

Modes of Entry by Doctors to the General Medical Services Scheme

Title: Modes of Entry by Doctors to the General Medical Services Scheme

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From: Department of Health, Ireland

To: Chief Executive Officer of Each Health Board

Re: Modes of Entry by Doctors to the General Medical Services Scheme

A Chara

I am directed by the Minister for Health to inform you of the revised agreed arrangements covering future entry by medical practitioners to the General Medical Services Scheme.

In the context of the Department's negotiations with the Irish Medical Organisation, concerning future administrative arrangements for the GMS, both parties have considered the question of entry to the Scheme by doctors.

1. It has been agreed that the following arrangements will apply respectively in the case of the three modes of entry i.e.

- (i) vacancies arising or posts created
- (ii) recruitment of partners and assistants with a view to partnership
- (iii) entry by right under the terms of the present "five year" rule.

(i) Vacancies arising/new posts created:

The primary mode of entry to the GMS will continue to be open competition following public advertisement. Vacancies arising should be filled and additional practitioners would be offered contracts to the degree necessary to provide a proper level of access to general practitioner services for patients and/or to ensure that patients have a reasonable degree of choice in selecting a practitioner having due regard to the question of the viability of practices in the area in question.

Before GMS posts are advertised or vacancies are suppressed the C.E.O. or his representative at an appropriately senior level shall consult with and obtain the views of the Irish Medical Organisation. The General Practitioner support officers, provided for in the new GMS doctors' contract, shall also be consulted for their views. The final decision in these matters will rest with the C.E.O. of the health board, following the consultative process.

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 the appointment.

(ii) Recruitment of partners and assistants with a view to partnership:

Further discussion will take place between the parties on the matter of detailed arrangement for the operation of this modes of entry, including, matters relating to the establishment and the composition of interview boards and the matter of recommending guidelines for the assessment

of candidates for interview. A further circular will issue in due course when agreement has been reached on these matters.

(iii) Right of entry

Only doctors who have established themselves in whole-time general practice in a particular centre prior to 1st January 1989, (and who inform health boards accordingly at the time) will be allowed to avail themselves of a right of entry to the Scheme in that centre of practice, subject to their complying with the criteria set out in Circular 9/81.

It will be noted therefore that the last doctors who will have "right of entry" will be entitled to enter the GMS Scheme as of 31st December 1993. Entry to the scheme under the 5 year rule will thereafter terminate.

2. Dissolution of Partnerships and Multiple Partnerships.

The terms and conditions outlined in Circulars 9/80 para 23(e) and 9/81 para 5 shall continue to apply to partnerships, assistantships and multiple partnerships in event of dissolution. These terms and conditions shall also apply in the event of dissolution of partnerships entered into by participating GMS doctors, other than those entering under the terms of circular 9/80 in respect of partners and assistants, where a partnership arrangement can be proven by sight of a deed of partnership.

3. European Community Requirements re Vocational Training:

The terms of an EC Directive require that all general practitioners who enter the GMS Scheme from 1st January 1995 must have completed and graduated from a recognised specific vocational training course in general practice. The existing minimum experience required of general practitioners for entry to the GMS, contained in Circular 9/81, will be revised in due course to reflect this requirement.

4. You are requested to bring the contents of this Circular to the attention of all medical practitioners participating in the GMS Scheme.

Mise le meas,

Dermot McCarthy

Principal

16 August, 1989