

Rural Practice Support Framework – FAQ document:

1. The circular refers to practice units – what’s a practice unit?

A practice unit is a single handed practice, a 2 handed practice and a group practice. For the purpose of the flexible work arrangements 2 GP’s sharing a post will be considered as a single GP.

2. What are the new criteria?

- A Practice Unit which operates in an area which has a population of 2,000 or less within a 4.8 km radius of the Practice.
- The GP must reside a reasonable distance from the area.
- No entitlement will arise where there are 3 or more practices within the area

3. Are the entitlements under the Framework any different to the existing Rural Practice Allowance?

- The Financial element of the allowance has been increased from € €16,216.07 to €20,000.
- The maximum allowable medical indemnity rebate, the locum and study leave contributions have remained the same.
- The maximum allowable practice support subsidies

4. How do you know if I qualify for this arrangement?

A number of qualifying areas have been identified as part of the mapping exercise by the HSE. If you consider that you qualify under the criteria then you should contact your local health office.

We would suggest that you contact the IMO first in this regard and speak to either Val Moran, Assistant Director of Industrial Relations or Tom Smyth, Senior Industrial Relations Executive. The IMO can help you with your application and will be in a position to assess your situation prior to application.

5. Can 2 practice units in the same area benefit from the support framework?

Yes. In the case of 2 practice units in an area which qualifies where neither was in receipt of the Rural Practice Allowance previously then they can qualify for a modified Support Framework. Each practice will receive:

- 50% of the financial allowance - €10,000
- The maximum allowable medical indemnity rebate, the locum and study leave contributions have remained the same.
- The maximum allowable practice support subsidies

6. Will my entitlement to the Framework be reviewed?

Any entitlements under this circular will be subject to review based on population changes. There reviews will be undertaken at the following times:

1st review will be in 2024

2nd review will be in 2032

3rd review, and each subsequent review to be at 5 yearly intervals thereafter.

You will not lose your entitlement between reviews.

7. How will this operate for Partnerships & Group Practice Units?

For partnerships and group practices they may designate one doctor within the practice as the designated doctor for the purposes of the Support Framework. Such practices units will have 12 months from the commencement date of this circular to make such designation.

8. I currently receive the Rural Practice Allowance – how will I be affected?

If you are in an area which meets the new criteria then you will move to the new improved framework, but if the area loses the allowance upon review in 2024, 2032 or thereafter, you will revert to the previous RPA allowance (i.e. €16,216). This entitlement only applies to the original holder and will not transfer to his successor.

If you do not meet the new criteria you will retain your current RPA entitlement until retirement. In the event that you retire before 2014 then the practice will retain the benefit until 2024 and if the list is advertised it will be clearly indicated that it has the benefit until 2024.

9. What is the centre of practice defined as?

Your centre of practice will be taken as your principal practice address i.e. not branch or secondary centres of practice.

10. What are the residence requirements for this framework?

The framework does not set out a specific residence requirement, but simply requires that you reside within a reasonable distance of the area. This is in line with your obligations under the GMS contract to reside in or have reasonable access to the area in which you practice.

11. What will happen if a new doctor establishes in my area, will I lose the framework or be placed on the modified framework?

No. If on the any date after the commencement of this circular that a new doctor establishes a practice in an area, it will not affect the benefits of any practice units within that area.

Scenarios

To assist members we have prepared a number of sample scenarios for members. These are for the purposes of illustrating how the new Framework will operate.

A practice unit is a single handed practice, a 2 handed practice and a group practice. For the purpose of the flexible work arrangements 2 GP's sharing a post will be considered as a single GP.

Scenario 1: Practice Unit (not previously in receipt of an RPA) in a qualifying area. No other GMS Practice Unit in the qualifying area.

The Practice Unit will qualify for the Rural Support Framework. The practice unit will be entitled to the full financial allowance (€20,000), and they will qualify for the maximum allowable practice support subsidies, annual leave and study leave locum contributions and the 95% medical indemnity rebate.

The Framework will be reviewed in 2024, 2032 and 5 yearly thereafter to assess if practice units are no longer in qualifying areas. The Practice Unit will not lose the benefit of the Framework between reviews.

Scenario 2: Practice Unit (not previously in receipt of an RPA) in a qualifying area. 1 other GMS practice unit (single handed, partnership or group practice) in the qualifying area.

The Practice Unit will qualify for the modified Rural Support Framework. This will entitle them to half the financial allowance (€10,000), and they will qualify for the maximum allowable practice support subsidies, annual leave and study leave locum contributions and the 95% medical indemnity rebate.

The Framework will be reviewed in 2024, 2032 and 5 yearly thereafter to assess if practice units are no longer in qualifying areas. The Practice Unit will not lose the benefit of the Framework between reviews.

Scenario 3: Current RPA Holder in a qualifying area. One other GMS practice unit (not previously in receipt of an RPA) in the qualifying area.

The Practice Unit which previously held the RPA will be entitled to benefit from the Rural Support Framework. This will entitle them to the full financial allowance (€20,000), and they will qualify for the maximum allowable practice support subsidies, annual leave and study leave locum contributions and the 95% medical indemnity rebate.

The Framework will be reviewed in 2024, 2032 and 5 yearly thereafter to assess if practice units are no longer in qualifying areas. The Practice Unit will not lose the benefit of the Framework between reviews. If the Practice Unit is deemed no longer to qualify upon the review, if the GP who previously held the RPA is still in practice, then they shall revert to the previous RPA arrangements until he/she exits the GMS.

The 2nd practice will be entitled to benefit from the modified Framework. This will entitle them to half the financial allowance (€10,000), and they will qualify for the maximum allowable practice

support subsidies, annual leave and study leave locum contributions and the 95% medical indemnity rebate.

Scenario 4: Current RPA Holder in a qualifying area. One other GMS practice unit (currently in receipt of an RPA) in the qualifying area.

Both Practice Units which previously held the RPA will be entitled to benefit from the Rural Support Framework. This will entitle them to the full financial allowance (€20,000), and they will qualify for the maximum allowable practice support subsidies, annual leave and study leave locum contributions and the 95% medical indemnity rebate.

The Framework will be reviewed in 2024, 2032 and 5 yearly thereafter to assess if practice units are no longer in qualifying areas. The Practice Units will not lose the benefit of the Framework between reviews. If the Practice Unit is deemed no longer to qualify upon the review, if the GP who previously held the RPA is still in practice, then they shall revert to the previous RPA arrangements until he/she exits the GMS. This right will not pass to any other GP in the practice and if the GP has left the GMS the practice will lose the benefit of the Support Framework and will not receive the previous RPA>

Scenario 5: Current RPA Holder in a non-qualifying area.

Practice Units which hold the RPA on the day this circular comes into force, but who do not meet the new criteria, will retain their existing RPA entitlements until they exit the GMS. If they exit the GMS prior to 2024 then their successor will be entitled to the benefit until 2024. For example if a doctor in this category was to retire in 2018, then their list will retain the benefit of the RPA for 6 years i.e. until 2024.