National General Practictioner Meeting

Saturday 11 April 9.30am

GP Contract Talks

1 This meeting endorses the IMO policy that any rollout of universal GP care which is free at the point of access must be on the basis of income thresholds (means test) and chronic disease. Such criteria ensuring that care is provided in the first instance to those most in need.

Proposer: IMO GP Committee

2 This meeting proposes that GP Care which is free at the point of access be introduced to the population based on means and medical need, and not based on age cohorts.

Proposer: Limerick GP Branch

3 This meeting calls on the HSE to engage in a positive and proactive manner in negotiations on the new GP Contract in line with the scope of negotiations as agreed in the Memorandum of Understanding between the HSE, the Department of Health and the IMO.

Proposer: IMO GP Committee

4 This meeting calls on the Department of Health and the HSE to acknowledge and recognise the importance of supporting and resourcing General Practice so as to provide Chronic Care Management in a structured and efficient manner that best benefits the patient and relieves pressure on secondary care.

Proposer: IMO GP Committee

5 This meeting calls on Government to ensure that in the context of the removal of FEMPI from the Statute Books and reversing public service pay cuts a similar process is put in place for General Practice which has endured disproportionate cuts to fees and allowances with the inevitable consequences of damaging the service and making General Practice unattractive to new GPs.

Proposer: IMO GP Committee

6 That the IMO calls on the Government to expedite the implementation of a new total population GP Contract given the recent Government announcement that this will not happen in their current term of office.

Proposer: South Dublin GP Branch

7 This meeting calls for a new GP Contract to be negotiated as a matter of urgency and meanwhile all attempts at introducing new contracts by piecemeal should be halted while we await a comprehensive agreement on the GMS Contract.

Proposer: Mayo GP Branch

8 The IMO asks the Government, as part of the talks on the new GP Contract, to provide heightened terms and conditions (such as maternity, sick leave and superannuation) to all GPs.

Proposer: South Dublin GP Branch

9 The IMO asks the Government to factor deprivation in the resourcing of a new GP Contract.

Proposer: South Dublin GP Branch

10 The IMO calls on the HSE and Department of Health to incorporate into any future GP contract an infrastructure cost. Any new contract must have a fee structure which reflects the true cost of running general practice, including but not limited to infrastructure costs.

Proposer: North Dublin GP Branch

11 The IMO calls on the HSE and Department of Health to ensure that any future GP contract must have a pension structure which incorporates all pension contributions on all payments to General Practitioners and not just on capitation payments as is currently the case.

Proposer: North Dublin GP Branch

12 This meeting recommends that where GP contracts make reference to standards of practice or criteria for practice audit the IMO ensures that such guidelines or criteria are peer reviewed and compatible with internationally accepted best practice.

Proposer: South Dublin GP Branch

Redundancy Payments

13 This meeting calls on the HSE to immediately engage with the IMO on the financial impact of GPs funding the total cost of redundancy payments to GP Practice staff.

Proposer: Limerick GP Branch

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FEMPI

14 This meeting calls on the Department of Health and the HSE to immediately restore distance coding in respect of the GMS Contract.

Proposer: Limerick GP Branch

15 As general practice is imploding due to severe lack of funding, this meeting proposes that the reductions arising from the inequitable FEMPI cuts be immediately restored.

Proposer: Limerick GP Branch

16 This meeting calls on the IMO to prioritise the reversal of the distance bands eliminisation and the FEMPI cuts which have totally undermined the viability of General Practice.

Proposer: Mayo GP Branch

Rural Practice

17 The IMO condemn the Department of Health and the HSE for their sustained attach on rural practice by the removal of the rural practice allowances from rural practice.

Proposer: Mayo GP Branch

Out of Hours

18 This meeting calls on the HSE to introduce an out of hours supplementary contract fee for patient consultations.

Proposer: Mayo GP Branch

Home Visits

19 This meeting calls for the negotiation of a fee per item house call fee – we encourage patient treatment in their homes and reduce hospital referral.

Proposer: Mayo GP Branch

GMS Pension

- 20 This meeting calls on the GMS Pension Trustees to engage an independent firm to report and make recommendations on:
 - The management of the GMS Pension Fund and
 - The administration of the GMS Pension Fund

Proposer: Clare GP Branch and Kilkenny GP Branch

21 This meeting calls on the GMS Trustees to engage an independent firm to report and make recommendations on the GMS Pension Fund in terms of its ability to deliver sustainable pensions to GPs in the light of stated Government policy in respect of universal GP care to the total population.

Proposer: Clare GP Branch

Core Values of General Practice

22 The IMO is committed to the development of General Practice and protecting the core values and ethos of the service. The IMO strongly cautions against any introduction of corporate business models which would be detrimental to patient care.

Proposer: North Dublin GP Branch

Court Case Requirements

23 The IMO calls on the Bar Council of Ireland and the Law Society to engage with the IMO in developing guidelines in respect of requirements for GPs to be witnesses in court cases. The current model being disruptive to general practice and impractical to facilitate.

Proposer: IMO GP Committee

Patient Lists

24 The IMO calls on the HSE to engage meaningfully on the removal of threatening patients from GP lists, such patients posing potential harm to other patients, practice staff and GPs.

Proposer: IMO GP Committee



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PCRS

25 This meeting calls on the PCRS to immediately engage with the IMO on the issue of 904 coding of GMS patients.

Proposer: IMO GP Committee

26 This meeting calls on the PCRS to engage with the IMO in a positive and proactive manner to address ways to reduce the administrative burden on General Practice in terms of receiving payment for services and ensuring such payments are made in a timely and transparent manner.

Proposer: IMO GP Committee

27 This meeting calls on PCRS to support a streamlined approach to the payment of study leave in respect of maintaining professional competence. The present system adds an unnecessary, unresourced and costly administrative burden on both the individual GP and the PCRS. Given that CPD audits are documented and available for checking by the PCRS the IMO calls on PRCS to agree that once the GP declares completion of the CPD activity the study leave entitlements under the GMS Contract will be paid.

Proposer: IMO GP Committee

GP Services for Homeless

28 This meeting calls on the Department of Health and the HSE to discuss with the IMO approaches to best delivering GP services to the homeless so as to ensure continuity of care and supported pathways for better health outcomes.

Proposer: IMO GP Committee

Manpower and Capacity in General Practice

29 This meeting calls on the Department of Health and the HSE to recognise and acknowledge the significant manpower and capacity problem in General Practice wherby there are no applicants for vacant lists and for GP Trainee posts. The IMO calls on the HSE to open discussions on best approaches for a long term plan, with supports and resources, to address this problem.

Proposer: IMO GP Committee

Primary Care Centres

30. This meeting calls on the HSE and the Department of Health to recognise and support existing Primary Care Centres instead of planning to invest in alternative, duplicate facilities which is a waste of taxpayer funds.

Proposer: Mayo GP Branch