/her contract and panel provided he/she has served for a period in excess of three years;

- On the retirement/resignation of the senior partner, where this arises as a result of the senior partner:

(a) resigning to take up another GMS post;

(b) retiring to take up a post in another sector of the health services;

(c) forfeiting his/her GMS contract as a result of disciplinary proceedings or

(d) resigning on the grounds of ill health;

the Junior partner continues in the Scheme provided he/she has at least two years service as a partner.

Where the partnership is dissolved for any other reason, the junior partner retains his/her contract and panel of patients provided the partnership has existed for a period of five years. Circulars 8/75, 9/80 and 9/81 are particularly important regarding this issue.

#### 5. Dissolution of Multiple Partnership.

Where a multiple partnership is dissolved on the death, retirement or resignation of a doctor the health board is required to freeze the panel of that doctor and decide whether to continue with the partnership, fill the vacancy as a single handed vacancy or disperse the panel among remaining doctors in the partnership. The presumption should always be to continue with the partnership. The Board's decision is made having regard to the requirements for consultation with the IMO.

#### 6. Freezing of panels

Where vacancies are anticipated and designated to be filled (e.g. due to retirement of a doctor on age grounds), health boards should make appropriate arrangements to have the post filled as soon as possible following the retirement. The panel of the outgoing doctor is frozen prior to and for three months after the post being filled. (**Circular 13/72 refers**)

## CIRCULARS ON THE GMS SCHEME RELEVANT TO ENTRY

13/72 This Circular conveyed the conditions originally specified by the Minister under S 26 of the Health Act 1970, for the operation of the GMS Scheme.

8/75 Modifies modes of entry to the Scheme

9/80 Modifies paragraph 23 of Circular 8/75 (includes dissolution of two handed partnerships).

9/81 Inter alia, specifies minimum qualifications for entry from 1/7/82, approaches to interviewing candidates and procedures for dissolution of partnerships involving three or more doctors.

17/86 Introduced the "panel" approach to selecting "Assistants-with-a-view".

17/87 Right of Entry (Five year rule)

1/88 Right of Entry (Five year rule)

13/88 Right of Entry (Five year rule)

8/89 Inter alia deals with Right of Entry and notifies cessation of Five Year Rule after 31/12/93. Also, the Circular notifies the requirement under the EU Directive on Vocational Training with effect from 1/1/95.

Letter 30/10/90 Extends "panel" approach to selecting Assistants-with-a-view until July, 1991.

12/94 EU Directive on Vocational Training.

1/95 Arising out of 1994 G.M.S. Review, notifies new arrangements for suppressing/filling of vacancies and selecting Assistants-with-a-view (i.e. consultation procedures etc.)

2/95 Details the procedures to be followed in regard to the suppression/filling of vacancies and for selection of Assistant-with-a-View.