

GMS - General Practice Development Fund

Title: GMS - General Practice Development Fund

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From: Department of Health, Ireland

To: Chief Executive Officer, Each Health Board

Re: GMS - General Practice Development Fund

A Chara,

I am directed by the Minister for Health to refer to the discussions between the Department of Health, the Health Boards and the Irish Medical Organisation regarding the terms and conditions of the new contract for medical practitioners and in particular to the Minister's intention to allocate a sum of money to support the development of general practice.

This circular is concerned with that part of the development fund proposal as it affects the payment of a subsidy towards the employment of a practice nurse and a practice secretary.

1. Practice Secretary

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing staff to provide secretarial assistance, including reception duties and record keeping, in the following circumstances

- the appointment is made on the basis of a written contract of employment, including agreed hours of attendance in the practice, to be made available to the health board,
- the appointment is based on the understanding that the holder is remunerated and that such remuneration is assessable to income tax and subject to PRSI deduction, where applicable,
- evidence of such remuneration and the payment of the appropriate taxes, levies etc. to be made available to the relevant health board,

Payment of the subsidy will be based on the size of the patient panel. A doctor with a panel of 1,500 patients or more will be entitled to the full subsidy and those doctors with panels of less than 1,500 patients will be entitled to the subsidy on a pro-rata basis. The subsidy will be paid at a rate of £6,000 p.a. maximum in respect of doctors with a full panel of 1,500 patients or more and where the employer is liable for the full rate of employer's P.R.S.I. Payments will be pro-rata for those with smaller panels and will be abated proportionately where less than the full rate of employer's P.R.S.I. contribution or no PRSI contribution is applicable. Payment will be made to participating doctors with a panel size of at least 100 patients and such payment will increase in bands of 100 with a maximum payment applicable at a panel size of 1,500. Doctors in partnerships or group practices, approved by a health board, may aggregate their panels when making application for the subsidy. However, in no circumstances shall a partnership or group practice qualify for a subsidy in respect of more than one practice secretary and/or practice nurse per contracting doctor in the practice. In no circumstances will the subsidy payable in respect of any individual secretary exceed £6,000.

This subsidy rate shall apply to those secretarial staff employed on a full-time basis and employment contracts of shorter duration shall be subsidised on a pro-rata basis. In this regard full-time employment is recognised as covering 40 hours or more per week.

Under no circumstances will the amount of the subsidy exceed the actual cost to the doctor of employing the staff-concerned.

The subsidy shall be payable where the relevant health board has certified that it is satisfied that the employment and service are in accordance with the terms outlined above.

Practice Nurse

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing a practice nurse provided the following are met:

- responsibilities, in the form of a job description, are clearly laid down in a written contract of employment, a copy of which is made available to the health Board;
- the employee is currently registered with An Bord Altranais in general or public health nurse divisions of the register;
- the remuneration is assessable to income tax and subject to PRSI deductions, where applicable;
- evidence of payment to the nurse and of the payment of the appropriate taxes, levies etc. are made available to the relevant health board;
- evidence of appropriate insurance cover in respect of the practice nurse's duties is provided;
- the services provided by the practice nurse contribute to the effectiveness of the general practitioner service primarily through active nursing or the general care of patients within the surgery and through assistance to the doctor, and not through the provision of secretarial or other non-nursing duties. The services provided by the nurse will be notified to the health board and an annual report on activity will be furnished to the practice support medical officer and a more frequent report if required by the practice support medical officer;
- the practice premises are suitable for the provision of a practice nurse service.

Payment of the subsidy will be based on the size of the patient panel. A doctor with a panel of 1,500 patients or more and who is liable for the full rate of employer's P.R.S.I. will be entitled to the full subsidy. Those doctors with panels of less than 1,500 patients or who are liable for less than the full rate of employer's P.R.S.I. or no contribution will be entitled to the subsidy on a pro-rata basis. The subsidy will be paid at a rate of £10,000 p.a. maximum in respect of doctors with a full panel of 1,500 patients or more and pro-rata for those with smaller panels. Payments will be made to participating doctors with a panel size of at least 100 patients and the payment will increase in bands of 100 with a maximum payment applicable at a panel size of 1,500.

The subsidy is paid primarily to develop a surgery based practice nurse service. A service commitment outside the practice premises will arise only with the prior agreement of the health board.

This subsidy rate shall apply to those practice nurses employed on a full-time basis and employment contracts of shorter duration shall be subsidised on a pro-rata basis. In this regard full-time employment is recognised as covering 40 hours or more per week.

Under no circumstances will the amount of the subsidy exceed the actual cost to the doctor of employing the staff concerned.

The subsidy shall be payable where the relevant health board have certified that they are satisfied that the employment and service are in accordance with the terms outlined above.

Doctors in partnerships or group practices, approved by a health board, may aggregate their panels when making application for a subsidy. However in no circumstances shall a partnership or group practice qualify for the payment of a subsidy in respect of more than one practice secretary and/or practice nurse per contracting doctor in the practice.

A medical practitioner may be paid a subsidy in respect of the employment of both a practice secretary and a practice nurse, where the same person carries out both duties and where the qualifying conditions, as outlined, are met. In such cases the amount of the subsidy payable will be appropriate to the hours worked, as certified by the health board, in each post.

A medical practitioner in receipt of a rural practice allowance shall be eligible for the payment of the full subsidy for both a practice secretary and a practice nurse, where the qualifying conditions are met.

Payments

Claims for payment of subsidies towards the employment of staff will be made on documentation which will be supplied by the relevant health board and payment on receipt of claims shall be made quarterly in arrears. Doctors may apply at any time for assessment of their staffing arrangements against the criteria for payment. Any change in any of the staffing arrangements must be notified immediately to the health board. Payments will be made to the extent of the resources allocated to the fund.

The level and distribution of expenditure from the fund will be the subject of consultation with the IMO.

In addition to the payment of subsidies towards the employment of practice staff, the Minister proposes to support the purchase of relevant practice equipment and to support education and research in general practice. To this end, the Minister will allocate money from within the overall Development Fund, provided the fund's resources so permit to support this aim. The precise arrangements for the operation of this fund will depend on the up-take of the employment subsidies and, therefore, the residual balance of funding within the overall scheme. A further circular will issue in due course covering the precise arrangements applicable to this aspect of the fund.

Mise, le meas,

P W Flanagan

SECRETARY

May, 1989