

POOLING OF GMS (NURSING/SECRETARIAL) PRACTICE SUBSIDIES TOWARDS APPOINTMENT OF GENERAL PRACTICE MANAGERS

Title: Pooling of GMS (Nursing/Secretarial) Practice Subsidies Towards Appointment of General Practice Managers

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From: Department of Health, Ireland

To: Each Health Board Chief Executive Officer

Re:- Pooling of GMS (Nursing/Secretarial) Practice Subsidies towards appointment of General Practice Managers

Dear CEO,

I am directed by the Minister for Health to refer to this Department's letter of the 7th June, 1995 and to section 2 of the document accompanying that letter which refers to practice support, in particular, the appointment of a Practice Manager.

Arising out of a number of queries to the Department, it is apparent that there is a need to clarify the requirements for such posts - particularly the conditions regarding the pooling of unused Nursing or Secretarial subsidies for the purposes of subsidising the employment of a Practice Manager. The attached document sets out the terms and conditions which should be taken into account by each Health Board when making a decision regarding the appointment of a Practice Manager and the conditions applying to the pooling of practice support subsidies for such appointments.

I would appreciate it if you would draw this document to the attention of the appropriate management personnel within your Board including the Administrator and medical and pharmaceutical staff within your Board's General Practice Unit.

Yours sincerely

Alan Aylward
GMS Division
23 July 1996

POOLING OF PRACTICE SUPPORT SUBSIDIES FOR APPOINTMENT OF MANAGERS IN GENERAL PRACTICE

1. GENERAL

Approval to the diversion of unused Practice Secretary or Practice Nurse subsidies towards the appointment of a Practice Manager should only be considered by a Health Board where it is satisfied that such an appointment and diversion of subsidy will result in a significant benefit to the practice by way of an improvement in practice organisation and lead to an increase in the quality and range of services provided to patients.

Under the arrangements, a Practice Manager may be hired on a full-time or a sessional basis by a group or co-operative of general practitioners who have a formalised arrangement to practice at a single centre or in a multi-centred practice. A diverted subsidy is payable towards the Practice Manager post in accordance with the terms and conditions set out in paragraph 2 below.

In all cases the subsidy towards the employment of a Practice Manager is derived from those monies which may be deemed to be appropriate to a Practice Nurse or Practice Secretary to whom the practice (group or co-operative) would, based on overall patient panel size, normally have an entitlement, but which is not being claimed. Before any approval is given to the use of practice support subsidies for this purpose, Health Boards must be satisfied that the level of practice nursing support is adequate to meet the needs of the practice.

The Health Board must be satisfied that the duties of the proposed Practice Manager post are stipulated in a contract to be offered by the group or co-operative and the terms of the said contract are in accord with the guidelines set by Irish College of General Practitioners for Practice Manager Posts (copy attached). The Board must also be satisfied that the remuneration for the post is assessable for income tax and subject to PRSI where applicable and that the full amount of the subsidy payable is remunerated to the appointed Practice Manager.

2. GROUP OR CO-OPERATIVE PRACTICES

(a) General

A group or co-operative of general practitioners may seek to divert a subsidy to take on a Practice Manager where: -

- the aggregated patient panels of the group's GPs are such that, it may be deemed, there is unclaimed subsidy accruing in respect of Practice Secretaries and/or Practice Nurses;
- the subsidy sought does not exceed the maximum of one Practice Nurse subsidy as set out in the current fee schedule for GMS doctors;

(b) Group/co-operative practice seeking manager on a sessional basis.

The conditions set out at 1 and 2(a) above also relate to a situation where a group/co-operative wishes to apply a diverted practice subsidy to a Practice Manager who is appointed on a sessional basis.

* (For such purposes, a session is of three hours duration and the amount of the subsidy to be paid may be calculated pro-rata to a full time post).

Guidelines set by the Irish College of General Practitioners on the role and function of a Practice Manager.

The Practice manager is responsible for the management of the practice from the front desk to the implementation of new practice developments. The work involves many of the following functions and activities:-

- Recruitment and selection of staff;
- Assignment, scheduling and supervision of tasks and work routines of staff;
- Liaison between doctors and staff e.g. practice meetings;

- Administration of wages/salaries, P35, P60, year-end returns, PAYE and PRSI;
- Management of holiday/study/sick leave for GPs and staff, hiring of locums and temporary cover staff for receptionist/secretary;
- Administration and handling of all cheque payments (including petty cash). This includes payment of salaries to GPs;
- Administration of all accounts - monies in, monies out, preparation and balancing of books and ledgers for submission to practice accountant for preparation of final accounts;
- Purchasing of all materials, stocks and equipment;
- Monitoring of GMS capitation payments and STCs each month, plus checking the accuracy and timing of health board payments of allowance, grants and other payments;
- Administration of medical card acceptance forms, change of doctor, maternity, MMR etc. Monitoring movements on and off panels. Recording and forwarding of all medical certificates;
- Premises and office/medical equipment - upkeep and maintenance;
- Collection of vaccines, deliveries to laboratories;
- Computerisation of practice,
- Negotiation with GP Unit and Health Board;
- Credit control both for individual patients and work done for companies, solicitors etc.;
- Administration of all occupational medical work;
- Overall management of the practice, i.e. planning ahead - e.g. improving practice income, looking at workflow and activity, improving efficiency, managing time, people and money.