

# IDTS SCHEME 1999

**Title: IDTS Scheme 1999**

**Date: 26 July 1999**

**Document Type: Letter**

**From: Department of Health and Children, Ireland**

**To: Each GP Unit Administrator**

**Re: IDTS Scheme 1999**

This minute is intended to clarify Paragraph 8 of the IDTS Methodology for 1999. It states therein that:

**Practice development may also include additional general practitioner services of a whole or part-time nature including expertise or support for effective practice management, cost effective prescribing, women's health services and/or practice support for doctors within five years of retirement.**

It is the objective of this provision to facilitate further the structured development of general practitioner services in a **value added manner**. That this is so is clear from the use of the word "additional" in paragraph 8. No other interpretation is possible or, indeed, ever intended.

Decisions on whether this additionality to existing services has been met by applicants are to be made by the Health Board on a case by case basis having regard to the facts of each case, in particular, the extent and quality of the additionality and the estimated cost involved.

The following are by way of example only. A doctor may wish to use his or her IDTS savings to fund the employment of another doctor to provide women's health services either where those services have not been provided previously in the practice or where they were provided previously but not in the more extensive manner now contemplated in the proposal. In the case of the latter scenario, the extent of IDTS savings that may be made available should primarily relate only to the extent of the extra services being provided. It is always important to emphasise that the central issue is additionality of services rather than additionality of human resources, per se. For example, the recruitment of a female GP into a previously all male practice is not necessarily equivalent with the provision of additional services. Savings may also be used to facilitate an increase in the hours worked by a Practice Secretary for the initiation and completion of a particular structured project which can demonstrably be shown to contribute to more effective practice management, such as the computerisation of practice files, and can only reasonably be undertaken outside of existing hours. Savings may **not** be used in proposed cases of simple transfer of functions within a practice, for example, where a service previously provided by the doctor is now proposed to be provided by the practice nurse, necessitating an increase in her hours of work but with no additionality of service.

In no circumstances is the provision in Paragraph 8 to be used to subsidise existing services or meet existing practice costs. That is particularly so in respect of locum services. That is counter to the whole philosophy of developing general practice as envisaged in the IDTS Scheme.

Finally, there is a reference in Paragraph 8 to "doctors within five years of retirement". This means five years from the date on which the doctor is **required** to retire. Any other interpretation opens up the potential for confusion and is impractical to operate.

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26 July 1999