



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Annual Report

2014

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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2014

HONORARY OFFICERS



President
Prof Trevor Duffy



Vice-President
Dr Ray Walley



Honorary Treasurer
Dr Illona Duffy



Honorary Secretary
Dr Johanna Joyce Cooney

COUNCIL AND EXECUTIVE BOARD MEMBERS

Executive Board 2014/2015

Dr Matthew Sadlier
Dr Illona Duffy
Dr Peadar Gilligan
Dr Patrick O'Sullivan
Dr Ray Walley
Dr John Duddy
Prof Sean Tierney
Dr Mary Conlon
Dr Pdraig McGarry
Dr John Donnellan
Mr Niall Saul - *Non Executive Director*

IMO Council 2014/2015

Prof Trevor Duffy
Dr Bridin Cannon
Dr Patrick O'Sullivan
Dr Peadar Gilligan
Dr Johanna Joyce Cooney
Dr Tony Healy
Dr Clive Kilgallen
Dr Matthew Sadlier
Prof Sean Tierney
Dr Nash Patil
Dr Seamus Healy
Dr Ray Walley
Dr Pdraig McGarry
Dr Declan Connolly
Dr Jim Keely
Dr Denis McCauley
Dr Illona Duffy
Dr Mark Murphy
Dr John Duddy
Dr Shane Considine
Dr Niall Kelly
Dr Paddy Hillery
Dr Hwei Linn Chua
Dr Lisa Cunningham
Dr David Flanagan

Presidents Report



Colleagues,

We are pleased to present to you the 2014 Annual Report and Financial Statements of the Irish Medical Organisation.

This Annual Report details the significant range of activities we have undertaken on behalf of all our members across our industrial relations, policy development, advocacy and communications platforms. Despite some commentators telling us that austerity is at an end, we who are working at the frontline in the delivery of vital services to our patients, can see little evidence of this.

Our health services have been decimated by budget cuts which, as we advised Government at the time, are short sighted financial measures that lead to increased suffering of patients, reduction in services and the unprecedented level of emigration of our highly trained doctors who are moving to countries where health systems are properly resourced and medical professionals are valued and supported. It is absolutely true to say that Irish doctors always went abroad to continue their training and enhance their skills but the problem now is that these doctors are not returning. It is a particularly sad reality that many of our young interns actively plan to leave Ireland after intern year and see no future in our public health services.

Delivery of a top quality health service requires investment, resources, partnership, trust and goodwill on all sides. Unfortunately in recent years all of these key ingredients have been abandoned so as to meet budget targets that were simply unrealistic in terms of the increased demand on our services and the intolerable consequences of reduced services. The folly of austerity policies in terms of the health services have directly led to the crisis in our Emergency Departments, the decimation of the very nature of general practice, hopelessly inadequate supports in the community services and increased waiting lists in hospitals that are overcrowded and overstretched.

Such actions by Government cannot go unchallenged and we, as the Trade Union representing all branches of the medical profession, have challenged Government, the Department of Health and the HSE in terms of defending the rights of our members. We have advocated for adequate financial measures to address the capacity and structural deficits in our services and challenge policy, particularly in

relation to the ill-conceived and unworkable policy of Universal Health Insurance. Universal Health Insurance is not Universal Healthcare which is a concept we can all support. What is being proposed by Government instead is a model that will not address the problems associated with inequities and access to services but will most certainly generate significant profits for private insurance companies.

The key strength of the IMO is that we have a clear vision that supports the development of our public health services and supports doctors working in our hospitals, in General Practice and in the community. I regret, as so many of our former presidents have in the past, that we continue to have to defend members against ongoing attempts by health management to renege on contractual terms and conditions. It is an unfortunate reality that, following hard won national agreements, the very terms of those agreements are immediately undermined at both national and individual level.

We still have the situation whereby our NCHDs are effectively forced to work illegal and unsafe hours, while at the same time local managers are refusing to pay the proper rates for those hours. In 2013 NCHDs took the very difficult decision to strike for one day in an attempt to put a halt to illegal working hours which were not only adversely affecting our doctors but posed a significant safety risk for patients. Agreement was reached between the IMO and health service management and while some progress has been made it is extremely disappointing that there has been a failure by the HSE to meet the targets agreed. The IMO continue to fight this issue and to support our efforts we have met with the EU Commission which has now announced it has referred Ireland to the European Court of Justice on the working time issue. We should not have to rely on intervention from Europe, Ireland's health service managers must take responsibility, fulfil their legal obligations to their employees and ensure that patients are treated in a safe environment.

Coupled with illegal working hours Government failed to address the inevitable consequences of a unilateral pay cut of 30% on new entrant consultants. As signatories to the Haddington Road Agreement, the IMO is the only body representing doctors, actively fighting this inequity which flies in the face of the basic principle of equal pay for equal work. As a result of active campaigning on the issue by the IMO the Minister for Health eventually

established a working group to examine this and other career issues for medical professionals. This led to discussions at the LRC on consultant pay and career structures. Typically, the position adopted by management resulted in a set of proposals that were rejected by the IMO and its members. We have since negotiated an improved agreement which, while not delivering all our goals, is an important step in our fight for equal pay for equal work. This issue will be a key priority for the IMO in terms of the new public service talks.

While we have been in a position to negotiate for hospital and community based members, the past decade has seen the absolute refusal of the Department of Health and the HSE to negotiate with the IMO on GP contracts. Indeed their interpretation of Competition Law sought to limit GPs rights of representation. In 2013 we reported on a High Court action by the Competition Authority against the IMO and we committed at that time to actively defend the claims and initiate a counter claim. This significant and landmark action has resulted in a legal agreement which affirms the IMOs right to negotiate on behalf of our General Practitioners on the scope, content, resources and fees for all publicly funded GP contracts including the GMS. We are now engaged in a process that will lead to a new GP Contract which we intend to be capable of providing for and supporting a 21st century GP service.

As a Trade Union we do not wish to fight our battles in the High Court but on behalf of our members we are prepared and ready to take any action to defend their rights.

We can only hope that Government and health service management will finally realise that we are a solution driven organisation. Doctors want reform and are committed to a public health service that meets the needs of patients while supporting doctors working in that system. We will actively support any policies that seek to make real improvements in our services but we will actively challenge policies that are not based on medical evidence, that are short sighted and will not deliver what should be the core principles of any public health service – equity and fairness.

During the past year we have, in addition to our conference on Universal Healthcare, presented at the Joint Oireachtas Health Committee on a wide range of issues including health funding, universal healthcare, the medical card debacle, medical indemnity and public health matters. Advocacy is not for the faint hearted, it requires commitment over the longer term, patience and a real desire to affect change. Our AGM is key to developing our positions and policy on many of these matters. To support the AGM policies we are committed to holding political briefings with TDs and Senators, seminars on key policy issues and providing spokespersons

for media. The IMO, through the strength of its membership is an authoritative voice and we must use that authority responsibly and to deliver change that matters. In 2014 the IMO hosted an All-Ireland Health Conference on mental health and addiction issues. With our colleagues in BMA Northern Ireland we explored the causes and potential solutions for the problems that beset our society which are a direct result of inadequate resourcing and planning for our mental health services. As a nation we must do better in terms of protecting and helping our most vulnerable and we in the IMO are determined to continue to highlight the inadequacies of some of our health policies and actively engage in developing and delivering policies that will make a real difference.

As an Organisation we have undergone huge change, we are well along the path of renewal that we committed to in 2013. Following our extensive governance review we now have a new set of Rules and a supporting Code of Practice which were adopted by members at the 2014 AGM. We have now adopted and implemented the new structures which are designed to strengthen our democratic structures, provide greater transparency and clarity to elected members and better reporting to members. We are focused on the work of the Organisation, that is to deliver the best possible service to our members and actively fight for a better health service. As you will see from our Financial Statements, which are contained in this Annual Report, we are managing the financial resources of the Organisation to ensure that we are in a strong financial position to defend our members. Over the coming years we aim to further strengthen that financial position so that we are ready and able to take on critical issues for our members.

The nature and structure of the Organisation depends upon a relatively small number of doctors participating in our National Speciality Committees. I would like to thank them sincerely for their dedication and the unstinting work they undertake in representing you and all your colleagues. I would encourage members to get more involved. Naturally not everyone is in a position to give the commitment to National Committees but there are many ways to be involved. Come to IMO meetings, get involved in campaigns and policy making, this is your Organisation, make it work for you.

It has been an honour to serve as President of the IMO, we have been through some difficult and challenging times but yet through all this we have not lost our focus which is our membership. I would like to thank all my fellow Honorary Officers, committee members and IMO staff. I would especially like to thank you, the members, none of us could do this job without your support, loyalty and commitment.

1 Industrial Relations

PROFESSIONAL WIDE

Haddington Road Agreement

As we approach the end of the Haddington Road Agreement (HRA) moves are being made to set the agenda for the next round of pay negotiations across the Public Sector. All workers employed in the Public Sector suffered reductions in their income – some considerably more than others – and it is now the time for Government to recognise the sacrifices made by workers and start the process of reversing the austerity measures of the last number of years.

Towards the end of the year the IMO set out what was required for our members, especially those who currently do not have an automatic right under the HRA to pay restoration. In doing so we also acknowledge that workers earning less than €35,000 per year have not had their earnings addressed as promised under the Croke Park Agreement. With the era of the HRA drawing to a close it is essential that the commitments made to lower paid workers are honoured; that includes many IMO members starting out on their medical career below the €35,000 threshold.

It is expected that exploratory talks between the Public Sector Unions and Government will commence after the 2015 Easter break to be followed shortly afterwards by full negotiations. As we demonstrated previously in the failed Croke Park 2 negotiations, the IMO will rigorously defend the interests of members in the negotiations; as was previously the case the IMO will be the **only** union representing doctors in the negotiations.

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Community Healthcare Organisations

The proposed introduction of Community Healthcare Organisations (CHOs) was launched on 29 October 2014. Despite claiming to have held discussions on the proposed rollout of CHOs by the end of 2014 there had been no direct consultation and certainly no negotiations with the IMO. Along with our sister unions the IMO will continue to press for full engagement on any proposed change.

Patients' Rights in Cross-Border Healthcare

Statutory Instrument No 203 of 2014 came into operation on 1 June 2014 and gave effect to Directive 2011/24/EU. Known as the European Union (Application of Patients' Rights in Cross-Border Healthcare) Regulations 2014, the regulations effectively give patients resident in another member state the right to access cross-border healthcare in the State.

Associated with the regulations is how indemnity insurance is available to health care professionals. The increased cost of insurance is a major factor for doctors and the potential for further increases as a consequence of the regulations are, at present, unknown.

Following postponements due to the change in Minister for Health, a meeting is now scheduled with the Minister for early in the New Year.

ED Taskforce

As 2014 ended the Minister for Health established an Emergency Department Taskforce to bring forward recommendations to address the overcrowding in EDs and to allow patients who are best treated in a community setting to be discharged from hospital.

The IMO was invited to participate in the Task Force and attended the initial meeting on 22 December. An IMO submission will be prepared and presented to a subsequent meeting of the Task Force. This will be available on the IMO website.

MENTAL HEALTH SERVICE

Despite Government assurances about additional funding for Mental Health Services (MHS) the pressure on doctors to deliver a seriously underfunded service has continued to increase. The IMO has found the senior management of the service difficult to deal with as they continually ignore requests for information and refuse to engage in a meaningful way.

The future of MHS was set out in Vision for Change. This detailed how the full range of services would be structured and, importantly, resourced to deliver vital support to patients. MHS management has set about implementing elements of Vision for Change;

however, much of this is being imposed on clinicians without the necessary resource and support structures being in place.

Vision for Change states at the outset, *"Each citizen should have access to local, specialised and comprehensive mental health service provision that is of the highest standard."*

The IMO supports the statement. What we cannot support is the shameful failure of MHS management to provide the necessary resources and support to enable our members to provide the level of service they aspire to deliver.

Adult Mental Health Service

The Mental Health Commission has also highlighted significant failings in the delivery of care for patients, especially the lack of staff numbers. This is partly due to underfunding of the service with monies expected in 2014 again being pushed out to the following year.

The utilisation of adult inpatient beds for children (under 18) is an ongoing concern for IMO members. MHS senior management are not giving this the urgent attention it deserves, despite the fact that it is against the code of practice under the Mental Health Act to admit under 18s to adult units. It is unacceptable for children to be placed as in-patients in an adult facility and this has been placed higher on management's priority list than it currently is.

The IMO, along with other unions, expressed concern that the proposed closure of the acute in-patient beds at St. Vincent's Hospital Fairview (SVHF) was being managed in a way that was potentially detrimental to patients. We have worked closely with SVHF to address the concerns of members and challenge the unacceptable methodology being applied. It is accepted by all parties that closing beds at SVHF will happen and that patients will transfer, but it is not acceptable that this will involve the double movement of patients pending the completion of the new unit at the Mater Hospital.

Using an already overstretched Emergency Department at the Mater as a 'staging post' for patients before transport to a mental health facility falls short of the quality of care expected of a modern mental health service.

The IMO continues to work with our sister unions to ensure adequate and appropriate services are provided for staff and patients across the State.

Child and Adolescent Mental Health Service (CAMHS)

The transfer of 16 and 17 year olds from the adult service to CAMHS has been handled in an appalling manner, with little consistency across units. The IMO highlighted concerns to the Minister of State in advance of the proposed transfer. Nothing was put in place to address our concerns.

We met with senior MHS management at the start of the year; however, the response was that the transfer was part of Vision for Change and it would proceed. It is correct that the transfer does form part of Vision for Change, what is missing is the staff and resource to deliver the service as set out in the document.

As a consequence there are areas of the country where no 16 or 17 year olds have been transferred, areas where only 16 year olds have been transferred and areas where both age groups have been transferred. This confused picture is counter to the statement in Vision for Change that “the child and adolescent CMHTs should be available evenly across the country”. At the end of 2014 staffing of the multidisciplinary teams to deliver the service was running at approximately 55% of the numbers identified as necessary.

The catchment area for each Child and Adolescent service should serve a population of 50,000; many are working to 75,000+. The access to emergency in-patient beds is sporadic with vulnerable patients having to wait 24 hours or longer for an “emergency” bed.

As highlighted above access to in-patient beds has resulted in under 18s being accommodated in adult units against the code of practice in the Mental Health Act.

It was impossible to address these issues through negotiations with MHS management – they simply were not interested. Under the terms of the Haddington Road Agreement (HRA) the IMO referred the matter to the Joint Review Group (JRG) disputes resolution procedure. In what was now becoming a typical response, the National Director for MHS refused to accept the referral. Eventually the IMO raised the refusal to engage in the agreed process under the HRA to the Health Sector Oversight Group. An instruction was issued by the Oversight Group to the National Director to engage with the IMO under the JRG process.

The JRG is now established, but it is unfortunate that critical time was wasted as we waited for senior MHS managers to be instructed to follow an agreed procedure.

Access to in-patient beds has resulted in under 18s being accommodated in adult units against the code of practice in the Mental Health Act.

2 Consultants

Consultant Committee April 2014 – April 2015

Dr Peadar Gilligan – *Chairperson*

Prof Trevor Duffy

Dr Tony Healy

Dr Clive Kilgallen

Dr Matthew Sadlier

Prof Sean Tierney

Dr Nash Patil

Dr Seamus Healy

Dr Martin Mahon

Dr Mick Molloy

Dr Nigel Salter



Dr Peadar Gilligan
Chairperson

Depending on how one measures these things, Ireland has been in financial dire straits for six or seven years at this stage. One consequence of such a prolonged downturn is surely “crisis fatigue”, after all if “crises” are an annual event, the term loses its currency. However, the prevalence of unfilled Consultant posts throughout the public hospital system most certainly qualifies as a crisis, irrespective of how frayed around the edges that term has become.

This past year, the IMO engaged in extensive and intensive discussions with health service management with a view to addressing this crisis. This engagement was conducted under the auspices of the Labour Relations Commission and was based on the recommendations arising out of the Strategic Review of Medical Training and Career Structures (‘MacCriath Review’). The IMO was the only Consultant representative organisation to participate in this process which, after an ordeal that became a saga, with a detour for a defeated ballot, finally gave rise to proposals for the pay and career structure for New Entrant Consultants in December 2014.

While this matter has, understandably, come to dominate the agenda, the IMO continues to work on behalf of all Consultant members. The work of the IMO on behalf of Consultants has never been more important as the IMO is the only Consultant representative body to have signed up to the Haddington Road Agreement and, therefore, the only Consultant representative body with whom health service management must negotiate. The IMO expects that health service management remain cognisant of this fact, and also of their corresponding responsibilities under the Financial Emergency Measures legislation of July 2013.



IMO Consultant meeting AGM 2014.

LRC PROPOSALS ON CONSULTANT PAY AND CAREER STRUCTURE

Following publication of the MacCraith Review, the IMO met with health service management several times in June, July and August 2014. Despite these engagements, the parties were unable to reach agreement on several of the key aspects identified by the McCraith Review that would incentivise newly qualified Consultants to take up appointment in the Irish public health service. Principal among the areas of disagreement were the proposed salary scales for New Entrant Consultants, the length of those scales and the means to measure individual Consultants work performance.

As a result of this disagreement, the Labour Relations Commission drew up compromise proposals which were debated at two joint meeting of the IMO Consultant and NCHD Committees. These meetings went through the issues in great detail, with particular emphasis on the length of time that one may take to reach the top of the salary scale. While the IMO had succeeded in negotiating health service management down from an eighteen point scale, there was still considerable concern that a twelve point scale would not be acceptable to those contemplating careers in the Irish public health service.

As a result of these meetings, it was decided that the proposal would be put to a ballot of NCHDs and newly appointed Consultants members of the IMO without a recommendation to accept or reject the proposal. This was done on the understanding that, as per McCraith and HSE reassurances, permanently appointed Consultants (pre-October 2012) would not be affected by any of the material in the proposals. However, as the HSE would not stand over assurances that had been given, it was decided that the ballot would be delayed and efforts would be made to re-engage with the LRC with a view to ironing out the issues under dispute.

Subsequently, and after delays and confusion of the HSE's own making, this issue was clarified to the IMO's satisfaction and the ballot has issued.

When the ballots were counted on 31 October, the proposals were rejected, with eighty three percent voting against. As a consequence of this overwhelming rejection, the IMO wrote to the HSE advising that feedback received suggested that the length of the incremental scale was a particular problem that had been identified from anecdotal evidence during the voting process.

The IMO also advised that, given Consultant shortages afflicting parts of the country, there was "a final opportunity to put the situation right" and asking for urgent negotiations to this end. The gravity of the situation was, perhaps surprisingly, recognised by health service management and after exploratory discussions, the IMO was invited back into proper talks in December with a view to improving the original LRC offering to make it acceptable to the NCHD and Newly Appointed Consultant membership of the IMO.

After a period of detailed and difficult talks, a revised proposal was agreed that reduced the incremental journey time to nine points, with the provision to enter as high as point six. Guarantees were also written into the proposal ensuring that Newly Appointed Consultants would enjoy the same terms as conditions as their established colleagues.

This time, when the NCHD and Consultant committees met in joint session, they agreed to proceed to ballot with a recommendation to accept. The ballot was set for January 2015.

REST DAYS AND CONTINUING MEDICAL EDUCATION

Arising out of the 2012 Labour Relations Commission and Labour Court interventions, health service management and the IMO engaged in prolonged discussions to arrive at new processes for Rest Days and Continuing Medical Education (CME). By way of background, these discussions were necessitated by the Labour Court's decisions on these matters in late 2012 which, while defensible, failed to adequately address the needs of either side.

The IMO managed to secure terms, in regards to both Rest Days and CME, which were a considerable improvement on those initially offered by health service management. These proposals were put to a ballot of IMO Consultant members, with a recommendation to accept, and were endorsed by the wider membership. The IMO notified the HSE of this result and both new processes came into effect on 5 May 2014.

The IMO undertook to consult with Members in late September to ascertain how the new Rest Days formula was working in practice. As one might expect, the results were mixed and the IMO had to intervene in several Hospitals to ensure that the arrangements were put in place as they had been intended.

It is interesting to note that some Hospitals have advised that they are unclear as to how the new arrangements should operate, while others claim that they have not been funded to honour Rest Days. Neither is sufficient and both agreements must be implemented without delay.

SALARY ISSUES – SERVING CONSULTANTS

As you will remember, the IMO used the terms of the Haddington Road Agreement, to end the two tier salary scale as it related to Consultants recruited between January 2011 and October 2012; the salary scale upon which they were located was linked to the pre-January 2011 salary scale in November 2013.

While this cleared up a situation for a number of members, the IMO continued to lobby the Department of Health to ensure that permanently appointed Consultants would not lose out by virtue of taking up a new post.

As a result the Department clarified this issue in March advising that “where a serving permanent clinical consultant is to be appointed to a clinical consultant post, the consultant concerned may be employed on the salary scale to which he/she was subject before such appointment.” This decision, it was noted, was made as a result of “representations made by the IMO and others.”

In September 2014, following further lobbying from the IMO, it was agreed by health service management that fixed call out payments as applied to Consultants recruited in the period January 2011 to October 2012, would be restored to the levels that prevailed in 2010.

ISSUES ARISING FROM THE 2008 CONSULTANT CONTRACT

Prior to the agreement of the 2008 Consultant Contract, it was agreed that individual Consultants would transition to the 2008 Contract salary scales in three stages, effective in September 2007, June 2008 and June 2009. The first instalment was paid, the second was paid six months late and the third was not paid at all. Discussions with health service management determined that this money would not be paid, on the basis of an instruction given by the then Minister for Health and Children in late 2010.

In the context of ever worsening fiscal figures, the IMO decided not to pursue this issue at this time. However, in the context of the time constraints arising in law and the apparently improving economy, the IMO decided to take legal counsel on the advisability and practicability of pursuing a legal case to recover the monies that had been withheld.

Following receipt of detailed legal advice on this matter, the IMO has supported a group of Consultants in commencing legal proceedings in pursuit of these monies. The matter will be developed further in 2015.

MEDICAL INDEMNITY

The IMO continues to be concerned at the rising cost of medical indemnity insurance for colleagues who work in the independent hospital sector. The IMO is scheduled to appear before the Oireachtas Committee on Health in early 2015 at which point it will be argued that the adversarial nature of the Irish legal system, and the lack of follow up supports for those who have legitimately suffered medical negligence is fuel to the fire of high indemnity costs.

In September 2014, following further lobbying from the IMO, it was agreed by health service management that fixed call out payments as applied to Consultants recruited in the period January 2011 to October 2012, would be restored to the levels that prevailed in 2010

3 Non Consultant Hospital Doctors

NCHD Committee April 2014 – April 2015

Dr John Duddy – Chairperson

Dr Shane Considine

Dr Louise Cunningham

Dr Rukshan Goonerwardena

Dr Niall Kelly

Dr John Donnellan

Dr Jennifer Hogan

Dr Dela Osthoff

Dr Paddy Hillery

Dr Hwei Linn Chua

Dr Gabriel Beecham

Dr Muhammad Razi Shaikh

Dr Lisa Cunningham

Dr Jodie Doyle

Dr Charles Goh

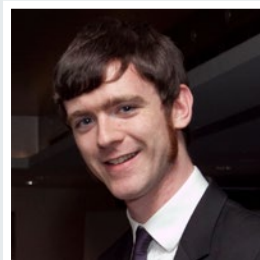
Dr Niamh Quigley

Dr Gillian Judge

Dr David Flanagan

Dr. Áine Lynch

Lack of progress has been compounded by the tardiness of health service management in addressing the issues that have exacerbated the shortage of doctors working in the Irish Health Service



Dr John Duddy
Chairperson

EUROPEAN WORKING TIME DIRECTIVE (EWTD)

The implementation of the European Working Time Directive (EWTD) continues to be the primary objective for NCHDs with much progress to report.

While great improvement has been achieved in the course of the 2014 compliance in some locations is still a matter of concern. The implementation of full compliance has been sporadic and a more concentrated effort is required to achieve the level of reduced working hours that is prescribed by law in all locations.

Lack of progress has been compounded by the tardiness of health service management in addressing the issues that have exacerbated the shortage of doctors working in the Irish Health Service.

The level of engagement with the process by the HSE across the country has been intermittent and the IMO has actively engaged with the HSE in working to activate those areas that have not made sufficient process. Follow up verification meetings were held in five locations throughout the year and some progress has been made. The application of penalties has been inconsistent and is in need of greater focus to achieve better compliance. Overall the failure to reach the agreed target of EWTD compliance has been disappointing. The IMO referred the unsatisfactory implementation of the agreement to the LRC with a letter sent on 17 December 2014.

The IMO met with the EU Commission and updated them on the implementation of EWTD in the hospital system. The Commission has announced it referred Ireland to the European Court of Justice for not complying with the EU rules on limits to working time for doctors.

At the IMO AGM 2014
Dr Shane Considine,
Dr Niall Kelly and
Dr Paddy Hillery.



A summary of the EWTD compliance in December 2014 is set out in the table on page 16. A summary of the issues in relation to the implementation of the agreement and updates are set out as follows.

1. Verification

Verification under the LRC Proposals is achieved at the Local Working Group with NCHDs, Clinical Management and Line Management represented in each hospital. Significant progress has been achieved in each location. Many hospitals relied on additional recruitment and identified the number of grades and specialties they needed to achieve their EWTD objectives.

2. Night Rate

The IMO referred this issue to the Labour Court who recommended NCHDs should be paid the same rate as other staff in line with HSE existing practice. There was work required in a number of locations to ensure the rate was paid as recommended by the Labour Court.

3. Lead NCHD

The appointment of a Lead NCHD to provide a formal link at management level between the relevant NCHD cohort, NCHD Committee and the clinical directorate /hospital management structure is welcome. This is to enable a structured, continuous two way flow of engagement and communication between management and NCHDs. The IMO raised an issue with the manner of appointment which is vital to ensure this a genuine independent post. Health service management proceeded to extend the posts to additional hospitals without a proper review with the IMO and the issue has been referred to the LRC.

4. Training Time

The IMO, along with the HSE and representatives of the post graduate training forum agreed arrangements on the implementation of protected training time for NCHDs. This facilitates training time for NCHDs to be able to enhance skills without breaching EWTD.

5. Mental Health

The IMO met with HSE management to ensure the full implementation of maximum 24 Hour shifts and EWTD in the mental health sector. It was agreed to establish the base data of current status to be followed by a verification process which is to be undertaken in the mental health sector.

6. Task Transfer

There has been insufficient progress on this issue due to a disagreement on how savings will be measured and applied to the groups participating in the change of practice. An information data gathering exercise was conducted by the HSE in December 2014 and will form the basis on how this issue is progressed.

NEW ENTRANT CONSULTANT PAY CUT

The unilateral reduction of 30% in Consultant pay made by the Minister for Health on 17 September 2012 is unacceptable. The creation of a two tiered workforce had consequences for the retention and recruitment of doctors in the health service and this issue has been fought on an ongoing basis by the IMO. Progress on this issue was being dealt with under the Haddington Road Agreement (HRA) in 2014.

Anaesthetists in strike ballot over pay at CUH

by Stephen Rogers
and Joe Loogue

Non-consultant anaesthetists in Cork University Hospital are to be balloted for strike action over the alleged failure to give them their contracted rates of pay since last July.

If strikes go ahead, it is

members in the Department of Anaesthetics at CUH. Those papers must be returned by December 11, meaning potential strike action could be on the cards within weeks.

The IMO said the action to restore the contract would be

IMO and this represents a breach of NCHD contracts," the spokesman said.

Eric Young, assistant director of industrial relations at the IMO, said his organisation would support the effort of CUH to change the pay.

He said the rates

leaving the country due to bad working conditions, appalling hours and lack of resources."

Meanwhile, Health Minister Leo Varadkar has said that his department's €680 million

health budget.

The suppl

claims, and frontline staff. Fianna Fáil Health Spokesman Billy Kelleher said the

"stages

Irish Examiner, 5 December 2014.

The issue of the two tiered workforce was discussed at the NJC and subsequently referred to the LRC.

The Minister for Health established a Working Group, chaired by Professor Brian MacCraith, to conduct Strategic Review of Medical Training and Career Structure with the stated aims to:

- Improve graduate retention in the public health system;
- Plan for future service needs;
- Realise maximum benefit from investment in medical education and training.

An IMO delegation met with the group and made a submission setting out the issues of concern. These included the need for safe working hours, addressing the issue of the consultant pay cut and the need for clear training pathways.

The MacCraith report dealing with the issues raised by the IMO was presented to the Minister on 14 April 2014 who agreed to the conduct of discussions on Consultant pay in a matter of weeks. The talks were to be conducted under the aegis of the LRC. The IMO delegation included representatives of the NCHD Committee and the Consultant Committee and the first meeting was held on 5 June 2014.

Discussions on Consultant pay and salary were held at the Labour Relations Commission. As a result of this the LRC drew up compromise proposals which were debated at two joint meeting of the IMO Consultant and NCHD Committees in late August and early September 2014. These meetings went through the issues in detail, with particular emphasis on the length of time that one may take to reach the top of the salary scale.

As a result of these meetings, it was decided that the proposal would be put to a ballot of NCHDs and newly appointed Consultants without a recommendation from the IMO to accept or reject the proposal. This was done on the understanding that, as per MacCraith and HSE reassurances, permanently appointed Consultants (pre-October 2012) would not be affected. However, as the HSE could not confirm this in writing, it was decided that the ballot would be delayed and efforts would be made to re-engage with the LRC with a view to ironing out the issues under dispute. It was finally confirmed that these consultants would not be affected and a ballot was issued. The proposal was rejected by 83% in a ballot of members on 31 October 2014.

In December 2014 a revised proposal on Newly Appointed Consultant Pay and Career Structure were to be issued to members to ballot in 2015. The ballot was passed by members in January 2015.

CAREER PATHWAYS

Meetings are held under the Haddington Road Agreement on an ongoing basis with health service management with the aim of further developing the career and training pathways from Intern to Consultant/Specialist level. This takes account of service needs, training and service posts, the health reform programme, the urgent requirement to reduce NCHD working hours and developments in relation to EU legislation. The overall objective is the retention of graduates of Irish Medical Schools within the public health system and the attraction back to Ireland of such graduates - where they have left previously.

In December 2014 the Labour Relations Commission (LRC) proposal on Newly Appointed Consultant Pay and Career Structure were to be issued to members to ballot in 2015

1. Career Break

The IMO raised with health service management to extend the provisions of the SpR Career Break scheme to encompass the 2013 amendments to the pension scheme. Health Service management accepted at the meeting on 21 January 2014 that they are agreeable and discussions were held. The revised arrangements were issued in a circular letter in July 2014.

2. Clinical Course and Examination refund scheme

The points raised by the IMO to Health Service management were considered and it was agreed that the €450 payment under the Clinical Course and Examination refund scheme may now be claimed on first sitting whether successful or not. It has also been changed that the fund will now be administered by the PGTF where the grant should be paid within 6 weeks.

3. Specialist training fund for Higher Specialist Trainees

It was also agreed that the annual €500 Specialist training fund for Higher Specialist Trainees will be modified to take account of additional expenses which may be incurred for NCHDs on some higher specialist training schemes. Health service management will agree with the training bodies the additional expenses which may be incurred including unusual specialist equipment or obligatory courses outside the state which may be covered in addition to the amount provided in the grant. There is not a high take up of this grant at present and it was agreed to promote this grant so those who qualify will be aware of its provisions and apply.

LIVING OUT ALLOWANCE AND GP REGISTRAR OUT OF HOURS ALLOWANCE

The living out allowance paid to Interns, SHOs and Registrars living out has been removed since January 2012. The IMO has persistently been in contact with the HSE on the restoration of this allowance in 2014. Finally in June 2014 health service management confirmed that the allowance will not be restored. The IMO has notified health service management that the issue will be referred to a third party for adjudication. Legal advice indicated that a legal route exists to stake our claim. Consequently the IMO wrote to the HSE demanding implementation of contracted arrangements and on refusal the case would be raised by petition to the High Court.

The practical application of these changes to some NCHDs moving between schemes was raised with health service management in 2014 and was clarified that only NCHDs who have left the scheme for more than 26 weeks will be treated as new entrants.

IMO to put hospital consultant pay proposals to ballot

MARTIN WALL
Industry Correspondent

The Irish Medical Organisation (IMO) is to put new proposals on a pay and career structure for hospital consultants on

joint meeting of its consultant and non-consultant hospital doctor committees last night.

Under the proposals, which were put forward last week by the Labour Relations Commis-

€121,000 to between €127,000 and €175,000 over time. However the deal would allow consultants with experience to be appointed at an entry level

recruitment and retention of Irish trained doctors. "[It is] a crisis that has been

the consultant body.

"The two committees agreed that the LRC proposals merit

Irish Times, 3 September 2014.

EWTD Compliance December 2014

EWTD Compliance 2014	Total NCHD	% 24 hour shift	Number 24 hour shift	% 48 hour working week	Number 48 hour working week	% 30 minute break	Number 30 minute break	% 11 hour daily rest period	Number 11 hour daily rest period	% a 35 hour weekly rest period	Number 35 hour weekly rest period
St Colmcilles	26	100%	26	100%	26	100%	26	100%	26	100%	26
Cappagh	24	100%	24	100%	24	100%	24	100%	24	100%	24
Royal Victoria E E	28	100%	28	100%	28	100%	28	100%	28	100%	28
St Lukes Rathgar	22	100%	22	100%	22	100%	22	100%	22	100%	22
Kerry	98	100%	98	100%	98	100%	98	100%	98	100%	98
Sligo	132	100%	132	95%	125	100%	132	100%	132	100%	132
Wexford General	82	100%	82	89%	73	100%	82	100%	82	100%	82
Roscommon	21	100%	21	86%	18	100%	21	100%	21	100%	21
Bantry	12	100%	12	83%	10	100%	12	100%	12	100%	12
Kilkenny	87	100%	87	82%	71	100%	87	100%	87	100%	87
Mercy	115	100%	115	80%	92	100%	115	90%	109	100%	115
South Tipperary	84	100%	84	74%	62	100%	84	100%	84	100%	84
National Maternity	43	100%	43	74%	32	100%	43	93%	40	77%	33
St James	302	100%	302	64%	194	100%	302	100%	302	100%	302
South Infirmary	41.5	100%	41.5	64%	26.5	100%	41.5	100%	41.5	100%	41.5
St. Vincents	240	100%	240	61%	146	100%	240	100%	240	100%	240
Naas	57	100%	57	33%	19	100%	57	67%	38	54%	31
Coombe	52	100%	52	19%	10	0%	0	100%	52	100%	52
Galway Univ Hospital	313.5	99%	309.5	79%	247	100%	313.7	100%	313.5	100%	313.5
Mater	267	99%	264	63%	167	100%	267	99%	265	100%	267
Rotunda	47	98%	46	100%	47	100%	47	100%	47	100%	47
Cavan	93	98%	91	80%	74	100%	93	100%	93	100%	93
Beaumont	316	98%	311	50%	124	100%	316	100%	316	100%	316
AMNCH (Tallaght)	265	98%	260	40%	107	100%	265	88%	233	100%	265
Connolly	115	96%	110	51%	59	100%	115	97%	112	100%	115
Limerick Regional	260	95%	248	82%	213	100%	260	100%	260	100%	260
Temple Street	77	95%	71	65%	49	100%	77	83%	71	100%	77
Lourdes Drogheda	200	94%	188	32%	64	100%	200	100%	200	100%	200
CUH	330.01	93%	307	88%	289	100%	330.01	91%	299	90%	298
Waterford Regional	173.8	93%	161.8	54%	93.8	100%	173.8	88%	153.8	94%	163.8
OLCHC Crumlin(Oct)	112	92%	103	67%	75	100%	112	100%	112	100%	112
Portiuncula	67	91%	61	31%	21	100%	67	100%	67	100%	67
Letterkenny	117	91%	107	22%	26	100%	117	91%	107	100%	117
Mayo	111	90%	100	85%	94	100%	111	100%	111	100%	111
Portlaoise	63	84%	53	43%	27	100%	63	100%	63	100%	63
Louth General	6	83%	5	67%	4	100%	6	100%	6	100%	6
Tullamore	71	82%	58	56%	40	100%	71	100%	71	100%	71
Mullingar	78	51%	40	86%	67	100%	78	100%	78	100%	78
Navan	52	19%	10	100%	52	100%	52	19%	10	100%	52

4 General Practitioners

GP Committee April 2014 – April 2015

Dr Ray Walley – *Chairperson*

Dr Truls Christiansen

Dr Padraig McGarry

Dr Tadhg Crowley

Dr Declan Connolly

Dr Jim Keely

Dr David Molony

Dr Niall MacNamara

Dr Ciaran Donovan

Dr Derek Forde

Dr Martin Daly

Dr Colm Loftus

Dr Denis McCauley

Dr Michael Kelleher

Dr Cathal O'Sullivan

Dr Illona Duffy

Dr Eleanor Fitzgerald

Dr Mark Murphy

Dr Brian O'Doherty



Dr Ray Walley
Chairperson

IMO GP IR STRATEGY 2014

Since 2009 over €160 million in resources have been stripped from general practice, despite the Government's stated policy to transfer work from secondary to primary care. 2014 was the first year in a number of years in which GPs have not seen further cuts through FEMPI legislation.

While the legislation is still on the books it is hoped that in the context of the improving economic situation that this emergency legislation will be taken off the statute books in 2015. Hopefully GPs will have seen the last of the draconian FEMPI cuts and the IMO can now move to recover some of the lost ground which has seen the Health Service in Ireland and the patients of the service suffer the consequences of the government's crude (and indeed often counter-productive) mechanisms for reducing health expenditure.

In order to bring resources back into General Practice the IMO Industrial Relations GP strategy for 2014 identified five key areas. Clearly it was imperative that we established our right to negotiate on behalf of GPs and brought clarity to the effect of the Competition Act on the right of GPs to negotiate through their trade union, the IMO.

Once negotiating rights were established it was clear that these rights must be used to bring resources back into general practice.

- 1. Competition Act-Comp Authority-v-Irish Medical Organisation**
- 2. Framework Agreement for Negotiations**
- 3. Under 6 contract Negotiations**
- 4. Protecting the terms of current contracts**
- 5. Preparation for new GMS contract**

GPs can read below a summary of the work undertaken under each of the headings of the strategy.

1. Competition Act

Competition Authority V. Irish Medical Organisation

In 2013 the Competition Authority sought to injunct the IMO in connection with statements made by its GP Committee. The IMO disputed the Competition Authority's claims and in order to expedite a full hearing. In order to expedite a full hearing on this issue, the IMO agreed a timetable for the full hearing and gave an undertaking to the High Court in which it agreed pending the determination of the proceedings by the High Court to (1) suspend the decision of the GP Committee of the 8 July, (2) remove from the IMO website the Press Release (10 July) announcing that decision and (3) inform its members of this undertaking within two days.

The organisation offered the undertaking in order to expedite the substantive hearing on the issue.

The IMO lodged a full defence and counterclaim to the Competition Authority and asserted our entitlement to negotiate on behalf of GPs in relation to their Public Contract, being the Trade Union and holder of a negotiating licence. The IMO prepared a full and detailed case, including obtaining expert economic evidence from Ireland and abroad which set out the benefits of allowing GPs to be fully represented by the IMO.

The case was scheduled to be heard in May of 2014 and we were fully prepared to defend the proceedings, and to assert our own counterclaim. Discussions commenced between the parties, and in conjunction with the Framework Agreement, which is addressed below, the IMO reached a settlement

agreement with the Competition Authority which recognised our entitlement to enter into negotiations on the scope, content, resources and fees payable relating to publicly funded contracts, including the GMS Contract. The IMO also reserved the right to contest a number of our key contentions relating to the status of General Practitioners should there be a change in the law or circumstances. There was no order as to costs.

2. Framework Agreement between the IMO, Department of Health and HSE

On the 4 June 2014, the IMO agreed a Framework Agreement with the Department of Health and the HSE. The Framework Agreement outlines the structure and pathway through which the IMO can negotiate all publicly funded GP contracts while remaining within the confines of the Competition Act.

The IMO first met Minister for Primary Care Alex White on the 31 January 2014. Later that day the Government released the infamous draft under-6 contract. The following day the IMO issued a statement Dr. Ray Walley, Chairman of the GP Committee of the IMO, said that the Government was using the extension of GP cards to children under the age of six as a "trojan horse" to push through a radical reform of the terms and conditions of doctors dealing with public patients without any negotiation.

Over the following months the IMO staged a concerted campaign of opposition to the draft under 6 contract (#resourceGP) and repeatedly called for real and meaningful negotiations. The IMO raised awareness of some of the more deplorable elements of the contract particularly the so called "gagging clause" as well as the complete circumvention of GPs right to negotiate through their trade union, the IMO.



Dr Ray Walley briefing media at GP Press Conference, 13 February 2014.



Irish Times, 9 May 2014.

National GP meeting
IMO AGM 2014.



Wednesday 28 May 2014 was a significant milestone for IMO GPs as the IMO agreed a Framework Agreement with the Department of Health and the HSE under which real and meaningful negotiations could take place. As detailed above the Competition Authority's High Court action against the IMO was simultaneously struck out with no order as to legal costs.

These agreements - between the IMO and the Department of Health/HSE and the Competition Authority - are highly significant agreements for the IMO and our GP members. They provide a framework for and acknowledge our right to engage with the Minister for Health and/or the HSE in respect of the scope and content and the resources allocated to – and fees payable in respect of – publicly funded contracts for GPs. These agreements confirm that the IMO is entitled to communicate with and, more importantly, discuss proposed agreements with our members and to freely express our opinions on those proposals. In doing so we acknowledge that it is the responsibility for individual members to decide whether to accept any proposal or not.

3. Under 6 Contract Negotiations

The IMO attended a meeting with Minister Alex White on Friday 31 January 2014 the purpose of which was to brief the IMO on Government's policy regarding universal health including free GP care for Under 6s. At the conclusion of the meeting a draft agreement was distributed to the IMO. Following a preliminary review of this Draft Agreement it is apparent that these proposals would have:

- Significantly increase clinical workload.
- Increase the number and complexity of consultations.

- Seriously undermine the clinical independence of General Practitioners.
- Require additional resources in infrastructure, staffing levels (both medical and administrative).
- Impose a range of new responsibilities on GPs.

The Irish Medical Organisation remained firm that these proposals require real and meaningful negotiations not so called consultations, as happens with all other sectors dealing with Government, and called for the immediate commencement of real and meaningful negotiations. The IMO undertook a detailed analysis to examine each and every aspect of the contract changes in terms of workload, resource requirement, cost of provision and additional duties and the draft agreement was discussed at the GP Committee meeting on 12 February 2014.

A ten point plan was presented to the committee, discussed and adopted. A working group was formed to work on the submission on the draft contract and agreement was reached on the key headings under which the submission would be drafted and the key issues to be highlighted thereunder. The submission was submitted to the National Contracts Office on Friday 21 February 2014.

Following the settlement of the Competition Authority Case against the IMO and the introduction of the Framework Agreement between the IMO, Department of Health and the HSE negotiations began on the under 6 contract. A negotiating team was selected through the GP Committee of Dr Ray Walley, Dr Padraig McGarry, Dr Illona Duffy, Dr Michael Kelleher, Dr Martin Daly and Dr Tadhg Crowley with the team supported by the IMO Executive staff.

IMO secures Department of Health commitment to commence substantive talks on new GP Contract - IMO Press Release, 17 September 2014

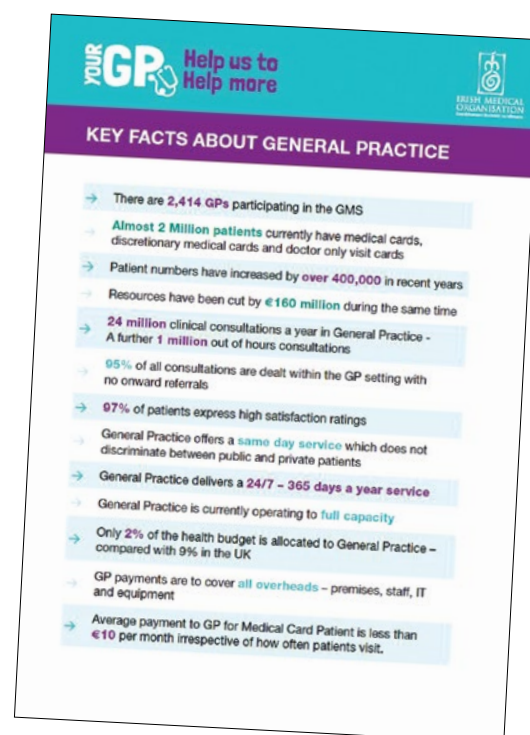
At the outset the IMO made several matters clear to the Department of Health, namely that we disagreed with the policy of introducing free GP care for under 6s. Notwithstanding same the IMO agreed to negotiate a contract on the following basis:

- That negotiations would also take place on the wider GMS contract.
- That the future roll out of free GP Care will be subject to discussion with the IMO.
- That the draft under 6 contract would not be the basis for negotiations.

The first meeting took place between the IMO negotiating team and the HSE on the 25 June 2014 and continued to the end of year 2014 and beyond. At end of year 2014 the scope and content of the draft contract were largely finalised with negotiations on the fee structure and level to commence in January 2015.

4. Protecting the terms of the current contract

While the key focus of 2014 has been the competition case and contract negotiations the day-to-day work of the IMO in protecting the terms of



the current state contracts continued throughout the year with engagement with the HSE and PCRS on a number of issues as follows;



National GP meeting IMO AGM 2014.

Out of Hours

The mediation process held under the chairmanship of Mr Tom Mallon concluded with an agreement that was endorsed by the GP committee in 2013. PCRS processed outstanding monies due to GPs and any GP not satisfied with the payment received was entitled to enter a further arbitration process under the chairmanship of Mr Tom Mallon and following this the arbitration process contained in the GMS contract. A small number of GPs appealed payments received and the final report issued from Mr Mallon in March 2014.

Dispensing Doctors

Dispensing doctors received correspondence from the PCRS outlining a number of changes to arrangements for general practice dispensing to be implemented by the HSE from January 2014. The IMO wrote to the PCRS raising significant concerns and seeking a meeting to discuss this issue. A number of meetings were held throughout 2014 with agreement reached to conduct further pilots of the new software and pending their completion no changes would be made to dispensing.

GP Phone Line

Following repeated representations from the IMO it was agreed with PCRS that a dedicated support line for GPs would be established. The line is to address issues relating to medical cards and can be accessed at 1890 252 920. GPs can address queries with regard to:

- Client Eligibility Status.
- New Application Status.
- Review of Existing Eligibility Status.
- Queries regarding cardholder address and request to change address.

Indicative Drug Target Scheme (IDTS)

The IMO agreed to participate in a mediation process to consider outstanding monies from the Indicative Drug Target Scheme conducted by the jointly agreed mediator Mr Eugene McMahon, Partner of Mazars Tierney. The mediation process concluded with an agreement that all IDTS savings recorded by the HSE and advised to GPs will be taken into account and not just the savings for each year. i.e. if a GP exceeded their yearly target this was taken into account. A 30% discount was then applied to this figure. Individual GPs may decide to accept or reject the outcome of the mediation.

Community Healthcare Organisations

The HSE published the Report & Recommendations of the Integrated Service Area Review Group "Community Healthcare Organisations" on 29 October 2014. The previous evening the IMO met with the project lead and were given a briefing and representatives of the IMO also attended the official launch of the report. The IMO made our position clear that implementation of the report would require contract negotiations under the Framework Agreement for both individual GPs and the clinical leads (to be filled through open competition) and we also highlighted issues for GP Unit doctors. The IMO position and requirement for contracts to be negotiated by the IMO on behalf of GPs was accepted by the HSE.

Government Report on Medical Cards

The Irish Medical Organisation gave a "cautious welcome" to announced reforms of the medical card system by the Minister for Health in late 2014. The IMO was at the forefront of the campaign to highlight the damage caused by the attempt to cull discretionary medical cards over the past number of years. The proposals announced accepted the important role of discretion in relation to granting medical cards and this was an acknowledgement by the Government that they had got it wrong when they tried to remove discretion from the process in the first place.

The IMO reiterated that while we fully support GP Care which is free at the point of access to the whole population we caution against any further extension on age grounds.

Since the Minister for Health announced the changes to the medical card system there has been considerable misrepresentation of the role and ability of GPs in regard to the whole medical card application and review debacle. The IMO, on behalf of GPs, stand over the position that GPs could not reinstate cards and had very limited ability to renew or register patients. The IMO position has been clear and unequivocal on this issue for a number of years:

- The responsibility of the medical card list and registration lies with the HSE and not the GP.
- The centralisation project for the application and renewal process for medical cards has been a failed project from its inception.
- A transparent system is required to allow GPs to have the ability to register new borns, deal with sensitive renewals and reinstate patients in certain circumstances and for a limited period of time.
- The IMO position continues to be that GPs should have the facility to reinstate a patient's medical card on an exceptional basis when they feel that such action is warranted.

The IMO reached agreement with PCRS in 2012 on a range of issues relating to the functionality of the PCRS GP Suite and this was communicated by a PCRS circular to all GMS GPs. Not surprisingly all that was agreed did not come to pass, most particularly the issue of reinstating medical cards. We have repeatedly brought these matters to the attention of PCRS, Oireachtas Committees and Deloitte who were engaged by the Minister for Health to examine the application process. However there is no functionality that would have stopped or alleviated the Medical Card Cull undertaken by the PCRS in the past number of years and it was only through the campaigning of the IMO and GPs that this issue came to the national agenda at all, despite the intense suffering caused to patients and their families. To suggest that GPs had the ability to address these issues through the GP Suite is disingenuous. The IMO will be engaging with the HSE to ensure that the functionality of the GP Suite is drastically improved and that reinstatement is a key feature.

Some key areas identified for priorities in the new contract include;

- Realising potential of general practice and having it resourced.
- 24/7 nature of contract.
- Chronic care.
- HIQA standards- infrastructure costs.
- Administrative burden.
- Staffing issues - practice supports.
- Non contracted work (reports, form filling etc.).
- Dispute Resolution (agreed as part of Under 6).

5. Preparations for New GMS Contract

The IMO announced on Wednesday 17 September that discussions on a new GP contract would commence imminently. This is an overall contract which would replace the existing GMS contract.

A series of 18 nationwide meetings commenced on 8 October 2014 and was completed on 11 November 2014 to obtain feedback from members as to what they would like to see in a new GP contract. A member of the secretariat and a member of the negotiation team attended each meeting and all GPs were encouraged to attend. Over 500 GPs attended the meetings and a presentation on the key feedback from the meetings was given to the GP Committee on 12 November 2014.

The IMO also issued a detailed survey to all members to help ascertain the true cost base of general practice as well as a number of other issues. Med Account helped design the survey and Behaviour and Attitudes will compile and analyse the data. The survey is to help engage with members, enable us to get a snapshot of general practice and to give us reliable data for future use. It is not for academic scrutiny but rather to engage the general membership and enable us to use some headline figures with regard to the true cost of running a general practice. The survey was completed and returned by GPs by 12 December 2014.

5 Public Health and Community Health Doctors Committee

Public Health Committee April 2014 – April 2015

Dr Patrick O'Sullivan
Dr Mary Conlon
Dr Howard Johnson
Dr Mary O'Mahony
Dr Margaret Fitzgerald
Dr Heidi Pelly
Dr Emer Shelly
Dr Darina Fahey

Community Health Doctors Committee

Dr Mary Fitzgerald
Dr Kathleen O'Sullivan
Dr Barbara Hynes
Dr Ina Donoghue
Dr Peter Nolan
Dr Ann Hogan
Dr Bridin Cannon
Dr Johanna Joyce Cooney



Dr Patrick O'Sullivan
Chairperson

Against the ongoing backdrop of budgetary constraints and shifting Government priorities, this past year has been a difficult one for the Public Health Doctor and Community Health Doctor Membership of the IMO. Often bedazzled by secondary and tertiary care, the HSE and the Department of Health continue to uncomprehendingly and unthinkingly undervalue Public Health and Community Health Doctors.

Nonetheless, we have succeeded, to a degree, in changing the conversation that we have been having with the employer side and this holds out the hope that the coming year can be a more propitious one for our Public Health and Community Health Doctor members.

Before delving into the issues, it is worth noting that our 'Public Health Committee' has been renamed as the 'Public Health and Community Health Doctors Committee' to better reflect the membership of the group.

STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE

The IMO made detailed submissions, both written and oral, to the Strategic Review of Medical Training and Career Structures ('MacCraith Review') on behalf of our Public Health and Community Health Doctor membership. The IMO did this under the terms of the Haddington Road Agreement over the vociferous objections of the HSE. In both submissions, the IMO put forward suggestions to make the specialties more attractive to doctors in training. In respect of Public Health Doctors, the IMO argued that in recognition of the training of Public Health Doctors, they should be granted 'Consultant' status as is the case with comparable Hospital colleagues. With respect to Community Health Doctors, the IMO argued that

the absence of a dedicated Community Health training body and clear lines of career progression, the specialty would not be an attractive career proposition for doctors in training.

We were heartened when the MacCraith Review, published in June 2014, made recommendations that were supportive of the IMO's submissions and asked that the Department of Health engage with the relevant stakeholders to work on those recommendations.

It must be acknowledged that the Government's priorities were centred on addressing the chronic shortage of Hospital Consultants and the MacCraith recommendations in that regard. However, the IMO has advised the Department of Health that we expect speedy engagement on the Public Health and Community Health Doctor recommendations.

THE STAFFING CRISIS IN PUBLIC HEALTH MEDICINE – LESSONS FROM 2014

In a small and specialised field such as Public Health Medicine, the effects of the Moratorium on Recruitment were felt particularly hard. Notwithstanding recent welcome recruitment initiatives, the number of Doctors operating in Public Health Departments continues to fall some way short of optimum levels; this has had obvious impacts on the ability of those Departments to provide the services that they are charged with delivering.

Public Health Emergency Medical Out of Hours Service

So concerned were the IMO Public Health Doctors Committee with staffing levels, and available supports, that on 19 March 2014, and it was agreed that the HSE should be advised that the Public Health Emergency Medical Out of Hours Service was "neither clinically safe nor sustainable." The HSE were advised as to this decision, but, depressingly, there was little by way of response. Members were also advised as to this decision and reminded of the terms of the 2009 Agreement governing the operation of the Service.

Ebola Virus Disease

This year also witnessed something of a panic over the Ebola virus that was prevalent in West Africa. Impermeable to reason, the HSE and the Department of Health nevertheless responded to panic. The IMO wrote to the Director General of the Health Service on 10 October advising that Public Health Departments were insufficiently resourced to respond adequately to an Ebola incident in Ireland.

The IMO met with the HSE on the 15 October 2014, when a joint delegation from the Public Health and Community Health Doctors Committee, along with the GP and Consultant Committees left the HSE in no doubt that their preparations for an EVD incident in Ireland were inadequate.

The IMO also availed of the opportunity presented by the EVD panic to impress on the Secretary General of the Department of Health the inadequacy of Public Health Doctor staffing and the danger that this situation represented in the context of highly transmissible diseases. This was done in a meeting on 17 October.

Workforce Planning

The IMO reverted again to the Director General by letter on 29 November asking for his intervention in regards to the staffing deficits in Public Health Departments. As a result, the IMO met with HSE management 20 November and was advised that a comprehensive workforce planning assessment was underway in Public Health and that this would inform the future structures of departments and service delivery. It was agreed by both sides that the Out of Hours Service was in need of review, and that this ought to be done in 2015, if possible. It was also agreed that a line of communication should be kept open between the IMO and the HSE and that the parties should endeavour to meet on a quarterly basis.

THE ONGOING NEED FOR COMMUNITY HEALTH MEDICINE

At the insistence of the IMO, issues relating specifically to Community Health Doctors were included in the agenda of the November 20 meeting with HSE management.

Against the backdrop of the Child Health Review and the GP Contract Review, the IMO sought assurances that Community Health Medicine had an ongoing role to play in the delivery of primary care services. That assurance was received and the IMO received the clearest indication yet that the HSE envisaged the future of Community Health Medicine as predominantly in what could be termed 'Child Health Surveillance'/'School Health Service'. The HSE were advised that the IMO would be willing to engage on the future of Community Health Medicine, that engagement should not be taken as agreement with their proposition and that the IMO would, of course, need to represent the views of all Community Health Doctor Members in this matter.

That this issue was even a topic for discussion was caused by confusion over an audit of immunisation protocols initiated by the HSE in 2013.

That confusion gave rise to a fear that the HSE wanted to do away with Community Health Doctors. As a result, the IMO and the INMO met with the HSE on 11 July last to discuss the issues arising and to clarify any misunderstandings. Subsequently, the IMO agreed to the continuation of the audit, although its current status is unclear.

ANOMALOUS POSITION OF THE REMAINING AREA MEDICAL OFFICERS / RECRUITMENT ISSUES IN COMMUNITY HEALTH MEDICINE

On 16 June, the IMO raised the issue of the recruitment of additional Senior Medical Officers against the backdrop of the non-resolution of the Area Medical Officer issue at the Haddington Road Agreement Oversight Group. The IMO had a direct meeting with the HSE on this issue on 7 July and it was agreed that the HSE would explore options to address this issue using the Haddington Road Agreement and/or the then ongoing recruitment process. Owing to a lack of engagement with the issue and the failure to forward information as promised, the IMO referred the issue back to the Oversight Group with a follow up meeting to take place in early 2015.

As alluded to above, in the first half of 2014, the HSE commenced a recruitment campaign for vacancies in Community Health Departments in three identified counties – Cork, Dublin and Mayo. Subsequently, it transpired that vacancies arising in other counties were to be filled from the panels created from applicants for the first posts identified, i.e. those in Cork, Dublin and Mayo.

The IMO wrote to the HSE advising that later vacancies, in practical terms, were most unlikely to be filled from a panel that mentioned three locations only. This has proven to be the case but, alas the HSE has proven to be typically unyielding in this regard.

While the filling of vacancies in Community Health Medicine is to be welcomed, and the IMO commends the HSE for recent developments in this regard, the failure to progress the AMO issue while recruiting SMOs is a missed opportunity. Equally, the IMO has on several occasions – most recently in December – written to the National Director for Primary Care asking that, where needed, Principal Medical Officers be recruited and that administrative SMOs be given clarity as to their reporting relationships and responsibilities.

Separately, the IMO has lodged three cases with the Equality Tribunal on behalf of members who believes that they have been discriminated against on the basis of their age and their non-appointment as a Senior Medical Officer. The HSE have been advised of these cases and of the commitment of the IMO to pursue these in the absence of a comprehensive solution.

COMMUNITY HEALTHCARE ORGANISATIONS

The Report of the Integrated Services Area Review was launched on 8 October 2014. This report envisages the establishment of eight Community Healthcare Organisations (CHOs) to oversee the delivery of non-hospital care throughout the country. The proposals contained in this report have the potential to significantly impact on the work of Public Health and Community Health Doctors. Accordingly, the IMO wrote to the relevant National Directors on 12 November seeking talks to deal with the issues that may arise for these two groups of doctors.

The appointment of so-called Chief Officers in seven of the nine CHOs in December should add impetus to the transfer from the ISA to CHO structure. The IMO has repeatedly been given to understand that the establishment of the CHOs will provide solutions to some of the issues that blight Public Health and Community Medicine. While the IMO will engage constructively, we remain to be fully convinced.

IMO Health Priorities and Pre Budget Submission press conference with Prof Trevor Duffy, Dr Ray Walley and Dr Patrick O'Sullivan.



6 Personal Cases Unit

The Personal Cases Unit (PCU) of the IMO, now coming into its fifth year, continues to be the main point of contact for members.

The Unit is staffed by dedicated Industrial Relations Officers who provide guidance and support to members in resolving a wide range of difficulties. The officers manage issues from the initial point of contact with the member through to conclusion, which can include providing representation and advocacy on behalf of members in disputes with the HSE, hospitals and other bodies.

The unit deals with issues from speciality groups and there are a broad range of queries which come through the unit. However, each speciality group does have trends and the main issues experienced by members in each craft group were as follows.

GENERAL PRACTITIONERS

Over half of calls and issues raised with the PCU were from General Practitioners. These queries ranged from seeking clarification on the provisions of the GMS contract to more complex issues in respect of Employment Law or other regulation.

Disappointingly, but unsurprisingly, disputes with the PCRS remained one of the recurring principle issues. Delays in registration of patients, issues surrounding subsidies and issues with the non-payment of Out of Hours Claims were just some of the areas raised by practitioners.

The PCU proved valuable in allowing members to keep the IMO advised of issues which were taking place both locally and nationally and to take necessary steps to protect members.

NCHDs

The PCU continued to be involved in advising members on the implementation of the EWTD/ Organisation of Working Time Act, and assisted the National Unit in the continued pursuance of legal and safe working hours for our members.

In addition the PCU was involved in pursuing issues for members having difficulties with payment of rostered and unrostered overtime, premium pay, awarding of increments and rostering arrangements.

As a specific group within the NCHD area GP trainees, both hospital and community based, faced specific challenges and difficulties. The PCU frequently dealt with queries and issues which these doctors faced.

In addition the attempted implementation and subsequent withdrawal of the run through training schemes in some specialties was the subject of many calls.

CONSULTANTS

The PCU continued to provide support to Consultant members in relation to queries which they have with their contracts.

These include the new rest day arrangements, and in particular the non-implementation of these in some instances. There were also issues with management attempting to enforce new rostering arrangements without agreement of members. The PCU also assisted a number of members with disciplinary proceedings, and has provided representation when required.

The other frequent query from Consultant members concerned their pension entitlements.

In addition the PCU continued to provide contract reviews for those taking up new posts

PUBLIC HEALTH AND COMMUNITY HEALTH

In representing our Public Health and Community Health Doctor Members, the PCU took up the cases of several members whose terms and conditions, not to say their right to decent treatment in the workplace, had been threatened by management. We also represented members who had needed to have their entitlements, derived from national agreements, upheld. Finally, the IMO commenced the difficult and intricate process of representing Community Health Doctor members before the Equality Tribunal with regard to their discrimination claims arising out of the HSE's implementation of a national agreement.

PERSONAL CASES UNIT

NOTABLE CASES

GPs

The IMO assisted a member who had had patients inappropriately removed from their panel. The IMO secured payment to compensate the doctor for the loss they suffered.

The IMO assisted a member who was having difficulty in having vaccination payments processed through the Local Health Office.

The IMO assisted a number of members in having incorrect patients transfers rescinded, and the appropriate capitation payments adjusted.

NCHDs

The PCU pursued the payment of an increment for an NCHD member who was unable to secure payment. When the hospital initially refused to pay the claim the matter was submitted to the Rights Commissioner Service. The hospital subsequently agreed to the increment without the need for a hearing.

The PCU helped a number of members who were not receiving their full annual leave entitlement, due to the incorrect interpretation of the annual leave arrangements by HR.

The PCU assisted an NCHD member in receiving their full maternity leave payment, where they were having difficulty with management.

The PCU assisted a member in securing alternative working arrangements where they were experiencing difficulties with their line manager.

The PCU secured the continued payment of the Living out Allowance to a member who was incorrectly classified as a new entrant.

Consultants

A number of Consultant members in various hospitals were not receiving their rest days despite the provisions of the IMO/HSE Consultant Rest Day Agreement. The PCU took this matter up with individual hospitals and secured payments of rest days as per the terms of the agreement.

The PCU ensured a consultant member was granted full entitlement to Historic Rest Days. This was in spite of resistance from the HSE who attempted to relay on a non-binding Labour Court recommendation which was rejected by the IMO.

The PCU secured the removal of non-agreed language from the Consultant Contracts, ensuring that the contracts issued are in line with the nationally agreed contract.

The PCU assisted members in protecting their pension entitlements, and membership of the appropriate pension scheme, despite attempts to move them to the new pension scheme inappropriately.

Public Health and Community Health

The PCU, on behalf of a number of Community Health doctors, was successful in resisting attempts by local management to impose unilateral roster changes.

The PCU advised and assisted a member who was experiencing workplace difficulties. We were able to secure a change to working arrangements which addressed the members concerns.

7 Communications

COMMUNICATIONS UNIT REPORT

The Communications Unit is responsible for the management of the organisation's external communications activities including communications with and through national, local and specialist media, proactive engagement with the public, with the profession, with politicians and with other stakeholders, key influencers and decision makers. The Unit works closely with Executive team of the Organisation and with honorary Officers and the various Committees to develop messages and communications plans involving media relations, social media, and member communications.

Media relations are particularly important for the promotion of the key messages of the IMO and throughout 2014, the Organisation secured consistent, well-spread media coverage, with a combination of prime national media and high-subscriber regional media, in both print and broadcast media.

The IMO website and email newsletters are key communications channels through which the IMO regularly engages with our members and we placed particular emphasis on these channels of communication during 2014.

Over 75 press releases and statements were issued during the course of 2014, dealing with the full range of the IMO's activities.

The IMO highlighted the key issues relating to the Organisation and health issues in the national and local media and additionally communicated the IMO's position on a wide range health topics.

Press release topics in 2014 covered:

- Free GP Care
- Discretionary Medical Cards
- Consultant Pay talks
- GP Draft contract
- NCHD shortage
- Universal Health Insurance
- Prescription Charges
- Waiting List
- Emergency Department crisis
- IMO Ballots
- IMO Policy

All of the press releases can be accessed on the IMO website.



IMO AGM 2014 Scientific Seminar Speakers - Prof Des O'Neill, Prof Cillian Twomey, Dr John Murphy and Dr Paul McKeown.

In 2014 the IMO's Twitter @IMO_IRL following grew considerably to over 1500 followers and the Organisation will continue to use this medium to connect with members and with the media

MEMBER COMMUNICATIONS

Encouraging the greater use of the IMO website by members and the general use of electronic communication continues to be an important communications objective of the IMO. The IMO website and email newsletters are key communications channels through which the IMO regularly engages with our members and we placed particular emphasis on these channels of communication during 2014.

The website is updated on a daily basis providing information on the IMO's industrial relations activities, meetings, ballots, events and campaigns, press releases, submissions, policy papers and publications.

In an effort to give members a more valuable and streamlined service, the IMO undertook a complete re-development of the IMO website in 2014. User friendliness and easier accessibility were improved with a new responsive mobile function which makes it just as easy to view the IMO website on smartphone as on a PC. We encourages all members to regularly visit the website for up to date information.

In 2014 there was an impressive 261,568 page views; 48% of which were new visitors. Not surprisingly the busiest time on our website was during the AGM.

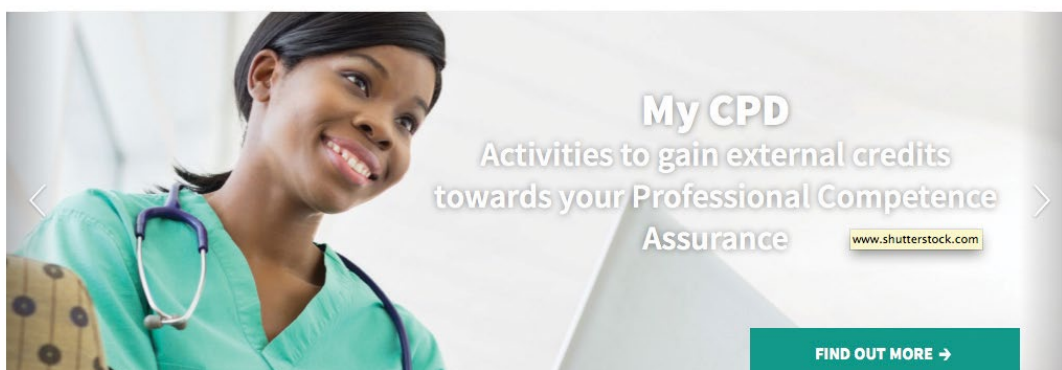
Members can make huge savings through the IMO Direct discount offers. In collaboration with 02 members and their families can now have all calls, texts and 3GB of data for just €25 a month.



Professor Trevor Duffy been presented with the IMO chain of office by immediate past president Dr Matthew Sadlier.

The IMO also have discounts from Promed and Office Depot for medical supplies and stationary.

Through our My CPD facility, members can now obtain important CPD points with the click of a mouse.



New IMO website redesign.

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.

White defends free under-six GP care as sick lose medical cards

Éilín O'Shea
Health Correspondent

A MINISTER has defended his decision to allow medical cards to be taken from young people with Down Syndrome while giving free GP care to the children of doctors.

The Labour Party's Minister of State, Alex White, said yesterday that the system of medical card eligibility was based on means as a child with Down Syndrome would not qualify if their parents were "wealthy or relatively wealthy".

However, angry GPs continued to complain about their sick and elderly patients who are having medical cards removed while he plans to give free GP care to all children under six regardless of income from July.

Contract Dr Niall Macnamara, a Waterford GP, told the minister at the Irish Medical Organisation's (IMO) annual meeting at the weekend that six children of doctors



IMO president Trevor Duffy with Alex White at the IMO AGM in Kildare. Left, delegates Dr Gillian Judge from Dublin and Dr Lisa Cunningham from Mayo. (Left) Alex White, Minister of State, and Dr Trevor Duffy, IMO president.

faced a get these cards notwithstanding the fact that there are doctors leaving the country, that practices are becoming unviable and doctors cannot pay their mortgages.

The number of medical card holders at his practice has fallen by 20 in the last month as

Other doctors asked why the €37m set aside for the under-six measure was not being used to ease the eligibility criteria for low-income families who are just above the threshold for a medical card.

Mr White issued the €37m away from the argument of the "deserving and the undeserving", which is a problematic area in the allocation of health resources.

IMO GP spokesman Dr Ray Watters said they remained alarmed about the decision

New surgeons can wait up to 12 months for theatre access

SOME newly recruited surgeons can wait up to a year to get proper access to hospital theatres in order to operate on patients.

Dr Trevor Duffy, president of the Irish Medical Organisation (IMO), said a lack of training staff could lead to hospital theatres having to cut back on services.

In many patients are having their surgery delayed and lack of resources may even leave the new doctor "on a salary of more than €100,000 - unable to even build outpatient clinics."

Dr Duffy, a neurologist in Connolly Hospital, Dublin, revealed his office was a converted bathroom that he had to paint and decorate himself.

Friends helped him to remove the bath and sink and he installed a desk when he took up the post in 2006.

Government should be in no doubt about level of GP anger

Martin Wall
Analysis

Doctors' union is to respond this week to Alex White's offer of talks about talks

After last weekend's General Election, the Government should be in no doubt as to the level of anger among GPs about the decision to remove medical cards from the children of doctors.

Many GPs are angry that the Government has decided to remove medical cards from the children of doctors while giving free GP care to the children of doctors.

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For the Government, the decision to remove medical cards from the children of doctors is a political statement. It is a statement that the Government is not prepared to pay for the health care of the children of doctors.

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Under the proposed new system, the Government would be paying for the health care of the children of doctors. This is a significant increase in the cost of health care for the Government.

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Irish Independent, AGM coverage 28 April 2014.

Irish Times, 28 April 2014.

IMO AGM 2014

The IMO AGM continues to be one of the most important health related news events in the national print and broadcast media calendar and our meeting in April last in Carton House was no different. We had a large media attendance through the three days of the AGM in including RTÉ Television, TV3, Nuacht, TG4, RTÉ Radio (Drivetime, News Bulletins and Sean O'Rourke), Today FM, Newstalk, Irish Times, Irish Independent, Irish Daily Mirror, Irish Medical News, Irish Medical Times, Medical Independent and irishhealth.com, and thejournal.ie.

There was daily coverage of the event in each of the national newspapers and the national TV and radio channels and there was also significant social media activity. Onsite doctor-journalist interviews were arranged throughout the event. Copies of keynote addresses and scientific sessions were made available to journalists.

Overall more than 70 news articles covered AGM, including live television reports across all the national television stations.

One of the key media events over the weekend was the national GP meeting held on Saturday where Minister for Primary Care Alex White addressed over 350 attending GPs. The media interest that surrounded the GP meeting was very substantial and provided an opportunity for members to clearly articulate their concerns regarding the proposed Under 6 contract.

The #IMOAGM14 was incorporated into communications during the conference. Video content from the Scientific Sessions, President's speech and Gala Dinner speech was uploaded to our website.

IRISH MEDICAL JOURNAL

In 2014, the Communications Unit continued to issue press releases covering articles of interest from each issue of the Irish Medical Journal. There was a total of 14 press releases issued in 2014. Press releases aim to promote the journal and highlight to the media issues and research in the Irish clinical practice. Coverage from press releases was widespread in print, radio and online media during the year. All of the IMJ press releases can be accessed on the IMO website.

8 IMO Events

The IMO hosted a number of successful events over the course of 2014. The following is an overview of the briefings, conferences, lectures and seminars held.

Operation Transformation National Blood Pressure Testing 23 January

The National Blood Pressure Testing in conjunction with Operation Transformation and the Irish Heart Foundation day took place on the 23 January in nine locations across the country.

The day was a huge success and the positive feedback we received from the public was enormous. The pivotal importance of general practice at the heart of the healthcare system was successfully highlighted. The day exceeded all targets with over 1,000 patients screened.

Live interviews were broadcast from testing locations on the John Murray Show on RTE Radio One. Coverage of the event was broadcast on RTE One Operation Transformation on Tuesday 28 January. The Operation Transformation programme exceeded an average of 700,000 viewers per episode on RTE One, the Operation Transformation website had in excess of 1 million hits on web and over 119,000 people interacted on Facebook page.



IMO Briefing for TDs and Senators on the Draft GP Contract for Under 6s - 26 February, Buswells Hotel, Dublin 2.

POLITICAL BRIEFINGS

IMO Briefing for TDs and Senators on the Draft GP Contract for Under 6s - 26 February, Buswells Hotel, Dublin 2

Members of the IMO National GP Committee briefed over 100 TDs and Senators from all parties on the IMO's opposition to the proposed contract put forward by the Minister for Primary Care, Alex White TD, to govern the provision of Free GP Visits for Children Under the age of six. The IMO organised a mass briefing for all parliamentarians which took place through the day.

Committee members provided politicians with briefing material on the IMO's position regarding the contract and were able to give a realistic and genuine presentation on the contract proposals.

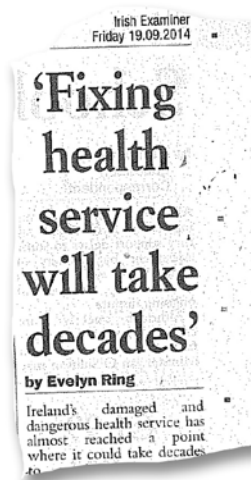
IMO Budget Briefing for TDs and Senators on IMO Health Priorities and the IMO Budget Submission 2015 - 18 September, Buswells Hotel, Dublin 2.

The Irish Medical Organisation (IMO) hosted a special briefing for Oireachtas members to discuss the future of Ireland's Health Service and the IMO Pre-Budget Submission. IMO Doctors briefed around 50 TDs and Senators.

*Operation Transformation
National Blood Pressure
Testing day, Cork 23
January 2014.*

Key items discussed with political representatives were:

- Investing in our Health Service – Less is Being Done with Less.
- Planning & Resourcing GP Care for Total Population.
- Stop the Exodus of Irish Trained Doctors
- Building a Healthy Nation.
- Universal Healthcare Not Universal Health Insurance.
- Help Doctors do More for Patients.



Irish Examiner, 19 September 2014.

IMO Seminar on Funding Universal Healthcare: Realistic Options for Ireland – 4 November, Radisson Blu Hotel, Golden Lane, Dublin 2

“The IMO is committed to a Universal Healthcare System where patients receive quality healthcare when they need it and at an affordable cost” however the IMO has serious concerns over the Government’s Proposed model of funding universal healthcare through mandatory Private health Insurance.

Professor Trevor Duffy, IMO President and guest speaker Dr Catherine Darker, Adelaide Assistant Professor in Health Services Research, TCD highlighted particular concerns over the insurance model being proposed by the Government. The seminar was well attended with attendees across a range of interest groups, politicians and health service. Feedback from the event was very positive and a lengthy discussion followed the presentations.

“We need to have an urgent, full and honest debate now about what the alternatives are for the funding and resourcing of our public healthcare system. A private health insurance model will not benefit our health services or patients and will only drive profits into the insurance companies.”

Issues of Substance: Our All-Ireland Conference on Mental Health and Addiction hosted by the IMO in conjunction with the BMA in Northern Ireland – 21 November, Royal Hospital Kilmainham, Dublin 8

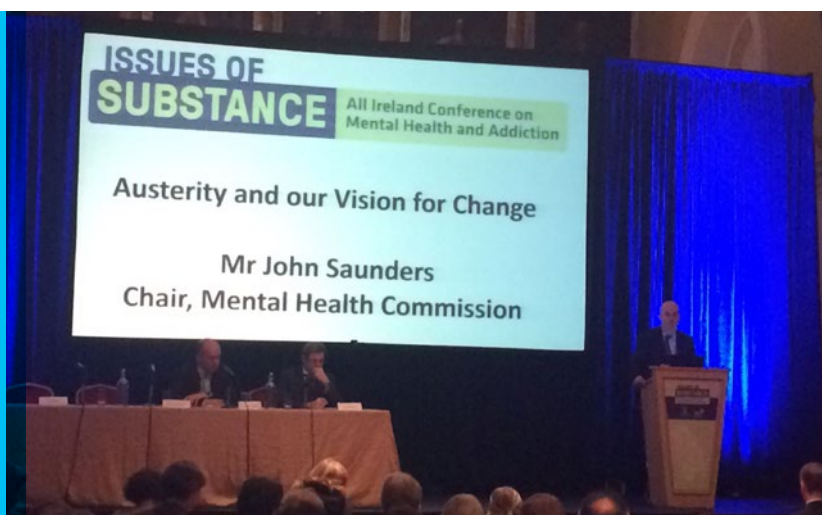


The IMO in association with BMA Northern Ireland hosted a one day conference in November in the Royal Hospital Kilmainham. Renowned speakers from both north and south of the border discussed issues facing patients and patient care.

In the first session Dr Stephen Thomas highlighted the *impact of recession and austerity on health* systems in Europe with Ireland faring badly in terms of severity and the highest drop in public spending on health in Europe. Households in Ireland have particularly felt the impact of cuts with substantial increases in out-of-pocket payments for care and increasing levels of unmet need. Mr John Saunders and Dr Paul Bell both highlighted the general underfunding of mental health services in Ireland and Northern Ireland with the Chairman of the Mental Health Commission highlighting how effective the Moratorium on Recruitment has been as a cost-cutting measure but how detrimental it has been on man-power planning for mental health reform.

Behavioural Addictions, in particular gambling addiction was the topic of the second session. Former Armagh GAA player Oisín McConville gave a very frank and open account of his struggles with gambling addiction, a dependency which UK studies estimate affects 1% of the population with a further 7% of the population at risk. The second speaker in this session Dr Colin O’Gara explained how the trigger processes, dependence, comorbidity, mutual support and clinical treatment for gambling addiction overlap with drug and alcohol addiction.

The next session dealt with three different perspectives on *The Wider Impact of Addiction*. Dr Ann Hope presented her research into the impact of alcohol abuse on children which can lead to children being verbally abused, left in an unsafe situation, witness to serious violence in the home or the child can be physically hurt. Secondary responses such as Children First Guidance has been important in helping to focus on the risks to children but more integration is needed between the agencies central to the supportive environment for children.



Issues of Substance Conference, 21 November 2014.

Action is needed on primary prevention such as minimum unit pricing and restrictions on availability and advertising of alcohol. Father Peter McVerry spoke of the harsh reality and challenges facing a minority of vulnerable people who find themselves both homeless and have a drug addiction. Father McVerry asked "What is the point in a homeless person giving up drugs?" if they go through a difficult detox programme emerge drug free and then are given a bed in a dormitory full of drug users, that is if there is one available. "Unfortunately neither homelessness nor drugs have much political priority with this Government or any previous Government." Dr Johnny Connolly spoke of the relationship between drugs and crime and the tensions that exist between the criminal justice system and harm reduction efforts.

In our final session on Addiction Services in Ireland, Dr Cathal Ó Súilleabháin explained how community addiction services initially evolved to address the spread of HIV but shifted in the early 1990s to a focus on harm reduction.

While drug misuse has spread outside the capital methadone services in Ireland are still concentrated in Dublin and there is considerable stigma attached to drug addiction. Our final speaker Dr Bill Gregg explained that dual diagnosis is an unsatisfactory term and that many patients with substance abuse problems have multiple mental physical co-morbidities. There is a need for closer alignment between physical health, mental health and addiction services as current care pathways fail to address all issues.

The Conference was well attended by both IMO members and interest groups and feedback from all the delegates was extremely positive. A number of media outlets picked up on the conference including the Irish Examiner, Evening Echo and Today FM. A joint statement with BMA Northern Ireland was issued on the day.

Doolin Memorial Lecture 2014, 6 December, RCSI, Dublin 2

Professor Aidan Halligan was the guest lecturer for 2014. Professor Halligan is an internationally renowned figure. He was the first NHS director of Clinical Governance and served as the Deputy Chief Medical Officer for England. Professor Halligan delivered an engaging and insightful lecture titled 'Rediscovering Lost Values'.



Professor Trevor Duffy presenting Professor Aidan Halligan with the IMO Doolin Memorial medal December 2014.

9 Policy And International Affairs

POLICY

The IMO is the representative body for the medical profession in Ireland and in its mission statement is committed to the development of a caring, efficient and effective health service. As such a key activity of the IMO is advocacy. The IMO develops policy on a wide range of health service and societal issues and aims to influence government proposals in a constructive and practical way. The development of IMO policy is the remit of the Council Committee. Policy is also developed on foot of IMO AGM Motions. This Report includes:

- **General Motions Update**
- **IMO Position Papers**
 - IMO Discussion Paper: Balancing a Strong Economy and an Equal Society
 - IMO Budget Submission 2015
- **Miscellaneous Submissions as requested by External Bodies**
- **Advocacy and Lobbying Activity**
 - Standardising Packaging of Tobacco Bill 2013
 - Help Us to Help More - Resource General Practice Campaign
 - Universal Healthcare NOT Universal Health Insurance
 - Mental Health and Addiction

All IMO policy papers and submissions are available on the IMO website www.imo.ie

GENERAL MOTIONS UPDATE

The General Motions from the IMO AGM are managed by the Policy and International Affairs Unit. Following the 2014 AGM the Unit wrote to the Minister for Health and Children, other government departments, the HSE, the Medical Council and relevant bodies, informing them of the motions passed and requesting a response. Many motions from 2014 and previous years are also included in the different policy papers and submissions written during the year.

IMO POSITION PAPERS

IMO Discussion Paper: Balancing a Strong Economy and an Equal Society.

The IMO Discussion Paper on Balancing a Strong Economy and an Equal Society highlights the inequalities that exist in Ireland, their causes and their implications. Ireland's society is unequal. Even after social transfers and taxation the wealthiest 10% of households are twelve times better off than the poorest 10%. Economic growth during the boom years failed to filter down to the poorer classes and years of recession have done little to redress the balance. In fact years of austerity has seen unemployment rise, average incomes fall dramatically and deprivation rates increase. Equality is important. More equal societies have fewer health and social problems and are less exposed to international economic cycles. On exiting the EU/IMF bailout, the IMO Discussion Paper suggests a number of measures that we can take to build a healthier society, where the benefits of economic growth are distributed more evenly among all our citizens. The measures proposed come under the headings of:

- Restoring Economic Growth and Employment;
- Equal Access to Public Services;
- Assuring a Minimum Standard of Living for All;
- and
- Progressive Fiscal Policies.

The Discussion Paper was launched at the IMO AGM at a Scientific Session on the same topic. Invited speakers included Mr Nat O'Connor Director of TASC and Mr Tom Healy, Director of the Nevin Economic Research Institute. The 2014 AGM marked the 30th anniversary of the IMO.

IMO Budget Submission 2015

The IMO Budget Submission 2015 examines the crisis effect of successive budget cuts on our health care services and how taxes on unhealthy products can reduce illness and provide some additional funding for the exchequer.



IMO Health Priorities and Pre Budget Submission press conference with Dr Ray Walley, Prof Trevor Duffy and Dr Patrick O'Sullivan.

Health Service Funding

Under Health Service Funding the Budget Submission calls for a review of the effects of funding cuts on hospital services on patient safety and calls on the government to assure adequate financial and manpower resources for the safe provision of hospital services. The Budget Submission also looks at the under-resourcing of General Practice and calls for resources and a detailed plan to support the government's goal to provide free GP care to the population. The Budget Submission also looks at the increase in out-of-pocket payments which are disproportionately affecting the sick and elderly and calls for an immediate reversal of the prescriptions charge for Medical Card holders and incremental reductions in out of pocket payments.



Taxing for Health Promotion

The Submission also looks at the evidence for taxing unhealthy products and calls on the government to press ahead with minimum alcohol pricing, increase taxes on cigarettes and other tobacco products and to introduce a pricing structure to discourage the consumption of food with high sugar, high fat and high salt content and encourage the consumption of healthier food and drink.

The Budget Submission 2015 was sent to the Oireachtas Joint Committee on Finance, Public Expenditure and Reform and was posted to members of the Cabinet.

The Budget Submission 2015 was also presented to TDs and Senators at the Budget Briefing in Buswell's Hotel on the 18 September 2014 (See IMO Events).

MISCELLANEOUS SUBMISSIONS AS REQUESTED BY EXTERNAL BODIES

During 2014, the IMO made a number of submissions to the Department of Health, the HSE, HIQA, the Medical Council and other European and national bodies as follows:

- Medical Council Draft Charter of Expectations for a High Quality Registration Function;
- Medical Council National Trainee Experience Survey;
- Comments on the Medical Council new website for students and trainees;
- EU Public Consultation on Patient Safety and Quality of Care;
- Department of Health Consultation on The Draft General Scheme for Advance Healthcare Directives for Incorporation in to the Assisted Decision-Making (Capacity) Bill 2013;
- CEN Standard for Aesthetic Non-Surgical Medical Services;
- Department of Health Consultation on The White Paper on Universal Health Insurance;
- Medical Council Preliminary Consultation on Review of the Guide to Professional Conduct and Ethics;
- NOSP Consultation on National Framework for Suicide Prevention 2015-2018;
- HSE Consultation on Expanding Medical Card Eligibility based on Medical Need;
- Medical Council Consultation on Recognition of Vascular Surgery as a Medical Specialty;
- HIQA Draft National Standards for Residential Care Settings for Older People in Ireland 2014;
- ASAI Code of Standards for Advertising Section 6 – Food and Non Alcoholic Beverages.

ADVOCACY AND LOBBYING

Standardising Packaging of Tobacco Bill 2013

The IMO attended a hearing on the 6 February 2014, held by the Joint Oireachtas Health Committee concerning legislation to standardise both cigarettes packaging and health warnings displayed on these packs.



Speakers at the Scientific Session IMO AGM 2014 with Dr Peadar Gilligan, Professor Trevor Duffy, Tom Healy and Dr Nat O'Connor.

Branding and logos are to be removed, and graphic warnings featuring diseased and damaged organs covering 65% of the package will be included under terms of the Public Health (Standardising Packaging of Tobacco) Bill 2013. At the hearing, the IMO welcomed the proposed Bill and suggested that the 65% graphic warnings on packets was a compromise and that 75% warnings would ensure better deterrence.

Help Us to Help More – Resource General Practice Campaign

The IMO presented the IMO's *Help Us to Help More – Resource General Practice Campaign* to the Joint Oireachtas Committee on Health and Children on the 27 May 2014. At the committee hearing the IMO outlined the benefits of General Practice and as well as the difficulties currently facing General Practice in Ireland. The IMO voiced its support for the government's proposals to extend access to GP care to the whole population provided it is adequately resourced and called on the Government to agree a strategy for the development of General Practice services to the whole population with a focus on extending the range of services provided, to provide adequate resources to support that strategy and to agree an action plan to address the manpower needs in General Practice. The committee was generally supportive of the campaign and the need for negotiation with the IMO.

Universal Healthcare NOT Universal Health Insurance

For a number of years now the IMO has been at the forefront advocating for a universal health system that aims to secure access to adequate, quality healthcare for all when they need it and at an affordable cost. However, the IMO has consistently expressed grave concern about the governments proposal to fund universal healthcare through compulsory private health insurance.

Based on the experiences of the US and the Netherlands, the IMO does not believe that the proposed model will deliver on affordability, equity of access, choice, timely access to care or quality of care and value for money. There are other mechanisms for funding healthcare and the IMO insists that the country will be better served by expanding the existing tax-funded model or with careful planning and resources introducing a system of social health insurance.

The IMO had a lengthy discussion with members on the White Paper for Universal Health Insurance at the IMO AGM in April 2014 and IMO concerns were expressed in detail to the Department of Health in the Submission on the White Paper. The IMO also raised the issue at the IMO Briefing on IMO Priorities for the Health Service and our Budget Submission on the 18 September.

The IMO also hosted an evening seminar in November 2014 entitled: Funding Universal Healthcare – Realistic Options for Ireland where speakers Professor Trevor Duffy, IMO President and Dr Catherine Darker, Adelaide Lecturer in Health Services Research, TCD highlighted the flaws in the proposed model.

INTERNATIONAL AFFAIRS

International Affairs Committee April 2014 – April 2015

Dr Neil Brennan

Dr Bridin Cannon

Dr Liam Lynch

Dr Lisa Cunningham

Dr Martin Daly

Dr Niall Kelly

Prof Trevor Duffy

Dr Patrick O'Sullivan



Dr Neil Brennan
*Chair, International
Affairs Committee*

INTERNATIONAL AFFAIRS

International Policy is the remit of the International Affairs Standing Committee of the IMO which meets at least twice per year. The IMO is member of the following international and European and international organisations: CPME, EJD, UEMO, UEMS and the WMA. This report contains as follows:

- **Ongoing European issues**
 - Implementation of the European Professional Card
 - Development of healthcare standards at CEN
 - Transatlantic Trade and Investment Partnership
- **Outcomes from the International Meetings**
 - Standing Committee of European Doctors (CPME)
 - European Junior Doctors (EJD)
 - European Union of General Practitioners (UEMO)
 - European Union of Medical Specialists (UEMS)
 - World Medical Association (WMA)

ONGOING EUROPEAN ISSUES

Implementation of the European Professional Card

The introduction of a European Professional Card is one of the main features of the revision of the Professional Qualifications Directive. This card will take the form of an electronic certificate, exchanged through the Internal Market Information (IMI) system. The introduction of the card is aimed at facilitating and expediting the recognition of professional qualifications between member states.

Earlier in 2014, the EC held a consultation on introducing the European Professional Card (EPC) for nurses, doctors, pharmacists, physiotherapists, engineers, mountain guides & real estate agents. All the European professional bodies have adopted a cautious approach to adopting the EPC, recommending that the card is introduced to doctors during the second phase to allow the national competent authorities time to increase IT capacity and ensure that patient safety issues are addressed.

Development of Healthcare Standards at CEN

The IMO and European Medical Professional Bodies are opposed to the development of standards at CEN (Comité Européen de Normalisation / European Committee for Standardisation) an industrial standards body and maintain that healthcare standards should be developed by national competent authorities in conjunction with the medical profession. Standards developed by CEN are set at the lowest common denominator and undermine efforts of national bodies to ensure the highest quality of care. The European and National Medical Organisations including the IMO have been lobbying on this issue since 2012.



*European Junior Doctors
Meeting, Debrecen, Hungary
May 9 – 10, 2014*

The IMO engaged with HIQA and the Medical Council on the issue of CEN Healthcare Standards and also wrote to the Department of Health and the HSE. The National Standards Authority of Ireland (NSAI) could not reach consensus on the standard and thus abstained from voting for adoption of the CEN Standard for Aesthetic Surgery Services. Despite the fact that 22 countries abstained from voting the CEN Standard for Aesthetic Surgery Services was passed on the 10 June with eleven members approving and two disapproving therefore raising questions over the validity of CEN processes.

Transatlantic Trade and Investment Partnership

On-going negotiations are taking place between the US and the EU on the Transatlantic Trade and Investment Partnership (TTIP). European Medical Professional bodies are concerned that healthcare should be excluded from the agreement. The negotiations are taking place in secret and what information is available indicates that under the Partnership Agreement, US companies may be able to sue EU States for any new laws that affect their profits. This will restrict government's ability to take measures in the public interest such as plain tobacco packaging, minimum unit pricing. In our submission on the White Paper on Universal Health Insurance, the IMO warned that under the terms of the draft TTIP agreement, the government would not be able to impose cost control measures on private health insurance companies.

OUTCOMES OF INTERNATIONAL MEETINGS

Standing Committee of European Doctors (CPME)

The Standing Committee of European Doctors (CPME) represents the National Medical Associations of 27 countries and aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for

all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors and the free movement of doctors within the European Union.

The spring meeting of CPME was held in Brussels, Belgium, April 4 – 5 2014. The main outcomes of the meeting were as follows:

The CPME Board adopted the following statements:

- CPME response to the public consultation on a 'European Area of Skills and Qualifications'.
- CPME response to the public consultation on the review of existing VAT legislation on public bodies and tax exemptions in the public interest.
- CPME Policy on Mental Health at the Workplace - from the perspective of a practising physician.

The CPME General Assembly voted on two applications to join CPME:

- The Turkish Medical Association joined CPME as an Associate Member.
- The European Union of Medicine in Assurance and Social Security (EUMASS) joined CPME as an Associated Organisation.

The CPME autumn meeting was held in Budapest, Hungary, 14 - 15 November 2015, the main outcomes of the meeting were as follows:

The CPME Board adopted the following statements:

- The CPME Policy on the Transatlantic Trade and Partnership Agreement.
- CPME Guidelines on the Transparency of Relationships between Physicians and the Healthcare Industry.
- The 'CPME Statement on Ebola Virus Disease and Pandemic Preparedness'.
- The 'CPME Commitments to the EU Platform on Diet, Physical Activity and Health 2014-2015'
- The 'CPME Commitments to the European Alcohol and Health Forum 2014-2015'.

The CPME General Assembly voted in favour of the membership application of the French National Order of Doctors/Conseil National des Ordres des Medecins (CNOM) effective as of 1 January 2015.

European Junior Doctors (EJD)

Representing over 300.000 junior doctors all over Europe the EJD's initial objective includes safeguarding the interests of the junior doctors in Europe by improving the working conditions, the mobility in the profession and set standards regarding the quality of postgraduate medical training.

The spring meeting of EJD was held in Debrecen, Hungary May 9 – 10, 2014. The then EU Commissioner for Employment, Social Affairs & Inclusion, László Andor, gave a speech on the EWTD and its importance. When the Commission took office in 2010, the commissioner gave priority to address the most serious cases who are not in compliance. The Commission not only initiates infringement proceedings, but also may involve national authorities in producing plans and timelines. Progress is being made in several member states e.g. Italy and Spain. IMO representative to EJD, Dr. Niall Kelly addressed the EU Commissioner about the current situation in Ireland in relation to compliance with the EWTD and the 24 No More campaign.

Other main issues discussed at the meeting included:

- A vote was postponed regarding a change to the terms of EJD board member.
- The European Medical Mobility website (medicalmobility.eu) now provides information on training and working conditions in different EU countries.
- A motion to strongly reject any type of unpaid work during postgraduate training was passed.
- Sweden formally re-joined EJD, and Georgia is no longer a member. Turkey has also applied for membership.

The autumn meeting of EJD took place in Strasbourg, France on the 17 - 18 October, 2015

- Particular issues discussed by the Workforce Committee included parental leave and task-shifting.
- Changes in some of the EJD's statutes were made. The Executive Board is now permitted to suspend a member for serious breaches in the obligations of membership, the number of terms for which a board member can serve in a single position has been extended from two to three (each term lasts two years), and a member may serve a maximum of five terms on the Executive Board, in any position. A new position of Administration Officer was also approved.

European Union of General Practitioners (UEMO)

The European Union of General Practitioners (UEMO) is an organisation of the most representative national, nongovernmental, independent organisations representing general practitioners in the countries of Europe. The principal objectives of UEMO are:

- to study and promote the highest standard of training, practice and patient care within the field of general practice throughout Europe;
- to defend the role of general practitioners in the healthcare systems;
- to promote the ethical, scientific, professional, social and economic interests of European general practitioners, and to secure their freedom of practice in the interest of their patients;
- to determine the united views of the members and to represent them through the appropriate channels to the relevant European authorities and international organisations;
- to work with other European medical groupings to strengthen the position and unanimity of the medical profession in Europe in order to maintain the highest possible standards of education, ethics and patient care.

The spring meeting of UEMO took place in Zagreb, Croatia from May 30 – 31 2015, the main outcomes of which include:

- UEMO voted to begin exploring the possibility of developing a European Accreditation Board for CPD (EABCPD) specifically for GPs based on the EACCME of the UEMS.
- UEMO adopted a statement supporting the preventive actions envisioned in the field of alcohol prevention in the EU's Alcohol Strategy. Particular attention should be directed at alcohol misuse by adolescents and young people, as alcohol consumption continues to be a growing problem in these age groups. UEMO position like the IMO position supports minimum alcohol pricing, and restrictions on buying and selling alcohol as effective methods to tackle issues of alcohol misuse.
- UEMO voted to adopt a position paper on the added value of team work in GP/FM drafted by the Working Group on Complexity and Competencies 2014/011.

The autumn meeting of UEMO was held on the 21 - 22 November 2014 in Budapest, Hungary. Activities of the working groups include as follows:

- The Working Group on Specialist Training continues to advocate for the recognition general practice as European specialty. The WG is also carrying out a study on the varying roles and workload of GPs in different countries.

- The Working Group on Preventative Activities raised the issue of the bio-equivalence or bio-similarity of generic drugs. It was the opinion of the Working Group that current testing for the bio-equivalence of generic medicines uses insufficient numbers of patients.
- The Board of UEMO is to approve the drawing down of funds for the establishment for UEMO European Accreditation Board for CME/CPD, based on a submittal of a detailed business plan.

European Union of Medical Specialists (UEMS)

The European Union of Medical Specialists (UEMS) is the largest European medical organisation with membership comprised of 34 national medical associations and over 40 specialist sections and boards. Key activities of the UEMS include:

- Political lobbying (Commission, Parliament, support of NMAs);
- Standard setting for training and practice in individual medical specialities;
- Accreditation of CME/CPD.

The spring meeting of UEMS took place in Brussels, Belgium, on April 11 - 12 2014. The main outcomes of the meeting were as follows:

- The Council endorsed training requirements for paediatric surgery, paediatric urology, rheumatology, and child and adolescent psychiatry.
- A position paper on the EU Strategy on Safety and Health at Work, which advocates for the involvement of occupational physicians in addressing the issue of health and safety at work at national and European level, was adopted.
- A document was adopted that provides guidance on MCQ writing.
- UEMS has made it easier for a frequent applicant to apply for accreditation by the EACCME.
- A Declaration on Diet that aims to raise awareness of the need for consuming healthier food was adopted.
- The UEMS Council created two multidisciplinary joint committees (MJC in Phlebology and MJC in Clinical Skills Training and assessment).

The autumn meeting of UEMS took place from 17 -18 October 2014 in Granada, Spain. Documents endorsed at the meetings included:

- Training requirements in Intensive Medicine.
- Criteria and procedure for the accreditation of clinical skills centres.
- Criteria and procedure for appraisal of European examination.
- A statement on guidance and reporting of all Performed Ultrasound Examination.

The following sections and boards were created

- Section on Medical Oncology.
- European Board in Neurology.

The Division of Cardiac Surgery within the Section of Cardiothoracic Surgery was wound up.

The European Board of Cardiovascular and Thoracic Surgery was renamed European Board of Cardiothoracic Surgery and a Division of Breast Surgery was created within the Section of Surgery.

Morocco and the Lebanon were admitted as observer members. Professor Papalois of the BMA was elected as the new vice-president of UEMS.

World Medical Association

The IMO is a member of the World Medical Association (WMA) but did not attend the General Assembly (GA) of the WMA in Durban, South Africa 8 - 11 October. The purpose of the WMA is to serve humanity by endeavoring to achieve the highest international standards in medical education, medical science, medical art and medical ethics, and health care for all people in the world. The following declarations, statements and resolutions were adopted at the General Assembly meeting:

- Declaration on the Protection of Healthcare Workers in Situations of Violence.
- Statement on Aesthetic Treatment.
- Statement on the Ethical Guidelines for the International Migration of Health Workers.
- Statement on the Prevention of Air Pollution and Vehicle Emissions.
- Statement on Solitary Confinement.
- Statement on Water and Health Adopted by the 55th WMA General Assembly.
- Resolution on Ebola Viral Disease.
- Resolution on Unproven Therapy and the Ebola Virus.
- Resolution on the Non-Commercialization of Human Reproductive Material.
- Resolution on Migrant Workers' Health and Safety in Qatar.

IMO Financial Services

BOARD MEMBERS:

Dr Martin Daly, Chairperson

Mr James Brophy

Mr Willie Holmes

Mr Patrick Dineen (*retired June 2014*)

IMO Financial Services continued to provide a high quality service to IMO members during a very challenging year.

The company underwent significant changes in 2014, mainly in the area of operations and sales. Following the appointment of a general manager and two financial advisers, we now have an enhanced team to look after the financial queries of members.

FINANCIAL PLANNING

A full complement of financial advisers allows us to provide a comprehensive financial review to our members. Many members have complex financial arrangements and needs. We work closely with our members to get a full understanding of their financial position and to identify and prioritise their financial goals. These goals most likely fall under three broad categories: retirement provision, protection and succession.

RETIREMENT PLANNING FOR IMO MEMBERS

Due to legislative changes, the area of pre- and post-retirement products has become increasingly complex. Our team of financial advisers are here to assist members to plan for their retirement. We undertook focused campaigns on pension products and retirement options which were well received.

MORTGAGES

The interest in mortgages remained low in 2014 but we are expecting to see increased demand in the coming year with banks more open to lend to new and existing customers.

GROUP SCHEMES

IMO Financial Services operates a range of schemes for IMO members including group life, income protection and waiver of premium for the GMS pension provision.

We redesigned our group scheme brochure, which is now more user-friendly. In 2014, we secured special offers on all our group schemes, thereby providing members with free cover for a period of time.

Our group schemes have a combined membership of almost 2,800. We plan to initiate a review of all of our schemes to ensure that they continue to meet members' needs. It is expected that the review will be concluded by the end of 2015.

COMMUNICATION WITH MEMBERS

Our regular communiques have been also very well received and we have received positive feedback and suggestions from doctors for future topics. The purpose of our communiques is to inform members about financial topics and to assist them to make the right decisions for their future in terms of pension arrangements.

During the past year, IMO Financial Services has assisted members from group scheme products, investments, pre- and post-retirement products to individual protection products. We continue to strive to provide a personal and professional service.

IMJ Annual Report 2014



In 2014 the IMJ published 10 editorials, 51 original papers, 32 case reports, 10 short reports, 24 research correspondence, 35 letters to the editor, 8 book reviews, 5 original pieces, 10 continuing professional development, and 1 medicine and poetry.

In the commentary section the prominent themes were the European Working Time Directive, NCHD staff retention and education, quality improvement and performance indicators.

The editorials addressed research skills in medicine, CT analysis of renal stones, consent for arthroplasty surgery, paediatric diabetes, osteomyelitis in children, and the maternity early warning score.

O'Rourke et al (Jan) reported on the application of the circulatory determination of death (DCD) and organ donation. Since its introduction in 2011, 18 kidneys, 4 lungs, and 1 set of heart valves have been recovered. DCD is being increasingly employed because Brain Stem Death is being less frequently diagnosed due to the 50% decrease in road traffic deaths in the last 14 years.

O'Connor et al (Feb) described the care of patients with type 2 Diabetes in general practice. The findings across 12 GP practices revealed a mixed picture. Among the 842 patients HbA1C, cholesterol, creatinine, and BP were controlled. The intervals between foot reviews, BMI measurements, retinopathy screening were too long. The authors debated the issue of diabetic handover to GPs without adequate resources.

Culleton and Torreggiani (March) reviewed the use of out-of-hours CT scanning between 2001-2010. Over the 10 year period, week-end CT scanning increased 210.7%. Brain CTs accounted for 46% of the workload, followed by CT thorax, pelvis and abdomen. The rapid rise is in part explained by the use of scanning for stroke management.

Hasan and Curran (April) described the use of Sialoendoscopy in the management of salivary gland disorders. In a series of 41 patients, 50% had an obstructing stone, 27% had mucinous debris, and 10% had benign strictures. The glands involved were submandibular 70% and parotid 30%.

2014 was the 50th anniversary of the publication of the Romano-Ward Syndrome in the IMJ. The occasion was marked by a review article by Hodgkinson et al from St. Vincent's clinical school, NSW, Australia. The syndrome which deals with the congenital Long QT was described by Professor Conor Ward UCD/Crumlin (J Ir Med Assoc 1964;54:103-6).

It was a significant contribution to the field of inherited cardiac arrhythmias.

Brewer et al (May) reported that despite the benefits a limited proportion of eligible patients receive thrombolysis for stroke. In a series of 323 stroke patients, 30 patients were thrombolysed but a further 36 eligible cases were not thrombolysed. The discussion centres around the reduction of the time between the CT scan and the needle.

Gaughran and Tubridy (June) described their management of patients with headaches attending ED. In the study there were 227 cases of headaches among 8759 ED attendances. A brain CT scan was performed in 127 cases (56%) and 15 of the scans had an abnormality. No 'usual headache' pattern patients had an abnormal CT scan. Patients with 'sudden onset' type of headache or clinical findings had a 17% rate of abnormal CT scan.

Murphy et al (Sept) undertook a 10 year review of gunshot injuries in a West Dublin hospital. There were 65 gunshot cases. The mortality rates were much higher for high velocity injuries 43%, compared with low velocity wounds 6%. In recent years, high velocity guns are being more commonly used. The mean age of the victims was 27 years and all were male apart from one female.

Maher et al (Oct) described a series of 'at risk' medical students. In UCC there was a 5.7% attrition rate over the period 2001-2010. The key factors leading to 'drop-out' were change of mind, academic problems, and psychological or physical ill-health. Students attending from overseas were at higher risk. Stress preventative tools such as SAFEMED should be provided early in the undergraduate course. If students do leave their course, they should receive support and guidance on alternative career paths.

Cotter et al (Nov/Dec) reported on the victimization and psychosexual difficulties of adolescents with sexual orientation concerns. Among 1,112 adolescents across 17 schools there were 58 (5%) students with LGB orientation. These students had higher rates of psychological difficulties, substance abuse, sexual activity and physical assault. This group of adolescents need early and targeted support and intervention.

We wish to thank all the authors who contributed papers to us in 2014. Also a special thanks to all the referees who reviewed papers.

Dr. JFA Murphy
Editor

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2014

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

THE IRISH MEDICAL ORGANISATION

TRUSTEES AND OTHER INFORMATION

THE IRISH MEDICAL ORGANISATION IS A TRADE UNION REGISTERED UNDER THE TRADE UNION ACT 1941.

THE REGISTRY OF FRIENDLY SOCIETIES REG NO.

528T

TRUSTEES

Dr. Henry Finnegan
Dr. Larry Fullam
Dr. Mary Hurley
Dr. Michael Thornton
Professor Cillian Twomey

HONORARY OFFICERS:

Professor Trevor Duffy - President
Dr. Ray Walley - Vice President
Dr. Johanna Joyce-Cooney - Honorary Secretary
Dr. Illona Duffy - Honorary Treasurer

EXECUTIVE BOARD:

Dr. Matthew Sadlier - Chair
Dr. Illona Duffy - Honorary Treasurer
Dr. Ray Walley
Dr. Peadar Gilligan
Dr. Patrick O'Sullivan
Dr. John Duddy
Professor Sean Tierney
Dr. Mary Conlon
Dr. Pdraig McGarry
Dr. John Donnellan
Mr. Niall Saul - Non Executive Director

PRINCIPAL BANKERS:

Allied Irish Banks Plc.,
40/41 Westmoreland Street,
Dublin 2.

SOLICITORS:

John O'Connor & Co.,
9 Clare Street,
Dublin 2.

AUDITORS:

HSOC,
Chartered Accountants,
Registered Auditors,
Adelaide House,
90 Upper Georges Street,
Dun Laoghaire,
Co. Dublin.

THE IRISH MEDICAL ORGANISATION

REPORT OF THE EXECUTIVE BOARD FOR THE YEAR ENDED 31 DECEMBER 2014

The Executive Board has pleasure in submitting its report together with the audited consolidated financial statements of the Organisation for the year ended 31 December 2014.

PRINCIPAL ACTIVITIES AND REVIEW.

The Organisation continues to be a Trade Union representing the interests of the members of the medical profession who have subscribed to the IMO. The Organisation is also a holder of a negotiating licence, under its negotiating licence the IMO can negotiate with government on publicly funded activities on behalf of its members.

RESULTS FOR THE YEAR

The accounts presented incorporate the consolidated activities of the Organisation comprising its Trade Union and Publishing activities, Financial Services Company and Property Holding Company.

The summary Balance Sheets of the individual entities are appended for information purposes.

The Organisation's consolidated surplus for the year was €565,556, before other Recognised Gains and Losses. The Executive Board have noted that the IMO continues to manage all outflows on a yearly basis through normal cashflow.

Fitzserv Consultants Limited (the only company with a share capital within the consolidated financial statements) does not propose payment of a dividend.

PRINCIPAL RISKS AND UNCERTAINTIES

The Executive Board has considered the principal risks and uncertainties faced by the Organisation, including economic risk and financial risk.

Financial risk

This includes the need to consider if there is any risk from property revaluations, in which regard the committee has considered the value in the accounts and consider it to be a true and fair value as at 31 December 2014.

Economic risk

The risk of increased interest rates and/or inflation having an adverse impact on served markets. These are managed by strict control of costs.

POST BALANCE SHEET EVENTS

The sale of the Mews portion of 11 Fitzwilliam Place is due for completion after the year end as outlined in note 4.

The Organisation has settled the case brought by former employee, Ms Maria Murphy, as set out on note 12.

FUTURE DEVELOPMENTS

There are no future developments envisaged that would materially affect the nature and level of the Organisation's activities.

THE IRISH MEDICAL ORGANISATION

REPORT OF THE EXECUTIVE BOARD FOR THE YEAR ENDED 31 DECEMBER 2014 (continued)

STATEMENT OF EXECUTIVE BOARD'S RESPONSIBILITIES

The Executive Board are responsible for preparing the Annual Report and the financial statements in accordance with the Trade Unions Acts 1871-1990 and applicable Irish law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Financial Reporting Council and published by Chartered Accountants Ireland.

Irish law requires the Executive Board to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Organisation and of the surplus/deficit of the organisation for that period. In preparing those financial statements the Executive Board are required to:

- select suitable accounting policies and then apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the organisation will continue in business.

The Executive Board confirm that they have complied with the above requirements in preparing the financial statements.

The Executive Board are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Organisation and to enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and with Irish statute comprising the Trade Unions Acts 1871-1990. They are also responsible for safeguarding the assets of the Organisation and hence, for taking reasonable steps for the prevention and detection of fraud and any other irregularities.

The Executive Board are responsible for the maintenance and integrity of the corporate and financial information included on the Organisation's website. Legislation in the Republic of Ireland governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

On behalf of the Executive Board:



Dr. Matthew Sadlier - Chair of Executive Board



Dr. Illona Duffy - Honorary Treasurer



Professor Trevor Duffy - President

Date: 25 February 2015

THE IRISH MEDICAL ORGANISATION

TREASURER'S REPORT

As Treasurer of the Irish Medical Organisation, and on behalf of my colleagues on the IMO Executive Board, I present my report and the Financial Statements of the Organisation for the year ended 31st December 2014.

Following an extensive governance review of the systems and structures of our Organisation in 2012 the members of the IMO adopted a new set of Rules, along with a Code of Practice at the AGM in April 2013. These new Rules and Code of Practice reflect the commitment of the IMO to open and transparent financial reporting and as Treasurer I am happy to confirm that we have in place strict financial controls, oversight of all financial matters at Executive Board level and greater clarity to members on the financial position of the Organisation.

These Financial Statements give you, as a member, a complete picture of the IMO in terms of the consolidated position. They include detailed Profit and Loss Accounts for IMO, IMO Financial Services and IMA Ltd. We have also included the range of stipends and fees for Honorary Officers, Chairpersons and Non-Executive Directors.

In terms of managing our finances throughout the year we have in place annual budgets with a strict control on costs, quarterly management accounts and annual financial statements. The activities of our subsidiary companies, IMOFS and IMA, are monitored by the Executive Board. All expenditure is paid on an authorised invoice and/or vouched expense basis and all expenditure requires sign off by the Treasurer. Any exceptional expenditure which is outside of the agreed budget for the Organisation, requires sign off by the Executive Board.

Our focus for 2014 has continued to be the commitment to continue to ensure the Organisation remains in a strong financial position and that resources are directed in the best interest of members and in line with the objectives of the Organisation.

KEY ITEMS OF NOTE

1. The Organisation recorded an after tax surplus of €565,556 during 2014. This reflects a surplus on the continuing operations of IMO, IMOFS and IMA Ltd. The financial statements include the proceeds from the sale of the Mews building which generated a profit of €210,000 (sale proceeds less book value). Also included is the full cost of the balance of payments due under the Settlement Agreement with the former Chief Executive. The present day value of those payments is reflected in the financial statements and is actuarially reviewed each year. Due to the low level of interest rates at December 2014 this value has been adjusted to a higher figure than recorded in 2013, however this does not affect the value of the actual payments to be made which are capped at the amount laid out in the Settlement Agreement and advised to all members. Also recognised and accounted for in these financial statements is the full cost of the Settlement with the former Director of Communications which was also advised to members. The net position following all adjustments has resulted in an increase in members funds to €3,415,056.
2. Following a High Court action taken by the Competition Authority against the IMO in 2013 the Organisation continued to defend the rights of our GP members to be fully represented in terms of negotiations through a commitment to vigorously defend the Organisation against the allegations of the Competition Authority and establish the rights of GPs to be represented by the IMO. This case continued throughout the first half of 2014 and resulted in a Settlement Agreement whereby the rights of the IMO to negotiate on behalf of its GP members in terms of scope, content, resources and fees payable for the GMS and all GP publicly funded contracts was established both in terms of the Settlement Agreement and further acknowledged in the Framework Agreement between the IMO, Department of Health and HSE. The IMO has always maintained the position that as a registered trade union, and holder of a negotiating licence, it was fully entitled to represent GPs. We, as an Organisation, representing all members of the medical profession, were fully committed to defending that right and to use members funds to ensure our GP members re-established their right to representation.

THE IRISH MEDICAL ORGANISATION

TREASURER'S REPORT (continued)

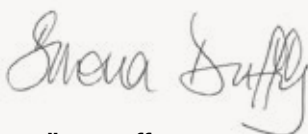
3. The Annual Report details the extensive range of industrial relations activity on behalf of all our members, Consultants, NCHDs, GPs, Public Health and Community Health Doctors and the financial statements reflect the expenditure associated with that activity. During 2014 the IMO was engaged in crucial negotiations across all our specialty groups and one of the key strengths of the Organisation in representing all members of the profession is the strength of our voice in affecting change in our public health services and crucially stops Government seeking to exploit and divide doctors.
4. As a profession we have an ethical and moral responsibility to advocate on behalf of our patients. That commitment to advocacy continued in 2014 with seminars and campaigns on the perils of Universal Health Insurance and the IMO ran a conference for all stakeholders to demonstrate that the model proposed by Government will not address the inequity in our system and will do nothing to address the structural and capacity issue that beset us at hospital, general practice and community level. We also hosted an All Ireland Health Conference with our colleagues in the BMA (Northern Ireland) to highlight Mental Health and Addiction Issues. The Organisation continues to commit resources to the important area of policy and advocacy.
5. During 2014 we introduced a number of new subscription categories for members who are establishing practice in both general practice and for newly appointed consultants. This was determined by the Executive Board who recognised the particular challenges faced by doctors at this stage of their careers. It is our objective to ensure that subscription fees represent value for money and are capable of delivering the crucial services required by our members, particularly in the era of management seeking to cut costs which very often is at the expense of the contractual terms of our members.

CONCLUSION

In financial terms these Financial Statements reflect a strong Organisation, with a loyal membership that is in a position to continue to deliver on the goals of our mission statement – to fully represent our members and to fight for a better public health services for patients.

As Treasurer, I am fully committed to my responsibilities to the Organisation and our members and in this regard I would like to thank my colleagues on the Executive Board and my fellow Honorary Officers for their support. I particularly want to thank the membership of the IMO who have remained loyal to the Organisation and its goals.

The IMO is your union, your voice and together we are stronger.



Dr Illona Duffy
Treasurer

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF THE IRISH MEDICAL ORGANISATION

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2014 on pages 9-21, which comprise the Consolidated Income and Expenditure Account, the Consolidated Statement of Recognised Gains and Losses, the Consolidated Balance Sheet, the Consolidated Cashflow Statement and the related notes. These consolidated financial statements have been prepared under the accounting policies set out on page 13. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

This report is made solely to the Trustees of the Organisation, 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 Trustees 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 Organisation's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

RESPECTIVE RESPONSIBILITIES OF THE EXECUTIVE BOARD AND THE AUDITORS

The Executive Board of the Irish Medical Organisation is responsible for the preparation of the financial statements in accordance with applicable law and Generally Accepted Accounting Practice in Ireland including accounting standards issued by the Financial Reporting Council as set out on page 4 in the Statement of Executive Board's Responsibilities.

Our responsibility, as independent auditor, is to audit the consolidated financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices' Board's Ethical Standards for Auditors.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Organisation's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the financial statements to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES OF THE IRISH MEDICAL ORGANISATION (continued)

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements

- give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the Irish Medical Organisation's affairs as at 31 December 2014 and of its surplus for the year then ended; and
- have been properly prepared in accordance with the requirements of the Trade Unions Acts 1871-1990.



HSOC

Chartered Accountants
Registered Auditors
Dun Laoghaire
Co. Dublin

Date: 25 February 2015

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2014

	Notes	Continuing Operations 2014 €	Continuing Operations 2013 €
Income	2&3	4,392,530	4,681,418
Expenditure	Schedule 2	(3,928,066)	(4,451,091)
Material item – disposal of property	4	210,000	-
Surplus for the year before taxation	5	674,464	230,327
Revenue Settlement	6a	-	(118,419)
Taxation	6	(108,908)	(80,696)
Surplus for the year after taxation		565,556	31,212

The accounting policies and notes on pages 13 to 21 form part of these financial statements.

The financial statements were approved and authorised for issue by the Executive Board on

25 February 2015 and signed on its behalf by:



Dr. Matthew Sadlier - Chair of Executive Board



Dr. Illona Duffy - Honorary Treasurer



Professor Trevor Duffy - President

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

For the Year Ended 31 December 2014

	Notes	2014 €	2013 €
Surplus for the year after taxation		565,556	31,212
Movement on deferred pension provision	13	(542,463)	-
Unrealised surplus on investments		20,235	52,774
		<hr/>	<hr/>
Total recognised Surplus for the year		43,328	83,986
		<hr/>	<hr/>

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED BALANCE SHEET

As at 31 December 2014

	Notes	2014 €	2013 €
FIXED ASSETS			
Tangible Assets	7	3,077,145	3,676,069
Deposit with the Court of Justice	8	10,670	10,640
		<u>3,087,815</u>	<u>3,686,709</u>
FINANCIAL ASSETS			
Investments	9	604,211	857,226
		<u>3,692,026</u>	<u>4,543,935</u>
CURRENT ASSETS			
Debtors	10	1,108,373	407,408
Cash & Bank Balances	11	3,938,537	3,638,186
		<u>5,046,910</u>	<u>4,045,594</u>
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	12	(1,309,330)	(1,744,080)
		<u>3,737,580</u>	<u>2,301,514</u>
NET CURRENT ASSETS			
		<u>7,429,606</u>	<u>6,845,449</u>
TOTAL ASSETS LESS CURRENT LIABILITIES			
Creditors (amounts falling due after more than one year)	13	(4,014,550)	(3,473,721)
NET ASSETS		<u>3,415,056</u>	<u>3,371,728</u>
FINANCED BY			
Accumulated Revenue Surplus	16	3,415,056	3,371,728
Members' Funds	17	<u>3,415,056</u>	<u>3,371,728</u>

The accounting policies and notes on pages 13 to 21 form part of these financial statements.

The financial statements were approved and authorised for issue by the Executive Board on 25 February 2015 and signed on its behalf by:



Dr. Matthew Sadlier - Chair of Executive Board



Dr. Illona Duffy - Honorary Treasurer



Professor Trevor Duffy - President

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED CASHFLOW STATEMENT

For the Year Ended 31 December 2014

	Notes	2014		2013	
		€	€	€	€
Reconciliation of Operating Surplus to					
Net Cash (Outflow)/Inflow from Operating Activities					
Operating surplus			674,464		230,327
Depreciation on tangible assets			140,971		155,691
(Surplus) on disposal of tangible assets			(208,665)		(350)
Interest received			(43,031)		(76,671)
Interest paid			(18,509)		38,377
Investment income received			(2,981)		-
(Increase)/decrease in debtors			(700,965)		50,479
(Decrease)/increase in creditors			(399,345)		(1,762,924)
Net cash (outflow) from operating activities			(558,061)		(1,365,071)
Taxation paid			(109,409)		(199,115)
Returns on Investment and Servicing of Finance					
Interest received		43,031		76,671	
Interest paid		18,509		(38,377)	
Investment income received		2,981		-	
			64,521		38,294
Capital expenditure and financial investment					
Payments to acquire tangible assets		(43,605)		(58,786)	
Receipts from sales of tangible assets and shares		983,443		51,634	
Net cash inflow/(outflow) for capital expenditure			939,838		(7,152)
Net cash inflow/(outflow) before management of liquid resources and financing					
			336,889		(1,533,044)
Financing					
			(3,222)		(8,762)
(Decrease) in Capital element of finance lease contracts					
Increase/(Decrease) in Cash	18		333,667		(1,541,806)

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

1. ACCOUNTING POLICIES

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

A. BASIS OF ACCOUNTING

The financial statements have been prepared on a going concern basis in accordance with the historical cost convention and financial reporting standards as prescribed by the Financial Reporting Council as modified by the revaluation of certain fixed assets.

B. BASIS OF CONSOLIDATION

The financial statements reflect the results for the year and the financial position of the Organisation and the following entities under its control:

Fitzserv Consultants Limited t/a IMO Financial Services: - IMO owns 100% of the issued share capital

Cumann Doctúirí Na hÉireann The Irish Medical Association Limited - common membership.

C. SUBSCRIPTIONS RECEIVED

Subscriptions received in the income and expenditure account are accounted for on a cash receipts basis, as adjusted for subscriptions received in advance.

D. FIXED ASSETS AND DEPRECIATION

Tangible fixed assets are stated at cost less depreciation with the exception of land and buildings which are stated at open market value based on an independent professional valuation.

Losses on revaluation are written off against the revaluation reserve or, in the event that the revaluation reserve is fully depleted, against revenue reserves.

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:

Freehold Premises	2% Straight Line
Motor Vehicles	20% Straight Line
Fixtures and Fittings	10% Straight Line
Office Equipment	20% Straight Line

E. 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 income and expenditure account over the term of the primary lease period.

F. TAXATION

Taxation is calculated on non-subscription income. No provision is made in respect of deferred taxation.

G. FINANCIAL ASSETS

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

H. PENSIONS

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

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

	2014 €	2013 €
2. INCOME		
Membership Subscriptions	2,758,841	3,031,281
IMOFs sales	1,486,255	1,550,577
Rental Income	46,778	47,605
Interest received	43,031	76,671
Investment surplus	2,981	3,477
Publishing Contribution (Schedule 1)	54,644	(28,193)
	<u>4,392,530</u>	<u>4,681,418</u>

The above income was wholly derived from activities undertaken in the Republic of Ireland.

3. ANALYSIS OF MEMBERS

	2014 No's	2013 No's
Membership Numbers	<u>4,900</u>	<u>6,196</u>

4. MATERIAL ITEM – DISPOSAL OF PROPERTY

During the year, the Irish Medical Association contracted to dispose of the Mews portion of the property at 11 Fitzwilliam Place. The sale is due to be completed after the year end but the transaction is fully accounted for in these financial statements.

5. SURPLUS FOR THE YEAR

	2014 €	2013 €
Surplus for the year is stated after charging:		
Auditors' Remuneration – Audit services	35,670	35,668
Management accounts	38,949	40,083
Taxation	8,061	41,500
Depreciation	140,971	155,341
Deficit on disposal of assets	1,335	-
And after crediting:		
Surplus on disposal of assets (including property)	<u>210,000</u>	<u>350</u>

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

6. TAXATION

	2014 €	2013 €
Current Year Charge	108,908	80,696

The Organisation is exempt from taxation on its trade union activities and subscription income. Taxation is based on its publishing and investing activities and the profits of its subsidiary Fitzserv Consultants Limited, which is liable under the Corporation Tax Acts.

Profits for Fitzserv Consultants Limited	249,845	250,028
Tax at standard Irish Corporation tax rate (12.5%)	31,231	31,254
Effects of:		
Depreciation addback	466	1,358
Capital allowances	(2,614)	(2,641)
Adjustments to previous periods	1,202	-
Other tax adjustments	26,236	35,839
	56,521	65,810
Income tax IMO	52,387	14,886
	108,908	80,696

6a. REVENUE SETTLEMENT

The comparative figure for Revenue settlement is in respect of the Revenue audit carried out in 2013 as detailed in last year's Annual Report.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

7. TANGIBLE ASSETS

	Freehold Premises €	Equipment, Fixtures & Fittings €	Motor Vehicles €	Total €
Cost:/Valuation				
At 1 January 2014	3,519,000	547,794	247,619	4,314,413
Additions	-	43,605	-	43,605
Disposals	(500,000)	-	(54,549)	(554,549)
	<u>3,019,000</u>	<u>591,399</u>	<u>193,070</u>	<u>3,803,469</u>
At 31 December 2014				
Depreciation:				
At 1 January 2014	70,380	435,344	132,620	638,344
Charge for Year	70,380	29,772	40,819	140,971
Disposals	(20,000)	-	(32,991)	(52,991)
	<u>120,760</u>	<u>465,116</u>	<u>140,448</u>	<u>726,324</u>
At 31 December 2014				
Net book value at				
31 December 2014	<u>2,898,240</u>	<u>126,283</u>	<u>52,622</u>	<u>3,077,145</u>
Net book value at				
31 December 2013	<u>3,448,620</u>	<u>112,450</u>	<u>114,999</u>	<u>3,676,069</u>

Valuation of the premises at 10 & 11, Fitzwilliam Place was carried out by Sarah McCarthy, BSC MSCSI MRICS of Kelly Walsh, (Property Advisors & Agents) on 10 December 2012 on an open market value.

The Executive Board are not aware of any material change in the property valuation since then.

The historic cost of the properties is €7,202,459.

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

	2014	2013
Net book value	€	€
Motor Vehicles	-	24,831
	<u>-</u>	<u>24,831</u>
Depreciation charged to the Income and Expenditure Account in relation to the above was:		
Motor Vehicles	24,831	30,136
Office Equipment	-	763
	<u>-</u>	<u>763</u>

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

8. DEPOSIT WITH THE COURT OF JUSTICE

The deposit with the Court of Justice under the Trade Union Act, 1941 is invested in a fund called the BIAM GRU cash fund strategy. This fund holds a value of €10,670 at 31 December 2014.

9. INVESTMENTS

	2014 €	2013 €
Listed Investments at Market Value	24,155	298,749
Investment Bond at valuation	489,777	468,198
	<hr/>	<hr/>
	513,932	766,947
Other Investments at Cost	90,279	90,279
	<hr/>	<hr/>
	604,211	857,226
	<hr/> <hr/>	<hr/> <hr/>

10. DEBTORS

	2014 €	2013 €
Trade debtors	280,091	196,666
Other debtors	717,266	118,463
Prepayments	111,016	92,279
	<hr/>	<hr/>
	1,108,373	407,408
	<hr/> <hr/>	<hr/> <hr/>

11. CASH AT BANK AND IN HAND

	2014 €	2013 €
Irish Medical Organisation	388,932	698,398
Fitzserv Consultants Limited	3,339,779	2,716,150
Fitzserv Consultants Limited Client funds	209,826	223,638
	<hr/>	<hr/>
	3,938,537	3,638,186
	<hr/> <hr/>	<hr/> <hr/>

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

12. CREDITORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2014 €	2013 €
Creditors and Accruals	1,088,488	1,474,522
IMOFs Client funds	209,826	223,638
Bank overdraft	7,423	40,739
Lease and Hire Purchase Finance	3,593	5,181
	<u>1,309,330</u>	<u>1,744,080</u>

Creditors and accruals include the following outstanding taxes

	2014 €	2013 €
PAYE/PRSI	31,758	33,022
VAT	9,955	2,107
Income tax	32,727	14,886
Corporation tax	(34,004)	(15,662)
	<u>40,436</u>	<u>34,353</u>

Full provision has been made in the accounts in respect of the settlement with former employee Ms Maria Murphy. Creditors and accruals include the settlement figure of €135,000, together with a contribution to Ms Murphy's legal fees of €115,000. These sums have been discharged after the balance sheet date.

13. CREDITORS (AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR)

	2014 €	2013 €
Bank loans	787,977	787,977
Deferred Pension Commitments	3,226,573	2,684,110
Lease and Hire Purchase Finance	-	1,634
	<u>4,014,550</u>	<u>3,473,721</u>

Analysis of Bank loans

	2014 €	2013 €
Wholly repayable within five years	<u>787,977</u>	<u>787,977</u>

AIB Bank loans are secured by legal charges over properties at 10 & 11, Fitzwilliam Place, Dublin 2 vesting in the name of Cumann Doctúirí na hÉireann, The Irish Medical Association Limited.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

13. CREDITORS (AMOUNTS FALLING DUE AFTER MORE THAN ONE YEAR) (CONTD)

Analysis of Deferred Pension commitments	Actual €	Present Value €
In more than two years but not more than five years	750,000	713,618
In more than five years but not more than ten years	1,187,500	1,052,547
In more than ten years but not more than fifteen years	1,250,000	1,025,025
In more than fifteen years but not more than twenty years	562,500	435,383
	<u>3,750,000</u>	<u>3,226,573</u>

In accordance with the provisions of FRS 17, Trident Consulting, Actuarial Consultants, have placed a Present value on this obligation of €3,226,573. In coming to this value they have used a discount rate of 1.6%, based primarily on the iBoxx €Corporates AA 10+ index which was yielding 1.49% at 31 December 2014.

It should be noted that varying interest rates in future may necessitate an adjustment to this figure.

Analysis of Leases and Hire Purchase	2014 €	2013 €
Wholly repayable within five years	3,593	6,815
Included in current liabilities	(3,593)	(5,181)
	<u>-</u>	<u>1,634</u>

Lease and Hire Purchase maturity analysis		
In more than one year but not more than two years	-	1,634
In more than two years but not more than five years	-	-
	<u>-</u>	<u>1,634</u>

14. 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 with independent trustees. Contributions within the year amounted to €143,170 of which €23,707 was unpaid at the year end.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

15. STAFF NUMBERS AND COSTS

The average number of persons employed by the Organisation during the year was as follows:

	2014	2013
	No's	No's
Total Employees	31	30
	==	==
Analysed as follows:		
Directors	3	4
Trade Union administration	20	19
Financial Services sales & administration	8	7
	31	30
	==	==

The aggregate payroll costs of these persons were as follows:

	2014	2013
	€	€
Directors remuneration and fees	45,500	52,000
Wages and Salaries	1,647,122	1,774,455
Social Welfare Costs	148,435	147,455
Other Pension Costs	143,170	192,128
	1,984,227	2,166,038
	==	==

16. MOVEMENT IN REVENUE RESERVES

	2014	2013
	€	€
Reserves at start of year	3,371,728	3,287,742
Retained surplus for year	565,556	31,212
Unrealised (Deficits)/Surpluses	(522,228)	52,774
	==	==
Reserves at end of year	3,415,056	3,371,728
	==	==

17. RECONCILIATION OF MOVEMENT IN MEMBERS' FUNDS

	2014	2013
	€	€
Total recognised Surplus For The Year	43,328	83,986
Members' Funds at Start of Year	3,371,728	3,287,742
	==	==
Members' Funds at End of Year	3,415,056	3,371,728
	==	==

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2014

18. ANALYSIS OF NET FUNDS

	1 January 2014	Cashflow	31 December 2014
	€	€	€
Net Cash:			
Cash at bank in and hand	3,638,186	300,351	3,938,537
Overdrafts and Loans	(828,716)	33,316	(795,400)
	<hr/>	<hr/>	<hr/>
Members' Funds at End of Year	2,809,470	333,667	3,143,137
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

19. RELATED PARTY TRANSACTIONS

During the year Fitzserv Consultants Limited paid IMO a rental fee of €125,000 for use of No 11 Fitzwilliam Place (2013 €125,000). The IMO also received €12,733 for rent of the carpark to Fitzserv Consultants Limited, (2013 €10,407).

Fitzserv Consultants Limited advanced a loan of €300,000 to IMO in 2013, interest was applied to the loan amount. Balance at the year end was €309,000 (2013 €303,000) owed to Fitzserv Consultants Limited.

20. COMPARATIVE FIGURES

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

21. CONSOLIDATED INFORMATION

Included in the consolidated financials are the following companies both of which are incorporated in Ireland:

- Fitzserv Consultants Limited, a financial services Company the Share Capital of which is 100% owned by the IMO. Profit after tax €193,324 (2013: €164,340).
- Cumann Doctúirí Na hÉireann The Irish Medical Association Limited a Property Holding Company which is limited by Guarantee. Profit after tax €206,118 (Loss: 2013 €3,702)

22. APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the Executive Board on 25 February 2015

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2014

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION FOR THE YEAR ENDED 31 DECEMBER 2014

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2014

SCHEDULE 2

Publishing Contribution	2014 €	2013 €
Income	113,467	30,865
Printing and Editorial Costs	(26,366)	(26,601)
Wages	(32,457)	(32,457)
	<hr/>	<hr/>
Publishing Contribution	54,644	(28,193)
	<hr/>	<hr/>

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2014

SCHEDULE 2

	IMO 2014 €	IMO 2013 €	Fitzserv t/a IMOFS 2014 €	Fitzserv t/a IMOFS 2013 €	IMA 2014 €	Total 2014 €	Total 2013 €
INCOME							
Subscriptions	2,758,841	3,031,281	-	-	-	2,758,841	3,031,281
IMOFS sales	-	-	1,486,255	1,550,577	-	1,486,255	1,550,577
Rental Car Park	13,010	13,008	-	-	-	13,010	13,008
Rental Income	171,501	170,004	-	-	-	171,501	170,004
(Less) Rent from IMOFS	(137,733)	(135,407)	-	-	-	(137,733)	(135,407)
Interest Received	-	15,032	43,031	61,639	-	43,031	76,671
Investment income	-	-	2,558	2,876	423	2,981	3,477
Publishing Contribution	54,644	(28,193)	-	-	-	54,644	(28,193)
	<u>2,860,263</u>	<u>3,065,725</u>	<u>1,531,844</u>	<u>1,615,092</u>	<u>423</u>	<u>4,392,530</u>	<u>4,681,418</u>
EXPENDITURE							
Wages and salaries	1,228,982	1,393,234	418,140	381,221	-	1,647,122	1,774,455
Employers PRSI	110,410	112,550	38,025	34,905	-	148,435	147,455
Staff Pensions	117,295	162,426	25,875	29,702	-	143,170	192,128
Directors remuneration	-	-	45,500	52,000	-	45,500	52,000
Staff training and development	9,530	6,357	2,103	5,919	-	11,633	12,276
Rates	28,565	27,665	3,084	5,039	-	31,649	32,704
Light and heat	16,727	26,393	9,221	7,915	-	25,948	34,308
Insurance	12,842	13,466	19,502	13,458	-	32,344	26,924
Repairs and maintenance	71,953	83,379	8,291	8,736	-	80,244	92,115
Printing, Postage & Stationery	59,136	123,374	42,525	34,318	-	101,661	157,692
Advertising	1,168	1,845	46,449	41,292	-	47,617	43,137
Telephone	17,536	27,795	14,280	14,647	-	31,816	42,442
ICT	115,394	125,063	120,463	123,013	-	235,857	248,076
Travel and branch meeting expenses	104,177	165,895	33,124	45,952	-	137,301	211,847
International affairs	39,218	76,759	-	-	-	39,218	76,759
Professional fees	139,672	219,877	281,357	375,992	-	421,029	595,869
Legal fees	499,021	334,063	-	-	-	499,021	334,063
Audit	18,450	18,450	12,915	12,915	4,305	35,670	35,668
Accountancy	21,729	22,863	17,220	17,220	-	38,949	40,083
Bank charges	11,253	9,637	988	912	-	12,241	10,549
Subscriptions and donations	35,200	33,067	2,644	3,756	-	37,844	36,823
Strategic planning and restructuring	-	60,000	-	-	-	-	60,000
Depreciation	137,246	144,841	3,725	10,500	-	140,971	155,341
Lease interest	550	2,320	-	714	-	550	3,034
Loan Interest	(19,059)	35,343	-	-	-	(19,059)	35,343
(Surplus)/Deficit on disposal of fixed assets	(3,500)	-	4,835	-	-	1,335	-
	<u>2,773,495</u>	<u>3,226,662</u>	<u>1,150,266</u>	<u>1,220,126</u>	<u>4,305</u>	<u>3,928,066</u>	<u>4,451,091</u>

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

THE IRISH MEDICAL ORGANISATION

SUMMARY BALANCE SHEET

As at 31 December 2014

	2014 €	2013 €
FIXED ASSETS		
Tangible Assets	174,066	201,472
Deposit with the Court of Justice	10,670	10,640
	<u>184,736</u>	<u>212,112</u>
FINANCIAL ASSETS		
Investments	91,562	91,562
	<u>276,298</u>	<u>303,674</u>
CURRENT ASSETS		
Debtors	2,684,054	2,739,583
Cash & Bank Balances	388,932	698,398
	<u>3,072,986</u>	<u>3,437,981</u>
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(1,228,849)	(1,785,668)
	<u>1,844,137</u>	<u>1,652,313</u>
NET CURRENT ASSETS		
	<u>2,120,435</u>	<u>1,955,987</u>
Creditors (amounts falling due after more than one year)	(3,226,573)	(2,685,744)
	<u>(1,106,138)</u>	<u>(729,757)</u>
NET ASSETS		
FINANCED BY		
Accumulated Revenue (Deficit)/Surplus	(1,106,138)	(729,757)
	<u>(1,106,138)</u>	<u>(729,757)</u>
Members' (Deficit)		
	<u>(1,106,138)</u>	<u>(729,757)</u>

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

FITZSERV CONSULTANTS LIMITED T/A IMO FINANCIAL SERVICES

SUMMARY BALANCE SHEET

As at 31 December 2014

	2014 €	2013 €
FIXED ASSETS		
Tangible Assets	4,838	25,977
Investments	489,777	741,449
	<u>494,615</u>	<u>767,426</u>
CURRENT ASSETS		
Debtors	566,957	662,769
Cash & Bank Balances	3,339,779	2,716,150
Client Bank account balances	209,826	223,638
	<u>4,116,562</u>	<u>3,602,557</u>
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(86,940)	(46,837)
Client Premium amounts due	(209,826)	(223,638)
	<u>3,819,796</u>	<u>3,332,082</u>
NET CURRENT ASSETS		
	<u>4,314,411</u>	<u>4,099,508</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		
	<u>4,314,411</u>	<u>4,099,508</u>
CAPITAL & RESERVES:		
Share capital	1,283	1,283
Profit and loss account	4,313,128	4,098,225
	<u>4,314,411</u>	<u>4,099,508</u>
Shareholders' funds		
	<u>4,314,411</u>	<u>4,099,508</u>

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

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THE IRISH MEDICAL ASSOCIATION LIMITED

(A Company Limited by Guarantee and not having a Share Capital)

SUMMARY BALANCE SHEET

As at 31 December 2014

	2014 €	2013 €
FIXED ASSETS		
Tangible Assets	2,898,240	3,448,620
Investments	24,155	24,216
	<u>2,922,395</u>	<u>3,472,836</u>
CURRENT ASSETS		
Debtors:	700,000	-
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(2,626,384)	(2,682,882)
NET CURRENT (LIABILITIES)	<u>(1,926,384)</u>	<u>(2,682,882)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	996,011	789,954
Creditors (amounts falling due after more than one year)	(787,977)	(787,977)
NET ASSETS	<u>208,034</u>	<u>1,977</u>
CAPITAL & RESERVES:		
Revaluation reserve	-	-
Income and expenditure account	208,034	1,977
Members' Funds	<u>208,034</u>	<u>1,977</u>

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2014

IMO Stipends

In line with the Corporate Governance structures, stipends are provided for in the financials at the following annual rates.

	April 2013/2014	April 2014/2015
	€	€
Executive Committee Chair		
Dr Matthew Sadlier	N/a	25,000
GP Committee Chair		
Dr Ray Walley	25,000	
Dr Ray Walley		25,000
Consultant Committee Chair		
Professor Trevor Duffy	3,000	
Dr Peadar Gilligan		3,000
NCHD Committee Chair		
Dr John Donnellan	3,000	
Dr John Duddy		3,000
PHD Committee Chair		
Dr Brett Lynam	3,000	
Dr Patrick O'Sullivan		3,000
President		
Dr Matthew Sadlier	35,000	
Professor Trevor Duffy		35,000
Treasurer		
Professor Sean Tierney	Waived	
Dr Illona Duffy		10,000
Non-executive Director		
Niall Saul	N/a	12,500

These amounts are subject to relevant taxes.

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2014

FITZSERV CONSULTANTS LIMITED DIRECTORS FEES

	2014	2013
	€	€
Directors fees are paid as follows:		
Dr Martin Daly	13,000	13,000
Willie Holmes	13,000	13,000
James Brophy	13,000	13,000
Pat Dineen	6,500	13,000
	<hr/>	<hr/>
	45,000	52,000
	<hr/>	<hr/>

These amounts are subject to relevant taxes.

IMO AND FITZSERV CONSULTANTS LIMITED EXPENSES

MILEAGE:

Committee members and staff without a company car are allowed 42c per mile from IMO/Fitzserv Consultants Limited headquarters at 10/11 Fitzwilliam Place, Dublin 2, when they use their private motor vehicles for IMO/Fitzserv Consultants Limited business.

Staff with company cars who buy their own fuel are allowed 30c per mile when they use the cars for IMO/Fitzserv Consultants Limited business.

SUBSISTENCE:

Committee members and staff are paid on receipt of vouched invoices.

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



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

10 Fitzwilliam Place, Dublin 2
Tel: (01) 676 7273 Fax: (01) 661 2758 e-mail: imo@imo.ie

www.imo.ie