IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of the Annual General Meeting 2010

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Keynote Addresses

Address by George McNeice
IMO Chief Executive
Annual General Meeting 2010

Mr. President, Members and Guests,

When I spoke here last April it was clear that we were facing an unprecedented decline in our economy. Unfortunately, over the last 12 months this deterioration in the country's finances has exceeded our worst fears. No section of society has been spared; hundreds of thousands have lost their jobs; thousands more have been forced to emigrate; those lucky enough to have jobs have had their pay reduced and their taxes increased.

As a country, we are now facing a very grim economic and fiscal situation and it is imperative that we do not compound this with any rash decisions, which could further undermine the very difficult situation in which so many people now find themselves.

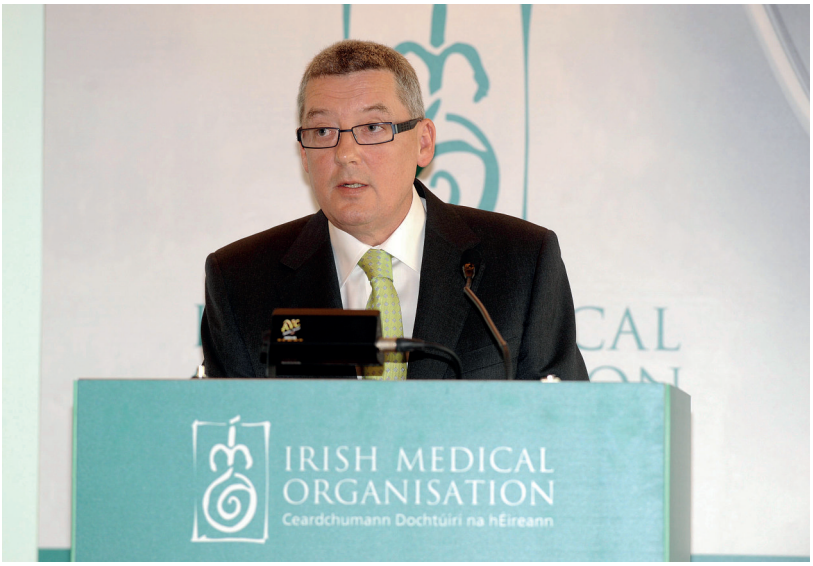
In any recession, it is the most vulnerable people in society who suffer most.

We have heard in our seminar on Health and Medicine in Recession that the economic downturn has a negative impact on health service delivery and on the health status of the population. Therefore, in any decisions we make, we must make sure that first class health services are in place for the poorest and the hardest hit in our society.

We must also work to maintain the health of the nation, because a key factor in any economic recovery is a healthy workforce.

This is a time for prudent consideration of what is important to us, as a people and a society. It is a time to ensure we safeguard our core values, protect our most vulnerable and put in place the building blocks to re-develop our economy.

It is also a time to examine new and inclusive ways of working in partnership, where partnerships have not existed before.



IMO Chief Executive, Mr George McNeice delivering his Address at the AGM 2010

I believe this is the time, and the opportunity, for the Department of Health & Children and the HSE to forge new partnerships with the IMO. In these times of what I can only say are national danger, these partnerships are vital for our country.

It is our role, our duty and our responsibility to ensure that our overriding priority is that services for patients are protected and where possible, given the fiscal position, enhanced.

Already we know that public expenditure is going to be cut by €3 billion each year for the next three years. These are enormous cuts by any standards and it is vital that they are implemented prudently and in a way that will protect the poorest and their most basic needs. And nobody can dispute that an accessible high quality, equitable, public health service, is one of those basic needs.

The provision of health care is a significant cost to our exchequer – but a functioning health care system which is equitable to all members of society and delivers on a needs rather than income basis cannot, and should not, be looked at in purely economic terms.

Public health services are not and never can be commercial businesses. Their objective is not the bottom line but top class care and treatment delivered around the clock, every day, 365 days a year.

And while health care does cost a very significant amount of money, it is worth investing in, as the millions of people cared for in our health service every year will testify.

Over the last number of years, funding for the health services has been slashed in a number of areas, beds have been closed and services cut back. This will magnify the effects of any further cutbacks in health care funding on essential patient care.

We are constantly hearing about the cost of our health services but we hear very little about the enormous volume of work carried out, the high quality treatment, the innovations, and the life saving and life-changing procedures which were unknown just a few years ago and are now accepted as routine.

The majority of people in Ireland have always depended on our public health

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IMO President, Prof Seán Tierney congratulates IMO Chief Executive, Mr George McNeice after delivering his annual Address to members

service and in the current economic situation the numbers relying on our public service are increasing daily and likely to continue to do so for some time. I would warn against any attempt by the State to try and use the private health system to shore up an under-funded public health service. Privatisation in the area of health has been proved to be a failed ideology across the world and can only ever benefit the better off.

While we acknowledge the role of private medicine in Ireland and the part it has played in the provision of some services, private medicine is not and cannot be a substitute for a publically funded system. Neither is there a case for selling off our public health services to private entrepreneurs, as some people now advocate.

Many of us here today are familiar with the situation in the United States, where for years the private health service was run by the insurance companies which cherry picked who they would allow to subscribe and the illnesses they would cover. The result was that 39 million people could not get any health insurance cover and lived in daily fear of becoming ill. Even now there are still millions of people in the United States without health insurance cover, which illustrates the on-going deficiencies of a system which is based on the rules of the market place.

I would also warn against any attempt to hand over sections of our public health service to the private sector.

The McCarthy Report has proposed many changes and there is no doubt that many things can be done differently and more effectively. But we need to think wisely and prudently and not be beguiled into short sighted cuts which could have long term negative health outcomes. For example, it would be extremely foolish to think that if you contract out the running of general practice to private companies you would get a better service.

The HSE already knows that there is no point any longer in going around with developers, trying to build new centres and force GPs into them, without proper discussions or negotiations. At present General Practitioners are not being properly consulted by the HSE. General Practice in Ireland has a proud record. We have a same-day service, with no distinction between public and private patients, where 90 per cent of the work that comes in stays in general practice. I am not aware of any situation anywhere in the world where general practice has been improved by the use of private companies. In fact in the UK, companies want to pull out because the business is not profitable.

The Irish public health services may need better management, they may need better outcomes in some circumstances, and they may need better relations between unions and employers to get the best out of the system. They do not need to be handed over to the private sector. While health services can and must be run efficiently and effectively and provide the best possible value for money, their efficacy for patients is dependent on the people who deliver these services.

The role of doctors has changed considerably in recent years but what has not changed is the fundamental vocational nature of their calling, which is predicated on professionalism rather than commercialism. For doctors, the care of the patient is their priority; their job is to promote and as far as possible maintain good health; their role is to care and cure and not look after margins, profits and bonuses.

In this regard, I would like to say how much we deplore the attitudes and actions of all those who, in the current difficult circumstances, seek to blame public servants for situations which frequently they themselves have created. Public servants – whether they are nurses, doctors, Gardai or fire fighters – are being depicted as leeches on society. Their crime seems to be that they haven't lost their jobs and are trying to deliver services in the face of financial and staffing cutbacks. Having a permanent job in the public service in Ireland has now become a reason for vilification and the words 'public servant' a term of abuse.

With this continual barrage of criticism, people can easily forget the services

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which these public servants provide 24 hours a day, 365 days a year. They can also forget how much they depend on these same nurses, doctors, Gardai, pharmacists and fire fighters when they are ill, under attack or in danger of life and limb. The IMO is tired of this denigration of public servants and of being told that if we bring the ethos of the private sector into the public sector it will somehow transform it for the better. We should respect what the public sector is about and we should respect the commitment and dedication of those who work in it.

And doctors should be particularly proud of their profession and of their role in advocating for and caring for patients without fear or favour in good times and in bad.

We should remember that public health doctors are in the forefront in safeguarding the nation's health and GPs, NCHDs and Consultants look after millions of people each year in surgeries, and as emergencies, in-patients, day-patients and outpatients. Our health services cost money, but they are delivering results – and results of which we can be proud.

I think we must face the fact that even as we start to come out of the recession, there is unlikely to be much additional money provided for the health services for some time.

It is also difficult to see how any different system of health funding will increase the basic amount of money available. That is why planning and wise and inclusive decision making are more important now than ever before. We await the report of the Expert Group on Resource Allocation and will be anxious to work with the authorities to see how this can be married with the Government's fiscal position and the Health Transformation Programme.

The issue of health care financing is at the top of all political agendas. Many political parties now advocate some form of

Drs Anthony O'Connor, Matthew Sadlier and Trevor Duffy listening to Mr McNeice during his annual Address at the IMO AGM

universal health care and we ourselves will be debating the matter during the course of our AGM. Today, we launch the IMO Policy on what should be the fundamental principles of whichever system of universal health may emerge.

Firstly, I must unequivocally state again that health care is not a commodity and patients are not users. The fundamental principles of fairness and equity must apply and not the principles of market forces. Bearing this in mind, the key guiding principles for our health care services must be:

- That all citizens, not just medical card holders, are entitled to medically necessary care including hospital, GP services, community and long term care services which are ill catered for at present and that such care is free at the point of access.
- Any universal health system requires social solidarity and the State must provide a safety net so that health care is in relative terms affordable for all income groups.
- It is vital that access to services is based on medical need only and not on an ability to pay.
- Citizens should be able to see clearly what they are paying towards health care and what they are receiving in return. Health service entitlements and choices must be clearly defined.
- Quality of care must be the cornerstone of any health service regardless of whether providers are public, voluntary not for profit or private.
- The doctor patient relationship is based on trust and understanding therefore patients must be allowed to choose their doctor.
- Clinical autonomy must be guaranteed. Doctors must be free to diagnose and treat patients without interference from political or commercial interests. Doctors must also remain free to advocate for services on behalf of patients.
- The management and flow of funds must be carried out efficiently and in the purchasing or provision of services the money must follow the patient.
- The system must be flexible enough to cope with an ageing population, future trends in health care provision,

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increasing patient expectations and rapidly changing technology and treatment options.

- There are already inequalities within our health services and it is vital that any new system does not reinforce these inequalities.

The Public Service Pay Agreement has transformation as the key feature for the next four years with new working arrangements for those working within the health sector. The transformation programme cannot resolve all our problems but I believe with proper consultation we can address some of the serious inequalities in the health services. In regard to the move towards the transfer of services from the hospital sector to the community, we need detailed consideration of how this will be funded.

We have had too much experience in recent years of services being established and transferred without the resources following them. The result has been what I can only term "virtual" services, which may look good in official statistics, but which instead of improving services leave patients worse off. I know a number of hospitals in rural Ireland feel under threat. If the State is not in a position to provide infrastructure to replace hospitals that are closing down in these areas, where the local hospitals are so important, then there should be incentive schemes for health care providers, not developers, to ensure that these hospitals are replaced with appropriate services before the existing facilities are closed down.

The new Public Service Pay Agreement should assist the health transformation programme by facilitating the redeployment of some staff from the hospital service to primary care and enable others to work in a unified health system. However, the transfer of a large range of diagnostic and prevention services to general practice will require consultation, discussion and resourcing. The HSE needs to get around the table and discuss transformation issues and how they can be resolved. While we may accept national pay agreements; we equally need to understand what the current financial position is and the resources available, and then we must agree jointly how they can best be used.

As an organisation we have clearly demonstrated that we are prepared to do business, our Consultants and NCHDs have already shown a flexible approach both in terms of the extended working day and 5/7 working arrangements.

The new Public Service Pay Agreement also reaffirms the Government undertaking in respect of amendments to the Competition Act and recognises the significant role general practice has to play within the transformation process which can only be represented through the IMO. The Competition Act is scheduled to be amended later this year and this will remove any doubt in the mind of the Department of Health and the HSE about the position of the IMO in relation to negotiations.

I believe it is only through consultation and an open and honest debate that any new system, whatever it may be, can gain support and commitment. We must look at what is good and keep what works well in our health services and not make the fatal mistake of change for change sake. It is vital that the HSE engages in discussions and consultations on all these issues which are now critical to the future delivery of our health services.

The IMO and its core industrial relations activities are as vital now as they have ever been. Even within the context of the new Public Service Pay Agreement the role of the IMO in representing its members and meeting the challenges that the Agreement poses is critical for doctors and patients. While it is accepted that the Agreement, if approved, will provide a period of industrial relations stability this does not infer that there will not be major industrial relations issues to be negotiated. In dealing with IR issues on behalf of our members and within the context of the transformation programme I re-iterate once again that it must be our overriding priority that services for patients are protected and that doctors have the necessary resources to care for their patients.

I would like to turn now to matters that need to be our focus in the coming year.

Ireland is now facing a very serious shortage of doctors across all the specialty groups. Over the years there have been numerous reports and recommendations on manpower levels but unfortunately only limited action has been taken to address these problems.

There is no point in training doctors to high levels of skills for them then to leave the country because of a lack of a career structure. We all agreed to a Consultant delivered service, yet there is no definitive plan as to how we are to achieve this new balance within our hospital system. Many specialties are now finding it impossible to recruit sufficient NCHDs and some specialties are only managing to operate through the goodwill of local GPs.

There is also a problem with GPs manpower and according to the ESRI Report this is going to be exacerbated in the next decade. Public health and community health doctors are encountering real problems about recruiting doctors into their specialties. The Irish health services must be an attractive place to work so that we can retain the highly trained professionals we have. This is not about pay – it is about services, resources, enabling doctors to do what they do best – diagnosing and treating patients.

The future structures for Competence Assurance and Training are also a key issue. Doctors have always recognised and held to the importance of on-going

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study and the development of their clinical expertise. They wish to attain the highest possible standards for their own professional development which will ultimately benefit patients. Any new competence assurance structure needs to support the profession through the provision of protected time and an enabling environment. I am pleased that the Medical Council will consult with the IMO in relation to new Competence Assurance structures over the coming months.

In terms of the new centralised training system for NCHDs we see our role as key to ensuring that our doctors receive the highest possible level of training appropriate to grade and specialty with protected training time and sufficient hospital consultant contact time. In principle the IMO is supportive of the new proposed system. However, as with all agreements, the devil is in the detail and in the administration at local level. We must ensure that all NCHDs around the country can avail of equal access and opportunity to training. There is an undeniable benefit for the State, the doctor and most importantly the patient in a well structured and resourced training and continuing medical education system.

Industrial relations is the core activity of the IMO and our focus will not change. Since we last gathered together doctors across the specialty groups have faced a tough and difficult year but we have had some successes which are detailed in our Annual Report.

But I want to use this opportunity to focus on the future and what the main challenges are for each of the specialty groups.

For our hospital Consultants, we must now ensure that the new Consultant Common Contract is fully implemented. The majority of hospital Consultants in this country took up the new contract and are operating this contract in good faith. The task ahead is to agree a transparent mechanism for the measurement of public/private work and to recognise that one size will not fit all settings. Consultants now work even longer hours and the vast majority of them work in excess of their contracted hours for no additional pay. The Contract must work and be seen to work by both parties involved and the agreed terms must be honoured in full.

Delivering his annual speech Mr George McNeice, IMO Chief Executive

Now that a new Contract has been agreed for our NCHDs, again the key focus is to ensure that it is implemented fairly across the country and that training is prioritised. The IMO has shown its strong commitment and support for NCHD training and over many frustrating years has prioritised training in its negotiations with the HSE. The recent NCHD Contract and High Court Settlement further demonstrates our objectives that our NCHD members will be in a position to avail of appropriate levels of training. To this end we proposed solutions in terms of the implementation of the European Working Time Directive to ensure this goal is attainable and training time is not compromised.

For General Practitioners the transformation programme will have a major impact with the intention to move more services from secondary to general practice setting. Unless resources follow the patient there will be a negative impact in terms of the ability of general practice to cope with such a huge additional workload without adequate funding.

Primary care teams have been much talked about in recent months but the reality and the virtual are worlds apart. Most GPs support primary care teams and want to be involved, but remain to be convinced that adequate resources will allow them to provide better services to patients. It is only by engaging with General Practice, through the IMO, that real change can be affected agreed and implemented.

The evolving structures within the HSE pose particular issues for our Community Medicine and Public Health Doctors. The recent H1N1 Vaccination Programme, which was undertaken in the main by Community Medicine Doctors, has resulted in a huge backlog of work and this must be addressed before any additional programmes are initiated. The key challenge is to ensure that this important specialty is supported and valued within the new structures. For Public Health specialists the review of the Interim Out-of-

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Prof Seán Tierney, IMO President at the IMO Chief Executive's Address

Hours Service is underway and our challenge here is to ensure that a safe and well supported service is in place.

We have seen plenty of chaos in the past 18 months, as the effects of the recession deepens and causes more hardship for all sections of society. But I believe that in all this chaos lie opportunities.

As a society, the recession offers us an opportunity to re-examine our values and consider what kind of health service we want and how we are prepared to fund it. We all want a better health service. The HSE's transformation programme offers opportunities but it also poses problems and challenges. I believe that if the HSE works with the IMO, we can solve these problems and seize these opportunities.

The IMO is adamant that services cannot and must not be taken away without a better service being put in place for patients. If services are just taken away, the effects for patients will be disastrous and it will inevitably lead to unnecessary disputes.

Over the last few years there has frequently seemed to have been a cultural unwillingness on the part of management to engage with the trade unions. They seem to believe that unions are there to block everything. This, of course, is simply not the case. The HSE transformation programme offers us the opportunity to be part of shaping the health service to meet the needs of patients and to ensure that doctors are working within an environment that fully utilises their unique professional skills for the betterment of patients. It also gives us the opportunity to ensure that Ireland is an attractive and satisfying place to work for doctors.

I also believe that the public service pay agreement offers all of us, Government, HSE and the IMO an opportunity to build new relationships – based on mutual respect, trust, honesty and transparency. It is our job to advocate for patients, to represent our members and to ensure that changes introduced actually work. But this does not mean that we are opposed to the Department of Health & Children and the HSE. Far from it. We want to work with the HSE and the Department of Health and Children to achieve all this and I believe we can work together, in a better way, for the good of patients and the good of the country. This can only come about through partnership between the public, the IMO, the HSE and the Department of Health & Children.

At this time I would like to congratulate our new President, Professor Sean Tierney, and I look forward to working with him over the coming year and assure him of our full support during his term of office.

I would also like to pay tribute and express thanks to Dr John Morris and all the Committee Members for their dedication and commitment to the IMO during the past year.

On your behalf I would like to thank the staff of the Irish Medical Organisation and recognise their professionalism and commitment which has contributed to the success of the Organisation.

Most importantly, I want to offer my gratitude and thanks to every individual member for their ongoing support and loyalty.

As I said earlier that I believe we are at a time of national danger. John F Kennedy once said *"The Chinese use two brush strokes to write the word crisis. One brush stroke stands for danger; the other for opportunity. In a crisis be wary of the danger but recognise the opportunity"*. I believe that in the national interest, the HSE needs to work with the IMO and develop a new and inclusive working relationship, where we are involved at every step of the transformation programme. We in the IMO are ready to play our part. We are a strong Organisation with a track record of success. We all want the same thing. Let us use this opportunity now to work together.

Go Raibh Míle Maith agaibh go léir.

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Address by Professor Sean Tierney
IMO President
Annual General Meeting 2010

Vice-president, colleagues, friend and guests – welcome. ...

A dhaoine uaisle go leir, ta failte roimh go dti an crinniu seo do ceardchumann na Doctuiri in Eireann. Is onoir mor domsa bheith i m'uachtarain ar an ceardchumann seo. Ta suil agam go mbeimid go leir chomh sasta leis an fiche-cuig blian os ar gcomhair amach agus a táimid leis an fiche cuig bliain atá thart.

History

The Royal College of Surgeons in Ireland opened the doors of their new home on St Stephen's Green 200 years ago this year. Forty years later, 61 physicians and surgeons gathered together in that building and resolved to form the Irish Medical Association.

They wanted to unite the profession, particularly to unite *"provincial practitioners with their metropolitan brethren."* They resolved to inform and represent their members. They also decided that it was necessary for them to keep a watchful eye on parliament.

The Irish Medical Organisation – our organisation – through the later merger with the Irish Medical Union is the direct descendant of the Irish Medical Association.

There is no doubt that the world has changed beyond all recognition since then. In Ireland alone, we have seen famine and mass starvation, emigration that scattered our population to the far corners of the globe, revolution, global war, and global warming. Indeed, when we reflect on the events of the last few months – in finance, if not in health care – the world seems to have changed quite a bit since we were here together at last years AGM.

Delivery of health care has changed enormously in the intervening 150 years. In the nineteenth century, health care, for most people, was an act of charity from those with means to those in need. In the later 20th century, the concept of equal rights came of age and health – and access to health care – as a right became more widely accepted. In Ireland and in Europe, this was mostly provided by a growing public sector under political control.

Prof Seán Tierney, delivery his inaugural presidential speech during the IMO 2010 AGM

Inequality

Of course, sharing is easier when most people have relatively little. As prosperity grew – or at least appeared to grow – over the past twenty years, it grew a lot faster for some than others. We have heard over this weekend in the fascinating seminar on "Medicine in a Recession" that this inequality brings poorer health in good times and in bad. To make things worse, there has been a growing inequality in how health care is delivered in Ireland. Despite growing wealth inequality, the numbers entitled to free health care on a medical card fell while the numbers with private health insurance grew steadily. Meanwhile, public money in the form of tax breaks and other incentives was poured into the development of private hospitals. Most of these are state-of-the-art facilities and they provide excellent health care – but, of course, this is only readily accessible to those that can afford private health insurance – a now shrinking minority. And this health care must be provided at a profit.

Role for the IMO

Tomorrow, we will all return to deliver health care in an extremely complex environment to more and more patients with complicated chronic disease. Our individual clinical competence will be assured by the Medical Council and the College and training bodies. The organisations and structures in which we work will be inspected and licensed by HIQA and there are now many more bodies to watch over patient care and health care provision.

In this brave new world, is there still a role for an association of medical practitioners? How relevant is the IMO in this twenty-first century health care environment? Does it still make sense to unite ...*"provincial practitioners with their metropolitan brethren"* as the founders of the Irish Medical Association set out to do in 1839?

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Newly elected President Prof Seán Tierney is welcomed by IMO guests and members before he delivers his speech at the AGM in Killarney, Co Kerry

Does it still make sense to unite those in General Practice with hospital-based specialists, to unite those delivering health care in the community and public health specialists with doctors in training? Does it make sense to unite those who are employees of the HSE with those in private practice, to unite medical students and those who have retired from active practice, to unite those who have graduated from Irish Medical schools with those who have come from all over the world to train, to support our health services, to enrich our society, and to provide health care to the people of this country and the world? It makes sense to me. It makes sense to all of you who have come tonight and to this AGM this weekend. It makes sense to the 8000 who are members of this organisation.

Beyond Unity

Having united all those doctors then how should we use that unity? Undoubtedly, there is a role for doctors to collectively negotiate with our employers on the terms and conditions – particularly where that employer is the State. This is not about preserving self interests at the expense of others or holding governments or the people to ransom. It is in the interests of getting the structures sorted out efficiently so that doctors can move on to doing what we do best – looking after patients – and it is also about ensuring fair recompense for the work doctors do. Yesterday, our CEO, Mr George McNiece set out an agenda for our IR unit over the coming year – and it will be another busy year.

Government and policy

But what else should the IMO do? Is there are any need today – as the founding fathers of the Irish Medical Association believed two centuries ago – for the profession to keep a watchful eye on parliament? If there is still a role for the IMO in keeping a watchful eye on the Dáil, then what are we watching for? How should we contribute to the process of government and the provision of health care at a national level?

It is the job of a democratically elected government to govern. There are plenty of people who are well capable of holding the government to account in the Oireachtas. I do not think that is the role of the IMO.

However, government policy-making needs to be informed by those with specialist knowledge. The implementation of policy is a complex business and there a myriad of issues to consider. I believe doctors can, and must, contribute to informing policy formation and to ensuring that rational government policy is implemented in an effective way. We can do this so far more effectively as a collective – working through the Irish Medical Organisation. We have achieved far more working together – and we will continue to do so – than we will ever achieve as individuals or as smaller interest groups.

Many doctors who join the IMO – particularly those who serve on our committees and on council – do so because they are concerned about our health service and are anxious to do what they can to improve services to patients. I, too, joined because I thought things could be improved. The first thing we all said when we joined was – *"We – the IMO – must speak out; Why aren't doctors on the TV and radio telling the public what needs to be done..."* The real priority is to get things done – to appropriately influence policy formation and to have a meaningful role in ensuring rational policy is effectively implemented. Much more can be achieved by speaking softly – particularly in the right ears – than will ever be achieved with a stick. Even Teddy Roosevelt said it was important to *"speak softly and carry a big stick"* rather than suggesting the stick should be used. Of course, there are matters where we need to open public debate when we must and have spoken out in public. And there are times when ears are closed and sometimes there is no alternative but to wave the stick in front of

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the television cameras or pose by the lake-shore for photographs. But this should be our last rather than our first resort.

Goals of the IMO

When we have united all doctors, and found a way to speak and influence change – what should we seek to do? There is lots more to be done beyond influencing government policy. We must use our organisation to ensure that something is done to address the low morale that has developed during the difficult times we are experiencing in the health service. In more than twenty years of working in the health service, I have never seen morale so low among staff everywhere and in every role.

The public service embargo has undermined the value of everyone's contribution – how can the work you do be of value and important if there is no need to replace you when you are sick, when you are on maternity leave or when you retire? And if your contribution is so dispensable then why is it worth doing well when you are there?

Nor did it help when doctors, nurses, and all those working to care for the patients were told they had to take fee reductions, pay cuts and pay pension levies. Particularly at a time when state owned banks were offering enormous salaries to attract the best people to their corporate headquarters.

However well intentioned, the publication of HealthStat has added to the morale crisis. Those who are working hard and doing their best to cope with less staff, closed beds, and shrinking budgets are presented monthly with few amber and even less Green lights – one HealthStat red light after another, month after month ... they say "FAILURE, FAILURE, FAILURE".

IMO Chief Executive, Mr George McNeice and IMO President Prof Seán Tierney at the AGM in Killarney, Co Kerry

Where is the recognition of the extra effort that so many in the health service make – in every role – above and beyond what they are paid or contracted to do?

Where are the red lights for those who have made it impossible for hospitals to reach their performance targets?

Where are the red lights for those who have embargoed recruitment, for those who have ordered 1,500 beds to be closed, and who have slashed spending on health in a myriad of other areas?

Finally, services and hospitals are closed because we are told they are "unsafe" – rarely because it will save money, or because they are impractical, or because larger units elsewhere can easily accomodate the workload. Where there aren't any real safety issues – and often there aren't – this in particular, is very destructive. It undermines those who are doing a professional job and eats away at their ability to continue to deliver high quality care in other areas.

The very idea of publicly provided health care – indeed public services of any kind – is under attack. There is something happening everywhere. Hospitals are being reconfigured services moved medical cards being issued and taken away – sometimes this happens at the same time. Medical registration rules are being changed competence assurance structures are being introduced training is being reorganised and many training places are vacant for July 2010. The pace of change is breathtaking and there is chaos. We have seen care of the elderly privatised; more and more acute hospital care privatised; there are plans to privatise laboratory services; many of the outpatient letters in my own hospital in Tallaght are now outsourced – that is the outgoing letters and sent by internet to be typed in the Far East.

There have been moves to privatise primary care centres by contracting them to corporate health care providers where GPs would be employees. Yet a look across the Atlantic would suggest that the rules of the marketplace do not ensure equality of access to health care on the basis of need. Nor does moving decision-making from politically accountable bodies to private insurance companies ensure that the best possible quality of health care is delivered at the lowest possible cost. Indeed, a commercial approach to health

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IMO members and guests at the Inaugural Presidential Address delivered by Prof Seán Tierney

care provision seems to offer the potential for many – especially insurance companies – to make enormous profits out of health care.

The concept of universal health care provision has much to recommend it but how this is managed will be crucially important. The proposal that we achieve this through universal insurance will need to be carefully evaluated and the IMO Policy Unit has already put together a set of Principles for Universal Health against which we will evaluate the proposals on universal insurance.

Recent events in our own country would indicate that the rules of the marketplace have utterly failed to assure that banks and financial services are run in the interests of the public. In fact, the need to modify the competition law to allow doctors negotiate collectively has been accepted by government as in the interests of the public and of patients and we hope to see the long overdue appropriate legislative change enacted this coming year.

It would also seem that the failure of the market to provide financial services should provide a wakeup call to those who argue that this is the best way to provide health care.

However, there is an alternative to the kind of centralised decision making and micromanagement that characterises large public sector enterprises like the HSE. This alternative can provide better, more responsive services for patients and keeps cost reasonable without siphoning off large profits. This model is the most cost effective around the world and is used in places like the Mayo Clinic and Cleveland Clinic in the United States. It is a not-for-profit model that is found in our voluntary hospital sector in Ireland and in a capitation-based GMS system for General Practice.

Rather than dismantle what is good in our own system and allow unbridled privatisation, perhaps the lessons from the financial sector should inform the debate on the future of health care.

Amidst the current chaos, there is opportunity – I hope that it will be an opportunity to reorganise the health service from a massive unwieldy bureaucracy into something built of manageable, accountable units whose primary focus is on professional patient-centred values rather the profit that can be made from the encounter. Health care should be about patients not profit.

Recently, we have seen clinicians appointed into key roles in the HSE and we have seen clinicians taking a lead role in the reconfiguration of services. We also expect to see GPs also brought into the new regional clinical governance structures. I am optimistic that this clinical perspective will bring greater balance to the governance debate and the IMO is ready and willing to engage on this front.

Policy

It can be challenging to find common ground among the diversity of IMO members but this can be done. It is worth the effort, as the views of the IMO carry greater weight coming, as they do, from all doctors rather than those which come from associations that are more narrowly based.

The AGM is crucially important but some issues are too complex to tease out the subtleties in a relatively brief debate. The research and Policy Unit over the past few years has been enormously effective in helping us crystallise the views debated at our AGM and at council into position papers and policy documents.

We have provided written submissions to both government and an array of non-governmental agencies across a wide range of topics.

The IMO, in representing doctors, have a responsibility to do more than criticise the proposals of others – we have a responsibility to help solve the problems, to put forward constructive suggestions. When the Minister proposed imposing a 50c charge per prescribed items for those with medical cards, we objected. *"This is unfair; it is a charge on those who can least afford it; it is a tax on the ill,"* we said. But times are tough, money is in short

Keynote Addresses

supply – at least money for health care and public services is in short supply; there seems to be plenty of money to invest in failed banks. But we lived up to our responsibility – we did not just say no. The GP committee in the IMO put forward an alternative plan. A four point plan for saving money on prescribed drugs that could save €300 million, far more than would be raised with 50c charge. And those savings would not come from the pockets of the poorest and the ill in our society. This money would come, ultimately, from a marginal reduction in the profits of multinational drug companies. Multinationals who have profited far more from Ireland's low corporate tax rates over the boom period and continue to do through the recession.

Overseas doctors

The issue of how we provide for the future of our profession is of core importance to the IMO. Year after year, we have travelled to Killarney to debate, and then agree, that we do not have enough specialists, we do not have enough General Practitioners, we do not have enough doctors in Ireland and that we have not been producing enough to keep pace with this need.

For years, we have filled this gap with doctors from developing countries. This approach has served Ireland well – we have recruited a workforce who are well educated and well skilled. They have toiled tirelessly in the front line – particularly in our smaller hospitals. We all know that Ireland could not have sustained our health care system without these doctors. These doctors have served Ireland well but they have not always been well served by Ireland.

The IMO, in the recent contract negotiations, did ensure that NCHDs who are not in formal training programmes would continue to have the same terms and conditions as those who are enrolled in formal training programmes.

Prof Seán Tierney receives a standing ovation following his Presidential Address at the AGM 2010, Killarney, Co. Kerry

Change in how services and postgraduate training is provided sweeps through our health service. The transformation programme, the new regulations governing the registration Medical Practitioners, and the establishment of the METR group within the HSE to procure postgraduate training from the training bodies – and much more. However, the impact of this change on a large group of doctors – particularly those from overseas who are neither in formal training programmes nor on the specialist register – has been ignored by Government. I would hope that many of these doctors can be accommodated in our formal training programmes and reach the high standards required for specialist registration. This is not likely to happen by accident and the IMO is committed to ensuring that all doctors are treated fairly in this regard.

But there will be some for whom higher specialist training is impractical. Pathways and solutions need to be found for these doctors and, if necessary special arrangements put in place which do not perpetuate this issue for ever into the future. Solutions will have to be found and they will be found. To this end, the management committee and executive of the IMO have set aside May 22 for a national meeting of all those involved with the officials, executive and officers of the IMO to be held in Athlone. From this group – who best understand the issues – will come the *nidus* of a policy position to be taken to Council. We will subsequently advance this with the Medical Council, the Training Bodies and the HSE. We invite all members in all disciplines and craft groups to contribute to this process.

Developing countries

Ireland also owes a debt to those developing countries who have provided doctors to work in our health care system. These graduates are produced at enormous cost by countries who can ill afford it. But many of these countries do not have the indigenous training systems that deliver training to a high standard. They cannot afford the kind of health care facilities that are rewarding to work in and they cannot afford to pay their doctors adequately for the work that they do. The scale of the problems in the developing world are enormous and span a wide range and the IMO is not going to solve all of these problems – nor will we try. However, we heard yesterday from Irish doctors, from officials in Irish Aid and from an expert in International Aid that there are things that can be done. Of course we can volunteer and help directly – our former president Dr Mick Molloy is just back from a spell working in Haiti providing

Keynote Addresses

Newly elected IMO President, Prof Seán Tierney

emergency care to the survivors of the earthquake there. Like the work of Professor Martin Corbally – and many others – in travelling to the developing world and delivering health care, this is a huge personal contribution and not all of us can do that. But yesterday's symposium highlighted how we can contribute our expertise in teaching and training, in how services can be delivered, in examining and helping develop sustainable structures in developing countries. I know from my own experience in RCSI working in collaboration with the College of Surgeons of East, Central and South Africa (COSECSA) that working through established structures both here and in developing countries, there is a way for each of us to contribute.

I hope that, during the coming year, the IMO can highlight what has been done and is being done by Irish doctors in the area of overseas development and that we can act as a conduit to link Irish doctors with appropriate opportunities in this field.

Medical Students

In dealing with the worldwide Human Resource crisis in health care, Ireland also needs to step up the mark in terms of producing doctors. We had a fascinating scientific session this afternoon on how we in Ireland might shape the doctors of the future. Year after year at this AGM, we heard pleas for more places in our medical schools. Finally in 2006, the Fottrell report was published. We now have several graduate entry medical schools and the numbers in all of our medical schools are gradually being expanded towards a target of producing 700 doctors per year, as the Fottrell recommendations are phased in. While this is welcome, it is absolutely crucial that we ensure that each and every one of these doctors has an intern place when they graduate. We also need to ensure that there is a route through postgraduate training so that they can become specialists and capable of independent clinical practice. To all of us, to the Universities and even to the Higher Education Authority, this is self evident. But at the National Committee on Medical Education and Training, the IMO representatives have been struggling to have this self evident truth accepted by the Department of Health and the HSE. It is irresponsible – and a reckless expense on higher education – to produce medical graduates who have no prospect of a professional career in Ireland, but that is where we are headed.

The recent announcement that the number of GP training places is to be increased is welcome and will help address the deficit in General Practitioner numbers in Ireland. However, these are not additional training places but have been moved from other programmes. We do not have enough training places across all specialities to accommodate our existing medical graduate pool. Ensuring adequate training and career opportunities for medical school graduates must be a priority for the IMO over the next few years. We have actively recruited medical students over the past few years and now have over 500 medical student members. Over the next 12 months, we intend to involve these students to a greater degree in the organisation to help them advocate for adequate post graduate training places and future career for them. To this end, we plan to begin this process by sponsoring the inaugural Irish Medical Journal inter-medical school debate. We plan to hold this debate as part of the Doolin weekend in Dublin in December.

Concluding remarks

"There is a battle outside raging
It is shaking our windows and
rattling our walls
The times are a changin'"

But in this time of enormous change, where much of what we take for granted can no longer be relied on, there are opportunities – let us in the IMO seize the opportunity, lest it be taken from us.

Go Raibh maith agaibh go leir.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Council 2010-2011

Elected members to IMO Council 2010-2011 with IMO Chief Executive, Mr George McNiece (FR 2nd left) President Prof Seán Tierney and Dr Ronan Boland, Vice President

IMO Management Committee

Prof Sean Tierney, President
Dr Ronan Boland, Vice President and Chair GP Committee
Mr George McNeice, Chief Executive
Dr Anthony O'Connor, Honorary Treasurer
Dr Bridin Cannon, Honorary Secretary
Dr John Morris, Immediate Past President
Dr Matthew Sadlier, Chair, NCHD Committee
Dr Paul McKeown, Chair, Public Health Committee
Dr Trevor Duffy, Chair, Consultant Committee

Honorary Officers

LR: Dr Bridin Cannon, Honorary Secretary; Mr George McNeice, IMO Chief Executive; Prof Seán Tierney, President; Dr Ronan Boland, Vice President and Dr Anthony O'Connor, Honorary Treasurer

Council Members 2010 – 2011

Dr Anthony O'Connor
Dr Bridin Cannon
Dr Christine O'Malley
Dr Clive Kilgallen
Dr Darach O'Ciardha
Dr David Flanagan
Dr Jim Keely
Dr Joe Barry
Dr John Morris
Dr Kishan Browne
Dr Maitiu O'Faolain
Dr Mark Murphy
Dr Martin Daly
Dr Matt Sadlier
Dr Michael Mehigan
Prof Neil Brennan
Dr Niall Macnamara
Dr Paul McKeown
Dr Ray Walley
Dr Remi Mohammed
Dr Ronan Boland
Dr Seamus Healy
Prof Sean Tierney
Dr Toby Gilbert
Dr Tony Healy
Dr Trevor Duffy

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Committees 2010-2011

Dr Trevor Duffy, Chair

Consultants Committee

Dr Hugh Bredin

Prof Neil Brennan

Dr Ronan Collins

Dr Finbarr Condon

Dr Kate Ganter

Dr Seamus Healy

Dr Tony Healy

Dr Clive Kilgallen

Dr Patrick Manning

Dr John Morris

Dr Christine O'Malley

Prof Sean Tierney (President)

Dr J Bernard Walsh

Dr Ronan Boland, Chair (Vice President)

General Practitioners Committee

Dr Truls Christiansen

Dr Declan Connolly

Dr Martin Daly

Dr Patrick Donovan

Dr Henry Finnegan

Dr Derek Forde

Dr Mary Gray

Dr James Keely

Dr Colm Loftus

Dr Niall Macnamara

Dr Padraig McGarry

Dr Shane McKeogh

Dr Michael Mehigan

Dr David Molony

Dr Darach O'Ciardha

Dr Richard Tobin

Dr Raymond Walley

Dr Matthew Sadlier, Chair

Non-Consultant Hospital Doctors Committee

Dr Elizabeth Barrett

Dr Aisling Brown

Dr Kishan Browne

Dr Francis Conroy

Dr David Flanagan

Dr Toby Gilbert

Dr Remi Mohammed

Dr Mick Molloy

Dr Mark Murphy

Dr Evelyn Obosi

Dr Anthony O'Connor (Hon. Treasurer)

Dr Maitiu O'Faolain

Dr Ronan O'Leary

Dr Dela Osthoff

Dr Muhammad Razi Shaikh

Dr Myles Smith

Dr Iftikhar Ahmad Sohail

Dr Nalini Somaiah

Dr Paul McKeown, Chair

Public Health Committee

Dr Bridin Cannon (Hon. Secretary)

Dr Mary Conlon

Dr Mary Fahey

Dr Paula Gilvarry

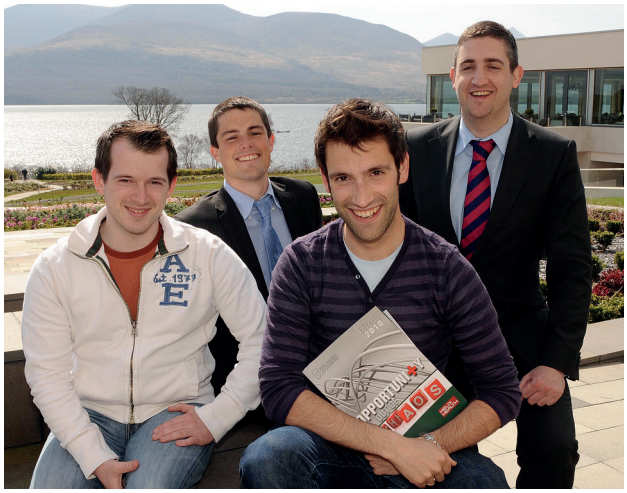
Dr Philomena Jennings

Dr Howard Johnson

Dr Orlaith O'Reilly

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

GENERAL MOTIONS 2010



Dr Maitiu O'Faolain, Dr Toby Gilbert (front), Dr Mark Murphy and Dr Shane McKeogh at the AGM in Killarney, Co Kerry

Haiti

1 The IMO recognises and congratulates the Irish doctors who participate in the ongoing humanitarian effort in Haiti.

Carried

Medical Council

2 All Irish patients receiving advice, treatment, or a diagnosis from doctors outside the state deserve that those doctors be registered by the Medical Council of Ireland.

Amended as: All patients receiving advice, treatment, or a diagnosis in Ireland from doctors outside the state deserve that those doctors be registered by the Irish Medical Council.

Amended motion carried

3 While welcoming the fact that doctor's addresses are no longer published on the Medical Council website, the IMO calls on the Government and the Minister for Health & Children to amend legislation to ensure that only a doctor's practice address may be published and that their home addresses are confidential.

Carried

4 The IMO calls upon the Minister for Health & Children and the Medical Council to meet with the IMO to seek solutions to address the unforeseen consequences arising from the Medical Practitioners Act 2007 and the restrictions placed upon doctors registered on the Training Register.

Carried

5 The IMO supports the referral system from General Practice to Hospital Consultants in public and/or private practice as this is in the best interests of patients.

Carried

Emergency Planning

6 The IMO calls on the HSE to have an emergency plan for transport and accommodation in respect of frontline HSE staff during periods of major incidents, emergencies and extreme weather conditions so as to ensure patient care is maintained.

Carried

Patient Information & Data Issues

7 The IMO calls on the Minister for Justice, Equality and Law Reform, and the Medical Council to engage with the IMO so as to review current data protection legislation and its impact on effective patient care.

Amended as: The IMO calls on the Minister for Justice, Equality and Law Reform, and the Medical Council to engage with the IMO so as to review current data protection legislation and its impact on effective patient care and confidentiality.

Amended motion carried

8 The IMO calls on the HSE to develop a national secure electronic communication system to be used by doctors which would facilitate the storage of medical records and tests using a unique patient identifier. Such a system would enable an integrated approach to the care of individual patients.

Carried

IRISH MEDICAL ORGANISATION
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GENERAL MOTIONS 2010

European Issues

9 The IMO stresses the importance of ensuring credible parity of standards of Specialist Certification, in a Europe which espouses the free movement of doctors.

Carried

10 The IMO recognises and supports the need for strong representation of Irish doctors at European level and supports the development of cost effective and efficient representation by the European Medical Associations.

Carried

HIQA

11 The IMO calls upon HIQA to develop a national evidence based policy for the administration of first doses of intravenous medications.

Carried

12 The IMO calls upon HIQA to develop standard vaccination guidelines for all patients who require long term iatrogenic immunosuppression in line with current evidence and best practice.

Carried

Home Care Services

13 The IMO calls on the HSE to urgently introduce formal quality control of home care services of people with disability and for older people.

Carried

Services for Homeless

14 The IMO calls on the Department of the Environment to ensure secure washing facilities are provided in all major towns and cities for use by homeless people.

Carried

Dr Fenton Howell and Dr Ray Hawkins

Health Information Bill

15 The IMO calls on the Government to publish a Health Information Bill as a matter of urgency.

Carried

Health Inequalities

16 The IMO calls on the Chief Medical Officer of the Department of Health and Children to publish an annual report on health inequalities.

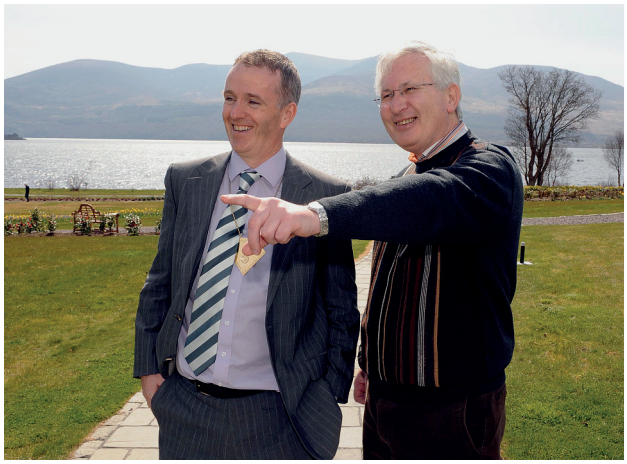
Carried

Asylum Seekers

17 This meeting calls on the HSE to review and revise the document "Communicable Disease Screening for Asylum Seekers 2004" in line with international best practice with input from all stakeholders including asylum seekers, community health doctors, general practitioners and public health doctors.

Carried

GENERAL MOTIONS 2010



Drs Ronan Boland and Donal Coffey at the AGM in Killarney, Co Kerry

18 The IMO calls on the Department of Justice, Equality and Law Reform to streamline the application process for political asylum and that the IMO condemns prolonged accommodation for asylum seekers in direct provision centres as this leads to deterioration in the health and well being of the asylum seekers.

Carried

Carers

19 The IMO calls on the Government to substantially increase the carer's allowance in the next Budget.

Amended as: The IMO calls on the Government to double the carer's allowance in the next Budget.

Amended motion carried

Optical & Dental Benefit

20 The IMO deplores the removal of optical and dental benefit in the Government's 2010 Budget as this will have potential adverse affects on optical and dental health.

Amended as: The IMO deplores the removal of optical and dental benefit in the Government's 2010 Budget as this will have adverse affects on optical and dental health.

Amended motion carried

Mental Health

21 The IMO calls on the Government to publish and debate the Mental Capacity Bill at the earliest possible date in order to end the legal contradictions that currently apply.

Amended as: The IMO calls on the Government to debate and enact the Mental Capacity & Guardianship Bill at the earliest possible date in order to end the legal contradictions that currently apply.

Amended motion carried

22 The IMO calls on the Minister for Health & Children and the HSE to end the current post-code lottery which currently exists and in its place roll out a dedicated old age psychiatry service throughout the country.

Carried

23 The IMO calls on the Minister for Communications, in conjunction with the relevant stakeholders, to develop national media guidelines in respect of reporting on an individual's mental health issues.

Amended as: The IMO calls on the Minister for Communications and the Minister for Health & Children, in conjunction with the relevant stakeholders, to develop national media guidelines in respect of reporting on an individual's mental health issues.

Amended motion carried

24 The IMO demands clarification from the Minister for Finance & the Minister for Health on whether the €42m promised by Minister Moloney in January 2009 and the €43m "new money" promised by Minister Lenihan in December 2009 for Mental Health service development are the same or different financial undertakings.

Carried

IRISH MEDICAL ORGANISATION
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GENERAL MOTIONS 2010

25 The IMO seeks clarification from the Minister for Health and Children as to when the monies promised to implement *A Vision for Change* will be released and can she transparently guarantee that these monies will be appropriately and transparently allocated.

Amended as: The IMO seeks clarification from the Minister for Health and Children as to when the monies promised to implement *A Vision for Change* will be released and report on their allocation in a timely fashion.

Amended motion carried

26 The IMO supports the retention of ECT as a treatment option for severe depression that is resistant to other therapies.

Carried

27 The IMO seeks the restoration to the Mental Health services by the HSE the €24m allocated to the implementation of *A Vision for Change* it purloined in 2007/2008 and diverted from the psychiatric services.

Carried

28 The IMO deplores the reduction of staff numbers in the Mental Health services and seeks a statement from the Minister for Health on this change in direction from that espoused in *A Vision for Change* that recommends an increase in staffing of 1800 people over the 7-10 years of implementation of this policy.

Carried

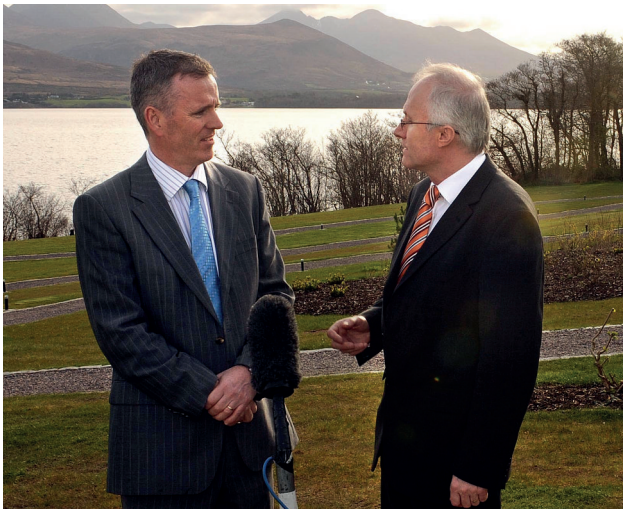
Road Safety

29 The IMO calls on all local authorities to introduce a speed limit of 30kph in all urban and residential areas.

Carried

30 The IMO calls on the Government to enact the proposed legislation to reduce the legal drink driving limit without delay.

Carried



Dr Ronan Boland with RTÉ Health Correspondent, Fergal Bowers

31 The IMO calls on the Government to implement legislation for the mandatory testing of all drivers in injury crashes without delay.

Amended as: The IMO calls on the Government to implement legislation for the mandatory testing for alcohol and other substances of all drivers in injury crashes without delay.

Amended motion carried

32 The IMO calls on the Government to introduce legislation to ensure that all persons guilty of drink driving go for mandatory rehabilitation and assessment

Amended as: The IMO calls on the Government to introduce legislation to ensure that all persons guilty of drink driving go for mandatory assessment & are offered rehabilitation.

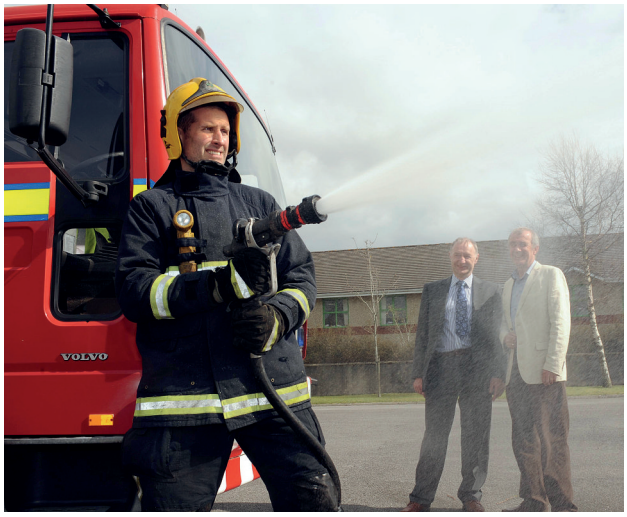
Amended motion carried

Alcohol, Tobacco and Drugs

33 The IMO calls on the Minister for Health and Children to publish a Public Health Bill on Alcohol as a matter of urgency.

Carried

GENERAL MOTIONS 2010



Drs Fenton Howell and Declan Bedford with Killarney Fire Officer. Their proposed motion to ensure new houses are fitted with sprinkler systems was carried at the Motions debate (see No. 40).

34 The IMO calls on the Minister for Finance to adequately resource the Revenue Commissioners to tackle tobacco smuggling.

Carried

35 The IMO calls on the Government to introduce a minimum price on alcohol products sold for consumption off the premises in which it is purchased.

Carried

36 The IMO calls on the Government to work with Northern Ireland to introduce a minimum price for alcohol products on an all island basis.

Carried

37 The IMO calls on the Minister for Finance to increase taxes on alcohol in the next budget.

Carried

38 The IMO calls on the Minister for the Environment to introduce an environmental tax on tobacco products to be paid by the Tobacco Industry.

Carried

39 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the next budget and all other tobacco products pro rata.

Carried

Building Regulations

40 The IMO calls on the Government to introduce legislation to ensure that all new houses and all substantial refurbishments are fitted with sprinkler systems to reduce injury and death in fires.

Carried

41 The IMO calls on the Minister for the Environment to introduce legislation that facilitates house owners, shopkeepers and other building owners in making footpaths outside of their buildings safe in respect of ice and snow.

Amended as: The IMO calls on the Minister for the Environment to introduce legislation that obliges owners of premises to make footpaths outside their buildings safe in respect of ice & snow or pay the public authority to do so.

Amended motion carried

42 The IMO calls on the Government to introduce legislation that requires vendors of buildings to provide a recent (within 12 months) certified measurement of radon.

Carried

Environmental

43 The IMO fully supports the World Medical Association Declaration on Health & Climate Change (2009) and calls on the Government to make it a priority for 2010 and beyond.

Carried

Developing Countries & Medicines

44 The IMO urges the Irish Government and the EU to ensure that EU intellectual property policy is not in conflict with its development objectives and that the EU support research and development so as to meet the needs of people in developing countries.

Carried

GENERAL MOTIONS 2010

45 The IMO supports the "Patent Pool" initiative of UNITAID to make new medicines available in patient-adapted form, at lower prices, for low and middle income countries.

Carried

Pharmaceuticals

46 The IMO calls for increased regulation of Health Information Campaigns directed at the public via the media where such campaigns are funded by the pharmaceutical industry.

Carried

47 This meeting supports the provision of appropriate, non directional, educational material on new therapies for doctors.

Amended as: In order to limit pharmaceutical industry influence on doctor prescribing this meeting supports the provision of appropriate, non directional, educational material on new therapies for doctors.

Amended motion carried

Medical Education & Training

48 The IMO calls on the Department of Health & Children, the Department of Education and other relevant bodies to increase the number of career posts so as to match the number of medical graduates and that such planning be in line with the long term manpower requirements for the Irish health services.

Amended as: The IMO calls on the Department of Health & Children, the Department of Education and other relevant bodies to increase the number of specialist posts so as to match the number of medical graduates and that such planning be in line with the long term manpower requirements for the Irish health services.

Amended motion carried

49 The IMO reiterates its opposition to the HPAT exam and calls on the Minister for Education and the CAO to publish any implications the introduction of the HPAT exam has had in respect of those candidates who were successful in their applications to study medicine.

Carried

Dr Liam Lynch and Dr Linda Hamilton

50 The IMO calls on the Department of Health & Children, the Department of Finance and other relevant bodies to investigate the branding of private HPAT courses as PreMed Courses.

Amended as: The IMO calls on the Department of Health & Children, the Department of Finance, Irish Medical Council and other relevant bodies to investigate the branding of private HPAT courses as PreMed Courses.

Amended motion carried

51 If the HPAT exam system is to continue the IMO calls on the Minister for Education to ensure that the exam is scheduled earlier in the school year and in a wider range of centres around the country so as not to disadvantage any group of students.

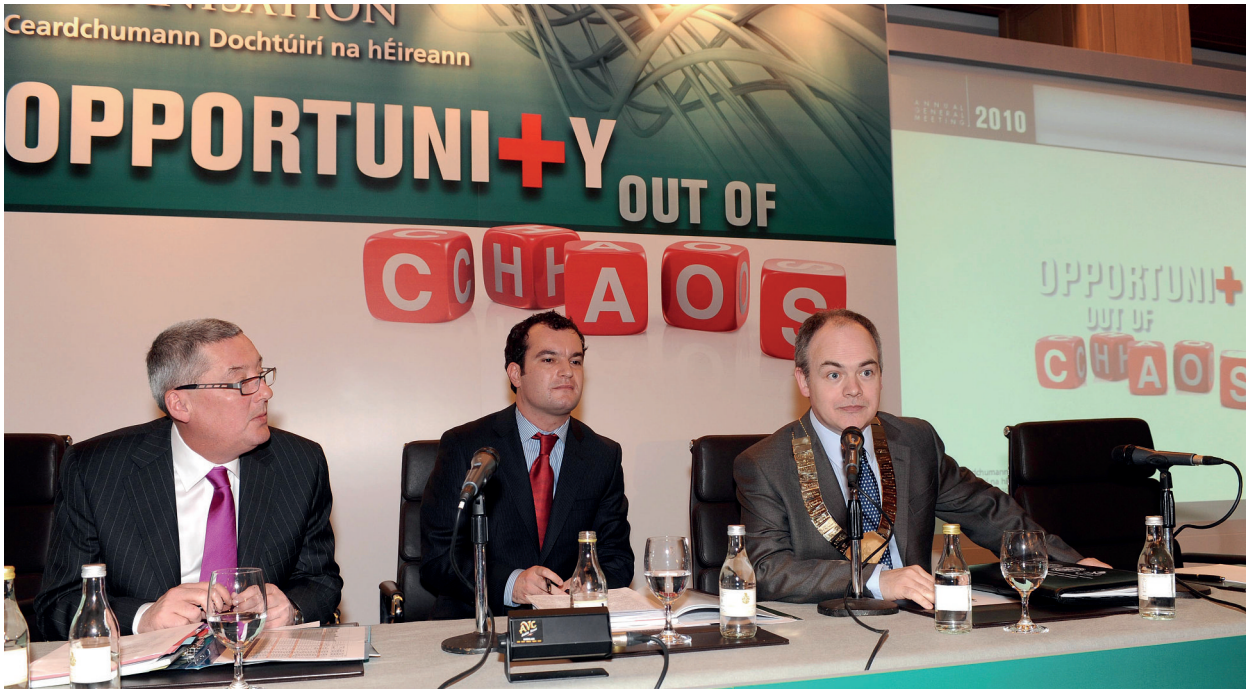
Carried

52 This IMO, noting recent reports from the ESRI and the Competition Authority, calls on the HSE to immediately introduce a fast-track two year GP training programme, as agreed with the ICGP in 2008.

Amended as: The IMO, noting recent reports from the ESRI and the Competition Authority, calls on the HSE to immediately introduce a fast-track two year GP training programme for those with appropriate prior experience, as agreed with the ICGP in 2008.

Amended motion carried

GENERAL MOTIONS 2010



Mr George McNeice, IMO Chief Executive, Dr John Morris immediate Past President and Prof Seán Tierney newly elected President of the IMO

Primary Care Teams

53 In light of the HSE's "Preferred Hospital System" which plans to cut in-patient beds from 11,660 to 8,834 by 2021, the IMO condemns the HSE for failing to implement physical, as opposed to virtual, primary care teams.

Motion referred to Council

Stroke Services

54 The IMO calls on the Minister for Health & Children to publish the full report and recommendations of the Cardiovascular Review Group together with a detailed implementation plan.

Carried

55 The IMO calls on the Minister for Health & Children and the HSE to ensure that all hospitals receiving acute stroke patients have proper resources, individually and as part of a stroke network partnership, for a pathway of care that includes acute stroke unit care, 24/7 stroke thrombolysis, full multidisciplinary team stroke rehabilitation with adequate specialist geriatric medicine, neurology and rehabilitation medicine input.

Carried

56 Stroke can be prevented and the IMO calls on the Minister for Health and the HSE to ensure that all patients with a Transient Ischaemic Attack have access to same day rapid assessment clinics, at their local hospital or as part of a stroke network partnership, with specialist geriatric, neurology and vascular surgery input with supportive diagnostics.

Carried

57 Stroke can be prevented or its affects ameliorated with timely intervention and the IMO calls on the Minister for Health & Children and the HSE to support an awareness programme, in conjunction with the Irish Heart Foundation Council on Stroke, to increase public knowledge about the symptoms and signs of stroke.

Carried

Medical Cards

58 The IMO calls on the Government to ensure that the right to a medical card previously granted to all persons Over 70 be restored immediately to all persons Over 80 on the grounds that they are vulnerable on medical, social and financial grounds.

Carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

GENERAL MOTIONS 2010

Long Term Illness Scheme

59 This AGM calls for an urgent extension and review of the Long Term Illness Scheme in order that a transparent criteria of eligibility can be defined which more accurately reflects patient needs.

Carried

Emergency Departments

60 This meeting recommends that minor injuries/illness cannot be treated in Emergency Departments without a GP Letter in the context of reducing the already onerous burden on our Emergency Departments.

Amended as: This meeting recommends that minor injuries/illness should not be treated in Emergency Departments without a GP Letter in the context of reducing the already onerous burden on our Emergency Departments.

Amended motion carried

61 This meeting recommends that all costs be recovered from persons treated for intoxication in the context of reducing the burden on our health services.

Defeated

Drug Costs

62 The IMO calls on the Minister for Health & Children to implement the IMO's proposal to reduce the State's drug costs.

Carried

Alternative Treatments

63 This meeting calls for the licensing of alternative/complementary medicine practices, based on proven effectiveness.

Amended as: This meeting calls for the regulation of alternative/complementary medicine practices.

Amended motion carried

Colorectal Cancer

64 The IMO welcomes the announcement on Colorectal Cancer Screening in Ireland and calls on the Minister to ensure adequate funding is available for a national rollout on an equitable basis around the country.

Carried

Organ Procurement Service

65 The IMO congratulates the Organ Procurement Service for outstanding achievement in relation to organ donation and transplantation in 2009 and calls on the Department of Health & Children to provide adequate resources to allow the relevant services to expand to meet the needs of the population.

Carried

Obesity

66 The IMO calls on the Minister for Health & Children to implement a parental education campaign aimed at tackling the growing crisis of childhood obesity.

Carried

Universal Health Systems

67 The IMO calls on the Government to publish it's plans in relation to Universal Health Systems and to ensure that any proposed Universal Health System espouses the principles of equity and fairness as outlined in the IMO Principles for Universal Health.

Amended as: The IMO calls on the Government to outline its position in relation to Universal Health Systems and to ensure that any proposed Universal Health System espouses the principles of equity and fairness as outlined in the IMO Principles for Universal Health.

Amended motion carried

68 The IMO, in the interest of natural justice, supports and promotes the introduction of a Universal Health Care System.

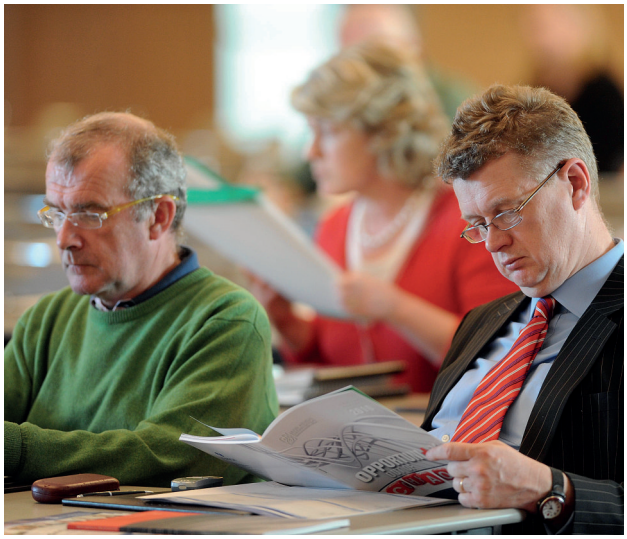
Amended as: The IMO, in the interest of natural justice, supports and promotes the introduction of a Universal Health Care System free at the point of contact.

Amended motion carried

69 The IMO calls on the Government and the Department of Health & Children to explore the implementation of a Universal Health Insurance scheme in order to ensure more equitable access to health care.

Carried

GENERAL MOTIONS 2010



Dr Declan Bedford and Prof Joe Barry at the AGM in Killarney, Co Kerry

Appointments to Medical Council and HSE

70 The IMO calls on the Government, in the interest of transparency and accountability, to amend the necessary legislation so that all proposed non-elected members of the Medical Council would be required to appear before and gain approval of the Oireachtas Joint Committee on Health & Children prior to taking up position.

Carried

71 The IMO calls on the Government, in the interest of transparency and accountability, to amend the necessary legislation, so that all proposed non-elected members of the HSE Board, would be required to appear before and gain approval of the Joint Oireachtas Committee on Health and Children prior to taking up position.

Carried

Medical Manpower

72 The IMO calls on the Department of Health & Children and the HSE to confirm that the recommendations of the report of the National Task Force on Medical Staffing will not be implemented.

Amended as: The IMO calls on the Department of Health & Children and the HSE to confirm that the targets set in the report of the National Task Force on Medical Staffing have not and will not be met and calls on the Department of Health and Children to engage with the IMO to discuss reachable targets in this regard.

Amended motion carried

73 The IMO condemns the Department of Health & Children and the HSE for the selective implementation of the Hanley, Buttimer and Fottrell Reports in such as way as to create mass emigration of highly trained doctors.

Amended as: The IMO condemns the Department of Health & Children and the HSE for the selective implementation of the Hanley, Buttimer and Fottrell Reports in such a way that it has led to a mass emigration of highly trained doctors.

Amended motion carried

74 The IMO demands that the Department of Health & Children and the HSE address the significant imbalance in the NCHD:Consultant ratio in Irish hospitals which was recognised in the Tierney Report (1993) as leading to "career bottlenecks" and "an excess of medical trainees".

Carried

75 This meeting calls upon the Minister for Health to explain the reason why, almost a decade after the publication of the Hanly Report, there is no apparent connection between the numbers of doctors undertaking higher specialist training and the current and workforce requirements of the Irish public health service.

Amended as: This meeting calls upon the Minister for Health to explain the reason why, almost a decade after the publication of the Hanly Report, there is no apparent connection between the numbers of doctors undertaking higher specialist training and the current and future workforce requirements in the Irish health service.

Amended motion carried

Co-Location/Private Hospitals

76 The IMO calls on the Government to remove tax breaks towards the development of private hospital facilities and offer tax breaks to initiatives that promote health and prevent illness.

Amended as: The IMO calls on the Government to remove tax breaks towards the development of private hospital facilities and offer tax breaks to initiatives that promote health and prevent illness in a more equitable manner.

Amended motion carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

GENERAL MOTIONS 2010

Dr Fergus Macnamara at the AGM Motions debate

77 This AGM rejects co-located private hospitals as these hospitals are not subject to the Cancer Strategy, Freedom of Information, the Ombudsman or HIQA.

Motion referred to Council

Centralisation of Services

78 This AGM deplores the continued centralisation of services without adequate resourcing of the centre nor proper support for the decentralised areas.

Motion fell

Fair Deal Scheme

79 The IMO calls on the Minister for Health and Children to review implementation processes and equity on 'Fair Deal' for patients.

Amended as: The IMO calls on the Minister for Health and Children to review implementation processes and equity on the Nursing Home Support Scheme for patients.

Amended motion carried

80 This AGM regrets that the effect of the pricing of public longstay units under the "Fair Deal" scheme has been to reduce access to public units for many elderly and disabled patients who would benefit from the more intensive nursing and therapy support than is available in the private sector.

Amended as: This AGM regrets that the effect of the pricing of public longstay units under the "Nursing Home Support Scheme" scheme has been to reduce access to public units for many elderly and disabled patients who would benefit from the more intensive nursing and therapy support than is available in the private sector.

Amended motion carried

81 This AGM deplores the ongoing closure of public long-stay beds as a result of staffing difficulties created by the recruitment embargo and by the pricing of these units as a result of the "Fair Deal" Scheme.

Amended as: This AGM deplores the ongoing closure of public long-stay beds as a result of staffing difficulties created by the recruitment embargo and by the pricing of these units as a result of the "Nursing Home Support Scheme".

Amended motion carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

CONSULTANT MOTIONS 2010

IMO Consultants meeting at the AGM in Killarney, Co Kerry with Prof Seán Tierney, President and IMO Chief Executive Mr George McNeice

Medical Practitioners Act

1 This National Consultants meeting calls for the Medical Practitioners Act to be amended to include the requirement for Irish registration for Doctors outside the state supplying medical services to this State.

Carried

Fair Deal Scheme

2 IMO Consultants note the practical difficulties for hospitals and for patients created by the complexity of the "Fair Deal" Nursing Home Support Scheme and call on the government to amend the legislation.

Carried

Co-Location

3 IMO Consultants believe that co-located private hospitals are neither equitable for patients nor cost-effective for the state and are the wrong solution for Ireland.

Carried

Reconfiguration of Services

4 Given the problems observed in the hospitals in the North-East and uncertainty regarding the outcome to date in the Mid West, this AGM calls on the Minister for Health and the Board of the HSE to postpone re-configuration of HSE hospitals in the South.

Carried

Public Sector Posts

5 This meeting calls on the HSE to adhere to the Code of Practice guidelines for all public sector posts.

Amended as: This meeting calls on the HSE to confirm it is adhering to the Code of Practice guidelines for all public sector appointments.

Amended motion carried

Accident & Emergency

6 This National Consultants meeting calls on the Minister for Health and the Board of the HSE to acknowledge that 500 patients are being treated on trolleys in A&E departments because the hospital wards are full, while 800 patients remain in those hospital wards who need nursing home care, and calls them on them to address this situation urgently.

Amended as: This National Consultants meeting calls on the Minister for Health and the Board of the HSE to acknowledge that 500 patients are being treated on trolleys in A&E departments which is inappropriate for a variety of reasons and calls on them to engage with us to address this situation urgently.

Amended motion carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

GENERAL PRACTITIONER MOTIONS 2010

Dr Bernard Ruane, Dr Ray Walley and Dr Jim Keely

Representation & Negotiating Issues

1 The IMO calls on the Taoiseach to facilitate an early enactment of the proposed amendment to Section 4 of the Competition Act as provided for in the government undertaking following discussions in relation to the provision of medical card services to the Over 70s.

Carried

2 The IMO calls on the HSE to honour Government policy as outlined in the Government's undertaking to amend Section 4 of the Competition Act and engage with the IMO on matters relating to the GMS and all other publicly funded state schemes.

Carried

3 This meeting maintains the right of the IMO, the representative body for General Practitioners in Ireland, to represent its members on all matters relating to the GMS and other publicly funded state schemes.

Carried

4 This meeting calls on the HSE to stop the policy of non negotiation with the IMO and engage in constructive dialogue with the profession in medical matters of national importance.

Carried

5 The North East Branch of the IMO deplores the unwillingness of the HSE to negotiate with the IMO relating to changes in work practices within primary care. All negotiations should take place through the IMO.

Carried

6 This meeting demands that, as the representative body for GPs, the IMO should be represented on all committees or steering groups relating to General Practice.

Motion deferred

7 This meeting calls for national discussions with the IMO on any issues which arise from the introduction of new services as they affect General Practice before being implemented at local level.

Motion fell

GMS Contract & PCRS

8 This meeting calls on the IMO to negotiate with the HSE so as to ensure that the real costs of providing services to GMS patients are identified and re-imbursed to General Practitioners.

Carried

9 This meeting calls on the IMO to engage with the HSE in introducing rational, cost effective medical practice.

Amended as: This meeting calls on the IMO to engage with the HSE to promote rational, cost effective medical practice.

Amended motion carried

10 This meeting calls on the HSE to urgently engage with the IMO and negotiate shared care protocols in the area of chronic disease management for GMS patients and that General Practice be properly resourced by the PCRS in this regard.

Amended as: This meeting calls on the HSE to urgently engage with the IMO and negotiate shared care protocols in the area of chronic disease management for all GMS patients and that General Practice be properly resourced by the PCRS in this regard.

Amended motion carried

GENERAL PRACTITIONER MOTIONS 2010

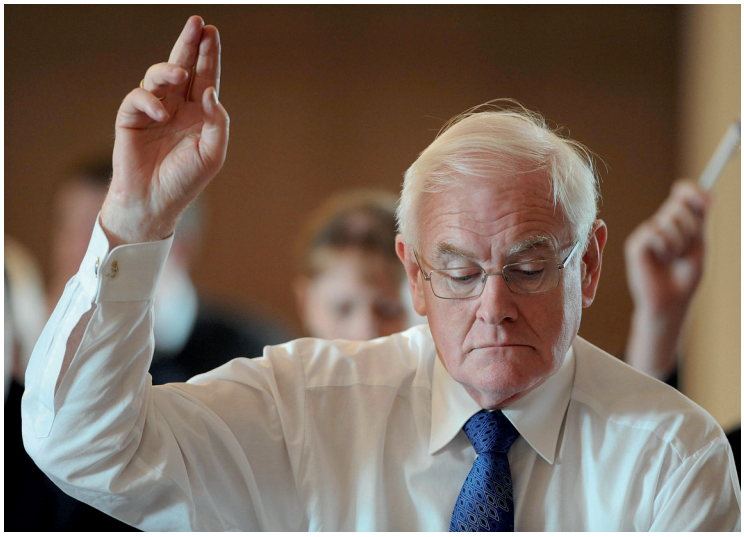
11 This meeting calls on the PCRS to engage with the IMO to review the special items of service list so as to ensure it reflects the actuality of service provision in modern general practice i.e. Audiometry, Spirometry, Joint Injections.

Amended as: This meeting calls on the PCRS to engage with the IMO to review the special items of service list so as to ensure it reflects the actuality of service provision in modern general practice i.e. Audiometry, Spirometry, Joint Injections and Blood Pressure Monitoring.

Amended motion carried

12 This meeting calls on the HSE to ensure that any GMS doctor wishing to dispense in the GMS be accommodated
to do so.

Motion fell



Dr Ken Egan

13 The IMO will strongly resist any attempt by the PCRS to unilaterally change the terms of the GMS Contract including contractual provisions in relation to STCs.

Carried

14 The IMO demands that the PCRS provide transparent details of all payments made to General Practitioners for services provided under the GMS and other publicly funded schemes.

Amended as: The IMO demands that the PCRS provide to doctors details of all payments made to them for services provided under the GMS and other publicly funded schemes.

Amended motion carried

15 The IMO demands that GP queries to the PCRS regarding payments and allowances be addressed promptly and that GPs be provided with a clear and comprehensive response.

Carried

Locums & Sessional Doctors

16 This meeting calls on the IMO to make representations to the Revenue Commissioners and the Ministers for Finance, Health & Children in respect of the tax treatment of short term locums and sessional doctors and the adverse consequences this will have on the provision of General Practitioner services.

Amended as: This meeting calls on the IMO to continue to make representations to the Revenue Commissioners and the Ministers for Finance, Health & Children in respect of the tax treatment of short term locums and sessional doctors and the adverse consequences this will have on the provision of General Practitioner services.

Amended motion carried

Medical Cards

17 This meeting deplores the systemic failure of the centralisation of medical card applications which has resulted in difficulties for patients and GPs and calls for enforceable deadlines to be put in place for the approval of medical cards following receipt of relevant documentation.

Carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

GENERAL PRACTITIONER MOTIONS 2010


Dr Ray Hawkins

Prescription Charges

18 This meeting calls on the PCRS to ensure that dispensing GPs are not burdened with the administrative requirements of collecting money in respect of the 50c charge per item on GMS prescriptions.

Carried

GPs and Hospital Admission Protocols

19 This meeting calls for hospital admission protocols, as they relate to GPs, to be evaluated and agreed at national level by the IMO.

Amended as: This meeting calls for hospital admission guidelines and discharge guidelines, as they relate to GPs, to be evaluated and agreed at national level by the IMO.

Amended motion carried

Reporting of Adverse Reactions to Medicines

20 This meeting calls for a fee to be negotiated for reporting adverse affects of medications to reflect the costs associated with the reporting process.

Motion referred to Council

Transfer of Services to Primary Care

21 The IMO reiterates that the development of primary care is not a substitute for adequate secondary and tertiary care services.

Motion deferred

22 The IMO demands that the HSE stop its continued closure of acute local hospital services and demands that the HSE acknowledge the concerns of GPs nationally that patient care is being compromised by this plan.

Carried

23 This meeting calls on the HSE to provide resources to General Practice so as to ensure patients are treated and managed in the most appropriate setting.

Carried

Continuing Medical Education

24 This meeting calls on the relevant authorities to ensure that continuing medical education be cost neutral to GPs.

Carried

Cervical Smear

25 This meeting calls on the Minister for Health to use her good offices to request the National Cancer Screening Service to allow opportunistic smear taking for high risk patients, under the cervical screening programme.

Carried

Mental Health Act

26 This IMO calls on the Mental Health Commission to review the role of the GP in terms of medico-legal implications as they pertain to the Mental Health Act and additionally review the cost implications for GPs in respect of the Mental Health Act.

Carried

GENERAL PRACTITIONER MOTIONS 2010

District Hospital Medical Officers

27 This meeting calls on the IMO to lodge a claim for the implementation of the salary agreed for District Hospital Medical Officers in 2008.

Carried

Manpower

28 The IMO deplores the failure of the HSE to genuinely engage in the ever increasing manpower crisis and demands that it provide adequate resources for the training of more GPs.

Carried

Out-of-Hours Service

29 This meeting calls on the IMO to request that the HSE not unilaterally change the Service Level Agreement for the out-of-hours service provided for by NEDOC.

Motion deferred

30 The IMO warns the HSE that any attempt to reduce support to GP out-of-hours services may lead to a reduction in service and as a consequence an increase in hospital workload.

Carried

Nursing Home Regulations

31 This meeting calls on the IMO to ensure that the new HIQA regulations pertaining to patient care in private nursing homes is the responsibility of the nursing homes to comply with and fund accordingly.

Motion referred to Council

Clinical Directors

32 This IMO calls on the HSE to appoint a network of Clinical Directors for General Practice to mirror the hospital based clinical directorates.

Carried

Prescription Charges

33 The IMO objects to the Government decision to introduce a charge of 50c per item on GMS prescriptions.

Carried

Vaccinations

34 That vaccines for the general population be administered by General Practitioners.

Motion referred to Council

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

NCHD MOTIONS 2010

IMO President, Prof Seán Tierney with Dr Matthew Sadlier and Shirley Coulter, IMO Senior Industrial Relations Executive at the NCHD Meeting during the AGM

Role of NCHD

1 This meeting calls on the HSE in conjunction with the IMO to:

a) define clearly the roles which an NCHD should perform and not perform in a hospital and

b) subsequent to this provide sufficient resources to prevent NCHDs from engaging in non-clinical activities which are a poor use of time and resources."

Carried

NCHD Contract

2 The IMO calls on the HSE to honour contractual entitlements to educational leave for all NCHDs.

Amended as: The IMO calls on the HSE and all HSE funded agencies and all other employers of NCHDs to honour contractual entitlements to educational leave for all NCHDs.

Amended motion carried

3 The IMO calls on the HSE, and all HSE funded agencies and all other employers of NCHDs to ensure equity of application of contractual terms and conditions.

Carried

4 Following agreement on a new NCHD Contract this meeting supports the process by which all NCHD overtime hours are paid and calls on the HSE and all its hospital staff to ensure that payment is made as per the terms of the new contract.

Carried

5 The IMO condemns all hospitals who breach the Payment of Wages Act in relation to NCHDs and calls for all such breaches to be investigated with due haste.

Carried

6 The IMO calls on the Department of Enterprise and Employment and the HSE to investigate any reported instance of a failure to correctly pay NCHDs according to the terms of the NCHD Contract.

Carried

7 The IMO calls upon the HSE, in view of the ongoing difficulties of NCHDs to be correctly paid for hours worked, to introduce a transparent mechanism to resolve such disputes.

Amended as: The IMO calls upon the HSE, in view of the ongoing difficulties of NCHDs to be correctly paid for hours worked, to introduce a timely local transparent mechanism to resolve such disputes.

Amended motion carried

Training

8 The IMO calls on the Postgraduate Training Bodies and the HSE to fully support NCHDs when they become pregnant, support necessary changes to their rostering and allow them to continue aspects of their training whilst on maternity leave to expedite their training.

Amended as: The IMO calls on the Postgraduate Training Bodies and the HSE to fully support NCHDs when they become pregnant, support necessary changes to their rostering and allow them to continue aspects of their training whilst on maternity leave to expedite their training and to adopt a proactive, sympathic approach to NCHDs who have children.

Amended motion carried

NCHD MOTIONS 2010

9 The IMO calls on the Post Graduate Training bodies and the HSE to recognise the massive social, family and personal disruption that often results from training as a NCHD in Ireland. The IMO calls on these parties to incorporate a more sympathetic approach to the geographical placement of married NCHDs and couples, especially when NCHDs have children.

Carried

10 This meeting calls upon the training bodies to implement a national strategy to direct and support research undertaken by Higher Specialist Trainees to meet the needs of patients, the health care system and trainees themselves.

Carried

Dr Maitiu O'Faolain, Dr Eimhín Ansbro and Dr Elizabeth Barrett at the IMO AGM

11 This meeting welcomes initiatives such as the Fixed Term Training Appointment which enables NCHDs not participating in Higher Specialist Training to achieve competence assurance and certification under the auspices of a training body.

Carried

12 The IMO calls on the Post Graduate Medical Education and Training Committee of the HSE to commission and publish a survey of all the higher specialist trainees who have participated on the Higher Specialist Training Programme to assess:

a) How many undertook further additional training abroad

b) How many, having completed further additional training, remained abroad

Carried

13 The IMO calls on the HSE and the post graduate training bodies to reorganise the recruitment to and organisation of higher specialist training schemes so as to give each entrant on to such schemes a realistic possibility of permanent employment at the end of training, thus ending the current mass emigration of trained specialist doctors.

Carried

14 The IMO calls on the HSE to ensure a national e-library, accessible by all NCHDS, is developed as an important aid to NCHD training. The library content should be agreed with the IMO and the training bodies.

Amended as: While the IMO acknowledges progress in this area to date the IMO calls on the HSE to ensure a national e-library, as an important aid to NCHD training is accessible by all NCHDS. The library content should be agreed with the IMO and the training bodies.

Amended motion carried

15 The IMO calls on the HSE to guarantee funding of educational materials (eg. Books, Journals) from the personal development fund for NCHDs.

Amended as: The IMO calls on the HSE to guarantee funding of educational materials & equipment (eg. Books, Journals) from the personal development fund for NCHDs.

Amended motion carried

16 Following the removal of the entitlement to purchase a laptop computer and medical software from the training grant for NCHDs, the IMO calls upon the Revenue Commissioners to make provision for the purchase of such items by NCHDs to be tax deductible.

Carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

NCHD MOTIONS 2010

Bleeping Protocols

17 This meeting calls on the HSE to develop a national policy pertaining to the bleeping of NCHDs out of hours as such a policy could reduce the amount of overtime that is currently necessary.

Amended as: This meeting calls on the HSE to develop a national policy pertaining to the bleeping & otherwise contacting of NCHDs out of hours as such a policy could reduce the amount of overtime that is currently necessary.

Amended motion carried

Medical Council

18 This AGM calls upon the Medical Council to, as a matter of urgency, clarify the registration status of Higher Specialist Trainees on out of programme years and undertaking research post.

Amended as: This AGM calls upon the Medical Council to, as a matter of urgency, clarify the registration status of Higher Specialist Trainees on out of programme years, undertaking research posts & in less than full time training posts.

Amended motion carried

Hospital Facilities

19 The IMO calls on the HSE to engage with the IMO to review and update the required standards for hospital residences.

Carried

20 The IMO calls on the HSE to mandate medical manpower managers to conduct and publish an annual report on medical residences in their hospitals.

Carried

New Interns

21 This AGM calls upon the Medical Council, the Medical Schools and the HSE to engage with the IMO in communicating with medical students to clarify for them the forthcoming changes to the structure of the intern year.

Carried

Co-Location

22 The NCHD Committee of the IMO calls on the HSE not to proceed with the inequitable health care provision and promotion of a profit-driven private health care service that would be created by co-location and instead provide health care aligned with the social health care ideals of the majority of doctors and citizens of Ireland.

Carried

PUBLIC HEALTH DOCTOR MOTIONS 2010

Regrading of Area Medical Officers

1 That the IMO would use intensify its efforts to support the restructuring of AMO/SMO grades and abolish the present anomaly whereby doctors doing similar work are paid at different pay scales.

Carried

2 This meeting calls on the HSE to press on the Department of Finance to have the remaining AMOs paid the same rate as their SMO colleagues. Both grades fulfill the same function in the community medical services.

Carried

Dr Paula Gilvarry and Mr Anthony Owens, IMO welcome Prof Seán Tierney to the Public Health Meeting during the AGM

Asylum Seekers

3 That the IMO would support the work of Departments of Community Health in continuing to provide screening services for asylum seekers.

Amended as: That the IMO would support the work of Departments of Community Health in continuing to provide screening services for asylum seekers and that vacant posts in the service be filled.

Amended motion carried

Study Leave

4 IMO doctors in Community Medicine call on the HSE to allow access to the full study leave entitlement provided for medical officers in Circulars 10/71 and 146/72. The omission of these study leave entitlements form the HSE terms and conditions of employment document should be so amended.

Carried

Benchmarking

5 This meeting calls on the HSE to press the Department of Finance to honour payment of the Benchmarking award to community health doctors. This is an acknowledgement of the trojan work carried out by community health doctors in the H1N1 mass vaccination centres and schools during the swine flu pandemic.

Carried

Vaccination Programmes

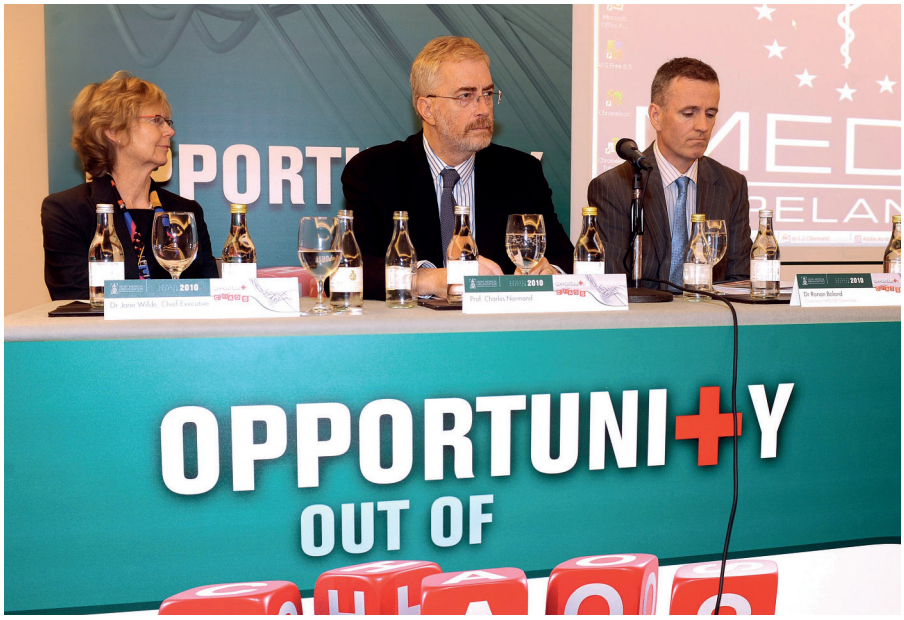
6 This AGM urgently requests that the Department of Health & Children and the HSE acknowledge the need for adequately resourced mass vaccination teams for the HPV Vaccination Programme and any other future mass vaccination requirements.

Amended as: This AGM urgently requests that the Department of Health & Children and the HSE acknowledge the need for adequately resourced mass vaccination teams & IT systems for the HPV Vaccination Programme and any other future mass vaccination requirements.

Amended motion carried

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Scientific Sessions 2010



Dr Jane Wilde
Prof Charles Normand
Dr Ronan Boland –
Guest Speakers on *Health and Medicine in Recession*

SCIENTIFIC SESSION I: Health and Medicine in Recession

Practicing Medicine with Reduced Resources

Dr Ronan Boland

Dr Ronan Boland – Chair IMO GP Committee discussed the impact of the recession on medical practice and the professional challenges for doctors advocating on behalf of their patients.

While there is a shortage of general data on the impact of the recession, Dr Boland first examined changing statistics for unemployment, medical card holders and private health insurance. The number of unemployed has more than doubled since January 2008 from 196,700 to 433,000. The number of people holding medical cards has increased by more than 200,000 in the same period, and is predicted to increase to 1.7 million by the beginning of 2011. On the other hand the number of people with private health insurance is falling.

Dr Boland then looked at what type of people had been most affected. Research from the Pfizer Index 2009 shows that the recession has impacted most on males, parents, 25-49 year olds and urban dwellers. Not surprisingly unemployed people have been most affected.

With regard to the effect of recession on the 'coal face', Dr Boland discussed the impact on patients including the increase in illness related to financial worries and job uncertainty, the upsurge in drug and alcohol problems and problems resulting from the cost of care with patients not complying with treatment or delaying seeking care due to cost. There are also difficulties obtaining entitlements to medical cards and other benefits as existing offices are overwhelmed.

In terms of the impact on General Practice, Dr Boland reported that GPs have by and large had to absorb the reduction in fees and resources to date. There are more patients with medical cards who are wholly reliant on the public health services. Local hospital services are closing with no commensurate strengthening of community services and thus overburdening the remaining hospital services.

While GMS fees have been reduced, GP overheads remain the same. Most GPs have absorbed the cuts however as income falls the viability of Practices is threatened.

90% of GPs say the GMS subsidies are inadequate to meet the cost of employing the necessary staff. So far 21% of Practices have had to cut staff in the last year, and 67% have said they may have to cut staff levels this year if there are further cuts in GMS income. Reduced staffing levels means doctors may not be able to carry out as much pro-bono work (phlebotomy, warfarin monitoring, chronic

disease management) and cases could be referred earlier to secondary care, placing further pressure on services.

Dr Boland also discussed the professional challenges for doctors advocating on behalf of their patients. It is the responsibility of doctors to advocate for, inform and advise the society they serve dispassionately and without self-interest yet often they are accused of acting in their vested interest. He raised the issue of the media 'cheapening' public debate on health. Doctors are proud of what they do and most patients are happy with the service they receive. This is not often reflected in the media and the odd good news story would not go astray.

The take-home message was that the recession will end. Mistakes made in the 1980s must be avoided. The improvements of the last decade are there to be built on and meaningful change will best be delivered with the involvement of all clinicians.

Dr Ronan Boland speaking on "Practicing Medicine with Reduced Resources" at the Scientific Seminar *Health and Medicine in Recession*

Mapping the Impact of Recession

Prof Charles Normand

Professor Charles Normand, Edward Kennedy Chair in Health Policy and Management, TCD considered the likely impact of the recession on health and the health system in Ireland.

Drawing on the analysis undertaken for the WHO Conference in Tallinn on Health systems, health and wealth Professor Normand assessed the effects of falling incomes on health, the potential role of better health as a factor in improving economic performance and the ways in changing economic circumstances will affect use of health services at all levels. The relation between health and wealth runs in both directions in that reduction in wealth affects the health of certain groups while the strongest driver of improved health is nearly always economic prosperity.

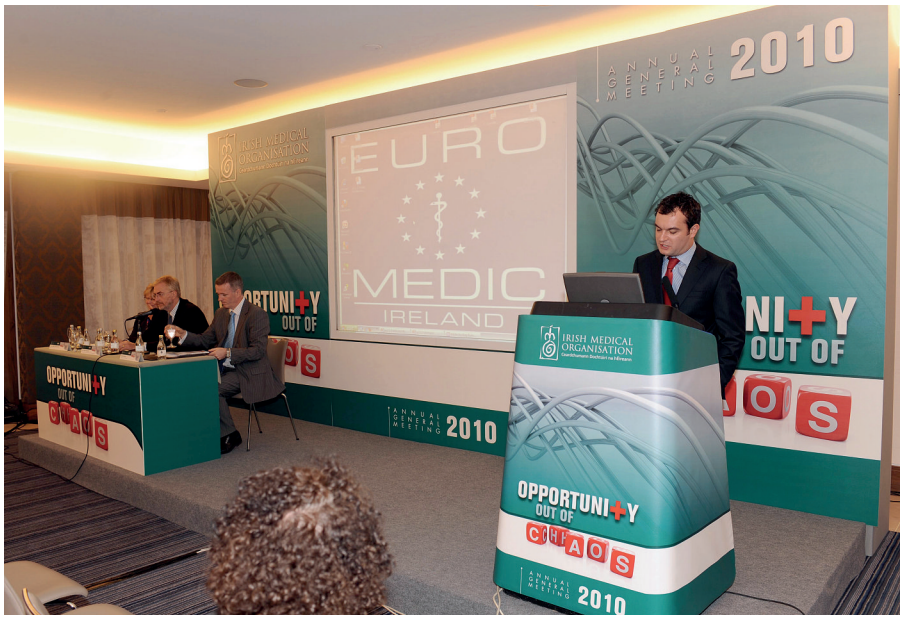
In discussing the effect of falling incomes Professor Normand gave examples that amongst men in Lanarkshire the poorest live 13.5 years less than the richest and at any age the risk of dying doubles for people who are made redundant.

Professor Normand also looked at the potential role of improved health on our economic recovery in that when health improves, rates of absenteeism and industrial accidents are reduced. Also improved life expectancy can increase productive capacity and capacity for informal care – particularly as life expectancy amongst men increases.

In terms of the use of health services there have not been overall dramatic drops in the use of services, except for people on low income. Fall in income may be expected to impact on demand for private health insurance though. By charging the full cost of private care in public hospitals premiums are likely to increase while at the same time insurance companies will probably negotiate cheaper fees from clinicians. It is important to put private health insurance in perspective. Quinn Health represents just 2% of the overall health care spend in Ireland while recent budget cuts to the HSE represent at least 8% of overall expenditure.

Ending on a positive note, Professor Normand spoke of the recession as an opportunity to make improvements in the organisation and delivery of health care in Ireland. One argument is that the whole public hospital stock should be rebuilt, as none operate in a well-configured setting. Another area for improvement is to change incoherent patterns of entitlement – currently some poorer income groups receive subsidized drugs but not GP visits and others receive subsidised GP visits but pay in full for pharmaceuticals. Professor Normand believes that while some bad decisions will be made but they shouldn't be as bad as those made in the 1980s.

Scientific Sessions 2010



Dr John Morris who Chaired the Scientific Seminar *Health and Medicine in Recession*

Are More Equal Societies Healthier?

Dr Jane Wilde

Dr Jane Wilde, Chief Executive of the Institute of Public Health opened with a quote

"All diseases have two causes, one pathological, the other political".

Virchow (1821-1902)

After briefly looking at challenges that affect us all such as an ageing population and obesity, Dr Wilde examined how the poor and the disadvantaged have much worse health than the rest of the population. There are staggering differences in health between social groups in Ireland. For example, there are higher mortality rates and higher incidents of heart disease amongst poorer socio-economic groups, almost half (47%) of people living in income poverty report having a chronic illness compared to 23% of the general population and Travellers live on average 10 to 12 years less than the general population.

Dr Wilde argued that is not sufficient to say that things may not get much worse, but rather how can we make things better for those who are affected. The WHO and the EU are examining health equity and the social determinants of health. Their focus is on how to improve daily living conditions, tackle the inequitable distribution of resources and how to adequately measure and understand the problem.

Referring to research by Wilkinson and Pickett, life expectancy is not related to income per head. Health is related to income differences within rich societies but not to differences between them. In countries where there are higher rates of income inequality, health and social problems are worse. The prevalence of mental illness, obesity, teenage birth rates and homicide rates are all higher in more unequal wealthy countries. Conversely more equal wealthier countries have higher levels of child well-being, levels of trust, educational scores and life expectancy.

In terms of income inequality Ireland rates higher than Denmark or Sweden. Dr Wilde asked why is it, that with what we know we do not address this issue?

"No variation in the health of states of Europe is the result of chance; it is the direct result of physical and political conditions in which nations live."

Farr (1807-1883)

Speakers Prof Martin Corbally, Dr Diarmuid McClean and Ms Eilish McAuliffe with Prof Seán Tierney, IMO President who Chaired the Seminar

SCIENTIFIC SESSION II: Developing Medicine in the Developing World

Affecting Change – Where Should the Aid Go

Ms Eilish McAuliffe

Eilish McAuliffe, Director from the Centre for Global Health TCD themed her presentation around her forthcoming book The Aid Triangle: Recognising the Human Dynamics of Dominance, Justice and Identity co-written with Malcolm MacLachlan and Stuart Carr.

The aim of her presentation was to provide a new constructive way for the audience to rethink the delivery of international aid. After providing a historical account of how the 'aid industry' has been developed and formalised, Ms McAuliffe explored how we need to change our perspective on aid and its delivery, primarily moving away from equating development only with economic growth.

Ms McAuliffe's presentation centred around how the three dynamics of dominance, justice and identity, interact and shape the relationships of aid as a first step to improving the processes and hopefully the effectiveness of aid development. Dominance in aid looks at the size of the donor countries, ie their aid budgets and the potential to perpetuate a power imbalance between funders and recipient countries. The main principles of justice and how those delivering the aid are being viewed as fair are also essential to rethinking aid, while the integrity of identity and the value of the individual should also be protected. Through the understanding of these relationships and their consequences, particularly the consequence of agendas of different actors within the entire structure of aid delivery, there is opportunity to develop new ways to effectively execute aid delivery for the benefit of recipients and their country.

In conclusion, Ms McAuliffe summarised that if there are aid systems that reinforce dominance and injustice and a disregard for the identity of the people, there can be no meaningful concept of 'development.' The shift of focus from measuring development from economic to human terms needs to be progressed for better outcomes of aid delivery.

The Irish Contribution to Global Health

Dr Diarmuid McLean

Dr Diarmuid McLean, Health Development Specialist, Irish Aid spoke to the session outlining the role of Irish Aid in assisting organisations in delivering aid in developing countries. Irish Aid supports organisations by providing guidance through strategic direction and conducts research to identify areas of development and to track global trends.

Another key service is linking partnerships and establishing networks to ensure a holistic approach in the delivery of aid. Developing partnerships is one of the key areas of Irish Aid's work, with their partnerships extending to Governments as the principal partner in a project; with non-government organisations delivering the physical work on the ground, be they Irish, international, mission services, in-country NGOs or non-state providers. Private philanthropy such as the Clinton Foundation and Irish institutions also make a significant partner in the relationship structure supporting Irish Aid.

The type of support provided by Irish Aid varies between specific projects and programmes, and can range from direct budget support at a national level to linking partners into strategic alliances. This 'mixed modality' provides a flexible framework for Irish Aid to facilitate others to achieve the best health outcomes. Through the identification and targeting of specific populations and structures, health outcomes can be measured with learnings applied and adapted where suitable.

Dr McLean also specified where the real health outcomes are being experienced – childhood mortality is dropping, AIDS deaths are dropping, TB rates are improving, and leadership on the ground is stronger. However there are a few issues that remain stubborn such as maternal and neo-natal mortality as well as nutrition and hunger and the prevention of some non-communicable diseases.

In summary, Dr McLean stated it is important not to take too simplistic a view of global health and that the time has never been better to continue the work that has already been achieved. With this momentum, Dr McLean also mapped out where Irish Aid is focusing future efforts on, predominantly setting a global health agenda for Ireland, as our influence has already been identified on the advancement of global priorities and strategies.

Experience in the Field

Professor Martin Corbally

Professor Martin Corbally Consultant Paediatric Surgeon at Our Lady's Children's Hospital Crumlin gave an informative account of the Paediatric Exchange Programme, Vietnam of which he is the founder.

In 2002 the Christina Noble Foundation approached Professor Corbally about a specific skills shortage in Paediatric Surgery in the Children's Hospital #2, Ho Chi Minh City, Vietnam. However while the Foundation would provide local support there was no funding available. The Royal College of Surgeons in Ireland (RCSI) and Our Lady's Children's Hospital, Crumlin originally funded the programme, but for the last three years has been funded solely by Irish Aid.

Professor Corbally gave some brief statistics about Vietnam and described how basic facilities were at the local hospital when they arrived and what equipment needed to be brought over. He described some of the ethical dilemmas they faced such as flying in and out of Vietnam without providing after care and resolved to fly back if necessary. There was also initially a shortage of equipment in the recovery unit but monitors have been bought locally and there has been some changes to post-operative practice.

Examples of operations performed under the Programme include Posterior Saggital Anorectoplasty, Persistent Cloaca, Imperforate Anus and Reverse Gastric Tube. Professor Corbally emphasized the two-way nature of the exchange programme. For example performing twenty-five Anorectoplasty operations in one week in Vietnam that are rarely performed at home means Irish surgeons can up-skill while organizing the operations in workshops enable local surgeons to learn the same skills. Now Irish surgeons are no longer required to perform these operations as there are surgeons adequately trained to do so.

Recently they have focused on Paediatric Cardiovascular Surgery and agreed to train three general surgeons as Paediatric cardiac surgeons as well as two doctors to run the cardiopulmonary bypass machine. Future wider goals involve bringing skills to other countries including Tanzania. While future funding is an issue, Professor Corbally emphasized the need to have short, medium and long term plans for any health program.

Prof Bill Powderly, Dr Siún O'Flynn and Prof Paul Finucane, speakers for the Scientific Seminar on "Shaping Tomorrow's Doctors"

SCIENTIFIC SESSION III: Shaping Tomorrow's Doctors

Making the Cut – The Qualities and Role of our Future Doctors

Professor Paul Finucane

Professor Paul Finucane, Head of the Graduate Medical School,University of Limerick spoke to the session about the qualities and role of our future doctors in Ireland, primarily exploring how to best foster the professional and personal growth of incoming students as they navigate their way through the education system.

Professor Finucane discussed the changing nature of both medical practice and of practitioners in a modern setting. Medical practice has changed significantly, from being 'keepers' of knowledge to doctors having to stay on top of the vast amount of information and constantly updating their education. Doctors have gone from being autonomous in how they practice with long hours to being more accountable and wanting to achieve a better work/life balance.

By drawing on examples from around the world and how different countries have adapted, Professor Finucane also addressed how the view and practice of medicine has shifted in Ireland along with the necessary changes that have taken place to the regulatory framework. Primary to this is the eight domains of professionalism outlined by the Medical Council, being:

- Patient safety and quality patient care,
- Relating to patients,
- Communication and interpersonal skills,
- Collaboration and teamwork,
- Management (including self-management),
- Scholarship,
- Professionalism, and
- Clinical skills

The development of these key areas are vital for modern doctors. Professor Finucane concluded that like Ireland, many countries are now choosing to make these domains of professionalism explicit rather than implicit for the better development of doctors.

Making the grade – Issues around Medical School Selection

Dr Siún O'Flynn

Dr Siún O'Flynn – Head of Medical Education at UCC began with a brief review of the history of entry and selection mechanisms to Medical Schools over the last century. Academic achievement has traditionally been the method of selection however with increasing numbers of people obtaining academic excellence, the debate in the late 20th century has centred on whether knowledge-based tests should be the sole basis for selecting tomorrow's doctors.

According to the CanMeds other qualities should be measured such as honesty and integrity, understanding of professional issues, curiosity, creativity, as well as good communication and listening skills.

The HPAT and the GAMSAT have recently been adopted in Ireland and while reaction to the aptitude tests has been mixed, Dr Flynn highlighted some of the benefits. It was not publicised for example that 83% of successful applicants were first time leaving cert students in 2009 compared with 59% in 2008 and there were many delighted students who had dreamed of a place but never thought they would get one.

The research and likely outputs of the National Research Group Evaluating Revised Entry Mechanisms to Medicine were also explored. Finally Dr O'Flynn discussed the parameters by which this new mechanism for selection should be judged- educational impact, reliability, validity, cost effectiveness and acceptability.

Regulatory Issues – The Medical Council

Professor Bill Powderly

Professor Bill Powderly – Chair of the Professional Development Committee of the Medical Council began with an explanation of the 2007 Medical Practitioners' Act which gives the Medical Council a pivotal role in the education and training of doctors in Ireland. The Medical Council is the authority in Ireland that sets standards in medical education, accredits bodies that provides the education (both basic medical degrees and post-degree professional training), accredits the programmes of education those bodies provide and inspects and approves the facilities in which education is provided.

The Council has approached this role from the perspective of ensuring that Ireland's medical educational structures provide a guarantee of competence to the public. If professional competence assurance is about providing the public an assurance that doctors registered in Ireland are maintaining their professional skills and knowledge, then medical education and training is about ensuring that those professional skills, knowledge and competencies are developed in a satisfactory manner in the first place.

Professor Powderly emphasised that this all-encompassing role cannot be delivered solely by the Council and it will need the co-operation of all interested parties – medical schools, post-graduate training bodies and the HSE to ensure that Irish medical education remains at the highest quality and continues to be internationally recognized.