

**Service Modernisation and Reform Measures  
Confirmation of Acceptance Form**

I Dr \_\_\_\_\_ hereby confirm that I have read the contents of Circular NCO-01-19 of 2019 (hereinafter referred to as the Circular) pertaining to the Agreement reached between the Department of Health, the Health Service Executive and the Irish Medical Organisation of 2019.

I further note that the contractual changes arising for individual General Practitioner Contract(s) Holders from the Service Modernisation and Reform Measures comprehended by the Agreement as summarised in Appendix 2 to the Circular (including measures pertaining to the Dispensing Doctor's arrangement, as applicable) shall form part of the Medical Card, GP Visit Card and Under 6 Contracts (hereinafter referred to as the Contracts) between GPs and the HSE pursuant to Clause 41 (1) of the Medical Card and GP Visit Card contracts, Clause 9 of the GP Visit Card contract and Clause 21 of the Under 6 contract as they are implemented over the period 2019- 2022.

I understand that the indicative fee increases, which it is intended will be phased in over the period 2019-2022, will only apply to General Practitioner Contract(s) holders who sign up to and deliver the range of Service Modernisation and Reform Measures comprehended by the Agreement in accordance with the timelines as set out therein.

In the above regard I hereby confirm;

1. My acceptance of the new Contractual terms and Obligations arising for me under my Contract(s) with the HSE from the Service Modernisation and Reform Measures as outlined in the Agreement and summarised in Appendix 2 to this Circular;

and

2. My commitment to deliver on said obligations in accordance with the timelines as set out in the Agreement.

**Signed by the Contractor:**

**Date:**

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**Printed Name:**

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**GMS Number:**

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**Medical Council Number:**

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