
IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann
HEALTH
2007
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 2007

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IMO Organisational Structure

Annual General Meeting

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

Council

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

Management Committee

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

Specialty Groups

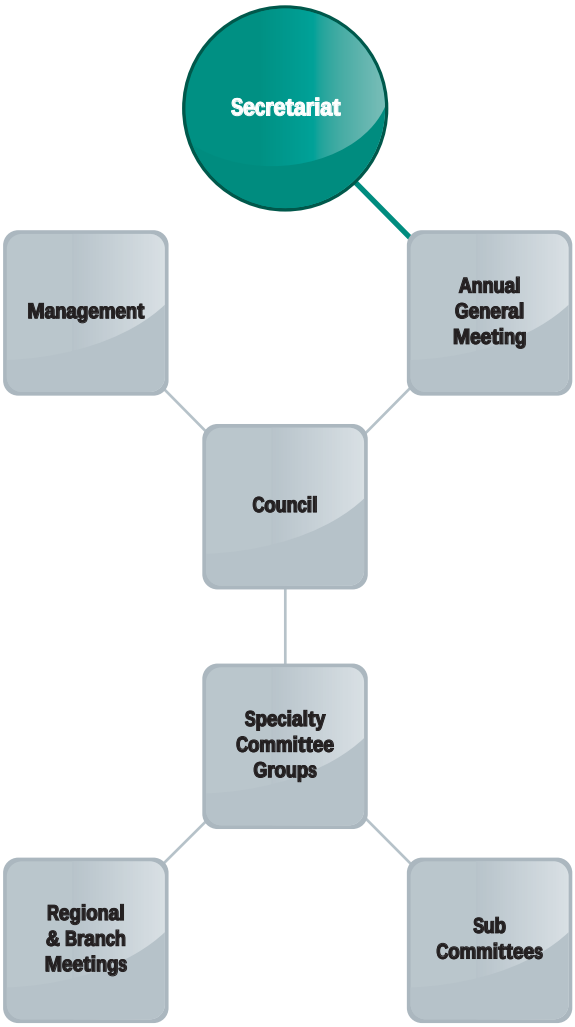
General Practitioners, Consultants, Public Health Doctors, and Non Consultant Hospital Doctors. The groups meet eight times per year and decide on action to be taken in relation to issues affecting the relevant groups. If issues arise which affect other specialty groups, those issues are referred to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

Standing Committees

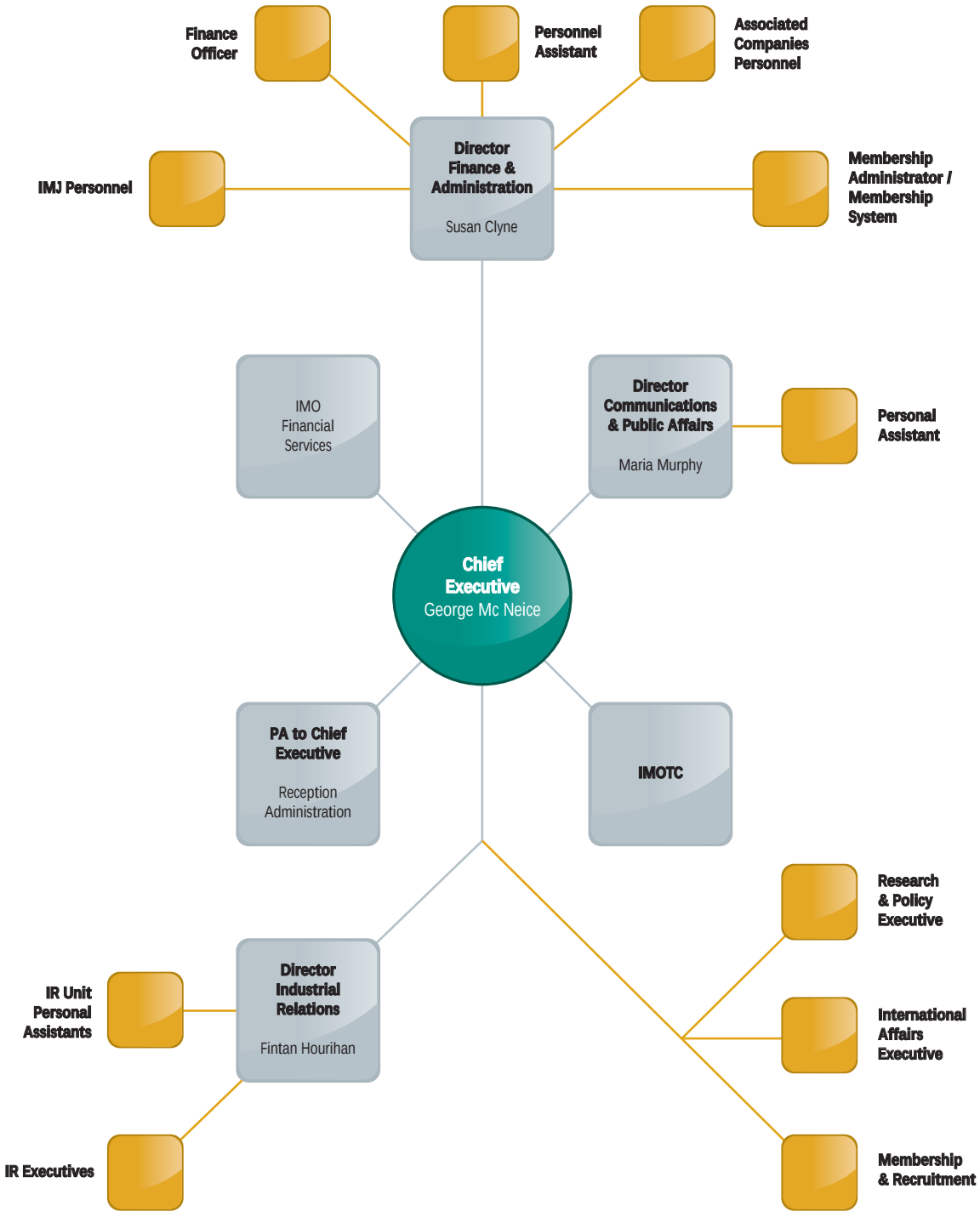
International Affairs.
Ethics.

Regional Structure

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



IMO Corporate Structure



IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Chief Executive Mr George McNeice

President Dr. Paula Gilvarry

Vice-President Dr Martin Daly

Honorary Treasurer Mr Seán Tierney

Honorary Secretary Dr Mick Molloy

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 2007. The report offers a detailed outline of IMO activities during the year.

As your trade union, we have worked tirelessly, over the past 12 months, to fulfil our mission statement to represent doctors in Ireland and to achieve the goals we set for ourselves in our Strategic Plan 2005 – 2007.

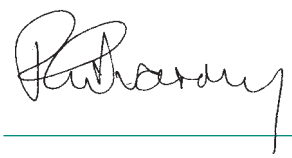
There have been successes in industrial relations over the past 12 months and we have enhanced the IMO's position as the key medical representation body. Unfortunately, however, we have been thwarted in our efforts to conclude some issues at national level.

We wish to thank our Honorary Officers who worked tirelessly for the IMO during the year; Vice President, Dr Martin Daly, Honorary Treasurer, Mr Seán Tierney and Honorary Secretary, Dr Mick Molloy. We would also like to thank the chairpersons of the various committees whose extensive work on behalf of members is detailed in this report.

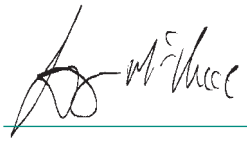
A special word of thanks is also due to the IMO secretariat who performed their tasks with dedication and professionalism during the year. The increasing demands of a growing membership are handled with both supreme courtesy and efficiency. We thank all those, who have contributed to the success of the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

In accordance with Paragraph 12.1 of the Constitution and Rules of the Irish Medical Organisation, we hereby give notice that the Annual General Meeting will be held in the Hotel Europe, Killarney, Co. Kerry from 27th March to 30th March 2008.

Yours sincerely



Dr Paula Gilvarry, President



Mr George McNeice, Chief Executive

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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Report of Chief Executive

Mr George McNeice, Chief Executive, IMO

In my many years contributing to the IMO's annual report and having witnessed the many changes to the health services over that period, I can honestly say that I have never known a more frustrating time for patients, for the IMO, as an Organisation, and for individual doctors.

It can be no accident that, prior to the General Election last May, budgetary concerns in the HSE were not flagged to the public and, in fact, seemed to have been swept under the carpet. It was all the more astounding, then, when the HSE announced in September what can only be described as draconian measures in an effort to meet arbitrary budgetary targets.

The HSE 'spin' from the outset was that these cutbacks would not affect patient care. How could it not?

The IMO immediately embarked on our "HSE Cutbacks Campaign" in an effort to slice through the 'spin' and present the true and very real consequences for patients. I would like to pay tribute to our members who responded to our call for help, enthusiastically and in overwhelming numbers, to provide us with the day-to-day information which helped us call the HSE to account. The HSE response was to call us liars!

This campaign clearly demonstrated our strength as an organisation and the commitment of our members to a better health service and showed that good, factual information, used judiciously, could cut through the "spin" and influence public opinion.

Doctors could not be blamed for the inadequate financial planning and, as a direct consequence of such inadequacies, those very doctors who have been blamed for deficits in the service for years continue to work and to provide for their patients despite these ridiculous cutbacks.

There has been a continuing deficit in the funding of our health services and this recent measure has had a devastating impact on the provision of services to patients. For many years now, we have called for ring fenced funding for health, with adequate projected growth and significant capital investment. However, the lack of realistic financial planning has led to the absurd cutbacks.

The recruitment ban introduced in September must surely be one of the most shortsighted decisions ever made in our health services. With this and the other cutback effects, I have no doubt that we will spend many years recovering lost ground.

The problems that have beset our health services for years remain – lack of infrastructure and lack of resources.

Excellence in Industrial Relations

As I reported last year, the IMO entered negotiations for all the specialty groups in early 2006. I have to report to you that, due to the extreme difficulties and continuous obstacles put forward by the other side, we ended 2007 with no new contracts agreed despite enormous efforts made by your Organisation and its negotiators.

As your trade union, we have worked tirelessly, over the past 12 months, to fulfill our mission to represent doctors in Ireland and to achieve the goals we set for ourselves in our Strategic Plan 2005 – 2007.

Despite the lack of progress on concluding national contracts, I can assure you that we have been busier than ever on the industrial relations front particularly, and sadly, fighting cases on behalf of individual members to ensure they get the most basic entitlements of their contract.

There have been successes in industrial relations over the past 12 months and we have enhanced the IMO's position as the key medical representative body. Unfortunately, however, we have been thwarted in our efforts to conclude some issues at national level.

There is a detailed report of all our industrial relations activities later in this report. However, there are some areas that I would like to particularly highlight for you.

Firstly, as a member of the IMO, you belong to a professional body and you are entitled to have your interests protected and your terms and conditions negotiated. No matter what moves Government or its agents may wish to introduce, trade unions are as relevant today as ever. Contracts still must be negotiated.

The negotiations on behalf of our consultant members are a case in point as to how the employers appear to be engaged in actively hindering the successful conclusion of agreements.

Over the past 20 years, I have been involved in many negotiations on many contracts but even I am astounded that 2,000 hours have been spent, thus far, on Consultant Common Contract negotiations.

The IMO, through its negotiating team, who have committed even more hours in addition to fulfilling their contractual obligations at work,

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Report of Chief Executive

L-R: Dr Martin Daly, Vice President; Mr George McNeice, Chief Executive; Dr Paula Gilvarry, President; Dr Christine O'Malley and Mr Seán Tierney at the *IMO Pre-Budget Submission Press Conference*

have, time and time again, prepared submissions with realistic and workable proposals that embrace change and offer a better deal for patients. These have either been ignored or rejected and, even when some progress was made during the year and certain items were considered to have been agreed between the parties, the employers' side reneged and came back with, quite simply, unworkable options.

Unfortunately, this pattern of not engaging at a serious level is repeated with our efforts to conclude arrangements for our General Practitioners, Public Health Doctors and NCHDs.

In terms of the negotiations for General Practitioners, it was agreed in the Labour Relations Commission in June 2005 that a comprehensive review of the GMS and publicly-funded primary care schemes would be conducted.

The HSE failed to honour its commitment to provide the IMO with a draft contract for our AGM in 2006. We are disappointed that the HSE has not engaged with us on these matters and, latterly, they have cited competition issues as their reason.

NCHDs, like their consultant colleagues, have attended meeting after meeting, preparing proposals and submissions but, due to a lack of will and effort from the employer side, there has been little progress.

The HSE cutbacks, alluded to earlier, raised particular industrial relations challenges for our NCHD members where employers at local level sought to arbitrarily breach contractual arrangements in an attempt to meet budgetary targets. Fortunately, the IMO successfully put an end to these moves by employers but, regretfully, this serves as another example of how NCHDs are generally treated by employers within the health service.

Our Public Health Doctors have fared no better. Procrastination in dealing with Area Medical Officers and the Out of Hours issue has been the feature of the year.

Everyone accepts that change is necessary, indeed we have been advocating for change and reform for many years now. However, for the process to work there must be real and meaningful negotiations between the parties. To put it bluntly, this has not been the case in the past year.

Our efforts to affect change have been considerable. We have remained committed to negotiations despite lack of progress and, in some cases, outright obstruction. The industrial relations process, if effectively used, can bring about equitable solutions but only when all parties conduct negotiations in an honourable manner and I sincerely hope that this can be the case in the year ahead.

Strategic Alliances

The key objective, as outlined in our Strategic Plan, is for the IMO to maximise its potential in establishing or influencing health policy and the enhancement of our advocacy role. I am happy to report that, in 2007, we continued to make considerable strides in this area.

Early last year, we concluded our work on a milestone report on the Role of the Doctor which was launched at our AGM 2007.

Over the last number of years, the IMO, as the representative body for doctors in Ireland, has been actively engaged in supporting and promoting the role of the doctor. The very nature of the doctor / patient relationship is not commercial and doctors defend their patients' reputations as persons undergoing medical care or treatment as opposed to persons purchasing goods or services. This difference between professionalism and commercialism

Report of Chief Executive

Mr George McNeice with Minister for Health & Children, Mary Harney T.D., at the *IMO 2007 Annual General Meeting in Killarney, Co. Kerry*

was uppermost in terms of defining the role of the doctor and the relationship with patients.

In our consultations with members while we were developing this paper, the care of patients emerged as the priority for doctors and they subscribe readily to the values of professionalism. The paper highlighted the unique pillars required for the practice of medicine and demonstrated that no other health professional can substitute for the doctor in this role.

- Diagnostician
- Continuous scholar
- Advocate
- Communicator
- Teacher and mentor

In our efforts to promote the role of the doctor, we have held a number of seminars and discussions with other stakeholders in the health sector. It is our intention to continue this work and further develop positions on the five main themes identified in the paper.

In terms of advocacy, there is a clearly defined role for doctors in advocating for patients at an individual level and that responsibility at a collective level is a challenge willingly taken up by the IMO. With a unity of purpose we advocate for a better health service for all.

Often, the IMO reviews policies in areas that are forgotten, neglected or given low priority. As a consequence, such areas suffer from not being highlighted in the general debate on health.

Advocacy is a long-term activity, devoid of the "quick fix". No-one should be under an illusion that, because the IMO espouses a policy or activity, that it can or will happen without the action, allocation of resources and commitment required to bring it about.

When policy is developed there are often obstacles in the way of having that policy implemented and it is only through dogged determination and the support of our membership that we can achieve success. For many years, through AGM motions and the development of position papers, we have greatly influenced national policy in the areas of smoking, alcohol and road safety.

The over-arching priority in terms of health policy development has been and remains the IMO's commitment to a well-resourced and efficient public health system.

The obsession with the privatisation of medicine is a cause for great concern and I believe that we must unite with all like-minded organisations and individuals to defend that public health system and the right of every citizen in Ireland to avail of it on a equal and even-handed basis. It is with disappointment and regret that we appear to have wasted so many boom years economically with no significant investment, in real terms, in health care.

In terms of our policy development in 2007, we have focused our efforts in two key areas – firstly, services and issues for children with disabilities and, secondly, through our pre-Budget submission, we raised significant matters of concern in cancer services, suicide prevention and substance abuse in society today.

As part of our policy initiative on disability services, we had the pleasure of hosting the Doolin Memorial Lecture where Mr Fergus Finlay, Chief Executive of Barnardos, delivered an address entitled *"Are All Children in Ireland Equal?"*. We have also held meetings with Dr James Devins, TD, Minister of State at the Department of Health and Children, whose responsibility encompasses disability services, to seek the implementation of our recommendations in the area.

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Report of Chief Executive

L-R: Mr George McNeice, Chief Executive; Dr Martin Daly, Vice President; Dr Paula Gilvarry, President; Mr Tadhg O'Brien, Ass. National Dir, HSE and Dr Johanna Joyce-Cooney, Principal Medical Officer, HSE at an IMO seminar on *The Future Development of Community Health Care in Ireland*

Communication with Members

When we launched the Strategic Plan in 2005, a key objective was to enhance and improve communications with our members. As I told you last year, we initiated a process, through the use of focus groups, which has been most beneficial in helping us to enhance development in this area.

Doctors have increasingly busy lives and pressures on their time. Our aim within the Organisation, therefore, is to distribute information in a timely and efficient manner through our email bulletins and to organise our meetings to ensure that they are relevant, interesting and worthwhile for our members to attend.

In 2007, we were successful in having some of our meetings accredited for CME / CPD points and it is our intention to further expand this element of our meeting content in the future.

To enable specialty committees to communicate effectively between meetings, we have established an online discussion forum, providing a platform for virtual discussion and debate, which has proved very successful.

Work is almost complete on a development plan for the IMO website which will be launched in 2008. Additionally, we have completed the development phase of a new membership system which will allow us to more effectively target communication to specific groups of doctors.

The Irish Medical Journal, so ably edited by Dr John Murphy, has had a very successful year and has been much referenced in both the medical and national media on a diverse range of topics. It is important, I believe, for the IMO, as the professional representative body for doctors in Ireland, to publish a truly independent clinical journal.

As an Organisation, it is important to the IMO that each member identifies with our goals and objectives and becomes an integral part of the process of developing them. While developments in information technology will continue to be used for effective communicating, it is difficult to replace or emulate face-to-face interaction between members throughout the country. Therefore, the IMO remains committed to retaining physical meetings as the basis on which the Organisation is grounded in the knowledge of how much can be learned and achieved through such interaction.

An excellent example of the value of such meetings was that held in Dublin last September on *"The Future Development of Community Health Care in Ireland"*. The meeting, which was attended by many of our community care doctors, was focused and, through its working group sessions, has developed a number of key principles in the area of community care which are in the process of being brought to the Forum on Community Health.

Corporate Issues

I am happy to be in the position to report positively on corporate matters. Our financial statements are included with this report and I am pleased to point out that the net value of the IMO has increased to €9,669,668. Our membership base is also increasing and we now represent over 6,000 doctors across all specialties in Ireland.

No. 11 Fitzwilliam Place officially opened in April 2007, our major renovation project having been completed. The building provides us with additional facilities for office space, meetings rooms and a communications and training centre. It has been a most worthwhile project and I hope that members will take the opportunity to avail themselves of the facilities in the future.

Report of Chief Executive

Pictured at the *IMO 2007 Doolin Memorial Lecture* L-R: Mr George McNeice, Chief Executive; Dr Paula Gilvarry, President; Mr Fergus Finlay, Chief Executive, Barnardos, who delivered the lecture and Dr Martin Daly, Vice President

IMO Financial Services, which is now based in No. 11, has had a successful year, in spite of market difficulties, and it assisted almost 1,000 individual members with an array of services, from purchasing a home to planning for retirement.

The value of IMO Financial Services to both the IMO and individual doctors is very significant. The company has expanded over the past 12 months and is now in a position to offer a full range of products and independent financial advice to all our members no matter what career stage they are at.

As we reach the end of the current Strategic Plan, I have established a Working Group to consider the priorities and to set out a road map for the next three years. It is not always easy to predict what will happen in the future but we are committed to being prepared and ready, through the structures of our Organisation, the expertise of our secretariat and the unity of our membership.

The IMO is truly the representative body for doctors and, by virtue of the loyalty and dedication of our membership, we will continue to develop and grow. I would like to take this opportunity to express my gratitude to each member for their support and commitment in what are challenging times. On your behalf, I would also like to thank all our committee members who give so freely and selflessly of their time and expertise in the interests of their colleagues.

A long time ago, Aristotle said that "anybody can become angry – that is easy, but to be angry with the right person and to the right degree and at the right time and for the right purpose, and in the right way – that is not within everybody's power and is not easy".

We are angry. We are angry at the failure, during a time of plenty, to invest appropriately in the nation's health service. We are angry at the failure of those in Government, in the Department of Health and Children, in the Department of Finance and in the HSE to ignore the imperative to set to rights decades of neglect. We are angry to a righteous degree and it is a noble cause.

Marie Curie is someone who made the ultimate sacrifice while working to contribute to the sum of human knowledge and to the science of medicine. She said that "life is not easy for any of us, but what of that? We must have perseverance and above all confidence in ourselves. We must believe … that this thing, at whatever cost, must be attained".

The creation of an appropriate public health service, one that will serve each of the citizens of our country equally, must be attained.

I am certain that all of the members of the IMO are convinced that there are lessons there for all of us. I hope others listen.

George McNeice,
Chief Executive

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Council Management Members

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

Consultant representation on council

Mr Seán Tierney (chair)
Dr Christine O'Malley
Dr Colm McGurk
Dr Kate Ganter
Dr Neil Brennan
Dr Seamus Healy
Dr Tony Healy

Public Health Doctors representation on council

Dr Catherine O'Malley
Dr Anthony Breslin
Dr Paula Gilvarry
Prof Joe Barry

Non Consultant Hospital Doctors representation on council

Dr John Morris (Chair)
Dr Dela Osthoff
Dr Matthew Sadlier
Dr Mick Molloy
Dr Nalini Somaiah
Dr Noirín Russell
Dr Shahid Kazi

General Practitioners representation on council

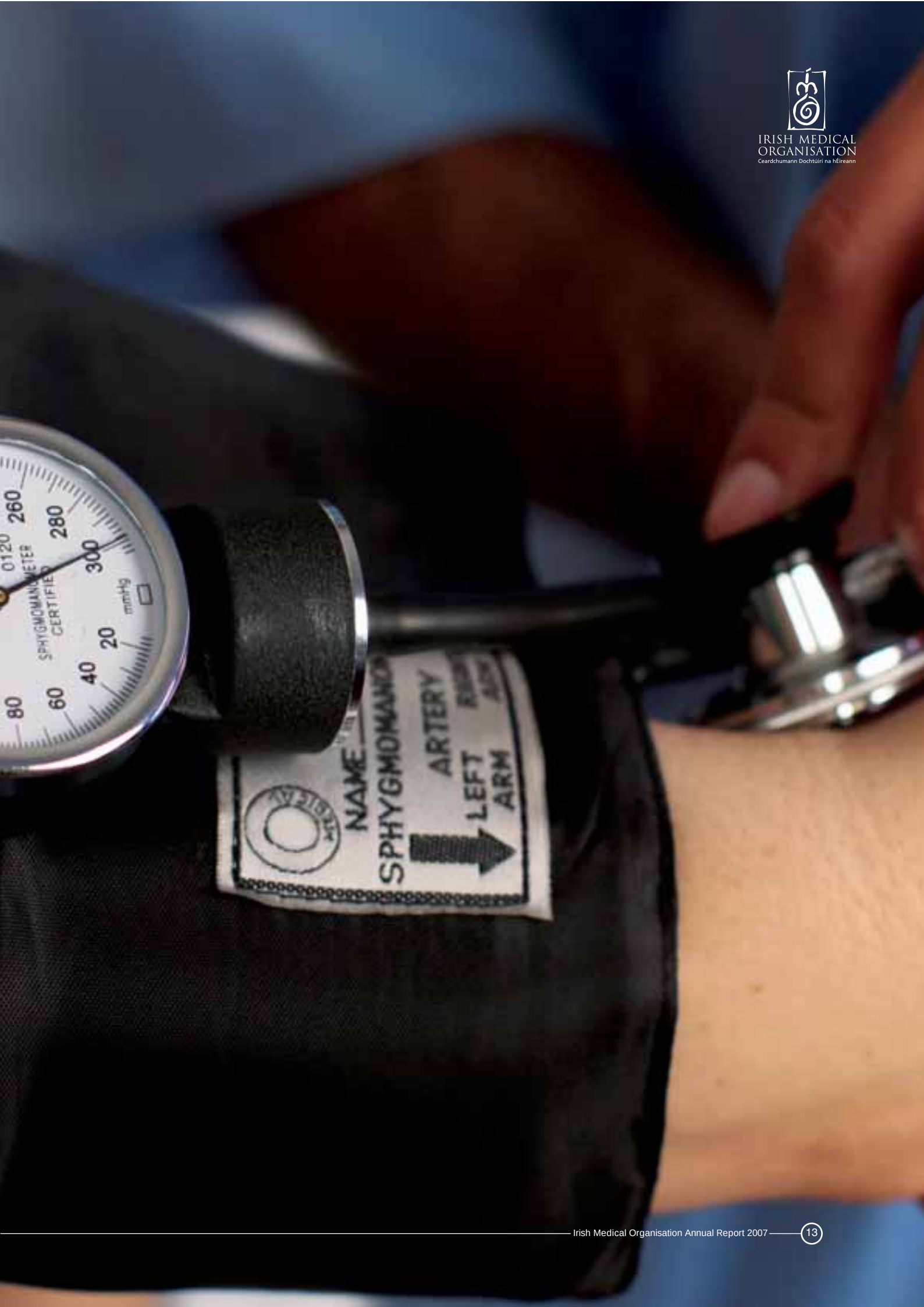
Dr Martin Daly (Chair)
Dr Eleanor Fitzgerald
Dr Illona Duffy
Dr Michael Mehigan
Dr Ray Walley
Dr Ronan Boland
Dr David Molony

Management Committee Members

Mr George McNeice, Chief Executive
Dr Paula Gilvarry, President
Dr Martin Daly, Vice President (& GP Chair)
Dr Seán Tierney, Honorary Treasurer (& Consultant Chair)
Dr Mick Molloy, Honorary Secretary
Dr John Morris (NCHD Chair)
Dr Catherine O'Malley (PHD Chair)
Dr Christine O'Malley (Immediate Past President)

Trustees

Dr Henry Finnegan
Dr Larry Fullam
Dr Mary Hurley
Dr B.J. O'Sullivan
Dr Cillian Twomey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Profession-wide Issues

Medical Practitioners Act, 2007

The Medical Practitioners Act was signed into law by the President on Monday, May 7th 2007.

Prior to enactment, the Organisation had circulated to all political parties a detailed commentary including proposed amendments at various stages of the debate.

The Organisation also arranged briefing meetings with representatives from the main political parties and liaised with other medical representative bodies in drawing attention to issues arising from the proposed legislation.

The Organisation circulated members to advise that all Specialists (e.g. Consultants, General Practitioners and Public Health Specialists) entitled to be placed on the Register of Medical Specialists (RMS) because of the 'grandfather clause' provisions (i.e. holding appointment before January 1, 1997 as a Comhairle-approved Consultant, as a Public Health Specialist or a holder of a GMS contract) ought to seek such registration as a matter of urgency.

Enactment of this legislation will mean that doctors will be placed in one of three Divisions within the single Register to operate in future i.e. the Specialist Division, Trainee Specialist Division or the General Division.

Review of Medical Council's Guide to Ethical Conduct and Behaviour

The Medical Council advised that it would be undertaking a review of its Guide to Ethical Conduct and Behaviour and invited the views of the IMO.

A submission was made to the Council by the IMO highlighting in particular the need to have the full range of doctors' roles recognised, the need to recognise the priority of clinical judgement in contracts of employment, protections against abuse of a senior position by doctors, the need to reflect the difficulties faced by NCHDs applying for a number of different positions and provisions in regard to CME, medical records, advocacy, confidentiality and many other matters.

European Working Time Directive

The IMO is represented at the National Implementation Group on the European Working Time Directive which was established following agreement by the IMO and the HSE under the auspices of the Labour Relations Commission.

The first interim report of the National Implementation Group was published in 2007 and was presented to Professor Brendan Drumm of the HSE at a meeting where the IMO was present. Significant concerns remain about the operation of the pilots and funding for further pilots into the future.

HSE Cutbacks

The Organisation was actively involved with other Health Service Unions in opposing the imposition of a cutback on funding by the HSE arising from a circular initially issued in early September.

This involved attendance at meetings of the National Implementation Body and the Labour Relations Commission and the preparation of guidelines jointly with other members of the Health Service Unions' staff panel. A binding determination is awaited from the Labour Court on the claim by the staff side that the employers acted in breach of the provisions of "Towards 2016" in introducing the pause on recruitment.

Equally, the IMO is continuing to assist Doctors in a number of hospitals where particular difficulties have arisen in relation to proposed non-payment of unrostered overtime and refusal to provide locum cover. In particular the Organisation has been actively involved in Beaumont Hospital, South Tipperary Hospital, Clonmel, Limerick Regional Hospital, Mercy University Hospital Cork and Cork University Hospital.

HSE Medical Education and Training Group

The Organisation is represented by Mr Seán Tierney and Dr Mick Molloy on the HSE Medical Education and Training Group. Mr Tierney and Dr Molloy are also involved in sub groups examining undergraduate and postgraduate education as well as the Intern year.

Complaints Procedure

The Organisation attended a meeting with the HSE to discuss the Complaints Procedure which was introduced by the HSE with effect from January 1st 2007.

We were advised that by mid October there had been around 2000 complaints received of which approximately 6 per month had resulted in formal reviews. This suggests that 98% of complaints are not viewed as meriting a formal review. The Organisation was also assured that the issues arising do not touch on issues of clinical judgement.

However, the Organisation voiced concern at the wording of the Procedure which suggests that complaints relating solely to clinical judgement would be excluded from the terms of the Complaints Procedure. The Organisation pointed out that this was at variance with the terms of the Health Act 2004, where Section 9 deals with introduction of such a Complaints Procedure.

The Organisation also reiterated its view that the procedure could not be deemed to apply to the off-site private practice of Consultants or indeed to General Practitioners. On this latter point the Organisation undertook to meet the HSE separately.

Disciplinary Procedure

A new disciplinary procedure for HSE staff and including certain categories of employed

Profession-wide Issues

doctors (but excluding Consultants and General Practitioners) was introduced in 2007.

The IMO was heavily involved along with other unions in negotiating the details of this procedure which required revision following the enactment of the Health Act, 2004 and the repeal of provisions of the Health Act, 1970 which dealt with the suspension and dismissal of officer grades.

Dignity At Work

The IMO was involved in discussions with the HSE and other interests on revision to the Dignity at Work Procedure which deals with allegations of bullying staff.

Labour Court Restores Consultant to Post in Key Fixed-Term Work Case

In a landmark Labour Court judgement, the IMO succeeded in securing the re-engagement of a Consultant Anaesthetist where he had not been offered a Contract of Indefinite Duration after he had acquired such rights under the Protection of Employees (Fixed-Term Work) Act, 2003.

The Court directed that Dr Masud Awan was to be re-engaged without loss of service. Provision was also made by the Labour Court for compensation to be paid to Dr Awan.

Dr Awan had been employed on a succession of fixed-term contracts between January 1999 and June 30th 2004.

The Court's determination (reference FTD072) also addresses a number of important other matters concerning the application of this legislation as it applies to Doctors in general and Consultants in particular.

The Court rejected the argument that "constraints placed on the (Hospital's) capacity to fill permanent posts by the Local Authority (Officers and Employees) Act, 1926 and the Health Act, 1970 off-set or supplant its obligations" constituted objective grounds which could avoid the obligation to offer Dr Awan a Contract of Indefinite Duration.

The 2003 legislation states that after a contract of employment finishes which brings time served to beyond at least three years' continuous service (and unless there are objective grounds stated which would justify not issuing a further contract), an employee would be entitled to a further contract of no greater than 12 months duration.

At the conclusion of that contract and again if there are no objective grounds, the employee concerned would be entitled to a Contract of Indefinite Duration. The legislation was brought into force on 14th July 2003.

NCHD Settlement

In a separate development, the IMO secured a six-figure sum in compensation and a Contract of Indefinite Duration for an NCHD member after it intervened to represent a doctor who had been refused a contract of employment by the HSE.

The IMO agreed this settlement in discussions with the HSE, having pursued vindication of the doctor's rights to a Contract of Indefinite Duration and appropriate compensation under the Protection of Employees (Fixed-Term Work) Act, 2003.

The NCHD in question was found to have worked enough time to be granted a Contract of Indefinite Duration and was awarded compensation in excess of €100,000 after being out of work for a period of time.

The outcome of the case represents an important victory. It is the first time such a significant settlement had been awarded in this type of case and is further proof of the rights of Doctors under the fixed term legislation.

The IMO is recognised as being to the fore in pushing out the boundaries of this new legislation and has assisted in securing Contracts of Indefinite Duration for almost twenty long-serving Consultants and increasing numbers of NCHDs.

The Organisation is also involved in discussions with the HSE, under the chairmanship of Rights Commissioner, Ms Janet Hughes, exploring the possibility of a national agreement on how to implement the legislation for medical staff. The intention would be to simplify administration of the law.

Towards 2016 / National Agreement

The Organisation was involved in securing increases for salaried doctors and GMS GPs of 2% from June 1st 2007 following sanction for payment being made by the Performance Verification Group for the Health Services.

The IMO was also actively involved in a number of national tripartite and representative bodies to discuss employment and clinical practice issues including:

- Health Services National Partnership Forum
- Health Services National Joint Council
- NCHD Working Hours National Implementation Group
- ICTU Public Services Committee
- National Partnership Forum Primary Care
- Medical Council Advisory Committee on Competence Assurance
- Clinical Indemnity Scheme Consultative Forum

Review Body on Higher Remuneration

The Organisation commenced legal proceedings against the Minister for Finance arising from the decision of the Review Body acting on instructions from the Department of Finance to make no recommendations for Hospital Consultants in the 7th General Review of the Review body.

Profession-wide Issues

The Organisation argued that the exclusion of Consultants from this Review would penalise serving and retired Consultants while it also would undermine the Organisation's position in negotiating salary levels to attach to revised Common Contracts.

In correspondence to the Review Body, we had stated as follows:

"The IMO Consultant Committee requests that the remuneration of Consultants be realigned with that of comparators as was considered appropriate in the 5th General Review.

Your Review Body included Hospital Consultants in the 5th General Review and made recommendations on their remuneration in relation to that considered appropriate for others in your remit and for whom you made recommendations based on past pay movements of their private sector comparators.

On the occasion of the 6th General Review, believing that a further review of Consultants remuneration would arise shortly thereafter and certainly before the 7th General Review was due, you made an interim partial recommendation while granting all others in your remit a full review. The additional review of remuneration that you anticipated did not happen.

The nature of the interim recommendation you made in 2000 has resulted in Consultants being penalised as their remuneration was not allowed to progress in line with that of those you identified as their comparators. This anomaly needs to be corrected.

Given the recent clear statement by the HSE that it will not be offering established Consultants revised contracts or options and that such Consultants will continue to work on their present contract arrangements there is now no justification for continuing to penalise established Consultants. We request that remuneration levels you settled on for Hospital consultants in your 5th General Review in relation to those of public sector comparators, which had followed private sector pay movements, be restored.

Campaign Against Privatisation

The IMO secured significant support in its campaign against increasing privatisation of our health services through proposing a motion at the Biennial Delegate Conference of the ICTU attended by over 600 trade union delegates in July 2007.

The motion was carried unanimously.

The IMO contribution to the debate began by highlighting the implications of possible privatisation for health services in the community before commenting on the threats faced by acute hospitals.

It is important to start by looking at services in the community, including as they do General Practice, mental health services and care for the elderly. We should also take primary care as our starting point for consideration not least because so much public debate revolves around acute hospitals.

Primary care comprises at least 20 million consultations in GP surgeries every year, (excluding out of hours consultations), in contrast to just over 1m admissions to acute hospitals. There are no waiting lists to see the GP and the service is pretty much a same day service; there is no distinction between public and private patients and both are treated equally and without favour; nobody could claim that it is characterised by rigid work practices or excessive bureaucracy; capital development is largely funded by GPs; out-of-hours cover is being expanded in spite of piecemeal funding by the State and yet it has unsurpassed patient satisfaction ratings. In spite of a commitment to provide funding of €1bn to fund the Primary Care Strategy, just over €30m has been provided so far.

Against that background and given recent HSE pronouncements, we believe there is clear evidence that the corporate sector is being courted by the HSE. This cannot be allowed happen as it can only mean the gradual erosion of the Medical Card Scheme and, with echoes of the dangers that public hospitals become ghettoes for the disadvantaged, the abandonment of medical services for public patients holding the medical cards. The Australian experiment of corporatising General Practice has been a disaster for patients, Doctors, staff and hospitals and we must ensure the same fate does not befall us here in Ireland.

The privatisation of care of the elderly has clearly shown that there are serious flaws in a model which expects the HSE to monitor standards in care of the elderly outside its own sphere of influence while at the same time purchasing care on a competitive tender basis which is driven by an overriding cost containment imperative. We can only hope that HIQA is allowed operate independently in ensuring that the highest standards of care obtain for the elderly within and outside the HSE.

The most damning indictment of the drive towards outsourcing and privatisation lies in the fact that mental health services were not brought under the remit of the Treatment Purchase Fund or were even considered in the whole co-location debate. While we remain opposed to both these initiatives and believe capacity for both acute hospitals and mental health services ought to be built within the public sector, isn't it telling that mental health services were completely ignored when both these initiatives were being launched?

The IMO remains opposed to what is now being proposed and known as co-location. Involving the private sector in building extra hospitals could be beneficial but not on the basis of outsourcing and privatisation. If it is done on the basis of creating additional capacity for public and private patients, it

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could be worthwhile but this is not to suggest any change in our opposition to co-location as a concept.

We welcome the recognition that more hospital beds need to be provided; we do not advocate co-location as the means to deliver this extra capacity. We are disappointed to see that co-location remains in the Programme for Government.

In as much as any rationale has been made for co-location it has suggested it is more economically efficient to proceed with co-location rather than by expanding capacity by traditional means.

The case for co-location has not been proven and in our view it is no coincidence that there was never a white paper or green paper produced on this most radical departure from the existing hybrid model of care in the history of the State.

The IMO takes the view that if this project is to be proceeded with, and we hope that it may not be too late to revisit this decision, then at the very least safeguards must be put in place to ensure lost funding is replaced and that investment will continue to be made in public hospitals.

Otherwise, there is a very real danger that asset stripping of public hospitals will inevitably follow and State investment in equipment, facilities and staffing will eventually be run down.

The shortage of acute beds, which is reflected in waiting lists, primarily affects public rather than private patients. It also affects both public and private patients with chronic or complex illnesses which are poorly catered for by private insurance models.

The problems of low bed capacity have been compounded by long standing under investment in primary care and other community based health services.

The IMO believes that the voluntary not-for-profit model (like the voluntary hospital tradition in Ireland or the endowed charitable trusts in the US) has a long track record of success in Ireland and could be used to develop independent hospitals.

The not-for-profit model should be adopted unless there is convincing evidence that this model will not work.

We believe that a not-for-profit corporate structure would be in the best interests of patients, Doctors, tax payers and the insured. However, if the government insist on a for-profit basis, then profits should be capped to prevent asset stripping of our public hospitals. Public hospitals will continue to provide more complex care to those with more complex illness (public and private) and it is important that they should not be disadvantaged by the financial arrangements for the co-located hospitals.

Conversely, it makes little sense to duplicate (or worse still split) the expensive facilities that high tech medicine requires in adjacent private or independent hospitals. Indeed, it is elective surgery (of all kinds), medicine, and the care of chronic illness that is affected most by our current under-capacity. Smaller new co-located hospitals would be ideally placed to provide this kind of care and should concentrate on this rather than the care of those with complex acute illness.
A not-for-profit structure would prevent the cherry picking (in terms of funding) that would otherwise inevitably occur.

Most importantly, it is public patients who suffer most because of the lack of acute hospital capacity, and these new facilities should operate a single waiting list for all patients (public or privately insured) on the basis of medical need rather than ability to pay.

If a for-profit model is adopted, then the profits should be capped and the money raised re-invested by the State in healthcare.
Any additional capacity created in this way should be made available to all patients equally on the basis of need rather than the ability of the patient, the insurer or the State to pay.

In summary, we are clear that outsourcing and privatisation in the community and in hospitals will have only one clear outcome: a worse deal for public patients and a gradual erosion of our public hospitals, hospitals we should be proud to support and demand that they be developed as a priority.


IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann
HEALTH

Mr Seán Tierney, Chairperson

Consultants

Consultants Committee 2007/2008

Committee Members: April 2007 – March 2008

Regional Representatives

Dublin North East
Dr Pat Manning (Vice-chair)
Dr Ali Umar
Dr Trevor Duffy

South
Dr Neil Brennan
Prof John Higgins
Dr Colm McGurk

Dublin Mid Leinster
Dr Brendan Cassidy
Dr Ronan Collins

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

Speciality Representatives

General Medicine
Dr J Bernard Walsh

Obstetrics/Gynaecology
Dr David Walsh

Paediatrics
Dr Terence Bate

Anaesthesia
Dr Tony Healy

Psychiatry
Dr Kate Ganter

Surgery
Mr Seán Tierney (Chairman)

Radiology
Dr John Morris

Pathology
Dr Clive Kilgallen

Co-opted
Mr Patrick Plunkett
Dr Michael Smith

IRISH MEDICAL ORGANISATION
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Consultants

Common Contract Talks

By the end of the year, the IMO negotiating team estimated that almost 2,000 hours of negotiations (plenary and bilateral), meetings and consultative sessions had been dedicated to bringing negotiations on a revised Common Contract to conclusion.

The negotiating team comprised Drs Seán Tierney (negotiations team Chairman), Trevor Duffy, Kate Ganter, Tony Healy, Michael Thornton, Patrick Plunkett and Mr Fintan Hourihan, Director, Industrial Relations.

The team was supplemented by Professors John Higgins and Colm Ó'Morain who attended the sessions dedicated to Academic Consultants.

In addition, meetings took place of the IMO Consultative Forum comprising Consultant and SpR representatives to ensure that the interests of future recruits were fully recognised and reflected in the contract talks. The decision to publicise arrangements to ballot SpR members on any changes was particularly significant in protecting the interests of future recruits.

The key events of the year centred on:

1. the collapse of negotiations in April with the decision of the Minister to proceed to advertise the filling of Consultant posts on terms which had not been agreed with the IMO;
2. the response of the IMO in enlisting international support to resist this move and in arranging consultative meetings of Consultant and SpR members to harness and bolster opposition to this approach;
3. Negotiations resumed following a June meeting between the IMO and the returned Minister for Health and Children and which provided for plenary overnight meetings in Co. Kildare;
4. the preparation of a final report in October by the talks chairman, Mr Mark Connaughton, SC.
5. the resumption of talks with a view to resolving matters to conclusion in direct discussions with the employer side and finally the intervention of the Chairman, Mr Connaughton, SC, in December 2007 in meeting the parties bilaterally.

The Organisation endorsed the report submitted by the Chairman of talks on a new Consultant Contract, Mr Mark Connaughton, SC. Following the October 8th meeting of the IMO's Consultant Committee in Dublin, Mr Seán Tierney, Chairman of the IMO Consultant negotiating team, said that Mr Connaughtons' proposals offered a way to bring these long standing negotiations to conclusion.

However, Mr Tierney warned that detailed discussion was still required in a number of important areas.

"It is essential that a critical mass of current and serving Consultants are supportive of whatever arrangements finally emerge", Mr Tierney said.

He reiterated the support of Consultants for innovations such as an extended working day, an increase in the number of duty hours to be worked (in addition to emergency on-call cover) as well as the introduction of team-working, clinical directors and a common waiting list for diagnostic specialities.

Mr Connaughton's report also reiterated the need to have further discussions as a matter of urgency to ensure the details of a revised contract can be presented to Consultants at an early date.

The Irish Medical Organisation had previously expressed its disappointment at the proposals received from the HSE on revising the Consultant's Common Contract at a meeting on September 21st with talks Chairman, Mr Mark Connaughton, SC.

IMO Consultant leader, Mr Seán Tierney, stated "the IMO is committed to building on real progress which had been made in earlier discussions on vital areas such as greater team-working, the introduction of clinical directors and new working hours arrangements". But he believed the 28-page document presented by the employers represented a retrograde step in moving towards agreement.

"Consultants have serious concerns about significant aspects of the employers' proposals and remain determined that many of the issues Consultants wish to have tackled are addressed with equal urgency by the employer side.

"As regards new working hours arrangements, Consultants are prepared to discuss significant changes in existing arrangements. However, there must be a recognition of what is achievable in the short term and what will require a longer-term timescale for implementation and will require massive investment in terms of staffing, resources and discussion with other staff representative bodies. The notion of 24/7 and 5/7 is certainly not achievable in the very near future as suggested by the employer side.

"It is essential that a critical mass of existing and future Consultants have confidence in new contractual arrangements as, otherwise, the reforms will wither on the vine. Equally, it is essential that all issues, including proposals to review the eligibility regulations for patients, are explored fully and that their implementation takes place on an agreed basis. If Consultants are not fully clear about the basis on which new contractual arrangements will operate, there could be little prospect of them agreeing to sign revised contracts in any meaningful numbers."

"We believe it ought to be possible to find a way to agree a revised contract for Consultants but we emphasise that change can only be introduced with the support of the

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profession and in an open and reasonable manner having regard to the resources available."

The chief cause of the collapse in negotiations in April was the refusal of the HSE to give an undertaking, in response to an IMO request, that candidates successfully appointed to the posts to be advertised shortly would be offered agreed terms of employment.

We learned at the April 16th meeting that the HSE had been instructed by the Minister for Health and Children, Ms Harney, on April 4th last to arrange a competition for the recruitment of up to 350 additional Consultants on terms which would be at variance with the terms of the existing Common Contract.

Over 75% of these would be new rather than replacement posts and it would be for the employing authority to decide on whether to offer Type A or Type B contracts.

The terms would be as per the (highly incomplete) draft presented to the IMO on April 5th and on the basis of the salary terms outlined to the IMO on the same day.

The HSE was advised that it was acting in breach of the terms of reference for these discussions and specifically the (October 2nd 2006) request from the Chairman, Mr Connaughton, SC when he advised *"In the interests of protecting the integrity of the process the Chairman requests the parties to refrain from taking any action outside of the terms of the current contract but this should not inhibit in any way the full implementation of the contract".*

IMO Proposal to Break Deadlock

At the April 16th 2007 meeting, the IMO protested at the proposal to recruit Consultants on terms dictated by the Government and instead sought an undertaking that these posts would be filled on agreed terms. On the basis of such an undertaking being provided, the IMO would continue to involve itself in negotiations.

This proposal was rejected by the HSE, which confirmed that the IMO's proposition had been conveyed to the Minister for Health and Children, and that she authorised the rejection of this proposal.

At that juncture, the talks Chairman, Mr Connaughton, SC, confirmed that he wished to reflect on the positions and statements presented to the meeting and undertook to write to the parties overnight.

Chairman's New Proposals

The IMO wrote to Mr Connaughton, SC immediately after the meeting, concluded and confirmed the areas where the Organisation has already signalled a willingness to negotiate change subject to overall agreement and reiterated its proposal to resolve the immediate dispute about the posts to be advertised today.

When the HSE proceeded to advertise 68 posts on disputed terms, the IMO immediately contacted a number of international and overseas medical representative bodies to ensure that candidates were aware of our opposition to the filling of these posts on terms dictated by the HSE.

The IMO received commitments from practically all of these bodies to circulate our advice that doctors should not compete for or participate in the short-listing / interviewing of new 'Consultant' posts on terms and conditions imposed by the HSE.

The British Medical Association, Canadian Medical Association, the Australian Medical Association and the European representative body for junior doctors (PWG) have already confirmed to us their intention to circulate our advice to their members (or member organisations in the case of PWG which comprises medical representative bodies in 23 European states).

Both the Canadian Medical Association and the Australian Medical Association have undertaken to publicise our concerns also through their website and newsletters to members.

The IMO also received further support in its campaign against the filling of disputed Consultant positions from the European representative body for Consultants (UEMS) which represents over 1,600,000 Consultants across Europe.

The UEMS agreed to notify doctors across Europe that they should not participate in the selection of, or apply for, 68 Consultant posts recently advertised by the HSE in contravention of agreed contractual terms with the IMO.

In confirming its support to the IMO, the officers of the UEMS say that "the UEMS Executive would like to express its firm solidarity with the IMO and conveys its best wishes for your negotiations with the newly elected parliament and government. We sincerely regret to note that currently across Europe there is a trend towards greater control and pressure on doctors in their daily practice as well as a lesser freedom in terms of organisation and self-regulation."

The IMO's concerns and advice to doctors featured in the last issue of the UEMS Newsletter which has a wide distribution both within the UEMS constituency (National Associations, Specialist Sections & Boards etc.) and outside (European Commission and Parliament, national permanent representations in Brussels, associated organisations etc.).

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Competition Authority Produces Guidance on Private Fees for Consultants

The Competition Authority published (10th January 2007) guidance in respect of collective negotiations relating to the setting of medical fees.

In September 2005, the Competition Authority concluded an investigation into the way in which fees for Consultants' services are negotiated between Consultants and private health insurers.

The Competition Authority's view from that investigation was that the actions of the Irish Hospital Consultants Association (IHCA), in the context of those negotiations, amounted to price fixing in breach of Section 4(1)(a) of the Competition Act, 2002.

The Competition Authority issued a letter of initiation outlining its view to the Irish Hospital Consultants Association and a settlement was subsequently reached between the Competition Authority and the Irish Hospital Consultants Association on 27th September 2005.

The Competition Authority published a consultation document in January 2006 to determine the scope of guidance that could be provided in respect of collective negotiations relating to the setting of medical fees. The aim of the Consultation Document was to get a better understanding of the way in which fees for Consultants' services are negotiated between Consultants and private health insurers.

A comprehensive submission was presented by the IMO to the Competition Authority.

The Competition Authority says it is concerned that within the discussions that take place between hospital Consultants (and their representative bodies such as the IHCA and IMO) and private health insurers, there may be conduct amongst Consultants which breaches the Competition Act, 2002.

As a consequence of the consultation process, the Competition Authority has decided to publish a Guidance Note under Section 30(1)(d) of the Competition Act, 2002. The objective of the Competition Authority issuing guidance is to ensure that Consultants are aware of the prohibitions contained in the Competition Act, 2002 as they apply to them and to assist them in complying with the Competition Act, 2002.

VHI Schedule of Benefits

The VHI wrote to the IMO stating it would welcome an opportunity to hold consultative discussions with IMO representatives ahead of publication of its Schedule of Benefits for Professional Fees effective from July 1st, 2007.

The IMO responded to a request from the VHI to attend a consultative meeting to discuss the ground rules for treatments together with discussions relating to the codes and descriptions for medical procedures and the adoption of internationally accepted codes as well as introduction of new procedures and technologies.

The meeting allowed IMO Consultant representatives to identify general matters of concern to Consultants in relation to the provision of such services provided.

At the commencement of the meeting with the VHI, the IMO made clear that it would adhere strictly to the Medical Fees Guidance Note issued by the Competition Authority and would not discuss actual fees to be paid by the Insurers or the terms and conditions under which such procedures are offered.

VHI Confirms Recognition for Consultants on Contracts of Indefinite Duration

In response to IMO representations on the matter, the Board of the VHI confirmed that it would now recognise for registration purposes Consultants who have acquired rights to Contracts of Indefinite Duration in accordance with the Protection of Employees (Fixed Term Work Act).

The VHI confirmed in writing to the IMO as follows:

"where a long term locum or long term temporary Consultant appointee has gained a permanent appointment in a public hospital under the terms of the Protection of Employees Act (otherwise referred to as a "Contract of Indefinite Duration") we will be prepared to recognise such appointments for registration on the VHI Doctor File as a Category I public hospital appointment provided we are provided with the following documentation:

- a letter from the Consultant's employer or hospital confirming that the Consultant was successful in achieving a Contract of Indefinite Duration and the nature of the contract awarded
- a copy of the Consultant's public hospital contract
- a copy of the Consultant's registration with the Irish Medical Council to include a copy of his/her inclusion on the Register of Medical specialties or sufficient documentary evidence to satisfy VHI Healthcare that the appointee has the same qualifications and experience as set by the NHO/Comhairle for a similar Consultant post in a public hospital."

Clinical Indemnity

Over 20 Consultants have benefited from representation arranged by the IMO through its legal representatives, O'Connor Solicitors, in accordance with the terms of the undertaking given to the IMO by the Minister for Health and Children on the extension of the CIS scheme to Consultants and arising from the refusal of the Medical Defence Union to offer representation in defending personal injury actions.

Around half of the Consultants assisted were practising within obstetrics / gynaecology while other specialties involved include surgery, orthopedic surgery, psychiatry and radiology.

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Our legal representatives were also involved in representing a doctor in a High Court challenge to dismiss a claim against him on the grounds of delay and prejudice.

It is estimated that over 100 Consultants have now been refused full regular representation by the Medical Defence Union.

Clinical Indemnity Scheme

The Organisation was invited to make a submission on the proposed Scope of Cover document drafted by the State Claims Agency to outline the extent of coverage of the Clinical Indemnity Scheme.

Drs Tony Healy, Pat Manning and Mr Fintan Hourihan attended the quarterly meetings of the Clinical Indemnity Scheme Forum. The Forum was established by the State Claims Agency to review the operation of the CIS scheme, risk management and other related developments.

The IMO had a number of meetings with the Medical Protection Society to discuss matters of mutual concern.

Mental Health Miscellaneous

This was the first full year of operation for the Mental Health Tribunals established with effect from October 2006 arising from enactment of part 2 of the Mental Health Act, 2001.

The IMO made a submission to a review of the operation of the Mental Health Tribunals based on the experience of Consultant Psychiatrists. The review was published by the Department of Health and Children and incorporated a number of concerns highlighted by the IMO.

A separate review of the implementation of the Vision for Change report was published recently also.

The HSE has written to the IMO to state that because of the general policy in regard to fee determination for staff contracting to provide services, the agreed review of fees for Consultant Psychiatrists providing independent opinions or acting on Mental Health Tribunals cannot proceed as agreed originally with the IMO in October 2006.

Representation of Individual Consultants

The IMO continues to represent individual Consultants in resolving disputes which arise at workplace level and which require representation and meetings with management representatives locally and nationally.

Typically, disputes centred on issues such as:

- lack of appropriate resources to undertake duties;
- rest day entitlements;
- claims for Contracts of Indefinite Duration;
- onerous rotas / workload difficulties;
- interpersonal difficulties;
- claims for payment covering additional responsibilities;
- superannuation entitlements.

Grievance and Disputes Procedure

The Organisation represented a number of Consultants in bringing disputes over contractual entitlements for mediation and adjudication to the Grievance and Disputes Procedure.

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Non-Consultant Hospital Doctors

NCHD Committee 2007/2008

Dr John Morris, Chairperson

Committee Members: April 2007 – March 2008

Regional Representatives

Dublin North East
Dr Michael Molloy
Dr Peter Leonard
Dr Brian Lenehan

HSE South
Dr Alan Broderick
Dr Noirin Russell
Dr Jason Van Der Velde

HSE Dublin Mid Leinster
Dr Matt Sadlier
Dr Muhammad Razi Shaikh
Dr Iftikhar Sohail

HSE West
Dr Kishan Browne
Dr Ronan O'Leary

Speciality Representatives

General Practice
Dr John Morris (Chair)

Anaesthesia
Dr Caroline Larkin

Psychiatry
Dr Dela Osthoff

Surgery
Dr Joseph Garvin

General Medicine
Dr Nalini Somaiah

Co-opted 2007-2008
Dr Shahid Kazi
Dr Tony Moloney
Dr Ikram Khan
Dr Baz O'Sullivan
Dr Remi Mohammed
Dr Linda Grant Oyeye

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Non-Consultant Hospital Doctors

NCHD EWTD Contract Negotiations

Negotiations on a new NCHD contract took place throughout the year, under the auspices of the Labour Relations Commission. While the impetus for the discussions is the implementation of the EWTD, the IMO has sought improvements in many aspects of NCHDs' terms and conditions of employment. During the year, agreement was reached in principle in a number of areas: on change-over dates, paid induction for NCHDs, removal of threatened referrals to the Medical Council in NCHDs Acceptance of Offer of Employment and deduction of union fees at source.

Improvements in other aspects, which have not been agreed but are being fought for by the IMO, include the following:

1. Introduction of a Training Contract
2. Systematic review of higher qualifications attracting allowance
3. Flexible training / Family Friendly Working
4. Centralisation of the training grant
5. Miscellaneous incremental credit issues
6. Wording on reassignment
7. Study leave / Examination leave / Course/conference leave
8. Stop-work meetings
9. Sick leave
10. Rosters
11. Motor Insurance issues
12. Clarification of holiday entitlements

Significant differences still exist between the IMO and HSE on the pattern of NCHDs' working hours under working time legislation, remuneration, locum provisions and maternity protection for pregnant NCHDs. The IMO has made it clear to the HSE that it is frustrated by the lack of response by the employers' side to IMO proposals and that we will only continue to negotiate if the HSE is serious about doing business.

GP Trainee Contract Talks

Talks on a new GP Trainee Contract took place on 20th June with the HSE Employers Agency. The IMO sought improvements in a number of areas including payment at standard overtime rates for trainer sanctioned out of hours service, the introduction of flexible GP Trainee contracts, clarification from the HSE on the clinical indemnity provided to GP Trainees while in general practice, SpR status for NCHDs in their final year of GP Specialist Training and placement of current NCHDs on the correct pay scale. Since the meeting, the IMO has sought the assistance of the Labour Relations Commission to further negotiations.

Separately, the IMO Secretariat attended the annual meeting of the National Association of the General Practice Trainees (NAGPT) on 10th and 11th of May.

Labour Court Hearing on NCHD Overtime

The IMO made a submission to the Labour Court on the 3rd of December to resolve the long standing matter of the overtime calculations for NCHDs. The Hearing was attended by members of the NCHD Committee, the IMO CEO and members of the Secretariat.

The Organisation presented the Court with an extensive document on the issue. The document outlined the reasons that NCHD overtime should be calculated on a daily basis rather than a weekly basis as claimed by the management side.

It is the position of management that overtime only comes into effect after an NCHD has worked 39 hours, regardless of the time of day these hours are worked. The situation is most prevalent in Anaesthesia and Paediatrics where NCHDs are sent home post call. This reduces their normal working week from 39 hours to 32 hours in some cases. The employers claim that the remaining 7 hours should be taken from the hours worked outside of the normal 9-5 Monday to Thursday and 9-4 Friday. It is, in fact, the argument of the employer side that the normal 9-5 Monday to Friday working week does not exist for NCHDs.

The IMO argued before the Court, on behalf of NCHDs, that it is the custom and practice that NCHDs work a standard 9-5 day and that all pay should be calculated on this basis, with work before 9 am and after 5 pm being paid at the appropriate rates.

The Labour Court subsequently recommended further talks between the IMO and health service employers on the single most important issue in dispute between the parties - whether hours worked outside the normal working week can be paid on other than an overtime basis.

Based on the exchanges at the Labour Court in response to evidence produced and submissions made by the IMO, we are now hopeful that this long standing row can be satisfactorily resolved. Equally, we have made it clear that we will not tolerate any attempts by employers to prolong resolution of this matter.

The Court decided that it was required to recommend on a largely technical issue and found that overtime should be paid after the 39 hours of the normal working week are worked rather than paying overtime at the end of each individual day. Obviously as less than 1% of NCHDs would work occasional days rather than full working weeks, this is of little real significance to NCHDs.

Non-Consultant Hospital Doctors

European Working Time Directive Pilot Sites

The work of the EWTD National Implementation Group, which began in September 2005, continued in 2007. The Group issued an Interim Report of the EWTD Pilot Sites in September. The sites were in Cork University Hospital, UCHG, Holles Street, Letterkenny General Hospital, Mid-Western Regional Hospital, Limerick, Longford-Westmeath, Mullingar and St. Loman's Mullingar. The Report notes the results of an employer survey of NCHD working hours undertaken in July–December 2006, which indicated that the average on site working hours for Interns was 65.39 hours per week, 59.77 hours per week for SHOs, 59.01 hours per week for Registrars, 40.31 hours per week for Senior Registrars and 56.90 hours per week for Specialist Registrars over the reference period.

The NIG Report states that, on average hours, there is a "fair degree of EWTD compliance in many hospitals". However, it goes on to state that "the smaller number of NCHDs (with on-call rotas of 1 in 5 or less) in the smaller acute hospitals around the country poses a major challenge and where EWTD compliance is unlikely to be achieved therein unless fundamental changes are introduced as to how these hospitals function, in collaboration with larger hospitals nearby".

In addition, the Report notes that compliance with the rest break provisions of the EWTD is very low at 4.39% of Interns, 16.05% of SHOs, 13.00% of Registrars and 9.92% of Specialist Registrars.

The NIG has decided that all approved projects be concluded by no later than 30th June 2008.

Separately, in 2007, the IMO secured payment of €5000 for Interns in Midland Regional Hospital, Mullingar who were denied compensation for lost overtime while participating in the EWTD pilots.

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

The Forum on Fixed Term Work met throughout the year. The objective of the Forum is to seek to conclude and agree a document on the implementation of the Fixed Term Work Act as it applies to NCHDs. This will have considerable standing with any third parties called on to adjudicate on disputes around the Act. While progress was made on a range of issues, the IMO highlighted concerns around:

- Employment law issues arising from movement of NCHDs between HSE and voluntary hospitals.
- Supervision for doctors, particularly those who are not in approved training posts or in self-directed training.
- Protections contained in the disciplinary procedures for NCHDs or in the legislation to the effect that NCHDs cannot be penalised for seeking to vindicate their rights.
- Contract documents should clearly specify the employer and the college tutor/supervisor responsible for the training and education of the NCHDs.
- Regular training reviews should take place and there are increasing instances where concerns are being expressed about the clinical competence of NCHDs as they are about to acquire tenure.
- The need for clarification around the definition of 'flexible training'.
- An adjudication process to deal with disputes around the interpretation of the legislation.

Blood Borne Diseases

A number of meetings took place in 2007 between the IMO and HSE to discuss a scheme for addressing employment related issues for staff diagnosed as acquiring Hep B, Hep C or HIV and acquired in the workplace. Such a scheme has been pursued by the IMO for a lengthy period. The proposals are intended to offer protections for staff that acquire such viruses and may require retraining or redeployment or in extreme cases compensation. The proposed scheme provides for counselling, paid medical treatment and special paid leave and initially will be available to staff who have acquired such viruses regardless of their source. In return, screening of staff who may be involved in exposure prone procedures is to be introduced and ultimately will apply to all new recruits.

Occupational Health Questionnaires

The IMO is aware of the use of extensive and intrusive occupational health questionnaires by some hospitals. The IMO sought a uniform health questionnaire to be agreed with the HSE and it agreed to this in principle.

Internships for Medical Graduates

The IMO Secretariat, the NCHD Committee and student members attended a meeting with the Minster for Health and Children on the 16th of January 2007 and subsequently a meeting with the HSE. The meetings were requested by the IMO to discuss the lack of places for Interns on completing their education.

Guidance on NCHD Recruitment

The Organisation issued the following guidance to NCHDs in regard to recruitment practices.

- The notice requirement within the NCHD Contract is One Week for NCHDs on short-term contracts as per the relevant legislation.

Non-Consultant Hospital Doctors

- NCHDs should make clear to prospective employers at interview if they have applied for posts other than that offered and whether they would ideally prefer another post.
- The 'declaration of acceptance form' presented by employers (which also threatens to refer to the Medical Council if doctors do not take up posts they have undertaken to accept) is not part of the NCHD contract.
- NCHDs should be advised also that the section 4.9 of the Medical Council's Guide to Ethical Conduct and Behaviour states that "a doctor, having formally accepted any post, including a locum post, must not then withdraw without due cause unless the employer will have time to make other arrangements to ensure that patient care is not compromised".
- NCHDs should make sure that as much notice of cancellation is given and should not cancel an indication to commence for other than reasonable and substantial grounds.
- The IMO has made known to the HSE and the Medical Council its opposition to threats to refer cases where Doctors change their opinion after signing a contract of employment to Fitness to Practice hearings of the Medical Council.
- The IMO has advocated to the HSE and the Medical Council a CAO type system where there is a common date of offer and date of acceptance for NCHD posts.

NCHD Newsletter

Two newsletters were produced in 2007 and were distributed in doctors' residences around the country. The newsletters provide information on current developments and work undertaken by the IMO on behalf of NCHDs.

IMO Intervention Re Visas and Green Cards

The IMO had a meeting with officials from the Department of Justice and from the Department of Trade Enterprise and Employment on 9th August. The meeting was convened at the request of the IMO NCHD Secretariat on behalf of Non EU Doctors who are experiencing problems in relation to Visas, particularly with the introduction of the new work permit scheme and the discontinuing of the work visa and work authorisation schemes.

At the meeting the IMO outlined the difficulties faced by NCHDs, in not being able to access the Green Card Scheme. The working life of NCHDs was explained in full to the officials and we believe that the issue was taken on board for further consideration by the Department of Enterprise. The IMO also explained the issue arising from NCHDs not accessing the Green Card Scheme and that this now creates an unfair burden on NCHDs having to pay an additional €1000 per annum to have their work permit processed.

The IMO made the case for an exception to be made for Non EU NCHDs to be able to apply for the Green Card scheme and the IMO was asked to make a further written submission outlining the difficulties and to give further details on the medical training system in Ireland.

The IMO also raised numerous other issues related to the application for permits and for naturalisation. The Department made it clear that it cannot make concessions for any group of individuals. However, most of these various issues would cease to exist if NCHDs could apply for Green Cards.

Hospital Issues 2007

IMO Cutbacks Campaign 2007

A number of disputes arose in hospitals in 2007, particularly in the latter half of the year arising from the HSE cutbacks. The IMO undertook a campaign to gather information on the effects of the cutbacks and to respond quickly where negative effects on patients or doctors were reported. A dedicated email address was made available to doctors who wanted to inform the IMO of cutbacks in their hospitals; posters were placed in doctors' residences and the Secretariat visited 22 hospitals to discuss cutback issues. The following are hospitals where the IMO subsequently intervened on behalf of NCHDs.

Beaumont Hospital

A dispute arose in Beaumont following proposed cutbacks. A meeting was requested by the IMO on behalf of NCHDs in relation to various concerns: patient care in the face of cuts; the fear that there might be a return to pre 2000 situation where NCHDs did not get paid for their overtime; insurance issues; public holiday pay; locum issues; the replacement of staff members; dignity at work issues; public holiday pay and interns on call. A ballot for industrial action was undertaken on 23rd October and the result was for overwhelming support for such action by NCHD members. Industrial action was averted when hospital management provided written assurances that IMO/HSE agreements on payment of unrostered overtime and locum provisions would be adhered to.

University College Hospital Galway

The IMO intervened after a memo was issued in October by the hospital stating that surgical Interns had to get prior approval from consultants for unrostered overtime. At the request of the IMO, a meeting was held with hospital management. The IMO was assured that all consultant approved unrostered overtime would be paid and the hospital had put on hold the idea of prior approval for overtime.

South Tipperary General Hospital, Clonmel

A dispute arose in the hospital on a number of issues affecting NCHDs: non-payment of all

Non-Consultant Hospital Doctors

consultant approved unrostered overtime, obstacles to obtaining study leave and lack of locum provisions. Following a refusal by management to adhere to a 2006 LRC agreement on unrostered overtime, a ballot for industrial action was undertaken and supported by NCHD members on 27th November. Hospital management subsequently agreed to repay all unpaid unrostered overtime and to facilitate local level talks with NCHDs on the leave issues.

Wexford Hospital

The IMO requested a meeting with management in September regarding a number of ongoing issues concerning the doctors' residence, access to on-call accommodation, security, a Muslim prayer room and additional staffing in the A&E at night. At the meeting, the IMO was assured by management that facilities would be placed in the Res, that there would be improved access to on-call accommodation and there would be a designated Muslim prayer room. However, by November no action was taken regarding the residence, security and staffing of the A&E. The IMO has requested the intervention of the Labour Relations Commission to progress matters.

Mercy Hospital, Cork

At the request of the IMO, a meeting took place with hospital management following the introduction of a cost containment plan, which proposed the cessation of unrostered overtime. The IMO intervened and received assurances from hospital management that all consultant approved unrostered overtime would be paid.

Cork University Hospital

The IMO met with NCHDs who had received reports of cuts to unrostered overtime. At a subsequent meeting with management, the IMO was assured that there were no plans to cut overtime.

Cork University Maternity Hospital

The IMO received reports that the hospital was with holding the training grant. Following IMO intervention there was no change to the payment of the grant.

Kerry General Hospital

The IMO contacted the hospital over reports that NCHDs' conference leave had been cut. The hospital has given assurances that conference leave will be granted in accordance with the NCHD contract.

St. Luke's Hospital, Kilkenny

The IMO received reports from NCHDs that the hospital was not paying the training grant. The IMO contacted hospital management and they gave assurances that the training grant would not be restricted.

Members of the IMO secretariat attended almost 120 meetings with NCHDs in hospitals and other settings to brief members on progress in contract negotiations and other priorities and to receive feedback on the concerns of members both within their place of employment and regarding national contract issues / HSE policies.

Representation of Individual NCHDs

The IMO continued to represent individual NCHDs at resolving disputes at workplace level and at third party hearings. Typically, disputes centred on issues such as:

- Contracts of indefinite duration
- Incremental credit
- Higher degree allowances
- Study leave
- Locum cover
- Training grant
- Annual leave


IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

General Practitioners

General Practitioners Committee 2007/2008

Dr Martin Daly, Chairperson

Committee Members: April 2007 – March 2008

Regional Representatives:

Dublin / North East
Dr Amelia Barwise (co-opted)
Dr Illona Duffy
Dr Jim Keely
Dr Paul McCarthy
Dr Raymond Walley

Dublin / Mid Leinster
Dr Michael Mehigan
Dr Padraig McGarry
Dr Cathal O' Sullivan
Dr Cliona Ryan

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

South
Dr Ronan Boland
Dr Donal Coffey (co-opted)
Dr Ciaran Donovan
Dr Derek Forde (co-opted)
Dr Niall Macnamara
Dr David Molony

General Medical Services Scheme

Review of GMS and Publicly Funded Primary Care Schemes

The year 2007 has been another disappointing one in terms of the HSE's failure to engage with the IMO on the agreed comprehensive review of the GMS and publicly funded primary care schemes as provided for in Labour Relations Commission Agreement of June 2005. The Department of Health & Children and the Health Service Executive have failed to honour their commitments entered into in 2005. The HSE had committed to provide the IMO with a draft contract prior to the IMO's AGM in April 2006, however, the HSE has yet to provide the IMO with a draft contract.

The IMO's agreement to enter into a comprehensive review of the GMS in 2005 was contingent on the review being completed and the appropriate fees / rates of payment being implemented in advance or contiguous with the publication of the Benchmarking Body Report in the Civil / Public Service agreed for 2007. Otherwise, it was agreed that normal Benchmarking arrangements / increases recommended should apply to GMS GPs. Accordingly, in the event of the agreed review not being concluded in the near future, GMS GPs will be entitled to have normal Benchmarking arrangements applied.

Primary Care Teams

A number of meetings took place during 2007 between the IMO and the HSE regarding the proposed roll out of Primary Care Teams. The current national pay agreement 'Towards 2016' provides for the phased roll out of 100 Primary Care Teams per annum between 2006 and 2011. A number of principles have been

General Practitioners

agreed at national level between the IMO and the HSE in relation to the roll out of the Teams. These include:

- The IMO and the HSE support the concept of Primary Care Teams and Primary and Social Care Networks
- All GPs are eligible to participate in a Primary Care Team, however participation is a voluntary process for GPs
- Membership of a PCT falls outside of GPs existing contractual arrangements. Accordingly, GPs are not required to take on any additional duties pending the outcome of contractual negotiations
- GPs and patients can be allied to a number of Teams and a flexible approach will be adopted in this regard
- Where there are no clear geographic or practice boundaries, it is agreed that a number of Teams can be rolled out simultaneously, e.g. in urban areas, Teams can be rolled out on a Network or Local Health Office basis
- Arrangements for the location of the various members of the PCTs and Networks will be by the consent of the participating GPs. A minimum of 300 additional professional support posts will be provided per 100 PCTs subject to HSE funding. These posts include Physiotherapists, Social Workers, Occupational Therapists, Speech and Language Therapists, Chiropodists etc.
- The issue of eligibility for services awaits a policy decision from the Department of Health & Children
- The roll out of PCTs is to be undertaken on a partnership basis between the IMO and the HSE.
- Quarterly meetings of the IMO and HSE National Steering Committee will take place to monitor progress and address any areas of potential difficulty
- The IMO and its GP members are to be represented at all stages of the PCCC Transformation Programme including:
  - PCCC Health Service National Partnership Forum Working Group
  - 32 Local Health Office Partnership Committees
  - 32 Local Implementation Groups
- The IMO has sought payment of locum expenses for GPs attendance at PCT meetings.

GP Forum

Meetings took place in November and December 2007 between the IMO and the HSE in relation to the proposed establishment of a GP Forum. The HSE outlined that the purpose of the Forum would be to have access to professional advice from GPs in relation to issues arising from the roll out of Primary Care Teams. The IMO outlined that it had no difficulty in principle with the concept of a GP Forum but that co-operation with such a Forum would only be forthcoming in the context of parallel discussions with the HSE on the review of the GMS and publicly funded primary care schemes.

Review Body on Higher Remuneration in the Public Sector

The IMO made a number of detailed written Submissions and attended Oral Hearings with the Review Body on Higher Remuneration in the Public Sector during 2006 in relation to a number of medical grades under the Review Body's terms of reference. The grades directly assessed were Specialists in Public Health Medicine and Directors of Public Health and Prison Doctors. The Department of Finance published the Report of the Review Body on Higher Remuneration in the Public Sector, No. 42 on the 25th October 2007. Following an agreement between the IMO and the HSE Employers Agency in 2005, a number of GP grades have an agreed linkage with Specialists in Public Health Medicine for the purposes of the above Review Body Report No. 42. The grades with an agreed linkage are:

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

Specialists in Public Health Medicine were awarded a 20.4% increase in salary by the Review Body and as a result, the above three GP grades are to receive a 20.4% increase in their salaries.

Prison Doctors

The IMO made a detailed written Submission and attended an Oral Hearing with the Review Body on Higher Remuneration in the Public Sector on behalf of Prison Doctors during 2006. It was agreed between the IMO and the Irish Prison Service in 2004 in the context of the settlement of industrial action that Prison Doctors would in future have their pay levels assessed by the Review Body on Higher Remuneration in the Public Sector. Prison Doctors are the only GP group to come directly within the terms of reference of the Review Body. The Department of Finance published the Report of the Review Body on Higher Remuneration in the Public Sector, No. 42 on the 25th October 2007. The Review Body recommended a 9.2% increase in salary for Prison Doctors from €132,738 to €145,000 per annum for a full time Prison Doctor and pro rata for part time doctors. In addition, Prison Doctors receive an on call allowance of €5,500 per annum along with call in fees out of hours. Prior to the industrial action by Prison Doctors in 2004, the annual salary for a full time Prison Doctor was €61,000 and pro rata for part time doctors.

The Review Body's Recommendations are to be implemented on the following timeframe:

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

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

(c) the remaining balance from the 1st March 2009.

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Public Service Benchmarking Body

The IMO made a number of detailed written Submissions and attended Oral Hearings with the Public Service Benchmarking Body during 2006 in relation to a number of medical grades under the Benchmarking Body's terms of reference. The grades directly assessed were a number of NCHD and Community Health Doctor grades. The Benchmarking Report is due to be published in January 2008. As outlined above under the section dealing with the review of the GMS, the IMO's agreement to enter into a comprehensive review of the GMS in 2005 was contingent on the review being completed and the appropriate fees / rates of payment being implemented in advance or contiguous with the publication of the Benchmarking Body Report in the Civil / Public Service agreed for 2007. Otherwise, it was agreed that normal Benchmarking arrangements / increases recommended should apply to GMS GPs. Accordingly, in the event of the agreed review not being concluded in the near future, GMS GPs will be entitled to have normal Benchmarking arrangements applied.

National Cervical Screening Programme

The Minister for Health & Children established a National Cancer Screening Service Board in January 2007. The remit of the National Cancer Screening Service (NCSS) is to provide a National Breast Screening Programme (Breastcheck) and a National Cervical Screening Programme. A National Cervical Screening Pilot Programme was launched in the HSE Mid West in October 2000 and was subsequently evaluated. The contractual arrangements and fees for the Pilot Programme were agreed with the IMO with a fee of €51.50 currently payable. The NCSS is proposing to roll out a National Cervical Screening Programme early in 2008. In advance of offering smeartaker contracts to medical practitioners in primary care settings, the NCSS engaged in a consultative exercise with potential smeartakers in October 2007.

The IMO sought formal discussions with the NCSS on the contractual arrangements for the Programme. A meeting took place between the IMO and the NCSS on the 7th November 2007 to discuss the clinical, quality and operational aspects of the Programme. Further discussions are planned for early 2008 with the NCSS regarding the contractual arrangements for the Programme.

GP Trainer Contract Negotiations

In May 2007, the IMO reached agreement with the HSE on a framework to lead to an agreed national contract on behalf of GP Trainers. GP Trainers had advised the HSE in January 2007 of their intention to withdraw from GP training with effect from July 2007 in the absence of agreed contractual arrangements. The IMO was approached by the HSE in March 2007 in an effort to resolve the difficulties that had arisen. It was agreed that a Joint Working Group be established to define the role of GP Trainers and to propose the appropriate contractual arrangements for Trainers. As a demonstration of good faith in entering into negotiations on a written contract, the HSE agreed to increase the Allowance/Expenses payable to Active Trainers from €9,500 to €14,000 per annum with effect from 1 June 2007 through the application of national pay increases backdated to 1999.

A number of meetings of the Joint IMO / HSE Working Group took place in July, August, September and October 2007 regarding the negotiation of a formal contract for GP Trainers. The proposed structure provides for a contract for services with five constituent schedules dealing with the job description of the GP Trainer; the essential requirements of the contractor; payments to the contractor; composition of the interview panel; and insurance cover. At the most recent meeting on the 18th October 2007, the parties were unable to reach agreement on all outstanding matters and it has since been agreed, following a number of Regional meetings with GP Trainers, to seek the assistance of the Labour Relations Commission with a view to concluding agreement on a contract on behalf of GP Trainers.

Mental Treatment Act 2001

A meeting took place between the IMO and the Mental Health Commission and the HSE Employers Agency in October 2007 regarding a number of issues of concern to the IMO in relation to the implementation of the Mental Treatment Act 2001. The IMO raised issues in relation to the provision of patient escorts; communications with the IMO and GPs; certification fees; and attendance by GPs at Tribunals. With regard to patient escorts, the IMO raised concerns that GPs were unable to access escorts on behalf of patients. The Mental Health Commission outlined that a private company, Nationwide Healthcare Solutions, provides patient escorts, now referred to as Assisted Admissions. It was agreed that the IMO would meet with the HSE personnel with responsibility for this service to outline the difficulties in accessing the service. The Mental Health Commission outlined one significant feature of the 2001 Act, whereby, under Section 13, if a GP requests the Clinical Director or Consultant in charge that a Garda escort is required, the Gardai are obliged to provide an escort. Further meetings are planned between the IMO, the HSE and Mental Health Commission to address and resolve the above issues.

Forensic Medical Examiners

The IMO made a detailed written Submission to the Department of Justice, Equality & Law Reform in June 2007 on the establishment of a structured Forensic Medical Service, in conjunction with An Garda Siochana. The structure proposed by the IMO is based on the Northern Ireland model of Forensic Medical Examiner. The IMO proposed that the role of the Forensic Medical Examiner should be clearly defined with agreed standards and protocols incorporated into a contract between medical practitioners and the Department of Justice, Equality & Law Reform with appropriate training provided. The IMO proposed a mix of full time and part time Forensic Medical Officers, with 4 full time and 4 part time in the greater Dublin region, 2 full time and 2 part time in the main urban areas of

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Cork, Galway and Limerick, 4 part time Medical Officers for the South East and North West, giving a total of 10 full time and 26 part time Medical Officers. The IMO also proposed the appointment of a National Medical Director with responsibility for the management of medical personnel and facilities and liaison between the service, the Gardai and the Department of Justice, Equality & Law Reform.

The IMO wrote to the Minister for Justice, Equality & Law Reform in September 2007 seeking discussions on the implementation of the Organisation's proposal for the establishment of a structured Forensic Medical Service. It is anticipated that further discussions will take place with the Department early in 2008.

GP Specialist Register Irish Medical Council

The Medical Practitioners Act, 2007 was enacted in May 2007 by the Oireachtas and is to be implemented on a phased basis as decided by the Minister for Health & Children. The Act provides for 3 Divisions of the Register with the Irish Medical Council, i.e., the Specialist Division, Trainee Specialist Division and the General Division. The Medical Council is advising that all Specialists (e.g. Consultants, GPs and Public Health Specialists) entitled to be placed on the Register of Medical Specialists (RMS) because of the 'grandfather clause' provisions (i.e. holding appointment before January 1, 1997 as a Comhairle approved Consultant, as a Public Health Specialist or a holder of a GMS contract) ought to seek such registration as a matter of urgency. The IMO wrote to all GP members in May 2007 advising those doctors entitled to avail of the 'grandfather clause' provisions to do so as a matter of urgency.

Indicative Drug Target Savings Scheme

The HSE advised the IMO in November 2006 of its decision to unilaterally suspend the operation of the Indicative Drug Target Savings Scheme with effect from December 2005. The HSE proceeded with a unilateral approach to a review of the Scheme and engaged Dr Michael Barry of the Pharmacoeconomics Unit, St James's Hospital to undertake a review of the IDTS Scheme. The IMO met with the HSE in April 2007 and agreed to engage jointly in the review of the IDTS Scheme following a number of assurances from the HSE. The IMO met with Dr Barry in June 2007 to discuss his initial draft report to the parties. The IMO made a detailed written response / submission to Dr Barry's draft report in July 2007. The IMO response sought to highlight:

- The benefits as well as the deficiencies of the Scheme
- The existence of "locked in" savings
- Why the Scheme is not working as effectively as it should be
- The significant potential of a revised IDTS Scheme.

The IMO met with Dr Barry again in September 2007 to discuss his revised draft report and Dr Barry published his final Review Report in October 2007. Dr Barry's Report concluded as follows:

- The IDTS Scheme generated a cumulative fund of €187.9 million by the year end 2005
- Evidence to date suggests that the IDTS Scheme, in its current form, is no longer meeting its stated objective
- This is not surprising as the impact of such Schemes are relatively short lived and are dependent on the availability of prescribing data and prescribing budgets
- The fall in the generic prescribing rate, the new IPHA / HSE 2006 Agreement and the introduction of health technology assessment (remit of HIQA) highlight the need for changes
- Cessation of the IDTSS may result in the loss of "locked in" savings. Furthermore the IDTSS provides for a mechanism for investment in general practice infrastructure and services, i.e. over €11.5 million in 2005. The importance of such investment is appreciated and this will need to be considered in future developments.
- Recent developments in relation to incentives have seen a move towards quality care indicators. Should an alternative incentive scheme be considered in the Irish healthcare setting the focus should be on rewarding quality prescribing and / or care.

The IMO and the HSE are to meet in January 2008 to consider the Barry Report and to decide on the future of the IDTS Scheme. The IMO is seeking a revised Scheme with a greater focus on quality prescribing with proper budget allocation.

Pay Provisions of National Wage Agreement'Towards 2016'

Agreement was reached in September 2006 between the employers, Government and the Irish Congress of Trade Unions on a new social partnership agreement 'Towards 2016' including provisions on pay and modernisation for the public service, and the specific modernisation agenda for the health services.

The agreement provides for the following increases in fees and allowances to GMS GPs:

- 3 per cent on 1st December 2006,
- 2 per cent on 1st June 2007,
- 2.5 per cent on 1st March 2008 and
- 2.5 per cent on 1st September 2008.

These increases also apply to the various publicly funded primary care schemes, including, the Mother and Infant Care Scheme, the Primary Childhood Immunisation Scheme, and Methadone Protocol GPs.

Maternity Leave Entitlements under the GMS

Following representations by the IMO, the Organisation received confirmation from the Primary Care Reimbursement Service in early

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2007 of agreement to apply the revised maternity leave arrangements provided for in Budget 2006 to GMS GPs, namely, 26 weeks paid maternity leave and 16 weeks unpaid maternity leave. The new arrangements apply to women who commence maternity leave on or after 1 March 2007.

Prison Doctors

Review of Drug Treatment Service

The review of Drug Treatment Services in Prisons provided for within the 2004 agreement between the IMO and the Irish Prison Service commenced in mid 2007. Dr Michael Farrell, a Consultant Psychiatrist from London was appointed to undertake the review in accordance with agreed terms of reference. The IMO met with Dr Farrell in July 2007 as part of the review process. It is expected that Dr Farrell will issue his report in early 2008. Further discussions will then take place between the IMO and the Irish Prison Service under the auspices of the Labour Relations Commission regarding the implementation of the report.

Review of Prison Medical Facilities and Support Services

The review of Prison Medical Facilities and Support Services provided for within the 2004 agreement between the IMO and the Irish Prison Service commenced in October 2007. The review is being undertaken by the Department of General Practice and Primary Care, Trinity College Dublin by Professor Joe Barry and Dr David Thomas in accordance with agreed terms of reference. The IMO met with Professor Barry and Dr Thomas in October 2007 as part of the review. It is expected that a report on the review will issue in early 2008. Further discussions will then take place between the IMO and the Irish Prison Service regarding the implementation of the report.

Methadone Level 1 and 2 GPs

The IMO reached agreement in June 2007 with the Health Service Executive on the application of the 2% local bargaining increase under Partnership 2000 to the fees payable to Level 1 and 2 contract holders under the Methadone Treatment Protocol. The fees are to be backdated to 1 July 1999.

The IMO also met with the HSE in June and July 2007 regarding the matter of payment of outstanding Nursing Allowances under the Methadone Treatment Protocol to GPs. The HSE agreed to draft a protocol for claiming the allowance and to make the appropriate payments including arrears.

District / Community Hospitals & Long Stay Units for the Elderly

A meeting took place between the IMO and the HSE in September 2007 regarding the issue of a revised job description for Medical Officers of District / Community Hospitals & Long Stay Unit for the Elderly. The revised job description provides for a re-grading of Medical Officers to that of Medical Directors and envisages a greater managerial input from the Medical Officers into the running of the Hospitals. Agreement was reached on the revised job description at the meeting and it now requires to be signed off by the HSE Assistant National Director with responsibility for the Elderly. The IMO will then seek discussions with the HSE Employers Agency on a review of the terms and conditions of the Medical Officers which would provide for the introduction of the new job description.

An Post Medical Officers

An Post again failed to engage in meaningful discussions with the IMO in 2007 on the terms and conditions of its Medical Officers. The IMO is awaiting a decision from An Post in relation the Organisation's claim for the retrospective application of national pay increases to its Medical Officers from 1996.

CME Tutors

The IMO is to pursue a claim in 2008 on behalf of CME Tutors in relation to a review of their terms and conditions as provided for in the 2005 LRC Agreement.

GP Unit Doctors

The HSE has failed to date to implement the terms of the LRC Agreement from 2005 on behalf of GP Unit Doctors. GP Unit Doctors are entitled to significant arrears payments backdated to 1993 under the terms of the LRC Agreement. The IMO is to pursue this matter with the HSE as a priority in 2008 along with a broader review of the role, function, and terms and conditions of GP Unit Doctors.

Ongoing I.R. Issues

The IMO is to pursue discussions in 2008 on finalising agreements with the Department of Social & Family Affairs in relation to Social Welfare Certification and the Department of Defence in relation to Civilian Army Medical Officers.


IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Dr Catherine O' Malley, Chairperson

Public Health Doctors

Public Health Doctors Committee 2007/2008

Committee Members: April 2007 – March 2008

Regional Representatives:

Dublin / Mid Leinster
Dr Catherine O' Malley, (Chairperson)
Dr Frances Conway
Dr Mark Day (co-opted)
Dr Philomena Jennings (co-opted)
Dr Howard Johnson (co-opted)
Dr Johanna Joyce Cooney

Dublin / North East
Dr Declan Bedford
Dr Peter Nolan
Dr Paul McKeown

South
Dr Anne Egan
Dr Mary Francis
Dr Orla Healy (co-opted)
Dr Orlaith O' Reilly (co-opted)
Dr Clare O' Sullivan (co-opted)

West
Dr Anthony Breslin
Dr Mary Flannery
Dr Paula Gilvarry (President)
Dr Heidi Pelly (co-opted)

Review Body on Higher Remuneration in the Public Sector - Specialists in Public Health Medicine

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

The IMO had made a detailed written Submission to the Review Body on behalf of Specialists in Public Health Medicine, Directors of Public Health and the three Assistant National Directors in Population Health and also attended an Oral Hearing with the Review Body during 2006.

The IMO has welcomed the conclusions of the Review Body Report. In particular, the Organisation welcomed the following conclusion at paragraph 13.16:-

> "Based on our examination and the information provided to us, we are fully satisfied that the qualifications, training and expertise of Specialists in Public Health Medicine equate to those of Hospital Consultants".

This is a most significant finding and will help secure a pivotal position for Specialists in Public Health Medicine within our health services.

The Review Body recommended the following salary rates for Directors of Public Health and Specialists in Public Health Medicine.

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

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

The Report also recommends that discussions take place between the IMO and the HSE regarding the issue of additional performance related awards.

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

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

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

(a) the remaining balance from 1 March 2009.

The Review Body made no recommendation on the issue of out of hours cover and this will now have to be the subject of separate negotiations between the IMO and the HSE.

Out of hours

Agreement was reached between the IMO and the HSE in late 2006 on a proposed operational model for an interim out of hours service for health protection by Public Health Doctors. It was agreed that the proposed service would be interim pending the Report of the Review Body on Higher Remuneration in the Public Sector which was to resolve the issue definitively. It was agreed between the IMO and the HSE to refer the matter of pay for the interim service to a hearing of the Labour Court.

A Labour Court hearing took place on the issue of an interim out of hours service on the 30th May 2007. The Labour Court issued its recommendation on the 14th June 2007. The Labour Court outlined "It is noted that the Review Body on Higher Remuneration in the Public Service is currently dealing with matters relating to the substantive out of hours service, including the appropriate remuneration of the service. It is further noted that the Review Body is expected to report in the final quarter of 2007. In these circumstances, the Court recommends that the position put forward by the HSE for the operation of an interim service be accepted without prejudice to the outcome of the Review Body's consideration of the matter. The Court further recommends that if the outcome of the Review Body's Report results in more favourable arrangements than those proposed by the HSE, the new arrangements should apply retrospectively to the commencement of the interim arrangements".

The IMO held a national meeting of Specialist in Public Health Medicine and Director of Public Health members in September 2007 to consider the Labour Courts Recommendation. On foot of this meeting, the IMO reiterated its commitment to the introduction of a properly resourced Consultant delivered out of hours service and requested that HSE management put in place the necessary arrangements to facilitate such a service.

In its report published in October 2007, the Review Body on Higher Remuneration failed to make any recommendation on the issue of out of hours cover or payment. The Review Body outlined that the matter did not come within its terms of reference and accordingly it did not make any recommendation on payments for out of hours cover by Directors of Public Health or Specialists in Public Health Medicine.

The matter of out of hours cover will now require fresh negotiations between the IMO and the HSE. The IMO has written to the HSE outlining that it remains committed to a properly resourced and remunerated out of hours system and requesting that the issue be addressed in early discussions under the auspices of the Labour Relations Commission.

Specialist Staffing Levels

At a meeting in February 2007, the HSE confirmed that 59 of the agreed complement of 60 Specialist posts (ex HPSC) had been filled or had been offered for filling after a recent competition to recruit eleven additional Specialists based in five locations including Cork, Kilkenny, Limerick and Tullamore. The competition to fill these posts followed IMO representations to have the agreed complement filled as a matter of urgency.

The HSE confirmed that it would advertise again if the posts remain unfilled following the offers of employment being considered. The HSE also undertook to fill between five and seven temporary vacancies at Specialist level.

HSE Population Health Transition Forum

A series of meetings of the IMO / HSE Transition Forum took place throughout 2007 dealing with the issue of Population Health structures. Some progress was recorded in the earlier meetings, however, it was clear by the latest meeting on the 25th September 2007 that agreement on revised Population Health structures would not be achieved through direct discussions with the HSE. Accordingly, the IMO wrote to the HSE Population Health Directorate in October 2007 requesting the involvement of the agreed mediator in any further negotiations on revised Population Health structures. The IMO is awaiting further discussions with the HSE in the presence of the agreed mediator.

Public Service Benchmarking Body Principal Medical Officers

The IMO is awaiting the publication of the Public Service Benchmarking Body Report which is expected to be published in early January 2008. The IMO made a detailed written Submission and attended an Oral Hearing with the Benchmarking Body on behalf of Principal Medical Officers during 2006. It is agreed that Area Medical Officers and Senior Medical Officers will benefit from the same percentage award as any award made to Principal Medical Officers.

Public Health Doctors

IMO Conference on Community Health Medicine – Croke Park

The IMO hosted a very successful conference on The Future Development of Community Health Medicine in Ireland on Saturday 29th September 2007 at the Croke Park Conference Centre. Over 40 Community Health Doctors were in attendance and the speakers included, Dr Paula Gilvarry, IMO President, Mr Tadhg O' Brien, Assistant National Director, Primary, Community & Continuing Care, HSE, Dr Martin Daly, Chairman, IMO GP Committee and Dr Johanna Joyce Cooney, Principal Medical Officer. A number of Working Groups were held dealing with Child Health; Immunisation; Disability / Elderly; and Social Inclusion.

Following the conference, the four Working Groups each produced a short report which has become the basis for a position paper which is the work of the IMO Community Health Doctor Sub-committee in conjunction with Dr Paula Gilvarry. The final document will be available in early January 2007 and the following actions will occur. Firstly, dissemination of the document to, and consultation with, all Community Health Doctors. Secondly, a presentation of the document will be made to the HSE Primary, Community and Continuing Care Directorate and to the Department of Health & Children. Thirdly, the development of a communications strategy to strengthen links with General Practitioners.

Forum on Community Health

The IMO wrote to the HSE Employers Agency on the 24th August 2007 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 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 proposed that the Forum be independently chaired. At the IMO Conference on the Future of Community Health Medicine on the 29th September 2007, Mr Tadhg O' Brien, Assistant National Director, HSE PCCC proposed the establishment of a Forum on Community Health between the IMO and the HSE and it is now anticipated that this Forum will be established early in 2008.

Transfer of Infectious Diseases to Public Health

The transfer of responsibility for Infectious Diseases to Departments of Public Health was finalised in the three remaining HSE Areas, namely, the HSE Eastern Area, HSE North Western Area and HSE West early in 2007.

Senior Medical Officer Appointments to Public Health

The IMO received confirmation in writing from the HSE in April 2007 that the Senior Medical Officer salary be applied retrospectively to those Senior Medical Officers who had been successful at interview for SMO promotional posts but had been unable to transfer into the Departments of Public Health as their transfer had not been facilitated by the HSE. It was agreed that the SMO salary be applied retrospectively to the date of offer of SMO posts to these doctors.

Upgrading of AMOs

Following a meeting in April 2007 between the IMO and representatives of the HSE, HSE Employers Agency 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 upgrading 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 are 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 HSE Employers Agency under the auspices of the Labour Relations Commission regarding the issue. Mr Mulvey sought the agreement of the employers that the LRC be allowed to 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 now requested that the issues of the re-grading of AMOs and out of hours be addressed simultaneously in discussions under the auspices of the Labour Relations Commission.

Meanwhile, approximately 30 posts have been advertised and filled at Senior Medical Officer level by the HSE during 2007.

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Public Health Doctors

One of the Workshop Groups during the IMO Seminar – *The Future Development of Community Health Care in Ireland*

Faculty of Community Medicine

Community Health Doctors worked throughout 2007 on the formation of a Faculty of Community Medicine in order to secure the future of the specialty. The first meeting of the Formation Committee of the Faculty of Community Medicine was held on the 6th September 2007 to select officers for the Formation Committee. The following members were nominated:- Chairperson: Dr Davina Healy, Principal Medical Officer, Dublin East Coast; Vice Chairperson: Dr Johanna Joyce-Cooney, Principal Medical Officer, Midlands; Secretary: Dr Bridin Cannon, Senior Medical Officer, Cork; Chair Finance Committee: Dr Adrian Murphy, Senior Medical Officer, Dublin. The initial objective of the Committee is to draft a constitution for the Faculty. It will also liaise with academic bodies on a professional qualification (membership) in the specialty of Community Medicine and establish a Training Scheme in Community Medicine.

Nursing Home Inspections

A meeting took place between the IMO and the HSE on the 3rd April 2007 regarding the arrangements for Nursing Home Inspections. The HSE indicated that it would continue to hold statutory responsibility for Nursing Home Inspections for the remainder of 2007. In this regard, the HSE had identified the need for additional medical resources to fulfil this function and had identified the need to recruit 9 additional temporary SMO posts to supplement existing resources.

The HSE also indicated that it wished to establish a Joint Working Group between itself and the Trade Unions which would examine and resolve the issues that will arise from the transfer of statutory responsibility for Nursing Home Inspections to the Health, Information and Quality Authority (HIQA). Dr Paula Gilvarry and Dr Mary Flannery were nominated as the IMO representatives on this group. A number of meetings of the Working Group took place throughout 2007 and work is progressing on arrangements for the transfer of the function to the Health, Information and Quality Authority (HIQA).

Transfer of Allowances to Department of Social & Family Affairs

A National Working Group was established within the HSE in 2006 to examine the proposals for the transfer of responsibility for the Domiciliary Care Allowance and Mobility Allowance Schemes to the Department of Social & Family Affairs. Dr Peter Nolan and Dr Clare O' Sullivan are the IMO representatives on this group. A number of meetings of the Working Group took place throughout 2007.

A separate meeting took place between the IMO and the HSE on the 11th June 2007, at which the HSE confirmed that it was intended that the transfer of the Allowance Schemes including the medical assessments would take place to the Department of Social & Family Affairs. The HSE advised that the Department of Social & Family Affairs had indicated that it was confident that it had the numbers, knowledge and competence to deliver all aspects of the allowances. The HSE also advised that there would be no question of a transfer of Community Health Doctor staff to the Department of Social & Family Affairs or a reduction in the number of approved posts/WTEs arising from the transfer. It is understood that the transfer will not now take place until early 2009.

CME Entitlements

The IMO concluded agreement with the HSE Employers Agency in March 2007 whereby it was agreed that Public Health Doctors working on a part time or job-sharing basis are entitled to the full CME allowance of €1,500 per annum. An agreed Circular issued from the HSE Employers Agency to all HSE Area's on the 16th April 2007 clarifying this matter.

Community Ophthalmic Physicians

Contract Review

A joint review of the Community Ophthalmic Physician service commenced in May 2007 under the independent chairmanship of Mr Michael McGinley, formerly of the HSE North Western Area. The review represents the first major review of the Community Ophthalmic Physician service since 1991.

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

The IMO made a detailed written submission to Mr McGinley in October 2007 setting out its position in relation to the review of the Community Ophthalmic Physician service. It is expected that Mr McGinley will issue a draft report to the parties in January 2008.

On conclusion of the service review, the IMO will be seeking a comprehensive review of the terms and conditions of Community Ophthalmic Physicians. The IMO is seeking a review of the current salary linkage in view of revised arrangements applicable to Public Health Doctors since the establishment of the current pay arrangements for Community Ophthalmic Physicians in 1991.

Meanwhile, it has been agreed with the HSE Employers Agency that Community Ophthalmic Physicians will receive the same percentage Benchmarking award as Principal Medical Officers under the Benchmarking Report to be issued in January 2008. The IMO made a detailed submission to the Benchmarking Body on behalf of Principal Medical Officers and attended an Oral Hearing of the Benchmarking Body during 2006.

HSE Community Ophthalmic Services Scheme

The pilot project under the HSE Community Ophthalmic Services Scheme initiated in 2004 was the subject of a comprehensive evaluation in 2006. The evaluation was undertaken on behalf of the parties by Mr Michael McGinley, formerly of the HSE North Western Area.

The pilot scheme provides for the extension of the Community Ophthalmic Services Scheme to include a range of Medical and Surgical Treatments. The objective of the pilot scheme is to provide an enhanced range of medical eye services in the community consistent with the ethos of the Primary Healthcare Strategy.

The outcome of the evaluation by Mr McGinley resulted in confirmation that the Pilot Scheme had achieved its goals and objectives, having regard to enhanced access for patients and improved health and social gain for the population served. The review also had regard to the requirements for effectiveness, efficiency, equity and value for money in the disbursement of public funding. The evaluation concluded that there was sufficient evidence from the implementation of the pilot initiative that would support and justify a business case for the further roll out of the initiative.

The advantages of the proposed roll out of the Community Ophthalmic Services Scheme countrywide include:

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

Following consideration of the evaluation report undertaken by Mr Michael McGinley, the HSE agreed with the IMO that the Pilot Scheme should be rolled out nationally and in this regard sought funding for its roll out in the context of the health estimates for 2007. Unfortunately, no specific funding was allocated for the roll out of the pilot in the 2007 estimates. The HSE wrote to all doctors holding contracts under the existing Community Ophthalmic Services Scheme during 2007 enclosing a detailed questionnaire with a view to assessing their willingness and preparedness to participate in the roll out of the revised Scheme. The HSE again sought funding for the roll out in the context of the 2008 estimates. While no specific funding has been identified for the roll out of the Scheme, the HSE is making a proposal to the Department of Health & Children for funding from a €12 million innovation fund provided for in the 2008 Budget. The roll out of the Scheme has been provided for in the HSE's 2008 Service Plan subject to the availability of funding. The IMO will be pressing for the nationwide roll out of the Scheme at the earliest possible date in 2008.

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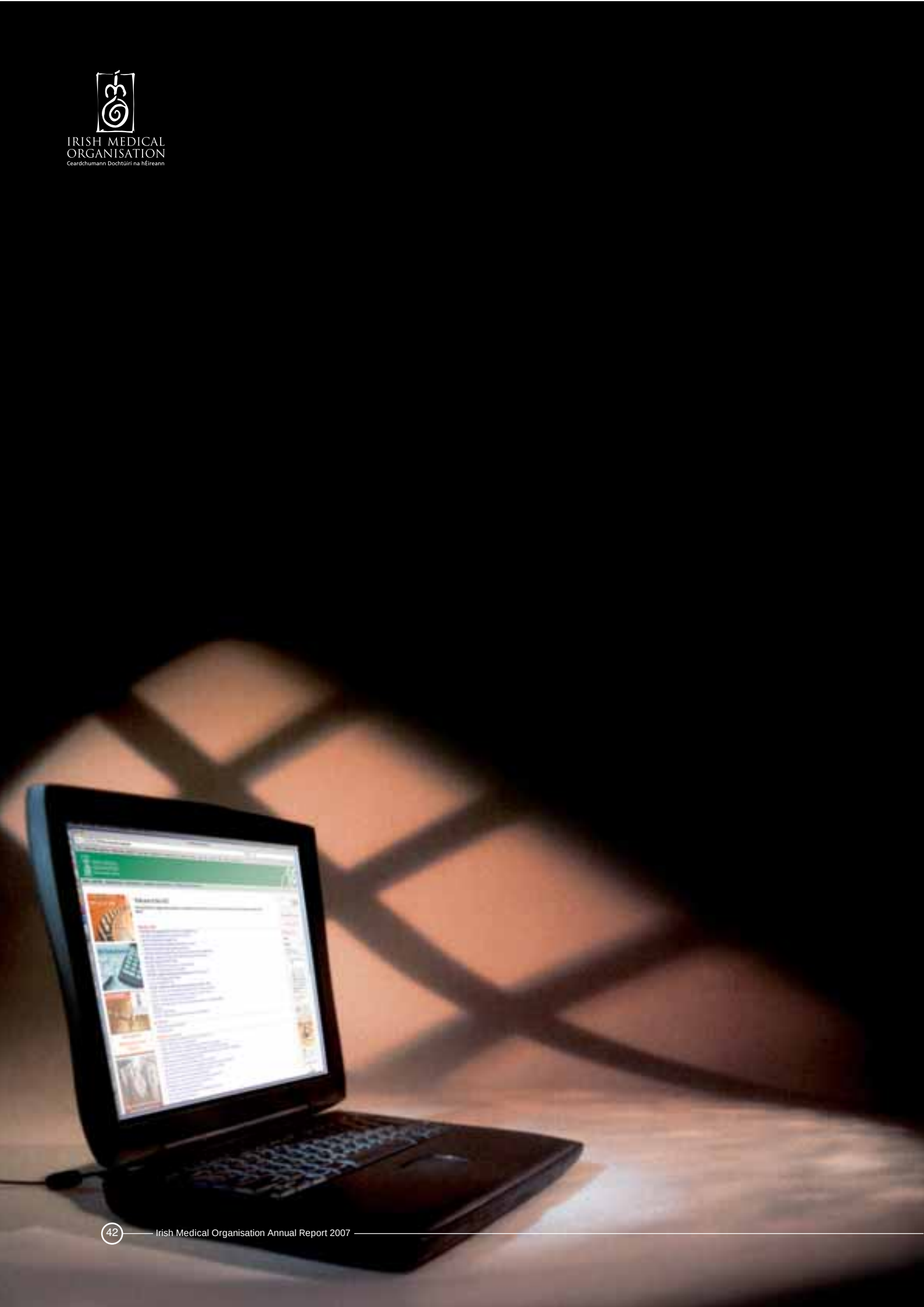

Communications Unit

IMO Board of Management address members of the media at the *IMO Pre-Budget Submission Press Conference*

Communications was at the heart of IMO activities during 2007. Many issues that the Organisation confronted were controversial and demanded continuing and committed attention from the Communications Unit.

The HSE persisted in a policy of cutting services, thwarting the best efforts of medical professionals and pursuing privatisation by stealth.

Cutbacks@hse.ie

In September, the Health Service Executive announced details of an imposed recruitment ban and other cutbacks aimed at reducing costs dramatically in the final quarter of the year. Surprisingly, Minister for Health and Children, Mary Harney, T.D., announced that the cutbacks would not affect patient care.

The Irish Medical Organisation embarked upon a campaign which would show otherwise. Information from members throughout the country was actively sought: posters were placed in hospitals and a notice was placed on the IMO website. All IMO members were contacted personally via email requesting information about results of the cutbacks in their hospital, local community service or general practice. A dedicated email address was set up for members to respond to.

In the initial stages, over 300 examples were received by the IMO with details of how patients were being affected and how staff and resources were not being replaced. The information was gathered, checked and verified and a database of the cutbacks was set up. This included the area or hospital, information where individual patients had been affected (with their identity protected), the non-replacement of medical, nursing and administrative staff in various departments throughout the hospitals and cutbacks in community care.

In the initial stages of the cutbacks, it was evident that the first area to be affected was that of care of the elderly. Funding for long-term care, home care packages and rehabilitation was no longer being made available – the immediate affect of this was that, in many hospitals, patients had been medically discharged by the consultants. However, they could not be physically discharged as they had nowhere to go. This, in turn, affected bed capacity and quickly filtered back to already over-stretched A&E departments.

Where it was appropriate and possible, the Industrial Relations Unit made representations on behalf of members at individual and hospital level.

The IMO then made public many of the deficiencies and effects the cutbacks were having on the Irish Health Service and received widespread coverage at national and provincial print and broadcast media. Some of the coverage included the following:

- HSE says doctors are lying about cutbacks
- HSE rejects IMO claims that cutbacks have negative impact
- IMO Chief hits back at HSE's cutback denial
- 250 complaints follow HSE budget cuts
- HSE cutbacks – while spending €30m to consultancy firm re: How to improve the system
- MS sufferers denied 'miracle' drug over cutbacks
- Removed: the backbone and lifeblood of Irish Health Services

Communications Unit

Mr Fergus Finlay, Barnardos, Chief Executive IMO's Guest Speaker who delivered the *2007 Doolin Memorial Lecture*

- As HSE cutbacks cripple the country's health service, doctors are responding by making public the impact of the spending freeze.
- Cutbacks force patients to stay in bed
- Health Service Unions consider stoppages – 100,000 staff advised to protest over HSE cutbacks
- Union talks on "massive" HSE cutbacks – groups meet, IMO, INO, Health sections of SIPTU and IMPACT
- Cavan General Hospital to cancel 15% of operations
- As A&E delays are dealt with, surgery waiting lists lengthen

Cancer Services:

Council of the Irish Medical Organisation expressed outrage at the HSE and the Government for the immediate closure of 13 cancer care services ahead of the introduction of phantom facilities which are not due to be completed until 2011.

IMO President, Dr. Paula Gilvarry, said: "Given the HSE's track record to date, these facilities will probably be delayed for a further two to three years adding further severe stress and unconscionable concern to patients and their families. It is outrageous that vital services within communities can be shut down immediately and yet the HSE are unable to have the replacement services up and running with the same sense of urgency."

Barnardos Chief Executive Delivers Doolin Memorial Lecture

The 2007 IMO Doolin Memorial Lecture was delivered by Mr. Fergus Finlay, Chief Executive of Barnardos. The title of his lecture was: *Are all the Children of Ireland Equal?* He outlined many reassuring things about children in Ireland; a 2002 Health Behaviour of Schoolchildren Study found that Irish children score highly on the happiness index, 90% being happy or very happy with their lives. These children are close to their family and friends. They are idealistic with clear visions about society.

Unfortunately, all is not right. There is a dark side to many children's lives. Finlay pointed out that disadvantaged communities have a number of overlapping features. They lack basic amenities such as a safe place to play, properly heated houses, and they are often ringed by dual carriageways and motorways.

Disadvantaged children are frequently disadvantaged educationally. Almost 1,000 children per year fail to make the transition between primary and secondary school. Poor school attendance is a problem with many missing more than 20 days per year.

Coupled with poverty and family instability is mental distress. One in ten children suffer mental illness sufficient to cause them some form of impairment. There are gaps in the children's psychiatry services. Between 1998 and 2000, over 2,600 children and teenagers were admitted to adult psychiatric hospitals and units. Two hundred of those admitted were under 15 year of age.

Finlay throughout his lecture discussed the solution to these inequalities. He believes the country is sufficiently wealthy to be able to raise disadvantaged children out of the poverty cycle. He stated that children are still children. There are numerous challenges facing them in the 21st century and many of them have to face them alone. The challenge facing Irish society is to create healthier, happier and more stable communities.

Communications Unit

IMO Annual General Meeting 2007 received widespread media coverage

IMO and BMA (NI) came together to tackle Road Safety at European Level

The Irish Medical Organisation and the British Medical Association (NI) presented a joint briefing document to MEPs and Journalists in the European Parliament.

The IMO and BMA have policies on various aspects of road safety and have been discussing these with their respective governments for some years. The briefing paper highlighted three of our joint top priorities and recommendations. We requested that the European Parliament adopt the recommendations and take them forward on an international basis.

The recommendations included were:

- To lower the permitted blood alcohol level when driving, in both the UK and Ireland, from 80mg/100ml to 50mg: this is now widely accepted as the EU standard, given the number of countries which have adopted it.
- Governments to raise the awareness of the influence of drugs (both illegal and prescribed) on driving skills
- Improve safety of pedestrians and other vulnerable road users by banning "Bull Bars" from all vehicles.

IMO Lobbying and Position Papers

The IMO has produced a number of position papers on various issues. Once the policy unit develops these position papers, the communications unit engages in promoting and highlighting them in the media in addition to motions adopted at the Annual General Meeting. Where required or appropriate, these position papers also form the basis of submissions, in particular the IMO Pre-Budget Submission.

Some of the issues highlighted through position papers and submissions include:

Medical Cards; Role of the Doctor; Smoking; Alcohol Abuse in our society; Care of the Elderly; Obesity and Road Safety; Acute Bed Capacity; Manpower and Health Service Funding.

These have been long running campaigns for the IMO and have been part of many recent Pre-Budget Submissions. With regular press releases and press conferences they have attracted significant media coverage in both print and broadcast media.

The unit is also responsible for the production of the Annual Report and other publications produced by the IMO. It has also participated in the review of the current IMO internet site and it is anticipated that, in 2008, the IMO will launch a revamped website.

During the IMO's main annual event, the Annual General Meeting, up to 25 members of the media attend over the three days. A fully equipped press room was organised and provided. Interviews were facilitated; press releases and scripts were issued.

Health has been and continues to be one of the most headline grabbing issues for the media. The IMO communications unit, contributes, researches background information and in many cases provides an IMO spokesperson to many of the issues highlighted by the media. Below is a breakdown of some of the many topics covered during 2007:

- Services deficient: for victims of domestic, sexual and gender-based violence, and elder abuse.
- Decision to close all breast cancer services in Mullingar Regional Hospital – leaving more than 1,000 women facing a journey to Dublin for breast cancer screening.

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- Census reveals youths caring for relatives
- Diabetes: Ireland's next pandemic
- Drumm: Public partly to blame in cancer fiasco – due to resistance to change
- Alcohol: Late opening hours, mixing alcohol with energy drinks
- State giving no help to carers
- Prof. Niall O'Higgins, chair of the expert group which drew up national standards for breast cancer services, questions trust in HSE
- Men's Health: 40% of men not aware of main cancer symptoms
- Paltry €17,000 given to nursing homes
- State giving no help to carers
- Hospital Hygiene/MRSA Hospital conditions in Crisis
- Overworked Junior and Consultant Doctors in Our Lady of Lourdes Hospital in Drogheda – poses risks to patients
- Up to 1,000 die needlessly from strokes each year because there are no consultants to administer treatment
- Government not committed to tackling domestic violence – the role of GPs and the lack of funding
- Child Poverty: many do not have one substantial meal a day and go to school hungry
- Obesity in Ireland
- IMO request to doctors to report cases of female genital mutilation

The communications unit continues to maintain and enhance the IMO's position as the key medical representation body. It is also responsible for ensuring the IMO objectives; positions and actions are accurately communicated on issues affecting patient care and members.

Research and Policy Unit

The Role of the Doctor

The *Role of the Doctor* report was published in 2007 following a membership consultation exercise: a questionnaire was distributed to the membership and we had an excellent response.

The questionnaire included general questions on age; gender; domestic circumstances; nationality; professional education; and specific professional questions regarding details of specialist area; number of years on the General Register; affiliation to a Post-Graduate Training Body; and employment status.

The questionnaire contained a detailed survey of the attitudes of doctors to their role and the necessary attributes (doctors were asked to rate altruism, compassion, high moral standards, excellence, ethical understanding, medico-legal knowledge, professional autonomy, empathy and pragmatism); importance of communication with a variety of groups (patients, patients' families, colleagues, the public, government and political parties); variety and importance of skills as researcher, teacher, mentor, clinical technician and advocate; team work; and changes in the profession over the last fifteen years: doctors were asked to indicate whether the importance of the listed issues had increased, decreased or otherwise. Issues included were adherence to ethical standards, responsibility to the patient, responsibility to colleagues, ongoing education/training, regulation of professional standards by the profession, regulation of professional standards outside the profession, the pursuit of excellence in clinical practice, the pursuit of excellence in customer service, working in teams and adherence to professional integrity. Finally, doctors were invited to provide any further comments they might wish to include.

In its introduction, The *Role of the Doctor* report identifies the need for a review in light of changes arising from advances in medical technology, societal changes, and elevated standards of education as well as higher aspirations, economically and politically.

Beyond the legal definition of the doctor in Ireland (namely, a person who satisfies the conditions for registration as set down by Acts of the Oireachtas), the report looks to the moral and ethical code which underpins the role of the doctor.

The report identifies the doctor's fundamental functions as diagnostician; continuous scholar; advocate; communicator; student, teacher and mentor; additional tasks and activities (manager, researcher, representative and advisor to the community in a formal and informal capacity); and core values (integrity, compassion, high moral standards, empathy, ethical understanding and excellence).

The *Role of the Doctor* was launched by Chief Executive, Mr George McNeice, at the IMO's 2007 AGM and stands as the only document of its type for doctors produced by a professional representative body in Ireland. This report has informed many submissions and policy documents from the IMO to other medical bodies. The World Medical Association has adopted the conclusions of the study as the basis for discussions on a similar statement on professionalism in medicine.

The IMO has held a number of seminars in order to disseminate the values identified and conclusions reached in the report to stakeholders. The first seminar was held in Sligo, hosted by IMO President Dr Paula Gilvarry and attended by local IMO members and interested stakeholders. Following the success of this meeting, a second seminar was held in Kilkenny. Further seminars are planned.

The *Role of the Doctor* calls for a continuous regimen of scholarship (learning and teaching) and identifies the ability to communicate in a

Research and Policy Unit

meaningful, cogent and understandable way as being one of a doctors most important attributes. The report also identifies the issues of work/life balance and flexible work practices as being key especially so since the number of female doctors continues to increase.

Finally, the report recognises the doctor's role as advocate as being of fundamental importance and further notes that attempts to prevent 'whistle-blowing' are contrary to the vocation.

Disability in Children

This year, Dr Paula Gilvarry, IMO President investigated the question of disability in children and identified this as an area calling for a policy response. The IMO consulted those members with particular expertise in this area, as well as community paediatricians and a variety of allied health professionals. IMO President Dr. Paula Gilvarry also met Minister Jimmy Devins (Minister of State, Department of Health and Children), Mr Dermot Ryan (Principal Officer Department of Health) and Dr Philip Crowley (Deputy Chief Medical Officer, Department of Health and Children). At this meeting, Minister Devins outlined his policy goals for children with disabilities, emphasising that funding would be 'ring-fenced'. He also detailed a personal evaluation plan, to which every child with a disability would become legally entitled.

Similarly, the HSE has enunciated several key principles for the delivery of education services for disabled children:

- Easily accessible services
- Individual education plans
- Resource coordination to ensure a team-based approach
- Seamless transition between services
- Accountability and responsibility for services
- Flexibility of services
- Evidence-based delivery
- Active partnership of children and their care-givers in all aspects of service provision

In light of these developments, the IMO drafted its *Position Paper on Disability*, Ages 0 - 18 Years, which endorses an 'individual development plan', implemented by a multidisciplinary team of health professionals and including clinical leadership. The paper also identified deficits in the current services provided, areas of concern (notably, those associated with the Disability Act 2004) and made recommendations, including a national implementation process of the Disability Act.

This draft paper was circulated to interested parties for their comments and advice, including the INTO, ASTI and TUI. This paper was then launched with the IMO Pre Budget Submission. Since this paper is aimed at carers for the disabled, meetings have been sought with relevant NGOs. To date, the IMO has met the CEO of Down Syndrome Ireland, who expressed great support for the paper and its proposals: a joint press release was subsequently issued. Further meetings will be held in the New Year.

IMO Pre Budget Submission 2008

The IMO made its annual pre budget submission in October. It focused on five issues: the crisis in health funding; cancer services; substance use in Ireland; the need to increase suicide prevention measures and the implementation of the Disability Act. The unexpected shortfall in Exchequer funding for health and its negative impact were also fully highlighted in all the areas on which the IMO chose to comment.

Submission on Ethics to the Medical Council

In 2007, the Medical Council began a review of the 6th edition of its *Code of Medical Ethics* and sought the advice of the IMO. Partially informed by our own research paper, The *Role of the Doctor*, the IMO identified sections in the Council's guidelines where we offered comment, or recommended amendment: ethical conduct; independence of judgement; conscientious objection; denigration of a colleague; a colleague's practice; a colleague's conduct and competence; clinical commitments; accepting posts; medical records; CME/CPD/CA; health care resources; financial interest; change of practice; confidentiality; exceptions to confidentiality; registers of illness; psychiatric illness (special situations and consent); and *in vitro* fertilisation.

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International Affairs

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

Dr Cillian Twomey (Chairman and UEMS)

International Affairs Committee 2007 - 2008
Mr Hugh Bredin (UEMS)
Dr Neil Brennan (CPME)
Dr Martin Daly (UEMO)
Dr Henry Finnegan (CPME)
Dr Liam Lynch (UEMO)
Dr Mick Molloy (PWG)
Dr John Morris (PWG).

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

Overview

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

International Affairs Strategy

The IMO has devised a consistent strategy for its approach to international affairs in the EU. The International Affairs Committee recognised that the management of medical politics and lobbying in the EU was fragmented and required revision.

The IMO determined that the goal of the strategy was the creation of a single medical organisation for Europe which would influence the EU Institutions. The following were the detailed conclusions of the International Affairs Committee regarding the European Medical Organisations:

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

Aims

In pursuit of its strategy, the IMO promoted a one-day conference in March 2005 among the National Medical Associations to discuss the issues. The following proposals were made to the conference:

- One Home Domus Medica
- One Website Europe needs to understand that doctors are united

International Affairs

- One Steering Committee
- Independent Secretariat
- Align Standing Orders
- Align (CPME) Committee Structures.

Achievement

The UEMO members signed the instruments of incorporation at the General Assembly in October 2007. The IMO is pleased that another goal in its strategy of integration has been met by consistent lobbying and persuasion. The next step is the incorporation of PWG, through an alliance between the IMO, IHSH (France), and the PWG presidency.

The IMO will continue to work towards focused EU representation.

European Issues

The Patient Mobility / Health Service Draft Directive

Through the UEMO, UEMS, and CPME, the IMO has been keeping a keen watch on the developments at the European Commission. It is believed that the Commission will issue a preliminary draft directive on Health Services in 2008. This directive comes as a response to the refusal of the Member States to agree to the inclusion of health services within the remit of the broader Services Directive sponsored by Commissioner McCreevey at Directorate-General Internal Market. That episode awakened the Commission to the problems and peculiarities of the publicly funded health services which the previous Services Directive either ignored or refused to accommodate. In response a new Sectoral Directive has been in preparation over the last year. As yet it has not been published in draft but there are a series of issues which it must address. These include the linked problems of liability, payment for services, and the mobility of personnel and patients. The last attempt to include health services in a directive failed because it refused to address the nature of the complex relationships between the patient, the doctor, and the state as the co-ordinator of service provision.

The IMO believes that the new directive will have to address the following problems; developing a common set of definitions for health care services, an EU framework for health care co-ordination with social security systems, European co-operation in health services, and cross-border health care.

The complexity of the issues must not be underestimated. Although the Directive for the Mutual Recognition of Professional Qualifications will be commenced soon, the problems which exist within the medical field for those seeking to implement the mobility of doctors have not become fully apparent yet. Since common *curricula* for training do not exist, problems have already emerged with the migration of specialists within the EU. From the patient's point of view the other issues of note include the protection of personal data before, during and after their treatment outside their home country. The vexed issue of eHealth has dogged this process too; this particular problem has shown itself almost incapable of resolution among doctors' organisations. Cross-border health creates the problem of differing standards and methods of treatment; this will require massive amounts of information be made available to the patient. This information will also need to be comparable across health services.

The European Medical Organisations

Standing Committee of European Doctors (CPME)

The Standing Committee of European Doctors focussed on several issues which will influence the future of medicine in the EU over the next few decades. The new sectoral directive on health care which it is expected will be published in 2008 has been discussed by the CPME. The president, Dr Daniel Mart, and the Secretary-General, Mrs. Lisette Tiddens-Engwirda, have maintained close contact with the Commission on this issue. As reported in a previous section, the directive will have a profound impact on the medical profession in the years to come.

The CPME completed a long and sometimes heated debate on eHealth this year when it passed a policy paper on electronic health records. The debate lasted for over one year because of the deep differences in culture between the Scandinavian countries and the European mainland countries. After much discussion the paper was agreed. This paper will form an important element in lobbying activities which will begin in earnest next year (2008) in the wake of the first reading of the draft directive on health services.

Ireland supported strongly the call from the Czech Medical Chamber to assist it in its campaign to maintain its independence. The IMO has already written to the Czech Minister of Health stating its support for the independence of the Czech Medical Chamber.

During 2007 several academic institutions in the UK began a campaign of academic boycotts against Israeli academics including medical academics. The Israeli Medical Association as an observer member of the CPME brought the issue to the attention of the CPME and asked that the CPME pass a resolution deprecating such boycotts. It should be noted that the IMA has a standing policy which requires doctors to act at all times in the best interests of patients regardless of political or other affiliations. The CPME at its general assembly passed a resolution condemning all academic boycotts.

European Union of General Practitioners (UEMO)

The UEMO took a significant step towards redefining its role as an effective member of the European Medical Organisations. With its incorporation as an AISBL (International

International Affairs

Belgian Charity), which occurred at the last General Assembly, it can now interact at an official level with the institutions of the EU. This represents a great enhancement of the political status of General Practice within the EU.

Among the other issues discussed by the UEMO this year, two are of major interest. Dr Liam Lynch's *Ad Hoc* working group, which has been tasked with the role of developing new issues and themes for the UEMO, has completed the drafting stage of a patient satisfaction survey. This survey was approved by the General Assembly for piloting among the members.

The Equal Opportunities working group, chaired by Dr Lynda Hamilton, has begun to investigate the new EU concept of flexicurity (flexible working within traditional work practices).

Dr Henry Finnegan's CME / CPD working group undertook a detailed review of the CME requirements of the members of UEMO during 2007 as a preliminary exercise to setting an agenda for 2008 and beyond.

European Union of Medical Specialists (UEMS)

The UEMS held its General Assembly in October and discussed CME/CPD, Postgraduate Training, eHealth, tele-radiology, Working Time, and the draft Health Services Directive.

eHealth

eHealth and Telemedicine are currently two burning issues at the EU level. The UEMS was invited to take an active part in several activities which aimed to raise awareness and contribute to the debate in this respect. A formal request was received from the Slovak Medical Association to establish a formal Working Group on eHealth.

Radiology Alliance for MRI

Further to the adoption of a Directive on electromagnetic fields (2004/40/EC), the EU aimed to protect workers from high emissions of MHz. It recently appeared that this Directive will have as a consequence to hinder the performance of MRI imaging. Dr Peter Pattynama spoke on Tele-Radiology becoming an EU-Wide market; spoke of the triumvirate of Patient Service Provider Institution/Radiology Department; outlined possible optimum application of Radiology in the eHealth era;

Lobbying actions were undertaken to the European Commission and Members of the European Parliament together with the European Society of Radiology and other stakeholders seeking a derogation for MRI in this Directive.

Health Services

After last year's consultation to which the UEMS contributed, the European Commission is expected to issue its proposal for legal instruments by the end of the year, whereas delays have already been announced further to the Commission's inter-service consultation. At the same time, contacts were already made with Members of the European Parliament to find support.

Working Time

As reported on several occasions, the discussions within the Council of Ministers are still in a deadlock since the rejection of the Finnish Presidency's compromise on the opt-out provisions last year by a certain number of Member States. Provisions regarding on-call time had though already been agreed upon, defining the inactive part of on-call time as not being working time.

Recognition of Professional Qualifications

The Directive on the Recognition of Professional Qualifications (2005/36/EC) entered into force at the end of October 2007. This Directive regulates the automatic recognition of medical specialties between EU countries. Several provisions were found to be outdated, especially in the light of standards of modern medicine.

Lobbying and contacts were already initiated to the relevant stakeholders and decision-makers, whereas solid evidence from national associations and Sections & Boards are still needed in order to build up arguments.

Permanent Working Group of European Junior Doctors (PWG)

PWG this year had a detailed discussion regarding its future status. There was lively discussion and disagreement regarding the best way to make progress but this did not stop the Irish delegation passing a policy resolution regarding privatisation with the support of the Dutch and attempting to pass a resolution empowering PWG to explore the possibility of joining the UN Science Committee.

The salary survey which is in development has been refined even further. The committee on EU affairs has also asked for sample payslips to be submitted to the committee for comparative purposes.

World Medical Association (WMA)

The IMO had decided that its recent position paper on the *Role of the Doctor in Ireland* should be circulated among the members of the WMA in order to influence the development of a similar position at an international level. There has been growing awareness at the WMA that the position of the medical profession has under attack from hostile forces among which are other health professions and state regulators. The Secretary-General noted that the loss of self-regulation had occurred in Ireland, the Czech Republic, Hungary, and the UK.

International Affairs

At the Medical Ethics Committee this issue was raised with a white paper on medical professionalism. The IMO has made the IMO paper available to the following key personnel:

- Dr Edward Hill, Chairman of the WMA Council,
- Dr Ramin Parsa-Persi, German Medical Chamber, co-ordinator of the WMA WG on the issue
- Ms Robin Menes, International Affairs Unit, the American Medical Association
- Dr Vivienne Nathanson, Director International Affairs, British Medical Association.

The IMO paper has been well received by all and should provide the basis of further developments on this issue.

Other Decisions of the WMA General Assembly

Medical Ethics

The General Assembly passed the following:

- WMA Statement on the Ethics of Telemedicine (MEC/Telemedicine/Oct207/Rev2)
- WMA statement on Human Tissue for Transplantation (MEC/Tissue Transplantation/Oct2007/Rev2)
- WMA Resolution on the Responsibility of Physicians in the Documentation and Denunciation of Acts of Torture or Cruel or Inhuman or Degrading Treatment (MEC/Denounce Torture/Oct2007/Rev)

Socio Medical Affairs

The General Assembly passed the following:

- WMA Statement on Noise Pollution (SMAC/Noise Pollution/May 2007)
- WMA Statement on Family Planning (SMAC/Family Planning/Oct2007)
- WMA Statement on Health Hazards of Tobacco (SMAC/Tobacco/Oct2007/Rev2)
- WMA Resolution on Health and Human Rights Abuses in Zimbabwe (SMAC/Zimbabwe/Oct2007)

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Dr Martin Daly, Chairperson

IMO Financial Services

IMO Financial Services

Board of Directors

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

Over the past year, IMO Financial Services assisted many of our members who required financial advice, planning and products - ranging from those for first time buyers to pension investments. In order to provide this personal professional service, we have increased the array of products and services we offer particularly in respect of commercial property investment and we have an enhanced range of retirement planning options, specifically designed to take account of new legislation.

Pensions

The combination of independent advice, reduced commission, excellent allocation rates and a professional, personal service has led to a very strong interest from members for our pension planning services. Over 25 pension planning seminars were arranged throughout the country in the months of October and November and over 400 hundred individual doctor visits were made during the year

Additional Voluntary Contributions

During the year, we also saw a strong growth in interest in Additional Voluntary Contributions through PRSA contracts. Until recently, there was very limited investment choice for doctors who wished to make additional pension contributions in respect of their GMS earnings. Public Health Doctors, Hospital Doctors and Consultants were also very limited as to where they could invest additional contributions in respect of State earnings.

However, due to changes in legislation, it is now possible for doctors to select a wide range of investments for additional pension contributions, through PRSA contracts.

We expect members' interest in these contracts to increase further in 2008 particularly as they can now take advantage of our reduced commission and increased allocation rates.

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.

Income Protection Schemes

We operate group disability schemes that are designed to provide income in the event of disability. The schemes are available to provide cover to GPs, Consultants, Public Health Doctors and Non-Consultant Hospital Doctors.

In addition to these schemes, we have also recently negotiated an individual income protection for those members who require additional cover. This product includes many additional features, which have been specifically designed for our members.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Financial Services

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 continues to prove effective for GMS doctors.

Property Investment Schemes

We continue to offer the opportunity to members to invest in property syndicates in conjunction with our property advisors.

A number of our members participated in a German Property Syndicate during the year and a further pension wrapped syndicate was set up in October for tax efficient pension planning.

Individual Consulting Service

During the year we enhanced our individual consulting service to members with the appointment of two additional financial consultants.

The purpose of the service is to assist doctors in reviewing their financial requirements. We can advise on the provision of risk cover in the event of death or illness. We can also advise on investments, both pension and non-pension, and we can assist in relation to wealth management generally.

We now have four financial consultants available to members. If any member would like to avail of our service, one of our consultants would be delighted to meet with you.

Tax Advice

During the year, we also announced an alliance with one of Ireland's leading business and financial advisors, BDO Simpson Xavier.

BDO Simpson Xavier will act as independent advisors offering IMO Financial Services client's access to their full service tax wealth management team and will provide regular updates and pro-active tax advice to the IMO for each category of its membership.

Practice Development

In conjunction with a leading financial institution, we have designed a comprehensive finance package for those members who wish to acquire or develop medical centres or private rooms. Up to 100% finance will be considered and rates and terms are extremely competitive.

Mortgages and Personal Loans

We continue to provide competitive terms through a wide range of lending institutions for domestic and investment mortgages and many of our members availed of our service during the year.

We also have an unsecured personal lending service with Friends First Direct. The excellent service, combined with minimum red tape and attractive rates, proved to be popular with our members.

Conclusion

IMOFS has a committed Board of Directors and staff who will continue to enhance the services available to IMO members during the year ahead.

Fitzserv Consultants Limited trading as IMO Financial Services is regulated by the Financial Regulator

MEDISEC

MEDISEC IRELAND

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

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

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

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

Subscriptions paid by General Practitioners will be used exclusively for General Practitioners.

Medisec is a single-agency intermediary with Allianz Corporate Ireland p.l.c. 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 its insurer Allianz, has a GP Advisory Panel which defines and keeps current a definition of the range of services normally provided by a General Practitioner and it also provides advice and expertise in relation to what is involved in certain treatments and procedures and the clinical implications involved. The Medisec GP Directors also advise and support Medisec and its members in relation to on-going claims, advisory and mediation cases.

The membership of Medisec has grown to a level of 950. This contrasts with the initial membership under IGPIMAS in July 1992 of less than 250 members.

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Membership Unit

This year the IMO recorded a membership figure of 6037 reflecting increases across most categories particularly in the Consultant, General Practitioner and Students.

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

We now have a membership enquiry form on our IMO website for convenience for any enquiries or changes you may have to your membership.

Emailing has become a vital way of communication for IMO members and has decreased the level of postage to our members as requested by many of our members and various specialty groups. SMS texting is also used for some categories of doctors regarding meetings and has proved to be very fast and effective.

The IMO is currently working on a specification for a new membership system to further advance our Organisation.

We also offer our overseas members returning to Ireland, who are taking up new Consultant appointments in Ireland, the opportunity to have our experienced Director of Consultant Affairs, Mr Fintan Hourihan, review their new contract and advise them on their move to Ireland. We also have a three year reduced rate system for newly appointed Consultants.

Mission Statement

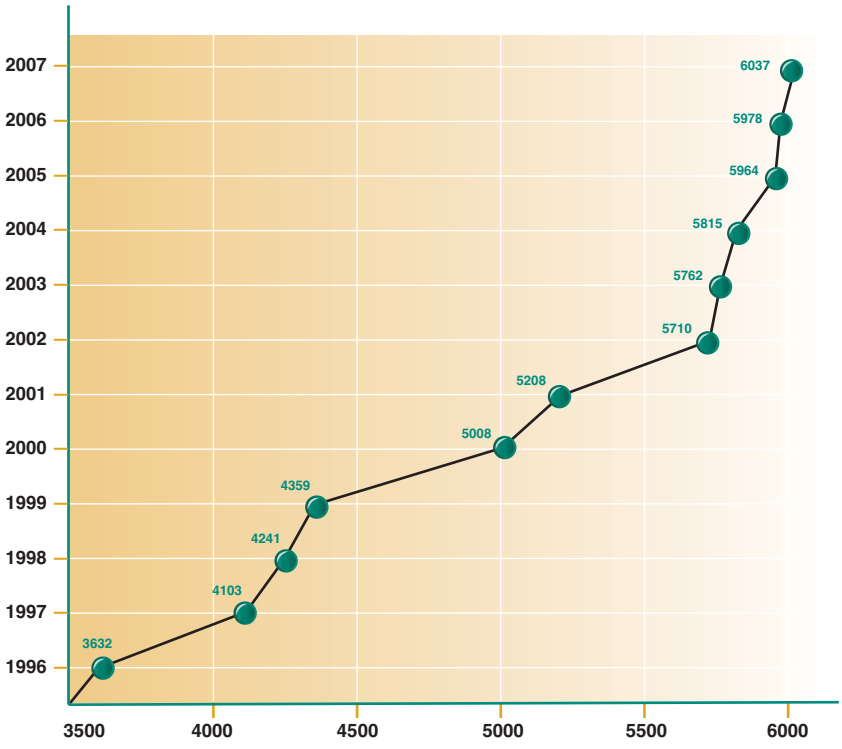
The role of the IMO is to represent doctors in Ireland and to provide them with all relevant services. It is committed to the development of a caring, efficient and effective Health Service

Our Intern Information nights, which are held every year, were again very successful in 2007. These meetings are held in Dublin, Cork and Galway and the events were well attended. The success of these events is critical to the long-term development and strategy of the Irish Medical Organisation.

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

- Annual Cheque
- Direct Debit monthly/annually
- Credit card annually
- GMS (GPs only)

Our intention in 2008 is to provide secure facilities to allow members to provide bank details or pay on-line via credit card.



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

Publishing Unit

Dr John FA Murphy, Editor, Irish Medical Journal

The IMJ published 10 issues in 2007. There were 71 original papers, 10 commentaries, 11 editorials, 7 case reports, 5 short reports, 14 letters to the editor, 4 research correspondence, 5 book reviews, 7 IMO news, 3 occasional pieces and 2 supplements . The supplements related to blood transfusion guidelines for infants under 4 months and the Health Research Board Unit for Health Status and Health Gain 1999-2007.

Kennelly et al highlighted the little known and ill-understood problem of elder abuse. It is estimated that between 2 and 10% of the elderly are subjected to abuse. The study was directed at finding out how much doctors know about the condition. Almost half of the doctors surveyed had never heard of the condition. No doctor had received any formal training. The paper recommends better awareness among the medical profession about the problem.

McCormick and Quasim reported improved outcomes for liver transplantation. Their series consists of 270 transplants. For the most recently transplanted patients the survival rates at 3 months, 1 year and 3 years were 89%, 89% and 81% respectively. The authors felt that the improved survival is attributed to the increasing experience of the transplant centre.

Devane reported on a national survey of electronic fetal heart rate monitoring (EFM) at the country's 22 obstetric units. The number of births in the 22 units is as follows: up to 2000 births- 13 units, 2000-4000 births- 5 units, over 4000 births-4 units. An admission CTG was performed on mothers in 21 (96%) units. Eight (36%) units used continuous fetal monitoring. Fetal blood sampling was only employed in 8 (36%) of units. Umbilical cord blood gas analysis was undertaken in 10 (46%) units after emergency caesarean section. The paper's main concern was the low levels of fetal scalp and cord blood sampling.

There is universal acceptance that periconceptual supplementation with folic acid reduces the incidence of neural tube defects. Walsh et al performed a study in which they measured the serum folic acid levels in a cohort of 454 first-time mothers. One third of the women had folate values below the recommended level. The findings demonstrate the relative failure of the current pro-folate publicity campaigns. A risk/benefit analysis by the Food Safety Authority of Ireland has suggested that mandatory folate fortification of flour at 200ug/100g based on current mean intakes. Mandatory food fortification has been the solution in the US with a 3-fold increase in the serum folate of women aged 15-44 years and a 31% decrease in spina bifida.

Farrell et al provided detailed information about cystic fibrosis in Ireland. The incidence is high at 1:1353. The mean age at diagnosis was 24.6 months. There was, however, a marked gender difference in that the mean age of diagnosis for girls was 30 months whereas that for boys was 19 months. This delayed diagnosis for girls has been previously noted in US data. There is no obvious explanation for this discrepancy except that the delay is specific to females presenting with respiratory symptoms.

O'Connor et al brought to our attention the problem of disruptions during medical

Publishing Unit

consultations. Interruptions to what should be a confidential meeting is stressful for both the patient and the doctor. One quarter of all consultations are interrupted. Phones are the major problem either the patient's or the doctor's. The suggestion is that placing signs in the waiting area requesting patients to put their phones on 'silent' would be a help.

O Meara et al have quantified the magnitude of the Hepatitis C problem. Hepatitis C was made a notifiable disease in January 2004. In the ensuing 2 years a total of 2,014 cases of Hepatitis C have been reported in the eastern region. The peak age is 25-29 years and two thirds of cases are related to drug misuse.

Zabir et al examined the relationship between lung cancer deaths and air pollution. After the banning of bituminous coal in 1990 there was a two-thirds fall in the concentration of black smoke. The authors showed that there was a decreased lung cancer death rate in the post ban era. The authors concluded that this temporal association between changing black smoke concentrations and lung cancer incidence confirms the potential benefits of a successful public health intervention.

McDonnell reported that there is a change to the categorisation of audiograms. The new system has been introduced to allow for simple triage by a non-specialist of audiograms. The new system results in fewer audiograms requiring referral to a specialist 14% versus 18%. In addition fewer audiograms are classified at the warning level 6% versus 20%. The proportion of normal audiograms increases from 60% to 80%.

In an important case series Hayes et al reported 3 children who developed ischaemic strokes following varicella infection. The children presented with neurological complications within 6 weeks of contracting the varicella. Two of the children are left with a significant deficit. Varicella now accounts for 30% of strokes in children. Childhood varicella vaccination is advocated.

The IMJ continues in its role as a major voice in Irish medicine. Its contents were widely reported in the media throughout the year.
I wish to thank all the authors who contributed to the journal during the year. Also my deepest gratitude to all those who gave up their time to referee papers.

AGM 2007 – Killarney


REALISM


Medical News

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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Ceardchumann Dochtúirí na hÉireann

2007 financial statements

For Year ended 31-12-2007

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Financial Statements

For the Year Ended 31st December 2007

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Trustee 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 Paula Gilvarry Dr Martin Daly Dr Mick Molloy Mr Seán Tierney Dr Catherine O'Malley Dr Christine O'Malley Dr John Morris
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 2007

The Management Committee has pleasure in submitting its report together with the audited financial statements of the organisation for the year ended 31 December 2007.

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 2007 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. PAULA GILVARRY

Treasurer

MR SEÁN TIERNEY

Date: 24th January 2008

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Treasurer's Report

It gives me great pleasure, as Treasurer of the Irish Medical Organisation, to present my report and the Financial Statements for the year ended 31st December 2007 which have been audited, without qualification, by Hamill Spence O'Connell, Chartered Certified Accountants, Dun Laoghaire, Co Dublin.

Strategic Plan 2005-2007

When we launched our Strategic Plan in 2005 we set out specific aims and objectives for the Organisation under the pillars of; Excellence in Industrial Relations, Strategic Alliances and Communicating to engage Members

Our annual budgets have been designed to allow us to focus our efforts and expenditure in these important areas, particularly in the industrial relations arena which is the core activity of the Organisation. In 2007 contract negotiations continued for all four specialty groups and significant resources were focused in the areas of information to members, meetings and legal advice. The Strategic Plan is rooted in realism and not just an aspirational document, we have achieved many of the goals we set ourselves and made progress in other areas.

We have now officially opened No 11 Fitzwilliam Place following a major renovation project and are on target to achieve our goal of repaying the loan through annual surpluses over a ten year period.

Corporate Governance

There are strict financial controls in place at IMO Headquarters which are continually reviewed to ensure best practice.

The prudent financial management of our resources during 2007 has resulted in a net surplus of €412,046 with accumulated reserves of €3,919,257. In accordance with International Auditing Standards and best accounting practice, the accounts show all assets at cost. In order to reflect the true value of the Irish Medical Organisation, a consolidated balance sheet incorporating up to date valuations, together with appropriate notes and explanations has been prepared and is attached to the accounts. The net worth of the Irish Medical Organisation on 31st December 2007 is €9,669,668.

I am pleased to report that the IMO is in a strong and healthy financial position and with our committed and loyal membership much can be achieved. I would like to thank Mr George McNeice, Chief Executive for the excellent financial management of the Organisation and also thanks to my fellow honorary officers for their assistance during the past year.

Treasurer

MR SEÁN TIERNEY

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2007 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 2007 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: 24th January 2008

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Income and Expenditure Account for the Year Ended 31 December 2007

	Notes	2007	2006
		€	€
Income	1	4,168,079	3,959,881
Other Income	3	219,490	144,195
Publishing Contribution		(50,862)	(44,350)
		4,336,707	4,059,726
Expenditure		(3,924,661)	(3,634,654)
Surplus for the Year before Taxation	4	412,046	425,072
Taxation	5	-	-
Surplus For The Year After Taxation		412,046	425,072
Opening Accumulated Revenue Surplus		3,507,211	3,082,139
Closing Accumulated Revenue Surplus		3,919,257	3,507,211

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 xii to xxi form part of these financial statements.

The financial statements were approved and authorised for issue by the management committee on 24th January 2008 and signed on its behalf by

DR. PAULA GILVARRY President

MR SEÁN TIERNEY Treasurer

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Balance Sheet
as at 31 December 2007

	Notes	2007	2006
		€	€
FIXED ASSETS			
Tangible Assets	**6**	307,147	325,089
Deposit with the Court of Justice	**8**	6,911	5,502
		314,058	330,591
FINANCIAL ASSETS			
Investments	**7**	91,562	91,562
		405,620	422,153
CURRENT ASSETS			
Debtors	**9**	4,033,344	2,718,102
Cash & Bank Balances		765,155	1,302,417
		4,798,499	4,020,519
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(1,263,356)	(869,628)
NET CURRENT ASSETS		3,535,143	3,150,891
TOTAL ASSETS LESS CURRENT LIABILITIES		3,940,763	3,573,044
Creditors (amounts falling due after more than one year)	**11**	(21,506)	(65,833)
		3,919,257	3,507,211
FINANCED BY			
Accumulated Revenue Surplus	**14**	3,919,257	3,507,211
Members' Funds	**16**	3,919,257	3,507,211

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

The financial statements were approved and authorised for issue by the management committee on 24th January 2008 and signed on its behalf by:

President
DR. PAULA GILVARRY

Treasurer
MR SEÁN TIERNEY

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Consolidated Balance Sheet as at 31 December 2007

	Notes	2007 €	2006 €
FIXED ASSETS			
Tangible Assets	**6**	10,874,244	9,813,889
Deposit with the Court of Justice	**8**	6,911	5,502
		10,881,155	9,819,391
FINANCIAL ASSETS			
Investments	**7**	820,680	961,256
		11,701,835	10,780,647
CURRENT ASSETS			
Debtors	**9**	368,228	414,537
Cash & Bank Balances		2,385,109	2,793,469
		2,753,337	3,208,006
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(1,733,962)	(1,247,111)
NET CURRENT ASSETS		1,019,375	1,960,895
TOTAL ASSETS LESS CURRENT LIABILITIES		12,721,210	12,741,542
Creditors (amounts falling due after more than one year)	**11**	(3,051,542)	(3,568,768)
		9,669,668	9,172,774
FINANCED BY			
Accumulated Revenue Surplus	**14**	6,161,497	5,632,402
Revaluation Reserve	**15**	3,508,171	3,540,372
Members' Funds		9,669,668	9,172,774

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Cashflow Statement for the Year Ended 31 December 2007

	Notes	31 December 2007		31 December 2006	
		€	€	€	€
Reconciliation of Operating Profit to Net Cash (Outflow)/Inflow from Operating Activities					
Operating profit			412,046		425,087
Depreciation on tangible assets			115,612		87,648
Profit/Loss on disposal of tangible assets			(2,010)		(15,024)
(Increase)/Decrease in stock			–		750
(Increase)/Decrease in debtors			(1,315,241)		(1,483,608)
(Decrease)/Increase in creditors within one year			440,399		104,134
Net cash (outflow)/inflow from operating activities			(349,194)		(881,013)
Taxation			–		–
Capital expenditure and financial investment					
Payments to acquire tangible assets		(101,165)		(231,315)	
Increase in Deposit with Court		(1,409)			
Receipts from sales of tangible assets		5,506		47,000	
Net cash inflow/(outflow) for capital expenditure			(97,068)		(184,315)
Net cash (outflow)/inflow before management of liquid resources and financing			(446,262)		(1,065,328)
Financing					
Net increase in Capital element of finance lease contracts			(43,682)		75,176
	1		(489,944)		(990,152)

IRISH MEDICAL ORGANISATION
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Notes to the Cashflow Statement for the Year Ended 31 December 2007

1 Analysis of Net Funds

	1 January 2007	Cashflow	Other non cash changes	31 December 2007
	€	€	€	€
Net Cash:				
Cash at bank in and hand	1,302,416	(537,261)	0	765,155
Bank overdrafts	(141,930)	47,317	0	(94,613)
	1,160,486	(489,944)	0	670,542

IRISH MEDICAL ORGANISATION
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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 2007

		2007	2006
		€	€
1.	**Income**		
	Membership Subscriptions	4,168,079	3,959,881

2.	**Analysis of Members**	**2007**	**2006**
		No's	**No's**
	General Practitioners	2,131	2,114
	Consultants	825	791
	Public Health Doctors	266	278
	Non Consultant Hospital Doctors	2,340	2,381
	Other	56	56
	Student	419	358
		6,037	5,978

3.	**Other Income**	**2007**	**2006**
		€	€
	Rental Income	181,250	100,000
	Publishing Royalties	12,697	12,696
	Bank Interest Earned	21,303	30,164
	Other	4,240	1,335
		219,490	144,195

Notes to the Financial Statements for the Year Ended 31 December 2007

4. Surplus for the Year	2007	2006
	€	€
Surplus for the year is stated after charging:		
Auditors' Remuneration	16,335	16,335
Depreciation	315,801	263,786
(Profit) on disposal of assets	(2,010)	(15,023)

5. Taxation	2007	2006
	€	€
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 2007

6. Tangible Assets - IMO

	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€
Cost:				
At 1 January 2007	321,754	465,367	278,175	1,065,296
Additions	75,678	-	25,505	101,183
Disposals	-	-	(23,300)	(23,300)
At 31 December 2007	397,432	465,367	280,380	1,143,179
Depreciation:				
At 1 January 2007	268,045	399,629	72,550	740,224
Charge for Year	32,185	27,536	55,892	115,613
Disposals	–	–	(19,805)	(19,805)
At 31 December 2007	300,230	427,165	108,637	836,032
Net book value at 31 December 2007	97,202	38,204	171,743	307,147
Net book value at 31 December 2006	53,726	65,738	205,625	325,089

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

	2007	2006
Net book value	€	€
Motor Vehicles	159,561	155,129
Office Equipment	672	5,052
	160,233	160,181

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

Motor Vehicles	44,316	25,626
Office Equipment	3,368	3,368

Notes to the Financial Statements for the Year Ended 31 December 2007

6. Tangible Assets - Consolidated

	Property	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€	€
Cost:/Valuation					
At 1 January 2007	9,878,886	404,815	465,366	340,842	11,089,909
Additions	1,146,336	181,596	–	90,733	1,418,665
Disposals	–	–	–	(43,150)	(43,150)
At 31 December 2007	11,025,222	586,411	465,366	388,425	12,465,424
Depreciation:					
At 1 January 2007	436,201	338,001	399,629	102,189	1,276,020
Charge for Year	204,320	47,773	27,536	70,559	350,188
Disposals	–	–	–	(35,027)	(35,027)
At 31 December 2007	640,521	385,774	427,165	137,721	1,591,180
Net book value at 31 December 2007	10,384,701	200,637	38,201	250,704	10,874,244
Net book value at 31 December 2006	9,442,685	66,814	65,737	238,653	9,813,889

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

Net book value	2007 €	2006 €
Motor Vehicles	238,401	188,037
Office Equipment	6,108	12,470
	244,509	200,507

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

Motor Vehicles	58,984	37,841
Office Equipment	5,348	5,348

Notes to the Financial Statements for the Year Ended 31 December 2007

7. Investments

	2007	2006
	€	€
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 2007 of €3,487,422 (2006: €3,521,774)

Fitzserv Consultants Limited at Valuation:

The Balance sheet of Fitzserv Consultants Limited indicated Net Assets as at 31 December 2007 of €2,264,272 (2006: €2,145,072)

	2007	2006
	€	€
Consolidated		
Listed Investments at Market Value	601,876	742,452
Unlisted investments at Cost	128,525	128,525
	730,401	870,977
Other Investments at Cost	90,279	90,279
	820,680	961,256

The directors of Fitzserv have indicated that they consider the value of the Unlisted investment to be not less than its cost value

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 2007

9. Debtors

	2007 IMO €	2006 IMO €	2007 Consol €	2006 Consol €
Trade debtors	3,689	6,811	235,847	234,227
Other debtors	5,400	95,158	24,925	95,157
Prepayments	19,719	72,791	107,456	85,153
Loan to subsidiaries	4,004,536	2,543,342	–	–
	4,033,344	2,718,102	368,228	414,537

10. Creditors (amounts falling due within one year)

	2007 IMO €	2006 IMO €	2007 Consol €	2006 Consol €
Creditors and Accruals	1,111,679	671,279	1,531,669	1,044,968
Bank overdraft	94,613	141,930	136,808	141,930
Lease and Hire Purchase Finance	57,064	56,419	65,485	60,214
	1,263,356	869,628	1,733,962	1,247,111

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

	2007 IMO €	2006 IMO €	2007 Consol €	2006 Consol €
Bank loans	–	–	2,987,977	3,487,976
Lease and Hire Purchase Finance	21,506	65,833	63,565	80,792
	21,506	65,833	3,051,542	3,568,768

Notes to the Financial Statements for the Year Ended 31 December 2007

Analysis of Leases and Hire Purchase	IMO 2007 €	IMO 2006 €	Consol 2007 €	Consol 2006 €
Wholly repayable within five years	78,570	122,252	129,048	141,006
Included in current liabilities	(57,064)	(56,419)	(65,485)	(60,214)
	21,506	65,833	63,565	80,792
Lease and Hire Purchase maturity analysis				
In more than one year but not more than two years	78,570	112,838	129,050	120,428
In more than two years but not more than five years	–	9,414	–	20,578
In more than five years	–	–	–	–
	78,570	122,252	129,048	141,006

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 €289,857 of which €86,628 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:

	2007 No's	2006 No's
Total Employees	22	22
Analysed as follows:		
Administration	22	22

The aggregate payroll costs of these persons were as follows:	2007 €	2006 €
Wages and Salaries	1,716,643	1,674,909
Social Welfare Costs	146,747	159,311
Other Pension Costs	289,857	241,465
	2,153,247	2,075,685

Notes to the Financial Statements for the Year Ended 31 December 2007

14. Movement on Revenue Reserves

IMO	2007	2006
	€	€
Reserve at start of year	3,507,211	3,082,139
Retained profits for year	412,046	425,072
Reserve at end of year	3,919,257	3,507,211

Consolidated

IMO	3,919,257	3,507,211
Irish Medical Association (Limited by guarantee)	(20,749)	(18,598)
Fitzserv Consultants Limited t/a IMOFS	2,262,989	2,143,789
	6,161,497	5,632,402

15. Revaluation reserve - Consolidated

	2007	2006
	€	€
Reserve at start of year	3,540,372	3,519,989
Revaluation during year	(32,201)	20,383
Reserve at end of year	3,508,171	3,540,372

This relates to the revaluation of the property at No 10 Fitzwilliam Place, Dublin 2 and listed investments owned by The Irish Medical Association Limited. The property was valued in January 2006

16. Reconciliation of Movement in Members' Funds – IMO

	2007	2006
	€	€
Surplus After Tax For The Year	412,046	425,072
Net Addition to Members' Funds	412,046	425,072
Members' Funds at Start of Year	3,507,211	3,082,139
Members' Funds at End of Year	3,919,257	3,507,211

Notes to the Financial Statements for the Year Ended 31 December 2007

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 2007 was €204,320 (2006: €176,138) and the loan interest charge was €154,052 (2006: €135,453). The Irish Medical Association (a company limited by guarantee) is an associated company of the Irish Medical Organisation.

Rent receivable in 2007 included amounts of €116,250 (2006: €100,000) from Fitzserv Consultants Limited. Fitzserv Consultants Limited is a 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 24th January 2008.

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Management Information for the Year Ended 31 December 2007

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

SCHEDULE 1

Publishing Contribution	**2007** **€**	**2006** **€**
Income	161,669	125,561
Printing and Editorial Costs	(104,673)	(70,085)
Wages	(31,502)	(30,000)
Postage and Stationery	(76,356)	(69,826)
Publishing Contribution	(50,862)	(44,350)

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

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Management Information for the Year Ended 31 December 2007

SCHEDULE 2

Expenditure	**2007** **€**	**2006** **€**
Wages, Salaries and Pension Costs	2,153,247	2,075,685
Insurance	10,243	15,718
Telephone	42,534	39,897
Light and Heat	20,431	16,762
Postage, Printing and Stationery	161,810	218,041
Advertising and Promotional Activities	9,699	4,226
Finance Lease Charges	8,573	5,474
Motor, Travel and Branch Meeting Expenses	222,420	236,531
Corporate Events	102,186	101,999
Professional Fees	55,158	21,879
International Affairs	82,987	91,994
Subscriptions and Donations	18,510	22,765
E.U. Subscriptions	19,876	18,521
Legal Fees	314,172	114,221
Research	900	9,421
Repairs and Renewals	36,000	31,767
Audit and Accountancy Fees	36,404	34,343
Rates	25,994	31,321
Bank Interest and Charges	9,716	9,303
Staff Training and Development	10,129	10,113
Computerisation and Website Development	100,982	140,457
Depreciation	315,801	263,786
Profit on disposal of Fixed Assets	(2,010)	(15,023)
Loan Interest	154,052	135,453
Strategic Planning	14,848	–
	3,924,661	3,634,654

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

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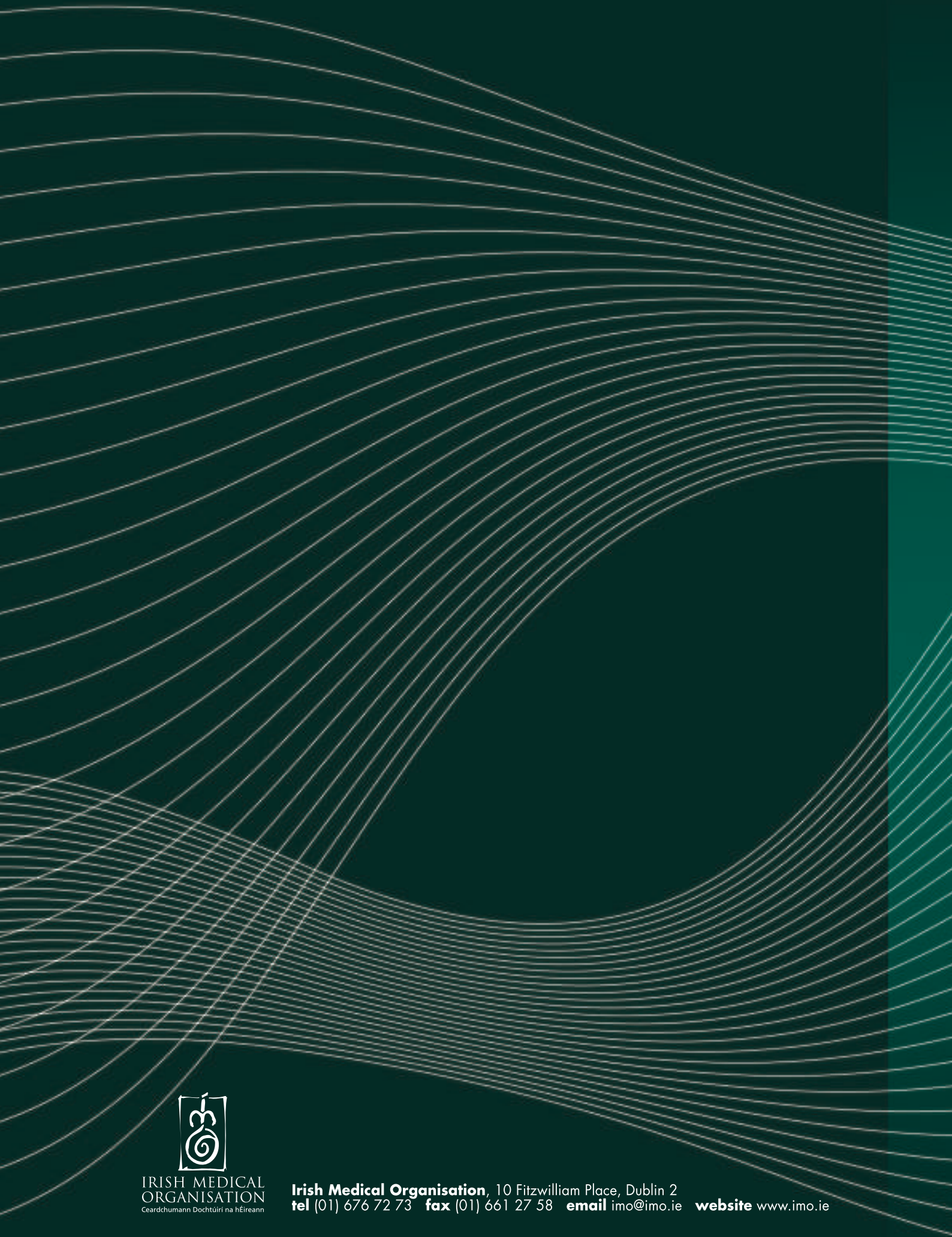

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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