

IMO



IRISH MEDICAL
ORGANISATION

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Re: Negotiations on New Contract, Specialists in Public Health Medicine

Dear Ms Mannion

I am writing to you, on behalf of the Public Health Doctor subcommittee of the Public Health and Community Health Doctors Committee of the Irish Medical Organisation (IMO), to request a meeting. In our view it is necessary to update the contract for Specialists in Public Health Medicine (SPHMs).

As I am sure you are aware, it has been established by several third party assessments that SPHMs and DPHs have the same education and training experiences as their Consultant colleagues in other specialties. However the requirement for SPHMs to be trained to the same level as Consultants in other specialties has not been reflected in the contractual arrangements that apply to this group of Doctors.

This can be demonstrated by comparing the standard contract offered to Hospital Consultants with that offered to SPHMs. As you will know, the standard contract that is offered to Hospital Consultants is comprehensive, and covers the full spectrum of activities that come under the remit of each Consultant. The contract offered to Hospital Consultants is also very clear in setting out the leadership role of Hospital Consultants in, for instance, delivering health services and training new specialists. A similar contract is offered to other non-hospital based Consultants.

By way of contrast, SPHMs are offered a short, non-standardised and unsatisfactory contracts, the contents of which are generic in nature and are incomplete, making little or no reference to the specialist, leadership, training and research roles that are, of necessity, performed by these Doctors. Specifically, the contract offered to SPHMs highlights the need to 'participate' in the prevention, surveillance and control of infectious diseases, for instance. This is quite inaccurate in describing the actual statutory role that must be performed by the SPHM under the delegated Medical Officer of Health (MOH) function.

On a daily basis, through the delegated MOH function, SPHMs are responsible for maintaining the health security of the nation. This role, is not addressed in the SPHM contract, which is a generic, administrative type document with little reference to actual level of responsibility attaching to the day to day work of SPHMs. This ambiguity presents a risk situation for both Public Health physicians and for the Health Service Executive (HSE).

In line with practice internationally, Specialists in Public Health Medicine roles in Ireland have evolved over the years and SPHMs now lead national functions in, for example chronic disease

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prevention and management, cancer control, cancer screening, and food safety. Recent trends in health service delivery, as set out in 'Future Health' and 'Healthy Ireland' highlight the importance of the maintenance of wellness, as opposed to the treatment of illness. Strategically planning for health and wellbeing is among the core functions of Public Health Medicine. SPHMs provide expertise in health service improvement, specifically in the national clinical programmes. In addition, the Health Intelligence function provides timely information for planning across all health and social service functions.

Operationally, Public Health physicians occupy senior posts within the HSE, including in Departments of Public Health; the Health Protection Surveillance Centre (HPSC); Health Intelligence; National Immunisation Office; Quality and Patient Safety Division and the National Cancer Control Programme (NCCP). They also provide leadership in other agencies including the Department of Health, Department of Children and Youth Affairs, Safer Food, the Irish Medical Council, and in academic posts in Irish universities.

It is essential that the contract for SPHMs explicitly outlines the lead role that SPHMs must take in relation to infectious diseases. It should be noted that almost every other medical role carried out by SPHMs is mandated under the Health (Duties of Officers) Order, 1949. Instead, the contract offered to SPHMs requires inter alia "An ability to present and communicate technical/scientific material verbally and in writing to a variety of audiences with varying levels of knowledge and experience" and "a strong commitment to providing a quality service." This is indicative of a contract that places the emphasis on the administrative functions of the SPHM role while in no way reflecting the medical elements of the role.

For all of the above reasons, the IMO would, therefore, ask that the Health Service Executive (HSE) engage with us to devise a new contract for SPHMS that reflects the importance of the work performed, under statute, by these medical specialists.

As you will know, the IMO has been clear in advocating for a fully functioning Public Health Medicine service; we believe that devising a contract that is fit for purpose in documenting and recognising the full range of services that SPHMs provide, and could provide if properly supported, is a necessary step in beginning the process of making the specialty of Public Health Medicine attractive to more medical graduates, and providing a sustainable Public Health Medicine service into the future.

I look forward to your response in this matter, and constructive engagement thereafter.

Yours sincerely

Anthony Owens
Asst Director, Industrial Relations

cc: **Mr Tony O'Brien, Director General, HSE**
Mr Jim Breslin, Secretary General, DOH

