IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

2009 ANNUAL REPORT & ACCOUNTS

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Annual Report & Accounts 2009

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Organisational Structure

Annual General Meeting

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

Council

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

Management Committee

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

Specialty Groups

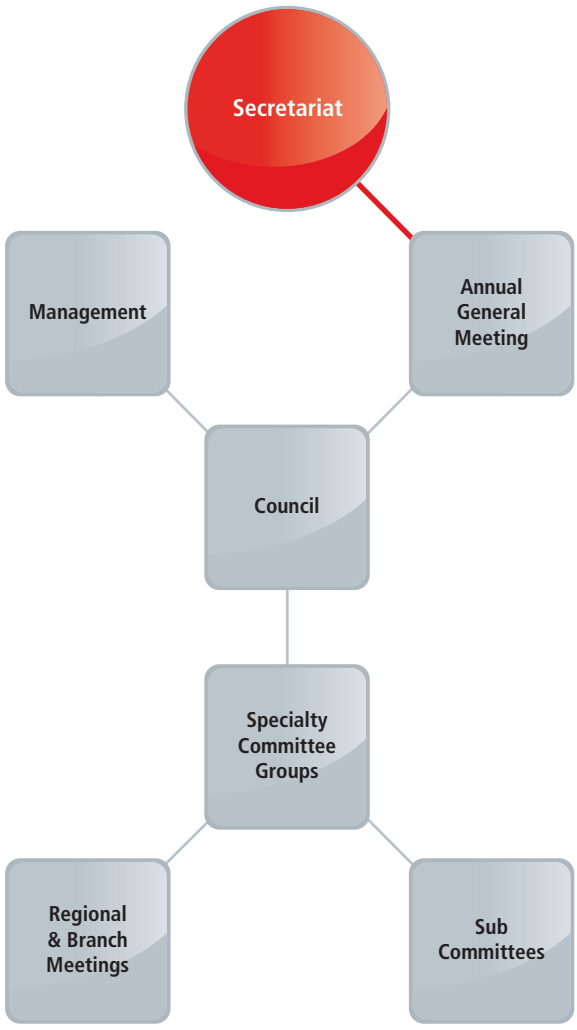
General Practitioners, Consultants, Public Health Doctors, and Non Consultant Hospital Doctors. The groups meet eight times per year and decide on action to be taken in relation to issues affecting the relevant groups. If issues arise which affect other specialty groups, those issues are referred to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

Standing Committees

International Affairs.
Ethics.

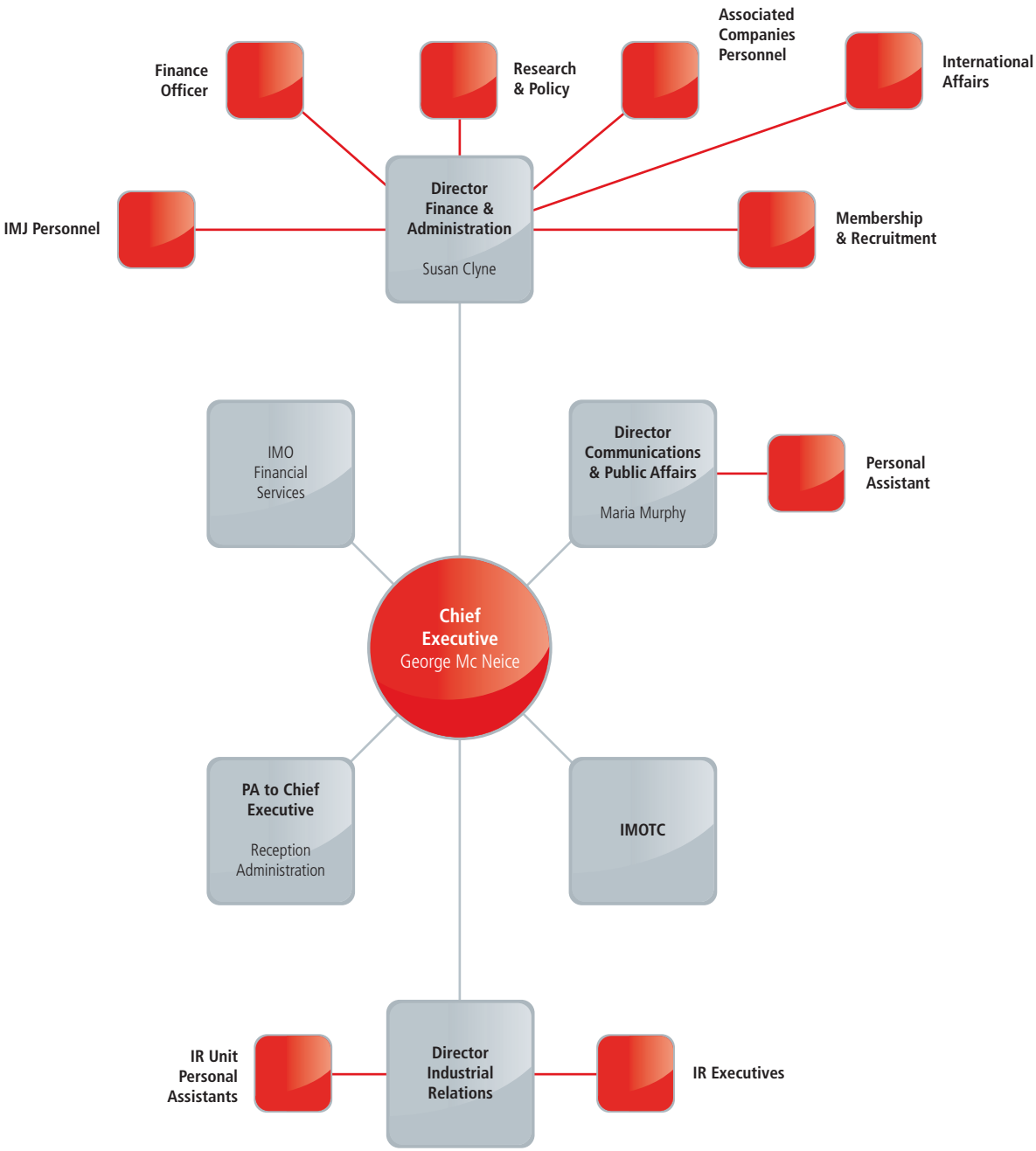
Regional Structure

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



IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Corporate Structure



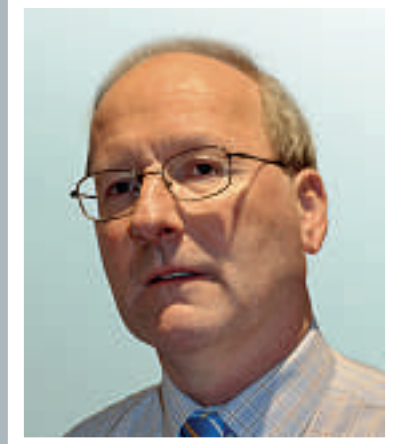
IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Chief Executive Mr George McNeice

President Dr John Morris

Vice-President Prof Seán Tierney

Honorary Treasurer Dr Michael Mehigan



Honorary Secretary Dr Howard Johnson

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Introduction

Dear Members

As President and Chief Executive of the Irish Medical Organisation, we have pleasure in presenting you with the Annual Report and Accounts 2009. The report offers a detailed outline of IMO activities during the year.

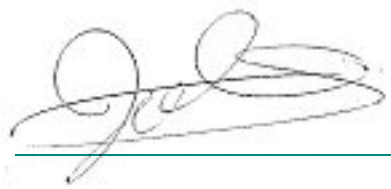
We wish to thank our Honorary Officers who worked tirelessly for the IMO during the year; Vice President, Prof. Seán Tierney, Honorary Treasurer, Mr. Michael Mehigan and Honorary Secretary, Dr. Howard Johnson.

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

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

In accordance with Paragraph 12.1 of the Constitution and Rules of the Irish Medical Organisation, we hereby give notice that the Annual General Meeting will be held in the **Hotel Europe,** Killarney, Co.Kerry from **8th April to 11th April 2010.**

Yours sincerely



Dr John Morris, President

Mr George McNeice, Chief Executive

IRISH MEDICAL ORGANISATION
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IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of Chief Executive

Mr George McNeice, Chief Executive, IMO

2009 was one of the most difficult years ever for this country and a year of significant frustration for health professionals seeking to deliver quality services to their patients.

The year was dominated by the crisis in the public finances. It's a critical situation which will dominate our agenda for many years to come and its already clear that the health sector in general and doctors in particular are being targeted as a source of short term and often short-sighted savings.

The IMO has worked hard to alert the HSE, the Department of Health and Children and the broader Government to the dangers of pursuing cost cuts now that end up costing more money in the long run. This country has been down this road before with disastrous consequences and we can't repeat that mistake. We will continue to argue this issue on the public airways and behind closed doors with politicians and policy makers.

It is vital at this time of uncertainty that the IMO remains focused on protecting the essential fabric of our health services and our profession to the greatest extent possible – and we are committed to doing so.

In these times the IMO Mission Statement is more relevant than ever

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

This Annual Report details all our activities during the past year demonstrating the work we have undertaken in the achievement of our goals as set out in the Mission Statement and our Strategic Plan.

Excellence in Industrial Relations

General Practitioners

Our Industrial Relations work has become more difficult in recent years as the HSE has adopted an inflexible and unrealistic approach to this whole area; exemplified by their continuing refusal to engage fully with the IMO as the representative body and trade union for doctors in Ireland.

This stance also runs counter to the express policy of the Government that the Competition Act 2002 would be amended so as to clarify that the IMO was entitled to fully represent and negotiate on behalf of its GP members on all publicly funded primary care services.

An example of the attitude displayed by the HSE on this issue was their attempt during 2009 to unilaterally vary the terms of the GMS contract in respect of payments for out of hours services. The GMS Contract is a legally binding contract, the terms of which can only be altered by agreement between the IMO and the Department of Health & Children. We strongly resisted this move and we ensured that revised claim forms took account of our concerns.

The debacle surrounding the Swine Flu Vaccination Programme is another clear example of the consequences of ignoring the IMO and its GP members. Even the HSE acknowledged that it should and could have handled the matter better. Notwithstanding all the issues involved in this matter I believe, if and when the figures become available, it will be demonstrated that, when properly resourced, general practice is best placed to deliver mass vaccination campaigns in terms of efficiency, effectiveness and value for money.

Much of our IR work is focused on national issues. But increasingly we're spending more time working on "localised" Industrial Relations issues for members; typically involving individual contract breaches.

On a positive note, we were able to progress a cross-party working group [IMO, the HSE and the Department of Health & Children] to examine one of the key issues identified in the IMO Benchmark Study of GPs – GP Manpower & GMS Entry. While by no means achieving all our aims and objectives, the Working Group agreed on a number of key changes to improve the manpower situation including revised entry provisions to the GMS and revised retirement provisions for contract holders.

NCHDs

Unfortunately the experience of our NCHD members at the hands of the HSE was no better than was the case with GPs.

The NCHD agenda was dominated by the HSE's attempts to unilaterally change NCHD terms and conditions with effect from January 2009. This would have resulted in the elimination of training grants, removal of paid leave breaks and other allowances and a reduction in overtime and on-call payments.

These cuts – proposed without any engagement with the IMO - were unreasonable and inequitable. In response we were forced to take legal action to protect basic rights. It is important to note that the legal case was in respect of protecting contractual rights and representation. Ironically it was the HSE who insisted that the IMO be bound into entering negotiations on the introduction of the European Working Time Directive [EWTD] as part of the High Court Settlement in April 2009.

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Report of Chief Executive

National GP Meeting top table
L to R: Mr George McNeice, Chief Executive,
Dr Ronan Boland, GP Chairman and
Dr Martin Daly

The agreed Principles of Rostering and Labour Court Recommendations were balloted upon and accepted by NCHDs and became legally binding for all NCHDs pursuant to the terms of the High Court Settlement. The EWTD became legally binding under Irish and European law as of 1st August 2009.

Despite the High Court Settlement, the HSE again ignored the IMO and implemented EWTD and the Labour Court Recommendations in respect of a small group of NCHDs only (mainly interns). This was a breach of the High Court Settlement Agreement and the IMO had no alternative but to refer the matter to the Court. The Court received an undertaking from the HSE that it would implement the terms of the Settlement Agreement.

We monitored developments in hospitals all around the country and we became increasingly concerned at the sporadic and unplanned approach that was taken by the HSE. NCHDs are working onerous rosters, very often unpaid and with scant regard to training which is a key priority for the IMO. Having considered all matters the IMO, with regret, requested the High Court to grant an early trial in respect of these issues and as I write this report we await the commencement of the trial in January 2010.

Having been unable to successfully conclude matters in the LRC on a new NCHD Contract, the outstanding issues were referred to the Labour Court where the IMO presented a detailed and comprehensive submission on behalf of our NCHD members and robustly argued against proposals from the HSE to cease current contractual entitlements. The Labour Court has issued its recommendations and NCHDs will be balloted in early 2010.

I believe that after a year of successfully defending our NCHD members against sustained attacks by the HSE we are, with a strong and united NCHD membership, in a good position to meet the inevitable challenges that 2010 will bring.

Consultants

For Consultants 2009 was dominated by ongoing difficulties in securing the full implementation by the HSE of the new contract agreed at the end of the previous year. These issues are still outstanding and continue to undermine confidence in the new contract which we all remember was lauded by the HSE as the panacea to all the ills of the health service.

We hold fast to the need for the HSE to accept the legitimacy of the claims by consultants in respect of monies owed dating back to the agreement on the new contract. Once that agreement is forthcoming, I believe consultants will be very constructive in finding solutions as to how the HSE might honour their commitment in the context of current financial challenges.

We also strived to reach agreement on the issue of the percentage of private work permitted to be undertaken by Consultants under the new contract. This issue has the potential to seriously damage confidence in the new contract and we continue to push for agreement on a measurement framework for assessing how much private work is being undertaken together with a protocol to deal with difficult cases. We don't believe that this situation lends itself to a "one-size-fits-all" approach. Anomalies in the current system are causing problems for hospital administrators as well as Consultants and incomes in public hospitals are falling as the percentage of private work undertaken in these hospitals falls in line with the new "cap".

Other problems with the introduction of the new contract continue; at present working hours for Consultants are often out of sync with those of required support staff leading to inefficiencies and confusion. We need to iron out these problems as a matter of urgency.

Report of Chief Executive

IMO/INO Press Conference
L to R: Mr George McNeice, IMO Chief Executive;
Sheila Dickson, INO President;
Prof Seán Tierney, IMO Vice President and
Mr Liam Doran, INO Secretary General

Public Health Doctors

2009 demonstrated the importance of our network of Public Health Doctors in very dramatic terms when they played a crucial role in the national response to the Swine Flu pandemic. All concerned should be proud of the highly professional manner in which they came to the country's assistance on this critical issue.

The contribution of these doctors to the health services was clearly evidentin the manner in which they agreed to operate – on a pilot basis – an out-of-hours service including weekend work. A review is now underway of the operation of this service and I know that our members will be keen to ensure the HSE adequately resource this important service so as to ensure public health specialist skills are safely available to the community.

Community Health Doctors

Unfortunately, our community health doctors have not fared so well. Despite previous undertakings the HSE is showing inflexibility in dealing with the long running issue of the upgrading of AMOs. The budgetary implication of such upgrading is insignificant and given the long years of dedicated service of many of our AMOs it is truly shameful that they continue to be treated in this manner. In an effort to finally bring the matter to a successful and equitable conclusion we have asked that it be referred back to the LRC for binding arbitration and are awaiting a response from the Management side. The level of anger and frustration felt by our AMOs is such that there will be inevitable consequences if the HSE persist with their inflexible attitude.

Professional Representation & Strategic Alliances

Our Strategic Plan set specific goals for the Organisation to further enhance and develop our representative and advocacy role. While I dispute that the health service was ever adequately resourced, even in the so called celtic tiger years, it behoves us now, more than ever to refocus our efforts as advocates for a fair and equitable health service.

At a time of rising unemployment and real poverty the McCarthy Report proposes savage cuts in respect of medical card entitlements, additional costs for prescriptions and altered provisions for the delivery of primary care which can only result in a reduction in the quality of essential services to the population. In particular low income and vulnerable groups in society would be disproportionately affected by the cuts recommended in McCarthy.

As a body of medical professionals we could not stand idly by and allow such outrageous proposals to go unchallenged. Following consultation within our representative specialty committees and many comments from individual members, we prepared a detailed response. Our paper clearly demonstrated the devastating effects which would follow the imposition of the cuts proposed. The argument surrounding whether we are an economy or society is too simplistic – we must get the balance right. To this end, and in recognition of the dire financial state of the country, the IMO proposed a radical proposal on generic prescribing which, if implemented appropriately, will yield significant savings for the State now and into the future.

I have always said that advocacy is not for the faint hearted and can be a very frustrating process, however we will not be deterred and will continue with our efforts through our policy initiatives and the important platform our AGM offers us.

As the voice of the entire medical profession it is our duty to broaden our sphere of influence and during 2009 we responded to submissions on a wide range of health related issues including Resource Allocation and Funding in the Health Sector, National Positive Ageing Strategy and Consent for Organ Donation.

IRISH MEDICAL ORGANISATION
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Report of Chief Executive

Through our membership of European and World Medical Associations we seek to bring our policy objectives to a wider audience and to learn from the experiences of other countries. We are strong proponents of active co-operation and alliances between the various European medical bodies. EU legislation is having an increased impact on the professional lives of doctors and services available to patients and it is vital that the IMO engages positively at international level.

In 2009 we were delighted to welcome the PWG – European Junior Doctors to Ireland where we hosted the Autumn plenary meeting. The event was a great success and further strengthened our reputation with our sister medical organisations across Europe.

We continue to work in close co-operation with our colleagues in BMA (Northern Ireland) and our joint EU lobbying campaigns have proved to be very fruitful.

Engaging Membership & Communication

Doctors across the country continue to appreciate the importance of professional representation in these challenging times and I'm happy to note that our membership reached record levels in 2009. With this strength and unity we spoke with a strong collective voice and did not allow ourselves to be put off track in the pursuit of our goals.

The IMO Executive and your specialty committee members engaged with members throughout the country with more meetings than ever during 2009. It is from our members that policy is derived and strategies developed both in terms of industrial relations and policy and these meetings afforded us the valuable opportunity to listen and learn from the experiences of our members on the ground and the reality of delivering services to patients.

The vibrancy of face to face meetings is vital to the close relationship and loyalty between the IMO and its members but we are also conscious that doctors have few hours available to attend meetings. To this end we have improved our communication with members and have enhanced our IT capability.

The IMO Strategic Plan commits us to undertaking a series of Benchmark Studies for four specialty groups within the IMO. In 2009, having conducted the first of the series with our GP members, we published the results which have informed our work for GPs.

We have now commenced the preparatory work for a study of consultants in Ireland and intend to conduct the survey in the coming year. To complement these major studies we have also conducted a number of specific topic questionnaires amongst groups of the membership and this interaction has proved to be invaluable in terms of the flow of information between the Executive and the members. In the case of our NCHDs the online surveys were crucial in our negotiations on a new contract and in terms of our endeavours on the legal front.

In response to member needs we launched a new Contract Review Service during 2009 which has been a most welcome addition to our range of services to members. It never ceases to amaze me that even with nationally negotiated contracts, local managers continue to seek to alter agreements without consultation or negotiation and I would urge all members taking up new appointments to avail of this service before signing contract documents.

The Irish Medical Journal grows from strength to strength and the quality of papers published is testament to the work being undertaken around the country by doctors in all specialties. The reputation of the IMJ has never been higher and as the only independent peer review journal it is an important venture for the Organisation.

Issues relating to health are never far from the headlines and the media continues to focus huge resources and attention on health related topics and health politics. The media plays a critical role in establishing political agendas and priorities and in influencing public attitudes towards issues and groups. Our objective is to represent the interests of our members with the media as professionally and positively as possible. We also seek to ensure accurate and balanced reporting on key health issues which is increasingly important at a time when some sections of the media seek to sensationalise issues as much as possible. Finally we seek to engage with the media on positive issues relating to our vision and policies.

Corporate

Looking at the operations of the IMO itself, I'm pleased to record that the organisation is strongly positioned to meet the needs of the membership at present.

Our financial position is strong and I can assure members that we are conscious of the importance of prudent financial management of the Organisations resources. The Financial Statements 2009, which are included in this Annual Report, show a surplus of €645,250.

As I have reported previously we are on track with our efforts to fully repay the loan in respect of our purchase of No 11 Fitzwilliam Place. To this end and given the uncertainty of interest rates, we intend to further reduce the balance on the loan with the additional surplus we achieved during 2009.

Additionally I would like to draw your attention to the €850,000 expenditure on legal activities. This figure includes a provision for the current legal action against the HSE on behalf of our NCHD members and also a provision for potential legal actions in respect of our negotiating rights on behalf of our GP members. It is regrettable that we are being forced by the attitude of management to engage in such legal action, this is not the correct way to conduct industrial relations but we are sending a clear message that, as a registered Trade Union, we are prepared, and have the resources, to use every avenue to protect the rights of our members.

Our financial position is strengthen by our ownership of IMO Financial Services which continues to provide a professional and quality service to members from the early stage of their careers right through to retirement planning. IMO Financial Services, in addition

Report of Chief Executive

to the group schemes, assisted more than 600 individual members during 2009 and provided them with financial solutions to meet their needs.

In Conclusion

As I said at the outset, 2009 was an exceptionally difficult year and a frustrating time for many of us. And I think we all realise that the coming years will be similar in many respects.

In this challenging environment we will press strongly to have our voice heard as options are being considered and decisions taken. A key lesson of the past year surely has been the futility of the HSE turning a deaf ear to the IMO and the value that can be gained from working with us as partners – unfortunately the HSE shows no enthusiasm for learning this lesson yet.

For our part, the Organisation is strongly united, well resourced and fiercely determined to represent our members' interests professionally and effectively in the challenges ahead. The IMO has never sought confrontation for its own sake and we don't seek it now. But nor will we shrink from confrontation where it is necessary to protect the fabric of our health services or the interests of our members.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Council Management Members

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

IMO Council Committee 09/10

Dr John Morris (President)
Prof Seán Tierney (Vice President)
Dr Trevor Duffy (Consultant Chair)
Dr John Morris
Dr Clive Kilgallen
Mr Hugh Bredin
Dr Ronan Collins
Dr Christine O'Malley
Dr Paula Gilvarry (PHD Chair)
Dr Johanna Joyce Cooney
Dr Howard L Johnson (Honorary Secretary)
Prof Joe Barry
Dr Ronan Boland (GP Chair)
Dr Martin Daly (Past President 08/09)
Dr Ray Walley
Dr Eleanor Fitzgerald
Dr Niall MacNamara
Dr Michael Mehigan (Honorary Treasurer)
Dr James Keely
Dr Matthew Sadlier (NCHD Chair)
Dr Remi D. Mohammed
Dr Muhammad Razi Shaikh
Dr Shahid Kazi
Dr Mick Molloy
Dr Delia Osthoff
Dr Ruairi Hanley (resigned November 2009)

IMO Management Committee 09/10

Mr George McNeice (Chief Executive)
Dr John Morris (President)
Prof Seán Tierney (Vice President)
Dr Michael Mehigan (Honorary Treasurer)
Dr Howard Johnson (Honorary Secretary)
Dr Martin Daly (Past President 08/09)
Dr Matthew Sadlier (NCHD Chair)
Dr Trevor Duffy (Consultant Chair)
Dr Ronan Boland (GP Chair)
Dr Paula Gilvarry (PHD Chair)


INNOVATION
STRATEGY
PLANS
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IRISH MEDICAL ORGANISATION
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Profession-wide Issues

Social Partnership Talks

The Irish Medical Organisation, as the Trade Union representing the medical profession in Ireland, is a member of the Irish Congress of Trade Unions and is represented at the ICTU Public Services Committee. Mr George McNeice, IMO Chief Executive was the negotiating representative at the Social Partnership talks during 2009.

Talks between the Government and the Social Partners broke down on 3rd February and the Government proceeded with its plans to implement €1.4 billion cuts in the public service pay bill through the enactment of the Financial Emergencies in the Public Interest Act 2009 (measures detailed below).

The Government announced that pay increases due under Towards 2016 which were due to come into effect on 1st September 2009 (3.5%) and 1st June 2010 (2.5%) would not be paid.

The IMO participated in meetings in July and September between the ICTU Public Services Committee and the Public Services Employers but these meetings were unsuccessful. A National Strike by a number of public service unions was held on 24th November 2009, while the IMO did not participate in the strike we supported our colleagues in other unions and advised IMO members not to undermine in any way the industrial action being undertaken by members of the participating unions. Mr McNeice participated in the intense talks in November and December on social partnership which broke down on 4th December and the Government proceeded to announce pay cuts across the public sector in the December Budget (measures detailed below).

Government Budgetary Decisions

The Government enacted into law the Financial Emergency Measures in the Public Interest Act to give effect to the measures detailed below.

Pension Levy

The Government introduced a pension-related payment to be made by all public servants averaging 7.5% of income. The pension levy applied to all income, i.e. pensionable and non-pensionable salary, and came into effect from 1st March 2009.

Reduction in Professional Fees

Under the Financial Emergency Measures in the Public Interest Act 2009, the IMO prepared written and presented oral submissions in respect of professional fees paid to GPs for services provided by the State. The Minister for Health & Children imposed an 8% reduction in professional fees for GPs and details in relation to this are contained in the General Practitioner section of this Annual Report.

Public Sector Pay Cuts and Reduction in Professional Fees

In the December 2009 Budget the Government announced that:

a) Public Service salaries will be reduced as follows with effect from 01/01/2010;

Salaries [€]	Reduction
Salaries under €125,000	
First €30,000	5%
Next €40,000	7.5%
Next €55,000	10%
Salaries between €125,000 and €165,000	8%
Salaries between €165,000 and €200,000	12%
Salaries over €200,000	15%

b) A further reduction in professional fees paid to GPs for services provided to the State, the scale and timing yet to be decided.

Other Health Related Budget Announcements (December 2009)

Pensions: The Government announced its intention to introduce in 2010 a new pension scheme for new entrants to the public service whereby pensions will be based on average earnings over a career rather than salary at retirement. This will disadvantage those public servants, such as doctors, who spend significant portions of their careers in training.

HSE Economies €106 million: While the Minister states the economies are in non-pay expenditure – procurement, transport, insurance etc., it is unclear how these savings will be made and what essential services procured via outsourcing are to be cut. Additionally, given the debacle between the Department of Health and the HSE earlier this year over deficits the IMO has no confidence in the ability of the HSE to accurately define and address budget shortfalls.

Reduction in Drug Costs €141 million: The IMO does not agree with the Minister's proposals in relation to reduction of drug costs or her plans for generic substitution. The IMO has put forward an alternative plan to save up to €300million on the State's annual pharmaceutical bill through:

- Tackling the cost of generics
- The introduction of a system of reference pricing
- The establishment of an expert Group to oversee the achievement of economies through generic prescribing and other measures
- Initiatives to support GPs and hospital doctors with generic prescribing

The IMO, as members of the Public Service Committee of the Irish Congress of Trade Unions are involved in the discussions on a joint union approach to the pay cuts. Additionally we intend, on behalf of our members, to pursue outstanding payments under national wage agreements and payments due under new contract arrangements. We continue to monitor and highlight the effect of proposed HSE economies of €106 million, on behalf of our members and patients. The effects of health cuts and details of all these activities are contained within this Annual Report.

Moratorium on Recruitment

The Government took a decision in relation to the Implementation of Savings Measures on

Profession-wide Issues

Pubic Service Numbers and Employment Control Framework 2009 that, with effect from 27th March 2009 to end 2010, no post in the public sector, however arising, may be filled by recruitment, promotion, nor payment of an acting up allowance for the performance of duties at a higher grade.

The IMO along with the other Staff Panel Unions met with representatives of the HSE, on Wednesday 8th April 2009 to discuss the moratorium and to request further details on its application in the health service. Discussions are ongoing between the Staff Panel and the HSE on the issuing of a revised Circular by the HSE which would allow some flexibility to deal with particular circumstances. Throughout the year requests have been made in certain instances to lift the moratorium particularly where members have expressed the view that patient safety may be an issue. Common sense did prevail in some instances at a local level and small inroads were made. However the policy of removing two NCHD's for every consultant appointment is a specific example of where service and patient safety is being compromised. Such instances are being challenged by IMO.

HSE Proposals on Redeployment of Staff

In 2009 the HSE sought co-operation with its policy of redeployment of staff within the Health Sector. The HSE has outlined that the reconfiguration of land or rationalisation of services, introduction of varied service improvement initiatives and the cost efficient deployment of resources, will all require the redeployment of staff to meet service requirements. The HSE will require maximum cooperation from employees to redeployment requests having regard to an employee's professional level of competence.

The HSE committed to a process of consultation with employees and their representatives regarding proposed redeployments. A meeting took place between the Health Service Trade Unions and the HSE to discuss a draft HSE Protocol on the Redeployment of Staff on the 11th September 2009. The Health Service Trade Unions are seeking a voluntary redeployment scheme while the HSE are seeking a compulsory scheme. In the event of the parties being unable to reach agreement, the HSE are seeking that the matter be referred to the Labour Relations Commission and the Labour Court. To date no agreement has been reached on this matter.

HSE Cost Containment Measures

The Health Service Unions were invited to a meeting by the HSE on 20th January 2009 and to discuss HSE proposals in relation to cost containment measures including pay reductions and a critical review of all allowances payable to all HSE employees. The HSE issued a circular to give affect to their proposals without reaching agreement with the Health Service Unions. The IMO made its position clear that it will not support any proposals which effectively grants discretionary powers to the HSE or bypasses the existing industrial relations machinery of the HSE. When the HSE attempted to introduce cuts to NCHD salaries and allowances the IMO took immediate action to defend members against unilateral action and this is detailed within the NCHD section of this Annual Report.

Medical Council Issues

The Minister for Health & Children gave effect to the establishment of a new register under the Medical Practitioners Act 2007. With effect from 16th March 2009 the General Register of Medical Practitioners and the Register of Medical Specialists was replaced by the Register of Medical Practitioners compromising of four divisions:

1. *Trainee Specialist Division*
   - Internship Registration is specifically for medical practitioners who practice in individually numbered, identifiable postgraduate training posts, so that they may complete their internship training in Ireland and be awarded a Certificate of Experience.
   - Trainee Specialist Registration is specifically for medical practitioners who practice in individually numbered, identifiable postgraduate training posts, so that they may complete all or part of their medical specialist training in Ireland and be awarded a Higher/Specialist qualification.

2. Specialist Division

Specialist registration is specifically for medical practitioners who have completed specialist training recognised by the Medical Council and can practice independently as a specialist.

3. General Division

General registration is specifically for medical practitioners who have not completed their specialist training and do not occupy an individually numbered, identifiable postgraduate training post. Medical practitioners in the General Division must not falsely represent themselves as being a specialist or a trainee specialist.

4. Visiting EEA Practitioner Division

Visiting EEA registration is only available to eligible EU/EEA/Swiss citizens who are established (hold "full registration" or equivalent) in another EU/EEA member state or in Switzerland and wish to practice medicine in Ireland on a temporary or occasional basis.

In November 2009 the IMO met with the Medical Council to discuss a number of issues arising from the implementation of the Medical Practitioners Act 2007. The IMO raised a number of issues as detailed below:

Practical Difficulties with registration

Practical difficulties were acknowledged by the Council who said they had some "settling in" issues when they had to migrate and categorise 19,500 doctors to their new data base. They hope to establish a data base of all public jobs to link with their registered members which will make applying for registration easier. It is expected they will be able to deal with on line applications in 2010.

Profession-wide Issues

The Council clarified that when a training post expires a practitioner returns to the general register. Posts that exist by virtue of a contract of indefinite duration are registered as general medical posts although a post holder can make a case for specialisation, particularly with the support of their training body.

Acting Up

The Medical Council reiterated that it is not possible for practitioners on the Trainee Specialist Division of the Register to work outside of their post for example by working with sports team and concerts etc. The exception are those in training posts who are expected to do some acting up or provide cross cover as part of their post. The Act does not provide for 'private locum cover'. The issue of cross cover is dealt with by the training bodies. They also pointed out that doctors doing private work outside of their main post are not covered by insurance / indemnity arrangements and would need to ensure they put insurance/ indemnity in place.

Medical Council Registration Numbers

The requirement under the Medical Practitioners Act 2007 that all doctors use their number on all correspondence / prescriptions is a matter that the Council continue to publicise further.

Competence Assurance Programme

This is provided for in Section 11 of the Act and has not yet been activated. The Medical Council has established a Professional Competence Steering Committee which has nearly finalised the principles that will apply but have yet to work out all of the smaller details of how it will work. They have completed the work on the competencies and what will apply to each of the specialities. They have also worked out what principles will apply to the different groups who will be seeking recognition. The Medical Council agreed to engage with the IMO over the coming year on the details of the Competence Assurance Programme to be put in place.

Maintaining Competence in Community Medicine

The IMO raised the issue of maintaining competence in Community Medicine and the role of an appropriate Faculty/ Medical Council in this regard. Community Health Doctors are seeking to establish a Faculty of Community Medicine under the RCII and an application for recognition of the Speciality has been made to the Medical Council. The Medical Council confirmed that Community Medicine is on the list of Faculties seeking recognition to be considered by the Professional Development Committee. The Professional Development Committee is seeking to agree recognition criteria.

SMOs in Public Health who are not members of Public Health

The Medical Council undertook to seek a solution to this matter with the training bodies.

Publication of Doctors home address on Medical Council Website

The Council agreed that home address details should be taken off their website although they did point out that a person could write to them looking for address details and they would have to provide them.

IMO Representation on National Bodies

The IMO continued to actively represent members on National Bodies throughout 2009

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

Consultants

Dr Trevor Duffy, Chairperson

Consultants Committee 2009/2010

Committee Members April 2009 – April 2010

Regional Representatives

Dublin/North East
Dr Trevor Duffy
Dr Pat Manning
Dr Tariq Siddique

Dublin Mid/Leinster
Dr Ronan Collins
Prof Seán Tierney (Vice President)

South
Dr Colm McGurk
Dr Chris Luke
Dr Neil Brennan

West
Mr Hugh Bredin
Dr Christine O'Malley
Dr Finbarr Condon
Dr Seamus Healy

Speciality Representatives

General Medicine
Dr J Bernard Walsh

Obstetrics/Gynaecology
Dr John R J Higgins

Anaesthetics
Dr Tony Healy

Psychiatry
Dr Kate Ganter

Surgery
Mr Mark Rafferty

Radiology
Dr John Morris

Pathology
Dr Clive Kilgallen

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Consultants

Consultant Contract 2008

The full implementation of the Common Contract continued to be the main issue with the HSE and the Department of Health and Children. Achieving payment of the appropriate rate agreed in the contract was an ongoing challenge. There were also issues in the implementation of the contract.

The talks were attended on behalf of the IMO by Dr Trevor Duffy, Prof Seán Tierney as well as the Organisations Director of Industrial Relations.

Payment of agreed rates

Securing payment agreed under the contract was an ongoing issue of concern. The salary increase due on 1 June 2008 was not paid. The IMO sought payment from the HSE.

The IMO received the following response from Mr Sean McGrath, National Director of Human Resources, HSE on 08 April 2009:

> *"That the HSE is fully committed to the implementation of Consultant Contract 2008 and associated payments. Nevertheless while the HSE has been informed that retrospective payment at the new salary rates will apply from 1st January 2009, the HSE has not yet received formal sanction from the Minister or Department of Health and Children to make such payments".*

At a meeting with Mr Sean McGrath, HR Director, HSE the IMO pointed out that, as signatories to the Contract, the HSE are contractually and legally obligated to honour the Contract rather than making constant reference to sanctioning from the Department. The IMO also advised that full implementation of the Contract was to lead to the required equity for Consultants (irrespective of HSE area) which is integral to the new Contract and appropriate differentiation, in terms of salary, between the different categories of Consultants which is also integral to the new Contract.

The IMO's legal advisors wrote to the HSE stating that the,

> *"withholding of salary is unlawful and represents a breach of contract.... In the circumstances it appears there is no justifiable reason for the failure to pay our clients their contractual entitlements pursuant to their Contract since such Contracts were signed. We now call upon you to confirm that all arrears are paid forthwith and our clients' full rates of pay pursuant to the 2008 Consultants Common Contract are implemented immediately".*

A response was received from Mr Sean McGrath, National Director of Human Resources, HSE dated 16 April 2009 outlining that,

> *"It is understood from the Department of Health and Children that Ministerial sanction for salary increases in relation to the Consultant Contract 2008 will be given over the coming week"*

Meeting with the Minister for Health & Children

A delegation from the IMO met with the Minister for Health & Children and a number of her advisers on Wednesday, 08 April 2009 in Government Buildings.

On the matter of the payments to be made in accordance with Section 23 of Consultant contract 2008 The Minister confirmed that she would sanction payment from 01 January 2009 but would also factor in any retirees who would be negatively affected in this regard.

The IMO stated that the Minister's reference to a 01 January 2009 payment date was in breach of the Contract. In response the Minister advised that she had not been satisfied that implementation was progressing ahead of this date and made reference to the delay in appointing Clinical Director's, yet acknowledging that this was not the IMO's fault.

The IMO described this as an affront to Consultants who were honouring the Contract and provided examples whereby Consultants had been honouring the contract fully since taking it up. The IMO also made reference to those Consultants who were at a significant loss by their honouring the Contract and relinquishing their private patient lists.

The Minister responded positively to these examples and said she was very encouraged by what she had heard.

The IMO also made mention of the fact that the Public Private Mix Measurement Committee intend issuing calculations with effect from 01 September 2008.

The Minister said she would consider the IMO's strong request that the Minister not go down the road of suggesting that Consultants were not honouring the Contract which leads to a highly adversarial relationship when it is obvious that Consultants were fully honouring their terms, but rather meet and speak with the Organisation with a view to obtaining the best outcome to the current situation while being cognisant of the financial situation that the country is in.

On the matter of Contract Implementation Group, the Minister acknowledged the need for this Group to proceed and that the Chair required to be filled as Mr Mark Connaughton, S.C. was stepping down. The IMO advised that the issue of a replacement for Mr Connaughton had been discussed between the IMO and the IHCA and that proposals would be submitted to the Minister.

Implementation of the payments approved from 1 January 2009

Following the issuing of the Circular providing for payment of the increases with effect from 1 January 2009 the IMO addressed a number of related issues. In many cases consultants were not properly paid as set out in the circular.

The IMO wrote to Liam Woods, National Director of Finance, HSE, regarding Circular 06/2009 asking for the implementation of the payment and to have it issued to all employers.

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The IMO issued a questionnaire to all Consultant members seeking confirmation if they received payment of the new Consultant Contract rates and if they received pay backdated to 01 January 2009. Out of the responses received 52% were in receipt of the new Consultant Contract rates while 48% were not. With regard to receipt of the salary arrears to 1 January 2009, 38% of respondents had received the arrears while 62% had not.

The IMO followed this survey with a letter to all Hospital CEOs/Managers notifying them that the payment had been made by the department and asking that all outstanding payments relating to outstanding payments be made immediately.

Payment due on 1 June 2009

The IMO asked when the 01 June 2009 payment to Consultants would be made. The HSE responded that they had not received any sanction from the Department in regard to same.

As the final salary payment phase, with effect from 01 June 2009, is due to Consultants who opted for Consultant Contract 2008, the IMO wrote to the Minister for Health and Children seeking confirmation that the final payment will be made without delay.

The IMO had ongoing correspondence with Mr Michael Scanlan, Secretary General, Department of Health and Children regarding Circular 06/2009 (Revised Salary Scales for Medical Consultants) and the fact that full payment of the contract agreed rates were outstanding

The IMO reminded Mr Scanlan:

- Consultants who have signed up to Consultant Contract 2008 (including New Entrants; Clinical Directors; and Consultants who signed up to Consultant Contract 2008, and who subsequently retired prior to January 2009); were entitled to be paid and failure to meet it only lead to further anger and frustration, would be highly adversarial and disingenuous and lead ultimately into forums which can be avoided.
- Consultants continuing on their existing contracts and Retired Consultants were due a 5% increase to be applied with effect from 14 September 2007, in accordance with the timelines set out by the Review Body on Higher Remuneration recommendations and emails from HSE Employers Agency
- Receive payments for Weekend Working
- Increased payments for Continuing Medical Education (CME).

The Department of Health and Children position as set out by Mr Michael Scanlan, Secretary General in correspondence may be summarised as follows:

- The Minister does not accept the IMO assertion that her approval for the application of the salary rates with effect from 1 January 2009 is in contravention of Section 23 of the Consultants Contract 2008 nor any other document
- The revised salary terms were premised on an assumption that Consultants would be performing their duties in the context of a fully implemented clinical directorate model
- There have been serious issues in relation to the implementation of the new contract arrangements, particularly in the period up to the end of 2008
- In early 2009 the HSE carried out a verification exercise which indicated that the majority of Consultants who signed the new contract were now demonstrably engaged in the implementation of new work practices
- In light of these findings the Minister sanctioned payment of salary increase with effect from 1 January 2009 including payments for weekend working, clinical director, CME allowances, pensions of retired consultants
- Clinical Director allowance of €50,000 is pensionable and HSE has been advised accordingly
- Sanction was also given to revised payments for retired consultants and those remaining on existing contracts with effect from the same date
- The decision to cap the increase recommended by the Review Body on Higher Remuneration at 5% arises from a Government decision of July 2008 which also applies to Ministerial and Parliamentary office-holders and other senior public servants
- There is no funding available to make retrospective payments for the periods prior to 1 January 2009, even if such payments were deemed to be warranted or appropriate
- Overall potential cost to health sector of increases resulting from the new contract including retrospective salary increases was estimated at €72 million
- The Minister has indicated that she was not prepared to use taxpayers money to fund significant salary increases for medical consultants until such time as she was satisfied that they were delivering reformed work practices and emphasised the impact of the serious state of the public finances
- €68 million of the funding provided in a supplementary estimate for the new contract in 2008 was surrendered to the Exchequer and is not available in 2009
- The Minister is committed to the implementation of Consultant Contract 2008 which is a central element of the Government's health reform programme
- Any future payments in relation to the new contract over and above those already sanctioned with effect from 1 January 2009 will have to be considered in the context of policy in relation to public finances, available funding for the health sector and the provision of essential health services
- The Minister has indicated that she is sympathetic to the position of Consultants who signed up to the Type A contract and had given up private practice rights and has asked the HSE

Consultants

to put in place a process of engagement with the two medical representative organisations with a view to giving consideration to the position of these consultants.

Implementation of Consultant Contract 2008 – IMO / HSE and DoH&C Forum

The IMO obtained agreement with the HSE to establish a forum, in the absence of progress on the filling of the position of Chairman, Contract Implementation Group, to progress all outstanding matters pertaining to Consultants. However it was subsequently decided that no such forum would be established. It was agreed that instead one further meeting of the Contract Implementation Group would be held under the Chairmanship of Mark Connaughton SC.

The IMO agreed to put together a formal agenda so as this process could commence without delay. The meeting took place on 7 December 2009. The agenda of the meeting was :

- Full honouring of Section 23 of Consultant Contract 2008, Salary and Other Payments.
  - Payments due pre 01 January 2009
  - Payments due from 01 January 2009 in accordance with Circular 06/2009
  - Payments due with effect from 01 June 2009
- Consultants continuing on their existing contracts and Retired Consultants.
  - The 7.3% increase due to Consultants continuing on their existing contracts and Retired Consultants, applicable with effect from 14 September 2007
- Payment of premium payments for weekend working which were to apply from uptake of the Contract.
- The application of CME allowance 'with effect from the 1st June 2008'.
- Consultants in Emergency Medicine – Unabated salary and back pay for the period June to December 2008.
- Academic Consultant Contracts.
- The contention of the HSE that treatment provided by Consultants in private rooms in hospitals outside of the standard 37 hours comes within the 80:20 mix.
- The difficulty about split site appointments and that the 80:20 mix should be aggregated between sites.
- The position regarding the treatment of private patients by Type A Contract Consultants
- The appointment of an independent Chair to the contract implementation group

Salary for Consultants Retaining their Contract/Pensions for Retired Consultants

The failure to pay only 5% of the full increase from 1 January 2009 to Consultants who retained their contracts and Consultants who retired is unacceptable and was raised by the IMO. The delayed payment of revised rates of pay and the failure to pay back payments was also raised by the IMO.

The Consultant Appointment Advisory Committee (CAAC)

The Consultant Appointment Advisory Committee (CAAC) was established by the HSE to provide independent and objective advice to the HSE on applications for medical Consultants and qualifications for Consultant posts.

The CAAC provides a significant opportunity for Consultants to contribute their expertise and professional knowledge to the decision-making process for the development of Consultant services throughout the country.

The IMO nominated Dr Trevor Duffy and Mr Mark Rafferty as representatives to this committee.

Category C Committee

The HSE has also sought nominations to the Category C Committee which advises on how Type C posts are established. Dr Trevor Duffy and Mr Mark Rafferty have been nominated as the IMO representative to this committee.

Public/Private measurement committee

The IMO is represented by Dr Trevor Duffy and Dr Seamus Healy at this group. The organisation continues to insist that the practice of consultants on the 2008 contract is treated equitably and fairly. Several issues have arisen including the HSE insistence that outpatient activity occurs outside of the 37 hour week, that activity be streamed both by type (inpatient/daycare/outpatient) and site. We have contested these issues and referred them to the contract implementation group. We continue to advise individual members to scrutinise their reported figures and contest any irregularity.

Consultants in Emergency Medicine

The IMO brought to the attention of the Department of Health & Children the fact that Consultants in Emergency Medicine were to be classified with Psychiatrists, Geriatricians and Consultants in Palliative Care as per the arbitration report of Mr Tom Mallon, B.L. dated 30 July 2008. The IMO requested that this be reflected in the new Contract salary scales (i.e. A1 - Salary Scales for serving Consultants who have opted for the new Type A Contract; A2 - Salary Scales for serving Consultants who have opted for the new Type B Contract; A3 - Salary Scales for serving Consultants who have opted for the new Type B* Contract) in addition to the tables for Consultants who retained the 1997 Contract (Table F1).

The Department responded advising:

> *The Revised Salary Scales for Medical Consultants have been amended to reflect the Mallon Arbitration on Consultants in Emergency Medicine. In this regard Tables A1, A2, A3 and F1 have been amended.*

The IMO has taken the issue of the balance of monies due in accordance with the Arbitrator's award with hospitals.

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The IMO stated to the hospitals:

> *"At this juncture, almost two months later, most hospitals have honored this instruction and paid the (15%) balance of monies to Consultants in Emergency Medicine (including call out allowances, payments in lieu of rest days etc) and placed Consultants in Emergency Medicine on the unabated salary of the 1997 Consultant Common Contract, in accordance with the Arbitrator's decision.*
>
> *Unfortunately, [Consultants in Emergency Medicine] have not yet received any such monies and increases as is their entitlement and are, therefore, on terms and conditions which are lesser than those of their colleagues in other hospitals. This is an unacceptable situation which must be addressed immediately notwithstanding the length of time that it has taken for the hospital to honor fully the Arbitrator's award and subsequent HSE instruction".*

Clinical Director (2008) Relationship / Requests for Work Schedules

The IMO reminded 1997 Consultant Contract holders that they do not have a reporting relationship with the new (Consultant Contract 2008) Clinical Director role.

In addition, the IMO has advised that Consultants who chose to remain on the 1997 Common Consultant Contract have no new obligations as a result of the 2008 Consultant Contract; their work commitments, based on sessional work, continue as they were.

They, therefore, have no obligations to provide new or updated work schedules and are not required to amend schedules to reflect 'specific work duties... ... giving a daily start and finish time'. They continue to work on a sessional basis as referred to above and as described within their Contract.

Education Posts

The IMO requested clear and unambiguous confirmation that the Department of Education and Science / Higher Education Authority intend fully honouring Section 23 of Consultant Contract 2008, Salary and Other Payments as anything to the contrary would be highly adversarial and disingenuous and lead ultimately into forums which can be avoided.

The IMO referred to the fact that the 5% increase due to Consultants continuing on their existing contracts and Retired Consultants was to be applied with effect from 14 September 2007, in accordance with the timelines set out by the Review Body on Higher Remuneration recommendations. The IMO requested clear and unambiguous confirmation that the Department of Education and Science / Higher Education Authority intend fully honouring this part of the agreement.

- Payments for Weekend Working.
- Continuing Medical Education (CME).

Implications of pension legislation and training abroad

At the meeting between the IMO and the Minister for Health & Children of 08 April 2009 the implications of the 2004 pension legislation for Doctors who travelled abroad for training purposes before returning to take up Consultant positions was discussed.

The IMO reminded the Minister that she had discussed this matter with the IMO at the 2008 AGM in Killarney and advised in her letter of 19 May 2008, to the IMO, that she was "sympathetic to the position of those doctors who went abroad to gain experience and who were affected by the changes in the public pensions law in 2004".

At the meeting, the IMO gave clear examples of how this legislation affected such doctors. The IMO advised the Minister that such doctors face a potential reduction of 12% in the value of their pension entitlements outlining the numbers of those affected (120 - 150) and referred to figures provided to the IMO by officials in the Department of the Environment that suggest that the cost would be well short of applying the maximum available 10 professional added years.

The Minister advised that she was keen to do something with respect to this matter; that she would liaise with the Department of Finance and revert to the Organisation as soon as possible.

Response from Minister for Health & Children regarding IMO letter re Pension Legislation Implications for Doctors who Travel Abroad

The IMO wrote to Minister for Health and Children on 30th June 2009 regarding two outstanding issues:

1. 01 June 2009 Payment, Consultant Contract 2008

   and,

2. Implications of pension legislation for Doctors who travel abroad for training purposes before returning to take up Consultant positions

The IMO received a response from Minister Harney dated 27th July 2009 with regard to the pension issue. Minister Harney's response may be summarised as follows:

- Further to the meeting with the IMO in April officials from the Department of Health have been in contract with the Department of Finance in respect of the pension issue
- This issue originally arose in the context of the Public Service Superannuation (Miscellaneous Provisions) Act 2004 and the passage of the Bill through the Dail when the new entrant provision of a minimum retirement age of 65 years was introduced
- In the period between the Budget announcement and enactment of the Act intensive talks were held between representatives of the unions and management where it was decided that returning employees would be exempted from categorisation as a new entrant in cases where a contract of employment existed, or where the gap in employment

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was less than 26 weeks-this allowed for those on career breaks, special leave, secondments etc to be exempted from categorisation as a new entrant

- Following the passing of the 2004 Act further discussions were held with the Unions during which the IMO raised the 'new entrant' issue
- The issue has been the subject of considerable discussion particularly in the context of the Consultant Contract negotiations
- Further to recent contacts, it remains the Departments view that 'new entrant' status is a legal matter and not one that is subject to negotiation as any concession would create grievances and inequities and would likely lead to demands from other groups
- The Department of Finance indicated that on 10th May 2004 the IMO was part of the staff side who signed the agreement that guaranteed the continuation of professional added years until 2015 (despite the Commission on Public Service Pensions recommendation to abolish them). This was agreed to on the basis that other concerns raised by the Staff Side were waived
- In the circumstances, the Minister regrets that she is unable to be of assistance

The IMO is going to pursue this matter with the Department of Health and Children. We are looking at a retrospective application of the career break scheme agreed for Specialist Registrars on an ad hoc basis.

The Medical Council Consultation Process

The IMO has held discussions with the Medical Council on a number of issues of common interest in the discharge of their function.

Professional Competence Schemes

The IMO received correspondence from the Medical Council regarding the development of professional competence schemes for medical practitioners. As part of the preparatory work in developing these schemes the Council is intending to pilot a multi-source feedback study (360 degree) involving hospital-based consultants.

The Medical Council will implement these schemes with in co operation with the colleges and other educational bodies. They have already set out the competences covered by the scheme and the principles that will apply in their operation. They have agreed with the IMO that it would work closely on the introduction of the competence scheme.

Consultant Post Competitions and The Register of Medical Specialists

The IMO has been actively seeking to have issues regarding the eligibility of Specialist or Senior Registrars to apply for Consultant posts, with respect to their membership of the specialist division of the Register of Medical Specialists maintained by the Medical Council, addressed.

At the meeting with the HSE on 02 June 2009, the HSE advised on the following points, which they forwarded to the IMO, following discussions between the CAU, the National Recruitment Service and the PAS regarding eligibility to compete for Consultant posts.

1. **Situation prior to March 2008**

   Prior to March 2008, the qualifications specified for Consultant posts provided that appointees may have a number of years 'satisfactory training and experience'. At that time, it was common practice for Specialist or Senior Registrars to participate in competitions for Consultant posts on the basis that they would acquire the full qualifications specified for the post within the short to medium term.

2. **Revised qualifications affected eligibility for participation in competitions for Consultant posts**

   On 31st March 2008 the HSE specified revised qualifications for Consultant posts. These required the appointee to be on or eligible to be on the relevant specialist division of the Register of Medical Specialists maintained by the Medical Council.

   Subsequently, arising from discussions between the HSE and the PAS, eligibility for competitions for Consultant posts was confined to those individuals who had established that they were on or were eligible to on the relevant specialist division by the closing date for receipt of applications for the post.

3. **Introduction of new register and revised qualifications for Consultant posts**

   With effect from March 16th 2009 and arising from the introduction of a new register by the Medical Council on foot of the Medical Practitioners Act 2007, the HSE revised the qualifications specified for Consultant posts to require that the appointee be registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland (this will vary between posts in different specialties and sub-specialties).

4. **Introduction of revised eligibility criteria**

   Taking the above into account and in order to ensure that competitions for Consultant posts are not overly restrictive revised eligibility criteria have been agreed following discussions between the HSE, PAS, Forum of Irish Postgraduate Medical Training Bodies and the Medical Council.

   From 28th May 2009, a fifth paragraph will be inserted in letters of approval issued by the CAU under the heading 'The following qualifications will apply to this appointment'. The paragraph will follow those relating to '1. Professional Qualifications'; '2. Age'; '3. Health'; and '4. Character'. It will be entitled '5. Entry to competition / recruitment process' and will state the following:

   "For the purposes of eligibility for entry to any competition or recruitment process

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associated with this post, applicants currently in employment as Senior or Specialist Registrars in HSE or HSE-funded agencies may participate in the competition on the basis that, on the latest date for receipt of applications, they are within 6 months (26 weeks) of certification of completion of specialist training and that evidence for same is provided from the relevant recognised postgraduate medical training body in writing."

This will mean that while doctors must have the full qualification in order to take up duty as a Consultant in a HSE or HSE-funded agency, they may participate in the competition for that post on the basis that they are certified by a recognised postgraduate medical training body as being within a number of months of certification of completion of specialist training.

The paragraph will also be used in documentation supplied by the PAS in relation to consultant posts.

VHI Schedule of Benefits

The IMO was in correspondence with VHI dealing with the concerns of a number of Consultant members regarding VHI plans to bring in new but very restrictive guidelines for all Medical admissions which, if implemented, would seriously curtail these admissions to hospitals especially private hospitals and have major repercussions for patients in general.

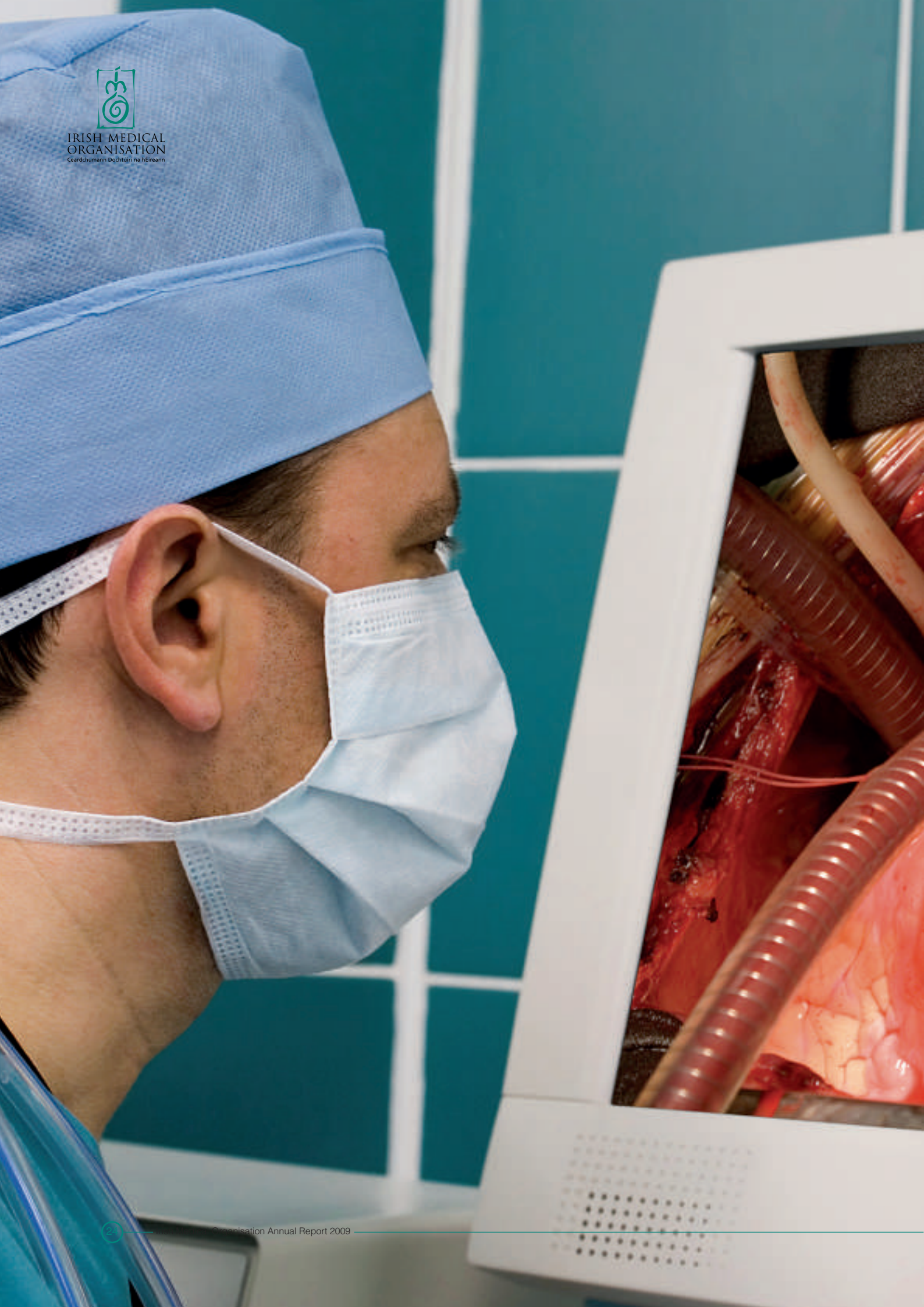
The IMO met with the VHI and discussed a number of issues of concern including the introduction of new treatments. VHI confirmed they regularly increase the number of new treatments that they cover. They consider new treatments that are well established and have demonstrated benefits and are acceptable to the Specialist bodies.

Issues relating to the processing of claims was also discussed and the problems some Consultants had with verification of treatments with patients.

Representation on Individual Consultant Issues

Representing individual Consultants continues to be an important activity in resolving disputes which arise in the workplace and providing representation at meetings with management

- Resolving claims of indefinite duration under the Protection of Employees (Fixed Term Work) Act 2003
- Interpersonal difficulties
- Superannuation entitlements
- Lack of appropriate resources
- Cases under the Grievance and Disputes Procedure/ Mediation Process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Non-Consultant Hospital Doctors

NCHD Committee 2009/2010

Dr Matthew Sadlier, Chairperson

Committee Members: April 2009 – April 2010

Regional Representatives

Dublin/North East
Dr Mick Molloy

Dublin/Mid Leinster
Dr Muhammed Razi Shaikh
Dr Remi Mohamed

South
Dr Ronan O'Leary

West
Dr Kishan Browne
Dr David Flanagan

Speciality Representatives

Anaesthetics
Dr Jason van der Velde
Dr Jan Steiner

Psychiatry
Dr Dela Osthoff
Dr Matthew Sadlier

General Practice
Dr John Morris (President)
Dr Ruairí Hanley (Resigned Nov 2009)

Obstetrics/Gynaecology
Dr Iftikhar Ahmad Sohail

Co-opted
Dr Kishan Browne

Radiology
Dr Aisling Snow

Gastroenterology
Dr Anthony O'Connor

Emergency Medicine
Dr Mick Molloy

Paediatrics
Dr Nalini Somaiah

General Medicine
Dr Maitiu Ó Faolain

Co-opted
Dr Mark Murphy
Dr Aisling Brown
Dr Toby Gilbert
Dr Elizabeth Barrett

Area/Speciality Unknown
Dr Frank Conroy
Dr Elizabeth Barrett
Dr Maitiu Ó Faolain
Dr Toby Gilber
Dr Mark Murphy
Dr Aisling Brown
Dr Ronan O'Leary

IRISH MEDICAL ORGANISATION
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Non-Consultant Hospital Doctors

IMO President, Dr John Morris overlooks NCHD Ballot count in IMO

NCHD Contract/HSE Cutbacks

As indicated by the HSE in November 2008, NCHDs were a primary target for HSE cutbacks throughout 2009. Discussions between the IMO and the HSE on proposed cutbacks, totaling approximately 169 million euro as set out below, commenced in January 2009 under the auspices of the Labour Relations Commission with the IMO clearly setting out its position that the cutbacks would be an inequitable, unreasonable and therefore unacceptable targeting of NCHDs who are often the most vulnerable with regard to budgetary cutbacks.

- Removal of NCHD paid meal breaks
- Ceasing of NCHD Living Out Allowance
- Elimination of NCHD Training Grant
  54 million euro cost to NCHDs

- Reduction of 50% in Overtime payments
- Reduction of 25% in On-call Payments
  65 million euro cost to NCHDs

- Reduction of Layers of On-Call per Speciality
  50 million euro cost to NCHDs

Pending the outcome of the talks on the proposed cutbacks, the IMO sought assurances from the HSE that no unilateral changes would be introduced to NCHDs contractual terms in the absence of agreement with the IMO. Mr Sean McGrath, National Director of Human Resources, HSE confirmed in writing to the IMO that no advice had issued to local employers regarding changes to NCHD contractual arrangements and that the HSE would consult with the IMO in advance of cost containment measures being actioned. A series of regional cutback information meetings for NCHDs were held in Dublin, Cork, Galway and the Midlands along with hospital meetings in Waterford, Naas, Limerick, Wexford, Mayo, Kerry, Kilkenny, Cavan, Letterkenny and Sligo across February and March to ensure all members were fully informed of the threats to their terms and conditions of employment. Over 800 NCHDs attended the Dublin meeting held in the RDS, an historical event in the history of both the IMO and the wider medical profession.

The IMO's Strategy for dealing with the NCHD HSE cutbacks dispute was twofold with both industrial relations and legal elements. A ballot of NCHD members was conducted in February during which NCHDs voted overwhelmingly in favour of industrial action should talks between the IMO and the HSE/Department of Health and Children under the auspices of the Labour Relations Commission fail to reach agreement. Of the returned ballots 99% voted in favour of industrial action, up to and including all-out industrial action.

The HSE walked out of the talks by unilaterally implementing a number of cuts on Wednesday 11th March 2009 by issuing a memo instructing hospitals to cease payment of the training grant, living out allowance and paid lunch break. As a result of this unilateral action by the HSE a High Court case for breach of contract was brought by a number of named NCHDs and the IMO against the HSE and a hearing date was scheduled for 28th April 2009. The HSE agreed to a 7 day stay on the cuts which they gave an undertaking to the Court to adhere to. At a preliminary hearing on Friday 27th March 2009, Counsel for the IMO highlighted to the Court instances of the HSE's non-compliance with their undertaking to the Court that a previously agreed 7 day stay would be put on all cuts. As a result, the HSE issued a memo on Friday 27th March confirming that no cuts would be implemented pending the hearing date and instructing all hospitals to immediately process payments as follows:

- Process and pay the Training Grant ensure that outstanding claims are processed and paid as appropriate.
- Pay the Living Out Allowance and ensure that where NCHDs were deducted payment of the Living Out Allowance on the basis of previous communications that such deductions are redressed.

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An IMO NCHD information meeting on the EWTD was attended by 800 members

- Cease any deduction from NCHD income related to implementation of lunch breaks.
- The Employer must not refuse to sign timesheets on the basis that they do not include a lunch break and must ensure that where NCHDs were deducted payment for lunch breaks on the basis of previous communications that such deductions are now redressed.

A National NCHD meeting was held by the IMO on Sunday 29th March 2009 in the Burlington Hotel to update NCHDs on the IMO strategy for dealing with the current dispute regarding HSE NCHD cutbacks. On the day of the scheduled High Court Hearing, Tuesday 28th April 2009 on foot of negotiations between both parties' legal teams in the High Court the IMO successfully negotiated a settlement with the HSE with regard to the proposed NCHD cutbacks. The Settlement Agreement may be summarised as follows:

1. **All existing NCHD terms and conditions of employment to be honoured and remunerated in full by the HSE with immediate effect** and, until 31 December 2009, no unilateral alterations to the current NCHD contract and established work practices to be implemented without agreement.
2. **Reductions in NCHD working hours to be sought** via intense negotiations on the introduction of Working Time Act. EWTD compliant rosters, rotas and work practices to be completed by 1 July 2009 under the auspices of the Labour Relations Commission.
3. **A new NCHD contract of employment to be negotiated and agreed** by 31 December 2009 under the auspices of the Labour Relations Commission; negotiations to be solely focused on a new contract and not on NCHD budget cuts.
4. **A ballot of IMO NCHD members to be conducted on any new agreements** arising from points 2 and 3 above in order to ratify them.
5. **All grades of NCHDs to be treated equally with regard to EWTD compliance** e.g. working time compliance to be applied in the same manner to all NCHDs with no singling out of Interns.

The operation of this Agreement was overseen by the National Implementation Body, a top-level social partnership group comprised of senior government, employer and union representatives. A series of 8 regional meetings were held in May 2009 to inform NCHD of the terms of the Settlement Agreement.

Under Phase 1 of the Settlement Agreement, negotiations on the working time aspects of the NCHD contract commenced in the LRC on Tuesday 12th May 2009. The parties failed to reach agreement by the deadline of 24th May and the outstanding issues were referred to the Labour Court as follows:

- Length of core working day
- 5/5 (IMO position) versus 5/7 (HSE position) working week
- Minimum length of shift
- Maximum number of rostered weekends
- Proportion of working hours to be delivered Monday to Friday

The IMO attempted to have the consequential issues of compensation for loss of earnings, increase in base salary and introduction of

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unsocial hours payments addressed but the Court ruled that these issues could only be dealt with as part of the second phase of negotiations provided for in the High Court Settlement. The Labour Court issued its Recommendation on Tuesday 16th June 2009 as follows:

- Length of core working day
  8am to 9pm Monday to Friday, 8am to 7pm Saturday and Sunday
- 5/7 working week
- Minimum length of shift
  6 hours Monday to Friday, 5 hours weekends
- Maximum number of rostered weekends
  Relying on HSE assurance that every effort would be made to limit number of weekends

This Recommendation, along with the other issues that were agreed between the parties during the LRC negotiations were put to a ballot of NCHD members to be returned by 25th June 2009.

The NCHD Committee considered the potential consequences of the possible ballot outcomes, and decided, based on these consequences, to recommend that NCHDs vote in favour of the ballot for the following primary reasons:

1. If the vote is passed the HSE would have to implement changes as per the Labour Court and agreed principles of rostering If the ballot is not passed the HSE would be free to implement whatever working hours and rosters they so wish.
2. If the vote is passed the IMO would have significant control over the roll out of the new working arrangements including regarding drafting of rotas and the protection of patient and doctor safety and doctor training therein

The ballot was returned on Thursday 25th June 2009 with 86% of NCHDs voting in favour of accepting the new working arrangements. As a result, the Labour Court Recommendation and Principles of Rostering became binding on both the IMO and the HSE.

Under Phase 2 of the High Court Settlement Agreement, negotiations between the IMO and the HSE under the auspices of the Labour Relations Commission were held on 28th September, 2nd October and 12th October 2009. A number of sections of the new NCHD contract were agreed. All outstanding issues, including the substantive pay issues were referred to the Labour Court for adjudication in a hearing to take place before the 20th November 2009. The timelines for the second phase negotiations were as follows:

- Negotiations must conclude on or before 16th October
- Adjudication must conclude on or before 20th November
- Ballot must conclude on or before 11 December

As the Labour Court were unable, due to prior commitments, to hear the case by the 20th November the IMO sought to have the terms of the Settlement Agreement extended to the 31st January 2010. This was agreed between the IMO and the HSE. A Labour Court hearing was held on 16th December 2009 during which both the IMO and the HSE set out their position to the Court in both written and oral submission. Throughout both the negotiations and the Labour Court hearing the HSE continued to advance their position of stripping the NCHD contract to base pay by seeking to remove all grants and allowances, a reduction in overtime rates, reduction in leave and the removal of the paid lunch break. The IMO sought largely to retain current terms and conditions albeit with some enhancements and further sought pay increases, an operational allowance, unsocial hour premiums and compensation for loss of earnings. The Labour Court issued its Recommendation LCR19702 on 22nd December 2009 The following Table A sets out the HSE's position outlined to the Court, the IMO's position outlined to the Court and the Labour Court's recommendation on the main substantive issues.

TABLE A

ISSUE	HSE Position	IMO Position	Labour Court Recommendation
Paid Lunch Break	Introduction of unpaid lunch break	Retention of paid lunch break	**Paid lunch break to be retained**
Averaging of Hours	Introduction of system whereby overtime payments only arise when 39 hours on average have been worked over a specified period	No averaging of hours in light of differing rates of overtime pay	**Working hours, for the purpose of calculating overtime, should be averaged over a pay reference period in line with the NCHDs roster**
NCHD Induction	Continue current arrangements	Both pre-employment (Intern) induction and serving NCHD induction to be paid	**No change in current arrangements- pre-employment induction unpaid and other induction during course of employment paid**
Non-Clinical Days	HSE made no reference to non-clinical days in draft contract	Retention of non-clinical days for SpRs, SRs and GP Trainees	**Retention of non-clinical days for SpRs, Srs and GP Trainees**

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TABLE A – *continued*

ISSUE	HSE Position	IMO Position	Labour Court Recommendation
Training & PGMDB Grant	Removal of training & PGMDB grant, replacement with centralised purchased training/competence assurance dependent on NCHD registration status with Medical Council	Retention of existing arrangements with both grants increased in line with national wage agreements- Alternatively willing to discuss HSE proposals at a later date in hope of reaching agreement with guarantee of individual NCHD autonomy over training	**Replacement of current system of paying vouched training grants with an arrangement whereby HSE would directly provide appropriate training. This should be subject to NCHDs having an appropriate level of autonomy in selection of and participation in trainings**
Educational Leave	12 working days per six months to include attendance at exams, courses, conferences, interviews and study	18 working days per six months to comprise, 15 working days for exams, courses, conference and study, 3 days per six months for interview leave	**18 working days per 6 months inclusive of examination leave, course and conference leave, interview and study leave**
Salary Increase	No salary increase	40% salary increase	**No salary increase recommended**
Overtime Rates	No increase in overtime rates	Increase in overtime rates to Time 1/2	**Current Time ¼ Overtime rate to be increased to Time ½**
Telephone Allowance	Telephone rental only to be paid for NCHDs rostered off site on-call	Payment of telephone installation and rental	**Rental and installation costs of a land telephone to be reimbursed to NCHDs who are required to be on-call from home**
On Call Off Site Rates	No increase in on-call off-site rates	Increase in on-call off-site rates	**On-Call rates to remain unchanged**
Incremental Credit	Changing of current arrangements to relate incremental credit to employment experience only, removal of credit for time spent gaining BSc or postgrad or University Demonstrator and removal of credit for locum NCHDs on basis of hospital experience. HSE also sought to assimilate SpRs only to next beneficial point of scale rather than promotional pay provided for currently	Retention of current arrangements with enhancements for Maxillo-Facial trainees, SpRs and SRs	**Current incremental credit arrangements to be retained**
Review of Contract	Contract to be reviewed in 2016	Contract to be reviewed in 2011	**Contract to be reviewed in 2014**
Locum Cover	Provide locum cover in line with Consultants Contract 2008-NCHD expected to cover for occasional unplanned absence of colleagues- in the event of NCHD being absent, the Clinical Director/Employer will determine the requirement for locum cover and make necessary arrangements	Guarantee of full locum cover for all leave periods	**Recommends HSE proposals on locum cover-contract should place a clear obligation on management to operate this provision so as to ensure strict compliance with EWTD**

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TABLE A – *continued*

ISSUE	HSE Position	IMO Position	Labour Court Recommendation
GP Registrars	Removal of current entitlements to be replaced with standard overtime pay for hours worked, vouched travel expenses to be paid in line with public service guidelines and rates	Retention of current entitlements (€3809 travel and €11428 out of hours allowances)	**Current entitlements of GP Trainees to be retained**
Higher Degree/Diploma Allowance	Removal of higher degree/diploma allowance	Retention of higher degree/diploma allowance	**Higher degree/diploma allowance to be discontinued**
Living Out Allowance	Removal of Living Out Allowance	Retention of living out allowance	**Living Out Allowance to be continued**
Travel Expenses for Attendance at Interview	Expenses to be paid at public transport rates	Payment of normal travelling expenses	**Travelling expenses for attending interview to be paid in line with general public service policy on reimbursement of such expenses**
Relocation Expenses	Relocation expenses to be paid to a maximum of €250 euro on a vouched basis as set out in 2000 NCHD Agreement	Relocation expenses to be paid as per 2000 NCHD Agreement	**Relocation Expenses be reimbursed subject to a maximum of €500 in any case**
Unsocial Hour Payments	No unsocial hour payments	Introduction of unsocial hours payments for NCHDs	**No unsocial hour payments for NCHDs**
Compensation	No compensation	Compensation of €20,000 per NCHD for loss of earnings on implementation of new working arrangements	**No recommendation for compensation to be paid for loss of overtime earnings arising from application of EWTD. Court noted IMO anticipates diminution in amount of regular rostered overtime arising from other factors-Management dispute this. This matter should be addressed by the parties after the new contract has been in operation for 12 months. Should it transpire that the introduction of the new contract results in a reduction in the amount of regular rostered overtime (other than in consequence of compliance with the Directive) the matter should be discussed between the parties at that stage**
Operational Allowance	No operational allowance	Introduction of 10% operational allowance for move to new working arrangements	**Operational Allowance not to be introduced**

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This Labour Court Recommendation will be put to a ballot of NCHD members in January 2010 which, if passed with a yes vote, will result in the new NCHD terms and conditions of employment becoming binding on both the IMO and the HSE. In the absence of a yes vote the HSE will be free to offer whatever contract they see fit from the 1st February 2010 with no obligation to consider the position of the IMO or the Labour Court.

European Working Time Directive

As outlined above the Labour Court Recommendation and Principles of Rostering on how the Eureopan Working Time Directive (EWTD) is to be implemented for all NCHDs became binding on both the IMO and the HSE on foot of the passing of the ballot on 25th June 2009.

As a result of a memo issued by Seán McGrath dated 26th June 2009 a number of Hospitals intended to introduce EWTD compliant rosters for Interns alone. This action would have been in direct breach of both the IMO/HSE High Court Settlement Agreement and the Labour Court Recommendation, the terms of which apply to all NCHDs collectively and which therefore do not allow for the singling out of Interns. The IMO wrote to the HSE in this regard requesting that a memo instructing Medical Manpower Managers not to proceed with the introduction of EWTD compliant rosters for Interns alone be issued to all hospitals as a matter of urgency. The IMO, through our legal advisors, sent a letter to the HSE seeking that the terms of the Agreement be enforced for all NCHDs. The HSE failed to provide the assurances sought by the IMO. As a consequence the IMO brought an action in the High Court for breach of the Settlement Agreement. On the 14th July 2009 the High Court heard initial arguments in the case during which the HSE gave an undertaking to the Court to be bound by the terms of the Agreement including the legal requirement to implement EWTD compliant rosters for all NCHDs by 1 August 2009. A further hearing was scheduled for Friday 24th July 2009 during which the HSE repeated its commitment to implement the Recommendations for **all** NCHDs by 1 August 2009. The Court vacation period was for the months of August and September, during which time the IMO carefully monitored EWTD implementation at local level throughout the country including by conducting surveys and holding a number of meetings in hospitals.. The IMO was granted leave to return to the High Court in October 2009 should a trial be necessary at that time. In the interim a number of meetings were held between the IMO and the HSE to discuss and agree a Rostering Guidelines document to be issued jointly by the IMO and the HSE to guide hospitals and doctors as to the practical application of the EWTD.

The IMO returned to the High Court on 8th October 2009. Counsel for the IMO stated that further to correspondence exchanged between the parties in which the HSE indicated that they are not fully EWTD compliant, the IMO was seeking an early trial date. The HSE had to present their defence by 20th October 2009 and the case was set for mention on a number of occasions in the following weeks. At a mention of the case on Monday 23rd November 2009 a trial was scheduled for a two week duration commencing Thursday 21st January 2010.

Unrostered Overtime

A major issue affecting NCHDs in 2008 which continued through 2009 was that of non payment of unrostered overtime. A memo was issued by Mr. Tom Finn (Assistant National Director National Hospitals Office) instructing each Network Manager to roster all NCHDs in a manner which results in the elimination of non-rostered overtime with effect from 1st July 2008. However, as non-rostered overtime is a frequent and often unavoidable occurrence many NCHDs have had to continue working non-rostered overtime and as such are entitled to be paid for it as long as it is consultant approved and signed off as such. Despite this entitlement some hospitals around the country sought to misinterpret the memo from Tom Finn to justify the non-payment of non-rostered overtime, including Mayo General Hospital, Our Lady of Lourdes Drogheda and Louth County Hospital.

A Conciliation Conference between the IMO and Mayo General Hospital was held on May 28th 2009 in an attempt to resolve the issue of non-payment of unrostered overtime and altering of claim forms in this hospital. Irish Medical Organisation and Mayo General Hospital agreed the following terms:

1. All unrostered overtime hours worked from Monday, 01 June 2009 to be paid in full;
2. The issue of any monies due to NCHDs in respect of Mayo General Hospital's non payment of unrostered overtime hours since July 2008 will be the subject of a Labour Court hearing.

The IMO received a letter from Mr Des O'Flynn; Hospital Manager for OLOL Hospital Drogheda dated 8th July 2009 regarding the continued nonpayment of unrostered overtime. In his letter Mr O'Flynn stated that unrostered overtime payments will be made to NCHDs in OLOL Hospital Drogheda from the 28th April 2009 (the date of the High Court Hearing) until the end of June 2009. However, this statement failed to address the dispute in its entirety. In fact the period of non payment spans a greater period of time than detailed in Mr O'Flynn's letter, commencing as far back as October 2008.

Failure to fully address the issue of retrospective payment left the IMO with no alternative but to refer the issue to our legal team. Our solicitors wrote directly to O'Mara Geraghty McCourt Solicitors who act on behalf of the HSE on 22nd July 2009. The letter detailed how Mr O'Flynn's actions to date clearly constitute a breach of the terms of the High Settlement Agreement. The Agreement provided that save as set out in the terms of the Settlement Agreement the parties agreed to a standstill period to continue until 31st December 2009 during which the terms and conditions of existing contracts of NCHDs would not be altered unilaterally.

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A response was issued by O'Mara Geraghty McCourt Solicitors on 24th July 2009, stating that 'their client would discharge in the normal way any overtime worked by NCHDs at Our Lady of Lourdes Hospital in Drogheda provided that proper verification of such overtime is made to Mr O'Flynn'

Following on from the response letter, the IMO wrote to Mr O'Flynn on 28th July 2009 requesting written confirmation that in the event that for any reason payments are now not processed to please confirm by return setting out the reasoning for withholding payments. Mr O'Flynn failed to respond to our letter and the IMO were left with no alternative but to contact our solicitors again requesting a follow up letter be issued. A letter was issued by the IMO Solicitors on 14th August 2009 to the HSE Solicitors detailing the content of their letter dated 24th July 2009 whereby they stated payment would now be processed accordingly. The IMO has not received a formal written response to this letter and is pursuing this matter.

The IMO is continuing efforts in other hospitals to ensure unrostered overtime hours are paid,and pending the outcome of the Mayo Labour Court hearing further cases will be brought. A key element of the proposed NCHD contract to be balloted upon in January 2010 is the guarantee of payment for all hours worked both rostered and unrostered.

Non-EU Doctor Visa Arrangements

In mid 2009 changes were made to the regulations with regard to Renewable Visa Stamps for non-EU Doctors working in Ireland. From July 1st 2009, it is now required that any Doctor wishing to work in Ireland must have their Visa renewed on a 'Type 1 Stamp' synchronised with fixed-term working contracts with a duration of six months issued by the HSE. Previously, the standard practice was to renew their Visa with a 'Type 4 Stamp' which would be valid for two years from the date of the stamp. This change to the regulation has caused significant difficulties for the Non-EU Doctors working in Ireland.

On foot of a request from the IMO to meet with the Department of Justice with a view to discussing the implications and effects this will have on this vital group of Doctors in the Irish Health Service, a meeting took place on Tuesday 15th September 2009 between the IMO and members of the Immigration Policy Division of the Department of Justice. It was agreed that the IMO would draft a number of proposals as to the possible future operation of visas for non-EU doctors. This issues was the subject of discussion at a meeting of the IMO Non-EU Committee meeting held in October 2009. The IMO made a detailed submission to the Department in December 2009 highlighting the impact of the new arrangements on training, living arrangements and family life, the importance of Non-EU doctors to the Irish health service, the financial implications and the anomaly in visa arrangements for doctors compared to other non-EU workers. The IMO is awaiting a response from the Department.

Staff Grade Working Group

On foot of a AGM 2009 motion regarding the establishment of a staff grade in the HSE which was referred to Council of the IMO, a Working Group was established by Council to address the issue. The Working Group comprises an NCHD, Consultant, GP and PHD member and held meetings in September and December 2009 to discuss a variety of considerations relating to the Staff Grade including the implications for both doctors and the wider health service. The Non-EU Committee was also consulted on this issue. The Working Group has prepared a report for Council of the IMO summarising the findings of the Group for consideration by Council.

Non EU Committee

Two meetings of the Non-EU Committee, which is chaired by a Consultant but is largely comprised of NCHDs were held in April and October 2009. Issues discussed by the Committee included the staff grade and visa regulations. Members of the Non-EU Committee also attended the meeting with the Department of Justice regarding visa arrangements for Non-EU doctors.

IMO Meeting with Medical Council

A meeting was held between the IMO and the Medical Council in November 2009 to discuss issues arising in relation to the implementation of the Medical Practitioners Act 2007. All IMO Speciality Committees were represented at the meeting including NCHDs. The difficulties caused by the Medical Practitioners Act 2007 on an NCHDs ability to do locum work and the procedural difficulties with the registration process were raised at the meeting. The Medical Council welcomed the IMO's views which they will consider and will revert to the IMO if any further discussion is required.

IMO Meetings with Training Bodies

In light of the major implications of a 48 hour working week for NCHD training, the IMO sought meetings with all NCHD training bodies to discuss these implications and possible measures to address same. In the latter half of 2009 the IMO held constructive meetings with the Irish College of Psychiatry, the College of Anaesthetists, the Royal College of Physicians Ireland and the Royal College of Surgeons. The IMO hopes to also meet with the Irish College of General Practitioners.

Public Sector Recruitment Moratorium

The HSE issued a circular in May 2009 outlining the application of the moratorium on recruitment and promotions in the public services to the health services. This circular outlined that there is a need to rebalance numbers between NCHDs and Hospital Consultants to provide for a consultant delivered service and to free up resources to contribute to the cost of this service. As such any new post of hospital consultant will generally be created by the suppression of 2 NCHD posts (some variation may be allowed to this ratio to meet particular local circumstances). This suppression of 2 NCHDs for each new consultant post may require

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suppressions across hospitals and networks. The IMO has sought a meeting with the HSE to discuss the implications of this measure for NCHD manpower and training.

NCHD IR Strategy 2008-2010

The NCHD IR Strategy 2008-2010 of which the key objectives are;

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

continued to be implemented throughout 2009 which was an unprecedented year for NCHDs. Many of the proposed outcomes of the Strategy, largely regarding NCHD contract negotiations, have now been achieved and those outstanding items will remain priorities for the IMO. Communication was significantly improved with regular emails to NCHDs and regional and hospital meetings throughout the year to ensure that all NCHDs were fully informed. An extensive network of IMO Hospital Liaison Officers was established and number of national meetings (in June and July) and local meetings (August and September) were held with hospital representatives to ensure that all were up to date with the latest happenings. IMO Hospital representatives played an essential role in the IMO's ability to effectively communicate with NCHDs at hospital level throughout 2009. The IMO, as the sole representative body for NCHDs, will continue its vital role in ensuring that NCHDs are represented and protected at all times.

Representation of Individual NCHDs

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

General Practitioners

General Practitioners Committee 2009/2010

Dr Ronan Boland, Chairperson

Committee Members: April 2009 – April 2010

Regional Representatives

Dublin/North East
Dr Illona Duffy
Dr James Keely
Dr Paul McCarthy
Dr Raymond Walley

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

South
Dr Donal Coffey
Dr Patrick Kieran Donovan
Dr Derek Forde
Dr Niall MacNamara
Dr David Molony
Dr Pascal O'Dea

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

Government Announcement on Reduction in Professional Fees

Application of an 8% Reduction in Professional Fees

The Minister officially signed off the Emergency Measures in the Public Interest Act 2009, which came into effect from 7th July 2009. The Regulation allows for an 8% reduction in professional fees by the Minister applicable only from the date the regulation was signed off.

The reductions incorporate the areas of allowances paid to GPs in respect of medical card and GP visit card holders.

The IMO wrote to the Minister for Health & Children on 26th May 2009, in response to the announcement by the Department of Health and Children by means of Press Release issued on the 30th April 2009 of her decision to apply an 8% reduction in professional fees and allowances payable to GPs under the Financial Emergency Measures in the Public Interest Act, 2009. The IMO sought a meeting with the Minister to discuss our concerns regarding her decision.

A meeting took place between the IMO and the Minister for Health and Children on the 28th July 2009, to discuss the Ministers decision on the reduction in fees. The IMO outlined its concerns relating to the decision and the likely impact on services. The IMO sought that the Minister would outline to the IMO the factors she took into account in arriving at her decision.

The Department formally wrote back to the IMO on 4th August 2009 stating that having taken into account the recommendations made on foot of the submissions both oral and

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written that were put forward during the consultation process, the Minister decided that such recommendations were required because of the impact on the State's ability to continue to provide health services at existing levels if the reductions were not made.

Amendment to Section 4 of the Competition Act, 2002

The IMO wrote to Mr Dermot McCarthy, Secretary General to the Department of the Taoiseach on 18th May 2009, regarding the proposed amendment of Section 4 of the Competition Act, 2002. The IMO received a response on 2nd June 2009, from Mr McCarthy detailing how he had sought clarification with the Department of Enterprise, Trade and Employment – the Department within whose remit any proposed legislative changes to the Competition Act, 2002 would fall. In his letter Mr McCarthy outlined how during the Budget speech last October, the Minister for Finance announced the merger of the National Consumer Agency with the Competition Authority as part of the rationalisation of State Agencies. To give effect to this decision, the Tánaiste proposes to bring forward legislation during the course of this year which will encompass:

(1) the outcome of the review of the operation and implementation of the Competition Act 2002;

(2) the amendments to Section 4 of that Act (including those referenced in paragraphs 9.5 and 9.6 in the Towards 2016 Review and transitional Agreement); and

(3) the amalgamation of the Competition Authority and the National Consumer Agency.

This legislation – the Consumer and Competition Bill – features in Section C of the Government Legislation Programme for Summer Session 2009.

The Department of Enterprise, Trade and Employment will keep the IMO appraised of all developments over the coming weeks.

The IMO also received correspondence in August 2009, from the Minister for Health & Children confirming the intention of her colleague the Minister for Enterprise, Trade and Employment to bring forward the necessary legislation to provide for an amendment to Section 4 of the Competition Act 2002 in relation to GPs.

Flu Pandemic – National Vaccination Campaign

Following the outbreak of the flu pandemic the HSE announced its intention to vaccinate approximately 3.5 million people (under a two dose strategy – approximately 7 million vaccinations).

The IMO met with the HSE in July for discussions on what role, if any, GPs may play in a mass vaccination campaign over the coming months. At the time the likelihood was that GPs would be initially involved in a mass vaccination campaign targeting what are classed the 'at risk' category which equates to approximately 400,000 people.

However, the HSE failed to engage with the IMO after our initial meeting in July despite repeated attempts by the IMO to engage fully in the process.

The first correspondence from the HSE following the July discussions was encapsulated in a letter by the HSE to all GPs on 1st October 2009 inviting them to participate in the pandemic (H1N1) 2009 (swine flu) vaccination programme. On foot of this letter, the IMO wrote to all GP members outlining a number of concerns we had regarding the content of the HSE letter. Following our intervention the HSE sought for the first time since July to enter into discussions with the IMO in order to facilitate the successful role out of the vaccination programme.

The IMO met with the HSE on Wednesday 7th October to discuss GP involvement in the above programme.

During the meeting the IMO raised concerns and sought clarification on a range of issues including indemnity, administration and other medico legal issues.

Following the meeting the HSE wrote to General Practitioners concerning queries the IMO raised relating to the indemnity for the Swine Flu Vaccine Scheme. Regrettably these responses highlighted that the IMO's concerns in relation to the nature and scope of indemnity were well founded. The IMO's position is that a full indemnity should be provided to GPs involved in the Scheme.

Proposed Changes to GP Out of Hours Arrangements by PCRS

The IMO was informed on Friday 26th June 2009 by Mr Patrick Burke of the Primary Care Reimbursement Service that he had issued correspondence to GMS GPs on that day relating to changes to the out of hours arrangements applicable to GPs.

The correspondence from Mr Burke, a copy of which was received from Mr Burke of the PCRS, indicated as follows:-

> "in this regard, the HSE has decided that claims presented for payment in respect of the periods 08:00 – 09.00 and 17:00 – 18:00 Monday to Friday, and between 10.00 and 13:00 on Saturdays, will be deemed to form part of normal surgery over flow and will not be reimbursed unless the claim is in respect of an emergency.

Additionally, given that the HSE has now in place cooperatives to manage out of hours, the overlap in terms of an additional grant payment for out of hours, in those circumstances, will cease immediately".

The IMO viewed both of the above unilateral changes as breaches of the GMS contract and issued correspondence through our legal advisors to the HSE on Friday 26th June 2009 seeking undertakings that the HSE would not proceed to unilaterally breach the terms of the GMS contract and would comply with the provisions of the contract.

Further legal correspondence has exchanged between the parties during this period and the

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General Practitioners attending an IMO GP information meeting, March 2009

IMO indicated that it would be happy to meet with the PCRS only if we receive assurances from the HSE that it will operate the terms of the GMS contract.

The IMO met with Mr Burke on 3rd and 23rd September 2009, to formally hear the HSE's position in relation to Out of Hours payments.

A revised letter and claim form issued by the PCRS to GPs in November 2009 which addressed a number of concerns raised by the IMO.

Importantly, the IMO will take all necessary action to ensure that the HSE does not breach the terms of the GMS Contract.

IMO/HSE/Department of Health & Children Working Group on GP Manpower

A Working Group was established between the IMO/HSE and the Department of Health & Children to examine issues of GP Manpower. The Group examined the whole area of GP manpower, GMS access/entry, the creation of a number of zero panel lists and the marking schedule for GMS interviews. A number of meetings have taken place between the parties over the last number of months.

At the September meeting the Department of Health and Children confirmed that the Minister has accepted the proposals of the Joint Working Group on a further agreement on GMS entry. The agreement has been given effect to by Circular letter from the Department of Health and Children.

Mr Tommy Wilson, Assistant Principal Primary Care Division wrote to Mr McNeice in September outlining the changes to the entry provisions to the General Medical Services (GMS) Scheme and to the retirement provisions for GPs under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme.

The letter detailed the following:

I am directed by Mary Harney T.D., Minister for Health and Children to advise that she has approved certain changes to:

1. The entry provisions for General Practitioners (GPs) to the General Medical Services (GMS) Scheme; and
2. The retirement provisions for GPs who hold a contract or contracts under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme.

As you are aware, the Minister has for some time expressed her desire to see open access to GMS Contracts for all suitably qualified and approved vocationally trained GPs. Following consultation between the Department of Health & Children, the Health Service Executive (HSE) and the Irish Medical Organisation (IMO), the Minister has agreed as an interim measure to extend the entry provisions to the GMS Scheme as follows:

Any fully qualified and approved vocationally trained General Practitioner (meeting the general conditions relating to eligibility for appointment to the GMS Scheme) who was in general practice on the 1st September 2009 and was in full time general practice for a period of one whole year prior to that date (or having, on or before that date, entered into a partnership, or signed a legally binding contract to enter into a partnership, with a General Practitioner who holds a GMS contract) shall be entitled to apply for a GMS contract under the terms of this letter.

For the purpose of these provisions, "full time practice" means the provision of GP services to patients continuously at one location in the Republic of Ireland during the period 1st September 2008 to 31st August 2009.

GPs who obtain contracts under these provisions will be entitled to accept:

(i) Patients who, on or after the 1st October 2009, become eligible for a medical card under the provisions of the Health Act, 2008;

General Practitioners

(ii) Patients who, on or after the 1st October 2009, become eligible for a GP Visit Card under the provisions of the Health (Amendment) Act, 2005;

(iii) Any of their patients who become eligible for a Medical Card / GP Visit Card / Health (Amendment) Act card under the relevant provisions of the Health Acts on or after the 1st October 2009.

These arrangements shall apply for a transition period ending on 31st August 2013. After that date, the doctor concerned will be free to accept any Medical Card / GP Visit Card / Health (Amendment) Act patient nominating him or her as their doctor of choice, in accordance with the existing rules relating to GMS panel size, etc.

In the case of a GP who qualifies for a GMS contract under the terms of this letter relating to partnership and who continues in such partnership, the transition period will end on 31st August 2010, after which he/she will be free to accept any Medical Card / GP Visit Card / Health (Amendment) Act patient nominating him or her as their doctor of choice, in accordance with the existing rules relating to GMS panel size, etc.

During the transition period(s), relevant GPs may only register patients in the immediate area in which he/she was in general practice during the period 1st September 2008 to 31st August 2009. Any exemptions to this requirement will require the prior approval of the HSE, following consultation with the IMO.

These entry provisions are subject to the normal rules of good character and suitable premises and do not restrict or affect other existing rules on entry. Furthermore, persons obtaining contracts under these provisions will enjoy appropriate benefits determined on a pro rata basis, in accordance with existing arrangements.

A doctor gaining access to the GMS under these entry provisions shall for the transition period hold no more than one medical card contract and one GP visit card contract simultaneously. The normal GMS rules on centres of practice apply in accordance with the GMS Contract.

GPs wishing to avail of these provisions must submit their application to the HSE not later than 31st January 2010.

Any question of interpretation which arises under these provisions shall be determined by the Minister, following consultation with the HSE and the IMO.

Retirement Provision

GPs, who hold a contract or contracts under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme and who are currently compulsorily required to retire at 65 years of age, may from 1st October 2009 continue to hold their contract(s) until their 70th birthday. Similar arrangements will also apply to new contract holders.

The implementation of the provisions outlined in this letter will be formally reviewed no later than 28th February 2010 and thereafter as required.

The contents of this letter shall be considered as forming part of the agreement with registered medical practitioners for the provision of services under the General Medical Services Scheme.

It is anticipated that agreement will be finalised shortly on a revised marking schedule for GMS posts.

Competition Authority Study of the Medical Profession

In December 2009, the Competition Authority published the first two parts of its report on General Medical Practitioners. The report identifies solutions to improve the supply of GPs in Ireland and to facilitate advertising by GPs.

Training

The Competition Authority outlined how Ireland is facing a shortage of GP services. The Competition Authority has identified a bottleneck in GP training that is contributing to this problem. Currently doctors wishing to become GPs must undertake four years of specialised training in addition to their medical degree; two years hospital training and two years training in a GP practice. GP training programmes do not recognise previous hospital training and experience and some GP trainees end up repeating certain training.

The Competition Authority Report has recommended that doctors who have relevant hospital training and experience should, subject to a short orientation course, be allowed proceed immediately to the two years training in a general practice. This will result in more GPs being trained as quickly and as cheaply as possible and help alleviate predicted shortages in GP services going forward.

Advertising

GPs have traditionally not been allowed to advertise. For example, a new GP practice could not distribute leaflets advertising their services or prices. The Competition Authority advocated to the Medical Council that unnecessary restrictions on truthful and informative advertising by GPs should be removed. New Medical Council Guidelines, published in November 2009, have removed these restrictions on advertising.

GPs are now free to advertise their services and their prices. If GPs respond to this development patients should start to see more information about the services available to them and how much they can expect to pay.

The Competition Authority is publishing its report on General Medical Practitioners in three parts:

- Part I provides an overview of the GP profession and supply and demand for GP services;
- Part II deals with restrictions on the number of qualifying GPs and advertising by GPs; and,
- Part III, to be published in 2010, will report on the GMS system for GP services.

General Practitioners

Cervical Check Programme

The IMO wrote seeking an urgent meeting with the National Cancer Screening Service in relation to difficulties arising from changes to be introduced by the NCSS to the Cervical Check Programme.

The changes related to the move to the Call, Re Call system from 1st September 2009 and the latest letter from Dr Marian O'Reilly of the NCSS to General Practitioners dated the 2nd October 2009 regarding the introduction of further changes in the operation of the Programme.

A meeting took place between the IMO and NCSS on the 18th October 2009, whereby, the IMO raised concerns regarding the fall off in the number of smears been undertaken following the move by the NCSS to a call/recall system with effect from 1st September 2009 and also the more recent unsatisfactory correspondence issued by Dr Marian O'Reilly of the NCSS to all GPs in which she outlined that while the NCSS would process smears on behalf of GPs in the 'hard to reach category' they would not be paid in respect of these smears as they are not considered part of the Programme.

The NCSS has now advised that it has put in place a fast track mechanism for women in the 'hard to reach groups' identified by GPs whereby if they phone the NCSS or register online with the programme the NCSS will issue a letter of invitation to those women within approximately three weeks to make an appointment with GPs for a smear test. These tests will form part of the Programme and GPs will be paid in the normal manner.

The NCSS advised that it has issued 55,000 letters of invitation to women in the 'target population' since 1st September 2009, and have a target uptake of 240,000 new smears per annum.

The IMO will continue to monitor uptake levels through ongoing consultation with the NCSS.

GPs Specialising in Substance Abuse

There are a number of ongoing issues concerning General Practitioners Specialising in Substance Abuse following the HSE's announcement that it intended to make significant cost savings in the Addiction Services over the coming months.

As a result the IMO met with a number of representatives from the HSE on 26th August 2009, to discuss the areas of:

- Medical Indemnity
- Professional Added Years
- Attendance (hours worked)
- On Call Cover
- Sunday Opening Hours
- Cost Saving Measures
- Dialogue with GPSSAs re future developments in Addiction Service.

Culminating from the meeting it was decided that prior to the next meeting scheduled for Thursday 17th September 2009, GPSSA would supply the HSE representatives with a number of pieces of documentation detailing the adverse effects closure of Sunday Clinics would have on patient care. The GPSSA also offered to supply additional documentation on possible areas of cost saving to the HSE preventing any potential patient care issues.

The meeting took place whereby, the doctors concerned outlined the effects such closures would have on patient care going forward. The HSE endeavoured to take all suggestions on board prior to making any final decision in relation to the reconfiguring of services.

A further meeting was scheduled for Monday 7th December 2009, with Mr John Kelly, Employee Relations Manger, HSE Corporate Employee Relations Service to discuss the issue of Professional Added Years and indemnity cover. The meeting concluded whereby Mr Kelly would formally revert on the issues discussed during the meeting.

Prison Doctors

The IMO met with the Irish Prison Service representatives on Tuesday 7th July 2009 to discuss a number of ongoing issues effecting GPs who work in the Irish Prison Service. The issues up for discussion concerned the recent Report by Dr Mike Farrell on Prison Drug Treatment Services in Ireland, National Pay Round Increases, the rollout of Drug Treatment Services, GP safety while at work, the issue of locum medical cover, the use of mobile phones by GPs whilst in the prisons, CPD and Influenza A (H1N1).

The meeting concluded whereby the IMO requested Mr Fergal Black, Director of Health Care, Irish Prison Services to formally write back to the IMO on the Prison Services position on the above issues prior to the next meeting.

A national meeting of Prison Doctors took place in Athlone on Saturday 12th September 2009 to discuss and agree an approach to the range of issues affecting Prison Doctors. The meeting was attended by Dr Martin Daly and Finbarr Murphy from the IMO.

A further meeting took place between the IMO and Irish Prison Service on Friday 9th of October to discuss all outstanding matters.

Progress has been made in a number of areas. However a number of issues still remain unresolved requiring further discussions between both parties.

An Post

The IMO made contact with Mr Mark Graham of An Post in order to set up a meeting to discuss the application of National Pay Agreement increases and the issue of retrospective payments for An Post Medical Officers. The meeting was held on 3rd June 2009. Following on from the meeting the IMO received written correspondence from Mr Graham confirming that the Company will increase the capitation fee from its current level of €63.50 to €100.12 with effect from 1st September 2008, in full and final settlement of this matter, subject to Board approval. This increase is equivalent to National Wage Agreement increases since 1st January 1999.

The letter also outlined that the Company would carry out an examination of the fee payable for pre-employment medicals. However, the issue was discussed with the

General Practitioners

Company's Chief Medical Officer who has confirmed that all pre-employment medicals are carried out 'in-house' and that there is no requirement for the provision of this service.

The final issue rested with the matter of retrospective application of this increase. The Company is currently considering this matter and will revert back to the IMO in the near future.

The IMO has been in contact with Mr Graham regarding the implementation of the revised fees and is awaiting a formal response from An Post in relation to the issue of retrospective payments.

GP Unit Doctors

Dr Joe Clarke, GP Advisor, PCCC issued a memorandum on 30th April 2009, to all GP Unit Doctors regarding a meeting to discuss the current and future role of GP Unit Doctors. In his memorandum, Dr Clarke invited GP Unit Doctors to a meeting on Thursday 21st May at 12pm in Dublin with HSE Management.

The IMO wrote on 8th May 2009, in response to Dr Clarke's memorandum advising that any discussions regarding the future roles or responsibilities of GP Unit Doctors should be discussed directly with the IMO as the representative body of GP Unit Doctors and in accordance with the terms of the LRC Agreement 2005.

As a result the IMO have sought a direct meeting with Dr Clarke on the matter instead of meeting directly with GP Unit Doctors.

GP Trainers

The HSE Employers Agency has confirmed to the IMO that the agreed GP Trainers Contract is to issue in the immediate future to GP Trainers.

Ongoing Problems with the Primary Care Reimbursement Service/HSE Offices

A number of GPs contacted the IMO over the last number of months in respect of difficulties they are experiencing in the recouping of monies owed to them by the Primary Care Reimbursement Service. The difficulties encountered predominately relate to non payment of:

- Practice support subsidies (Secretarial, Nursing and Practice Manager allowances)
- Sick, annual and maternity leave payments
- Fees Payable to GPs in respect of the National Primary Childhood Immunisation Programme
- Fees payable to GPs in respect of other Immunisation Programmes

As a result the IMO wrote out to all GP members on 17th July 2009, enquiring whether they were encountering any of the above or similar difficulties with the Primary Care Reimbursement Service or Local HSE Offices. If they were experiencing difficulties then please supply the IMO with details and we will seek to address them on an individual basis by taking the issues up directly with Professor Brendan Drumm, CEO, HSE.

The IMO received a significant number of responses to our email and dealt with each issue on behalf of the individual GP on a case by case basis.

To date Mr Burke has failed to address the concerns raised and as such the IMO had no alternative but to refer the issue to the Labour Relations Commission for a formal hearing. The IMO is currently awaiting a date from the LRC.

Irish Medical Organisation GP Roadshows Winter 2009

A national meeting of General Practitioners took place in March to update members on all current issues affecting General Practice. The meeting also addressed the future of General Practice in Ireland.

The IMO held a series of Regional Information Meetings to update members on recent significant Industrial Relations Developments including the issues surrounding the HSE Transformation Programme, McCarthy Report, Fee Reductions under the newly enacted Financial Emergency Measures in the Public Interest Act 2009 and possible further changes in Medical Card eligibility.

Public Health Doctors

Public Health Doctors Committee 2009/2010

Dr Paula Gilvarry, Chairperson

Committee Members:
April 2009 – April 2010

Regional Representatives

Dublin/Mid Leinster
Dr Paul McKeown
Dr Frances Conway
Dr Peter Nolan

Dublin/North East
Dr Catherine O'Malley
Dr Howard Johnson
Dr Johanna Joyce Cooney
Dr Mary Conlon
Dr Phil Jennings
Dr Robert McDonnell

South
Dr Darina Fahey
Dr Heidi Pelly
Dr Mary Fitzgerald
Dr Paula Gilvarry

West
Dr Anne Egan
Dr Brett Lynam
Dr Bridin Cannon
Dr Gretta Tarrant
Dr Orlaith O'Reilly

HSE Population Health Structures

A meeting took place between a delegation from the IMO and the HSE on 4th September 2009 to discuss HSE Population Health Structures. At the meeting, it was agreed that a channel of communication would be kept open between the two sides on this issue on an ongoing basis. Management noted that the HSE Board had decided that the restructuring would proceed on the basis of the four HSE Regions, although much of the detail still needed to be worked out.

The IMO raised concerns regarding the need to maintain a local level operational structure at the level of the former Health Boards for service delivery reasons. The IMO outlined that it would require further discussions with Management on this issue. The IMO also raised its concerns at a professional level regarding the proposals to separate the Health Protection and Health Intelligence functions and the possible 'silo' effect that this would have on the Specialty of Public Health.

Mr Damien McCallion, Director of Integrated Service Programme (HSE) asked that it be borne in mind that, given the prevailing economic circumstances, resources could not be guaranteed on an ongoing basis. In addition, he maintained that to guarantee reporting relationships, at this early stage, would be impossible. The meeting concluded with an agreement to reconvene at a later date to consider concrete proposals from the HSE.

The IMO submitted, on 17th October 2009, a discussion document to the HSE outlining its position in relation to the proposed restructuring. Presently, the IMO is in the process of confirming meeting dates with Mr McCallion.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Public Health Doctors

The IMO wrote to Mr Sean McGrath, National Director of Human Resources (HSE), in early February 2010 reminding him of the need to include Public Health Doctors in the process and of the requirement to address this issue through the appropriate channels.

Out of Hours Service

The interim Public Health Emergency Out of Hours Medical service came into being on 1st June 2009 following its acceptance in a ballot of IMO Members. The interim service was intended to run for a period of six months and all participating SPHMs and DPHs were to rostered to be on duty one week in every five. In return, the Department of Health and Children sanctioned several withheld pay awards.

Arising from expressions of concern from IMO SPHM and DPH Members about the non-participation of some of their colleagues in the Out of Hours arrangements, the IMO wrote to Mr John Delamere on 14th October urging that all qualifying SPHMs and DPHs be incorporated into the Out of Hours arrangements.

The IMO also wrote to Mr Delamere on 14th October asking that he approach the relevant authorities and asks that the grades of Specialist in Public Health Medicine and Director of Public Health be exempted from the moratorium on recruitment into the Public Service. We pointed out that maintaining the smooth functioning of the Out of Hours service at current staffing levels was proving to be problematic in some parts of the country, and may require additional staff to be taken into the service.

A meeting to establish the review of the interim Out of Hours service took place between an IMO delegation and HSE Management on 17th November 2009. At this meeting, outline Terms of Reference for the review was agreed, while both sides presented their own lists of external, independent assessors to carry out the review. It was agreed that the selection of the independent person should be carried out quickly to allow the review to report before the end of 2009. Also at this meeting, the IMO delegation made it clear to HSE Management that without careful consideration being given to staffing levels, the continuation of the Out of Hours service would be placed in jeopardy.

The agreed independent person, Dr Charles Saunders, Consultant in Public Health Medicine (NHS – Fife Region) visited Dublin on 16th December 2009, on which date he met with several Public Health Doctors, representatives of the IMO and representatives of HSE Management. Dr Saunders indicated that he hoped to have his review completed before the end of 2009 with a view to issuing it to both sides in the first week of 2010.

However, due to the inability of key members of HSE Management and representatives of the Departments of Health and Children, and Finance, to meet with Dr Saunders a Public Health Sub – Committee meeting was held on 18th January 2010, at which it was decided that due to various concerns arising primarily from a patient safety perspective and the need to revert to the intended purpose of the scheme as a telephone only service, the best course of action was to ask Dr Saunders to outline his view as to what the Out of Hours Service should entail and to identify the necessary support structures to have in place to operate such a scheme safely.

Further meetings on this matter will take place in January 2010.

Public Service Benchmarking Body – Oral Hearing – Principal Medical Officers

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

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

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

The dates for payment of the awards were to be decided as part of the new national wage agreement to succeed 'Towards 2016'. Under the new national wage agreement, the Government had agreed to pay the first 5% of the Benchmarking award with effect from the 1st September 2008 and that the issue of the payment of the balance of the awards was to be reviewed in September 2010 in light of the prevailing budgetary position. In the aftermath of the failure of Social Partnership talks in early February 2009, the position in relation to the payment of the first 5% tranche of the award is unclear. The IMO will continue to pursue vigorously the payment of the Benchmarking awards as part of the national social partnership talks in the context of the promised review in September 2010.

Review Body on Higher Remuneration

The Department of Finance published the Report of the Review Body on Higher Remuneration in the Public Sector, Report No. 42 on Thursday 25th October 2007.

The Review Body recommended the following salary rates for Directors of Public Health and Specialists in Public Health Medicine (see table below).

Post	Current Rate	Recommended Rate	% Increase
Director of Public Health Medicine	€125,919	€145,00	15.2
Specialist in Public Health Medicine	€107,933	€130,000	20.4

Public Health Doctors

The Report recommended that the three Assistant National Directors in Population Health be remunerated at the level of the Director of Public Health.

The Government announced in July 2008, in light of the worsening budgetary position, that it had taken a decision not to proceed with the implementation of the Review Body awards to all grades encompassed by the Body.

The statement from the Department of Finance outlined that the issue would be reviewed in September 2010 but without commitment at this stage as to outcome.

The IMO has now reached agreement with the Department of Health and Children in the context of the agreement on the establishment of an interim out of hours public health medical service on the payment of the first 5% of the awards with effect from the 14th September 2007. The payment was sanctioned by letter dated 2nd June 2009 from the Secretary General of the Department of Health and Children to the CEO of the HSE. The IMO will be pursuing the payment of the balance of the awards in the context of social partnership talks.

The IMO became aware that the possibility existed that the Review Body on Higher Remuneration might seek to include the current salaries of Specialists in Public Health Medicine and Directors of Public Health within the remit of its current review. Mr Finbarr Murphy wrote to the Review Body on 24th September 2009, setting out the current position of SPHMs and DPHs re their Hospital Consultant equivalents and urging that their current salary levels be left untouched in any forthcoming review.

Re-grading of AMOs to Senior Medical Officer Positions

Following a meeting in April 2007 between the IMO and representatives of the HSE, HSEEA and the Department of Finance, the IMO wrote to Mr Kieran Mulvey, Chief Executive of the Labour Relations Commission seeking his assistance with regard to the issue of the re-grading of remaining Area Medical Officers to Senior Medical Officer positions. The IMO outlined the anomaly which had arisen under the 2003 agreement, whereby doctors entering the service at Senior Medical Officer level were now being paid a higher salary than long serving Area Medical Officers who are doing largely the same work.

A meeting took place on the 11th September 2007 between the IMO and the HSEEA under the auspices of the Labour Relations Commission regarding this issue. Mr Mulvey sought the agreement of the employers that the LRC be allowed issue a recommendation on the issue in the context of the LRC's facilitation of the 2003 agreement.

A further meeting took place on the 24th October 2007 with the Labour Relations Commission regarding the claim to re-grade AMOs. No progress was recorded at the meeting as the employer side adopted the position that it would not discuss the issue of re-grading AMOs until such time as it had an out of hours service by Public Health Doctors. The IMO has requested that the issue of out of hours and the re-grading of AMOs be addressed simultaneously in discussions under the auspices of the Labour Relations Commission.

A further meeting regarding the issue of re-grading of AMOs took place between the IMO and employer representatives under the chairmanship of Mr Kieran Mulvey of the Labour Relations Commission on the 13th May 2008.

The employer side continued to raise concerns in relation to cost, qualifications and questioned what additional benefit would be available should the issue be conceded.

At a meeting on 17th October 2008, under the auspices of Mr Tom Pomphrett, the employers argued that the re-grading of the remaining AMOs would be a 'cost increasing' measure and should be adjudicated upon by the Labour Court.

However, the employers were agreeable to Mr Pomphrett's suggestion that they conduct an internal review of the proposed upgrading to establish the position in relation to those doctors who hold the necessary qualifications

Public Health Doctors

to be employed as SMO's. The IMO continues to press the employer side to conclude this review and bring this issue to its conclusion, most recently with letters to Mr John Delamere on 22nd January 2009 and 9th March 2009.

The IMO has also raised this matter with the Department of Finance who look favourably upon an IMO proposal to link the AMO and SMO salary scales, despite the objections of the HSE to this proposal.

The IMO wrote to Mr John Delamere of the HSE Employers Agency on the 4th June 2009 requesting an urgent meeting to consider the position of those remaining Area Medical Officers regarding the issue of their re-grading to Senior Medical Officer status. A meeting was convened between the IMO and Mr Tadhg O'Brien (Assistant National Director – Primary Care) and Ms Anne Marie Ward (HSE – Corporate Employee Relations Service) on 23rd September to discuss this issue. Unfortunately, progress proved to be elusive at this meeting as Management continued to raise their concerns that any potential re-grading would set a 'cost increasing' precedent within the HSE. It was agreed, however, that this matter would be the subject of a further meeting in the near future, where, it is hoped, that the presence of Mr John Delamere would facilitate a more imaginative approach from the Management side.

An IMO delegation met with HSE Management on 5th November 2009 and, unfortunately, Management proved no more flexible in their approach. At this and a subsequent meeting on 17th November 2009, the IMO again pressed Management to refer the matter back to the LRC for a binding recommendation. The IMO has pointed out to HSE Management the scale of the anger that was engendered by this issue.

Forum on Community Health Medicine

The IMO wrote again to the HSE Employers Agency on the 5th June 2009 formally requesting the establishment of a Forum on Community Health Medicine.

It is proposed that the Forum will examine service development issues along with a review of the structures which support these services. The IMO proposed that the Forum would undertake a national review of the structures and functions of Community Health, the role of the Principal Medical Officers and Departments of Community Health, the interface between Community Health and Primary Care with particular reference to the Primary Care Strategy and the revised structures thereunder, the staffing levels across the country to ensure a rational approach to recruitment taking into account changing demographics and needs of local populations, based on the 2002 and 2006 Censuses. The IMO has proposed that the Forum be independently chaired.

The IMO met with Mr Tadhg O'Brien to discuss this matter on 23rd September at which point he re-iterated Management's commitment to establish the Forum but suggested that this be done in the context of wider HSE restructuring. The IMO is awaiting clarification from Mr O'Brien and his colleagues on this point.

Pandemic Requirements – Community Health Doctors

The IMO wrote to the HSE on 11th September 2009 requesting a meeting to discuss the role of Community Health Doctors in the forthcoming flu pandemic vaccination programme. A meeting with Dr Kevin Kelleher (Assistant National Director for Population Health) is to be arranged in this regard.

Communications Unit

The Communications Unit continues to support the strategies of the Organisation through a wide range of activities so as to ensure that IMO position and policies are effectively communicated to the broadest audience possible.

Health in the Media

In 2009 health and health related matters were never far from both print and broadcast headlines and the IMO Communications Unit regularly responds and provides a reference service for numerous media requests. Additionally, where appropriate the Unit responded to queries seeking IMO comment. The following are some examples of the work undertaken in this regard;

GPs and Sick Certs

Responding to claims from the Chief Executive of the Irish Small & Medium Enterprises that "Some GPs 'issue [sick] certs like snuff at a wake' without any genuine intervention or advice."

Dr. Ronan Boland, IMO GP Committee chairman on RTE News said. "A GP acts on the basis that a patient is telling the truth, unless there is evidence to suggest otherwise. He said "very often, with short-term illness, there is no diagnostic test to tell if a patient is being honest of not. He also said that doctors were not there to act as a policing system for industry."

European Working Time Directive

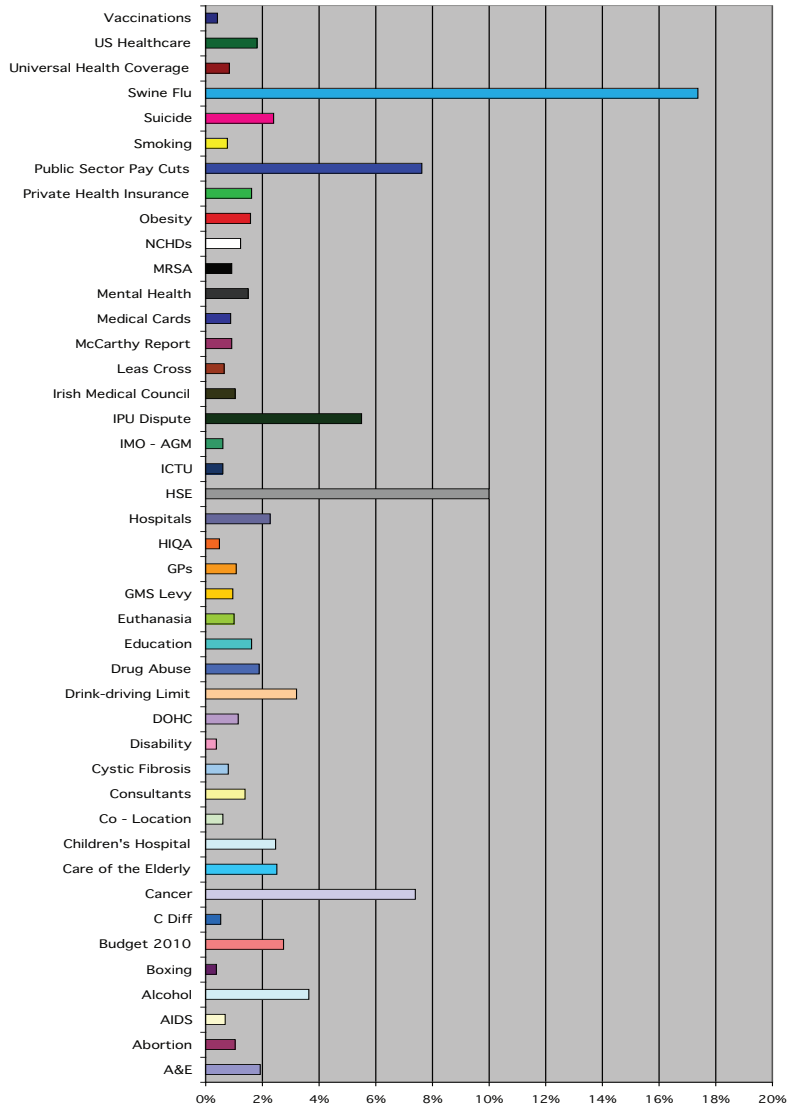
The Unit dealt with numerous queries during the year regarding the NCHD European Working Time Directive both in terms or providing background information to journalists and responding to issues regarding the implementation of the directive.

In August 2009 the IMO issued a correction in relation to a HSE statement regarding the implementation of the EWTD: "Responding to the HSE Document the IMO stated that their account was factually incorrect and totally misleading. The IMO has never impeded the implementation of the EWTD, to do so would be in breach of EU and Irish law. The IMO campaigned for many years to have the original EU directive extended to apply to NCHDs after the Irish Government fought vigorously against us. The organisation of Working Time Act 1997 came into effect for NCHDs in 2004, the HSE has chosen to ignore that to date. The long consultation process that the HSE has previously criticised (eight years of consultation and nine reports) was halted by the HSE itself pending completion of the Consultant Contract talks. The IMO stated that it was determined that NCHD working hours be reduced in a safe and managed fashion which will enable standard of patient care to be maintained, which will allow the supervised training of NCHDs and which will ensure that hospitals have sufficient doctors in place when they are most needed."

Swine Flu Vaccination Programme

As is evidenced by our Health in the Media Profile [graph A], Swine Flu was the most reported health story during 2009. The unit received many queries in relation to this issue

GRAPH A – Health topics in the media in 2009



IRISH MEDICAL ORGANISATION
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Communications Unit

L to R: Prof Seán Tierney, IMO Vice President; Ms Emily Logan, Ombudsman for Children, being presented with the 2009 IMO Doolin medal by Dr John Morris, IMO President

which included requests for background information on Swine Flu, medical experts for interviews and the administration of the vaccine.

Due to the failure of the Government/HSE to consult with the IMO a statement was issued by the IMO on the matter and the following is an extract of the key message:

"While the Flu Pandemic is an extremely important public health initiative, the IMO expressed extreme disappointment at the Government's failure to consult with the IMO, as the representative body of General Practitioners on any aspect of the plan to role out the vaccination programme." (Full Press Release is available on the IMO website)

The IMO also responded to comments by the Minister for Health & Children, that, "Irish GPs are paid five times UK rate for swine flu vaccine," the Irish Medical Organisation said the Minister for Health & Children was failing to compare like with like. IMO GP Chairman, Dr. Boland said; "Sweeping statements such as these are totally misleading. What she fails to mention is that agreement for General Practice in the UK and Northern Ireland are significantly different to those that pertain in Ireland."

General Practitioners around the country also provided examples where their practices were receiving batches of the vaccine when they had not signed up to the scheme. This demonstrated a lack of confidence in the HSE to deliver the scheme successfully. These examples were highlighted in the media.

Promoting IMO Policy Initiatives

On foot of many previous IMO motions, Former IMO President, Dr. Declan Bedford issued a statement calling on the Minister for Transport to introduce and publish the proposed legislation to reduce the legal limit for drink driving without further delay. On the 31st October the Minister published the legislation which allowed the way for a reduction in the legal limit for drink driving.

Generic Prescribing - IMO sets out four point plan to achieve savings:

On the 16th November the IMO published a four point plan which could lead to €300 million in savings on the State's annual medicines bill. The proposed savings substantially exceed those identified by the McCarthy Report [€30 million] and the claim of potential savings of €65 million identified by Dr. Michael Barry {Author of: Economics in Drug Usage in the Irish Healthcare Setting}. Full Media Release available on IMO website

On the same day the Minister for Health & Children suggested that a charge on all medical card prescriptions is being considered as part of the discussions on next month's budget.

Government Budget 2010

Responding to the introduction of a 50 cent charge per prescription item and the increase in the monthly threshold for the Drugs Payment Scheme from €100 to €120, Dr. Ronan Boland, GP Chairman said; "The positive relationship between poverty and ill-health is well documented. Available evidence shows that those on low incomes or in poverty have relatively high mortality rates, higher levels of ill-health and fewer resources to adopt healthier lifestyles."

While the size of the charge is initially modest, doctors and patients alike, fear that the charge will be increased steadily over time." [Full Press Release on IMO website]

The IMO also criticised the Government for reducing excise duty on all types of alcohol while we continue to have reports of the health and social harms caused by alcohol.

Advocating for Public Health Services

Advocacy is the pursuit of influencing outcomes including, public policy and resource allocation within political economic

Communications Unit

"Patient Care will Suffer if Front Line Services Cut" was the joint message from the IMO and the INO at a press conference in IMO House

and social systems and institutions that directly affect people's current lives.

The IMO has, for many years lobbied successfully on a wide range of public health issues, smoking ban, alcohol abuse, road safety, medical cards, cut backs and many more.

The IMO will continue to publicly debate and address the issues that affect the medical profession and their patients. Obviously this is not a role the employers wish to see our members undertake. During the consultant contract talks the employers wanted measures put in place that would have significantly reduced the lobbying and open debate the medical profession provoke in the national and medical press. The IMO had to fight hard to maintain the right to advocacy.

As staff moratorium and cuts in funding continue to be threatened the role of the medical profession to continue to advocate is paramount.

Annual General Meeting

Prior to the IMO Annual General Meeting 2009 the IMO held a press conference announcing details of the forthcoming meeting. IMO President, Dr. Martin Daly, said: "Our theme reflects what the medical profession and the public want and deserve for their health service, 'Leadership with Responsibility'. "Our health service has experienced the full effects of a lack of investment over a period of 30-40 years. Further cutbacks that are taking place will, without doubt, store problems for decades to come. It is inevitable that those most affected by the economic downturn will also be those most in need of a fully functioning public health service."

A recent suggestion, by a senior HSE official, to rationalise the health service is extreme and would give rise to concern. A nation like ours should have a top quality health service but, to achieve this, the HSE and the Government need to stop ignoring people with first hand experience of how the system works. They have numerous reports but no implementation plans; they quote statistics as though patients are just numbers. Our patients deserve better than being referred to as a statistic." (Full press release available on IMO website)

During the AGM many of the motions and scientific sessions received widespread publicity over the three days. The AGM provides a forum and platform for many topics that would otherwise receive scant media attention. (Press Clippings and Transcripts are available from the Communications Unit).

GP Services

Following an announcement by the Minister for Health & Children (April 30th) to reduce fees and allowances payable in respect of State schemes, the IMO announced its concern regarding the ability of General Practice to continue to provide an appropriate range of services to patients.

IMO GP Chairman, Dr. Ronan Boland, said; "This decision will seriously inhibit the ability of general practice to continue to provide the range and breadth of services currently provided to patients. The IMO is particularly disappointed that no account has been taken by the Minister of the significant contribution made by General Practitioners in the context of the October 2008 budgetary decision on the over 70's medical card at which time GPs made a contribution of €36 million – amounting ironically to 8% of total fees and allowances ensuring that the maximum number of over 70's medical card holders maintained their card." (Full press release available on IMO website)

HSE Recruitment Moratorium and effect on patients

In May 2009 the Medical and Nursing profession joined forces to warn that any moratorium on recruitment in the health service

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will place health care workers and their patients in an unsafe care environment.

At a joint press conference the IMO and the INO said that services to patients must be maintained and this could only be achieved by ensuring that front line staff levels are not curtailed.

IMO Vice President, Prof. Sean Tierney said "We must ensure that health care delivery is efficient and safe. A full quota of front line staff must be maintained to minimise the impact on patients. It is critical that the replacement of staff is prioritised and that locums and temporary staff are made available in critical areas."

Protection of Public Health Services

The IMO submitted two motions for discussion at the ICTU Conference in July:

Provision of Public Health Services:

That the ICTU calls on the Government to review the culture of providing tax relief incentives for the development of the private hospital sector and use the associated savings to invest in the provision of public health services.

Cutbacks in Frontline Health Services

That the ICTU would urge the Government to give careful consideration of cutbacks in frontline health services which would adversely affect the provision of care and would increase the cost for the State and patients in the medium and long term.

Both of these motions were passed and reports in the national media highlighted the concerns of the IMO:

Irish Times, July 10th 2009

"The Irish Medical Organisation criticised the Government's plans for the development of co-located private hospital as "one of the most regrettable decisions ever taken in fostering a two-tier health service."

The IMO told the conference "it was beyond ironic and morally indefensible that at a time when the Department of Health could find €400 million in tax relief for the developers of private hospitals that it could not find the money to keep open the operating theatres of the children's hospitals in Crumlin."

IMO Doolin Memorial Lecture:

Ms. Emily Logan, Ombudsman for Children, addressed the 2009 Doolin Memorial Lecture.

Welcoming Ms. Logan, Dr. John Morris said; "This years' guest speaker is timely given the recent disturbing reports of children who suffered at the hands of people who abused their position of trust."

The title of her speech was *Children's Rights – The Public Policy Challenge*. Ms. Logan addressed the issues that have been the most pressing public policy issues under discussion in Irish society.

- Institutional maltreatment
- The failures of the State
- Clerical abuse
- Missing children
- Abuse in schools and residential centres
- Serious legal gaps regarding the care and protection of children
- The failures of the authorities to follow up on complaints and to investigate child welfare concerns
- Vaccine trials without consent

Ms Logan said,

"It was no coincidence that the vast majority of children who suffered came from marginalised backgrounds. It is self evident that it is easier to violate the human rights of people who are not socially powerful, those that are either unaware of what they are entitled to or have simply internalised low expectations of what their lot in life should be. Indeed, one of the core characteristics of human rights is that they act as a defensive wall against the arbitrary exercise of power by those who have it over those who don't. A society that is fully committed to promoting and protecting human rights is one which establishes systems of accountability and redress which prevent anyone from exercising power in this way."

"But what also comes through – loud and clear – from these reports is the placing of institutional loyalty above interests of the children. Those who were charged with the responsibility of protecting children did the opposite – they protected their abusers, and they shielded them from scrutiny, from investigation and from prosecution."

"Of course, whilst Ireland is a different country today in many respects from that which is portrayed in the Ryan and Murphy reports, their findings have a direct relevance to today, and to how children and young people are protected and have their rights recognised and vindicated. These reports contain recommendations in respect of how our current child protection and care structures should be improved. Ryan and Murphy have not closed the book on the story of the abuse of children in Ireland, but instead – I hope – have begun a new chapter in the evolution of children's rights and welfare in our State."

Research and Policy Unit

Research and Policy Unit

As the representative body for the medical profession, the IMO in its mission statement "is committed to the development of a caring, efficient and effective Health Service" and thus a key activity of the IMO is advocacy. The Research and Policy Unit conducts research and develops IMO policy on a wide range of Health Service and Societal issues and aims to influence Government proposals in a constructive and practical way.

In 2009 the Research and Policy Unit produced the following work:

- General Motions 2009 Update
- IMO Response to the Report of the Special Group on Public Service Numbers and Expenditure Programmes (McCarthy Report) and IMO Pre-budget 2010 Submission
- IMO Submissions

General Motions 2009 Update

The general motions from the Annual General Meeting (AGM) are managed by the Research and Policy Unit. Immediately following the 2009 AGM the unit wrote to the Minister for Health and Children, the HSE, TDs, Senators, other Government Departments and relevant bodies. Regarding some motions, the unit wrote on a number of occasions. By the end of 2009, responses had been received to most motions.

Many motions from 2009 and previous years are included in the different policy submissions written during the year.

The IMO's opposition to the co-location project (motion 09/62) was a key message in many of the submissions in 2009 including the IMO Response to the *Report of the Special Group on Public Service Numbers and Expenditure Programmes (McCarthy Report),* the Pre-Budget 2010 submission, Resource Allocation and Funding in the Health Sector and the Policy Review of the Economic Cost and Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals.

2009 motions on healthy lifestyle promotion and on manpower planning were included in the submissions on Resource Allocation and Funding in the Health Sector and the new National Positive Ageing Strategy. Motion 09/27 on the use of PPS Numbers as a unique health identifier for electronic health records and motion 09/28 urging the prompt roll out of the Minimum Data Set were suggested priorities in our submission on HIQA's new Corporate Plan.

Past and present motions on alcohol promotion formed the recommendations on the Introduction of Health Advice/Warnings on Alcohol Containers and Promotional Materials. And recent motions on mental health services formed the basis of the IMO submission on the progress of the Mental Health Strategy *A Vision for Change.*

The Research and Policy Unit produces a report based on the responses to the 2009 general motions which is updated on an ongoing basis. The IMO policy handbook has also been updated with the 2009 motions and is available on the IMO website.

IMO Response to the McCarthy Report and IMO Pre-budget 2010 Submission

Response to the Report of the Special Group on Public Service Numbers and Expenditure Programmes (McCarthy Report)

A wide range of drastic measures were proposed in the McCarthy Report including a change in the eligibility criteria for Medical cards, open tendering of the GMS contract, increased co-payments for drugs and hospital visits and means testing for elderly community care.

In a detailed response, the IMO outlined the potential effects that reducing medical card eligibility and introducing co-payments on prescription charges under the community schemes would have on low income and vulnerable groups. The IMO also criticised the impact of increased hospital charges and an increased monthly threshold under the drug payments scheme on people who are neither protected by a medical card nor by private health insurance.

Serious concerns were raised about the corporatisation of primary care and the dismantling of community practice if the IMO introduced open tendering of the GMS contract. The IMO illustrated the negative impact this could have on quality of care and value for money, continuity of care, chronic disease management and choice of GP and accessibility.

The IMO also opposed plans to increase contributions under the 'Fair Deal' scheme, the introduction of means testing for Home Care Packages and any reduction in carer's benefits.

As an alternative to the stark measures proposed, the IMO has put forward a plan to save up to €300million on the State's annual pharmaceutical bill through:

- Tackling the cost of generics
- The introduction of a system of reference pricing
- The establishment of an expert group to oversee the achievement of economies through generic prescribing and other measures
- Initiatives to support GPs and hospital doctors with generic prescribing.

Pre-budget Submission 2010

In the Pre-Budget 2010 Submission the IMO asked not only for investment but for protection of funding for our health care services. The vulnerable people in our society must be protected thus resources must be allocated where they are needed most and we must preserve and promote health services that are efficient and effective. Recommendations were made under the following headings:

- Health Services for Children with Disabilities
- Elderly Care
- Lifestyle and Chronic Disease
- Medical Card Eligibility
- Acute Hospital Bed- Capacity and Equity of Access.

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Under Health Services for Children with Disabilities and Elderly Care the IMO called for the immediate recruitment of community health workers, speech and language therapists, occupational therapists, physiotherapists and an increase in carer's allowances and tax relief for carers of incapacitated people of all ages. Under Elderly care the IMO also recommended that the demand for Home Care Packages must be properly assessed and funded and that the Minimum Data Set should be rolled out on a national basis.

Under Lifestyle and Chronic Disease the IMO requested that resources should be provided for the expansion of primary health care services with particular emphasis on lifestyle and chronic disease issues. Additionally levies on tobacco and alcohol should be ear-marked for health initiatives as well as increased taxes on cigarettes and a sliding scale of alcohol taxes.

The IMO also recommended that income guidelines for Medical Card Eligibility should be set at the National Minimum Wage, so that everyone living in consistent poverty and at risk of poverty is covered.

In order to tackle Acute Hospital Bed-Capacity and Equity of Access the IMO called for an immediate halt to the co-location project, and to replace the proposal with units for elective patients and patients with chronic illness.

Both the IMO Response to the McCarthy Report and IMO Pre-budget 2010 Submission were posted to the Minister for Finance and emailed to all TDs in the run up to the 2010 Budget vote. Both documents were emailed to all IMO members and are available on the IMO website.

IMO Submissions

During 2009, the Research and Policy Unit prepared a number of submissions on various aspects of health policy. A short summary of each of the principle submissions and recommendations is written below. All IMO submissions are available on the IMO website.

Implementation of the Home Care Packages Scheme

The IMO made a submission to the National Economic and Social Forum (NESF) on the Implementation of the Home Care Packages Scheme expressing support for the Scheme but concerned about inconsistency across the country and the lack of quality standards. The IMO recommendations included:

- Demand for Home Care Packages must be properly assessed and funding provided to adequately meet that demand
- National quality standards must be developed similar to those developed by HIQA for residential care
- Information on the options available within the scheme should be clearly communicated to the patient
- Compulsory training for all healthcare professionals providing services under the Scheme and procedures for the prevention, detection and management of elder abuse should be put in place.

Our recommendation that *"A model of needs assessment must be patient focused taking into account the person's general health, their disability, the physical environment of their home and the support networks that surround them."* was quoted in the final report by the NESF.

End of life Forum

The IMO made a submission to the Irish Hospice Foundation's (IHF) End-of-Life Forum under the heading of Healthcare.
The submission highlighted the lack of resources and the lack of a clear HSE policy on palliative care in acute hospital settings. It also recommended that End-of Life care should be broader in focus and needs to incorporate palliation as a during life component of elderly healthcare as old people are the demographic group most affected. IMO Vice-President Prof. Seán Tierney also gave a presentation at a workshop organised by the IHF.

Consent for Organ Donation after Death for Transplantation

A submission was prepared for the Dept. of Health and Children (DOHC) on Consent for Organ Donation which took the form of a questionnaire. The IMO proposed a system of Hard Mandated Choice whereby each person in the State would be obliged to register their choice to donate or not. Our support for this option is based on the potential effectiveness of increasing organ donation rates as it places the legal onus on the individual to make an informed decision on organ donation. The IMO also noted that factors other than the consent system can lead to increased rates of organ donation particularly:

- Measures undertaken in hospitals to optimise donor procurement
- Public awareness about the relevant aspects of organ donation.

The IMO recommended that whatever system is implemented it must be accompanied by clear legislation, public awareness and appropriate resource allocation. Comments made in the IMO submission were published in the Department's *Report on Public Consultation on Consent for Organ Donation.*

Medical Fitness to Drive

At the request of the Road Safety Authority, the IMO made a submission on Medical Fitness to Drive. The IMO stated that any changes to policy and procedures should focus on promoting and maintaining the mobility and independence of drivers while at the same time maximising road safety for all users. Some of the recommendations were as follows:

- that Ireland should enter into a partnership with the UK DVLA Drivers Medical Group that produce medical standards for fitness to drive
- A Group of traffic medicine doctors should be employed to answer queries.
- Also needed are driver assessment centres for further referral.

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Resource Allocation and Financing in the Health Sector

Ongoing concerns over transparency, access to care, equity of access and sustainability of the Irish health care system were raised in the IMO's submission on Resource Allocation and Financing in the Health Sector. In line with previous policy position papers and submissions, the following recommendations were elaborated:

- That public health accounts should be transparent and the OECD System of Health Accounts should be adopted
- Planning should be made on a long-term basis and substantial capital investment is required including the upgrading of acute care facilities, investment in modern diagnostic and treatment technologies and facilities, investment in primary care and long-term care as well as a national system of electronic health records
- To address the issue of acute hospital bed capacity the IMO called on the Minister for Health and Children to change the proposal for co-located hospitals to units for elective patients and patients with chronic illness
- Primary Care teams should be adequately resourced and must be established and evaluated before services are withdrawn from acute care
- The issue of medical manpower must be addressed with an assessment of undergraduate and post-graduate training needs, which consolidates recommendations from previous reports including the Buttimer, Hanley and Fortrell reports
- Long-term and home cares services for the elderly must be urgently addressed
- And the proportion of healthcare expenditure allocated to public health and chronic disease prevention must increase.

The Research and Policy Unit also attended a conference at the Economic and Social Research Institute (ESRI) entitled "The Impact of Demographic Change on the Demand for and Delivery of Healthcare in Ireland to 2121".

National Positive Ageing Strategy

The Research and Policy unit also prepared a detailed submission to the Dept. of Health and Children on the new National Positive Ageing Strategy focusing on three areas:

- Healthy lifestyle promotion
- Mental health promotion
- Access to adequate services

The IMO advised that healthy lifestyle should be promoted to all ages and evidence-based programmes should be introduced to promote healthy diet and physical activity in old age, warn of the dangers and deter smoking and alcohol abuse, prevent falls and disability and promote appropriate pharmaceutical use.

Recommendations for mental health promotion included education campaigns aimed to ensure early detection and treatment of mental health problems; programmes that prepare older people for major changes in their life such as retirement, bereavement or declining health, the development of social support networks and policies to address the wider determinants that impact on mental health such as diet and physical activity, age discrimination, social isolation and poverty.

In terms of access to adequate health care the IMO insisted that ageist attitudes in health policy and healthcare should be tackled. The IMO also recommended improved integration and communication between services and the management of chronic disease by the General Practitioner under contract. Recommendations with regard to elderly care, made in the submissions on the Home Care Package Scheme, End-of Life and on Resource Allocation and Funding in the Healthcare System, were repeated.

Value for Money and Policy Review of the Economic Cost and Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals

The IMO Submission on Value for Money and Policy Review of the Economic Cost and Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals was sent to the DOHC early this month. The IMO recommended:

- economic costs should be charged to private patients in public hospitals
- value for money for both public and private patients
- thorough evaluation of alternative systems of payments before changes are made

The IMO also warned that any increase in revenue is likely to be negated by the co-location project and warned against following the high-cost US model of healthcare where those not covered by insurance face bankruptcy from healthcare costs.

Introduction of Health Advice/Warnings on Alcohol Containers and Promotional Materials

A submission was sent to the DOHC on labelling and health warnings to appear on alcohol containers and promotional material. The IMO outlined the adverse effects of alcohol abuse and excessive alcohol consumption as well as the susceptibility of young people to alcohol promotion. Recommendations were based on past and present AGM motions and included:

- The introduction of explicit health warnings including the dangers of drink-driving, calorie and alcohol content labelling and mandatory warnings in relation to pregnancy and Foetal Alcohol Spectrum Disorder
- Prohibit alcohol sponsorship to young people at sporting events, concerts, cinemas and on television before 9pm
- Other recommendations included 2009 motions on reducing the drink driving limit to 50mg% and the introduction of mandatory drug and alcohol screening from drivers in any crash where there is a person injured or killed.

HIQA Corporate Plan 2010-2012

The Health Information and Quality Authority (HIQA) invited the IMO to comment on what key projects the Authority should focus on in

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their new corporate plan 2010-2012.

In line with 2009 submissions and motions passed at the 2009 AGM the IMO recommended that HIQA prioritise:

- the development of National Quality Standards for the Home Care Package Scheme
- the monitoring of all healthcare services whether public, voluntary not-for-profit or private and the mandatory accumulation and publication of outcomes data from all hospitals
- the prompt roll out of the Minimum Data Set in line with the recommendations of the Leas report
- the swift introduction of a system of electronic health records using the PPS Number as a unique patient identifier

The IMO raised concerns that HIQA required adequate resourcing to carry out its role inspecting hospital and residential care facilities. The IMO also suggested that HIQA should explore avenues of collaboration with other EU countries in the assessment of health treatments and technologies.

*Progress of **A Vision for Change***

Four years after the publication of Ireland' Mental Health Strategy *A Vision for Change* progress with implementation continues to be slow. The IMO highlighted issues with the implementation process and planning as well as the lack of transparency in the allocation of resources. Central to the Mental Health Strategy is the closure of psychiatric institutions and the transfer of services to a more appropriate community setting, yet Community Mental Health Teams are under-resourced and less than half the number of recommended staff are in place. Failure to provide adequate rehabilitation services, units for children and adolescents and services for people with intellectual difficulties were highlighted as areas of particular concern.

IMO recommendations included:

- The funding and allocation of resources to Mental Health Services must be transparent and the sale of psychiatric service lands must be released
- A specific Mental Health Directorate must be set up and the HSE implementation plan must show clear links between outcomes, timeframe and resources
- Full multi-disciplinary Community and Specialist Mental Health Teams must be established with the immediate recruitment of community mental health nurses, occupational therapists, psychologists, social workers
- Rehabilitation and Recovery Teams must be established and alternative accommodation provided to facilitate the closure of psychiatric institutions
- Urgent attention should be given to Children and Adolescent Mental Health Services
- Full Mental Health Services for Adults with Intellectual Disability must be developed that are appropriate to individual patient's needs.

Generic Medicines Policy

In December 2009 the DOHC wrote to the IMO asking for our input on the Minister's proposal to introduce a system of reference pricing for certain pharmaceuticals and generic substitution by pharmacists. The IMO wrote a submission re-stating that substantial savings on the State's drugs bill can be made by introducing a range of measures that increase the use of generic medicines.

The IMO made the observation that countries that have the highest generic medicines volume market share are countries which have implemented a coherent generic medicines policy. The IMO wrote that measures are needed both on the supply side to encourage generic manufacturers to enter the market as well as demand side measures that encourage all parties including patients, doctors, payers and not just pharmacists to promote the use of generics. Specific recommendations included:

- Reduce the cost of generic medicines by ending pricing agreements for off-patent and generic pharmaceuticals and promoting managed competition
- establish a system of pharmaceutical reference pricing for off-patent and generic medicines
- introduce a public awareness campaign to inform the public of the advantages of generic medicines and alleviate any concerns
- consider the introduction of mandatory generic prescribing across the whole of the health system, with allowances for physicians to prescribe branded products only when concerned about individual patient safety
- Establish a multi party working group to co-ordinate the achievement of economies through generic prescribing and other measures
- Support optimum levels of generic prescribing through the provision of prescription software systems, prescription data analysis and professional prescribing advice and support.

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International Affairs

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

Dr Neil Brennan (Chairman and CPME)

International Affairs Committee 2009 - 2010

Dr Neil Brennan (Chairman and CPME)
Dr Henry Finnegan (CPME)
Dr Hugh Breslin (UEMS – Retired)
Dr Martin Daly (UEMO)
Dr Liam Lynch (UEMO and EANA)
Dr Mick Molloy (PWG)
Dr John Morris (PWG)
Dr Cillian Twomey (UEMS and former Chairman)

The Irish Medical Organisation is a member of the following organisations:

- The Standing Committee of European Doctors (CPME)
- European Working Group of Practitioners and Specialists in Free Practice (EANA)
- The European Union of General Practitioners (UEMO)
- The European Union of Medical Specialists (UEMS)
- The Permanent Working Group of European Junior Doctors (PWG)
- The World Medical Association (WMA)

International Affairs Strategy

The IMO is continuing to advocate its strategy of streamlining the management of medical politics and lobbying within the EU towards the vision of a single medical organisation to effectively influence European institutions. The International Affairs Committee continues to work within European Medical Organisations (EMOs) to achieve:

- A focus on productive policy work in meetings
- Focus on new external environments
- A reduction of overheads
- An increased political/public relations impact
- Valuable alliances.

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

European Issues

European Medical Organisation Common Meeting – June 2009

A historic meeting was held in June to discuss potential collaborative efforts between the Executive Committee members from all nine EMOs. This meeting was the result of many organisations reflecting on their structure, fiscal capabilities and effective influence in the medico-political arena.

An agreement between EMOs was signed at the meeting outlining ways in which they can join in solidarity on a range of medico-political issues. A committee representing the alliance was established, and it is hoped that this alliance will facilitate efficient lobbying and

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representation for physicians in Europe while still representing the individual needs of each EMO.

This outcome confirms the EMOs commitment in the first steps towards establishing a European domus medica, which the IMO International Affairs Committee has continually advocated as part of the International Affairs Strategy.

European Working Time Directive (EWTD)

After several rounds of negotiation talks on the EWTD between the European Parliament and the Council, discussions failed on the 28th April culminating in an overwhelming vote that no resolution could be reached on three crucial points:

- The opt-out clause: The Parliamentary negotiating team and the Council could not identify a way forward on the proposal to phase out the opt-out clause.
- On-call time: Although supported in December by the European Parliament to have on-call time classified as working time, a common position could not be agreed to.
- Multiple contracts: Like on-call time, no agreement could be reached on how to calculate working hours for those working with more than one contract.

Failure to reach an agreement in the conciliation process ensured that the existing Working Time Directive was fully implemented on 1 August 2009.

Consultation with social partners within the EU took place in late 2009 to determine the issues within the Directive that may require review and amendment. This consultation may lead to a recommendation for further community action initiating the review process of the Directive.

The IMO will continue to carefully monitor this situation and to work at a European level to ensure that any revision or further drafted changes will not compromise patient safety and that working conditions for doctors in Ireland will be safe and not impede their further education.

Patient's Rights to Cross Border Health Care

In April, the European Parliament approved a report by rapporteur John Bowis outlining individuals rights in the EU to seek healthcare abroad and to be reimbursed for the care they receive.

The Patient's Rights to Cross Border Health Care has undergone significant change in 2009 with much debate from medical professionals, Member States, the European Union and Patients Groups. The Swedish Presidency drafted a proposal that they believed could achieve agreement between the EU and Member States. However there were concerns that this was a much weaker draft, particularly with the deletion of some key points that European Medical Organisations (EMOs) had lobbied quite heavily on, predominantly:

- Patients accessing services in border areas and the impact that this will have on Member States.
- Quality assurances throughout the EU and the implications for patient safety.
- Confidentiality and data protection in the development of supportive technologies in delivering cross border health care.
- Prior authorisation and the unequal access that this may create throughout the EU.
- Recognition of qualifications and patient safety.

No political agreement could be reached at the December meeting of the Council. It will be up to the new Commissioner for Health if this proposal will be further developed or if the status quo remains.

Green Paper on Healthcare Workforce

In March the IMO sent a submission regarding the Green Paper on Healthcare Workforce to the Directorate-General for Health and Consumers (DG SANCO). Some of the topics discussed in the response included:

- The Demography and the promotion of a sustainable health workforce
- Public health capacity
- Training
- Managing mobility of health workers within the EU
- Global migration of health workers
- Data to support decision-making
- The impact of new technology: Improving the efficiency of the health workforce.

While the IMO supports many of the actions and recommendations listed in the Green Paper, the IMO stressed that resourcing and investing in the health care workforce is essential to ensure efficiency, equality in access and quality standards throughout Europe. Without such investment and development, the ability to adapt to meet new challenges in health care is greatly diminished.

European Medical Organisations

Standing Committee of European Doctors (CPME)

CPME celebrated its 50th Anniversary at their Autumn meeting in Winchester after what had been a significant period of change within the organisation.

The current working structure of CPME is to be revised from the subcommittee structure to working groups, to ensure that outputs are realised and that specific issues are dealt with in a designated timeframe. While these priority areas are set to be established in early 2010, the IMO hopes that this restructuring will help focus policy output and achieve goals that have been postponed while dealing with internal matters.

In 2009 CPME has been active in responding to issues such as:

- The application of Patient' Rights in Cross Directive on Cross Border Health Care
- Green Paper on the European Workforce for Health
- Telemedicine

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- Information to Patients as regards to Prescription-Only Medicines.
- Pharmacovigilence

Dr Konstanty Radziwill (Poland) was elected President at the March meeting for the 2010-2011 term.

European working group of practitioners and specialists in free practice (EANA)

The European Working Group of Practitioners and Specialists in Free Practice (EANA) gather to discuss issues and experiences of doctors in private practice that operate in varying healthcare and social systems through Europe. Medical autonomy is a prominent issue for EANA, particularly in the current economic climate.

EANA issued a statement at the June meeting regarding the definition of liberal medical practice and the fundamental elements that create the profile of a privately employed doctor. EANA have also contributed to the Cross-Border Healthcare debate, with particular emphasis on quality assurance in health care and acknowledging that this directive affects all physicians, regardless of their contractual status.

Permanent Working Group of European Junior Doctors (PWG)

At the June meeting in Brussels, Dr Bernado Pinto from Portugal was elected as the new PWG President. This Presidency will largely deal with developing PWG internally and externally, and will focus on having measurable outcomes for 2010.

The IMO hosted the Autumn meeting of PWG in Killarney at the end of October. At this meeting, it was decided that PWG would trial a Brussels office by contracting the services of a consulting company to monitor EU issues and to lobby on behalf of PWG. This trial will be vital for PWG to establish itself firmly as an organisation with influence. PWG will also undertake the process of becoming legally registered in Belgium to enhance its presence in Brussels and to formalise its place alongside many of the other European Medical Organisations.

PWG has taken a much more active role within the European Medical Organisation structure, contributing to the President's Committee meeting with the development of an e-domus medica.

Major issues that PWG have been working on in 2009 and will largely carryover into 2010 are:

- EWTD and its implementation throughout Europe.
- Harmonization of postgraduate medical training in Europe
- Recognition of Professional Qualifications and the upcoming revision.
- Patients rights in cross border health care
- Working with other European Medical Organisations and strengthening influence amongst other organisations.

European Union of Medical Specialists (UEMS)

UEMS has had a very progressive and influential year in the medico-political arena, particularly in regards to the Directive on Patients' right in Cross Border Healthcare.

UEMS had great influence on this issue, with many of their recommendations being included in the draft and gaining support for key points from Members of the European Parliament.

Given the progression of the Cross Border Health Care Directive, UEMS is undertaking substantial work in eHealth discussions. Through the utilisation of their specialist bodies, UEMS will have much to contribute as the discussion materialises from debate into solid initiatives and policies on issues such as interoperability, patient safety, quality assurance and security.

UEMS is also developing a new technology platform that will make significant progress in the move to harmonise postgraduate training in the EU. The establishment of the European Council for the Accreditation of Medical Specialist Qualifications (ECAMSQ) working in conjunction with this new e-platform will complement the existing European Accreditation Council for Continuing Medical Education (EACCME).

The CME/CPD working group within UEMS is continuing to make good progress on their project of investigating the various policy papers that deal with professional development and the accreditation standards across the European Union. Recognition of qualifications and CME/CPD is an area that that will become more prominent in the wake of the Medical Practitioners Act coming into force. Other projects that the CME-CPD working group are looking to include are:

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

European Union of General Practitioners (UEMO)

UEMO has also had a challenging year, engaged in many difficult European medical policy areas. However, a milestone was achieved in 2009 with UEMO becoming registered under Belgium law, securing their voice for the representation of General Practitioners in Europe.

Elections were held at the Autumn meeting, where Dr Ferenc Hajnal from Hungary being elected to hold the next President starting in 2011-2015.

At the recent UEMO Executive Committee meeting in Basel, a statement issued declaring their intent to work more closely and share information to effect change.

Like PWG, UEMO has also engaged a consultant to strategically develop lobbying in Europe and to assist with identifying

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opportunities for UEMO to effectively influence European medical issues affecting GPs in Europe.

UEMO has been looking at a diverse range of issues, including:

- Recognition of General Practice/Family Medicine as a Specialty.
- The role of the pharmaceutical industry in Continuing Medical Education/Continuing Professional Development.
- Accreditation and delivery methods of CME/CPD in General Practice.
- Over-prescribing in General Practice.
- Expanding membership and raising the profile of UEMO amongst other sister organisations internationally.

World Medical Association

The World Medical Association General Assembly was held in New Delhi from 14-17 October. Dr Ketan Desai from the Indian Medical Association was elected as the new President for 2011-2012.

One of the most complex issues discussed at the WMA was that of task-shifting. While the allocation of tasks to medical assistants or even non-medical staff can be useful in countries facing a critical shortage of physicians, it can be detrimental to the role of the doctor particularly when employed in well resourced countries.

Other policy outcomes from the meeting included:

- Declaration of Delhi on Health and Climate Change
- Declaration of Madrid on Professionally-led Regulation
- Statement on Guiding Principles for the Use of Telehealth for the Provision of Health Care
- Resolution on Task Shifting from the Medical Profession
- Statement on Conflict of Interest
- Statement on Embryonic Stem Cell Research
- Statement on Inequalities in Health
- Resolution supporting the Rights of Patients and Physicians in the Islamic Republic of Iran
- Emergency Resolution on Legislation against Abortion in Nicaragua

Conclusion

The IMO will continue to work with other national delegations across European Medical Organisations to promote a more collaborative framework that will strengthen lobbying within the European medico-political arena.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Financial Services

Dr Martin Daly, Chairperson

IMO Financial Services Board

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

Dr. Martin Daly, Chairman

Mr. George McNeice, Managing Director

Mr. Michael Marsh, Secretary

Mr. Leslie Buckley

Mr. Patrick Dineen

IMO Financial Services continued to provide a valuable and professional service to our members in 2009.

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

Changes in legislation a number of years ago allowed IMO FS to provide the option of additional voluntary contribution facilities through PRSA contracts. This was particularly important this year as a Revenue Briefing in September 09 made it compulsory for members of superannuation schemes to maximise their contributions to an AVC Policy before making any contribution to a personal pension.

A number of changes were also introduced in relation to the calculation of contribution limits. There was widespread concern in respect of potential budgetary changes, particularly in regard to the treatment of tax-free cash and we provided many members with advice on these matters over the year. Twenty retirment planning seminars were held throughout the country during the year.

Group Life Scheme

Our Group Life Scheme continued to be popular with members. One of the purposes of the scheme is to enable doctors to obtain cover on favourable underwriting terms. In particular, from time to time, we can obtain cover for doctors who might not be able to obtain it otherwise. In August 2009 we offered existing members the opportunity to have their cover automatically increased at the rate of 5% per annum. 535 members of the scheme accepted the offer, which was made without any requirement to provide medical information.

Another theme of the group life scheme is to encourage younger members to have adequate life cover in place to provide for loved ones in the event of untimely death. We introduced a number of incentives to this end, including reduced underwriting conditions.

There were sadly 4 death claims under the Group Life Scheme during 2009, with a total of €2.02m being paid out to the estates of members who died.

Income Protection Schemes

We operate group disability schemes that are designed to provide income in the event that a member is unable to work due to accident or illness. Cover is available up to the age of 65 and new entrants to the scheme must apply before attaining the age of 54. The schemes are available to provide cover to GPs, Consultants, Public Health Doctors and Non Consultant Hospital Doctors. The maximum level of cover under the schemes is €60,000 per annum. During 2009 we offered existing members the 5% annual indexation opportunity and 549 members accepted the offer.

Prior to 2009, we had operated two separate schemes: one for hospital doctors and the other for senior doctors and GPs. In 2009 we established a new scheme for

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Financial Services

younger doctors wishing to avail of group PHI cover and in time this new scheme will replace the existing schemes.

Waiver of Premium Scheme

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

Individual Consulting Service

A full complement of financial consultants allows us to provide a comprehensive review service to our members. Many members have complex financial arrangements and needs. Following a review of a member's requirements, our consultants set out suggestions as to how best to arrange for the member's needs to be met. In conjunction with associated firms, we advise on a wide range of issues, including tax and inheritance planning.

Mortgages & Practice/Private Rooms

The sharp reduction in lending by commercial institutions, coupled with the downturn in the property market was reflected in the level of interest among members in our mortgage services. The level of activity was well down on previous years.

One area that continued to be of interest to members was our practice development package. For members who wish to acquire or develop medical centres or private rooms, our package remains one of the most competitive in the market The application process is extremely straightforward and lacking in red tape.

Individual Products

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

Our Doctor's Income Protection product allows us to provide increased benefit levels and guaranteed increases in cover to members.

Other Products

We continue to offer household, surgery, travel and motor insurance through Jardine Lloyd Thompson.

Meetings

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

Conclusion

During the past year, IMO Financial Services assisted over 800 members in relation to individual products, ranging from pensions, investments, mortgages, loans, and individual protection products. We continue to strive to increase and enhance our product range and provide a personal, confidential and professional service. I am happy to say that there continues to be a very high level of satisfaction from members who use the services of IMO FS.

Fitzserv Consultants Limited t/a IMO Financial Services is regulated by the Financial Regulator.

MEDISEC

MEDISEC IRELAND

Board of Directors

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

Staff

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

Medisec is the only Irish Independent non profit-making company, owned by it's members, GPs in Ireland, with the objectives of providing General Practitioners with:

- A fair deal in Professional Indemnity. **The Medisec product is unique in that it is a fully insured non-discretionary contract, with a 10 million limit of indemnity.**
- A high quality Advisory and Mediation Service.
- A GP integrated Risk Management process, facilitated through Newsletter publications and a continuously updated website together with Risk Management presentations.

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

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

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

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

The membership of Medisec has grown to a level of 1000. This contrasts with the initial membership under IGPIMAS in July 1992 of less than 250 members.

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Membership Unit

In 2009 the IMO had record membership levels with a particular increase in NCHD membership.

The Membership Unit is committed to ensuring all details for IMO members are accurate and in this regard all our members are requested to update their contact details as they move work location. This is vital in terms of ensuring members continue to receive relevant updates from the IMO in respect of industrial relations issues, meetings, questionnaires and other services.

It is the aim of the IMO to make best use of technology in communicating with members in a timely manner and in terms of our IT capabilities we are in a continuous process of enhancements and development to achieve our goals in this regard. Additionally, it is critical to the efficiency and effectiveness of the Organisation that the internal systems best meet the needs of all units in terms of delivering a high quality service to members.

The Membership Subscription Rates for each year are set by the IMO Management Committee and for 2010, bearing in mind the difficult financial situation, subscription rates have been reduced to January 2008 levels. The Membership Unit are available to respond to queries from members in respect of any contact or rate details.

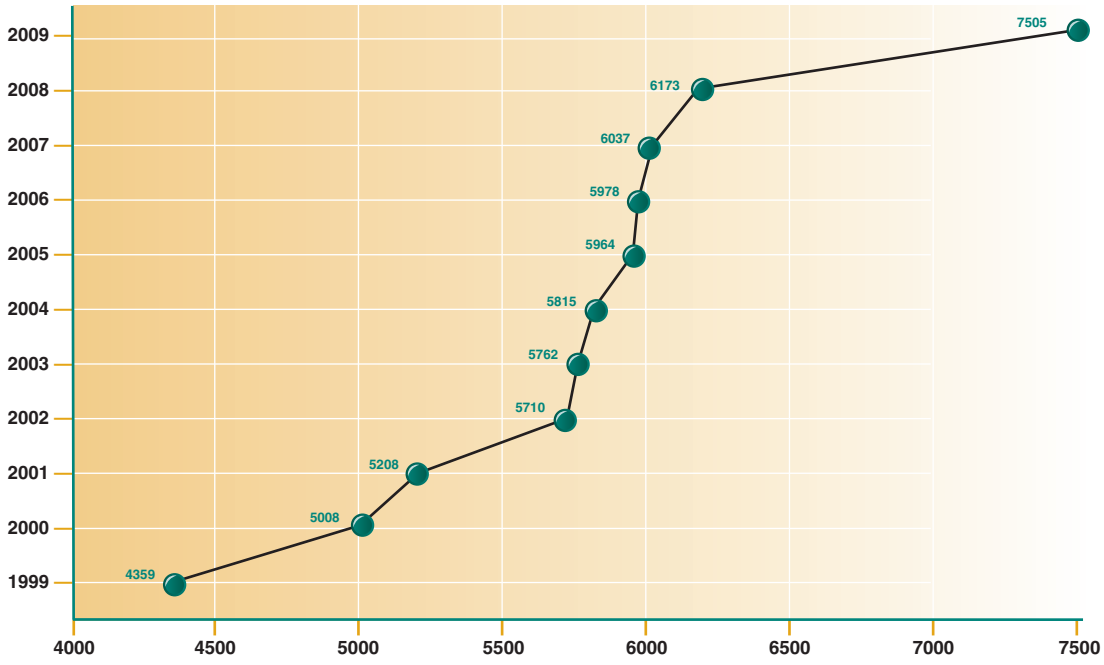
Members can choose from a number of payments options in terms of paying their annual subscription:

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

The strength and unity of our membership, across the range of specialities, is critical to the success of the IMO in terms of achieving its objectives.

Mission Statement

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



2009 – 7505 **2008** – 6173 **2007** – 6037 **2006** – 5978 **2005** – 5964 **2004** – 5815
2003 – 5762 **2002** – 5710 **2001** – 5208 **2000** – 5008 **1999** – 4359

Publishing Unit

Dr John FA Murphy, Editor, Irish Medical Journal

In 2009 there were 10 issues of the Irish Medical Journal. There were 10 Commentaries, 15 Editorials, 57 Original Papers, 14 Short Reports, 15 Case Reports, 35 Letters to the Editor, 11 Research Correspondence, 4 Occasional Pieces, 6 Book Reviews and 5 Poetry Items.

The 'In this Months IMJ' section has been expanded. In addition to a summary of the major articles, relevant photographs, tables and figures have been added. The format offers the busy clinician an opportunity to get a rapid appraisal of the Journal's contents. It has received a positive response from readers and there are plans to develop it further in the forthcoming year. It is recognised that medical journals are read in a number of ways. They are read superficially to ascertain the main new information. They are subsequently read in greater detail if the article interests the reader.

The online IMJ continues to progress. Its reliability and punctuality has greatly improved. It invariably comes out before the printed version. Online publication offers infinite possibilities. In the future it will be possible to publish papers that can't be accepted for the printed edition due to lack of space. In this way more authors and their papers can be accommodated.

A wide range of medical conditions and issues were addressed in 2009. In a paper 'The role of alcohol in deaths presenting to the Coroner's service in Cork city and county' Bellis et al reported that blood samples revealed the presence of alcohol in 38% cases. Fifty two per cent of drivers were positive for alcohol at the time of death. The findings underlined the importance of alcohol-related deaths.

In 'Orthopaedic admissions due to sports and recreation injuries' Delaney et al described 1590 sports related injuries. Sixty three individuals required hospital admission. Surprisingly 14% of admissions were due to trampoline/bouncy castle accidents.

'The decline of hysterectomy for benign disease' was described by Horgan and Burke. The reduction is due in large part to the Mirena coil. Between 1999 and 2006 the number of hysterectomies decreased from 3,088 to 2,251.

The paper 'Obesity in Ireland in 2008: what radiological equipment is available to image the obese patient?' received both national and international attention. Campbell et al described how the body weight for the use of imaging equipment is being exceeded. The weight restriction for most machines is 172-195 Kg. With 10% of obese patients weighing over 160Kg the weight limits of the equipment is frequently being exceeded. In the future the radiology machines will need to be designed to cope with the obesity epidemic.

In an editorial on 'Acute psychiatric units in general hospitals: where are we now' Pillay and Kelly describe the movement of admission facilities from old psychiatric hospitals to general hospitals. This is bringing an end to the isolation which was so damaging to the practice of psychiatry. It makes psychiatric treatment more acceptable to those who need it. The sharing of facilities with a general hospital makes long-term economic sense.

The paper 'Panton Valentine Leukocidin MSSA leading to multi-organ failure' described the devastating effect of this Leukocidin producing Staph Aureus. It causes widespread infection including 'spider bite' abscesses. It has been associated with sports-related injury. Patients

Publishing Unit

require very aggressive antibiotic therapy with supportive surgical and intensive care.

'Being old in Ireland: a fit state?' was a paper analysing the heath status of 495 individuals over 70 years of age. Whelan et al found that two thirds were in good health, the other third suffering from long-term illness. Of those who lived alone two thirds were female. The majority of old people have no or minimal disability and live in their own homes.

'Cerebral palsy following neonatal hypoxic seizures in singleton term infants: the influence of parity' gave a useful insight into birth asphyxia and subsequent cerebral palsy. Mahony et al showed the problem was largely confined to first time mothers. The frequency of neonatal seizures was 2.4 per 1000 in infants of primiparas and 0.35 per 1000 in infants of multiparas.

'Waiting times for access, diagnosis and treatment in a cancer centre' showed the waiting times for common cancers. Collins et al reported that the waiting times had risen between 2001 and 2006 due to increased numbers. The total number had risen from 529 to 737. Currently the waiting times between diagnosis and treatment are as follows; breast 15 days, lung 25 days, colorectal 14 days and upper GI 13 days. These figures compare favourably with the UK where the target is 1 month from diagnosis to treatment.

'Pregnancy associated breast cancer' was a paper describing 12 expectant mothers who developed the cancer during pregnancy. The tumour was larger and lymphovascular involvement more common than in non-pregnant women with breast cancer. The mean disease free survival was 111 weeks in the pregnant women compared 144 weeks in the non-pregnant group. Explanations include delay in presentation and more aggressive biology.

I want to thank everybody who has been associated with the Journal during 2009. Thanks to the contributors and the referees for their invaluable role.

JFA Murphy

Editor

AGM 2009 Killarney










IRISH MEDICAL
ORGANISATION



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2009 financial statements

For Year ended 31-12-2009

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Financial Statements

For the Year Ended 31st December 2009

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Trustees and other information

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

TRUSTEES:	Dr. Henry Finnegan Dr. Larry Fullam Dr. Mary Hurley Dr. B.J. O'Sullivan Dr. Cillian Twomey
MANAGEMENT COMMITTEE:	Mr. George McNeice Dr. Martin Daly Dr. John Morris Professor Seán Tierney Dr. Ronan Boland Dr. Matthew Sadlier Dr. Trevor Duffy Dr. Paula Gilvarry Dr. Michael Mehigan Dr. Howard Johnson
BANKERS:	Allied Irish Banks Plc., 40/41 Westmoreland Street, Dublin 2.
SOLICITORS:	John O'Connor & Co., 9 Clare Street, Dublin 2.
AUDITORS:	Hamill Spence O'Connell, Chartered Certified Accountants, Registered Auditors, Adelaide House, Dun Laoghaire, Co. Dublin.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of the Management Committee for the Year Ended 31 December 2009

The Management Committee has pleasure in submitting its report together with the audited financial statements of the organisation for the year ended 31 December 2009.

Statement of Management Committee's Responsibilities

A. We are responsible for the preparation of the organisation's financial statements, which give a true and fair view of the organisation's affairs as at 31 December 2009 and of the surplus for the year then ended.

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

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

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

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

Post Balance Sheet Events

No significant events have occurred since the balance sheet date.

Auditors

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

On behalf of the Management Committee:

President
DR JOHN MORRIS

Treasurer
DR MICHAEL MEHIGAN

Date: 28th January 2010

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Treasurer's Report

It gives me great pleasure, as Treasurer of the Irish Medical Organisation, to present my report and the Financial Statements for the year ended 31 December 2009 which have been audited, without qualification, by Hamill Spence O'Connell, Chartered Certified Accountants, Dun Laoghaire, Co.Dublin.

Strategic Plan 2008-2010

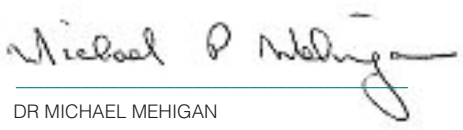
Even in these financially difficult times we have endeavoured to focus the Organisation's resources on the key elements and objectives as outlined in our Strategic Plan. On the Industrial Relations front it was a frustrating year with the HSE taking unilateral action on the terms and conditions of our members. It has proved critical, that due to our prudent financial management over the past number of years, we were in a strong financial position to take legal action when the HSE ignored the normal industrial channels. Our advocacy role has further strengthened during the past year and additionally, we have invested further resources in our IT capability to enhance our communication with members. 2009 was a record level for IMO membership and I believe our focus on the pillars of our Strategic Plan will ensure we are in the best possible position to continue to meet member needs.

Corporate Governance & Financial Performance

The sound financial management of the organisation during the year has resulted in a net surplus of €645,250 with accumulated revenue reserves of €5,039,028. In accordance with International Auditing Standards and best accountancy practice, the Balance Sheet shows all assets at cost. In order to reflect the true value of the Irish Medical Organisation, a consolidated balance sheet incorporating up to date valuations together with appropriate notes and explanations has been prepared and is attached to the accounts. Members will be aware of the need to engage in legal action against the HSE during 2009 and potential further action in 2010. It is deemed prudent at year end to allow a significant legal accrual in these financial statements.

2009 continued to pose challenges for the IMO on many fronts including the depressed economic situation. However I am pleased to report that we are in a strong financial position, the net worth of the IMO as at 31 December 2009 was €9,175,122.

I would like to thank Mr George McNeice, Chief Executive, for his continuing stewardship of the IMO and also my thanks to my fellow honorary officers during the past year.



DR MICHAEL MEHIGAN
Honorary Treasurer

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2009 on pages vii to xxi, which comprise Income and Expenditure Account, Balance Sheet, Cashflow Statement and the related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out on page xii.

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

Respective Responsibilities of the Management Committee and the Auditors

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

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

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

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

Basis of Audit Opinion

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

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

Opinion

In our opinion the financial statements give a true and fair view of the state of the organisation's affairs as at 31 December 2009 and of its surplus for the year then ended and have been properly prepared in accordance with all legal requirements.

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

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

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

Date: 28th January 2010

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

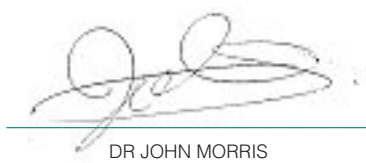
Income and Expenditure Account for the Year Ended 31 December 2009

	Notes	2009	2008
		€	€
Income	1	5,368,175	4,371,473
Other Income	3	234,037	280,064
Publishing Contribution	Schedule 1	(26,935)	(8,905)
		5,575,277	4,642,632
Expenditure	Schedule 2	(4,930,027)	(4,168,111)
Surplus for the Year before Taxation	4	645,250	474,521
Taxation	5	—	—
Surplus For The Year After Taxation		645,250	474,521
Opening Accumulated Revenue Surplus		4,393,778	3,919,257
Closing Accumulated Revenue Surplus		5,039,028	4,393,778

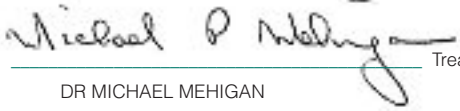
There were no recognised gains or losses other than those passing through the profit and loss account and, therefore, no separate Statement of Recognised Gains and Losses has been prepared.

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

The financial statements were approved and authorised for issue by the management committee on 28 January 2010 and signed on its behalf by:



President
DR JOHN MORRIS



Treasurer
DR MICHAEL MEHIGAN

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Balance Sheet
as at 31 December 2009

	Notes	2009 €	2008 €
FIXED ASSETS			
Tangible Assets	**6**	353,562	252,551
Deposit with the Court of Justice	**8**	6,911	6,911
		360,473	259,462
FINANCIAL ASSETS			
Investments	**7**	91,562	91,562
		452,035	351,024
CURRENT ASSETS			
Debtors	**9**	4,662,247	4,333,509
Cash & Bank Balances		2,564,115	1,232,883
		7,226,362	5,566,392
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(2,574,829)	(1,503,373)
NET CURRENT ASSETS		4,651,533	4,063,019
TOTAL ASSETS LESS CURRENT LIABILITIES		5,103,568	4,414,043
Creditors (amounts falling due after more than one year)	**11**	(64,540)	(20,265)
		5,039,028	4,393,778
FINANCED BY			
Accumulated Revenue Surplus	**14**	5,039,028	4,393,778
Members' Funds	**16**	5,039,028	4,393,778

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

The financial statements were approved and authorised for issue by the management committee on 28 January 2010 and signed on its behalf by:

President
DR JOHN MORRIS

Treasurer
DR MICHAEL MEHIGAN

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Consolidated Balance Sheet as at 31 December 2009

	Notes	2009 €	2008 €
FIXED ASSETS			
Tangible Assets	**6**	8,615,555	8,704,999
Deposit with the Court of Justice	**8**	6,911	6,911
		8,622,466	8,711,910
FINANCIAL ASSETS			
Investments	**7**	467,819	491,193
		9,090,285	9,203,103
CURRENT ASSETS			
Debtors	**9**	303,848	566,006
Cash & Bank Balances		5,280,037	3,174,046
		5,583,885	3,740,052
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(3,135,658)	(2,019,760)
NET CURRENT ASSETS		2,448,227	1,720,292
TOTAL ASSETS LESS CURRENT LIABILITIES		11,538,512	10,923,395
Creditors (amounts falling due after more than one year)	**11**	(2,363,390)	(2,820,738)
		9,175,122	8,102,657
FINANCED BY			
Accumulated Revenue Surplus	**14**	7,845,699	6,772,910
Revaluation Reserve	**15**	1,329,423	1,329,747
Members' Funds		9,175,122	8,102,657

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Cashflow Statement for the Year Ended 31 December 2009

	Notes	31 December 2009		31 December 2008	
		€	€	€	€
Reconciliation of Operating Profit to Net Cash (Outflow)/Inflow from Operating Activities					
Operating profit			645,250		474,521
Depreciation on tangible assets			113,936		117,729
(Profit)/Loss on disposal of tangible assets			(5,935)		7,179
(Increase)/Decrease in debtors			(328,738)		(300,165)
(Decrease)/Increase in creditors within one year			1,138,932		199,406
Net cash (outflow)/inflow from operating activities			1,563,445		498,670
Taxation			—		—
Capital expenditure and financial investment					
Payments to acquire tangible assets		(214,947)		(99,198)	
Receipts from sales of tangible assets		5,935		28,885	
Net cash (outflow) for capital expenditure			(209,012)		(70,313)
Net cash inflow/(outflow) before management of liquid resources and financing			1,354,433		428,357
Financing					
Increase/(Decrease) in Capital element of finance lease contracts			46,731		(9,452)
	1		1,401,164		418,905

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Notes to the Cashflow Statement for the Year Ended 31 December 2009

1 Analysis of Net Funds

	1 January 2009	Cashflow	Other non cash changes	31 December 2009
	€	€	€	€
Net Cash:				
Cash at bank in and hand	1,232,883	1,331,232	0	2,564,115
Bank overdrafts	(143,436)	69,932	0	(73,504)
	1,089,447	1,401,164	0	2,490,611

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Accounting Policies

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

A. Basis of Accounting

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

B. Subscriptions Received

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

C. Depreciation of Tangible Fixed Assets

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

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

D. Leased Assets

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

E. Taxation

Taxation is calculated on non-subscription income.

F. Financial Assets

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

G. Pensions

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

H. Deferred taxation

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

Notes to the Financial Statements for the Year Ended 31 December 2009

	2009	2008
	€	€
1. Income		
Membership Subscriptions	5,368,175	4,371,473

2. Analysis of Members	**2009**	**2008**
	No's	**No's**
General Practitioners	2,095	2,124
Consultants	815	892
Public Health Doctors	242	262
Non Consultant Hospital Doctors	3,779	2,348
Other	36	49
Student	538	498
	7,505	6,173

3. Other Income	**2009**	**2008**
	€	€
Rental Income	190,550	212,600
Publishing Royalties	12,759	15,000
Irish Medical News	—	33,992
Bank Interest Earned	26,360	14,673
Other	4,368	3,799
	234,037	280,064

Notes to the Financial Statements for the Year Ended 31 December 2009

4. Surplus for the Year	2009	2008
	€	€
Surplus for the year is stated after charging:		
Auditors' Remuneration	18,150	16,335
Depreciation	279,936	315,784
Loss/(Profit) on disposal of assets	(5,935)	7,179

5. Taxation	2009	2008
	€	€
Current Year Charge	—	—
	—	—

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

Notes to the Financial Statements for the Year Ended 31 December 2009

6. Tangible Assets - IMO

	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€
Cost:				
At 1 January 2009	436,337	465,367	253,368	1,155,072
Additions	14,442	90,930	109,575	214,947
Disposals	—	—	(38,329)	(38,329)
At 31 December 2009	450,779	556,297	324,614	1,331,690
Depreciation:				
At 1 January 2009	339,427	454,700	108,394	902,521
Charge for Year	31,603	21,022	61,311	113,936
Disposals	—	—	(38,329)	(38,329)
At 31 December 2009	371,030	475,722	131,376	978,128
Net book value at 31 December 2009	79,839	80,485	193,238	353,562
Net book value at 31 December 2008	96,910	10,667	144,974	252,551

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

Net book value	2009 €	2008 €
Motor Vehicles	193,059	137,892
Office Equipment	3,814	7,954
	196,873	145,846
Depreciation charged to the Income and Expenditure Account in relation to the above was:		
Motor Vehicles	61,311	40,345
Office Equipment	1,144	415

Notes to the Financial Statements for the Year Ended 31 December 2009

6. Tangible Assets - Consolidated

	Property	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€	€
Cost:/Valuation					
At 1 January 2009	8,300,000	642,280	465,366	361,413	9,769,059
Additions	—	17,445	90,931	158,320	266,696
Disposals	—	—	—	(106,601)	(106,601)
At 31 December 2009	8,300,000	659,725	556,297	413,132	9,929,154
Depreciation:					
At 1 January 2009	—	451,888	454,701	157,471	1,064,060
Charge for Year	166,000	58,931	21,022	78,996	324,949
Disposals	—	—	—	(75,410)	(75,410)
At 31 December 2009	166,000	510,819	475,723	161,057	1,313,599
Net book value at 31 December 2009	8,134,000	148,906	80,574	252,075	8,615,555
Net book value at 31 December 2008	8,300,000	190,392	10,665	203,942	8,704,999

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

	2009	2008
Net book value	€	€
Motor Vehicles	252,077	203,942
Office Equipment	3,814	7,954
	255,891	211,896

Depreciation charged to the Income and Expenditure Account in relation to the above was:

Motor Vehicles	78,996	55,012
Office Equipment	1,144	419

Notes to the Financial Statements for the Year Ended 31 December 2009

7. Investments

	2009	2008
	€	€
Company		
Shares in Irish Medical Association (Limited by guarantee)	—	—
Shares in Fitzserv Consultants Limited	1,283	1,283
Other Investments at Cost	90,279	90,279
	91,562	91,562

Irish Medical Association (Limited By Guarantee):

The Balance sheet of IMA Limited indicated Net Assets as at 31 December 2009 of €1,307,082 (2008: €1,307,828)

Fitzserv Consultants Limited at Valuation:

The Balance sheet of Fitzserv Consultants Limited indicated Net Assets as at 31 December 2009 of €2,813,069 (2008: €2,402,334)

	2009	2008
	€	€
Consolidated		
Listed Investments at Market Value	299,625	314,279
Unlisted investments at Market value	77,915	86,635
	377,540	400,914
Other Investments at Cost	90,279	90,279
	467,819	491,193

8. Deposit with The Court of Justice

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

Notes to the Financial Statements for the Year Ended 31 December 2009

9. Debtors	2009 IMO	2008 IMO	2009 Consol	2008 Consol
	€	€	€	€
Trade debtors	0	3,991	217,388	370,556
Other debtors	44,500	70,928	12,328	140,581
Prepayments	54,254	29,519	74,132	54,869
Loan to subsidiaries	4,563,493	4,229,071	—	—
	4,662,247	4,333,509	303,848	566,006

10. Creditors (amounts falling due within one year)	2009 IMO	2008 IMO	2009 Consol	2008 Consol
	€	€	€	€
Creditors and Accruals	2,455,081	1,316,149	3,007,407	1,827,467
Bank overdraft	73,504	143,436	73,504	143,439
Lease and Hire Purchase Finance	46,244	43,788	54,747	48,854
	2,574,829	1,503,373	3,135,658	2,019,760

Accruals contain a provision for legal costs associated with legal action on behalf of NCHD's and a provision in respect of costs associated with potential action to confirm GP negotiating rights.

11. Creditors (amounts falling due after more than one year)	2009 IMO	2008 IMO	2009 Consol	2008 Consol
	€	€	€	€
Bank loans	—	—	2,287,977	2,787,977
Lease and Hire Purchase Finance	64,540	20,265	75,413	32,761
	64,540	20,265	2,363,390	2,820,738

Notes to the Financial Statements for the Year Ended 31 December 2009

Analysis of Leases and Hire Purchase	IMO	IMO	Consol	Consol
	€	€	€	€
Wholly repayable within five years	110,784	64,053	130,160	81,615
Included in current liabilities	(46,244)	(43,788)	(54,747)	(48,854)
	64,540	20,265	75,413	32,761
Lease and Hire Purchase maturity analysis				
In more than one year but not more than two years	34,543	20,265	41,949	32,761
In more than two years but not more than five years	29,997	—	33,464	—
	64,540	20,265	75,413	32,761

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

12. Staff Pension Scheme

The organisation currently operates a defined contribution pension scheme in respect of its employees. The assets of the scheme are held separately from those of the organisation in an independently administered fund. Contributions within the year amounted to €295,722 of which €113,945 was unpaid at the year-end.

13. Staff Numbers and Costs

The average number of persons employed by the organisation during the year was as follows:	2009 No's	2008 No's
Total Employees	23	21
Analysed as follows:		
Administration	23	21

The aggregate payroll costs of these persons were as follows:	2009 €	2008 €
Wages and Salaries	2,089,892	1,921,700
Social Welfare Costs	168,849	179,811
Other Pension Costs	295,722	315,115
Other staff costs	56,012	—
	2,610,475	2,416,626

Notes to the Financial Statements for the Year Ended 31 December 2009

14. Movement on Revenue Reserves

IMO	2009	2008
	€	€
Reserve at start of year	4,393,778	3,919,257
Retained profits for year	645,250	474,521
Reserve at end of year	5,039,028	4,393,778

Consolidated

IMO	5,039,028	4,393,778
Irish Medical Association (Limited by guarantee)	(22,341)	(21,919)
Fitzserv Consultants Limited t/a IMOFS	2,829,012	2,401,051
	7,845,699	6,772,910

15. Revaluation reserve - Consolidated

	2009	2008
	€	€
Reserve at start of year	1,329,747	3,508,372
Revaluation during year	(324)	(2,178,625)
Reserve at end of year	1,329,423	1,329,747

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

16. Reconciliation of Movement in Members' Funds – IMO

	2009	2008
	€	€
Surplus After Tax For The Year	645,250	474,521
Net Addition to Members' Funds	645,250	474,521
Members' Funds at Start of Year	4,393,778	3,919,257
Members' Funds at End of Year	5,039,028	4,393,778

Notes to the Financial Statements for the Year Ended 31 December 2009

17. Related Party Transaction

Under the agreement relating to the terms of occupancy of number 10/11 Fitzwilliam Place, Dublin 2, all charges including depreciation relating to the properties, which are owned by the Irish Medical Association Ltd are borne by the Irish Medical Organisation. The charge for depreciation in 2009 was €166,000 (2008: €198,348) and the loan interest charge was €53,310 (2008: €154,040). The Irish Medical Association (a company limited by guarantee) is an associated company of the Irish Medical Organisation.

Rent receivable in 2009 included amounts of €125,000 (2008: €125,000) from Fitzserv Consultants Limited. Fitzserv Consultants Limited is 100% owned subsidiary of the Irish Medical Organisation.

18. Comparative Figures

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

19. Approval of the Financial Statements

The financial statements were approved by the Management Committee on 28 January 2010.

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Management Information for the Year Ended 31 December 2009

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

SCHEDULE 1

	2009	2008
Publishing Contribution	**€**	**€**
Income	130,683	185,582
Printing and Editorial Costs	(64,702)	(104,197)
Wages	(37,308)	(39,740)
Postage and Stationery	(55,608)	(50,550)
Publishing Contribution	(26,935)	(8,905)

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

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Management Information for the Year Ended 31 December 2009

SCHEDULE 2

Expenditure	**2009** **€**	**2008** **€**
Wages, Salaries and Pension Costs	2,610,475	2,416,626
Insurance	12,283	10,081
Telephone	44,618	47,014
Light and Heat	25,980	15,275
Postage, Printing and Stationery	180,010	193,554
Advertising and Promotional Activities	611	9,371
Finance Lease Charges	10,433	9,376
Motor, Travel and Branch Meeting Expenses	194,012	235,009
Corporate Events	129,428	120,974
Professional Fees	87,455	39,540
International Affairs	95,869	107,120
Subscriptions and Donations	42,406	27,874
E.U. Subscriptions	25,274	21,312
Legal fees	850,000	188,343
Repairs and Renewals	46,384	43,700
Audit and Accountancy Fees	37,625	35,623
Rates	26,002	25,238
Bank Interest and Charges	13,622	9,645
Staff Training and Development	1,658	15,835
Computerisation and Website Development	153,383	91,025
Depreciation	279,936	315,784
Profit on disposal of Fixed Assets	(5,935)	7,177
Loan Interest	53,310	154,040
IMO Training Centre	—	4,325
Strategic Planning	15,188	24,250
	4,930,027	4,168,111

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

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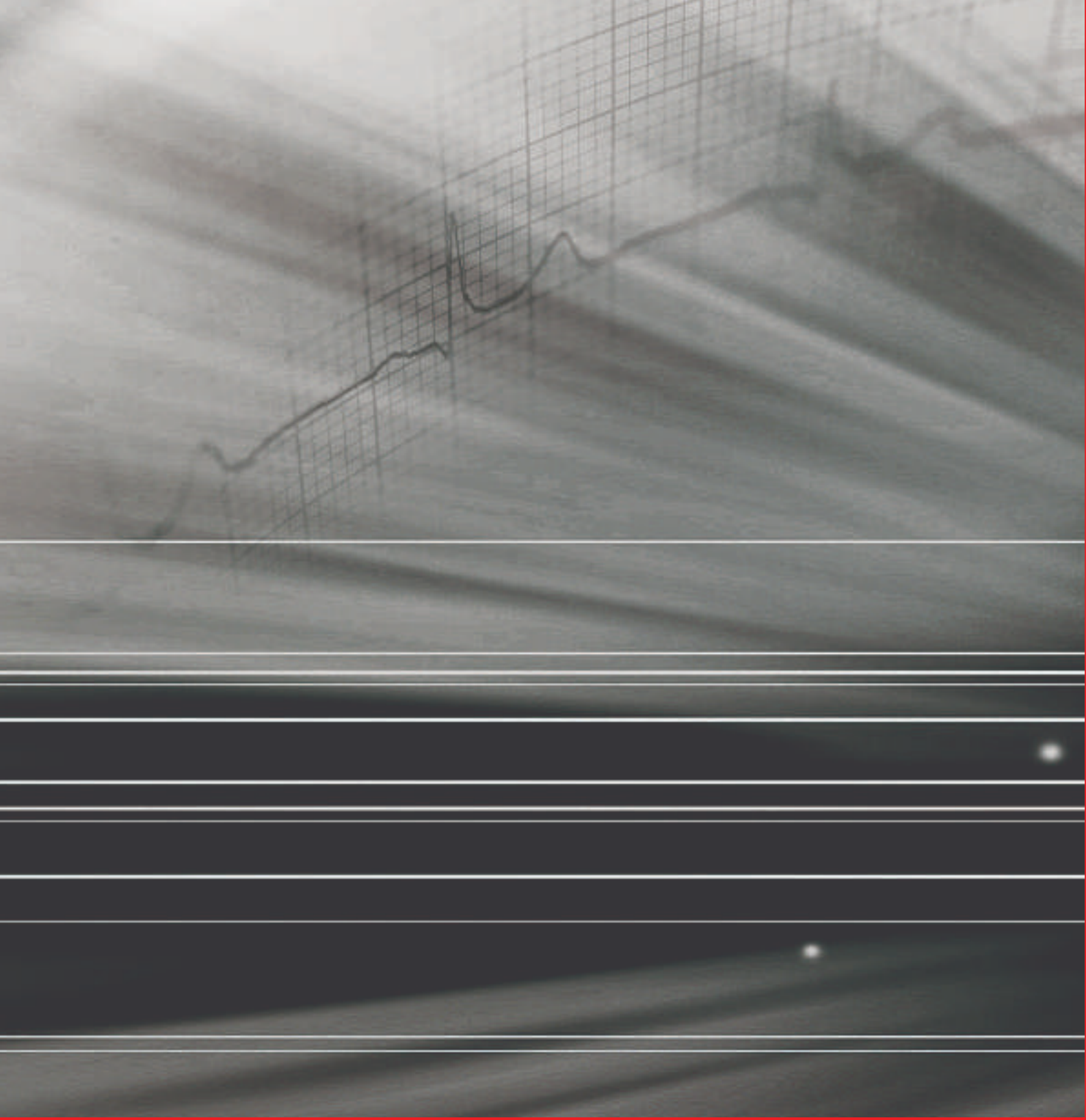
Notes

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



IRISH MEDICAL ORGANISATION
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