IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Annual Report & Accounts 2008

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

The role of the IMO is to **represent** doctors in Ireland and to **provide** them with all relevant services.

It is committed to the **development** of a caring, **efficient** and effective Health Service.

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IMO Organisational Structure

Annual General Meeting

Policy-making body of the Organisation. Open to all members.

Council

Meets on a quarterly basis and is chaired by the President and has 25 members elected by the Specialty Groups. Council has the overall control over general policy implementation in accordance with the rules and policy formulated by the AGM.

Management Committee

Meets eight times a year and monitors the performance of the secretariat, receives monthly management accounts and ensures that policy is being implemented. It consists of the President, Vice President, Honorary Treasurer, Honorary Secretary, Chief Executive, Chairperson of each Specialty Group and immediate past President.

Specialty Groups

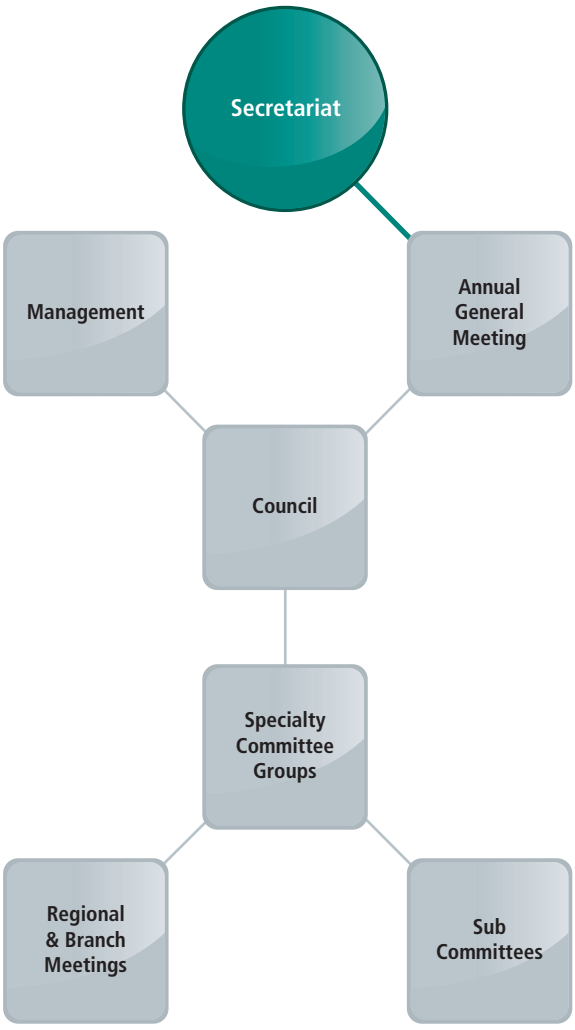
General Practitioners, Consultants, Public Health Doctors, and Non Consultant Hospital Doctors. The groups meet eight times per year and decide on action to be taken in relation to issues affecting the relevant groups. If issues arise which affect other specialty groups, those issues are referred to Management Committee for decision. Each Specialty Group contains regional and specialty representatives.

Standing Committees

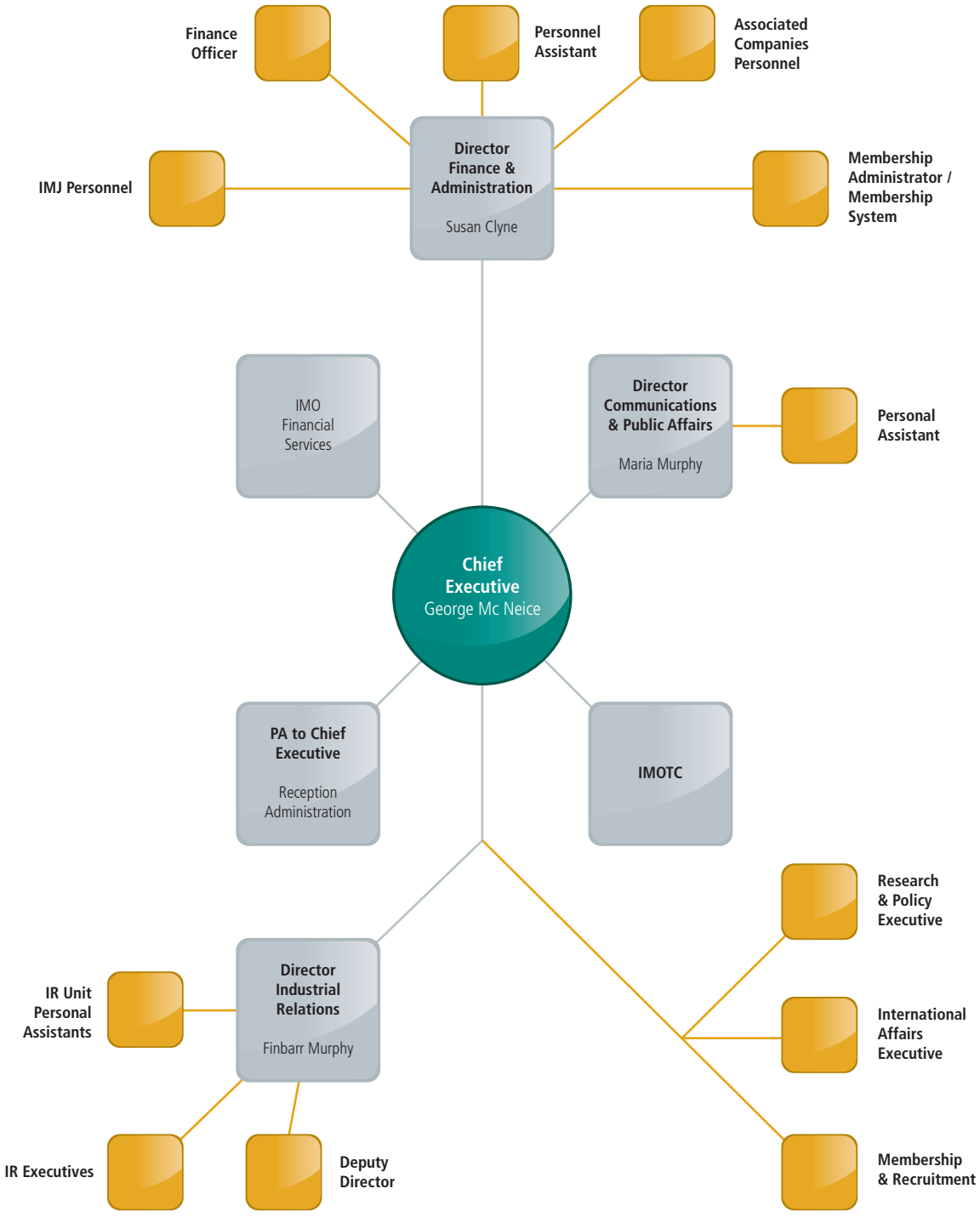
International Affairs.
Ethics.

Regional Structure

Each speciality group is sub-divided into Regional Divisions which correspond with the HSE Administrative Areas. Each Regional Division is divided into branches, where applicable, and each Branch is to have a Chairperson and Secretary, who are elected at the AGM.



IMO Corporate Structure



IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Chief Executive Mr George McNeice

President Dr Martin Daly

Vice-President Dr John Morris

Honorary Treasurer Mr Seán Tierney

Honorary Secretary Dr Catherine O'Malley

IRISH MEDICAL ORGANISATION
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Introduction

Dear Members

As President and Chief Executive of the Irish Medical Organisation, we have pleasure in presenting you with the Annual Report and Accounts 2008. The report offers a detailed outline of IMO activities during the year.

We wish to thank our Honorary Officers who worked tirelessly for the IMO during the year; Vice President, Dr. John Morris, Honorary Treasurer, Mr. Seán Tierney and Honorary Secretary, Dr. Catherine O'Malley.

We would also like to thank the chairpersons of the various committees whose extensive work on behalf of members is detailed in this report.

A special word of thanks is also due to the IMO secretariat who performed their tasks with dedication and professionalism during the year. The increasing demands of a growing membership are handled with both supreme courtesy and efficiency. We thank all those, who have contributed to the success of the IMO and who ensure that the vast array of issues, are progressed in the interests of the whole medical profession. We thank all our members for their continued support for the IMO throughout the years.

In accordance with Paragraph 12.1 of the Constitution and Rules of the Irish Medical Organisation, we hereby give notice that the Annual General Meeting will be held in the **Hotel Europe,** Killarney, Co. Kerry from **16th April to 19th April 2009.**

Yours sincerely

Dr Martin Daly

Mr George McNeice, Chief Executive

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Ceardchumann Dochtúirí na hÉireann

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Mr George McNeice, Chief Executive, IMO

Introduction

Since I reported last year, the very face of the world has changed – economically, financially and politically. However, everyone in the health service is well used to cutbacks because it was in 2007 that the HSE embarked on its cutbacks campaign.

The Health Service has already faced – in both 2007 and 2008 – significant and substantive cutbacks. How far, therefore, can further cutbacks be made before there is an equally substantial deterioration in services to patients?

As I write, there have been predictions of devastating effects from the credit crunch and banking difficulties. Doom-laden prognostications have been and continue to be made about the impact of the state of the economy on employment levels

While the downturn in the economy and the returns to the Exchequer have made their impact with a surprising rapidity, it is important to state that, in the delivery of essential public services like health, knee-jerk reactions to make topline cuts are inadvisable, unwise and ineffective.

We have already experienced the effects of a lack of investment in the health service over a period of 30 to 40 years. If health cutbacks are implemented, it is certain that we will be storing problems for decades to come.

The IMO and its members, however, are living in the real world. We understand the difficulties that confront us economically and in the public finances. We are prepared to work with the social partners to find reasonable and workable solutions to our problems while ensuring that no one group is targeted unfairly.

It is important to remember that those most affected by the economic downturn will also be those most in need of a fully functioning public health service.

Strategic Plan 2008 – 2010

We developed our first strategic plan on the occasion of the 21st anniversary of the IMO and we devised its successor during 2008. I am pleased to report that many of the key objectives that we set for ourselves in the initial strategic plan were realised over the life of the plan.

The strategic plan was designed to be a rolling programme, so, in early 2008, I established a Strategic Planning Working Group to consider the next phase in the growth and development of the IMO.

The tenets which guide our planning include the background against which we and our members operate, the need for the Plan to be a realistic document and not aspirational and, finally, the requirement that the Plan be flexible to adapt to changing circumstances.

Having reviewed the previous Plan, the Working Group determined that the three pillars of the Strategic Plan 2008 – 2010 would be:

1. Excellence in Industrial Relations
2. Professional Representation and Strategic Alliances
3. Engaging Membership.

Much of the impetus for the development of this phase of the IMO's strategy came from our groundbreaking research carried out for our paper on The Role of the Doctor which we published in 2007.

The information gathered was particularly valuable because so many doctors participated in the consultation process.

I emphasise that the Strategic Plan does not signal a change in direction for the IMO. However, there are some new elements introduced in this Plan.

Excellence in Industrial Relations

The Plan gives a commitment to evaluate our current structures in terms of representation and committees to ensure that they remain dynamic, vibrant and fit-for-purpose.

There are emerging complexities of the various career paths in medicine today and changing demographic and gender balance issues that will become even more evident in the future. Therefore, we will be undertaking a major project in outlining the range of career models across the specialty groups.

Over the lifetime of the Plan, we will be developing two new industrial relations services for our members. Firstly, a contract review service and, secondly, advisory and mediation material for the growing number of doctors who are also employers.

Within the context of future contract negotiations, we intend to set out some guiding principles on the measurement and assessment of family friendly policies and the balance between clinical and administrative workload. This is a particularly challenging objective as it will require a seismic shift by the employers' side.

Professional Representation and Strategic Alliances

While industrial relations is – and will continue to be – our focus as an organisation, it is vital

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Report of Chief Executive

Mr. George McNeice addressing
IMO Members at the
IMO Annual General Meeting 2008

that the IMO further enhances its commitment to the professional representation of doctors outside of the industrial relations arena.

During the lifetime of our initial Plan, we undertook and completed a major body of work in relation to the Role of the Doctor.

The new strategy will develop position papers and promote a number of key principles and the methodology used will allow for maximum input from members.

Elements that we will be considering will include:

- Doctor/patient confidentiality
- The right of patients to be treated by a doctor
- The Doctor as advocate
- The Doctor as leader, manager and owner.

Our considered positions on these matters will be determined by the principle finding of our research which demonstrates that doctors are guided by professionalism rather than commercialism and that the choice of medicine as a career today remains a vocation rather than a job.

Other initiatives include the development of non-clinical training services for our members to complement the wide range of activities outside of the clinical area which a doctor must now undertake.

I have spoken many times of the importance of our role in developing and promoting policy and advocating for a better health service, particularly in relation to the more vulnerable groups in society. In these recessionary times, it is more important than ever that we use our collective influence to ensure that the public health service is well resourced to cope with the inevitable pressures and that vulnerable groups are not forgotten.

In our endeavours, it will be important to actively engage with other like-minded organisations in the pursuit of our goals.

Engaging Membership

The loyalty and commitment of our members to IMO strategies and policies has been clearly demonstrated over the years and it is our intention, over the lifetime of this Plan, to facilitate a better interaction – both formal and informal – between the IMO and its members.

Traditionally, some members felt that, much as they would like to become more involved in IMO activities, it would mean too much time in meetings and other elements. It is our intention to devise innovative programmes that will not be time-consuming for members but will be more inclusive for them and give them a range of opportunities particularly in the area of policy development and member campaigns. We recognise the vast body of expertise in our membership and, as the key influential voice for the medical profession, it is imperative that we make full use of their talents, experience and knowledge.

Within this context, we will also be looking at our meetings – national, regional and local – with the aim of enhancing CME/CPD elements and, where appropriate, bringing forward proposals for seminars on non-IR issues which affect doctors.

Our Strategic Plan 2008 – 2010 has not been designed as a grand plan just to sit on a shelf but it forms the basis of our budgetary and operational decisions within the Organisation.

Industrial Relations 2008

The industrial relations activity of our organisation is dealt with comprehensively in the body of this report. However, there are some issues which I would like to deal with here.

Report of Chief Executive

Dr. Eilis McGovern, Vice President, RCSI, and Mr. George McNeice, IMO Chief Executive at the IMO Doolin Lecture

Guest Speaker: David Begg, ICTU and Dr. Martin Daly, IMO President in the background

Within the past year, we restructured our Industrial Relations Unit so that now we have a Unit with the largest number of industrial relations professionals in the Organisation's history. While this clearly demonstrates our commitment to the provision of the service to members, it is also indicative of the range of our activities both at national and individual level.

I have highlighted in the past the worrying and growing trend of problems arising from difficulties individuals are experiencing in having their contracts honoured. I have often said that agreements must say what they mean and mean what they say. However, I fear that managers at local level may use financial reasons for the blatant disregard of contractual terms and conditions.

Therefore, I would urge all IMO members to immediately contact the IMO if they experience such difficulties.

We ended 2007 with no new contracts, despite many hours of negotiation, being finalised. In 2008, we were faced with some extraordinary events and the conclusion of consultant contract negotiations.

It has been the mantra of the Minister of Health and Children and the HSE, over the past number of years, that the conclusion of the new Consultant Common Contract was key to the reform and development of the public hospital system. The IMO fought hard to have vital issues included in the contract

1. Ensuring new appointees are offered the same contract options in the future as serving Consultants (in the face of employer attempts to effectively restrict the possibility of category two type posts being offered to future appointees).
2. Securing agreement that specialist registration and completing higher specialist training is a pre-requisite for appointment to Consultant posts in future.
3. Securing agreement on arrangements to enable doctors take up posts abroad and return as Consultants without being penalised for pensions purposes.
4. Resisting attempts to have less favourable private practice rights imposed on future appointees in response to efforts by other parties to the talks to agree a higher private practice ratio for existing Consultants than would apply for future appointees.

Following the conclusion of negotiations, the IMO were of the view, having a lack of confidence in the implementation of the contract in terms of resources and manpower required to deliver real change, that it neither recommend acceptance or rejection of the new contract. While offering detailed advice to consultants, it a was matter for individual consultants taking into account their personal circumstances and current contractual arrangements what option best suited them.

However, many consultants chose to opt for the new contract and, in good faith, on the basis of terms and conditions offered, signed up. As the deadline approached, the Minister for Health and Children announced, before Christmas, that payment under the contract was being withheld on the spurious excuse of the non-appointment of clinical directors which, it must be said, was the responsibility of the HSE and not the consultant body.

Did this agreement mean what it said and say what it meant?

At the time of writing this report, the IMO has sought clarification from the Minister in respect of her statement to the Dáil and legal opinion on contractual matters.

Over the last number of years, negotiations on behalf of GPs had been at a standstill due to Government policy in relation to their understanding of the effect of competition legislation. The IMO continued to maintain its right to negotiate on behalf of GPs but matters remained at an impasse.

Following the Budget announcements in October 2008 in regard to the Government's

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Report of Chief Executive

Dr. Martin Daly, IMO President,
Mr. George McNeice, IMO Chief Executive
addressing the Media at the
IMO Pre-AGM Press Conference

decision to end the automatic entitlement for persons over 70 years to a medical card and the subsequent public debate, the IMO was invited by the Taoiseach to consultative talks on the matter.

After a period of intensive discussions, it was decided that over-70s medical cards would be granted on a means tested basis, that a single overall payment would be set for each patient and that the amount of the payment would be subject to independent arbitration following submissions from all parties.

Additionally – and most importantly – Government gave an undertaking to the IMO that the Competition Act 2002 would be amended in a timely fashion to allow the IMO to fully represent and negotiate on behalf of its GP members on all publicly funded primary care services. The importance of this development cannot be overstated.

In respect of our NCHDs, much of the year was spent defending rights and entitlements under the current contract while seeking to conclude negotiations on a new NCHD contract. Unfortunately, yet again, we have been unable to conclude negotiations due to the number of obstacles thrown up by – and a dearth of proposals from – the employers' side.

Our own negotiating team have tabled a series of workable and creative solutions to allow the talks to finally conclude but to no avail.

Though I have said it many times, it does not make any less true, NCHDs are a vulnerable group within the health service and, all too often, an easy target for management. This was demonstrated most recently by the HSE's proposed cutbacks which unilaterally seek €150 million in cuts from NCHDs.

This is particularly unacceptable given the disproportionate burden of cuts to be imposed on NCHDs.

A series of meetings has been held among NCHD members throughout the country. I would like to thank all those members for their support of the IMO campaign to halt any unilateral action by employers.

While recognising the need for savings, the IMO is prepared to engage with the employers but our position is that any hour worked must be remunerated.

For our Public Health Doctors the past year has brought mixed news. While it was gratifying that Community Health Doctors were awarded a 15% increase in salary under the Public Service Benchmarking Report, it is most disappointing that, due to the difficulties in the public finances, only the first 5% of the award is to be paid initially with payment of the balance to be reviewed in September 2010. The continuing difficulties regarding re-grading of AMO's remain unresolved but this is not through any lack of effort by the IMO and we are committed to ensuring this remains a priority for the Organisation.

Similarly, Specialists in Public Health Medicine were awarded a 20.4% increase by the Review Body on Higher Remuneration in the Public Sector but, again due to financial constraints, the Government decided not to proceed with implementation of the awards. While the first 5% of the award is to be paid the payment of the balance will be reviewed in September 2010.

The IMO position is that these awards were deserved and every effort will be made in future to ensure that commitments in this regard are fully honoured.

In spite of our very best efforts and the willingness of Specialists in Public Health Medicine, an Out of Hours Service has yet to be agreed. We remain available to discuss reasonable, viable and workable options for the delivery of this service.

Policy Initiatives

During the year, we continued with our commitment and responsibility to develop policy and advocate on behalf of patients. Our two main position papers were Suicide Prevention and Lifestyle Issues.

Both these papers proposed realistic and viable recommendations to help address the

Report of Chief Executive

devastating effects of suicide on our society today and the importance of investing in the support and the promotion of lifestyle changes for the patient.

Despite the early Budget in 2008, we prepared our submission which focused on the protection of the most vulnerable in any economic downturn while seeking to maintain the vital public health service.

As representatives of the medical profession in Ireland, we have worked with our European colleagues through the European medical bodies in promoting our policies and we continue to work very closely with our sister organisation BMA (Northern Ireland).

Together with the BMA (Northern Ireland), we developed a joint paper on the Care of the Elderly and lobbied for its recommendations extensively in Brussels, Belfast and Dublin.

The AGM is the policy-making body of the Organisation and, throughout the year, we have communicated the views of our members and held meetings with Government and other bodies in an effort to progress matters.

Membership Communication

In the context of our strategic aims and objectives, we undertook a major Benchmark Study of our GP members which will assist us in formulating our strategies for this group. Over the lifetime of our Strategic Plan, further similar surveys will be conducted across the range of specialties.

We have continued with our policy of migrating our dissemination of information to members from paper to electronic mail and web-based programmes. This policy allows to keep members informed effectively, particularly at times of rapidly developing events.

While as an Organisation we will make best use of information technology in our communications with members and while recognising the advantage of developing meeting content, it continues to be important that we meet with members in their working environment or their local areas. The importance lies not just in IMO staff meeting with members but in members meeting with each other.

Communications with our members is vital to the success of any campaign or set of negotiations but, equally, we are mindful of our communications with external bodies and the media. The tactical communications requirements are devised for each element or event. While in discussions, we are always conscious, for instance, not to be negotiating over the airwaves.

The Irish Medical Journal, edited so professionally by Dr John Murphy, is received with widespread respect throughout the profession. During 2008, there was an increase in the number of papers submitted for publication. The standard and quality of papers remains high which underpins the standing of the publication.

During 2008, the IMJ published two important supplements: Epinephrine Auto-Injectors, published in association with Immunology Group of Ireland, and the INHALE supplement, published in association with the Irish Thoracic Society.

Corporate

The financial statements for the year ending 31 December 2008 are contained in this Report and I am happy to report that the IMO achieved a surplus of €474,521 for the year which allows us to maintain our objective of repaying the loan on No. 11 Fitzwilliam Place within a ten-year time frame.

However, due to the downturn in the property market our building assets have been revalued, in prudence and in accordance with best practice. This has resulted in a decrease in the overall net worth of the Organisation. The property values have suffered just like those everywhere else; however, we expect that, in the long term, they will recover their value and strengthen our balance sheet again.

Our subsidiary company, IMO Financial Services, has had a successful year, despite market conditions. In 2008, many of our members sought our independent advice, particularly in the area of pensions and investments and, in these turbulent times, I expect our financial review service, which is free of charge to members, to be of great benefit.

Our membership levels remain high and increased in 2008. We appreciate the loyalty and commitment of members and we strive to deliver a valuable service to doctors. While many forecast the demise of trade unionism in Ireland, we are happy to be in the strong position of having a united and loyal membership to best bring forward our policies and objectives.

The IMO is the representative body for doctors in Ireland. Only through the loyalty and dedication of our members can we continue to develop and grow. I salute our members and I thank them for their support and commitment in such difficult times. On your behalf, I would like to express our gratitude to all our committee members who dedicate their time and their expertise to the common aims of the Organisation and their colleagues.

Economic, financial and political circumstances have thrown up a set of challenges which, because of their worldwide impact, are unprecedented in our history. To emerge into the sunlight of economic growth in the future will require leadership from all sectors of our society.

The American President Harry Truman once said: “Men make history, and not the other way around. In periods where there is no leadership, society stands still. Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.”

Let me lay down a marker here. The IMO, its members, its committees, its executive and its council, are ready to participate in leading us out of the current turmoil. We are committed to ensuring that nothing untoward is done now to hamper, to impair and to damage a public health service that, in these difficult times, is even more critical to the very lives of our citizens.

All of us at the IMO are ready, willing and able to join with others to seize the opportunity to change things for the better.

George McNeice,
Chief Executive

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Council Management Members

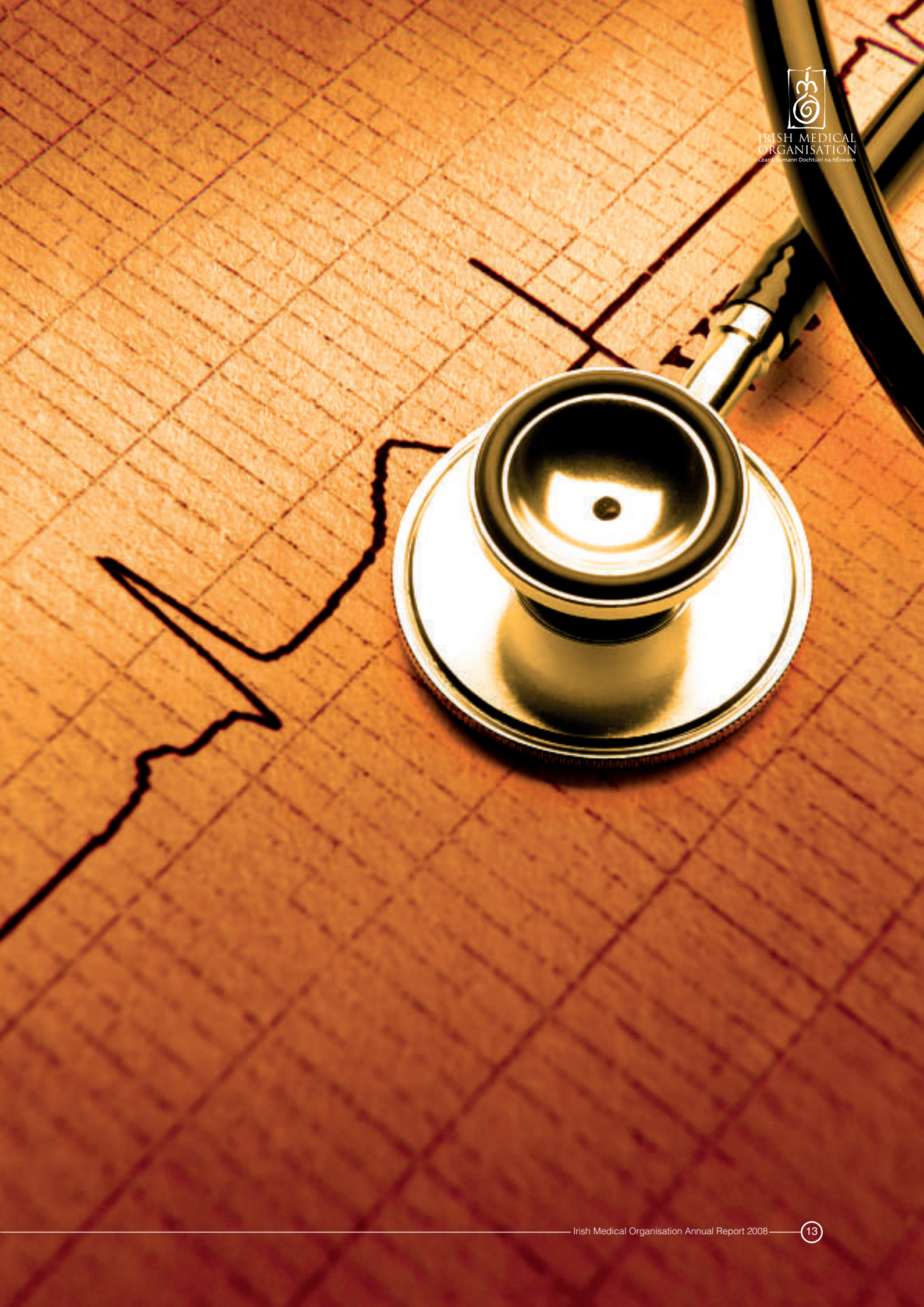
Council is the governing body of the Organisation. It is chaired by the President and has 25 members elected by the Specialty Groups. Under the Rules of the IMO, Council is composed of seven members nominated from General Practitioners, Consultants and Non Consultant Hospital Doctors group, three from the Public Health Doctors group and one place is set aside to represent those who are not covered by above mentioned Groups. Council meets four times per annum.

IMO Council Committee 08/09

Naline Pandit Somaiah
John Morris (Vice President)
Tony Moloney
Jason Van de Velde
Shahid Kazi
Matthew Sadlier (NCHD Chair)
Mick Molloy
Martin Daly (President)
Mary Gray
Ronan Boland (GP Chair)
Illona Duffy
David Molony
Niall MacNamara
Michael Mehigan
Sean Tierney
John Higgins
Christine O'Malley
Tony Healy
Trevor Duffy (Consultant Chair)
Pat Manning
Ronan Collins
Catherine O'Malley
Paula Gilvarry
Anthony Breslin (PHD Chair)
Joe Barry

IMO Management Committee 08/09

George McNeice (Chief Executive)
Martin Daly (President)
John Morris (Vice President)
Sean Tierney (Honorary Treasurer)
Catherine O'Malley (Honorary Secretary)
Paula Gilvarry (Past President 07/08)
Matt Sadlier (NCHD Chair)
Trevor Duffy (Consultant Chair)
Ronan Boland (GP Chair)
Anthony Breslin (PHD Chair)



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Profession-wide Issues

New National Wage Agreement (Transitional Agreement under Towards 2016)

Discussions on the pay terms of a new national wage agreement commenced in April 2008, and following the breakdown of negotiations at the beginning of August, negotiations recommenced between the parties in September 2008 resulting in agreement on a new pay deal on the 17th September 2008. The agreement was ratified by the Irish Congress of Trade Unions in November 2008.

Date of Implementation and Duration

Except where otherwise agreed at local level the Agreement shall come into force on the expiry of the first module of Towards 2016 in each individual employment or industry and shall last for 21 months.

Public Sector Pay Terms

It is agreed by the parties that the following basic pay terms shall apply in the Public Sector:

- A Pay Pause of 11 months from the expiry of the last phase of the first module under Towards 2016.
- An increase of 3.5% for the next 9 months of the Agreement; and
- An increase of 2.5% for the remainder of the Agreement - except for those earning up to and including €430.49 per week (€22,463 per annum) on commencement of the second phase where a 3% increase will apply.

The increases outlined above will be implemented on the following dates:

- 3.5% increase with effect from 1st September 2009
- 2.5% increase with effect from 1st June 2010

The Agreement reached between the parties covers a range of initiatives including:

- Setting up a process to develop a national framework on the employment and rights of temporary agency workers; while prohibiting their use in the case of official strikes or lock outs
- Optional recourse to voluntary arbitration on change at enterprise level
- Setting up a time-bound process in which the issue of employee representation and the appropriate legislative framework will be addressed
- The introduction of a statutory prohibition on the victimisation of employees based on their membership or non-membership or activity on behalf of a trade union, and on incentivising non-membership of trade unions
- Making provision for pensions under the Transfer of Undertakings Directive Commitments in relation to public service modernisation, including responding to the OECD Report on the Public Service.

In light of the rapid deterioration in the public finances which became apparent towards the end of 2008, the Government indicated its desire in December 2008 to seek discussions with the social partners early in 2009 on measures to stabilise the public finances. These discussions may include a review of the above terms of the Transitional Agreement under Towards 2016.

HSE Recruitment Cutbacks – Labour Court Recommendation

The IMO participated in a Labour Court hearing in 2008 brought by the group of health service unions in response to a recruitment freeze by the HSE as part of its cutbacks plans. The IMO welcomed the ruling by the Labour Court (recommendation LCR 19152) that the HSE breached the terms of the Towards 2016 national agreement by failing to consult employees prior to implementing cutbacks in the recruitment of staff. The dispute arose from the introduction by the HSE, in September 2007, of cutbacks in the health services known as "Financial Break-Even Plan".

The health service union's submission to the Labour Court included research carried out by the Irish Medical Organisation following the IMO - HSE Cutbacks Campaign. This campaign highlighted many examples of how the cutbacks were affecting patient care and how the failure to provide provisions for annual / sick leave were causing chaotic situations for those required to manage frontline service and provide patient care.

The Labour Court stated it had no doubt that the HSE cutback initiatives giving rise to the dispute did have a significant effect on staff.

The Labour Court concluded that the HSE failed in its duty under Towards 2016 to consult with the unions before proceeding to implement its breakeven initiative. The Court recommended that the HSE should assure the unions that should the need for a similar initiative arise in the future full and adequate consultation will take place. In a separate ruling by the Labour Court on a complaint brought by the group of health service unions under the Agreement on Information & Consultation made pursuant to Section 9 of the Employees (Provision of Information and Consultation) Act, 2006, the Court held that moreover the obligation imposed by the Agreement is to consult with a view to reaching agreement.

The IMO has repeated its call for appropriate funding to be made available to meet the demands being placed on the health services and to avoid the rationing of services as is widely feared will be the consequence of a failure to provide adequate funding.

HSE / Staff Panel Draft Accord on Managing HSE Cost Containment Measures

Discussions commenced in November 2008 between the HSE and the High Level Trade Union Group under Towards 2016 (consisting of representatives of SIPTU, IMPACT and INO) in relation to a Framework Agreement for the management of proposed HSE cost containment measures in 2009. The High Level Trade Union Group reports back to the Staff Panel consisting of all health service trade unions.

A draft Accord was reached in December 2008 between the Trade Union side and the

Profession-wide Issues

HSE and is the subject of ongoing discussions between the parties.

The areas identified by the HSE for cost containment purposes in 2009 include Redeployment/Reassignment; Overtime/Agency Staff; Skill Mix; Sick Leave; Non Statutory Family Friendly Policies; Travel and Subsistence; Annual Leave; Job Evaluation Scheme; and Academic Student Support Services.

Under the terms of the draft Accord, it is envisaged that discussions would take place between staff association representatives at local HSE level to identify possible cost containment measures. Health service staff will be encouraged to table proposals for savings in their department / section. These will be considered as part of the local level consultation.

Discussions with trade union representatives at local level will take place in the context of cost containment measures which are considered necessary by management in order to maximize efficiencies. Where cost containment measures are being considered they will be presented to trade union representatives in a planned manner.

Each plan will be presented to the trade unions within 21 days of the proposed implementation date and will contain:

- An analysis supporting implementation of the curtailment measures
- Assurance regarding protecting the quality and safety of patient care
- Impact, if any, the changes will have on human resources numbers / rosters / earnings
- The duration of service curtailment

Where a dispute arises as to whether management have fully discharged their consultation obligations in presenting a plan for change, such a dispute will be the subject of a "quality assurance" by an agreed expert, which will be conducted within 48 hours and the outcome accepted.

The draft Accord provides for a dispute resolution mechanism where a dispute arises at local level following the implementation of cost containment measures and related issues. Where no agreement is reached there is provision for the matter to be referred to an agreed independent adjudicator for decision. It is proposed that the adjudication process will be completed within 21 days and the outcome will be accepted by both sides.

The draft Accord is the subject of ongoing discussions between the trade unions (through the High Level Group and Staff Panel) and the HSE.

Negotiations on Extended Working Day

Ms Janet Hughes was appointed to chair discussions between health service employers and unions, including the Irish Medical Organisation (IMO), to discuss the introduction of an extended working day, as is provided for in the terms of Towards 2016.

The union side – IMO, IMPACT, INO, MLSA and craft unions – confirmed their willingness in principle to enter into discussions on extending the working day from 9am to 5pm and with a view to agreeing an 8am to 8pm working day.

It is important to emphasise that any such arrangements will not result in any change in the basic weekly hours to be worked.

A Framework Agreement between the HSE Employers Agency and Health Service Unions was issued by Ms Janet Hughes, Facilitator in relation to arrangements for the introduction of an extended working day in October 2008. The document details the priority groups for whom discussions are to take place in relation to the introduction of an extended working day.

Following the conclusion of agreement between the parties in December 2008, the HSE Employers Agency is to issue a Circular early in 2009 setting out the terms of the agreement with the trade unions for the implementation of an extended working day in the health services.

The agreement will enable the delivery of services outside of the traditional 9-5 pattern to an extended span of the working day (typically 8am – 8pm) and at weekends.

The agreement, referred to as the Framework Agreement, is concluded in accordance with the provisions of Clause 30.4 of Towards 2016.

The Framework Agreement provides a process for the introduction of an extended working day/week on a structured/planned basis within the basic weekly contracted working hours of employees.

Eligibility

The terms of the Framework Agreement will apply to new entrants, staff appointed to promotional posts and staff on renewed temporary contracts, on or after the 16th December 2008.

The participation of existing employees (employees in situ on 15th December 2008) on the extended working day/week arrangement will be on a voluntary basis.

Contract of Employment

New entrants to the HSE and HSE Funded Agencies from 16th December 2008 and employees promoted to a promotional post, including the renewal of temporary contracts from the same date, will have the following wording inserted into contracts of employment/letters of upgrade:

'You will be required to work for the agreed roster/on call arrangements advised to you by your line manager. Your contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement.'

The pay and other terms and conditions of employment will be those which apply at local and national level in respect of their category at the time of their appointment, subject to changes agreed through collective bargaining.

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Profession-wide Issues

Category Based Discussions

A key component of the Framework Agreement concerns category based discussions. The purpose of category discussions is to give an indication to the trade unions of the type of service which could be the subject of an extended service and to provide clarification on matters at a national level that would have relevance to local discussions as they relate to a particular category/categories.

At the time of the Framework Agreement, some category discussions were still continuing or nearing completion.

Process

The Framework Agreement will require local managers to inform the joint secretaries of the Health Service National Joint Council (NJC) of their intention to begin discussions with trade union representatives on agreeing an extension of the working day/week for a category/categories of staff in accordance with the provisions of the Framework Agreement.

The joint secretaries of the NJC will require evidence of category based discussions at a national level.

The Framework Agreement also provides for a dispute resolution process to assist the timely introduction of an extended working day/week.

IMO Representation on National Bodies

The IMO continued to actively represent members on a range of national bodies throughout 2008 including:

- ICTU Public Services Committee
- Health Services National Joint Council
- Health Services National Partnership Forum
- National Partnership Forum on Primary Care
- A&E Forum
- Clinical Indemnity Scheme Consultative Forum

Competition Authority Study of the Medical Profession

The IMO has been advised by the Competition Authority that it is in the process of undertaking a study of the Medical Profession. It is understood that the Authority's study is to focus on the area of Primary Care. The Authority has sought a meeting with the IMO to assist in its study and it is expected that a meeting will take place in this regard early in 2009.

Medical Council Registration Rules

The Medical Council announced its plans in October 2008 for the establishment of a new Register of Medical Practitioners, within the provisions of the Medical Practitioners Act, 2007. As part of the process of implementing Part 6 of the Act, which governs registration, the Medical Council may make rules to determine the manner in which the Register is established and maintained. In meeting its statutory obligations in this regard, the Council published the rules in draft form in October 2008 and invited members of the public, any organisation and any other body to comment on the draft.

The draft rules can be viewed on the Medical Council's website **www.medicalcouncil.ie**.

The IMO made a submission to the Medical Council on the draft rules prior to the closing date on the 7th November 2008. In its submission, the IMO called for automatic recognition by the relevant specialist training bodies in Ireland of overseas specialist training that they deem is equivalent and that this should be established in advance of the rules on registration being established. Specific doctors who are already acknowledged as having equivalent training by the ICGP and who should be included are Board Certified doctors through the Canadian College of Family Practitioners; Board Certified doctors through the American Board of Family Medicine; and Fellows of the Royal New Zealand College of General Practitioners.

The IMO also raised the issue of the invaluable role fulfilled by medical practitioners who have obtained full registration under the current reciprocal arrangements with Australia, New Zealand and South Africa in relation to the provision of out of hours General Practitioner services through the GP Co-operative movement. These doctors have provided an invaluable additional contribution to the medical workforce in Ireland and ensured the continued availability of 24 hour GP services around the country. The IMO outlined that it is essential that registration for these doctors continues to be facilitated by the Medical Council in any new arrangements going forward.

Disclosure of Information – 'Whistle blowing Policy'

The IMO participated in a working group representative of all health service unions and employers under the auspices of the Health Service National Joint Council on the development of a Policy on Workplace Disclosure for the Health Service, also referred to as whistle blowing provisions. Agreement was finalised on a joint policy during 2008.

The Health Act 2004 as amended by the Health Act 2007 requires the HSE to establish procedures to facilitate employees to make protected disclosures in good faith to an authorised person where they have reasonable grounds for believing that the health or welfare of patients/clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met, so that the matter can be investigated. The legislation also requires the HSE to appoint authorised persons to whom protected disclosures can be made. The legislation provides statutory protection for health service employees from penalisation as a result of making a protected disclosure in good faith in accordance with the procedures set out in the Act.

It is anticipated that the new legislative provisions will be brought into effect early in 2009.

Profession-wide Issues

Medical Practitioners Act, 2007

The IMO has obtained information on the number of doctors who are currently on the Medical Council's Specialist Register.

The information suggests a significant increase in the number of General Practitioners who have been placed on the Register in the past two years.

It will be recalled that the IMO had indicated that all Specialists with rights under the grandfather clause arrangements to be placed on the Specialist Register should avail of this opportunity before the Medical Council introduces its new register in accordance with the Medical Practitioners Act.

There were 5,682 doctors registered on the Medical Council's Specialist Register in December 2008 of whom 1,626 were in the GP Specialist Division. In January 2006, there were 3,422 doctors registered on the Specialist Register of whom 613 were on the GP Specialist Division.

The Register of Medical Specialists (RMS) was established by the Medical Council on 1st January, 1997 under Section 30 of the Medical Practitioners Act, 1978. Under the Act, the Council was permitted to set entry criteria for doctors who had completed specialist training prior to the establishment of the RMS.

At that time the Medical Council decided that fully registered doctors' satisfying the following criteria **on or before 31st December, 1996** were eligible for specialist registration:

- Held a permanent consultant post approved by Comhairle na nOspidéal, or
- Held a contract with the GMS, or
- Held a permanent post of Specialist in Public Health Medicine

These provisions, often referred to as "grandparent provisions" will be repealed with the commencement of the new Medical Practitioners Act. It is expected that the new registration provisions will be brought into effect early in 2009.

Fixed Term Work Joint Forum

A joint forum was established in the health services to determine areas of agreement regarding the application of the Protection of Employees (Fixed Term Work) Act, 2003 to medical grades, particularly Non Consultant Hospital Doctors (NCHDs) and Temporary Consultants. The joint forum comprised representatives of the IMO, health service management, the Department of Health and Children, the Department of Finance and the medical training colleges and was chaired by Ms Janet Hughes, former Rights Commissioner, The Labour Relations Commission.

The joint forum resulted in the publishing of agreed guidelines in March 2008 on the application of Sections 8 and 9 of the Protection of Employees (Fixed Term Work) Act, 2003 to the contracts of NCHDs. These guidelines set out precise information which an NCHDs contract should contain regarding their tenure and training arrangements. They should assist in maintaining the rotational arrangements required to protect the training capacity in the health services while at the same time ensuring the rights and entitlements of NCHDs under the legislation are fully implemented and protected.

The guidelines included an agreed document which outlined how the consultant's common contract should be altered to incorporate provisions with regard to tenure for Temporary Consultants which will enable employers to comply with Section 8 of the Protection of Employees (Fixed Term Work) Act.


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Dr Trevor Duffy, Chairperson

Consultants

Consultants Committee 2008/2009

Committee Members March 2008 – April 2009

Regional Representatives

Dublin/North East
Dr Trevor Duffy (Chairperson)
Dr Pat Manning

South
Dr Neil Brennan
Dr Colm McGurk

Dublin Mid/Leinster
Dr Ronan Collins
Dr Patrick Plunkett
Mr Sean Tierney

West
Dr Finbarr Condon
Dr Seamus Healy
Dr Christine O'Malley
Dr Michael Thornton

Speciality Representatives

General Medicine
Dr J Bernard Walsh

Obstetrics/Gynaecology
Prof. John Higgins

Paediatrics
Dr Brian McDonagh

Anaesthetics
Dr Tony Healy

Psychiatry
Dr Siobhan Barry

Surgery
Mr Mark Rafferty

Radiology
Dr John Morris

Pathology
Dr Clive Kilgallen

Co-opted
Dr Kate Ganter
Dr Michael Smith

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Consultant Contract 2008

In the industrial relations report on Consultants in last years Annual Report, the IMO negotiating team estimated that almost 2,000 hours had been dedicated to the negotiations on a revised Common Contract. Since then many more hours have gone into these talks which culminated with a significant majority of IMO Consultant's balloting in favour of implementation of Consultant Contract 2008 in June 2008.

The talks were chaired by Mr. Mark Connaughton, S.C. and the IMO negotiating team comprised Drs Seán Tierney, Trevor Duffy, Kate Ganter, Tony Healy, Michael Thornton, Patrick Plunkett and the Organisation's Director of Industrial Relations. Professors John Higgins and Colm O'Morain attended the Academic negotiating sessions.

The process of getting to a juncture whereby the Organisation was positioned to ballot members, however, had been fraught with difficulties and frustration. Progress hampering by the employers side who chose to ignore or reject realistic and workable IMO proposals which would offer a better deal for patients was evident and even when certain items were considered to have been agreed and progressed by the parties, the employers chose to renege on them and come back with unworkable alternatives.

IMO members were asked to vote on proposals from the HSE rather than an agreement reached between the HSE and the IMO. Reflecting reservations held by the IMO Consultant Committee in regard to a number of aspects of the proposals, the Committee decided it could not make a recommendation in favour of the terms on offer and no direction was given to members. The outcome of the ballot became known on the 3rd June 2008 with a 68% vote in favour of acceptance of the HSE proposals by IMO Consultant members.

A separate indicative ballot of Specialist Registrar and Senior Registrar members was also held by the Organisation with the same set of proposals. The result was 71% in favour of the offer.

Mr. Connaughton S.C. agreed to turn the Proposed Terms and Conditions into a draft revised Common Contract. An IMO delegation met with Mr Connaughton on the 4th June 2008 to ensure the areas of concern to the IMO would be addressed in the revised contract.

Following a further series of meetings between the parties, in late July 2008, the HSE Employers Agency issued a final draft of the 2008 Consultants Contract which had been prepared by Mr. Connaughton S.C. The final draft included the Terms and Conditions that IMO members voted to accept in June 2008 and also included clarifications to some of the text where required.

In order that members had all the information needed in coming to a decision on whether to accept the new contract the IMO put together an information pack which included:

- IMO Analysis of the 1997 Contract and the 2008 Contract
- Copy of the 2008 Common Contract
- Salary Scales applicable to serving Consultants who opt for the 2008 contract
- Payments for on call and call-out
- HSE Enabling Circular to Management

An IMO priority throughout the contract talks was the protection of trainees (Specialist Registrars and Senior Registrars). This was secured by:

1. Ensuring they are offered the same contract options in the future as serving Consultants (in the face of employer attempts to effectively restrict the possibility of category two type posts being offered to future appointees);
2. Securing agreement that specialist registration and completing higher specialist training is a pre-requisite for appointment to Consultant posts in future;
3. Securing agreement on arrangements to enable doctors take up posts abroad and return as Consultants without being penalised for pensions purposes;
4. Resisting attempts to have less favourable private practice rights imposed on future appointees in response to efforts by other parties to the talks to agree a higher private practice ratio for existing Consultants than would apply for future appointees.

National IMO Consultant Meeting

The IMO held a National Information Meeting for Consultants in the Davenport Hotel which received a very high attendance. The meeting involved presentations outlining the main points to be noted in the 2008 Consultant Contract and a comprehensive question and answer session which proved very useful in understanding the practical effects the contract may have in delivering a service in the future.

Following the Information Meeting the IMO issued a further update to Consultant members and a FAQ document incorporating some of the issues raised at the meeting.

Deadlines and Effective Dates of Pay Rates

Members who accepted and signed the new contract by 31st August 2008 were to benefit from the enhanced pay rates with effect from 1st June 2008. However, Consultants who signed up for the new contract between 1st September 2008 and 31st December 2008 were to benefit from the new pay rates from the date of sign up.

Following representations from the IMO the HSE confirmed that allowances would be made regarding the deadline for Consultants on annual leave, career break, sick leave etc.

The IMO continued to press the Employers Agency for a firm date as to when the new contract rates would be paid and also the retrospection payments due under both the 2008 and 1997 contracts. The IMO raised this matter at a number of meetings of the Contract Implementation Group chaired by Mr. Mark Connaughton, S.C.

On 4th December 2008 the Minister for Health & Children announced, at a meeting of the

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Select Committee on Health & Children, that she was "not satisfied to approve the payment... ...I need to see demonstrable evidence that the reformed work practices to which those consultants have committed themselves are being delivered on the ground".

Following this statement and with no definitive's emanating from the employers regarding the implementation of the contract by the employers, the IMO sought clarification from the Minister for Health & Children, Ms Mary Harney, T.D. at a meeting which took place on Friday, 12th December 2008.

At the meeting the Minister indicated that the monies for the implementation of the 2008 contract had been provided for within the budget for 2009 and would be payable provided Consultants were operating to the new contract. The only area suggested as contentious was the appointment of Clinical Directors.

On the question of the back monies due to Consultants who have already met all contractual obligations by signing and operating the contract, the Minister would only confirm that she would re-visit the matter in 2009. The Organisation articulated the enormous concern of the many members who have given up private practice, with consequent monetary loss, to take up the 2008 contract.

On the same matter, the Organisation has sought and received legal advice on possible courses of action open to members and the IMO in the event that the Government fail to honour the Agreements made by the HSE.

Contract Implementation Group

A Contract Implementation Group was set up to deal with any issues that may arise during the introduction of the new contract. The first meeting of the Group took place on the 12th September 2008. The Group consists of representatives of the IMO, IHCA and the employers. It is chaired by Mr Mark Connaughton, S.C.

At the first meeting the IMO raised a range of issues for discussions including the unilateral edict from the HSE regarding Clinical Directors; confusion around contract offers; practice plans; nature of private public measurement – streaming; measurement system; the 40 category 2 posts agreed in 2006; the withholding of 2.3% salary increase to retired Consultants and those who stay on the existing contract (see below); and advancement on the pension issue regarding new entrants.

A second meeting took place on 13th November 2008 and the meeting focused on issues regarding the implementation of the revised Consultant salaries (as outlined above) and payment of the Arbitration Award to Consultants in Emergency Medicine (see next section). Further meetings of this Group are expected.

Private / Public Practice Mix Measurement Committee

A number of meetings of the Public / Private Mix Measurement Committee took place in June, July and August of 2008. The IMO is represented on the Committee by Dr Trevor Duffy and Dr Seamus Healy.

It was evident that management figures relating to historical private/public mix were not a true reflection of private practice in each individual case as the figures were compiled purely from inpatient discharge data. In most cases where Consultant's have challenged the figures presented by management of their individual historical private/public mix ratio the Consultants figures have been accepted.

The IMO continues to advise Consultants to dispute management figures if they do not match their own historical practice mix and wrote to the Chairperson of the committee outlining the IMO position in regards to a number of concerns around proposals to measure future public/private mix data.

Change of Contract Category

The HSE agreed to accept requests from Consultants wishing to change their category (cat 1 to cat 2) of contract under the Consultant Contract 1997.

Over 100 Consultants had their requests refused by the HSE and subsequently lodged appeals under the agreed appeals procedure. Mr. Tom Mallon, B.L. was appointed to hear the appeals and make determinations in each case with Terms of Reference for the appeals agreed upon by all the parties: the HSE-EA, IMO and the IHCA. The hearings commenced in November 2008 and are expected to be concluded in January 2009. Mr. Mallon has advised that the outcomes of appeals should be finalised by the end of January 2009.

Clinical Director Appointment Process

The appointment of Clinical Directors, as provided for under the terms of Consultant Contract 2008, is being undertaken by the HSE. While the Organisation is aware that competitions have taken place, any issue arising surrounding the appointments or contractual (mis)interpretation will be dealt with through the Contract Implementation Group.

On the matter of Clinical Directors in Psychiatry, it was agreed, following discussions with the Minister for Health & Children, that the matter of the appointment of Clinical Directors in Psychiatry and issues surrounding the role of Consultants who currently hold the title of Clinical Director under the 1997 contract would be referred to Mr. Mark Connaughton, S.C. for clarification.

Salary / Pension for Retired Consultants / Consultants Retaining their Contract

The IMO raised concerns regarding the position of retired Consultants who previously held the existing or earlier contracts as well as serving Consultants who choose to remain on their existing contract. Specifically, the IMO sought assurances on how their salary / pension will be adjusted into the future.

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Correspondence between the IMO and the HSE Employers Agency establishes that retired Consultants and those on their existing contracts will have their salary / pensions increased in line with national wage agreement awards and in line with salary levels recommended by the Review Body on Higher Remuneration. Retired Consultants will continue to have parity with colleagues who retain the existing contracts.

HSE Withholding of part of 7.3% award to Consultants who remain on 1997 Contract and Retired Consultants

A few days prior to the issuing of the contract documentation the IMO were informed by the HSE Employers Agency that 2.3% of the pay award would be withheld from Consultants who opt to remain on the 1997 contract and to existing pensioners as per Government Guidelines to withhold part of the Review Body Recommendations. Consultants who accepted the 2008 contract would not be affected.

The IMO informed the employers this was totally unacceptable; that some categories of Consultants would be treated differently under unilaterally altered proposals from the employers.

The IMO stressed the pay offer was a complete package and not the subject of the Review Body Recommendations and therefore any element of the pay package cannot be withheld and requested an urgent meeting with the employers.

The HSE Employers Agency position was that the withholding of the 2.3% was a Government decision and therefore they could not negotiate on it. The IMO stated again that Government policy in this matter only related to the Review Body Recommendations. The IMO asked the employers for the relevant paperwork from Government that gave the particular instruction to withhold the 2.3%. The IMO doubts such instruction exists and believes this action was purely based on an interpretation of a general instruction and the IMO intends to pursue this matter.

Emergency Medicine

The Irish Medical Organisation participated in binding arbitration, chaired by Mr. Tom Mallon BL, on the issues arising from the refusal of the HSE to allow Emergency Physicians vindicate their contractual rights to private practice as provided for in the provisions of the Revised (1997) Common Contract. The Organisation made a detailed submission to the Arbitrator on the 30 May 2008 and made a further supplementary submission following the hearing in support of its claim.

The basis for this matter being arbitrated upon independently arose as a result of the separate negotiations on Consultant Contract 2008 chaired by Mr. Mark Connaughton SC. Mr Connaughton proposed that the issues in dispute be submitted to arbitration, which was agreed upon by the parties, with the following understanding:

> *"I also recommend that this dispute be dealt with in isolation, i.e. that the parties agree to submit the dispute to binding arbitration (a term I used advisedly) without any condition that the consultants may only avail of this facility if they agree to accept the terms of any revised contract. Whatever the merits of this grievance, it has existed for some time and falls to be determined under the existing contract. I think the consultants concerned are entitled to have that dispute adjudicated upon unconditionally, one way or the other."*

The terms of reference for the arbitration hearing were as follows:

> *To review the relevant provisions of the 1997 consultants' contract and their application and to assess:*
>
> *i. whether Consultants in Emergency Medicine may have been adversely affected by their categorisation under Appendix B of the contract's Memorandum of Agreement*
>
> *ii. the extent to which Consultants in Emergency Medicine may have been deprived of the opportunity to engage in private practice under Section 8.3 of the contract and Section 2.9 of the contract's Memorandum of Agreement*
>
> *iii. whether and what degree of compensation should be forthcoming as a result of consideration of (i) and (ii) above.*

The Arbitrator found largely in favour of the submission made by the Irish Medical Organisation and noted that consultants in Emergency Medicine had limited private practice opportunities which was overlooked in the 1997 negotiations. The Arbitrator found that the Consultants had been adversely affected by their categorisation under Appendix B of the 1997 Contract and Memorandum of Agreement, in that they were not grouped with psychiatrists, geriatricians and consultants in palliative care.

Consequently the recommendation of the Arbitrator was that each consultant in Emergency Medicine should be reclassified such that they are on the same band of pay as the aforementioned other group of consultants, with arrears backdated to individual date of appointment. Any members of the aforementioned other groups who opted to stay on the 1997 'Buckley Contract' would retain their rights to limited private practice, as heretofore. It was also agreed that the compensation award would be reflected in additional salary payments for the period i.e. call out allowances, payments in lieu of rest days etc.

The Irish Medical Organisation requested the Employers to confirm that the 4% compensation award would continue to be paid to Consultants who opt to remain on the 1997 Consultants contract. Following discussion, with the Employers, the issue of the 4% continuing for Consultants who opt to remain on the 1997 contract was referred to the Arbitrator who commented as follows:

- The Arbitrator's terms of reference were limited solely to the historical situation arising under the 1997 contract.

Consultants

- The award was a compensatory payment and not intended to be ongoing as [the Arbitrator] dealt solely with the historical situation.
- Original determination did not fix a date up to which the payment should be made. Having considered the matter further he was of the view that the payment should be made up to the operative date of the new 2008 contract, 1st June 2008.

The Irish Medical Organisation pressed the Employers Agency regarding the payment of the Arbitrator's award and the employers responded by offering to pay 75% of the award initially pending final calculation of the amount due to each Consultant. The Irish Medical Organisation requested that the payment should be 95% of the award with a commitment to pay the balance by the end of December 2008. In December 2008, Emergency Medicine Consultants received 85% of the Arbitrators Award with the balance of monies due to be paid at the earliest date following final calculations for each individual Consultant.

Occupational Health Physicians

In the context of the Consultant Contract talks, a letter was received by the IMO from Mr Gerard Barry, Chief Executive, HSE – Employers Agency in May 2008 confirming agreement to "commission an assessment of [the Organisation's] claim for Occupational Health Physicians to opt for one of the new contract types contained in the proposed new contract for hospital consultants".

Occupational Health Consultants met during the year to discuss a proposal from the HSE Employers Agency that Hay Management Consultants be appointed to carry out the review of Occupational Health Consultants committed to during the national contact discussions.

The Occupational Health Physicians agreed to the appointment of Hay Management and discussions are awaited regarding the terms of reference for the review process.

IMO Consultant Membership Growth

Consultant membership of the Irish Medical Organisation continued to increase throughout 2008 following on from the steady growth of the preceding two years. Consultant membership was 900 in December 2008, which represents almost half of the Consultant body, and reflects the Organisation's achievements on behalf of Consultant members, individually and collectively.

IMO Representation on Individual Consultant Issues

2008 proved to be a busy year in terms of IMO representation on behalf of individual Consultant members. The Organisation continues to assist and represent individual Consultants in resolving workplace disputes. Typically, disputes centred on issues such as:

- Rest day entitlements;
- Claims for contracts of indefinite duration under the Protection of Employees (Fixed-Term Work) Act, 2003;
- Interpersonal difficulties;
- Onerous rotas/workloads;
- Lack of appropriate resources;
- Superannuation;
- Cases taken under the Grievance and Disputes Procedure / Mediation process.

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Non-Consultant Hospital Doctors

NCHD Committee 2008/2009

Dr Matthew Sadlier, Chairperson

Committee Members: March 2008 – April 2009

Regional Representatives

Dublin/North East
Dr Thomas Jacob
Dr Peter Leonard
Dr Mick Molloy

South
Dr Shahid Kazi
Dr Naline Pandit Somaiah
Dr Jason van der Velde

Dublin/Mid Leinster
Dr Remi Mohammed
Dr Muhammad Razi Shaikh

West
Dr David Flanagan
Dr Ronan O'Leary
Dr Dela Osthoff

Speciality Representatives

General Medicine
Dr Crochan O'Sullivan

Anaesthetics
Dr Caroline Larkin

Psychiatry
Dr Matthew Sadlier (Chairperson)

Surgery
Dr Tony Moloney

General Practice
Dr John Morris (Vice President)

Obstetrics /Gynaecology
Dr Iftikhar Ahmad Sohail

Paediatrics
Dr Orla Neylon

Co-Opted
Dr Kishan Browne
Dr Ruairi Hanley

IRISH MEDICAL ORGANISATION
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Non-Consultant Hospital Doctors

NCHD Contract Negotiations

In early 2008, at the request of the IMO, a meeting was convened between the IMO, Mr. Kieran Mulvey, Chief Executive of the Labour Relations Commission, his colleague Mr. Tom Pomphrett as well as Mr Gerard Barry and other employer representatives to review the lack of progress in the NCHD contract talks. The IMO expressed its great frustration at the lack of attention and urgency being paid by the employer side to making progress in these talks and it emphasised the need for the employers to seriously address the IMO's concerns about the training of NCHDs in particular. A number of actions were agreed at this meeting to progress the issues and negotiations on the contract resumed in April 2008. The key issues which the IMO set on the agenda were working hours, a remuneration package, principles of rostering, a learning contract, locum provisions, protection for pregnant NCHDs, leave, and GP trainees. The employer side requested discussion on the current practice of half day off post call, on call off site work in some hospitals, the introduction of a 1 hour lunch break, the roll out of pilot projects and their position on protection for pregnant NCHDs.

Further dates for contract negotiations were set for May 2008, however these dates were deferred due to the unavailability of the LRC facilitator Mr Pomphrett. Negotiations were scheduled to resume on the 11th of September 2008. However, at the commencement of this meeting the IMO tabled a number of unacceptable actions by the HSE regarding unilateral alterations to the current NCHD contract which included non-payment of non-rostered overtime and day off post call. Members of the negotiating team have been studying the latest draft of the contract in preparation for the next negotiating meeting.

NCHD IR Strategy 2008-2010

Excellence in industrial relations, being a key objective of the IMO Strategic Plan 2008-2010, is crucial to the protection of NCHDs who are often the most vulnerable group of medical practitioners with regard to HSE cutbacks, a largely inevitable occurrence in these challenging economic times. As such it is essential that the IMO, as the only representative body for NCHDs, continues its vital role in ensuring that NCHDs terms and conditions of employment are enhanced where possible and vigorously defended where necessary. As such an NCHD Industrial Relations Strategy has been drafted which sets out the objectives and desired outcomes to be achieved for NCHDs by the IMO Industrial Relations Unit, to run in conjunction with the wider IMO Strategy for three years from 2008 to 2010. The aim of the document is to provide an efficient and effective IR strategy to negotiate the best possible terms and conditions of employment and work-life balance for NCHDs and to robustly defend these conditions at all times on both an individual and collective basis, at national and local level, countrywide.

The Key Objectives of the Strategy are:

- ***Negotiation***
  To retain and further strengthen the IMO's position as the key negotiating body for NCHDs at both local and national level.
- ***Representation***
  To represent the interests of NCHDs at all times.
- ***Communication***
  To develop improved two-way communications with NCHDs via dedicated NCHD publications, the NCHD Committee and Hospital Representatives.

HSE Cutbacks

HSE budgetary cutbacks continued to negatively affect NCHDs throughout 2008 with the IMO regularly intervening at both local and national level in an attempt to resolve the matters arising.

Day Off Post Call

A memo was issued by the HSE Employers Agency in July 2008 instructing all Medical Manpower Managers to cease payment for day off/half day off post call for all NCHDs with immediate effect. This instruction is in direct breach of NCHD terms and conditions of employment, of a Labour Relations Commission agreement between the IMO and HSE that no unilateral changes be made to NCHDs working arrangements pending the conclusion of the current NCHD contract negotiations and of the European Union Information and Consultation Directive. The IMO is aware of this instruction having been implemented in several Hospitals around the country including Cork University Hospital, Kerry General and in the HSE North East. It is the IMO's position that NCHDs are entitled to be paid for their core 39 hours of work per week (Monday to Thursday 9am to 5pm, Friday 9am to 4pm) regardless of whether or not they are on a day off/half day off post call.

Despite several exchanges of correspondence between the IMO and HSE in which the IMO repeatedly called for the HSE to desist from implementing this unacceptable and unagreed change to NCHDs terms and conditions no agreement was reached. As the NCHD Contract talks were postponed pending the resolution of this serious issue a meeting was due to be scheduled between the IMO and the HSE. As this meeting did not take place a request has been made for Mr Tom Pomphrett, Chair of the NCHD Contract negotiations to facilitate a meeting between the parties on this issue.

Non-rostered Overtime

A major issue arose regarding non payment of non-rostered overtime in mid 2008. A memo was issued by Mr. Tom Finn (Assistant National Director, National Hospitals Office) instructing each Network Manager to roster all NCHDs in a manner which results in the elimination of non-rostered overtime with effect from 1st July 2008. However, while the IMO in principal supports the reduction of non-rostered overtime, it is a frequent and largely unavoidable part of the provision of medical care and as such NCHDs are entitled to be paid for it as long as it is consultant approved. Despite this entitlement some hospitals around the country sought to misinterpret the memo from Tom Finn to justify the non-payment of non-rostered overtime. Several meetings were scheduled between the IMO and Mr Finn on this issue which were cancelled by the HSE. A meeting finally took place in December 2008 at which Mr Finn undertook to investigate those hospitals which had ceased to pay for non-rostered overtime and endeavoured to

Non-Consultant Hospital Doctors

update the IMO as appropriate.

In addition to the many cutbacks experienced by NCHDs in 2008 the HSE informed the IMO in November 2008 of their planned €324.5 million in budget cuts for 2009, over 50% of which is directly aimed at NCHDs as follows:

- Removal of NCHD paid meal breaks
- Ceasing of NCHD Living Out Allowance
- Elimination of NCHD Training Grant
  54 million euro cost to NCHDs
- Reduction of 50% in Overtime payments
- Reduction of 25% in On-call Payments
  65 million euro cost to NCHDs
- Reduction of Layers of On-Call per Speciality
  50 million euro cost to NCHDs

The IMO undertook a series of 19 meetings with NCHDs across the country in December and sent regular email communications to keep NCHDs informed of the threats to their terms and conditions of employment. The IMO will continue to engage both with NCHDs and the HSE regarding any proposed cuts.

GP Trainees

Due to the failure of conciliation in securing agreement on the GP Trainee contract the IMO requested a Labour Court hearing which was held on the 9th September 2008 to address a number of issues relating to the contract namely; appointment of GP trainees to Specialist Registrar salary scale, car insurance issues and flexible and part-time training contracts. It was decided not to pursue the claim for an increase in the on-call allowance as this could be construed as a cost-increasing claim which is prohibited under the terms of the current social partnership agreement 'Towards 2016'. The IMO was given a good hearing by the Court, however it remained for the Court to decide if the IMO's claims were cost-increasing and therefore prohibited by Towards 2016. The Recommendation issued in the week following the Hearing and the IMO was pleased that the Court recommended that GP trainees be compensated for any loading applied to their car insurance as a result of having to use it for work related purposes and also recommended that a policy for flexible and part-time training contracts be drafted. The third claim for GP trainees to be remunerated at SpR level was rejected by the Court as a cost increasing claim prohibited by the terms of 'Towards 2016'.

EWTD National Implementation Group

Representatives of the IMO attended several meetings of the EWTD National Implementation Group (NIG) chaired by Professor Cillian Twomey throughout 2008. Several interesting presentations were made by Hospitals who participated in the Pilot Projects, the results and findings of which were discussed at length by the NIG.

The Final Report issued in December and the main conclusions are as follows:

- NCHDs in Ireland are not compliant with the EWTD
- Due to the current NCHD roster format, any roster of 10 doctors or less is unlikely to comply with the EWTD either in hours worked or rest periods
- Where pilot projects were successful in achieving reductions in NCHD average working hours NCHDs welcomed the positive impact i.e. better work-life balance, less fatigue, enhanced patient satisfaction and better training in some instances
- Mixed experience of effects on education and training. It is crucial that reduction in working hours must not negatively impact education and training
- Significant reorganisation of current acute hospital system and service provision essential to achieving full EWTD compliance
- Immediate consideration to be given to additional consultant appointments in the context of new team-working arrangements
- Reduction in NCHD working hours may be achieved by delegation of non-medical duties to other grades of staff
- NCHDs and other healthcare staff demonstrated willingness and flexibility to embracing changed work practices during pilot projects
- EWTD compliance requires complying with both weekly working hours and rest period provisions
- Significant challenge ahead which NIG-EWTD believe can be met if the implementation of EWTD is approached in collaborative, coordinated and constructive manner, the outcome of which should ensure better patient care and working conditions and educational opportunities for NCHDs

EWTD European Parliament Vote

MEPs in the European Parliament voted in December 2008 that there must be no exceptions to the 48 hours-maximum working time calculated over a reference period of 12 months and that any country seeking to implement the opt-out clause (which allows a max of 60 working hours per week) must cease to do so three years after the adoption of the directive. Another significant outcome of this vote for NCHDs is that all periods of on-call time should count as working time. The directive is now likely to go into conciliation.

Extended Working Day

Ms Janet Hughes was appointed to chair discussions between health service employers and unions, including the Irish Medical Organisation (IMO), to discuss the introduction of an extended working day, as is provided for in the terms of Towards 2016. The union side – IMO, IMPACT, INO, MLSA and craft unions – confirmed their willingness in principle to enter into discussions on extending the working day from 9am to 5pm and with a view to agreeing an 8am to 8pm working day. It is important to emphasise that any such arrangements will not result in any change in the basic weekly hours to be worked.

The employer side detailed the grades for whom they wish to discuss these new arrangements and include all medical grades employed in public health or community health settings and all NCHD grades as well as dental, nursing, health and social care professionals, craft grades, support staff and

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clerical / administrative grades. The NCHD discussions are likely to take place within the context of the ongoing NCHD contract / working hours talks.

NCHDs and Protection of Employees (Fixed Term) Work Act 2003

New guidelines agreed by the IMO and representatives of health service management, the medical colleges, the Departments of Finance, Health and Children will provide clearer information on the contractual rights for NCHDs in light of new legislation designed to prevent the abuse of staff on successive fixed-term contracts. The guidelines emerged from a Forum on Fixed Term Work established to examine the application of this legislation to medical doctors chaired by Ms. Janet Hughes.

The IMO believes that the guidelines will bring greater clarity to the contractual terms being offered to NCHDs and will also serve to protect training posts for NCHDs which have been under threat because of the manner in which the Protection of Employees (Fixed-Term Work) Act, 2003 has been interpreted by some employers up to now. Equally, the guidelines will hopefully resolve disputes where doctors acquire rights to tenure and contracts of indefinite duration in accordance with the legislation.

Further work is to be undertaken by the Forum on establishing an adjudication system to deal with disputes regarding the entitlement to protections and benefits contained in the legislation.

Blood Borne Diseases

The IMO reached agreement with the HSE in April 2008 on a comprehensive scheme to enable the screening of health care staff involved in exposure prone procedures. The IMO has long sought the introduction of such a scheme and recent discussions have also taken into account a Department of Health and Children report of March 2006, which imposed a clear responsibility on healthcare providers to protect staff and patients from cross infection arising from blood borne virus. The fact that agreement has been reached means that the IMO can now advise members to co-operate with requests for testing of their immune status. Importantly, it has also been recognised that NCHDs need only submit for testing on one occasion and need not provide evidence on each subsequent rotation to other hospitals while they continue to work in Ireland.

The scheme provides for a wide range of protections for staff who contract viruses at work including provision for retraining, redeployment and compensation as well as an independent appeals process to deal with any disputes.

Consultants Contract 2008

In light of the significant effort by the IMO to protect the position of doctors in training who wish to become Consultants in the future, Specialist Registrar and Senior Registrar members of the IMO were balloted on the proposals from the HSE for a revised Consultant contract. The IMO prioritised the protection of trainees in the Consultants contract negotiations by:

1. Ensuring they are offered the same contract options in the future as serving Consultants (in the face of employer attempts to effectively restrict the possibility of category two type posts being offered to future appointees);

2. Securing agreement that specialist registration and completing higher specialist training is a pre-requisite for appointment to Consultant posts in future;

3. Securing agreement on arrangements to enable doctors take up posts abroad and return as Consultants without being penalised for pensions purposes;

4. Resisting attempts to have less favourable private practice rights imposed on future appointees in response to efforts by other parties to the talks to agree a higher private practice ratio for existing Consultants than would apply for future appointees.

Consultant Appointments

Suggestions that applications would be pooled and Candidates would only be offered one position from such a list emerged in documentation posted on its website by the Public Appointments Service. The matter was raised by the IMO with the HSE and we have now been assured that candidates can apply separately for posts and that applications will be considered separately rather than having a pooling system apply.

Career Breaks

The IMO secured agreement from the employer side in the Consultant contract talks that doctors who commence their training here in Ireland and further their training abroad can apply to participate in a career break scheme in order to avoid being deemed a new entrant on their return as a Consultant with a consequent reduction in their pension rights.

The IMO has been to the fore in highlighting this particular problem which emerged following the introduction of new pensions legislation and has the potentially unintended consequence of penalising doctors who travel abroad to broaden their experience and training opportunities prior to returning as a Consultant.

Benchmarking

The Public Service Benchmarking Body issued its report on the 10th of January 2008. Despite extensive lobbying and a detailed submission by the IMO to the Benchmarking Body on behalf of NCHDs, the IMO was greatly disappointed that NCHDs received no increase. However, it is important to note that the average award made in this Report was only 0.3%. The lack of an increase applied to NCHDs may be a result of the fact that significant increases of between 5 and 12 per cent were awarded to NCHDs in the first round of Benchmarking.

National Wage Agreement

The final two wage increases under the terms of the national wage agreement, Towards 2016, comprising a total of 10% over 27

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months from 1st December 2006 to 1st September 2008, were applied to NCHDs. The NCHD salary increased by 2.5% on 1st March 2008 and 2.5% on 1st September 2008.

NCHD Maternity Leave rights

The IMO met with the HSE-Employers Agency in April to discuss a variety of NCHD issues. The HSE-EA confirmed that a pregnant employee whose contract ends during their maternity leave will receive maternity pay from their last employer. The employee does not need to have another job lined up after their maternity leave in order for them to receive maternity pay. In addition, it was confirmed that employees on paid maternity leave whose contract has ended will receive the training grant and will accrue annual leave.

Hospital Issues 2008

A number of disputes arose in Hospitals around the country throughout 2008, particularly in the second half of the year, due largely to HSE budgetary cutbacks. The IMO intervened both at a local and national level in an attempt to resolve these issues. The following are some examples of local interventions by the IMO.

AMNCH, Tallaght

The IMO met hospital management in February regarding NCHD concerns over proposed budget cuts. The hospital gave assurances that while it seeks to reduce unnecessary NCHD overtime, it will pay doctors for hours worked.

In addition, the IMO met hospital management over the hospital's withholding of the training grant to some NCHDs until they completed an occupational health form. Following IMO intervention, the hospital agreed to pay the grant without the completed occupational health form.

Mayo General Hospital

The IMO was inundated with calls from NCHDs of all levels at Mayo General Hospital regarding their non payment of non-rostered overtime to the extent they felt it of the upmost importance to arrange a meeting which convened on 26th August with the hospital manager, Mr. Tony Canavan. The issue arose as a result of a number of NCHDs who received their salaries and felt they had not been paid the correct amount. As a result they went back and requested copies of the time sheets they submitted only to find out that all the Consultant approved non-rostered overtime detailed on the timesheet had been visibly altered by management and the hours crossed out and reworked to reflect core hours and core hours only. The argument put forward by the hospital that they spoke to the consultants and informed them to only authorise non rostered overtime in exceptional circumstances is irrelevant and in no way negates managements responsibility for payment. NCHDs are entitled to be paid for all hours worked, regardless of whether they are rostered or non-rostered. This dispute has been referred for conciliation under the auspices of the Labour Relations Commission.

University College Hospital Galway

Correspondence has been exchanged between the IMO and UCHG regarding the non-payment of on-site on call rates in the Department of Psychiatry for those hours as documented as been in the Residence. The IMO has reiterated to UCHG that the residence is on-site and therefore should be remunerated as such for on-call purposes. The IMO is awaiting a definitive response.

Louth County Hospital

The IMO represented a number of Surgical Registrars who were in dispute with Louth County Hospital. The dispute arose as a result of management's decision to unilaterally change rosters. On July 1st Management at Louth County Hospital made unilateral changes to rosters which required Registrars to work as 1st on call doctors for sixteen continuous hours rather than their contractually agreed 2nd on call roster. The IMO informed management that these duties are habitually carried out by Senior House Officers and that it is unsafe and unrealistic to demand that these Registrars fill more than one role at any given time due to the hospitals failure to replace two SHO posts on 1st July 2008. Once notified by the Registrars the IMO immediately intervened and met with hospital management. At this meeting management refused to negotiate and as such the issue remained unresolved. The IMO then referred the matter for an urgent Conciliation Hearing under the auspices of the Labour Relations Commission. A hearing was held on July, 11th between both parties. At this hearing the IMO succeeded in putting a halt to management's implementation plans and the issue was referred back for local discussions.

Naas General Hospital

Due to the non-filling of an NCHD post in Naas General, NCHD's were being asked to work excessive shifts with little time left for study or even rest. To compound the situation, those NCHD's who were providing cover were not being paid proper premium rates, as management were reluctant to source locums. Upon being made aware of the situation, the IMO contacted hospital management and made them fully aware of their responsibilities, not just to their staff but also to ensure that a high standard of patient care is possible at all times. This contact resulted in an agreement from the hospital management that they would speedily fill the empty post and pay the premium to NCHD's who had to work excessive hours.

Representation of Individual NCHDs

The IMO continued to represent individual NCHDs both locally with hospital management and at third party hearings including Rights Commissioners and at the Labour Court. The following are examples of some of the issues in dispute:

- Contracts of indefinite duration
- Bullying and harassment
- Higher degree allowance
- Incremental credit
- Annual leave
- Study leave
- Locum cover
- Training Grant
- Overtime payments

General Practitioners

General Practitioners Committee 2008/2009

Dr Ronan Boland, Chairperson

Committee Members: March 2008 - 2009

Regional Representatives

Dublin/North East
Dr Illona Duffy
Dr Jim Keely
Dr Paul McCarthy
Dr Ray Walley

Dublin/Mid Leinster
Dr Michael Mehigan
Dr Padraig McGarry
Dr Darach O'Ciardha (co-opted)
Dr Cliona Ryan

West
Dr Charles Bourke
Dr Martin Daly (President)
Dr Eleanor Fitzgerald
Dr Mary Gray
Dr Richard Tobin

South
Dr Ronan Boland (Chairperson)
Dr Donal Coffey (co-opted)
Dr Ciaran Donovan
Dr Derek Forde
Dr Niall Macnamara
Dr David Molony
Dr Pascal O'Dea

General Medical Services Scheme

Budget 2008: Medical Cards for People aged 70 and over

The most significant issue to arise for GPs in the GMS Scheme in 2008 arose in the context of the Budget. The Minister for Finance outlined in his Budget speech on Tuesday 14th October 2008 the Government's decision to end the automatic entitlement of persons over 70 to a medical card.

The Minister for Health & Children outlined that there were 139,000 persons over 70 granted automatic medical card entitlement on age grounds who would now be subjected to a means test. Of this number, the Government anticipated that:

- 14,000 would get a means tested medical card
- 35,000 would get a GP visit card
- 70,000 would get a new Health Support Payment of €400 for a single person, €800 for a married couple
- 20,000 would lose all entitlements.

The Minister announced the new income eligibility guidelines to be applied on the 15th October 2008, as follows:

- €201.50 – Single Person
- €173.50 – Single Person living with family
- €298.00 – Married Couple

The Minister announced revised income eligibility guidelines on the 16th October 2008, as follows:

- €240.00 – Single Person
- €480.60 – Married Couple

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Public Reaction

A public outcry over the decision of the Government to withdraw up to 125,000 non means tested medical cards from the over 70's developed in the days following the budget. Government instability had developed by Friday 17th October 2008 as Government T.D.s questioned the decision to withdraw medical cards from the elderly. In response, the Taoiseach announced that he wished to put in place a process with the IMO to allow for a review of the decision announced on Budget day.

Invitation to talks with Government

The IMO was formally invited to talks with the Government on the Budget announcement on Saturday 18th October 2008. Discussions took place between the IMO and the Government on Sunday and Monday (19th / 20th October). During the discussions, the Government indicated that it wished to move to a single capitation fee but was prepared to look again at its decision to withdraw the over 70's medical cards to ensure that more people retained their entitlements.

IMO Position

The IMO outlined:-

- That it believed the issue of universal entitlement for over 70's should remain
- That it could not have discussions with the Government without the issue of its entitlement to negotiate under Competition Law being resolved
- Indicated the potential for significant savings in drugs spend having taken independent expert advice
- Indicated agreement in principle to moving to a single capitation payment in respect of all over 70's
- Indicated limited scope for savings in capitation payments

The IMO concluded its discussions with the Government on Monday 21st October 2008 culminating in a Government Statement regarding medical cards for people aged 70 and over.

The main features of the Government Statement were as follows:-

- The Government decided to set a new income threshold for medical cards in respect of persons over 70 as follows:
  - €700 per week for single person (€36,500 per annum)
  - €1,400 per week for married couple (€73,000 per annum)
- Under the new arrangements, 95% of persons over 70 will retain their full medical card
- Up to 20,000 may loose cards
- The new arrangements will not require those holding a medical card to undergo a means test. Only those with incomes above the new threshold will be required to notify their circumstances to the HSE
- New applicants after the 1st January 2009 will be subject to a means test.
- The Government are satisfied that the savings required can be achieved through the setting of a new capitation rate in respect of patients aged 70 and over, and though economies in drug usage.
- The Government are satisfied that there is significant potential for savings arising from the prescribing initiative.
- The Government have appointed Mr Eddie Sullivan, former Secretary General, Public Service Management and Development and current Chairperson of the Public Appointments Service to recommend a new rate for consideration by the Government
- The consultation which has taken place with the IMO has occurred within the framework of the Competition Act.
- It is the intention of the Government to pursue appropriate amendments to Section 4 of the Competition Act 2002 to enable the representative body of GPs, the IMO, to represent its members in negotiations with the HSE and the Department of Health & Children in respect of the services provided to the public health service in a manner consistent with the public interest.

IMO Submission

The IMO made a submission on Friday 24th October 2008, to Mr Eddie Sullivan (independent arbitrator) regarding the introduction of a new single capitation rate for participating doctors in the GMS caring for patients aged 70 and over. The IMO sought a fee of €369 per over 70's patient (excluding private nursing home rate which did not fall under the terms of reference and which remains at €974 per annum).

The IMO also sought that a transition fund be established to deal with the significant adverse implications of the move to a single capitation rate for the group of GPs who have a very high proportion of the new over 70's relative to the old over 70's patients. The IMO sought that the fund be in the order of €10 million per annum for a period of three years and that a joint committee be recommended between the IMO and the Department of Health & Children / HSE to devise a methodology for the application of the funding.

In his report of 29th October 2008, Mr. Sullivan set the new capitation rate at €308.76. However, Mr Sullivan failed to give a recommendation in relation to the IMO's request for the transition fund.

As a result of Mr Sullivan's new capitation rate, the IMO decided to hold a series of Regional Information Meetings in November and December 2008 to update members on Industrial Relations Developments including the issues surrounding the Budget announcement on the withdrawal of automatic Medical Card entitlements.

The most critical aspect of the outcome of the discussions for the IMO is the commitment by the Government to amend the Competition Act 2002, to allow for direct negotiations with the IMO on all publicly funded primary care services going forward. This will allow for the agreed review of the GMS and all publicly funded primary care schemes to proceed in due course without concern as to any possible Competition Law restrictions.

It is anticipated that the proposed legislative changes will be brought forward early in 2009.

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The Government introduced a new Health Act in December 2008 to provide for the new eligibility arrangements for over 70's patients to come into effect on 1st January 2009. Under the Health Act 2008, automatic entitlement to a medical card for persons aged 70 and over ended on 31st December 2008. With effect from 1st January, 2009, the income thresholds for entitlement to a medical card for those aged 70 and over will be €700 (gross) per week (€36,500 per year) for a single person and €1,400 (gross) per week (€73,000 per year) for a couple.

On foot of the amendment to the Health Act, the HSE will be writing to GPs advising of the new capitation fee of €308.76 in respect of all GMS patients over 70 which will be payable with effect from 1st January 2009 as recommended by the independent arbitrator Mr Eddie Sullivan.

Review of GMS Scheme and Publicly Funded Primary Care Schemes

The most significant change occurring in the context of any future revision of the GMS scheme and publicly funded primary care schemes arose as a result of the Government's budgetary decision to end the automatic entitlement of persons over 70 to a medical card.

Following on from the discussions between the Government and the IMO, the Government publicly committed to amending Section 4 of the Competition Act which in turn will enable the IMO to fully negotiate on behalf of GP's on the review of the GMS and publicly funded primary care schemes.

Any newly negotiated GMS primary care contracts must be patient orientated. Any new contract has to deliver a service more suited to the needs of the general public going forwards. The needs of the State and of General Practice must also be satisfied. The issue of the public-private mix needs to be fully addressed as well as the areas of infrastructure, service issues, contractual issues and universal patient registration. All of the above areas must be individually addressed to allow for a comprehensive and ultimately successful review of the GMS and publicly funded primary care schemes.

National Cervical Screening Programme

The IMO concluded final agreement with the National Cancer Screening Service (NCSS) on the 24th July 2008 on a contract for General Practitioners to participate in the roll out of a National Cervical Screening Programme.

Under the National Cervical Screening Programme, all women aged 25 to 60 resident in Ireland are eligible to avail of a free smear test. Once registered with the Programme, women will be invited by the NCSS to attend for free smear tests every 3 to 5 years depending on age.

Following an informal meeting between the IMO and the NCSS prior to the IMO AGM, formal negotiations on the contractual arrangements for the Programme commenced on the 16th April 2008. It was agreed that the parties would negotiate all aspects of the contract apart from the issue of fees which the NCSS indicated that it was unable to discuss due to competition law considerations. A series of meetings took place between the IMO and the NCSS during May and June 2008 culminating in final agreement on a contract to apply to GPs on the 24th July 2008.

A series of issues were successfully resolved during the negotiations including issues in relation to tenure, provision of disposable speculae and smear test kits, indemnity and grievance and disciplinary arrangements. The NCSS engaged positively in the negotiations in relation to all issues raised by the IMO in relation to the contract.

Under the contract, GPs are paid a fee of €56.18 per smear with effect from 1 September 2008. In addition, the fee will be adjusted on an ongoing basis by the application of national pay agreement increases. The NCSS is anticipating an annual uptake of 300,000 smears providing for payments of approximately €16.5 million per annum to General Practitioners.

The IMO welcomes the agreement with the NCSS on the contract for the provision of services and is pleased to see the roll out nationally of the very successful pilot programme launched in the HSE Mid West in October 2000 following successful negotiations with the IMO.

Primary Childhood Immunisation Scheme

The HSE contacted the IMO in May 2008 to advise that a number of changes to the Schedule under the Primary Childhood Immunisation Programme were planned for implementation in September 2008. The changes which are based on recommendations by the National Immunisation Advisory Committee involve:

- replacing the 5 in 1 with a 6 in 1 vaccine to include Hepatitis B vaccine
- the addition of Pneumococcal conjugate vaccine (PCV7)
- changes in the timing of the Meningococcal C vaccine (Men C)
- changes in the timing of Haemophilus influenza vaccine (Hib)

The changes will require one additional injection at the routine 6 month visit and one additional routine visit at 13 months.

In addition to the above, a Pneumococcal conjugate vaccine catch up campaign was to start on the 1st September 2008.

In recognition of the additional workload, the HSE proposed as an interim arrangement, pending completion of the review of the GMS and other publicly funded primary care schemes involving General Practitioners, the following adjustments to the fee schedule;

Changes in Primary Childhood Immunisation Schedule:

A total interim payment of €61.05 will be paid made up of three payments of €20.35 per additional vaccine which is analogous to the current HIB booster fee.

Pneumococcal conjugate vaccine catch up campaign:

An interim fee of €29.18 will be paid per dose of PCV vaccine (i.e. €29.18 X 2 in total).

The HSE advised the IMO of the above proposed revised payment arrangements in a letter dated 26th May 2008.

The proposal provides for additional payments to GPs of the order of €4 million per annum under the Primary Childhood Immunisation

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Scheme and allowed for the changes to proceed on a basis agreeable to the IMO with effect from September 2008.

GP Trainers Contract

A meeting took place between the IMO and HSE Employers Agency on the 26th May 2008 under the Chairmanship of Mr Tom Pomphrett, Deputy Director of Conciliation, The Labour Relations Commission in relation to the negotiation of a contract for GP Trainers. No agreement was reached at this meeting and further meetings took place on the 23rd June and 30th June 2008 in relation to the outstanding difficulties in relation to tenure, indemnity and pay.

The LRC brokered a settlement of the dispute at the meeting on the 30th June 2008. The settlement provided for the following arrangements.

1. Tenure – the proposed GP Trainer contract will be amended to provide that tenure will be maintained subject to the ICGP re-accreditation process and other agreed terms in the contract at the time in force.
2. A once off payment of €3,000 will be paid in January 2009 in recognition of the change from a three to a four year programme.
3. If a process to address the wider GP contract is not ongoing by 1 January 2009, a separate process will be put in place to address the GP Trainer Contract (Duties, Roles, Responsibilities and Funding) in order to have an agreed GP Trainer Contract by 1 July 2009.
4. The ICGP will be informed that any further proposed changes to the GP training programme that have the potential to impact on the role and workload of the GP Trainers an/or carry financial implications for the HSE should be agreed in advance with the HSE and the IMO/GP Trainers.
5. The question of indemnity will be the subject of discussion between the HSE, the ICGP and the IMO/GP Trainers to clarify and resolve any outstanding issues as a matter of priority.
6. Interim contract – a meeting will take place between the parties during the month of July 2008 to finalise the terms of the interim contract and in the context of that contract being signed general round increases due on 1 March 2008 (2.5%) and 1 September 2008 (2.5%) will be paid from the due dates.

It is hoped that the above framework agreement brokered by the LRC will facilitate a resolution of all outstanding issues in relation to GP Trainers.

A meeting took place on the 30th September 2008 between the IMO, ICGP and the HSE to discuss the issue of indemnity for GP Trainers. The meeting also considered a number of amendments to the draft contract for GP Trainers and the HSE-Employers Agency forwarded a revised draft contract to the IMO reflecting the discussions in December 2008. It is anticipated that an agreed contract will issue to GP Trainers early in 2009.

Pay Provisions of Towards 2016

Payment of the 2.5% increase to GPs from the 1st March 2008 was approved by the Secretary General of the Department of Health & Children following the completion of the Performance Verification Process. Payment of the 2.5% with effect from the 1st September 2008 cleared all stages of the Performance Verification Process and sanction for payment of the increase was passed by the Secretary General, Department of Health & Children. The HSE confirmed to the IMO in December 2008 that both increases would be applied to GPs in January 2009 including arrears payments of €12 million under the GMS.

HSE Proposals for Primary Care Teams

The HSE published a further list of locations in which it is seeking accommodation for the delivery of Primary Care Services in July 2008. The HSE is seeking accommodation ranging in size from 600 – 1,800 sq.m The HSE is interested in entering into fixed term leases with providers of the proposals selected for the provision of public healthcare in the primary care facilities. The Minister for Health and Children announced a new HSE initiative on 200 Primary Care Centres in the October 2008 Budget. The IMO would highlight a number of considerations for GPs who may be interested in developing a primary care facility themselves or in conjunction with a developer. GP's should obtain the best legal, taxation, financial and project management advice prior to entering into any contractual arrangements with developers.

The IMO in conjunction with BDO Simpson Xavier has prepared a publication for GP members entitled "A Business Guide to Developing Primary Care Centres" to assist members contemplating developments.

The IMO is to issue this publication in relation to the development of Primary Care Centres to all GP members in January 2009.

Mental Treatment Act 2001 – Psychiatric Certification

The IMO wrote again to the Chief Executive of the Mental Health Commission on the 20th June 2008 seeking a further meeting to resolve the issues of communications with GPs, the whole area of escorts and the associated Assisted Admissions Scheme, certification by GPs under the Act, and the issue of attendance by GPs at Tribunals.

The IMO has also written to Mr Seamus McNulty, Assistant National Director, Lead Responsibility for Mental Health, HSE seeking a separate meeting to discuss the difficulties in relation to accessing Assisted Admissions.

Prison Doctors

A meeting took place between the IMO and the Irish Prison Service on the 15th May 2008 to progress discussions on the introduction of an agreed performance management system for Prison Doctors. Discussions are ongoing in this regard.

A national meeting of Prison Doctors took place in IMO House on the 19th June 2008 in order to update members on all ongoing discussions with the Irish Prison Service. It was agreed at this meeting that the IMO would write to the Irish Prison Service advising that Prison Doctors would work to contract only in the event that the IPS failed to apply national wage agreement increases that have been withheld.

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A meeting took place between the IMO and the IPS in November 2008 to progress discussions on a number of issues affecting prison doctors. Management in the IPS took on board the IMO's proposals and are to revert with a proposed solution on the issues raised. The issues discussed centred on contractual issues, the Report on the Review of Drug Treatment Services, the use of mobile phones within the prison and the Draft Report on the Review of Prison Medical facilities and Support Services.

Methadone Level 1 and 2 GPs

The IMO continues to pursue a number of issues on behalf of Level 1 and 2 Methadone Contract GPs.

Forensic Medical Examiners

The IMO forwarded a detailed proposal to the Department of Justice, Equality & Law Reform in 2007 on the establishment of a structured Forensic Medical Service available to An Garda Siochana. The proposal envisages a mixture of full time and part time Forensic Medical Officers for the provision of services.

The IMO forwarded a copy of its proposal to the newly appointed Minister for Justice, Equality & Law Reform on the 16th June 2008 and sought discussions with the Minister on the implementation of its proposal.

The IMO also wrote separately to the Department of Justice, Equality & Law Reform seeking a meeting to discuss the proposal.

An Post Medical Officers

The IMO had requested the application of national pay agreement increases to be applied to Medical Officer members from the last increase in fees which was in 1996. The IMO argued that all other employees of An Post have benefited from the application of such pay agreements since 1996 while the Medical Officers have had no adjustment of their fees.

Mr Mark Graham, Head of HR Services, An Post, recently confirmed to the IMO that the rate payable to Medical Officers will be adjusted by the application of national pay rounds.

National Wage Agreement

Discussions on a new national wage agreement commenced on the 24th April 2008. Following the breakdown of negotiations at the beginning of August, negotiations recommenced between the parties in September and agreement was reached on a new pay deal on the 17th September 2008.

Transitional Agreement under Towards 2016

Public Sector Pay Terms

It is agreed by the parties that the following basic pay terms shall apply in the Public Sector:

- A Pay Pause of 11 months from the expiry of the last phase of the first module under Towards 2016.
- An increase of 3.5% for the next 9 months of the Agreement; and
- An increase of 2.5% for the remainder of the Agreement - except for those earning up to and including €430.49 per week (€22,463 per annum) on commencement of the second phase where a 3% increase will apply.

The terms of the draft Agreement were considered by the relevant councils and executives of the social partners and ratified by the Irish Congress of Trade Unions on 17th November 2008.

In light of the rapid deterioration in the public finances which became apparent towards the end of 2008, the Government indicated its desire in December 2008 to seek discussions with the Social Partners early in 2009 on measures to stabilise the public finances. These discussions may include a review of the above terms of the Transitional Agreement under Towards 2016.

Report of Review Body on Higher Remuneration in the Public Sector

- GPs Specialising in Substance Abuse
- District/Community Hospital & Long Stay Unit for the Elderly Medical Officers
- District Medical Officers

The Review Body on Higher Remuneration in the Public Sector recommended a 20.4% increase for Specialists in Public Health Medicine and a 15.2% increase for Directors of Public Health.

The IMO secured an agreement with the HSE Employers Agency that whatever award the Review Body recommended for Specialists in Public Health Medicine would also apply to the above GP grades, namely, GPs Specialising in Substance Abuse, District/Community Hospital & Long Stay Unit for the Elderly Medical Officers and District Medical Officers. Accordingly, these grades are to benefit from a 20.4% increase in salaries.

- *Prison Doctors*

  The Review Body recommended a 9.2% increase in salary for Prison Doctors from €132,738 to €145,000 per annum.

  The Government accepted the Review Body Report and agreed that the increases recommended are to be implemented on the following phased basis:-

  (a) 5% from 14 September 2007, the date of the Report, or where the total increase is less than 5%, the full increase from that date;

  (b) Half the balance from 1 September 2008; and

  (c) The remaining balance from 1 March 2009.

  However, the Government made a decision in July 2008 in light of the further deterioration in the Public Finances to defer the implementation of the Review Body awards. However, it has since been established that the first 5% of the Review body awards will be paid. The remaining increases as detailed above have been temporarily suspended by the Government and are due to be reviewed in September 2010. This decision applies to the four GP grades listed above.

Dr Anthony Breslin, Chairperson

Public Health Doctors

Public Health Doctors Committee 2008/2009

Committee Members: March 2008 – April 2009

Regional Representatives

Dublin/Mid Leinster
Dr Joe Barry (co-opted)
Dr Phil Jennings (co-opted)
Dr Johanna Joyce Cooney
Dr Howard Johnson
Dr Aidan O'Hora (co-opted)
Dr Catherine O'Malley
Dr Robert McDonnell (co-opted)

Dublin/North East
Dr Frances Conway
Dr Paul McKeown
Dr Peter Nolan

South
Dr Bridin Cannon
Dr Anne Egan (co-opted)
Dr Mary Francis
Dr Orla Healy (co-opted)
Dr Orlaith O'Reilly (co-opted)
Dr Gretta Tarrant (co-opted)

West
Dr Anthony Breslin (Chairperson)
Dr Mary Fitzgerald (co-opted)
Dr Paula Gilvarry
Dr Heidi Pelly (co-opted)

Pay Provisions of New National Agreement (Transitional Agreement under Towards 2016)

Discussions on a new national wage agreement commenced in April 2008, and following the breakdown of negotiations at the beginning of August, negotiations recommenced between the parties in September 2008 resulting in agreement on a new pay deal on the 17th September 2008. The agreement was ratified by the Irish Congress of Trade Unions in November 2008.

Date of Implementation and Duration

Except where otherwise agreed at local level this Agreement shall come into force on the expiry of the first module of 'Towards 2016' in each individual employment or industry and shall last for 21 months.

Public Sector Pay Terms

It is agreed by the parties that the following basic pay terms shall apply in the Public Sector:

- A Pay Pause of 11 months from the expiry of the last phase of the first module under Towards 2016.
- An increase of 3.5% for the next 9 months of the Agreement; and
- An increase of 2.5% for the remainder of the Agreement - except for those earning up to and including €430.49 per week (€22,463 per annum) on commencement of the second phase where a 3% increase will apply.

The increases outlined above will be implemented on the following dates:

- 3.5% increase with effect from 1st September 2009

Public Health Doctors

- 2.5% increase with effect from 1st June 2010

In light of the rapid deterioration in the public finances, the Government indicated its desire in December 2008 to seek discussions with the social partners early in 2009 on measures to stabilise the public finances. These discussions may include a review of the terms of the above Transitional Agreement under Towards 2016.

Review Body on Higher Remuneration

The Department of Finance published the Report of the Review Body on Higher Remuneration in the Public Sector, Report No. 42, in October 2007.

The report recognised the pivotal positions of Director of Public Health and Specialist in Public Health Medicine within the health service and as a result recommended a 15.2% increase in salary for the post of Director of Public Health and a 20.4% increase in salary for the post of Specialist in Public Health Medicine.

The Government accepted the Review Body Report following its publication and agreed that the increases recommended be implemented on the following phased basis:-

(a) 5% from 14 September 2007, the date of the Report, or where the total increase is less than 5%, the full increase from that date;

(b) half the balance from 1 September 2008; and

(c) the remaining balance from 1 March 2009.

However, the Government announced in July 2008 that, in light of the worsening general economic climate, it had taken a decision not to proceed with the implementation of the Review Body awards to all grades encompassed by the Body. The statement from the Department of Finance outlined that the issue would be reviewed in September 2010. The Department declined to provide a commitment at this stage as to outcome of that review, noting instead that the outcome would be dependent upon on the prevailing economic circumstances at that time.

The IMO has since established, after a process of discussions with the HSE Employers Agency, that the first 5% of the Review Body awards will be paid to health sector grades that benefited from these awards with effect from the 14th September 2007 with the payment of the balance to be decided upon in September 2010.

Public Service Benchmarking Body – Principal Medical Officers

The report of the Public Service Benchmarking Body was published on the 10th January 2008.

The Body's role was to examine the pay and jobs of over 200,000 public service employees and benchmark these against the jobs, pay and reward structures in the private sector, taking account of the value of public service pensions.

The Benchmarking Body insisted on reviewing a sample of grades rather than all grades in the public service. The IMO agreed that the work of Principal Medical Officers (PMOs) would be examined by the Review Body on the understanding that whatever increase might be deemed appropriate for PMOs would be passed on automatically to Senior Medical Officers and Area Medical Officers.

The Irish Medical Organisation made a detailed written submission to the Benchmarking Body on behalf of the Principal Medical Officers (PMOs) and also attended an oral hearing with the Benchmarking Body. With the support and advice of the IMO, a significant number of PMOs were also involved in follow up interviews with management consultants who undertook a job evaluation exercise on behalf of the Benchmarking Body.

In its report, the Benchmarking Body concluded that the pension benefits of all public servants were significantly more valuable than those of private sector groups, and that the gap was equivalent to 12% of salary. Accordingly, it decided that a discount of 12% should be applied in comparing the remuneration levels in the public service and the private sector.

Consequently, they concluded that only a small number of grades were below private sector rates and for this reason the vast majority of public service employees received no increase. Reflecting the small number of grades who were deemed worthy of an increase, the total cost of the increases recommended by the Body will represent an average increase of 0.3% in overall pay costs.

However, Principal Medical Officers were one of a handful of grades who were deemed worthy of an increase in salary and the Benchmarking Body recommended the following salary rates for Principal Medical Officers:

Post:	Principal Medical Officer
Current Rate:	€101,111
Recommended Rate:	€116,278
% Increase:	15%

Because of the decision to link the SMO and AMO grades to the Principal Medical Officer, the same (15%) increase will also be payable to Senior Medical Officers and Area Medical Officers.

Arrangements for Implementation of Benchmarking Awards

It has been agreed as part of the new national pay agreement concluded in September 2008 between the social partners (Transitional Agreement under Towards 2016), that the increases recommended in the report of the Public Service Benchmarking Body would be paid as follows:

a) 5% from 1st September 2008, or where the total increase is less than 5%, the full amount from that date;

b) The issue of the payment of any balances will be discussed between the parties in the context of any successor pay agreement on the expiry of the transitional agreement in September 2010.

The delay with regard to the payment of the balance of the awards is attributable to the

Public Health Doctors

rapid deterioration in the public finances during 2008.

Provision of an Out of Hours Service by Specialists in Public Health Medicine

A national meeting of Specialists in Public Health Medicine and Directors of Public Health took place on the 13th March 2008 to brief members on the proposals for the establishment of an interim out of hours service. The meeting was advised that the Public Health Committee had taken a decision to recommend the establishment of an interim service if a number of essential conditions were met by the Department of Health & Children and the HSE. These included the stipulation that the model be agreed by the IMO and the HSE; that the IMO would seek in discussions with senior employer representatives to have an increase in the interim payment of €500 on offer; that the IMO would seek sufficient whole-time equivalent numbers of Specialists (60) are provided to enable the rotas agreed; that a review of the service would take place after an agreed period and that the Review Body on Higher Remuneration in the Public Sector would adjudicate on remuneration for the provision of out of hours cover following the review of the service.

A meeting on out of hours took place between the IMO and employers under the auspices of Mr Kieran Mulvey of the Labour Relations Commission on the 13th May 2008. At this meeting, discussions took place on the possibility of introducing an interim 'interim' out of hours service that would meet the State's international obligations under international health regulations. This proposal was discussed in the context of HSE employers acknowledging that they were not in a position to ensure the filling of the agreed complement of 60 WTE Specialist posts on which the proposed out of hours model was based.

A proposed follow up meeting between the IMO and the HSE Employers Agency scheduled for 24th June 2008 did not take place due to the unavailability of a representative from the Department of Finance.

On foot of an October meeting under the auspices of the Labour Relations Commission, Mr John Delamere of the HSE – Employers Agency wrote to the IMO on 24th October 2008 setting out the employer's position on the issue and proposing the establishment of an interim service which would see five Doctors on call at any one time operating a service that would be based on telephone advice. The IMO wrote to Mr Delamere in November 2008 seeking clarification on some of the points raised in his letter, particularly concerning the extent of the cover to be provided, the support structures to be put in place and payment issues to do with differences in geographic area and population size covered. Further discussions are expected to take place early in 2009 between the IMO and the HSE on the establishment of an interim out of hours service.

Citation of Specialists in Public Health Medicine by the Department of Health and Children under the Provisions of Towards 2016

Because of the failure to establish an out-of-hours service, Specialists in Public Health Medicine and Directors of Public Health have been cited by the Secretary General of the Department of Health & Children, Mr Michael Scanlon, under the Performance Verification Process set out in the Towards 2016 Agreement in relation to the payment of the 2.5% increase from 1 September 2008. The IMO issued a detailed response to the citation and attended a special meeting of the Health Service National Joint Council on the 26th August 2008 at which the citation was discussed. A letter from the Joint Secretaries of the Health Service National Joint Council was sent to Mr Scanlon on the 3rd September 2008 setting out the IMO and management positions in relation to the citation. Upon receiving confirmation from the Secretary General of the Department of Health and Children that the 2.5% pay award would be withheld, the IMO referred the matter to Mr Kieran Mulvey of the Labour Relations Commission claiming that the Department of Health and Children was in breach of the national wage agreement 'Towards 2016'. The IMO has requested an early hearing before the LRC under the provisions of Paragraphs 27.10 and 27.11 of 'Towards 2016' and it is expected that the matter will be heard by the Labour Relations Commission early in 2009.

Re-grading of AMO's to Senior Medical Officer Positions

A meeting regarding the re-grading of AMOs took place between the IMO and employer representatives under the chairmanship of Mr Kieran Mulvey in May 2008. The employer side continued to raise concerns in relation to cost, qualifications and questioned what additional benefit would accrue to the service should the issue be conceded. A further meeting on this issue took place in October 2008 under the chairmanship of Mr Tom Pomphrett of the Labour Relations Commission. At this meeting, the employer side claimed that the proposed re-grading would be a 'cost increasing' measure and therefore in breach of the terms of the national pay agreement 'Towards 2016'. The employer side also indicated that it was

Public Health Doctors

their view that many of the doctors the IMO was seeking to re-grade did not possess the qualifications necessary for Senior Medical Officer appointment. The IMO again sought that the Labour Relations Commission be allowed issue a recommendation aimed at resolving the anomaly. The Labour Relations Commission sought the position of the employers in relation to a re-grading of those AMOs who hold the necessary qualifications for SMO appointment and the employers agreed to give further consideration of this issue. The IMO expects further negotiations to take place with the HSE on the re-grading of AMOs in the early part of 2009.

HSE Population Health Structures

A meeting to discuss the proposed organisational and integrated service delivery changes for HSE Population Health took place between representatives of the IMO and Mr Sean McGrath, National Director of Human Resources, HSE on the 23rd September 2008. After a constructive meeting it was agreed that the IMO is to be represented on various HSE committee's examining proposed organisational changes. The IMO wrote to Mr McGrath on the 19th November 2008 asking that the Chairs of the Clinical and Operational Committees contact the Organisation to arrange for formal IMO representation on their respective Committees.

Proposals for Transfer of Responsibility for Domiciliary Care Allowance / Mobility Allowance Schemes to Department of Social & Family Affairs

A National Working Group, on which the IMO is represented, has been examining proposals for the transfer of responsibility for the above Schemes to the Department of Social & Family Affairs. The HSE advised the IMO that there would no question of a transfer of Community Health Doctor staff to the Department of Social & Family Affairs or a reduction in the number of approved posts/WTEs arising from the transfer. The IMO received confirmation of this position in writing from the HSE. It is understood that the transfer will take place in early 2009.

Forum on Community Health Medicine

The IMO raised the issue of the establishment of the Forum on Community Health at a meeting with the employers under the chairmanship of Mr Kieran Mulvey in May 2008. The employers again confirmed their agreement in principle to the establishment of such a Forum, however, the IMO made it clear that the difficulties in relation to the re-grading of AMOs had to be resolved separately and in advance of the work of the Forum and not as a part of the Forum as the employers had sought. The IMO has again sought the establishment of a Forum on the future of Community Health Medicine.

Report on Primary Medical Care in the Community

The Joint Oireachtas Committee on Health and Children announced in October 2008 that it is preparing a Report on Primary Medical Care in the Community. In order to assist the Joint Committee in this work, the Committee sought written submissions directly relevant to Primary Medical Care in the Community from interested persons and bodies. One such written contribution was made by the Community Health Sub-committee, who on foot of their submission have been invited to appear before the Joint Committee on 29th January 2009, to set out the place of Community Health Medicine in the delivery of Primary Medical Care.

CME Entitlements / SpR Training Grants

Following negotiations that commenced in November 2007 between the IMO and Dr Patrick Doorley, Population Health Directorate, HSE, the IMO received clarification from Dr Doorley in February 2008 confirming that all Public Health Doctors can avail of their CME entitlement for approved educational activities abroad.

Community Ophthalmic Physicians

Review of Community Ophthalmic Physician Service

Significant work was progressed in 2008 on a joint review of the Community Ophthalmic Physician service. The joint review involving representatives of the IMO, the Department of Health & Children and the Health Service Executive is the first major review of the Community Ophthalmic Physician service since 1991. The review group is chaired by Mr Michael McGinley formerly of the HSE North Western Area.

The terms of reference for the review provide that it will examine and report with recommendation on the following areas:- the Community Ophthalmic Physician staffing levels in each HSE Area; the present operational practices and outputs of Community Ophthalmic Physicians; the integration of the Community Ophthalmic Physician service within the organisational structure of each HSE Area and with other relevant bodies; the impediments to the development of the Community Ophthalmic Physician service; and the opportunities that exist for the development of the Community Ophthalmic Physician post into the future and the services provided by that post.

The IMO made a number of detailed submissions to Mr McGinley to assist the review process. Mr McGinley issued a draft report to the review group during 2008 and it is anticipated that he will issue his final report to the review group early in 2009.

On conclusion of the service review, the IMO will be seeking a comprehensive review of the terms and conditions of Community Ophthalmic Physicians.

Benchmarking II

Community Ophthalmic Physicians were awarded a 15% increase in salary under the second Benchmarking exercise following the publication of the report of the Public Service Benchmarking Body in January 2008. Under an agreement between the IMO and the HSE Employers Agency, it is agreed that Community Ophthalmic Physicians will receive the same percentage Benchmarking increase as Principal Medical Officers who were just one of a handful of grades to receive an award under the second Benchmarking exercise. Principal Medical Officers were awarded a 15% increase representing the highest group award under the Benchmarking Report. Community Ophthalmic Physicians received a 10% Benchmarking award under the first Benchmarking Report following an agreed linkage with Senior Medical Officers at that time.

As part of new national pay agreement concluded in September 2008 between the social partners, it was agreed by the parties that the increases recommended in the second report of the Public Service Benchmarking Body would be paid as follows:

(a) 5% from 1 September 2008, or where the total increase is less than 5%, the full amount from that date;

(b) The issue of the payment of any balances will be discussed between the parties in the context of any successor pay agreement on the expiry of the transitional agreement in September 2010.

The deferral of implementation of the balance of the Benchmarking Body awards is consistent with the decision of the Government announced in July 2008 to defer implementation of phases two and three of the Review Body awards across the public sector in light of the deterioration in the public finances.

HSE Community Ophthalmic Services Scheme

The IMO continued to press for the agreed roll out of the HSE Community Ophthalmic Services Pilot Scheme in 2008. The scheme provides for the expansion of the Community Ophthalmic Services Scheme to include a range of Medical and Surgical Treatments.

Following an independent evaluation of the scheme by Mr Michael McGinley, it was agreed that the scheme be rolled out nationally and funding was sought by the HSE in 2007 and 2008 with a view to the nationwide roll out of the scheme. The independent evaluation carried out in 2006 confirmed that the pilot scheme had achieved its goals and objectives, having regard to enhanced access for patients and improved health and social gain for the population served. The evaluation concluded that there was sufficient evidence from the implementation of the pilot initiative that would support and justify a business case for the further roll out of the initiative having regard to the requirements for effectiveness, efficiency, equity and value for money.

The advantages of the roll out the scheme countrywide have been identified as:

- Relief for Hospital Accident and Emergency Departments
- Reduction in Routine Hospital Eye Departments Attendances
- Reduction in OPD Waiting Lists
- Reduction in Use of Ambulance Services and Patient Travelling Times
- Pre and Post Operative Care within the Community

The HSE sought funding for the phased roll out of the scheme in 2008 from a €12 million innovation fund provided for by the Department of Health & Children in the 2008 Budget. The IMO is to meet with the Department of Health & Children and the Health Service Executive early in 2009 to clarify the outcome of the bid under the innovation fund and to seek agreement on the further roll out of the scheme.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Communications Unit

Dr. Martin Daly, IMO President being interviewed on Radio Kerry during the IMO AGM 2008

The Communications Unit is concerned with the total communication activity generated by the Irish Medical Organisation to achieve its planned short, medium and long term objectives.

The Communications Unit continues to support the objectives and strategies of the organisation through the various units, which were established under the IMO Strategic Plan 1995-2000. In particular, the Unit continues to promote and highlight recommendations in IMO Position Policy Papers and aims to expand and develop motions adopted by members at the Annual General Meeting.

Additionally, the Communications Unit, under the direction of the Chief Executive, supports, in whatever manner, the Industrial Relations Strategies adopted by the various craft groups of the Organisation. The direction of all public relations strategy with regard to industrial relations will always be guided by the industrial relations strategy.

However, plans, information and continuous support are always maintained by the Unit during negotiations for all craft committees within the organisation.

Much of 2008 was given to the Consultant Contract talks, the Government's 2009 Budget, the medical card issue for General Practitioners as well as the overall state of our health services and the unilateral cuts in respect of NCHDs announced before Christmas, the impact on patients and on the future of the medical profession in Ireland.

Additionally, on a day-to-day basis, the Unit deals with numerous calls from members of the media, public and other interested health groups on the vast variety of health stories making headlines in our media outlets both in Ireland and abroad.

The Unit is also responsible for various events and assists in the organisation of other IMO events throughout the year. One of the many successful events hosted by the IMO which attracts a large audience is the Doolin Memorial Lecture which is given by a prominent speaker annually.

This year "Health, Equity and the Social Wage" was the title of the 2008 Doolin Memorial Lecture which was delivered by Mr. David Begg, Secretary General of the Irish Congress of Trade Unions.

Mr. Begg addressed the current status of Health Care Delivery, the Social Determinants of Health Inequalities, the Political Determinants of Health Policy and the Challenges Facing the Health Service.

"Health care is a major concern of the social partners. Everyone relies upon it for themselves or their families at some stage of their lives. It accounts for one third of all public spending by the state and it employs approximately 110,000 people. When times are difficult, as they are now, it's the first port of call for retrenchment and that retrenchment when it happens is keenly felt", Mr Begg told his audience at the Royal College of Surgeons in Ireland.

"The United Nations Human Development Index consistently finds Ireland to be one of the most unequal countries in the world.

"The Irish healthcare system was always a hybrid based on a public/private mix. It is not that the current policy direction is moving away from the ideal. But the policy being followed will attenuate the inequality inherent in the system."

Mr. Begg said: "In my opinion, co-location is an ideologically motivated policy based on free market liberalism. It will alter the balance within the hybrid model of health service delivery in a way that will push the middle classes out of the public hospitals. If they leave, the public hospital will become less important in the system and more vulnerable to resource rationing.

"If private care is moved out of the public system and provided on a real cost basis it will push up the cost of health insurance. Financing co-location with tax incentives is a waste of tax payers' money which would be

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Communications Unit

IMO President, Dr. Martin Daly being interviewed by RTÉ on Cuts in the Health Services

better spent in the State providing hospital capacity directly.

"We can clearly see that the political determinants of health policy have been shaped up by the political ideology of free market liberalism. That that model has failed in Ireland is also clear. However, it remains the guiding force in health policy even as the party mostly, but not exclusively, associated with it leaves the political stage.

"It seems to me that the most immediate challenge facing the health service is how to survive the €400 million budget cuts. It is hard to see how this level of cost reduction can be achieved without having an impact on service."

Continuing to promote IMO Policy and Strategic Alliances

With IMO Policy Position Papers and motions adopted at the Annual General Meeting, the Communications Unit continues to promote policies adopted and compiled by members of the organisation.

Joint Initiative with IMO and BMA NI

As per the IMO Strategic Plan 2008-2010, *"Considering the imperative to operate on an all-island basis, we will develop strategic alliances in association with the BMA in Northern Ireland, over the lifetime of the Strategic Plan, through joint initiatives".*

Following on from the IMO's policy position paper on Care of the Elderly, the unit worked closely with the BMA N.I. and produced a joint Policy Paper on *Care of Older People in Europe.*

The IMO and BMA N.I. met with members of the European Parliament in Brussels in April 2008 and presented the joint Policy Paper.

In October, both organisations presented a further joint document *Care of Older People on the Island of Ireland* to members of parliament at Stormont.

In Europe, both the IMO and BMA (NI) called on the EU Commissioner for Health to lead the way in establishing health policy that is fit for purpose with regard to the long-term care of older people throughout the EU which is based on the common values and principles that underpin all EU healthcare systems.

During her presentation, Dr. Paula Gilvarry said: "We believe that the needs of older people should be given the priority and the attention they deserve. We can predict with reasonable accuracy the level of demand for services and the types of services which older people need. There can be no excuses for not serving the interests of fellow citizens who, throughout their lives, have contributed to building the economically successful society we enjoy today."

Both organisations believe that the older population on the island of Ireland, and throughout the European Union (EU), should have access to care which is:

- Of high quality
- Evidence based
- Well resourced
- Equitable and available to all on the basis of need
- Delivered with due regard to the dignity of patients.

The IMO and the BMA (NI) urged their respective Governments, the leaders of the EU and other Member States to work together to address the long-term healthcare of older people through the formulation and implementation of co-ordinated policies and strategies.

In October, Dr. Martin Daly and Dr. Brian Patterson, representing the IMO and BMA N.I. respectively, called on the governments, north and south, to lead the way in radically improving standards of care for older people, setting out 11 cogent recommendations which,

Communications Unit

Dr. Martin Daly, IMO President, Mr. George McNeice, IMO Chief Executive present ICTU Secretary General, David Begg with the IMO Doolin Medal

if implemented, would have a significant impact on the standards of care for older people on the island of Ireland.

The joint document was introduced at the launch by NI Health Minister, Michael McGimpsey, MLA.

In his presentation Dr. Daly said: "While we all have a role to play, i.e. healthcare workers, politicians and policymakers, what we need to ensure is that we must also remember that the older people should be involved in the planning of their care. This is essential if we are to give meaning to the principles of respect, informed choice and dignity; something that all citizens are entitled to.

"The recommendations that the IMO and BMA NI have outlined in this joint document are achievable and are vital so that older people receive the type of healthcare and support they deserve and need.

"In addition, we must not forget support for families and carers – all too often these people provide what we are trying to achieve, the chance for someone to live at home and receive care with dignity and respect. However, they too need our support and this should be made available."

In brief, the document called for:

- Cross-border initiatives that improve healthcare for older people
- Full integration and coordination of healthcare services
- The recruitment and retention of skilled healthcare staff as a priority for all agencies
- Person-centred care
- Improved communication in the delivery of healthcare to older people
- Care tailored to an individual's need
- Support for carers
- Social inclusion of older people in society
- High standards of care in all healthcare settings
- Nutritional care being made a priority
- The promotion of positive mental health.

The Unit once again continued to lobby and highlight the issue of alcohol abuse in our society. IMO Public Health Specialist Prof Joe Barry presented a briefing document to Minister of State at the Department of Health and Children Mary Wallace, TD regarding Alcohol Consumption Patterns in Ireland.

During the IMO's Annual General Meeting, a fully equipped press room was organised for the large number of media people in attendance. Following on from the IMO's campaign, cutbacks@hse.ie, RTE TV's Prime Time also sent a team to the conference and interviewed many of our members over the course of the three day event on the effects the cutbacks were having on their patients and the health service as a whole. Many of these were aired during a programme on the state of our health service.

IMO President and honorary officers addressed many issues with the media during the year. Where possible, the unit makes spokespersons available for the media and provides briefings to the media where appropriate.


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Research and Policy Unit

The IMO's ground breaking research into the Role of the Doctor, in 2007 recognises the doctor's role as advocate as being of fundamental importance. A key objective of the IMO's Strategic Plan 2008-2010 is thus to *"maximise our potential as the professional representative body for the medical profession and to continue to build strategic alliances in the development of policy"*. The Research and Policy Unit provides research and develops policy within the IMO in support of that objective.

In 2008 the Research and Policy Unit produced the following work:

- General Motions 2008 Update
- IMO Policy Position Papers
  - Protecting the Vulnerable – A Modern Forensic Medical Service
  - Lifestyle and Chronic Disease
  - Suicide Prevention
  - Care of Older People on the Island of Ireland – A joint paper from the BMA (NI) and the IMO
- Pre-Budget Submission 2009

All reports, policy papers and submissions are available on the IMO website

General Motions 2008 Update

The general motions from the AGM are managed by the Research and Policy Unit. Immediately following the 2008 AGM the unit wrote to the Minister for Health, the HSE, TDs, MEPs, other Government Departments and relevant bodies. Regarding some motions the unit wrote on a second, third and even a fourth occasion. While many replied accordingly, many responses, particularly from directorates of the HSE, have not yet been forthcoming.

In relation to motion 37/08 which calls upon the pharmaceutical industry, the Irish Government and the EU to continue to explore alternatives to the patent system to promote and reward innovation in such a manner as to maximise global health gain, a number of MEPs requested further information to back the motion. The Research and Policy Unit produced a briefing document to support the motion. The briefing document explains the failings of the current patent system enshrined in the international TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement 1994 and outlines the prerequisites of an alternative system that would incentivise pharmaceutical research and development and provide the world's poor with affordable drugs. The briefing document was sent to relevant MEPs debating the European Commission's draft proposals for the EU pharmaceutical sector.

The Research and Policy Unit has written a report based on the responses to the 2008 general motions which will be developed on an ongoing basis. The IMO policy handbook has also been updated with the 2008 motions and will be available on the IMO website.

IMO Policy Position Papers

Protecting the Vulnerable – A Modern Forensic Medical Service

At the 2008 Annual General Meeting in Killarney the IMO launched its position paper *Protecting the Vulnerable – A Modern Forensic Medical Service* which identifies the need for a properly structured and resourced Forensic Medical Service.

The paper examines the current situation which relies on the goodwill of both the Gardaí and of local practitioners, who may have little or no training in forensic medicine nor be aware of the rights of victims or detainees.

The paper identifies the role of the Forensic Medical Practitioner which includes treating victims, detainees and Garda officers injured in the line of duty; collecting physical evidence, often of an intimate nature; and providing professional and expert testimony to the courts.

The expertise required by Forensic Medical Officers - to treat a wide variety of conditions and to understand the legal implications of their actions - is outlined in the paper and the IMO recommends that proper structured training is provided to practitioners on an on-going basis.

The role of the Gardaí and the Department of Justice are also identified. The IMO further recommends that Gardaí are trained in the management of sick or incapacitated people whether in custody or at the scene of incidents and that the Department of Justice provide properly designed custody suites and examination rooms with all the appropriate equipment.

The IMO proposes the establishment of a mixed service of 10 full-time and 26 part-time forensic medical examiners, structured to offer an optimal service across the country.

The IMO submitted the proposal to the Department of Justice, Equality and Law Reform.

Lifestyle and Chronic Disease

In July 2008 the IMO produced a position paper on *Lifestyle and Chronic Disease* calling for the elaboration and implementation of an over-riding lifestyle policy for the prevention of chronic disease which facilitates and promotes healthy lifestyle choices among the general population.

The *Lifestyle and Chronic Disease* paper examines statistics on the major chronic diseases in Ireland and their relationship to certain lifestyle risk factors of poor diet, lack of exercise, smoking, alcohol and drug abuse. The paper contains the most up to date figures on death rates and diagnosis of the following major diseases, and the proven risks associated with lifestyle choices.

- Cancer,
- Cardiovascular Disease,
- Diabetes Mellitus,
- Suicide and Mental Health Problems,
- Chronic Obstructive Pulmonary Disease and Asthma

Again using the most recent statistics the paper looks at the prevalence of obesity, smoking, alcohol abuse and drug abuse amongst men, women and children in Ireland.

The paper then sets out the rational behind an over-riding lifestyle policy which follows the recommendations of the World Health Organisation that strategies for tackling

Research and Policy Unit

chronic diseases shift away from reactive acute health care toward promotion, prevention and control.

Finally the IMO makes a number of recommendations on an over-riding lifestyle policy under the following headings:

- Structural
- Funding
- Planning and Investment
- Health Services Organisation and Delivery
- Patient Involvement

Suicide Prevention

The IMO's policy position paper on *Suicide Prevention* was published in September 2008 calling for the full implementation of the recommendations outlined in *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014* and the recommendations detailed in the report of the Joint Oireachtas Sub-Committee on the *High Level of Suicide in Irish Society.*

The paper examines statistics on suicide and self-harm in Ireland and examines the underlying complex factors that contribute to suicidal behaviour. In particular the paper examines the relationship between suicide and both depression and alcohol abuse. The paper also investigates the particularly high rates of suicide among young Irish males.

While many countries have devised suicide prevention strategies, there is disagreement over their value and effectiveness as the evidence base is poor for the majority of interventions. The principle interventions – Treatment Approaches, Awareness and Education, Societal Interventions and Community-based Interventions - are overviewed.

The IMO recommends that Suicide Prevention focuses on known interventions aimed at both the general population and specific target groups. The IMO also calls for the funding of support services for the bereaved and further research into suicide and suicide prevention.

Care of Older People on the island of Ireland – A joint paper from the Irish Medical Organisation and the British Medical Association Northern Ireland

In October 2008 BMA (NI) and the IMO launched a joint policy document *Care of Older People on the island of Ireland* in Parliament Buildings Stormont.

Following on from the IMO's 2006 policy paper *Care of the Elderly,* the joint paper sets out 11 policy recommendations including:

- Cross-border initiatives that improve healthcare for older people
- Full integration and coordination of healthcare services
- The recruitment and retention of skilled healthcare staff as a priority
- Person-centred care
- Improved communication in the delivery of healthcare to older people
- Care tailored to an individual's need
- Support for carers
- Social inclusion of older people in society
- High standards of care in all healthcare settings
- Nutritional care being made a priority
- The promotion of positive mental health

Pre-Budget Submission 2009

With the spiralling global financial and economic crisis and a huge shortfall in tax revenues forecast, the Government brought forward the 2009 budget to October 2008.

In its 2009 pre-budget submission the IMO called for investment in people's health and warned that lessons of the past should teach us that measures taken now could have unforeseen consequences far into the future for the Irish Health Service. The IMO reiterated motions and policy recommendations on medical card eligibility, protecting the elderly and vulnerable groups, lifestyle policy in the prevention of chronic disease, and suicide prevention.

The Submission stressed the relationship between poverty and ill health and stated that access to medical care for those with inadequate means is a vital element in maintaining the health and competitiveness of the nation. The IMO called on the Government to increase income thresholds for medical card eligibility and to review the current scheme.

Not forgetting the valuable contribution that elderly people made to the prosperous society that Ireland has enjoyed in recent years, the IMO called for enhanced investment in services for the elderly as well as increases in pensions and allowances for older people and their carers.

The relationship between lifestyle and chronic disease was repeated in the pre-budget submission which called again for funding for the elaboration and implementation of an over-riding lifestyle policy for the prevention of chronic disease. An increase in taxes on tobacco and a sliding scale on alcohol products was also recommended and that these taxes should be ear-marked for health initiatives.

Suicide rates among young people - particularly young males – were highlighted again as was the relationship between suicide and depression and between suicide and alcohol. The 2009 pre-budget submission again called for funding for the full implementation of recommendations outlined in *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014,* the report of the Joint Oireachtas Sub-Committee on the *High Level of Suicide in Irish Society* and the report of the *National Strategic Task Force on Alcohol.*

Conclusion

Within the context of the IMO Strategic Plan 2008-10 the Research and Policy Unit will focus its activities towards achieving the aims and objectives of the plan.


IRISH MEDICAL
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International Affairs

The International Affairs Unit manages the international policy of the Irish Medical Organisation

Dr Cillian Twomey (Chairman and UEMS)

International Affairs Committee 2008 - 2009
Mr Hugh Bredin (UEMS)
Dr Neil Brennan (CPME)
Dr Martin Daly (UEMO)
Dr Henry Finnegan (CPME)
Dr Liam Lynch (UEMO)
Dr Mick Molloy (PWG)
Dr John Morris (PWG)
Dr Cillian Twomey (Chairman and UEMS)

The Irish Medical Organisation is a member of the following organisations:
The Standing Committee of European Doctors (CPME)
The European Union of General Practitioners (UEMO)
The European Union of Medical Specialists (UEMS)
The Permanent Working Group of European Junior Doctors (PWG)
The World Medical Association (WMA).

Overview

The International Affairs Unit manages the international policy of the Irish Medical Organisation which is the remit of a standing committee, the International Affairs Committee.

International Affairs Strategy

The IMO is continuing to build upon its strategy of streamlining the management of medical politics and lobbying within the EU, and working towards the vision of a single medical organisation for Europe which would influence EU Institutions. The International Affairs Committee continues to advocate the benefits of this approach within the European Medical Organisations (EMOs) to be:

- A focus on productive policy work in meetings
- Focus on new external environments
- Reduction of overheads
- Increase political/ public relations impact
- Build alliances.

The IMO will continue to evolve the aims of the unification strategy as the dynamics of the arena for European debate continue to change.

European Issues

European Working Time Directive

With the 2009 implementation date approaching, the arguments surrounding the EWTD intensified throughout 2008, focusing predominantly on NCHDs and the application of the EWTD to their unique circumstances.

International Affairs

The IMO supports the EWTD and the main principle of the 48 hour week. However, the IMO voiced its objection to the individual opt-out clause being a choice for member states when implementing the EWTD, along with the EPSCO council's political agreement in 2008 to the definition of active and inactive categories of on-call time.

A significant development followed for NCHDs in December 2008 when the European Parliament voted in favour of the Cercas Report on the amendment on the Directive. The outcome of the vote meant that:

- All periods of on-call time should be counted as working time as part of the maximum 48 working hours per week, which can be calculated over a period of 12 months.
- Any member state which adopted or was seeking to implement the opt-out clause, must abolish this action three years after the implementation date of the directive.

As a representative on the EWTD National Implementation Group, the IMO will also use the results and lessons from the pilot projects to further enhance our contribution to the international experience of the implementation of the EWTD.

Patient's Rights to Cross Border Health Care

This topic was at the forefront of debate on medical issues within the EU. In July the European Commission adopted a Draft Directive on the application of Patient's Rights to Cross Boarder Health Care.

The main elements of this directive:

- Patients can receive healthcare abroad and be reimbursed the amount that it would have cost had they received the medical care at home.
- Each country will be responsible for healthcare provided within their country.
- The development of Euopean reference networks, bringing together specialised centres in different Member States.
- Assessing health technology to ensure efficiency and standards throughout the EU.
- Developing 'e-Health' within the European Union.

This has proved to be an incredibly complex issue, with the implications far reaching in terms of the provision of quality healthcare throughout the EU, social issues associated with medical treatment in other member states, and the impact on individual health care systems, their management and sustainability. Additionally, the significant elements of financial and workforce impacts in the provision of cross border health care complicate this issue further. As these continue to be examined fully, the issue of cross border health care is one that will dominate debate over the coming years.

Although supportive of this directive in principle, the IMO has concerns regarding the following issues:

- Continuity of care from one jurisdiction to another
- Integrity of services in border areas
- Integrity of financing the HSE, and how finances between jurisdictions will take shape
- Discriminatory impacts on individuals who cannot afford to travel for medical treatment
- Security of patient's data

The European Medical Organisations

Standing Committee of European Doctors (CPME)

CPME experienced much internal upheaval, exemplified by the formal resignation of the French, Spanish and Italian delegations. As the representative body for all doctors in Europe, the IMO will work with other members to ensure internal processes are dealt with effectively and democratically for the good of all member nations, and drive focus back to the CPME agenda.

Working on issues affecting all doctors throughout the EU, the CPME subcommittees are divided into four groups:

- Medical training, continuing professional development and quality improvement
- Ethics and professional codes
- Organisation of health care, social security and health economics
- Public health, prevention and environment.

While cross-border mobility for patients and doctors alike dominated discussion, eHealth again proved to be an issue of contention. Debate centred around the availability of patient electronic records, which culminated in the CPME adoption of the paper 'E-health: Consent and Confidentiality' in October. This has particular impact on the cross-border medical care discussion, specifically how and what type of patient information can be retrieved, and the levels of consent required.

Telemedicine and its development was a prominent topic as part of the broader eHealth discussion, and the implications for medical care providers. Issues such as fraud, technology development and suitability, validity of patient/doctor details, and the development and validity of e-prescriptions need to be examined fully to ensure proper policy can be established. The IMO will continue to explore these issues and the future application of telemedicine for the benefit of Irish medical practitioners and patients alike.

Discussion throughout the subcommittees on topical health issues led to the publication of the following:

- *The Global and European shortage of physicians: Proposals for a European Strategy* – examining the migration of doctors, and the principles that should be adopted when employing strategies to recruit physicians and to ensure the preservation of health care systems throughout the EU.

International Affairs

- *Resolution on Tobacco,* calling for a ban on smoking in all EU public places including public transport
- A position paper on *'Access to health care, for undocumented migrants',* in which all physicians are to provide appropriate care for undocumented migrants and for Member States to adopt strategies to assist doctors in providing this care.
- Resolution on mental health and well being, advocating individual Member States to engage in a public discussion on the issue in order to effect change through the development of action plans targeting:
  - Prevention in depression and suicide
  - Mental health in youth and education
  - Mental health in workplace settings
  - Mental health of older people
  - Combating stigma and social inclusion

The IMO has been active in initiating public awareness and strategies for the prevention of suicide with the publication of the IMO Position Paper on Suicide Prevention in September.

European Union of Medical Specialists (UEMS)

In April UEMS celebrated its 50th Anniversary in Brussels. This meeting focussed particularly on specialist issues regarding the EWTD and cross border health care. The Directive on the Recognition of Professional Qualifications was also highlighted at the meeting, with a review of progress since the Directive coming into force in October 2007. This continued to be monitored throughout the year. One of the significant outcomes of this meeting was the establishment of an eHealth Working Group.

The eHealth Working Group was established to further investigate and develop concepts and practicalities pertaining to eHealth. The specialist bodies that operate within the UEMS will have much to contribute to the development of eHealth practices and standards as the discussion materialises into solid initiatives and policies. Prof. Cillian Twomey is currently taking a lead role within the group, and 2009 will see the emergence of a clear agenda for the eHealth Working Group.

The CME/CPD working group is continuing to make good progress on their project of investigating the various policy papers that deal with professional development and the accreditation standards across the European Union. Other projects that the CME/CPD working group are looking to include are:

- Criteria for e-learning accreditation recognising the increase of electronic education materials;
- Collaborating with international bodies to developing a common glossary of key terms in CME/CPD;
- Ensuring information on CME/CPD programs in all European countries is current.

The IMO is in full support of developing a standard of quality in CME/CPD in order for doctors in Ireland to further their knowledge in their chosen specialties, and for these qualifications to be recognized throughout the EU.

UEMS also investigated training across the specialties, and issues associated with varying training structures throughout the EU. Inequalities in access to postgraduate training identified throughout the EU were also examined in the hope of eventually harmonizing training experiences throughout the EU.

The Quality in Patient Care group has been collaborating with the speciality boards on their experiences in working within guidelines specific to their field. They will be reviewing the information gathered in 2009 in order to recommend guidelines within each speciality.

The main focus of this group in 2008 was the capture of information from particular countries in regards to specialists working in hospitals. It is hoped this information will provide a better understanding of different funding structures and practices of specialist employment and functionality within varying health systems in the EU.

European Union of General Practitioners (UEMO)

The IMO greatly contributed to the negotiating power of UEMO with the CPME and the UEMS by successfully incorporating it as a Belgian AISBL (charity). The full extent of this achievement will be measured in 2009 when the international meetings begin in earnest. However, the presidency is yet to determine if a permanent secretariat in Brussels is necessary, or if the current rotating presidency will remain.

Following on from the 2005 Directive on the Recognition of Professional Qualifications, UEMO is seeking to have the role of General Practice recognised as a speciality. Although automatic recognition of medical specialities is currently granted between EU countries, General Practice sits outside this directive.

The IMO has taken a lead role in progressing this issue within the EU and has lobbied Irish politicians to take up this cause.

The Equal Opportunities Working Group has also assisted with this issue by participating in co-meetings with the Specialist Training Working Group to ensure maximum participation and collective power in progressing this matter at an EU level. A six point plan on the topic will be discussed at the next General Assembly meeting of UEMO in 2009.

Discussion on Continuing Medical Education for General Practitioners has progressed through the sourcing of information regarding programs from member states. Issues such as funding, compulsory further education and innovative programs around the EU will be investigated to identify areas of improvement for CME.

A matter of priority for UEMO has also been the topic of antibiotic resistance, and the significance that this issue has with Consumer Advertising and the promotion of certain antibiotics. Much work has also been done in drafting papers on topics such as Family Violence, the use of medicines in children and young people, and Quaternary Prevention –

International Affairs

the prevention of health problems caused by over-treatment.

UEMO is also addressing the administrative functions within General Practice, and the characteristics of staff employed in front line service. This is hoped to identify best practice within the EU, and to discover possible ways to encourage students into General Practice/Family Medicine.

Permanent Working Group of European Junior Doctors (PWG)

Further to the 2007 discussions of the PWG regarding its future status, the IMO has formed a working group with the Dutch and British Delegations to pursue the incorporation of the PWG to ensure its bargaining powers with other European Medical Organisations.

The EWTD dominated discussions within the EU, with particular reference to its effect on the role of the junior doctor as discussed earlier in this report.

Ireland has been invited to host a meeting of the PWG in October 2009 and we look forward to welcoming our colleagues from across Europe.

World Medical Association (WMA)

The General Assembly meeting in October took place in Seoul, Korea. Dr Dana Hanson from Canada was elected President for 2009/10 term.

Decisions made at the WMA General Assembly:

- Resolution on the Economic Crisis: Implications for Health
- Statement on Reducing the Global Burden of Mercury
- Resolution on Poppies for Medicine Project for Afghanistan
- Declaration of Seoul on Professional Autonomy and Clinical Independence
- Statement on Reducing Dietary Sodium Intake
- Resolution on Collaboration between Human and Veterinarian Medicine

Conclusion

The IMO remains committed to its role in European and World medical bodies and will continue to promote policy development and support the role of the doctor.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Dr Martin Daly, Chairperson

IMO Financial Services

IMO Financial Services Board

The following were members of the Board of Directors during the year:

Dr. Martin Daly, Chairman
Mr. George McNeice, Managing Director
Mr. Michael Marsh, Secretary
Mr. Leslie Buckley
Mr. Patrick Dineen

IMO Financial Services was established to seek out – and offer to IMO members – special financial products and services to meet their needs. During the year, IMO Financial Services continued to provide a valuable and professional service to our members. The ranges of product and services available has been extended and enhanced.

Pensions

The continued strong interest in our pension planning services is a result of the combination of independent advice, reduced commission, excellent allocation rates and the professional personal service provided.

14 pension planning seminars were held throughout the country in the months of September, October and November 2008. They were all very well attended and almost 500 members availed of our unique and keenly priced pension services.

Changes in legislation a number of years ago allowed IMO FS to provide the option of additional voluntary contribution facilities through PRSA contracts. This provides a much broader choice for members who wish to make additional pension contributions.

Group Life Scheme

Our Group Life Scheme continued to be popular with members. One of the purposes of the scheme is to enable doctors to obtain cover on favourable underwriting terms. In particular, from time to time, we can obtain cover for doctors who might not be able to obtain it otherwise.

In July 2008, we offered our existing members of the group life scheme an increase in cover from €125,000 to €150,000 per unit without any requirement to provide additional medical information. This offer was very well received with 90% of the members of the group life scheme accepting the additional cover.

Income Protection Schemes

We operate group disability schemes that are designed to provide income in the event that a member is unable to work due to accident or illness. Cover is available up to the age of 65 and new entrants to the scheme must apply before attaining the age of 54. The schemes are available to provide cover to GPs, consultants, public health doctors and hospital doctors. The maximum level of cover under the schemes is €60,000 per annum.

Waiver of Premium Scheme

The Waiver of Premium Scheme was established to cover doctors' contributions to the GMS Superannuation Scheme in the event of disability. The scheme is open to new members and again new entrants must apply before reaching the age of 54.

Property Investment Schemes

We offered our members the opportunity to invest in a German Property Syndicate during 2008. It was available both as a direct investment and as a pension investment which gave our members an excellent opportunity to expand and diversify their investment and pension portfolios.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Financial Services

Individual Consulting Service

A full complement of financial consultants allows us to provide a comprehensive review service to our members. Our continued relationship with BDO gives us access to their professional and highly regarded tax and wealth management team.

BDO continues to discount its fees for IMO members and gave several presentations in IMO House and at last year's AGM, where they also conducted tax advice clinics.

Mortgages & Practice Development

We continued to assist members to purchase both family homes and residential investment property throughout the country with over €15 million in loans issued during the year.

Our practice development package remains one of the most competitive in the market, with 100% finance still available, subject to application for members who wish to acquire or develop medical centres or private rooms. The application process is extremely straightforward and lacking in red tape.

Individual Products

Many of our members supplemented the Life & PHI cover available under the group schemes with individual products arranged by our financial consultants with various insurance companies.

The new Doctor's Income Protection product which we negotiated with Friends First was launched during the year and this allowed us to provide increased benefit levels and guaranteed increases in cover to our members.

Other Products

We continue to offer household, surgery, travel and motor insurance through Jardine Lloyd Thompson and unsecured personal loans through Friends First. We have also provided an on-line loan application facility via the IMOFS website which is attractive to our members.

Communication

We issued a number of E-zines during the year and this means of communication proved popular with our members with an excellent response to every edition. We will continue to issue a monthly E-zine to our members to ensure that they are kept up to date with topics of relevance as well as information on our products and services.

We conducted a number of wealth management, property and retirement planning seminars during the year. We also conducted many hospital presentations, clinical society presentations and group practice meetings.

Conclusion

During the past year, IMO Financial Services has assisted over 800 members with individual products ranging from pensions, investments, mortgages, loans, and individual protection products. We have enhanced our product range and provide a personal, confidential and professional service. We are gratified at the very high level of satisfaction among members who have used the services of IMOFS.

MEDISEC

MEDISEC IRELAND

Board of Directors
Mr Des Lamont, Chairman
Ms Dorothy Collins
Dr Larry Fullam
Mr Hugh Governey
Dr Mary Gray
Dr Liam Lynch
Mr George McNeice

Staff
Mr Pat Mahony, Chief Executive
Mr William Crean, Financial Controller
Ms Suzanne Browne, General Manager
Ms Antonella Toselli, Member Services Administrator
Ms Sarah Keegan, Advisory Co-Ordinator.

Medisec is the only Irish Independent non profit-making company with the objectives of providing General Practitioners with

- A high quality Advisory and Mediation Service
- A Fair deal in Professional Indemnity. **The Medisec product is unique in that it is an insured non-discretionary contract.**
- A GP integrated Risk Management process facilitated through Newsletter publications, a continuously updated website together with Risk Management presentations.

Subscriptions paid by general practitioners will be used exclusively for services to general practitioners.

Medisec is a single-agency intermediary with Allianz Plc and is regulated by the Financial Regulator.

The Board of MEDISEC is comprised of medical practitioners and professionals in other areas who combine to provide the highest standards of service for medical practitioners.

Medisec in conjunction with it's Insurer, Allianz, has a GP Advisory Panel which defines and keeps current a definition of the range of services normally provided by a General Practitioner and it also provides advice and expertise in relation to what is involved in certain treatments and procedures and the clinical implications involved. The Medisec GP Directors also advise and support Medisec and it's members in relation to on-going Claims, Advisory and Mediation cases.

The membership of Medisec has grown to a level of 975. This contrasts with the initial membership under IGPIMAS in July 1992 of less than 250 members.

The Advisory Service provided by Medisec Ireland Limited is availed of by over 30% of members annually and feedback indicates a high level of satisfaction with the response time and quality of assistance offered. It is worth noting that only a small number of enquiries result in claims.

On retirement at normal retirement age (sixty-five), having been a member of the Scheme for a continuous minimum period of ten years immediately prior to reaching the age of sixty-five years, members will be entitled to an extended reporting period after the expiration of the policy i.e. Tail Cover. No Additional Charge will be levied against retired members for this cover which will be funded by Medisec.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Membership Unit

The IMO recorded a membership figure of 6173 reflecting increases across most categories particularly among Consultants, General Practitioners, and NCHDs.

The membership unit regularly contact members to update their details by post or by telephone and the response to these updates is excellent. For the membership unit, the capacity to keep up to date with all of members details is enhanced through notification to the IMO of contact changes as soon as possible. Of equal importance, as their career progresses, is that we are kept informed of their new position. This helps us to provide them with relevant information and materials that they may find of benefit.

We now have a membership enquiry form on the IMO website for the convenience of our members for any enquiries or changes they may have to their membership.

Mission Statement

The role of the IMO is to represent doctors in Ireland and to provide them with all relevant services. It is committed to the development of a caring, efficient and effective Health Service

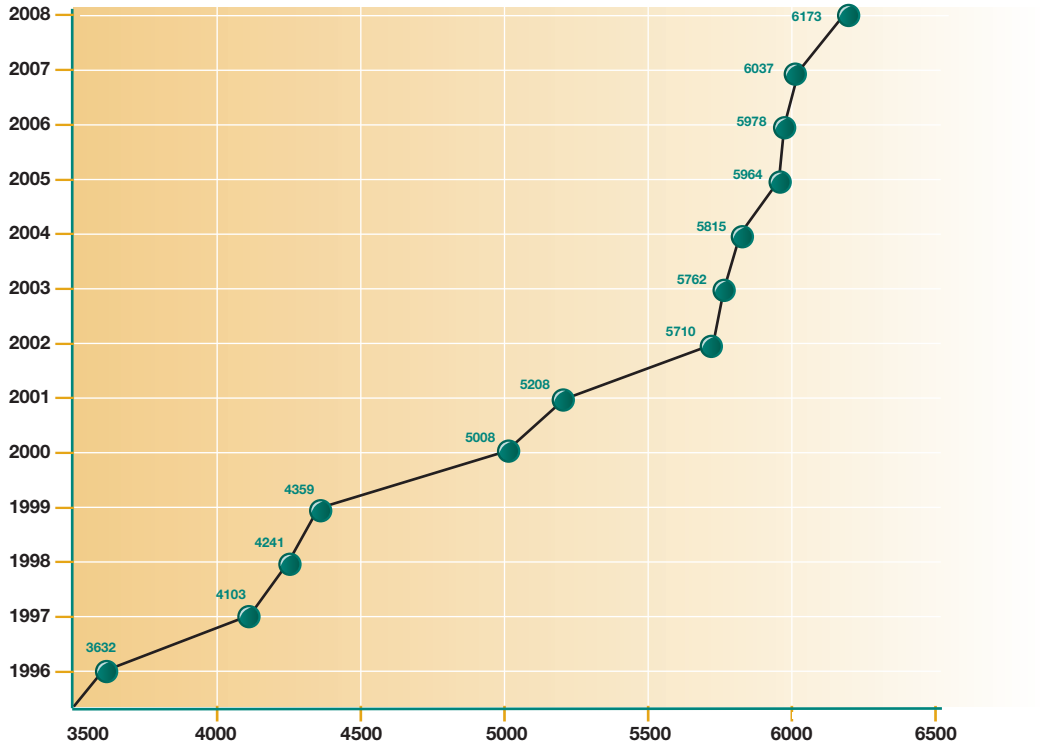
Emailing and SMS texting has become a vital way of communication for IMO members. SMS texting is used to some categories of doctors regarding meetings and proved to be very fast and effective.

The IMO are looking forward to having our new IT system early 2009 to further advance our Organisation in every aspect.

Our Intern Information nights, which are held every year, were again very successful in 2008. These meetings are held in Dublin, Cork and Galway and the events were well attended. The success of these events is critical to the long-term development and strategy of the Irish Medical Organisation. This year also seen an increase in our medical student membership

Members are reminded that they can pay their annual subscription by the following payment methods:

- Annual Cheque
- Direct Debit monthly/annually
- Credit card annually
- GMS via the Primary Care Reimbursement Service (GPs only)



2008 – 6173 **2007** – 6037 **2006** – 5978 **2005** – 5964 **2004** – 5815 **2003** – 5762 **2002** – 5710
2001 – 5208 **2000** – 5008 **1999** – 4359 **1998** – 4241 **1997** – 4103 **1996** – 3632

Publishing Unit

Dr John FA Murphy, Editor, Irish Medical Journal

In 2008 there were 10 issues of the Irish Medical Journal. During the year there were 10 commentaries, 14 editorials, 61 original papers, 11 case reports, 9 short reports, 6 occasional pieces, 17 letters to the editor, 5 research correspondence, 2 supplements. In addition there were sections on IMO news, pieces of poetry and book reviews.

We published a series of editorials on neurological conditions to mark the tenth anniversary of the Irish Institute of Clinical Neurosciences. The contributors were C Keohane, V Patterson, DF O'Brien and M Hutchinson. The subject matter included neuropathology, telemedicine in neurology, epilepsy surgery and multiple sclerosis.

A number of the papers generated widespread debate. O'Carroll and O'Reilly highlighted the flaws in the current medical card review system-'There's a hole in the bucket, an analysis of the impact of the medical card review process on patient entitlement to free health care' . The study reported that in a two and a half year period 1489 patients in the authors' practice had their medical cards removed because of non-return of re-application forms. This placed vulnerable groups such as the homeless, asylum seekers and travellers at risk.

Savage et al produced a valuable audit of the services available for children with diabetes-'Services for children with diabetes'. There are 2014 children with diabetes in Ireland. They are managed across 19 centres. They are cared for by 29 paediatricians consisting of 5 paediatric endocrinologists, 9 paediatricians with an interest in diabetes and 15 general paediatricians. A major problem is the paucity of support services. The caseload per dietician is 416 children and the caseload per dietetic nurse is 162 children.

Horgan et al documented the decline in the number of sterilisations due to the introduction of the Mirena coil- 'The decline of laparoscopic sterilisation'. In a 5 year period the sterilisation numbers decreased from 2566/year to 910/year while the number of Mirena coils rose from 4840/year to 17077/year.

Ukpete et al described the seat belt sign and its significance- 'The seat belt sign, a word of caution regarding seat belt usage'. This is a linear bruising of the abdominal wall following an RTA. This sign is associated with an increased incidence of intra-abdominal injury. The authors illustrate the point with 3 cases with 3 cases of visceral trauma.

McLaughlin and Cassidy examined the standard of autopsies performed on Irish nationals who died abroad- 'Investigation into the standard of autopsy procedures on Irish nationals worldwide'. Their findings demonstrate that many countries do not follow set autopsy guidelines. They state that when an autopsy is incomplete the chances of a correct diagnosis is negligible.

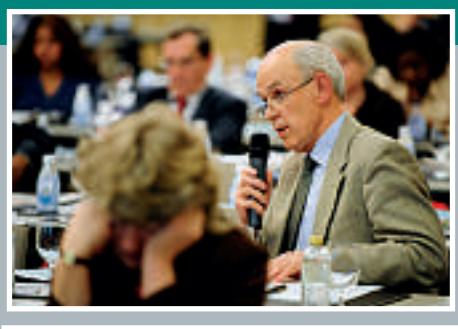
Townley et al reported a series of severe eye injuries associated with golf- 'Golf, recognising the risk of severe eye injury'. There were 10 cases, 7 patients needed enucleation and the other 3 had reduced vision. This potential danger should be highlighted in golf clubs.

Publishing Unit

There were two supplements. The first 'Prescription of epinephrine auto-injectors- can we reach a consensus?' addressed the indications for the use of epinephrine auto-injectors in the event of anaphylaxis. The second 'Ireland needs healthier airways and lungs- the evidence INHALE report'. One of the main findings was that the death rate from respiratory disease in Ireland is twice the EU average. Obstructive sleep apnoea is becoming more common due to rising obesity.

I would like to thank the expert medical referees who so generously gave up their time to assess manuscripts. Thanks finally to all the authors who submitted their research and review articles to the Journal in 2008.

AGM 2008 – Killarney













HEALTH
A Duty and a Responsibility
IRISH MEDICAL


IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann
2008 ANNUAL GENERAL MEETING


IRISH MEDICAL
ORGANISATION

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

2008 financial statements

For Year ended 31-12-2007

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Financial Statements

For the Year Ended 31st December 2008

(These pages do not form part of the audited financial statements)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Trustees and other information

The Irish Medical Organisation is a trade union registered under the Trade Union Act 1941.

TRUSTEES:	Dr. Henry Finnegan Dr. Larry Fullam Dr. Mary Hurley Dr. B.J. O'Sullivan Dr. Cillian Twomey
MANAGEMENT COMMITTEE:	Mr. George McNeice Dr. Martin Daly Dr. John Morris Dr. Catherine O'Malley Mr. Seán Tierney Dr. Ronan Boland Dr. Matthew Sadlier Dr. Trevor Duffy Dr. Anthony Breslin Dr. Paula Gilvarry
BANKERS:	Allied Irish Banks Plc., 40/41 Westmoreland Street, Dublin 2.
SOLICITORS:	O'Connor Solicitors, 8 Clare Street, Dublin 2.
AUDITORS:	Hamill Spence O'Connell, Chartered Certified Accountants, Registered Auditors, Adelaide House, Dun Laoghaire, Co. Dublin.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of the Management Committee for the Year Ended 31 December 2008

The Management Committee has pleasure in submitting its report together with the audited financial statements of the organisation for the year ended 31 December 2008.

Statement of Management Committee's Responsibilities

A. We are responsible for the preparation of the organisation's financial statements, which give a true and fair view of the organisation's affairs as at 31 December 2008 and of the surplus for the year then ended.

B. In preparing the financial statements we have selected suitable accounting policies and have applied them on a consistent basis, making judgements and estimates that are prudent and reasonable.

We have used applicable accounting standards in preparing the financial statements, subject to any material departure being disclosed and explained in the financial statements.

We have prepared the financial statements on a going concern basis.

C. We are responsible for keeping proper accounting records, for safeguarding the assets of the organisation and for taking reasonable steps for the detection and prevention of fraud and other irregularities.

Post Balance Sheet Events

No significant events have occurred since the balance sheet date.

Auditors

Our Auditors, Hamill Spence O'Connell, will be re-appointed for the coming year.

On behalf of the Management Committee:

President

DR MARTIN DALY

Treasurer

MR SEÁN TIERNEY

Date: 29th January 2009

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Treasurer's Report

It gives me great pleasure, as Treasurer of the Irish Medical Organisation, to present my report and the Financial Statements for the year ended 31st December 2008 which have been audited, without qualification, by Hamill Spence O'Connell, Chartered Certified Accountants, Dun Laoghaire, Co Dublin.

Strategic Plan 2008 - 2010

Following on from the achievements of our 2005-2007 Strategic Plan, the next phase of the development and growth of the IMO was considered by the Strategic Plan Working Group and our Strategy 2008-2010 was published. A key element to the success of our Strategy is that we ensure that the goals identified are linked to our day to day operations and budgetary considerations. The IMO budget each year is determined by the financial support required in each of the Strategy's pillars so that spending is prudently managed to achieve our aims and objectives. The key areas over the lifetime of the current strategy are:

- Excellence in Industrial Relations
- Professional Representation and Strategic Alliances
- Engaging Membership

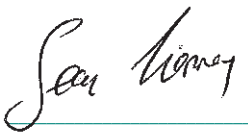
This Strategic Plan will further strengthen and support our core activity of industrial relations, allow for ongoing development in our professional representative role and determination of health policy. Critically, it will also introduce new services to members to ensure the Organisation best meets the needs of doctors practising in Ireland.

Corporate Governance & Financial Performance

The sound financial management of the organisation during the year has resulted in a net surplus of €474,521 with accumulated revenue reserves of €4,393,778. In accordance with International Auditing Standards and best accountancy practice, the Balance Sheet shows all assets at cost. In order to reflect the true value of the Irish Medical Organisation, a consolidated balance sheet incorporating up to date valuations together with appropriate notes and explanations has been prepared and is attached to the accounts.

The organisation has not been immune to the effects of the global economic crisis on the value of its investments which has resulted in a devaluation of property and share investments amounting to €2,178,625 as expressed in note 15 to the accounts.

The past year has been a challenging one for the IMO on many fronts including the rapidly changing economic situation. However, I am pleased to report that we are in a strong financial position and I would like to thank Mr George McNeice, Chief Executive, for his continuing stewardship of the IMO and also my thanks to my fellow honorary officers during the past year.



Treasurer

MR SEÁN TIERNEY

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Independent Auditors' Report to the members of the Irish Medical Organisation

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2008 on pages vii to xxi, which comprise Income and Expenditure Account, Balance Sheet, Cashflow Statement and the related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out on page xii.

This report is made solely to the management committee, as a body, in accordance with Section 11 of the Trade Unions Act 1871. Our audit work has been undertaken so that we might state to the management committee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the organisation and the management committee as a body, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of the Management Committee and the Auditors

The Management Committee of the Irish Medical Organisation is responsible for the preparation of the financial statements in accordance with applicable law and Irish Accounting Standards as set on page iii in the Statement of Management Committee's Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Trade Union Acts and all relevant legislation. We also report to you whether in our opinion proper books of account have been kept by the organisation; and whether the information given in the Management Committee's Report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purposes of our audit and whether the organisation's balance sheet is in agreement with the books of accounts.

We read the Chief Executive's Report contained in the Annual Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of Audit Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Management Committee in the preparation of the financial statements, and of whether the accounting policies are appropriate to the organisation's circumstances, consistently applied and adequately disclosed.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Independent Auditors' Report to the members of the Irish Medical Organisation

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the organisation's affairs as at 31 December 2008 and of its surplus for the year then ended and have been properly prepared in accordance with all legal requirements.

We have obtained all the information and explanations we considered necessary for the purposes of our audit. In our opinion proper books of account have been kept by the organisation. The financial statements are in agreement with the books of account.

In our opinion, the information given in the Management Committee report is consistent with the financial statements.

Hamill Spence O'Connell,
Chartered Certified Accountants,
Registered Auditors,
Adelaide House,
Dun Laoghaire,
Co. Dublin.

Date: 29th January 2009

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Income and Expenditure Account for the Year Ended 31 December 2008

	Notes	2008	2007
		€	€
Income	1	4,371,473	4,168,079
Other Income	3	280,064	219,490
Publishing Contribution	Schedule 1	(8,905)	(50,862)
		4,642,632	4,336,707
Expenditure	Schedule 2	(4,168,111)	(3,924,661)
Surplus for the Year before Taxation	4	474,521	412,046
Taxation	5	—	—
Surplus For The Year After Taxation		474,521	412,046
Opening Accumulated Revenue Surplus		3,919,257	3,507,211
Closing Accumulated Revenue Surplus		4,393,778	3,919,257

There were no recognised gains or losses other than those passing through the profit and loss account and, therefore, no separate Statement of Recognised Gains and Losses has been prepared.

The notes on pages xiii to xxi form part of these financial statements.

The financial statements were approved and authorised for issue by the management committee on 29th January 2009 and signed on its behalf by:

President
DR MARTIN DALY

Treasurer
MR SEÁN TIERNEY

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Balance Sheet as at 31 December 2008

	Notes	2008 €	2007 €
FIXED ASSETS			
Tangible Assets	**6**	252,551	307,147
Deposit with the Court of Justice	**8**	6,911	6,911
		259,462	314,058
FINANCIAL ASSETS			
Investments	**7**	91,562	91,562
		351,024	405,620
CURRENT ASSETS			
Debtors	**9**	4,333,509	4,033,344
Cash & Bank Balances		1,232,883	765,155
		5,566,392	4,798,499
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(1,503,373)	(1,263,356)
NET CURRENT ASSETS		4,063,019	3,535,143
TOTAL ASSETS LESS CURRENT LIABILITIES		4,414,043	3,940,763
Creditors (amounts falling due after more than one year)	**11**	(20,265)	(21,506)
		4,393,778	3,919,257
FINANCED BY			
Accumulated Revenue Surplus	**14**	4,393,778	3,919,257
Members' Funds	**16**	4,393,778	3,919,257

The notes on pages xiii to xxi form part of these financial statements.

The financial statements were approved and authorised for issue by the management committee on 29th January 2009 and signed on its behalf by:

President
DR MARTIN DALY

Treasurer
MR SEÁN TIERNEY

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Consolidated Balance Sheet as at 31 December 2008

	Notes	2008 €	2007 €
FIXED ASSETS			
Tangible Assets	**6**	8,704,999	10,874,244
Deposit with the Court of Justice	**8**	6,911	6,911
		8,711,910	10,881,155
FINANCIAL ASSETS			
Investments	**7**	491,193	820,680
		9,203,103	11,701,835
CURRENT ASSETS			
Debtors	**9**	566,006	368,228
Cash & Bank Balances		3,174,046	2,385,109
		3,740,052	2,753,337
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(2,019,760)	(1,733,962)
NET CURRENT ASSETS		1,720,292	1,019,375
TOTAL ASSETS LESS CURRENT LIABILITIES		10,923,395	12,721,210
Creditors (amounts falling due after more than one year)	**11**	(2,820,738)	(3,051,542)
		8,102,657	9,669,668
FINANCED BY			
Accumulated Revenue Surplus	14	6,772,910	6,161,497
Revaluation Reserve	15	1,329,747	3,508,171
Members' Funds		8,102,657	9,669,668

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Cashflow Statement for the Year Ended 31 December 2008

	Notes	31 December 2008		31 December 2007	
		€	€	€	€
Reconciliation of Operating Profit to Net Cash (Outflow)/Inflow from Operating Activities					
Operating profit			474,521		412,046
Depreciation on tangible assets			117,729		115,612
(Profit)/Loss on disposal of tangible assets			7,179		(2,010)
(Increase)/Decrease in debtors			(300,165)		(1,315,241)
(Decrease)/Increase in creditors within one year			199,406		440,399
Net cash (outflow)/inflow from operating activities			498,670		(349,194)
Taxation			—		—
Capital expenditure and financial investment					
Payments to acquire tangible assets		(99,198)		(101,165)	
Increase in Deposit with Court		0		(1,409)	
Receipts from sales of tangible assets		28,885		5,506	
Net cash (outflow) for capital expenditure			(70,313)		(97,068)
Net cash inflow/(outflow) before management of liquid resources and financing			428,357		(446,262)
Financing					
(Decrease) in Capital element of finance lease contracts		(9,452)		(43,682)	
	1		418,905		(489,944)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Notes to the Cashflow Statement for the Year Ended 31 December 2008

1 Analysis of Net Funds

	1 January 2008	Cashflow	Other non cash changes	31 December 2008
	€	€	€	€
Net Cash:				
Cash at bank in and hand	765,155	467,728	0	1,232,883
Bank overdrafts	(94,613)	(48,823)	0	(143,436)
	670,542	418,905	0	1,089,447

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Accounting Policies

The significant accounting policies adopted by the organisation were as follows:

A. Basis of Accounting

The financial statements have been prepared in accordance with the historical cost convention and financial reporting standards as prescribed by the Accounting Standards Board of Ireland and the United Kingdom as modified by the revaluation of certain fixed assets.

B. Subscriptions Received

Subscriptions received in the income and expenditure account refer to subscriptions received for that year.

C. Depreciation of Tangible Fixed Assets

Depreciation is calculated to write off the original cost less the expected residual value of the assets over their expected useful lives at the following annual rates:

Motor Vehicles	20% Straight Line
Fixtures and Fittings	10% Straight Line
Office Equipment	20% Straight Line

D. Leased Assets

The cost of fixed assets acquired under finance leases are included in fixed assets and written off over the term of the estimated useful life of those assets, while the capital portion of the outstanding lease obligations is included in creditors. The interest portion is written off to the profit and loss account over the term of the primary lease period.

E. Taxation

Taxation is calculated on non-subscription income.

F. Financial Assets

Financial Assets are stated at cost or valuation. Provisions are made for financial assets which have suffered a permanent diminution in value.

G. Pensions

The organisation operates a defined contribution scheme. Payments are made to a pension trust, which is a separate legal entity from the organisation.

H. Deferred taxation

Deferred taxation is provided at appropriate rates on all timing differences using the liability method only to the extent that, in the opinion of the directors, there is a reasonable probability that a liability or asset will crystallise in the foreseeable future.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Notes to the Financial Statements for the Year Ended 31 December 2008

	2008	2007
	€	€
1. Income		
Membership Subscriptions	4,371,473	4,168,079

2. Analysis of Members	**2008**	**2007**
	No's	**No's**
General Practitioners	2,124	2,131
Consultants	892	825
Public Health Doctors	262	266
Non Consultant Hospital Doctors	2,348	2,340
Other	49	56
Student	498	419
	6,173	6,037

3. Other Income	**2008**	**2007**
	€	€
Rental Income	212,600	181,250
Publishing Royalties	15,000	12,697
Irish Medical News	33,992	—
Bank Interest Earned	14,673	21,303
Other	3,799	4,240
	280,064	219,490

Notes to the Financial Statements for the Year Ended 31 December 2008

4. Surplus for the Year	2008	2007
	€	€
Surplus for the year is stated after charging:		
Auditors' Remuneration	16,335	16,335
Depreciation	315,784	315,801
Loss/(Profit) on disposal of assets	7,179	(2,010)

5. Taxation	2008	2007
	€	€
Current Year Charge	—	—
	—	—

There is no taxation charge relating to IMO due to losses in the Irish Medical Journal.

Notes to the Financial Statements for the Year Ended 31 December 2008

6. Tangible Assets - IMO

	Equipment	Office & Fittings	Fixtures Vehicles	Motor Total
	€	€	€	€
Cost:				
At 1 January 2008	397,432	465,367	280,380	1,143,179
Additions	38,905	—	60,291	99,196
Disposals	—	—	(87,303)	(87,303)
At 31 December 2008	436,337	465,367	253,368	1,155,072
Depreciation:				
At 1 January 2008	300,230	427,165	108,637	836,032
Charge for Year	39,197	27,535	50,996	117,728
Disposals	-	-	(51,239)	(51,239)
At 31 December 2008	339,427	454,700	108,394	902,521
Net book value at 31 December 2008	97,910	10,667	144,974	252,551
Net book value at 31 December 2007	97,200	38,204	171,743	307,147

Included in the above at the balance sheet date were assets held under finance leases and hire purchase agreements as follows:

Net book value	2008 €	2007 €
Motor Vehicles	137,892	159,561
Office Equipment	7,954	672
	145,846	160,233
Depreciation charged to the Income and Expenditure Account in relation to the above was:		
Motor Vehicles	40,345	44,316
Office Equipment	415	3,368

Notes to the Financial Statements for the Year Ended 31 December 2008

6. Tangible Assets — Consolidated

	Property	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€	€
Cost:/Valuation					
At 1 January 2008	11,025,222	586,411	465,366	388,425	12,465,424
Additions	239,761	55,869	—	60,291	355,921
Revaluation	(2,964,983)	—	—		(2,964,983)
Disposals	—	—	—	(87,303)	(87,303)
At 31 December 2008	8,300,000	642,280	465,366	361,413	9,769,059
Depreciation:					
At 1 January 2008	640,521	385,774	427,165	137,721	1,591,181
Charge for Year	198,348	64,134	29,516	70,989	362,987
Revaluation	(838,869)	—	—	—	(838,869)
Disposals	—	—	—	(51,239)	(51,239)
At 31 December 2008	—	449,908	456,681	157,471	1,064,060
Net book value at 31 December 2008	8,300,000	192,372	8,685	203,941	8,704,999
Net book value at 31 December 2007	10,384,701	200,637	38,201	250,704	10,874,244

Included in the above at the balance sheet date were assets held under finance leases and hire purchase agreements as follows:

Net book value	2008 €	2007 €
Motor Vehicles	216,732	238,401
Office Equipment	7,954	6,108
	224,686	244,509
Depreciation charged to the Income and Expenditure Account in relation to the above was:		
Motor Vehicles	55,012	58,984
Office Equipment	419	5,348

Notes to the Financial Statements for the Year Ended 31 December 2008

7. Investments

	2008	2007
	€	€
Company		
Shares in Irish Medical Association (Limited by guarantee)	—	—
Shares in Fitzserv Consultants Limited	1,283	1,283
Other Investments at Cost	90,279	90,279
	91,562	91,562

Irish Medical Association (Limited By Guarantee):

The Balance sheet of IMA Limited indicated Net Assets as at 31 December 2008 of €1,307,828 (2007: €3,487,422)

Fitzserv Consultants Limited at Valuation:

The Balance sheet of Fitzserv Consultants Limited indicated Net Assets as at 31 December 2008 of €2,402,334 (2007: €2,264,272)

	2008	2007
	€	€
Consolidated		
Listed Investments at Market Value	314,279	601,876
Unlisted investments at Market value (2007: Cost)	86,635	128,525
	400,914	730,401
Other Investments at Cost	90,279	90,279
	491,193	820,680

8. Deposit with The Court of Justice

The deposit with the Court of Justice under the Trade Union Act, 1941 is invested with the ACC bank.

Notes to the Financial Statements for the Year Ended 31 December 2008

9. Debtors

	2008 IMO €	2007 IMO €	2008 Consol €	2007 Consol €
Trade debtors	3,991	3,689	370,556	235,847
Other debtors	70,928	5,400	140,581	24,925
Prepayments	29,519	19,719	54,869	107,456
Loan to subsidiaries	4,229,071	4,004,536	—	—
	4,333,509	4,033,344	566,006	368,228

10. Creditors (amounts falling due within one year)

	2008 IMO €	2007 IMO €	2008 Consol €	2007 Consol €
Creditors and Accruals	1,316,149	1,111,679	1,827,467	1,531,669
Bank overdraft	143,436	94,613	143,439	136,808
Lease and Hire Purchase Finance	43,788	57,064	48,854	65,485
	1,503,373	1,263,356	2,019,760	1,733,962

11. Creditors (amounts falling due after more than one year)

	2008 IMO €	2007 IMO €	2008 Consol €	2007 Consol €
Bank loans	—	—	2,787,977	2,987,977
Lease and Hire Purchase Finance	20,265	21,506	32,761	63,565
	20,265	21,506	2,820,738	3,051,542

Notes to the Financial Statements for the Year Ended 31 December 2008

Analysis of Leases and Hire Purchase	IMO 2008 €	IMO 2007 €	Consol 2008 €	Consol 2007 €
Wholly repayable within five years	64,053	78,570	81,615	129,050
Included in current liabilities	(43,788)	(57,064)	(48,854)	(65,485)
	20,265	21,506	32,761	63,565
Lease and Hire Purchase maturity analysis				
In more than one year but not more than two years	20,265	21,506	32,761	63,565
In more than two years but not more than five years	—	—	—	—
In more than five years	—	—	—	—
	20,265	21,506	32,761	63,565

Bank loans are secured by mortgages over 10 & 11, Fitzwilliam Place and a solicitor's letter of undertaking in respect of 11 Fitzwilliam Place.

12. Staff Pension Scheme

The organisation currently operates a defined contribution pension scheme in respect of its employees. The assets of the scheme are held separately from those of the organisation in an independently administered fund. Contributions within the year amounted to € 315,115 of which €93,581 was unpaid at the year-end.

13. Staff Numbers and Costs

The average number of persons employed by the organisation during the year was as follows:	2008 No's	2007 No's
Total Employees	21	22
Analysed as follows:		
Administration	21	22

The aggregate payroll costs of these persons were as follows:

	2008 €	2007 €
Wages and Salaries	1,921,700	1,716,643
Social Welfare Costs	179,811	146,747
Other Pension Costs	315,115	289,857
	2,416,626	2,153,247

Notes to the Financial Statements for the Year Ended 31 December 2008

14. Movement on Revenue Reserves

IMO	2008	2007
	€	€
Reserve at start of year	3,919,257	3,507,211
Retained profits for year	474,521	412,046
Reserve at end of year	4,393,778	3,919,257

Consolidated

IMO	4,393,778	3,919,257
Irish Medical Association (Limited by guarantee)	(21,919)	(20,749)
Fitzserv Consultants Limited t/a IMOFS	2,401,051	2,262,989
	6,772,910	6,161,497

15. Revaluation reserve - Consolidated

	2008	2007
	€	€
Reserve at start of year	3,508,372	3,540,372
Revaluation during year	(2,178,625)	(32,201)
Reserve at end of year	1,329,747	3,508,171

This relates to the revaluation of the property at No 10/11 Fitzwilliam Place, Dublin 2 and listed investments owned by The Irish Medical Association Limited.
The property was valued in January 2009.

16. Reconciliation of Movement in Members' Funds – IMO

	2008	2007
	€	€
Surplus After Tax For The Year	474,521	412,046
Net Addition to Members' Funds	474,521	412,046
Members' Funds at Start of Year	3,919,257	3,507,211
Members' Funds at End of Year	4,393,778	3,919,257

Notes to the Financial Statements for the Year Ended 31 December 2008

17. Related Party Transaction

Under the agreement relating to the terms of occupancy of number 10/11 Fitzwilliam Place, Dublin 2, all charges including depreciation relating to the properties, which are owned by the Irish Medical Association Ltd are borne by the Irish Medical Organisation. The charge for depreciation in 2008 was € 198,348 (2007: €204,320) and the loan interest charge was € 154,040 (2007: €154,052). The Irish Medical Association (a company limited by guarantee) is an associated company of the Irish Medical Organisation.

Rent receivable in 2008 included amounts of €125,000 (2007: €116,250) from Fitzserv Consultants Limited. Fitzserv Consultants Limited is 100% owned subsidiary of the Irish Medical Organisation.

18. Comparative Figures

Where necessary comparative figures have been regrouped on a basis consistent with the current year.

19. Approval of the Financial Statements

The financial statements were approved by the Management Committee on 29th January 2009

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Management Information for the Year Ended 31 December 2008

(This information does not form part of the audited financial statements)

SCHEDULE 1

	2008	2007
Publishing Contribution	**€**	**€**
Income	185,582	161,669
Printing and Editorial Costs	(104,197)	(104,673)
Wages	(39,740)	(31,502)
Postage and Stationery	(50,550)	(76,356)
Publishing Contribution	(8,905)	(50,862)

(This page does not form part of the audited financial statements.)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Management Information for the Year Ended 31 December 2008

SCHEDULE 2

Expenditure	**2008** **€**	**2007** **€**
Wages, Salaries and Pension Costs	2,416,626	2,153,247
Insurance	10,081	10,243
Telephone	47,014	42,534
Light and Heat	15,275	20,431
Postage, Printing and Stationery	193,554	161,810
Advertising and Promotional Activities	9,371	9,699
Finance Lease Charges	9,376	8,573
Motor, Travel and Branch Meeting Expenses	235,009	222,420
Corporate Events	120,974	102,186
Professional Fees	39,540	55,158
International Affairs	107,120	82,987
Subscriptions and Donations	27,874	18,510
E.U. Subscriptions	21,312	19,876
Legal Fees	188,343	314,172
Repairs and Renewals	43,700	36,000
Audit and Accountancy Fees	35,623	36,404
Rates	25,238	25,994
Bank Interest and Charges	9,645	9,716
Staff Training and Development	15,835	11,029
Computerisation and Website Development	91,025	100,982
Depreciation	315,784	315,800
Profit on disposal of Fixed Assets	7,177	(2,010)
Loan Interest	154,040	154,052
IMO Training Centre	4,325	—
Strategic Planning	24,250	14,848
	4,168,111	3,924,661

(This page does not form part of the audited financial statements.)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Notes

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Notes

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Notes

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of sponsorship from IMO Financial Services

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

The role of the IMO is to **represent** doctors in Ireland and to **provide** them with all relevant services.

It is committed to the **development** of a caring, **efficient** and effective Health Service.

This Annual Report has been published with the assistance of sponsorship from IMO Financial Services