IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

2013

Annual Report 2013

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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2013

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Dr Matthew Sadlier

Vice-President
Prof Trevor Duffy

Honorary Treasurer
Prof Sean Tierney

Honorary Secretary
Dr Padraig McGarry

Council and Management Committee Members

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President

Prof Trevor Duffy
Vice President/Chair Consultant Committee

Prof Sean Tierney
Hon Treasurer

Dr Padraig McGarry
Hon Secretary

Dr Ray Walley
Chair GP Committee

Dr John Donnellan
Chair NCHD Committee

Dr Brett Lynam
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IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of the President

Colleagues,

We are pleased to present to you the 2013 Annual Report and Financial Statements of the Irish Medical Organisation.

This Report demonstrates that the role of the IMO has never been more crucial. Shifts in the economic and industrial relations landscape, far reaching proposals to the way our public health services will be funded and delivered and the ongoing importance of profiling the role of the doctor in the delivery of that care all demanded urgent and intensive attention from the IMO throughout the year.

Together We Are Stronger

Throughout 2013 the IMO demonstrated leadership and determination in protecting the rights of members against sustained attacks on terms and conditions. This report details the many activities undertaken for members on the Industrial Relations front but two events stood out during the year which showed the importance of solidarity amongst the profession.

NCHD Dispute

Many of our members will recall the NCHD Strike of 1987 and the Public Health Doctor Strike in 2003 and will know just how difficult it is for doctors to take the ultimate industrial action and to go on strike. For this generation of NCHDs, 2013 was the year when they had to take action to stop the HSE continuing to force them to work unsafe and illegal hours.

Through the NCHD Committee, the IMO created and led the 24 No More Campaign which gained huge public support for the plight of NCHDs. Faced with continued intransigence by the HSE, the campaign culminated in a Day of Action in which NCHDs across the country withdrew their services to protest at the dangerously long hours they were forced to work.

This day of action was strongly supported by doctors from other specialities including doctors at Public Health, Community, GP and Consultant level.

Ultimately the success of this day of action - and widespread public support for the NCHDs - led to the negotiation of an agreement between the IMO and the HSE.

Fighting for GPs

Throughout 2013 the IMO spent significant time, money and resources in supporting the cause of our GP members across the country.

During the year the Organisation faced a legal challenge from the Competition Authority over the very rights of GPs to be fully represented. The IMO has always strongly asserted the rights of GPs to be represented and the rights of the IMO, as the Trade Union with a negotiating licence, to represent them. Not only is the IMO defending its position against the case being taken by the Competition Authority, it has also lodged a Counter Claim asserting its right to fully represent GPs.

Legal cases are complex and lengthy by their very nature and while the process began in July 2013 we expect that the full trial will be heard in May 2014. IMO Council, the ruling body of the Organisation, endorsed a legal fund to allow the IMO to vigorously defend the rights of GPs in this case, in a situation where all members of the profession support the rights of their GP colleagues to be represented by their Trade Union.

Renewal, Action and Leadership

Last year the IMO committed itself to a programme of renewal for the Organisation and a particular focus for the Organisation has been the work of the IMO Governance Committee which was established following an EGM in March 2013.

The members of the Governance Committee comprised a nominee from each of the four specialty committees and the members of the Executive Committee and we would like to acknowledge and thank all those involved for their commitment and dedication.

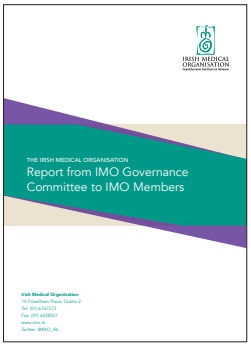
Doctors and the IMO are a force for good and a voice for change, but we must caveat that by stating that change is only good when it delivers a better health service - not just a cheaper one

The overriding objective of the Committee was to:

Ensure the IMO is structured and managed in a professional manner with appropriate governance in place so as to ensure greater oversight and clarity to the elected members of the Organisation and greater transparency to the wider membership.

This process has been comprehensive and inclusive, necessitated a detailed review of current procedures and the development of a new way of doing business in an open and transparent manner.

The Governance Committee has now completed its work and has presented a report and a series of recommendations which will reform the way the IMO conducts its business. The proposals were adopted by IMO Council who have prepared Amended Rules and a Code of Practice to be considered by members at the 2014 Annual General Meeting.



The IMO's role as the representative body for the medical profession and the voice of the doctors was enhanced further during 2013 with the development of key policies in the areas of alcohol, health reform, health inequalities and suicide prevention. Doctors have always been advocates for change and through the IMO, we proactively advocate for patients and doctors. In a climate of ever decreasing resources and increased demand we have to be the ones to highlight the inequities that exist in our system and propose real, sustainable and workable recommendations.

During the past year we put particular effort towards increasing our PR and Communications efforts in general and increasing our presence in the media in particular. The Organisation was extremely vocal on key issues relevant to our members' interests and spokespeople of the IMO were regular participants on news and current affairs programmes and in the pages of the national media.

In addition to the NCHD 24 No More Campaign we launched the IMO #resourceGP Campaign to highlight and promote the potential of general practice to deliver more for patients but only in the context of proper resources.

We absolutely recognise the right of Government to determine policy but equally they must recognise the right of doctors to question that policy and to fight for proper funding so that political promises made can actually be delivered upon in a safe and patient centred way.

Getting our message across to the widest possible audience has been key to our activities during the year. Through our strong and untied membership we are recognised as an authoritative voice on medico-societal issues and we have engaged extensively with politicians through our presentations to Oireachtas Committees and IMO Briefing Sessions for TDs and Senators.

Doctors and the IMO are a force for good and a voice for change, but we must caveat that by stating that change is only good when it delivers a better health service - not just a cheaper one.

Conclusion

One of the key objectives for us, as members of the IMO Executive Committee, was to ensure that the Organisation focused its efforts and resources to the benefit of members in an open and transparent way. As reflected in our Financial Statements for the year, we are happy to report that the Organisation is in a stable financial position and is able to continue to engage in the vital work we undertake for doctors, patients and our health services.

Finally, I would like to sincerely thank all members for their support during a very difficult time and we welcome all those new members who joined us in 2013.

The IMO is your Trade Union. Together We Are Stronger

Dr Matthew Sadlier IMO President

1 Industrial Relations

The decision to leave the talks was taken as the direction of the negotiations was a one sided "Government takes all" approach

CROKE PARK 2 TALKS

On 14 January 2013 the Government invited the Irish Congress of Trade Unions (ICTU) Public Services Committee (PSC) into preliminary talks on an extension to the Croke Park agreement. Intensive negotiations continued throughout the month of January and into February. On 24 February the IMO, along with the Irish Nurses and Midwives Organisation (INMO), the Civil and Public Services Union (CPSU) and UNITE the Union, walked out of the talks and jointly formed the Unions for a No Vote campaign.

The decision to leave the talks was taken as the direction of the negotiations was a one sided "Government takes all" approach. The Government negotiators were not interested in innovative solutions to the €1 billion cost reduction across the Public Service. They were looking for the easy way out; taking more money out of the pockets of Public Sector workers - reducing wages further, attacking the pensions of current workers and of those in retirement and offering no hope of recovering the mounting losses. The constant threat of 'either agree with us or we will legislate to get what we want' was constantly referenced in an attempt to force their agenda.

As a trade union the IMO could not continue to be part of this excessive assault on the terms and conditions of members. Following discussions with the INMO, CPSU and UNITE we agreed to leave the talks, hold a press conference and campaign against CP2. By the 25 February the CP2 proposals were in place and the campaign to fight their acceptance commenced.

The Unions for a No Vote campaign resulted in 11 meetings being held throughout the State with all four unions speaking at every meeting. The aim? To persuade the members of all Public Sector unions to reject the proposals in their respective ballots. The result? On 17 April the ICTU PSC announced to the media that CP2 was defeated with 92% of IMO members participating voting to reject the proposals.

Launch of Unions For A No Vote Campaign
Claire Mahon INMO, Derek Mullin CPSU, Liam Doran INMO, Steve Tweed IMO, Shirley Coulter IMO, Jimmy Kelly UNITE

HADDINGTON ROAD AGREEMENT

On 1 May the Labour Relations Commission (LRC) invited the IMO to discuss what was required for the union to become engaged in revised negotiations with the Government. The other Unions for a No Vote campaign also received individual invitations to attend the LRC.

Negotiations commenced on what was to become known as the Haddington Road Agreement (HRA). These concluded on 21 May with 67% of IMO members participating voting to accept the proposals. The HRA, while being far from perfect, brought about improvements over CP2 for many IMO members.

Since the acceptance of the agreement the IMO has engaged in negotiations with Health Service Management (HSE, Department of Health and Department of Public Expenditure and Reform) to bring about further improvements to the terms and conditions of members. This work continues into 2014.

STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE (THE MCCRAITH WORKING GROUP)

In June the Minister for Health announced - during an Oireachtas Joint Health Committee meeting - that he had asked Professor Brian McCraith, President of DCU, to establish a working group to review the medical training and career structure of doctors. The focus of the Terms of Reference for the group could have been lifted directly from Appendix 7 of the Haddington Road Agreement; the same terminology was used, the same objectives were set out and the need to recruit, retain and attract back to Ireland doctors who had previously left was a key element. All negotiated by the IMO with the Government under HRA.

Nothing new or original was put forward by the Minister, so why spend money on the report? The IMO argued that the group was established to provide 'cover' for the Minister to allow him to agree changes to address the growing crisis and inability to fill vacant doctor posts. What should be remembered is the crisis was brought about by the Minister's unilateral decision in September 2012 to reduce the starting salary of 'new entrant' Consultants by 30%.

While the McCraith group undertook its work from September 2013 the IMO was pressing ahead with meetings under the HRA. There is no doubt that any positive change in the ability of the Irish Health Service to recruit, retain and attract back to Ireland doctors who had previously left will be through the efforts of the IMO, the only union negotiating in the HRA process on behalf of all doctors. The McCraith group, which the IMO contributes to, will serve to support the policy and objectives of the IMO expressed in Appendix 7 of the HRA. Between the McCraith working group and the IMO industrial relations process there is little doubt that significant progress will be made to address the wrong decisions of the past.

HSE SERVICE PLAN

The insistence by Government to reduce staffing levels in the health service continued throughout the year and will continue into 2014 when the budget allocation is proposed to reduce by a further €666 million (and perhaps up to €1 billion). The HSE plan also continued to ignore the looming crisis of a shortage of doctors and the significant damage this would cause to the delivery of health care to the citizens of Ireland.

A primary contributing factor in this staffing crisis emanates from the unilateral decision by the Minister for Health to reduce the salary of 'new entrant' Consultants by 30%. The IMO consistently raised the impact this would have on the recruitment and retention of doctors in the health service, and also the inability to attract back to Ireland those doctors who had previously left. This was highlighted in the HRA and mapped out a detailed approach to the career pathway options available to doctors.

At the end of 2013 some progress had been made, albeit slow. As we entered 2014 there were signs that the message was finally getting through to Health Service Management. The IMO is confident that significant change in this critical area will be brought about through the negotiating process.

Dr Larry Fullam and Prof John Tierney at the IMO AGM, Killarney 2013.

Alongside the Industrial Relations issues the dichotomy of re-engineering health care in Ireland alongside a reducing budget and staffing levels has to be recognised by Government as an impossible task. No organisation - public or private - has ever restructured without investing in the process. The current approach will continue to see the health service lurch from crisis to crisis with repeated changes in policy decisions by Ministers resulting in reduced services for patients, increased hospital waiting lists, increased mortality rates and an end to same day appointments with GPs.

And while Government Ministers attempt to justify their chaotic and dysfunctional management of the health system the burden falls on the shoulders of IMO members and members of our sister union, the INMO, to maintain a quality and safe service with reducing resources.

The IMO message was, and is, simple; the safety and care of patients and the safety of doctors is paramount.

HOSPITAL GROUPS

The new structures for hospital groups were announced on 14 May 2013. Since the announcement there has been little engagement with the unions as only two CEOs had been appointed by the end of the year. The staff panel of health sector unions wrote to Tony O'Brien, HSE CEO, requesting meetings to discuss the implications of the proposed changes.

The panel proposed that a standing committee, made up of representatives of the Staff Panel of Trade Unions and Senior Officials from the HSE and Voluntary Hospitals, be established to deal with the many questions and issues that would inevitably arise prior to the roll out of the Hospital Groupings. The panel referred particularly to grades below Director level and matters relating to dates for the implementation of various aspects of these changes. The panel also insisted on the protection of all terms and conditions of employment for members and sought that an agreement on transitional arrangements would be in place in advance of any changes happening.

Many questions also arose in respect of the interaction of other services with the Hospital Groups and an urgent meeting was requested to discuss all of these matters. A meeting on Integrated Service Areas (ISA) was held on 19 September. This focussed on arrangements for Primary Care and Community Services.

As 2013 ended meetings with the Groups started to be held, but in the absence of the majority of CEOs being appointed the ability to progress matters is limited.

IRISH CONGRESS OF TRADE UNIONS (ICTU)

The IMO continued its participation in the ICTU throughout 2013. The biennial conference was held in Belfast in July which the IMO attended. A motion in the name of the union was accepted by the conference:

" In launching the "Healthy Ireland" policy document on 28 March last, the Irish minister for Health, Dr James Reilly, TD, observed that the current generation of Irish patents are in danger of becoming the first generation to bury their children. Given the increase in childhood obesity and other factors, the Minister may be correct. However, the deliberate decision of the Fine Gael/ Labour Government to drastically reduce the funding available to hospitals and Primary Care, cannot but adversely affect the health of the Irish population, both adults and children. It is imperative that the Irish Government reverse course and invest in our health service and in the future health of Irish people, instead of slavishly adhering to the targets of the Troika."

The IMO is represented on the Health, Safety and Welfare Committee, the Public Services Committee and the HRA Health Sector Oversight Group.

2 Consultants

COMMITTEE MEMBERS:

April 2013 - April 2014

Prof Trevor Duffy - Chairperson
Dr Patrick Manning
Dr Peadar Gilligan
Dr Rónán Collins
Mr Finbarr Condon
Dr Nash Patil
Dr Seamus Healy
Dr Christin O'Malley
Dr Tony Healy
Prof J Bernard Walsh
Dr Clive Kilgallen
Dr Matthew Sadlier
Prof Sean Tiernan
Prof John Higgins

Prof Trevor Duffy, *Chairperson*

MCCRAITH WORKING GROUP

Also known as the 'Strategic Review of Medical Training and Career Structure'; the impact the review could have on Consultant members is mainly focussed on the 'new entrant' pay scale. Reference to the group is also made in other sections of this report.

The 30% salary reduction imposed on 'new entrant' Consultants by the Minister for Health in September 2012 had a devastating effect on the ability of hospitals to recruit Consultants in 2013 (which has extended into 2014) – not just in specialties where there is a recognised international shortage, but in most specialties. Evidence, if needed, how making populist decisions for short term political expediency can severely impact the delivery of care to patients and place an intolerable pressure on health service staff.

Towards the middle of 2013 it was recognised by many in the HSE, and to a lesser degree by officials in the Department of Health, that there was a problem. A problem - if not addressed – that could take a decade to recover from. The IMO had highlighted the potential problems from the moment the Minster made his announcement, which were predictably rebuffed by the Minister. There was no pleasure in saying this, the IMO was correct.

The McCraith Working Group is an attempt by the Health Service Management (HSE, Department of Health and the Department of Public Expenditure and Reform) to navigate an exit strategy from the disastrous decision in September 2012. The IMO engaged with the McCraith Working Group towards the end of 2013, and this has continued into 2014.

At the IMO Doolin Memorial Lecture, RCSI, Dr Peter Healy, Dr Seamus Healy and Dr Asam Ishtiaq

The approach adopted by the IMO through the Haddington Road Agreement and the NCHD EWTD Agreement in putting forward workable and practical solutions to the serious and unsustainable crisis in the retention, recruitment and attracting back to Ireland of Consultants continues unabated. We engaged with the McCraith Working Group and this collaborative working should secure an acceptable outcome for all 'new entrant' Consultants.

COMPENSATORY REST

The Labour Court binding decision issued on 6 November 2012 continued to be a source of contention throughout 2013. From the commencement of 2013 the HSE had instructed hospitals to implement a set of proposals – different from the Labour Court decision and unworkable. Many hospitals refused to implement the instruction, however a number ignored any attempt to address the situation and stopped compensating Consultants for being called in to the hospital.

The IMO wrote on 2 January 2013 objecting to this dysfunctional and impracticable approach. Letters were also sent to Mr Tony O'Brien and to all Medical Manpower Managers. Members were advised to continue the previous practice of claiming rest days for any 1:3 and 1:4 rosters worked and any claims rejected reported immediately the IMO Personal Cases Unit.

In April we received a revised set of proposals from the HSE and a number of meetings were held to progress the issue. The proposals were circulated to all Consultant members and feedback was used to inform the negotiations. The focus fell on four areas:

- Increasing the compensatory rest for having sleep/rest period disturbed;
- Compensatory rest for being on-call on a Saturday, Sunday and Bank Holiday;
- Alternative arrangements if compensatory rest cannot be taken within a defined period;
- To ensure sleep/rest disturbance defined as 'excessive' during a period of on-call is compensated by a consistent multiplier.

Negotiations continued until the end of 2013 and into 2014. The key areas highlighted above have all been incorporated into a revised set of proposals, along with other safeguards, and these will are to be put to members in a consultative ballot.

TRIPLE TIER SALARY SCALE

A 10% pay reduction was introduced across the majority of public sector workers on 1 January 2011 which resulted in a two tier workforce. The additional 30% pay reduction introduced on 1 October 2012 brought about a triple tier Consultant workforce (Teachers were the only other group of public sector workers subjected to a triple tier pay structure by changes introduced in March 2012).

The IMO, along with all other unions, successfully argued during the Haddington Road Agreement (HRA) negotiations for this inequity to be removed. However, in October 2013, the Health Service Management announced that the 30% pay reduction would not be addressed as part of the HRA. This was despite the fact that the Department of Education returned to a single pay scale for teachers. The IMO referred the issue to the LRC and several conciliation meetings were held towards the end of 2013.

As we entered 2014 the IMO continued to press for this iniquitous situation to be addressed and with some success. Changes were made for certain groups of Consultants with the Department of Health referencing the IMO as being a driver for the change.

We are confident that the IMO industrial relations process and our input to the McCraith Working Group will elicit further change for the benefit of our 'new entrant' Consultant members.

HISTORIC REST DAYS

At the start of 2013 the HSE advised hospitals that the non-binding Labour Court recommendation should be implemented. The decision recommended that any historic rest day entitlement was reduced by 25% (the HSE was seeking a 50% reduction).

Following consultation with members impacted by this decision the IMO wrote to the HSE stating that the Labour Court decision was not accepted. This stated:

" The right to a Historic Rest day entitlement is a contractual term agreed in 1997 and subsequently reaffirmed by the HSE in 2008.

As Consultants with the right to Historic Rest days retire they can continue to assert the right to their contractual entitlement. Failure to honour the entitlement by the employer will be construed as a breach of contract which may be subject to challenge."

Members were advised to notify the IMO if any entitlement to Historic Rest days was reduced/ withheld. This continues to be the case.

CONTINUING MEDICAL EDUCATION (CME)

Part of the Consultant Work Practice Agreement of September 2012 sought changes to the existing CME arrangements, particularly the fund being administered by the training bodies and not the individual hospital. The IMO argued against this change and also sought guarantees on funding levels, access, accrued funding and the ability to roll-over funding. The HSE was seeking a removal of any roll-over with no guarantee of funding level.

Negotiations were slow to commence with the date for implementation delayed from 1 January 2013 to 1 July 2013, and subsequently to the 1 January 2014. No agreement was in place by 1 January 2014 and existing arrangements continued to apply.

Draft proposals at the start of 2014 secured that the administration remains with the individual hospitals, the level of funding remains the same, the ability to roll-over funding would be in place and accrued funding is protected. Further work is required and any proposals will be subject to a consultative ballot of Consultant members.

Towards the middle of 2013 it was recognised by many in the HSE, and to a lesser degree by officials in the Department of Health, that there was a problem

3 Non Consultant Hospital Doctors

COMMITTEE MEMBERS:

April 2013 - April 2014

Dr John Donnellan - Chairperson
Dr Shane Considine
Dr Irene Timoney
Dr Jennifer Hogan
Dr Jodie Doyle
Dr Gillian Judge
Dr John Duddy
Dr Eoin Fenton
Dr Rukshan Goonerwardena
Dr Paddy Hillery
Dr David Doran
Dr Patrick Kelly
Dr Hwei Lin Chua
Dr Lisa Cunningham
Dr Niall Kelly
Dr Dela Osthoff
Dr David Flanagan
Dr Mark Murphy

Dr John Donnellan, *Chairperson*

EUROPEAN WORKING TIME DIRECTIVE

For the first time in a generation, NCHDs engaged in a one day strike to achieve maximum 24 hour shifts, and agreed an implementation plan with health service management to achieve compliance with the European Working Time Directive (EWTD) by the end of 2014. Success was achieved by considerable engagement by the NCHD body of members, where each location was well supported in the action. The public support achieved through the media campaign was a strong factor in the successful outcome.

The IMO campaign has been ongoing for a long time, since 2000, this has been extensively covered in previous annual reports.

> "exhausting working conditions for doctors risk exacerbating already-high rates of emigration and drop-out, when there is already an international shortage of qualified medical professionals,"

The IMO wrote to the European Commission in March 2012 with an official complaint that national law and practice in Ireland does not comply with the Working Time Directive (2003/88/EC). The complaint was considered by the Commission and was registered under reference CHAP (2012)02690. There was a two year bar on any legal action by the IMO with regard to working hours following the High Court settlement in February 2010.

IMO NCHD Meeting - 6th February 2013

In January 2013, the Irish government submitted a 15 point plan titled "Report on EWTD Compliance and Related Issues" dated 30 January 2013, which included 15 National Standards for EWTD compliance on which Hospitals were required to report by 1 March 2013. These standards were drafted without any consultation or agreement with NCHDs and the IMO, despite our repeated calls, including under the auspices of the Labour Relations Commission, for the issue of EWTD to be properly addressed by the HSE. The standards were largely impractical and non-implementable within the timelines, particularly without the direct involvement of NCHDs. The premature issuing of these unilateral proposals into the system, with an unworkable deadline by which an action plan must be submitted, was likely only to produce responses highlighting the impossibility of implementation rather than any coherent action plans.

The EU Commission met with an IMO delegation on 12 September 2013 and were keen to hear about the lack of compliance with the Directive and the impact of these unsafe working hours on doctors, along with the detrimental effect on patient safety.

IMO NCHD Members picketing at Mayo General Hospital during the National NCHD Strike on 8 October 2013

The IMO communicated the lack of progress on the HSE 15 point plan and that it was unworkable and did not have the capacity to deliver on EWTD Compliance. They indicated they would review the case and would make a decision on whether to refer the issue to the European Court of Justice. On 20 November 2013, The European Commission announced it had decided to refer Ireland to the EU's Court of Justice for not complying with the EU rules on limits to working time for doctors in public health services.

In early 2013, a number of NCHDs established a Facebook campaign in tandem with the work of the IMO. An IMO meeting was held on Wednesday 6 February 2013 where over 400 NCHDs and students attended.

One of the key points agreed at the meeting was the necessity for local level NCHD hospital committees. This would enable greater communication between NCHDs with regard to working conditions and hours in each individual hospital. It would also enable NCHDs to engage with management with regard to rosters and make progress towards reducing on call commitments to a 24 hour maximum shift.

If the HSE is serious about having a maximum 24 hour call for all NCHDs by 1 June 2013, then this engagement should be welcomed. Details on starting a Resident's committee were sent by email to all NCHDs following the meeting, and a number of meetings were held in hospitals with the IMO in attendance.

An IMO National Industrial Relations meeting was held on Saturday 23 February 2013 to consult with members on the current IR strategies for their respective craft groups. The General Manager, Office of the National Director of Human Resources, HSE attended the NCHD meeting where there was a robust exchange of views. The NCHD IR strategy was discussed and it was agreed that work would continue on all of the key objectives of the EWTD Strategy as outlined:

IMO Committee members Dr Gilllian Judge, Dr Niall Kelly, Dr John Donnellan and Eric Young, IMO assistant Director, at the 24 No More Campaign Launch.

- A better, safe and efficient Irish health service with the highest standards of patient care
- An engaged, proactive and positive NCHD cohort
- Full implementation of NCHD Contract 2010
- Reduction in onerous working hours and appropriate application of EWTD
- Improved working conditions and removal of inappropriate tasks
- Equitable treatment of new and existing Consultants
- Improved structured training in terms of access and funding, including the introduction of more flexible, family friendly training and restructuring of current non-training posts
- A strategic planned approach to manpower planning to determine defined career paths for all grades and specialities, including addressing career progression of long service hospital doctors
- Increase in the number of Specialist and GP posts
- Continued roll out of Clinical Care Programmes and expansion of primary care to contribute to a reduction in the reliance on NCHDs in staffing hospitals

It was also decided that, while work would be on going to achieve all of these objectives, the following four key priorities were agreed.

- Maximum 24 Hour shift on-site (1 June 2013)
- Maximum average working week of 48 hours on site (protected training time)
- Removal of inappropriate non-clinical tasks
- Payment of all hours worked (clock in system)

On Tuesday, 5 March 2013 the IMO presented at the Oireachtas Joint Committee on Health and Children to discuss NCHD terms and conditions and working hours.

This was well received and the delegation were commended by the members for the clarity it brought to the issue.

In April 2013, an IMO delegation met with representatives of the national EWTD implementation group and reiterated serious concerns regarding the HSE national standards for EWTD implementation, and the lack of consultation with the IMO and NCHDs. The IMO highlighted that the unrealistic timelines associated with the standards would only serve to undermine the credibility of the HSE and their approach to EWTD implementation. This was followed by a letter to the group setting out the IMO requirements:

- IMO formal engagement with the National EWTD Implementation Group
- Amendment of The National Standards to include standards on the removal of NCHD-inappropriate tasks and the rostering of protected training time
- NCHDs must be comprehensively involved in EWTD activity at a local level, including the revision of rosters at each grade and speciality
- No unilateral implementation of changes to NCHDs work practices and/or rosters must occur without the agreement of NCHDs

In June 2013, the deadline for the implementation of the national standards had passed without any improvement, the IMO NCHD Committee decided that enough was enough and it was time to engage with members to act. The IMO wrote to the HSE on 28 June 2013, calling on them to comply with EWTD and formally advising them that

Notice for the one day strike action as agreed by the NCHD Committee was issued for 8 October 2013

a ballot for industrial action would be called on 8 August 2013. They subsequently wanted clarification on what they were expected to deliver. The IMO confirmed that the end of more than 24 Hour on call and a credible plan would be the minimum that would be considered without commitment.

On 3 September 2013, the IMO served formal notice on the HSE for industrial action, to be in the form of a one day national strike of NCHDs for the 25 September 2013. For every subsequent week a one day strike would be organised in at least one hospital in each region. The specific hospitals and the period of industrial action would be notified to the HSE in accordance with statutory requirements. The notification is in accordance with the timescale set out in the *"Framework for Dispute Resolution in the Health Services"* agreement and in accordance with Section 19 of the Industrial Relations Act, 1990.

Discussions were held with the HSE at the LRC on 17 September 2013, and EWTD verification meetings were held on 19 September 2013. A meeting at the LRC on 20 September 2013 facilitated the production of proposals to address the issues. The planned strike was postponed, pending discussion of the proposals by the NCHD committee, on 23 September 2013.

The IMO engaged in discussions with Health Service management at the LRC on 26 September 2013 and submitted a final document on 27 September, outlining a minimum position needed to reach agreement and avoid industrial action. An exchange of correspondence on 30 September and 1 October 2013 failed to resolve the outstanding issues. Notice for one day strike action, as agreed by the NCHD Committee was issued to the HSE.

On 8 October 2013, a one day national NCHD strike was held. The industrial action was a great success with pickets mounted in 32 hospitals, with smaller hospitals joining ranks with the larger units. Each hospital was visited by IMO staff. There was excellent media coverage of the event and overwhelming public support for NCHDs.

On 9 October 2013, the IMO was invited to talks at the LRC and engaged in discussions to address the outstanding issues of sanctions, health and safety, and two tier workforce. A final document was issued by the LRC on 15 October 2013 for consideration by the NCHD Committee. The Committee considered the proposals at their meeting on 16 October 2013 and unanimously decided to recommend the proposals for acceptance to NCHD members. Following a ballot of NCHD members the proposals were accepted on Thursday 14 November 2013.

The LRC proposals advanced issues for NCHDs in the following way:

1. Provided a plan to achieve maximum 24 hour shifts with direct input from NCHDs at local and national level
2. The actual status of working hours verified in each hospital location by a joint IMO/ HSE independent process with full input and agreement of NCHDs
3. Hospital managers will be accountable for implementation, with implications for non achievement
4. The status of working hours is more transparent and publicly reported monthly. A clocking in system to be introduced in each hospital and, in line with existing commitments, all hours worked will be paid

IMO NCHD Committee Members at the Launch of the 24 No More Campaign on 15 July 2013

5. The actions of each hospital are agreed with NCHDs and be subject to ongoing independent external review under a joint National IMO/Health Service management process
6. Resource availability, including the appointment of doctors as jointly agreed at hospital level, is not be a constraint to achieve the actions in the previous point
7. The local working group receives reports on breaches which will automatically trigger sanctions. NCHDs will individually report all breaches independent of hospital management
8. Hospitals that do not achieve their objectives are subject to financial and other sanctions for non-achievement. The money lost in sanctions is not returned to the hospital
9. The overall process is reviewed and monitored at a national level by a joint group of senior health service managers, IMO officials and NCHDs. All money from sanctions can only be spent on activities to promote EWTD compliance decided by this group. The allocation of these funds is reported to the group every three months
10. There is provision in the proposals to progress the issues of developing appropriate career pathways for doctors, new entrant consultant and the two tier workforce to provide for the retention and recruitment of doctors in the health system
11. Details of protected training time by speciality and grade is discussed with the training bodies
12. A New Post of Lead NCHD to promote and represent the interests of NCHDs appointed

The IMO has been actively engaged in implementing the agreement as proposed by the LRC. The second round of verification meetings in all hospitals was completed in November 2013. While it was noticeable that there is a change in approach by some senior managers and clinicians, it is necessary for NCHDs to be vigilant across the hospital system to ensure that all agreed objectives are achieved.

It is clear a significant level of change in the health service is required to achieve the aims of NCHDs. Progress was accomplished when NCHDs worked as one body to ensure effective engagement. The work to ensure all breaches of 24 hour shifts are fully reported so the appropriate penalty is applied. It is vital that NCHDs remain engaged in local working groups to ensure that all changes are to the benefit of NCHDs.

NIGHT RATE OF PAY

The IMO has secured premium night duty rate for NCHDs who work a 'week of nights' i.e. 8pm to 8/9am without any corresponding day duties in that week. The issue arose as part of the LRC discussions during the 24 No More Campaign. The IMO argued that the majority of health sector workers receive a night duty rate of up to time and a quarter when working such work patterns. This was rejected at the LRC negotiations by HSE Management, Department of Health and Department of Public Expenditure and Reform officials. It was agreed by both parties that this particular issue would be referred to the Labour Court for a binding judgement and that the LRC would secure an early hearing date. The case was duly heard on the 26 November and the recommendation supporting the IMO argument was issued on 20 December 2013.

NEW ENTRANT CONSULTANT PAY RATES

The unilateral reduction by the Minister for Health of 30% in pay for new entrant consultants is a serious issue of considerable concern to NCHDs. It is incredible that a decision was made to single this group for a reduction on top of the other pay cuts applied across the public service.

IMO NCHD Committee Members voting at the 2013 AGM

The disruptive effect of expecting new entrants to achieve the same standards of qualification and perform the same role as colleagues at greatly reduced pay is incredible. Consistent feedback from members indicate it is a significant factor in the decision of NCHDs to leave the Irish health service, evidenced by the ongoing exodus of Irish trained doctors from the Health Service.

The IMO has continuously fought to have this issue resolved and provisions to address the issue were included in the LRC agreement. The main vehicle for dealing with the issue is the Haddington Road Agreement.

CAREER PATHWAYS

The large numbers of NCHDs leaving the Irish health sector has posed significant challenges for the service. The IMO has worked to have the Medical Career Pathways included in the Haddington Road Agreement (HRA) as a mechanism to deal with the issues which need to be addressed. The IMO continues to engage with Health Service Management in the Medical Career Pathway Group, established in the Haddington Road Agreement. The issue of the two tiered workforce has been discussed as well as the inclusion of the 2012 pay scales and some progress has been made on the amalgamation of the 2010 and 2011 payscales. The New Entrant definition needs further discussion.

STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE (MCCRAITH GROUP)

The Minister for Health established a Working Group, chaired by Professor Brian McCraith, to conduct Strategic Review of Medical Training and Career Structure in July 2013.

The stated aims of the review are:

- To improve graduate retention in the public health system
- To plan for future service needs
- To realise maximum benefit from investment in medical education and training

An IMO delegation met with the group and made a submission on 5 November 2013 setting out the issues of concern. These included the need for safe working hours, addressing the issue of the consultant pay cut and the need for an clear training pathways and family friendly arrangements. The McCraith Group gave a good hearing to the IMO delegation and were fully informed about the issues at the meeting.

An interim report was issued in December 2013 with a final report due by end June 2014. The Group's interim recommendations included suggested target dates for implementation. While the report acknowledges the issue of consultant pay, it did include any action within its recommendations. The IMO responded strongly, challenging this omission and stated that the Committee would now need to decide how it would engage with the McCraith Group in future.

These concerns were communicated with the McCraith Group chair who accepted the point on the pay exclusion, and confirmed evidence based proposals will be issued by end March 2014 to deal with the pay issue. The outcome of this process has serious implications for the retention of doctors in the Irish Health Service and to facilitate the return of Irish trained graduates.

The large numbers of NCHDs leaving the Irish health sector has posed significant challenges for the service

4 General Practitioners

COMMITTEE MEMBERS:

April 2013 - April 2014

Dr Ray Walley - Chairperson
Dr Declan Connolly
Dr Jim Keely
Dr Truls Christiansen
Dr Frank Clarke
Dr Padraig McGarry
Dr Tadhg Crowley
Dr David Molony
Dr Niall MacNamara
Dr Ciaran Donovan
Dr Derek Forde
Dr Martin Daly
Dr Colm Loftus
Dr Denis McCauley
Dr Michael Kelleher
Dr Illona Duffy
Dr Cathal O'Sullivan
Dr Eleanor Fitzgerald

Dr Ray Walley, Chairperson

IMO GP IR STRATEGY 2013

2013 has been a very challenging year for general practice with a further €70 million removed from the GP budget under the FEMPI process, announced in Budget 2013 and implemented in July 2013. Since 2009 over €160 million in resources have been stripped from general practice, despite the Government's stated policy to transfer work from secondary to primary care, and general practice is now at breaking point. The consequences of short sighted budgetary policy has now become reality for many GPs and their patients across the country as follows;

1. The introduction of waiting lists for GPs for the first time in Ireland and the unavailability of GP services in certain parts of the country. This is resulting in increased attendance at GP out of hours services
2. Curtailment of services including pro-bono work
3. Reductions in working hours/redundancy of practice staff
4. Attracting GPs to rural and disadvantaged areas is now a critical issue
5. Significant downstream impact on overall secondary care health costs caused by an increase in the rate of referrals to secondary care centres
6. Ability to reduce drug costs curtailed
7. Ability to modernise and enhance services to patients curtailed
8. No capacity to introduce chronic care management and Universal GP Care in Ireland in the foreseeable future

As a direct result of cutbacks and Government Policy the very fabric of General Practice in Ireland is under threat. To address this threat the IMO industrial relations GP strategy was implemented throughout 2013 with a focus on four key areas as follows;

1. Protecting terms of current contract

2. Competition Act

3. Increasing Profile of GPs

4. Preparation for new contract

This Strategy was outlined to GP members at a National GP meeting at which over 100 GP members were in attendance in November 2013. GPs can read below a summary of the work being undertaken under each of the headings of the strategy.

1 Protecting terms of current Contract

While IMO welcomes the transfer of work from secondary care to primary care it must be done on the following basis:

- Approached in a planned, efficient manner
- Allocation of appropriate resources
- Fully negotiated and agreed with the IMO as representative body for GPs

Protecting current contracts on behalf of our GP members includes significant work on the non-implementation of the current contract through ongoing engagement with PCRS and the Department of Health on both individual and collective GP issues

- Out of hours payments - formal arbitration process produced clarification document regarding out of hours payments and resolve outstanding payment issues
- Subsidies/leave payments and delayed payments - engagement with PCRS to secure appropriate payments
- Dispensing doctors - engagement with PCRS to protect dispensing arrangements

The IMO has also undertaken significant work to stop the transfer of work to general practice without appropriate resources, the following are a few examples:

- Diabetic shared care - St Vincent's and St Colmcille's successful intervention by IMO to stop unilateral transfer of unresourced diabetic care to GPs
- NCCP Breast Cancer Follow Up Screening Care - engagement with NCCP to highlight non-contracted nature of work being requested of GPs and potential implications for patient care
- Form filling - highlighting to PCRS onerous requirements of form filling including for discretionary medical cards, hospital referrals, significant improvements achieved
- Hospital Catchment areas - confirmation secured that hospital catchment areas cannot be enforced with regard to patient referrals

2 Competition Act

Competition Authority V. Irish Medical Organisation

The GP Committee of the Irish Medical Organisation (IMO) met in an emergency session on Monday 8 July to discuss the implications of the latest round of cuts imposed by the Government under the FEMPI legislation. Following the issuing of a press release outlining the decision of the GP Committee the Competition Authority demanded that the IMO cease certain actions which its GP Committee had announced in light of diminishing resources for General Practice.

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

The organisation had offered the undertaking in order to expedite the substantial hearing on this issue in the coming months. This development simply clears the path to a full review of the legal situation pertaining to our right - as a Trade Union - to represent GP members in their discussions with Government in respect of their public work and we are concentrating on defending our position on this matter vigorously. Allowing GPs the right to be fully represented by a Trade Union in their negotiations with the HSE in respect of their public work is a matter of fairness and logic. Preparations for the case are progressing and a trial date is expected in May 2014.

3 Increasing Profile of GPs

The GP media profile has been significantly heightened in 2013 via both proactive and reactive media statements and interviews, further details can be read in the communications section of this report.

In November 2013 the IMO launched a major campaign #resourceGP 'Help Us to Help More' calling for the Government to invest greater resources in General Practice as follows:

Dr Ray Walley speaking at the Launch of the GP 'Help us to Help more' campaign.

- A five-fold increase in the portion of the health budget spent on General Practice with a corresponding plan for increased patient services. Currently just 2% of the Irish health budget goes to General Practice as opposed to 9% of the health budget in the UK
- A commitment to ensuring the preservation of a community based, same-day appointment service for General Practice
- An agreed strategy for the development of General Practice in Ireland over the coming decade with a particular focus on extending the range of services provided through General Practice
- An action plan for the manpower needs of General Practice to address the growing shortage of GPs

The campaign has already received significant coverage on TV, in the national and local newspapers and social media and is designed to communicate in a positive way - the critical role played by General Practice and the need to invest more resources to ensure that it can do even more.

4. Preparing for New Contract

Free GP Care by 2016

The IMO supports universal access to GP care, but GP care which is free at the point of access must be introduced in a planned and sustainable fashion. Notwithstanding the difficulties being faced by GPs all over the country the Government Policy is to introduce free GP care to the entire population by 2016. In this year's budget, the Government announced the introduction of free GP care to under 6 year olds as the first step. This is a sweeping change from last year's "first step" to extend free GP care to those on the long-term illness scheme. Such a sweeping change in policy has no justification or logic and the IMO can only deduce that the Government has no concrete plan in place to introduce free GP care in this term.

The medical card scheme is a key support for low income families and provides a critical lifeline for hundreds of thousands of people who rely on the scheme to cover healthcare costs. Introducing GP Care which is free at the point of access to some while discretionary cards are being withdrawn from those who desperately need medical cards for a range of health services including free GP care, medication, hospital care, makes no sense.

The IMO wishes to see a cohesive 10 year plan for the extension of free GP care to the entire population that takes into account the needs of the population, quality care and the available resources. This plan must be developed in a transparent manner in conjunction with all relevant stakeholders.

The IMO supports universal access to GP care, and was one of the first organisations to advocate for universal health care

GOVERNMENT PROPOSALS ON FREE GP CARE TO UNDER 6s

The IMO note that Government Policy is to introduce Free GP Care to the total population by May 2016, the first step in this process being the introduction of Free GP Care to Under 6s by mid 2014.

The IMO has strongly criticised the Department of Health and Children on this plan for the following reasons:

1. No other Government Department deals with stakeholders in such a manner.
2. There is no credible plan for the introduction of Free GP Care - there is no definition as to what Free GP Care means in practice and who is going to fund such care or what the levels of care will be. White Paper has yet to be published.
3. No discussions have taken place with the GPs who are expected to deliver the service which will dramatically increase workload. It is a fact that patients with medical cards visit their GPs more often. Research confirms that GP services will be unable to cope with the demand if the Government pushes ahead with current proposals. (Ref: Irish Medical Journal December 2013).
4. The Health Budget and the resources to General Practice have been systematically reduced over recent years making it impossible to introduce new initiatives without discussion on a new contract and new model of care. (€160 million decrease in resources under FEMPI).
5. The IMO wholeheartedly support Universal Health Care as long as the care is properly planned and resourced so as to ensure it is sustainable in the long term.
6. In respect of the move to introduce Doctor Only Visit Cards to Under 6s the IMO position is:
    - There is no medical evidence that suggests this is the group that should be prioritised in any plan. In an era of scarce resources those resources should be targeted to areas of greatest need. Older people and seriously ill patients are losing medical cards.
    - This plan is contrary to the stated aims of the Medical Card Scheme which is designed to provide care to patients and their families who are within a low income bracket or on a specific illness based need which is covered by the Discretionary Medical Card.
    - There is no rationale behind the decision, we have sought but have not received details of cost analysis/demographics etc.
    - This proposal will reduce resources into General Practice, Private Income currently cross subsidies the infrastructure of General Practice and this will now be lost.
    - The proposal to introduce a new contract, without negotiation, will destroy the very fabric of the doctor/patient relationships with families in the community and will seriously impact on continuity of care.

IMO GP Members meeting, 9 November 2013.

5 Public Health and Community Medicine

COMMITTEE MEMBERS:

April 2013 - April 2014

Dr Brett Lynam - Chairperson
Dr Mary Conlon
Dr Barbara Hynes
Dr Howard Johnson
Dr Johanna Joyce Cooney
Dr Paul McKeown
Dr Patrick O'Sullivan
Dr Kathleen O'Sullivan
Dr Ina Donoghue
Dr Orlaith O'Reilly
Dr Mary O'Mahony
Dr Bridin Cannon
Dr Anthony Breslin
Dr Heidi Pelly
Dr Darina Fahey
Dr Ann Hogan
Dr Mary Fitzgerald

Dr Mary Conlon, Dr Patrick O'Sullivan and Dr Brett Lynam at the IMO Doolin Memorial Lecture.

Dr Brett Lynam, Chairperson

In economics, the concept of 'opportunity cost' refers to the cost associated not with doing something, but with not doing it. It is an intangible cost, but a cost nonetheless, and one that will likely make itself felt at a later time. The history of Irish public administration is littered with the opportunity costs of missed opportunities. Unfortunately, in its steadfast refusal to engage seriously with the issues that affect Public Health Medicine and Community Medicine, the Health Service Executive (HSE) is guilty of another debit entry in the ledger of missed opportunities.

When he came to launch the 'Healthy Ireland' policy document, the Minister for Health observed correctly that healthy people cost the State an awful lot less than unhealthy people. One might, therefore, enquire as to why the State will neither invest in nor engage in a thoroughgoing fashion with a field of medicine that has, at its core, the maintenance of the health of the population. One might further wonder as to the wisdom of sidelining prevention when the State's scarce resources struggle to cover the cost of curing illness.

With that in mind, it is with some regret, that one must acknowledge that constructive engagement with the HSE on the issues that impact on Public Health Medicine and Community Medicine has proven to be as difficult and sporadic this past year as at any time previously. The IMO has repeatedly stressed to the HSE that the Public Health Medicine and Community Medicine services are creaking under the twin demands to deliver a quality patient centred service while stripping costs out of the system. The response is that not only must more be done with less, but that it must be done more efficiently and for longer. It is the IMO's worry that a time will come when the service will be stretched beyond the point of toleration, and that will be the time when the cost of missed opportunities will have to be borne.

PUBLIC HEALTH EMERGENCY MEDICAL OUT OF HOURS SERVICE

In terms of the Public Health Emergency Medical Out of Hours Service, in the absence of meaningful engagement with the employer side, the IMO prepared its own document outlining the steps that need to be taken to put the Service on an safe and enduring footing. This document was subsequently presented to the employer side and to the Labour Relations Commission (LRC), under whose auspices the original agreement was negotiated. The parties met with the LRC in September 2013 and it was agreed that the operational issues could be dealt with through direct negotiations. Unfortunately, and indicative of the attitude of management, three subsequent meetings to progress the issues that have been identified were postponed by the employer side.

However, the IMO is absolutely clear that the current Service framework, which is based on former health board areas, must be maintained. The IMO is equally clear that any attempt to alter the Service framework is a matter for negotiation and cannot be unilaterally imposed by the HSE.

The IMO has advised the HSE that it reserves the right to pursue the issue of 'Consultant status' for Specialists in Public Health Medicine is through the Haddington Road mechanism.

AREA MEDICAL OFFICER

Another issue that arguably arose out of the 2003 Agreement and still demands a resolution is the anomalous situation of the remaining Area Medical Officers. The issues involved are well known to all involved and will be the subject of an Equality Tribunal hearing promised for 2014. Dr Kathleen O'Sullivan has taken a very principled position on behalf of her AMO colleagues, and the IMO strongly encourages any Doctors who can assist in this case to do so and to help right an ongoing wrong.

It has been discussed at the Public Health Committee of the IMO and agreed that the recently published HSE Human Resources Circular 17/2013 may present an opportunity to finally bring this matter to a satisfactory conclusion. The IMO will seek more details in this regard but the case to regularise AMOs, who have acted as Seniors, will, if at all possible, be pursued through this means also.

COMMUNITY MEDICINE TASK TRANSFERS

Following discussions at the Public Health Committee of the IMO, it was agreed that the IMO would advise the HSE that the transfer of tasks from Community Medicine Doctors to Public Health Nurses must be done in a structured way that guarantees standardised service across the State. The IMO has had it confirmed that negotiations in this regard will take place in 2014. The IMO intends to work closely with colleagues in the INMO in this matter.

HEALTH AND WELLBEING

The reorganisation of the HSE into the Directorate structure and the establishment of the Directorate of Health and Wellbeing held out the hope that Public Health Medicine and Community Medicine could expect an increased profile in terms of health service delivery. Notwithstanding the initial difficulties in terms of the staffing of senior posts in the Directorate - which was raised with the National Director - this Directorate will be pivotal with in terms of developments in Public Health Medicine and Community Medicine. The IMO looks forward to developing a solid and constructive working relationship with the Directorate, to advance the interest of members in this vein. It will be a priority for 2014 to establish the organisational location for our Community Medicine members.

STRENGTHENING THE PUBLIC HEALTH COMMITTEE

At its first meeting after the 2013 AGM, the Community Medicine subgroup of the Public Health Committee undertook to develop a mission statement for Community Medicine. This required the subgroup to assess the strengths and weaknesses of the specialty and to position Community Medicine in the context of the wider health service. This has been an extremely useful exercise, and has thrown into sharp relief the breadth of experience and specialism within Community Medicine. This process dovetails with a similar process undertaken by Public Health colleagues, which now can be brought to a conclusion.

The Public Health Committee have also undertaken decisions with regard to the naming of the Committee and the method of electing members to the Committee that are intended to make the Committee more inclusive and representative of the widest membership possible.

OPPORTUNITIES AND CRISES

Arising out of the Budget that was delivered in October 2013, the HSE now has to deliver services in 2014 with a budget that could be anything up to €1 billion less than the 2013 financial allocation. There can be no doubt that 2014 will be every bit as difficult as 2013. Reducing resources, when allied to the Moratorium on Recruitment and pay cuts, can only ensure that the difficulties of 2013 will inexorably bleed into 2014.

Public Health Medicine and Community Medicine, as actors in the primary care environment, are on the right side of the trajectory of public health policy. However belatedly, this must be recognised by the management of the health service. It is long past the time when common sense replaced lip service when dealing with these two specialties.

6 Personal Cases Unit

The Personal Cases Unit (PCU) of the IMO remains the principal point of contact for Members with the Organisation. This past year, the PCU has taken, on average, one thousand calls per month from Members in all of the craft groups and on all conceivable issues. The PCU is staffed by dedicated industrial relations personnel and its remit is to advise and to help Members deal with matters that are specific to that Member. Naturally, this involved close collaboration with the National Unit as Department of Health and HSE policy changes are often implemented inconsistently or just incorrectly.

GENERAL PRACTICTIONERS

When broken down by craft group, well over half of all calls to the PCU come from General Practitioners; perhaps reflecting the independent nature of General Practice when set against colleagues working in Hospitals or other health centres. As one would expect, given the nature of General Practice, the queries cover a very broad range of topics. For the most part, these individual queries relate to the increasing difficulties in maintaining viable practices in the face of declining State subsidies and disappearing private patients. For the PCU, this means navigating the bureaucratic double-speak of the PCRS, and increasingly, assisting Members in maintaining their cost base at manageable levels. One noticeable trend to emerge this year was the pressure increasingly put on General Practitioners to collaborate closely with Primary Care Teams, and even to move into HSE premises. These are difficult situations and Members who find themselves in such a situation, should contact the IMO.

NON CONSULTANT HOSPITAL DOCTORS

For our NCHD Members, this past year will be memorable for the industrial action on 8 October in pursuit of a maximum 24 hour shift and reasonable working hours. While this was very much a national level event, it raised awareness throughout the system of the importance of recording one's working hours and ensuring that all of those hours were paid at the appropriate rate. As such, the PCU dealt with increasing numbers of calls from NCHD Members who were anxious to have their overtime hours recognised and paid. We have also assisted a considerable number of NCHD Members who found themselves involved in disciplinary procedures.

These tend to be stressful situations for the Member and the experience of the PCU can be invaluable in assisting at these times. As NCHDs are often new, not just to medicine and the public hospital system, but to the workforce, the importance of getting acquainted with your contract and with your rights and responsibilities cannot be overstated.

CONSULTANTS

When considering Consultants, the personal and the national have run hand-in-hand this year. The roll out of the September 2012 salary has caused much consternation and confusion. The PCU has dealt with several Members who have taken up permanent posts at lower salaries than they had earned as locums. This is no way to run a health service. In the first half of 2014, in tandem with national negotiations, the IMO will be bringing several individual cases before third parties to begin the process of chipping away at the third tier of the three tier Consultant salary scale.

PUBLIC HEALTH AND COMMUNITY MEDICINE

In serving the needs of our Public Health and Community Medicine Members, the PCU has taken up the cases of several Members whose local and other arrangements had been unilaterally changed by management, either under or in breach of, the Haddington Road Agreement. The PCU has also assisted Public Health and Community Medicine Members whose contractual status needed to be clarified, either through direct talks with management or via third party hearings.

In light of the decision announced in the Budget of October 2013 to reduce health spending, by as yet an undetermined figure (somewhere between €660 million and €1 billion) it is inevitable that the medical spend will be reduced. It is equally inevitable that various managers within the health service will view reducing the medical spend as an opportunity to get out in front of the looming cuts. It is vital, therefore, that doctors become more aware of what their contracts say and that they remain vigilant of their contractual rights and notify the IMO should these rights be breached.

The PCU is an excellent resource and has helped thousands of IMO Members. In these challenging times, uncertainty is the only certainty and, no doubt, 2014 will be every bit as busy as 2013.

PERSONAL CASES UNIT
NOTABLE CASES

An NCHD Member approached the Personal Cases Unit advising that his contract had been withdrawn after he submitted a sick cert to his next employer. The Hospital argued that as his contract had not been activated, they were within their rights in preventing him from commencing employment. This was patently wrong and the PCU took the case up with the Hospital and, latterly, sought the intervention of the Rights Commissioner Service. As a result, the PCU secured over €6,000 in compensation for this Member;

The Primary Care Reimbursement Service (PCRS) of the HSE provides an ongoing source of frustration for General Practitioner Members. This past year, the PCU was advised of difficulties that several Members in the West had in having their subsidy status rectified. The PCU took up the case and succeeded in having one practice's Island Allowance restored and secured over €20,000 in compensation for another Member in respect of systemic misapplication of subsidies;

The PCU was advised by Consultant Members, that their previous NCHD experience was not to be recognised when it came to calculating their pensions. This, again, flew in the face of accepted norms and, more pertinently, the relevant legislation. The PCU took up the case and navigated the issue through the appropriate channels to have this service properly counted;

The coming application of the EWTD for NCHDs is likely to throw up more and more cases for the PCU as Hospitals seek to stretch their NCHD resources to meet patient demand. In one instance recently, a major Hospital in the Southern region came upon the idea of unpaid NCHD training. This breach of contract, and High Court Agreement, was only rectified after the involvement of the PCU on behalf of concerned Members;

The PCU also took up a case on behalf of Consultant members, first individually and then collectively, to prevent HSE West from unilaterally altering their service delivery schedule. The PCU is presently steering this matter through the myriad of industrial relations over-sight bodies that have been spawned by the various national level agreements. This case also demonstrates the flexible willingness of the PCU, in adapting from the personal case to the group issue, as the need arose.

7 Communications and Public Relations

2013 was an exceptionally busy year on the PR and communications front and the organisation deliberately adopted a much more proactive approach to engaging with media at a national, local and specialist level.

As a result the IMO took a lead position on numerous issues and often set the agenda on issues that dominated media and political matters during the course of the year. Spokespeople featured prominently in broadcast and print media and participated strongly in current affairs and news programmes from Morning Ireland to the evening TV news bulletins to the News at One and all points in between. We secured over 200 broadcast radio interviews alone and thousands of column inches in the print media.

This increased activity necessitated a much greater involvement in media relations by office holders and by members across the country and we are grateful to all for making time available (often at very short notice) to participate in interviews, press conferences and photocalls.

During 2013:

- Over 200 radio interviews organised
- Over 103 press releases and statements issued to national and regional media
- Launch of the IMO's first social media account @IMO_IRL on Twitter
- Two major campaigns launched generating massive publicity; The '24 No More' campaign and the #resourceGP campaign
- There was a two fold increase in website traffic from 2012
- There was a three fold increase in media exposure in press and online articles

The IMO secured over 200 interviews on key issues during the year and IMO spokespeople were regular guests on key current affairs and news programmes

IMO President, Dr Matthew Sadlier at IMO AGM April 2013

GETTING THE MESSAGE ACROSS

Over the past year, there have been several developments that have resulted in widespread national and international media coverage for the Irish Medical Organisation and all its members, Consultants, NCHDs, GPs, Public Health and Community Medicine. These include Croke Park 2 and Haddington Road Agreement, Consultant Rest Days, FEMPI cuts, Annual General Meeting, Organisational meetings, the NCHD 24 No More campaign, the #resource GP campaign and GP care for Under 6s. On a daily basis the Communications Unit provided spokespersons, background information and the Organisation's policy on a wide range of issues.

AGM 2013

The Annual General Meeting took place from 4-6 April 2013 in Killarney and was very well attended by members of the media.

During the AGM, RTE television, national radio stations and national newspaper journalists reported daily on issues including the organisation's views on issues such as the Croke Park talks, Free GP care, various motions and organisational matters. Onsite interviews were arranged throughout the AGM.

Copies of keynote addresses and scientific session presentations were printed and made available to journalists. Live and pre-recorded packages went out each evening of the AGM on RTE Six One and Nine O'Clock News bulletins. A number of press briefings were held covering Croke Park updates and organisational matters.

IMO NCHD Committee members launch the 24 No More Enough is Enough Campaign

There was considerable interest in the scientific sessions and these were reported on by several of the print journalists attending. Phone call requests for updates and interviews from local and national media were constant throughout the AGM.

NCHD CAMPAIGN
24 NO MORE - ENOUGH IS ENOUGH

The 24 No More NCHD campaign was a major initiative in 2013. On the 24 January 2013, six NCHDs were interviewed at IMO House for RTE's Primetime to highlight the unacceptable and ongoing breach of the European Working Time Directive (EWTD) in hospitals. The doctors interviewed for the programme gave compelling accounts of their own personal experiences.

Following the lack of progress from the Department of Health and the HSE in reducing working hours in the first four months of 2013 the IMO decided to escalate the dispute. On the 15 July the IMO launched the 24 No More campaign with a press photocall and a press conference. The aim of the campaign launch was to highlight the 'dangerously-long' working hours which Non Consultant Hospital Doctors (NCHDs) were routinely forced to work.

A media campaign was developed to support the 24 No More campaign and to generate national media coverage around the issue of excessive working hours by NCHDs. Coverage of the campaign was widespread across news features, health and consumer affairs publications and in broadcast and online media. The key objectives of the campaign (ending shifts more than 24 hours and the enforcement of the European Working Time Directive (EWTD), were strongly emphasised in each press release and media interview.

Media coverage encompassed all national press including the Irish Times, Irish independent, Irish Examiner, Sunday Times, Sunday Business Post. Broadcast highlights included RTE Six One News and 9 O'Clock news, TV3's News @ 5:30 and Ireland AM programmes and various radio programmes including Morning Ireland, The Last Word, The Right Hook. There was also significant online interest with coverage of the strike featuring prominently on sites like TheJournal.ie, irishhealth.ie, breakingnews.ie. RTE online and various other online news websites.

Some of the high profile coverage items organised by the Communications Unit included:

- A recorded diary piece completed by an NCHD member for Newstalk Breakfast
- TV3 Ireland AM - interviews with NCHD committee members
- Live broadcasts and interviews from strike locations on RTE News
- TV3 News and Nuacht TG4 - live interviews

The Communications Unit secured widespread media coverage for the national day of action (8 October). A press briefing was held at the Mater Hospital on the day and was attended by a wide range of media outlets. Television interviews were organised with RTE, TV3 and TG4 during the day in various hospital locations and radio interviews were organised with regional representatives.

Throughout the day pictures and updates of the hospital pickets were uploaded to Twitter and displayed on the IMO website.

Local reports for regional radio stations across all of the hospital locations were organised.

At the launch of the #resourceGP Campaign
Dr Frank Clarke, Dr Fiona Moyni han and Dr Ray Walley.

GP MEDIA

GP issues were a focus of huge attention throughout the year and there has been a considerable increase in media exposure for IMO GPs. The IMO has been at the centre of every debate relating to GP issues and we've featured regularly on the highest profile media platforms such as the national press, RTE News, TV3 News, Radio One, Newstalk, Today FM as well as regional press and radio.

Free GP Care for under 6s/Medical Cards

The IMO led the charge in the media against the Government's free GP care plan for under 6s from when the policy was first hinted at by the Minister for Health in late July 2013. The IMO led the debate on the principle of GP care, which is free at the point of access, but questioned the policy of taking medical cards from vulnerable people to finance it.

A statement was immediately issued by the IMO outlining that GPs had not been consulted on any of these plans. Dr Ray Walley was interviewed on Radio One Drivetime in response.

On Monday 14 August an announcement was made by Government that it was proceeding with plans to introduce free GP care for under 6s in the Budget. Again we reacted strongly and secured significant media coverage. Following budget announcements the IMO reacted swiftly and engaged in media interviews and discussions on the issues relating to so called "free GP care", medical card issues for older and more vulnerable patients and the rise in prescription charges.

#resourceGP

The #resourceGP campaign was launched at a press conference held in IMO House on Friday 8 November and was well attended by national media. At the press conference Dr Ray Walley, Chair of the IMO GP Committee and Ms Shirley Coulter, Assistant Director of Industrial Relations launched the campaign. The campaign objective is to highlight the potential of General Practice to deliver more for patients but only in the context of adequate resources and proper planning.

In 2014 the #resourceGP campaign will continue to include public awareness initiatives, debates in the traditional media (local and national) and social media and an outreach campaign to public representatives in the Dáil, Seanad and in local authorities around the country. The IMO will keep raising the profile of General Practice across all media outlets and keep General Practice at the centre of the debate on healthcare strategy.

IMO PRE BUDGET SUBMISSION / IMO POSITION PAPER ON CHILDREN AND ALCOHOL / BUDGET 2014

The IMO Pre Budget Submission and IMO Position Paper on Children and Alcohol was published on Friday 26 September and the following week in reaction to the 'Arthurs Day' media coverage a press release was issued where the IMO's position calling on the introduction of a minimum price on alcohol was highlighted.

IMO President Dr Matt Sadlier was interviewed on Newstalk and Irishhealth.com, breakingnews.ie and the medical papers featured the IMO position paper. After the Budget 2014 announcement, a statement was issued from Dr Matthew Sadlier declaring the IMO's strong criticism of the healthcare changes announced. Dr Sadlier stated that "The Minister is talking about revolutionising the system but it's like planning an extension for a house built on quicksand". Dr Sadlier also took part in a panel discussion on RTE's Late Debate programme.

CROKE PARK II / HADDINGTON ROAD AGREEMENT

The IMO played a key role in challenging the Croke Park II initiative in the media and spokespeople participated on various high profile programmes and news bulletins.

In consultation with the Industrial Relations unit all media queries addressing the talks were dealt with, interviews were arranged and statements were issued throughout the negotiations.

DOOLIN MEMORIAL LECTURE AND STUDENT DEBATE 2013

Professor Freddie Wood, President, Medical Council presented this year's Doolin Memorial Lecture in the Royal College of Surgeons on Saturday 7 December 2013. His lecture titled 'The Patient, the Surgeon and the Regulator' focused on his career in medicine and the major developments that have taken place in Irish cardiothoracic surgery over the years. The lecture was well attended by over 80 invitees.

At the IMO Student Debate two teams from the various college medical societies debated the motion: "This House proposes that cannabis be legalised for recreational and medicinal use" Proposing the Motion: Gavin Tucker (Trinity), Simon Neary (NUIG) and Elizabeth Ahern Flynn (RCSI). Opposing the Motion: William Courtney (UCD), Sanskriti Sasikumar (UL) and John Campion (NUIG). Both teams delivered their arguments with great fluency and content and the judges noted a very high standard overall. The Opposing Team won the debate and the IMO Debating Medal was awarded to Elizabeth Ahern Flynn from RCSI.

IRISH MEDICAL JOURNAL

In 2013, the Communications Unit highlighted articles of interest from each issue of the Irish Medical Journal. There was a total of 17 press releases issued in 2013. The aim is to promote the journal and highlight to the media issues and research in Irish clinical practice. Coverage from press releases was widespread in print, radio and online media during the year.

Professor Freddie Wood, Irish Medical Council President is presented with the Doolin Memorial Medal by Dr Matthew Sadlier, IMO President.

IMO WEBSITE WWW.IMO.IE AND IMO DIRECT – A NEW SERVICE FOR MEMBERS

The IMO website has continued to grow as an invaluable membership resource during 2013, particularly during the AGM and the 24 No More and #resourceGP campaigns.

Statistics from 1 January, 2013 to 31 December, 2013 show page views on the IMO site totalled 98,278, of which 50.9% were new users to the site.

The website is updated regularly with the latest industrial relations updates, press releases, research and publications and upcoming events. IMO campaigns are highlighted and promoted extensively via the website. Members who visit the website are provided with a broad range of information for all of the IMO membership specialities. In 2013, the IMO set up IMO Direct in order to bring useful services to members at competitive and discounted pricing. Members of the IMO can avail of special discounts that IMO Direct brings on mobile phone deals from €25 a month, big discounts on office and stationary supplies and on medical equipment.

IMO NEWS CLIPPINGS 2013

Doctors say proposals to reduce working hours insufficient

MARTIN WALL
Industry Correspondent

Non-consultant hospital doctors have said that proposals on reducing their working hours put forward by health service management over recent days in a bid to avert a planned strike are insufficient.

However, the non-consultant hospital doctor committee of the Irish Medical Organisation (IMO) backed the decision by the leadership of the union at the weekend to suspend the strike action.

There is no date set for the commencement of any industrial action.

The committee is seeking clarification from the HSE on the proposals it put forward on implementing European rules on working hours, as well as on sanctions which would apply in cases of these being breached by hospitals.

Non-consultant hospital doctors had been scheduled to take strike action tomorrow as part of their campaign against excessive working hours.

However, the action was deferred for a week last Friday after the HSE tabled proposed reforms.

No date in place

The IMO said that the committee had endorsed the suspension of strike action to allow time to give detailed consideration to the proposals. Originally it had been planned for the deferral of the industrial action to run out in the middle of next week with the strike beginning on Wednesday week. However, there is now no date in place for the action to begin.

The HSE proposals included a commitment that no non-consultant doctor would have to work a shift of longer than 24 hours from January.

The HSE also pledged that it would be fully compliant with the European working time directive, which stipulates a maximum 48-hour week by the end of next year.

The Department of Public Expenditure and Reform also signalled that it would provide additional resources if they were needed to allow for the reduced hours to be put in place.

However, following a meeting yesterday, the non-consultant hospital doctor committee of the IMO said it: "did not consider the proposals, as they stand, sufficient to allow them to proceed to a ballot of members and has now reverted to the HSE seeking clarification and greater detail in respect of the European working time directive implementation plans, including verification processes and sanctions for non-compliance . . . At this time, the committee has declined to put the proposals to a ballot of members."

The committee is to meet again on Thursday.

48
Number of hours in working week stipulated under European directive

Irish Examiner, 24 September 2013

IMO warns of further hospital strikes

Doctors say there will be more action if HSE fails to engage on long working hours

Hospitals to provide Sunday services and warn of delays for non-emergency patients

Irish Times, 8 October 2013

Doctors' strike is back on

Junior medics say a day of action will now go ahead this Tuesday

Irish Daily Mail, 1 October 2013

GPs accuse Reilly over free care for under-fives

He hasn't talked to us, say doctors

Irish Daily Mail, 20 September 2013

Irish Daily Star, 16 July 2013

GENERAL PRACTICE

Vaccination rates are 'set to reduce' – IMO

Irish Medical Times, 12 July 2013

IMO says Reilly 'not serious' about free GP care plan

Éanna Ó Conlaí

Irish Times, 19 September 2013

IMO warns on cutting medical cards to save cash

by Mary Regan
Deputy Political Editor

Irish Examiner, 11 October 2013

Unanimous support for status upgrade of area medical officers

Irish Medical Independent, 11 April 2013

Threat of strike by doctors escalates

Eilish O'Regan
Health Correspondent

THE threat of a hospital strike by junior doctors has escalated

Irish Independent, 2 October 2014

IMO irate at 'political stunt' of free care for under-5s

Irish Examiner, Monday, October 2013

Irish Medical Organisation considers Haddington Rd. Agreement

Newstalk, 5 June 2013

Government's plan for free GP care criticised as 'political stunt' by IMO

Union says plan not covered by agreements currently in place

Martin Wall

Irish Times, Monday, 14 October 2013

IMO votes against Croke Park II deal

Doctors to consider 'all options'

Irish Examiner, 5 April 2014

IMO irate at 'political stunt' of free care for under-5s

Irish Examiner, 15 October 2013

Make whooping cough jab free for pregnant women, urge doctors

A DISEASE THAT CAN KILL

Irish Daily Mail, 8 April 2013

irishmedicalnews

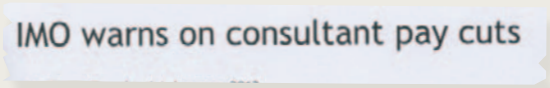
MONDAY JANUARY 21 2013 VOLUME 30 NUMBER 3 €4.25

Ireland's leading medical newspaper

www.imn.ie

IMO considers ballot for industrial action

Irish Medical News, 21 January 2013



IMO warns on consultant pay cuts

Irish Times, 1 January 2013

thejournal.ie

Irish Politics International Opinion Science Living Culture

Doctors issued new guidelines for using social media

The Journal.ie, 6 April 2013

Junior doctors likely to vote for strike

First phase of industrial action would affect hospital clinics and elective surgery

Irish Times, 9 August 2014

EC: Lives of junior doctors and patients at risk

Irish Examiner, 21 November 2013

HSE cuts to force prescription costs up €2.70

GPs warned cuts will have knock-on effect for patients

Irish Independent, 3 July 2013

'It's hard to focus and by the end you are broken'

Irish Independent, 9 October 2013

HEALTH BUDGET

IMO: Money must follow patient in primary care

Irish Medial Times, 17 September 2013

Medical card patients see GP twice as often

Those with free care visiting seven times a year

Irish Daiily Mail, 13 December 2013

8 Policy and International Affairs

RESEARCH AND POLICY

As the representative body for the medical profession, the IMO in its mission statement is committed to the development of a caring, efficient and effective Health Service and thus a key activity of the IMO is advocacy. The IMO develops policy on a wide range of Health Service and Societal issues and aims to influence Government proposals in a constructive and practical way. The development of IMO policy is the remit of the Council. Policy is also developed on foot of IMO AGM Motions and in conjunction with the IMO membership. In June 2013 the Policy and International Affairs Unit of the IMO were combined to manage policy issues more effectively at both National and European level. This Report includes:

- General Motions 2013 Update
- IMO Position Papers
  - The Doctor as Advocate - Role of the Doctor Series
  - Social Media
  - Alcohol and Young People
- IMO Budget Submission 2014
- Miscellaneous submissions a requested by External Bodies
- Advocacy and Lobbying Activity

All IMO Policy Papers and Submissions are available on the IMO website **www.imo.ie**

GENERAL MOTIONS 2013 UPDATE

The General Motions from the IMO AGM are managed by the Research and Policy Unit. Following the 2013 AGM the Unit wrote to the Minister for Health and Children, other Government Departments, the HSE, the Medical Council and relevant bodies, informing them of the motions passed and requesting a response. Many motions from 2013 and previous years are also included in the different policy papers and submissions written during the year.

IMO POSITION PAPERS

The Doctor as Advocate - Role of the Doctor

The Role of Advocate has been identified as one of the most important duties and responsibilities of each and every doctor. Doctors as professionals are expected to provide the best possible care to patients and to do what they can in the interest of their health. Doctors therefore advocate at different levels whether it is to secure the most appropriate care for individual patients, to ensure the provision of adequate health services at a local or national level, to promote healthy lifestyles or to address broader societal issues that impact on health.

The IMO Position Paper on the role of The Doctor as Advocate was launched at the IMO AGM in April 2013. The position paper examines the results of a survey carried out of IMO members on this important professional role. The aim of the survey was to find out what the advocacy role means to Irish doctors, what are the qualities and attributes required, what advocacy activities IMO members engage in and what barriers, if any, prevent IMO doctors from fulfilling this role. The position paper also contains useful guidance on Advocacy and the IMO held a CPD session on advocacy at the 2013 AGM.

The IMO develops policy on a wide range of Health Service and Societal issues and aims to influence Government proposals in a constructive and practical way

Dr Sam Coulter Smith delivering a scientific session at the IMO AGM 2013.

Social Media

Social media and other interactive online applications are dynamic and constantly evolving dimensions in modern society. These applications often cross public and private domains, inextricably linking both professional and personal lives.

It is often easy to forget or disassociate the online environment from being a public arena, particularly while it may just be you using your PC, smartphone or tablet. However, you should always be mindful that the content you generate on sites can reach a public domain regardless of your intention for the information to be public or private.

This guidance is aimed at doctors and medical students who interact with social media and other online platforms both professionally and personally to remain fully aware of the both the positive and negative implications of their online actions.

Alcohol and Young People

The Research and Policy Unit prepared an IMO Position Paper on Alcohol and Young People. The paper examined the many of problems related to alcohol. The overall cost to Irish society of problem alcohol use, including health care costs, the cost of crime, premature death and mortality, and accidents and absenteeism at work, is estimated at €3.7 billion. Alcohol consumption rates in Ireland are amongst the highest in Europe and consumption patterns amongst our young people are of particular concern. A range of measures are needed in order to change Ireland's relationship with alcohol and to reduce the burden of problem alcohol use on future generations.

In this position paper, the IMO outlined a clear policy in relation to the sale and promotion of alcohol to young people and called above all for the introduction of a minimum pricing structure for the sale of alcohol in Ireland as well as a total ban on all advertising and promotion.

The IMO position Paper on Alcohol and Young People was launched with the Budget Submission in September and was presented to the Oireachtas Joint Committee for Finance, Public Expenditure and Reform and the Oireachtas Joint Committee for Health and Children.

On 24 October, Ministers Fitzgerald, Reilly and White announced Measures to Deal with Alcohol Misuse to be provided for in a Public Health Bill. The Bill has yet to be drafted, but an outline of the provisions in the Bill has been provided.

The IMO has welcomed the proposal to introduce Minimum Unit Pricing but is disappointed that the Bill will not include a ban on alcohol sponsorship and promotion. The IMO will continue to lobby on this issue.

IMO BUDGET SUBMISSION 2014

The IMO Budget submission 2014 focuses on the negative effects of the economic downturn as well as the opportunities the recession can create to improve health and health care. The Budget Submission focused on the following issues:

1. **Health System Reform and Investment in Health Services -** Recession offers opportunities for reform and the Government has embarked on major reorganisation of the health system. Efficiencies have been made but investment is now required if the Government is to achieve its goal.
2. **Health Inequalities and Access to Care -** The IMO are also concerned about growing health inequalities and inequalities in access to care under the recession and it is important that budgetary measures do not further widen the gaps.
3. **Suicide Prevention -** There is a link between recession and suicide and thus a need to ensure adequate resources are available for suicide prevention programmes.

Dr Matthew Sadlier presenting the IMO Pre Budget Submission to the Joint Committee on Health and Children at the Houses of the Oireachtas.

4. **Minimum Alcohol Pricing -** Despite an increase in excise duties last year, alcohol remains cheap to purchase relative to the societal costs of problem alcohol use. There is room to introduce a minimum alcohol pricing structure in order to reduce the burden of excessive alcohol consumption.

MISCELLANEOUS SUBMISSIONS AS REQUESTED BY EXTERNAL BODIES:

The IMO also made a number of submissions to external bodies on issues of concern to IMO members including:

- HIQA Standardised Discharge Information
- HIQA Draft Corporate Plan 2013-2015
- HSE Draft Policy and Guidelines on Open Disclosure
- Dept of Health Draft Policy on Money Follows the Patient
- Oireachtas Committee on Health and Children Consultation on the (Heads of) Protection of Life During Pregnancy Bill 2013
- Department of Health's Consultation on the Draft Misuse of Drugs (Amendment) Regulations 2013
- National Standards Authority of Ireland consultation on CEN standard for Aesthetic Surgery Services
- Open Government Partnership
- Dept of Health Consultation on the opt-out system of consent for organ donation
- Advertising Standards Authority of Ireland Review of the Code of Standards for Advertising

ADVOCACY AND LOBBYING ACTIVITY

The IMO also engaged in other advocacy and lobbying activities during the course of 2013. In May 2013, the IMO made a Presentation to the Oireachtas Committee on Health and Children on the (Heads of) Protection of Life During Pregnancy Bill 2013 on foot of our submission to the Committee. In September, the IMO presented the budget submission at hearings before the Oireachtas Joint Committee for Finance, Public Expenditure and Reform as well as the Oireachtas Joint Committee for Health and Children.

Road Traffic Bill

In January the IMO attended a meeting with the Department of Transport, the Medical Bureau of Road Safety and the Garda Commissioner to discuss the Road Traffic Bill and which will introduce legislation for the testing for alcohol and drugs of unconscious drivers following a serious road collision and any issues arising.

Health Technology Assessment of Smoking Cessation Products

Over the summer the IMO also discussed with HIQA our 2012 motion calling for HIQA to carry out a Health Technology Assessment of Smoking Cessation Products.

Suicide Prevention

The IMO also wrote to the Rapporteur on Suicide Prevention to the Joint Oireachtas Committee on Health and Children with regard to suicide prevention and young people.

Development of Healthcare Standards at CEN – Comité Européen de Normalisation / European Committee for Standardisation

The IMO made numerous representations to national stakeholders including the Minister for Health, the NSAI, the Medical Council and the IAPS with regards to the development of healthcare standards by the European Industrial standards body CEN (Comité Européen de Normalisation / European Committee for Standardisation).

9 Policy and International Affairs

INTERNATIONAL AFFAIRS COMMITTEE MEMBERS:

April 2013 - April 2014

Dr Neil Brennan - Chairman
Dr Bridin Cannon
Dr Liam Lynch
Dr Lisa Cunningham
Dr Martin Daly
Dr Niall Kelly
Dr Trevor Duffy
Prof Cillian Twomey
Prof Sean Tierney

Heartfelt thanks and warm wishes to Prof Cillian Twomey who retired in 2013 after 20 years as IMO delegate to UEMS.

Dr Neil Brennan, Chairperson

INTERNATIONAL AFFAIRS

International Policy is the remit of the IMO International Affairs Committee. At executive level, in June 2013 the Policy and International Affairs Unit of the IMO were combined to manage more effectively policy issues at both National and European level. 2013 was a busy year for the IMO in terms of international affairs. The IMO was host to the spring meetings of two European organisations, CPME on the 26-27 April 2013 in Dublin and UEMO on the 24-25 May in Killarney. This report includes:

- Update on European Legislative Agreements
  - Revision of the Professional Qualifications Directive
  - Revision of the Tobacco Products Directive
- Ongoing European issues
  - Development of Healthcare Standards at CEN-Comité Européen de Normalisation/European Committee for Standardisation
- Outcomes from the International Meetings
  - CPME
  - EJD
  - UEMO
  - UEMS
  - WMA

UPDATE ON EUROPEAN LEGISLATIVE AGREEMENTS

1 Revision of the Professional Qualifications Directive

The Professional Qualifications Directive is the legislative instrument responsible for the recognition of qualifications in regulated professions within the European Union. By setting minimum requirements in education, training and outlining comparable specialties in the EU, it is also the instrument that assists professionals moving and practising their profession in other Member States.

In June 2013, the European Parliament and the Council reached a political agreement on the Revision of the Professional Qualifications Directive. The Revision was adopted by the European Council in November 2013. The IMO with the EMOs provided significant input to the Revision.

The key elements of the Agreement for doctors are:

- **The introduction of a European Professional Card** is one of the main features of the revision. This card will take the form of an electronic certificate, exchanged through the Internal Market Information (IMI) system. The introduction of the card is aimed at facilitating and expediting the recognition of professional qualifications between member states.
- **Transparency of the regulated professions:** The directive seeks to evaluate and remove unjustified regulatory barriers to the free movement of professionals between member states.
- **Updated minimum training requirements:** For the medical profession, the new Directive will foresee a minimum duration of five years (currently six) consisting of 5,500 hours for basic medical training, with the objective of clarifying the existing provision.

  Under the new rules member states will also promote continuous professional development.
- **The introduction of an alert mechanism for health professional benefiting from automatic recognition:** The Directive shall also establish an alert mechanism for healthcare professionals, through which competent authorities can inform one another if a professional has lost, or is restricted in, his or her license to practice.
- **Rules on partial access to regulated professions:** The principle of partial access- access to some activities of a certain profession - is included in the new directive. It can benefit professionals who engage in a genuine economic activity in their home Member State which does not exist, in its own right, in the Member State to which they wish to move.

  A member state will be able to refuse partial access to a profession on the grounds of public health concerns.
- **Rules on language skills:** the revised Directive clarifies the regulations relating to language controls and their application by competent authorities after the recognition of qualifications and before the professional accesses a profession. Language controls must be reasonable and proportionate.

The IMO and the EMOs will continue to monitor and provide input into the practical application of the revised directive.

2 Revision of the Tobacco Products Directive

In December 2013, The European Commission, Parliament, and Council reached a compromise agreement on the Revision of the Tobacco Products Directive, subject to a vote in Parliament and formal adoption by the Council in 2014.

The Agreement includes:

- **A ban on characterising flavours** such as fruit flavours or menthol;
- **Combined picture and text health warnings will have to cover 65% of the packages** of tobacco products (the Commission had originally proposed 75%);
- **A ban on misleading labelling;**
- **A tracking system to strengthen the fight against illicit trade;**
- **New safeguards on the sale of electronic cigarettes.**

Member states may introduce more stringent rules on additives, or on packaging of tobacco products (such as plain-packaging), subject to certain conditions (such as notification of the Commission).

ONGOING EUROPEAN ISSUES

Development of Healthcare Standards at CEN – Comité Européen de Normalisation/European Committee for Standardisation

The IMO and all European and International medical professional bodies are concerned and opposed to the development of healthcare standards at CEN Comité Européen de Normalisation/European Committee for Standardisation.

- The medical profession maintains that standards for healthcare services should be developed, implemented and monitored by the relevant competent authorities, in consultation with the medical profession, so as to ensure the highest standards of care.
- There is an urgent need to regulate for the provision of aesthetic surgery and non-surgery services at national level in many EU member states, including Ireland. However, the IMO and all European Medical Organisations believe that the development of standards by CEN, the European industrial standards body, is a poor substitution for adequate national regulation.
- Currently, the disparities between Member States' medical education and training, along with resources and facilities, are too great to provide such universal standards that have been developed by CEN and not by the profession itself. There is a risk that European Standards are set at the lowest common denominator, undermining the efforts of national bodies to ensure the highest quality of care.

- A more appropriate forum for the development of health care standards must be found at European level that promotes the high quality care and patient safety across Europe and ensures that standards are developed by competent authorities in consultation with the medical profession.

OUTCOMES OF INTERNATIONAL MEETINGS

Standing Committee of European Doctors (CPME)

The Standing Committee of European Doctors (CPME) represents the National Medical Associations of 27 countries. CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors and the free movement of doctors within the European Union.

The CPME spring meeting was hosted by the IMO in Dublin on the 26-27 April. This meeting reaffirmed the importance of doctors using their voice to safeguard the quality of healthcare in these difficult times and ensure future developments are built on sustainable policies. The conference was opened with a discussion on health inequalities in Europe highlighted, and it was agreed that this was one important topic for action. CPME's newly adopted policies underline the need for European citizens to set out a vision for the future, whether in eHealth, prevention of frailty or the management of chronic conditions. Furthermore, CPME contends that there is a need to have concrete prevention policies in place, e.g. by improving rates of childhood immunisation and tackling antimicrobial resistance.

The Board of CPME adopted statements on the situation of healthcare in Cyprus and Greece, expressing solidarity and support for their colleagues' appeals against government action which threaten to impair the quality of and access to healthcare, as well as doctors' working conditions.

The following policies were also adopted:

- CPME Position Paper on Antimicrobial Resistance (AMR)
- CPME Statement on the "eHealth Action Plan 2012-2020: innovative healthcare for the 21st century"
- CPME a follow up statement on Clinical trials
- CPME Policy on Childhood Immunisation
- CPME and European Medical Students' Association (EMSA) joint statement on Healthy Ageing: Prevention of Frailty and Functional Decline
- The CPME Statement on the Management of Chronic Conditions
- CPME/BMA letter Minimum Unit Pricing for Alcohol

The CPME autumn meeting took place in Bucharest on the 22-23 November. The meeting included a presentation by the President of the Romanian Medical Association on the physician's dilemma balancing patient care with reducing resources, and the need for EMOs to safeguard professionalism.

Dr Paul McKeown speaking at the 2013 CPME spring meeting in Dublin

CPME endorsed the following policy documents

- Ensuring the secure use of telemedicine and e-health applications in an integrated Europe - Towards a Common Policy Agreement on Electronic ID Systems for Physicians
- CPME Commitments to the EU Platform for Diet, Physical Activity and Health 2013-2014
- CPME Commitments to the European Alcohol and Health Forum 2013-2014
- WMA Declaration of Helsinki on ethical principles for medical research involving human subjects
- CPME Statement on Natural, Non-pathological Variations of Human Sexuality
- Memorandum of Understanding between CPME and the Council of European Dentists

European Junior Doctors – Permanent Working Group (EJD)

Representing over 300,000 Junior Doctors all over Europe, the EJD's initial objective includes safeguarding the interests of the Junior Doctors in Europe by improving the working conditions, the mobility in the profession and set standards regarding the quality of postgraduate medical training.

The EJD spring meeting was held on the 10-11 May in Prague. The main outcomes of the meeting were:

- The Norwegian junior Doctors re-joined EJD
- The EJD approved a statement against discrimination of doctors in Slovakia and sent it to the official authorities
- The EJD also issued a statement on the funding of Medical Training

- A new working group on social media was established and working groups on salary and demography and emergency medicine are updating their data
- Ongoing work took place on the Remuneration survey and the EJD Policy on the Bologna Process Policy

The EJD autumn meeting was held on the 8-9 November in Heidelberg, Germany. At the meeting the delegates elected a new board for the term 2014-2015. Carsten Mohrhardt of Germany was re-elected as president.

The EJD also finalised the following documents:

- EJD statements on Curricula and Assessments
- EJD Policy on the Bologna Process
- EJD motion on informal payments in healthcare
- EJD update on the Position Paper on patients' rights in cross-border healthcare

Two new Working Groups were set up, "Family and work" and "Violence against doctors". The EJD also began an evaluation on the structure of Emergency Medicine in Europe.

In relation to Task Shifting, EJD survey results were presented and analysed. It can be stated that task shifting is widely implemented in Europe. The survey results also showed that even though task shifting takes place, Junior Doctors still undertake a lot of unnecessary work - mostly bureaucratic and non-basic physicians´ tasks. The EJD plan to develop a paper on this issue.

IMO Delegation at the EJD Autumn meeting in Heidelberg, Germany.

European Union of General Practitioners (UEMO)

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

UEMO spring meeting. The IMO had the pleasure of hosting the spring meeting of UEMO in Killarney on the 26-27 May which included a presentation from the European Commission DG Internal Market and Services on 'Recognition of family medicine as speciality - opportunities within the current directive on the recognition of professional qualifications'.

- **Recognition of General Practice as a European Specialty** is an ongoing objective of the UEMO, as it is already a specialty in many members' states. The European Commission said that it would not deal with this during the recent revision of the Professional Qualifications Directive. A considered approach is required to achieve this objective and UEMO and NMAs will continue to lobby at European and National level on this issue.
- **UEMO Policy on the Promotion of CME and Quality Assurance:** UEMO is developing guidelines and recommendations on appropriate CME and on how CME could benefit the quality of General Practice/Family Medicine.

The UEMO autumn meeting of the UEMO was held in Istanbul on the 15-16 November. The Health Minister of Turkey opened the meeting and a presentation was given on the situation of family medicine in Turkey. The meeting also signalled the end of the Hungarian presidency of the UEMO. Elections were tightly contested with Dr. Aldo Lupo (Italy), president, and Dr. Kjartan Olafsson (Norway), vice-president, being elected.

- **Recognition of General Practice as a European Specialty:** Continued work on the recognition of GPs as a medical speciality under the Professional Qualifications Directive took place with letters being drafted to respective authorities to try resolve the matter.

European Union of Medical Specialists (UEMS)

The UEMS is the largest European Medical Organisation, with membership comprised of over 30 National Medical Associations (NMAs) and over 40 Specialist Sections and Boards. Key activities of the UEMS include:

- political lobbying (Commission, Parliament, support of NMAs)
- standard setting for training and practice in individual medical specialities
- the accreditation of CME/CPD

In 2013, work began on the building of the Domus Medica in Brussels.

The UEMS Spring meeting was held in Brussels on the 19-20 April 2013. The main outcomes of the meeting included:

- UEMS Statement on promoting Continuing Professional Development in Europe
- Creation of the Specialist Section in Clinical Genetics
- Creation of the Specialist Section in Thoracic Surgery
- Policy Statement on Emergency Medicine in Europe
- The Council adopted European Training Requirements for the following Medical Specialties:
  - Anaesthesiology
  - Occupational Medicine
  - Radiotherapy
  - Surgery
- The Specialist Section of "Radiotherapy" changed to the specialist section of "Radiotherapy and Radiation Oncology"
- The MJC on Emergency Medicine was wound up

The UEMS autumn meeting was held in Paris on the 18-19 October. The main outcomes from the meeting were:

The following training requirements were unanimously adopted:

- Training requirements in Cardiology
- European Curriculum in Radiology
- Training Requirements in Medical Microbiology

The Explanatory Note on the Function of UEMS Structures requires further work. There is some criticism that UEMS structures are overly complex.

Croatia was admitted as a full member and Iceland was readmitted. UEMS now has 31 members and is the largest European Medical Organisation.

World Medical Organisation (WMA)

Due to ongoing industrial relations issues at national level, the IMO did not attend the General Assembly of the World Medical Association (WMA) meeting this year in Fortaleza, Brazil on the 16-19 October. However, the declarations and resolutions adopted included:

- WMA Revised Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects
- WMA Resolution on the Healthcare Situation in Syria
- WMA Resolution on the Prohibition of Chemical Weapons
- WMA Statement on the United Nations Resolution for a Moratorium on the Use of the Death Penalty
- WMA Resolution on Criminalisation of Medical Practice
- WMA Statement on Natural Variations of Human Sexuality
- WMA Resolution on Standardisation of Medical Practice and Patient Safety
- WMA Resolution in Support of the Brazilian Medical Association

Other policy documents were also adopted on:

- Women's Rights to Healthcare and Relating to Mother and Child HIV Infection
- Forensic Investigations of the Missing
- Right to Rehabilitation of Victims of Torture
- Human Papillomavirus Vaccination
- Fungal Disease Diagnosis and Management

IMO Financial Services

BOARD MEMBERS:

Dr Martin Daly, Chairperson
Mr Patrick Dineen
Mr James Brophy
Mr Willie Holmes

The role of IMO Financial Services is to provide a professional, quality and personal service to IMO members in terms of financial planning requirements for both their personal and professional lives. Our focus is always on what is right for the member bearing in mind their individual circumstances.

SERVICES DESIGNED FOR DOCTORS

In recent years we introduced Free Financial Reviews which have been very well received by many members. The key advantage of a full financial review is to have a true picture of your current financial situation and put in place a tailored personal plan for the future based on your particular circumstances.

IMO Financial Services operates a range of group schemes for members:

Group Life	988 Members
Group Income Protection Schemes	1,101 Members
Group Waiver of Premium Scheme	892 Members

In 2012 we reported that a major review of the schemes was completed resulting in enhanced terms and benefits for members. We are particularly pleased with the enhancements on the GP Waiver of Premium Scheme, which protects GMS Pensions in times of illness – the new benefit, which is being funded from IMOFS ongoing income, means that the complex claiming and deferral arrangements have been changed for new claims to a Deferred Period of 52 weeks and for those GPs over the age of 64 the Deferral Period is reduced to one month.

It is our intention to continue to examine ways in which we can negotiate additional benefits or enhancements for our Group Scheme Members.

IMO Financial Services is there for all your financial needs from savings to investments, life and illness protection to pensions, home and commercial mortgages, home and surgery insurance.

GOVERNANCE AND COMPLIANCE

IMO Financial Services is regulated by the Financial Regulator and is committed to ensuring all regulatory matters are dealt with in a proper and comprehensive manner. To this end we engage the services of an expert specialist company to review and monitor our procedures in light of ever changing and increasingly complex legislative requirements.

In tandem with the IMO Governance Review the Board of IMO Financial Services engaged positively with the process recognising its role to the Shareholder and its remit under Company Law. Whilst IMO Financial Services is operated as an independent financial services company it recognises and acknowledges the responsibility to provide full and transparent financial and other information to the IMO as the shareholder. Within the context of the IMO Financial Statements a detailed Profit and Loss Account and Balance Sheet for Fitzserv Consultants T/A IMO Financial Services is included.

PLANNING FOR THE FUTURE

The Board of IMO Financial Services are committed to planning a growth strategy for IMO Financial Services with the objective of providing IMO members with trusted advice in their financial planning requirements and ensuring the company operates and grows in a sustainable manner so as to benefit the IMO and the wider membership.

Significant work has already been undertaken in terms of developing a viable and realistic strategic plan and we look forward to commencing implementation in 2014.

Dr Martin Daly
Chairperson
IMO Financial Services

IMO
FINANCIAL SERVICES

Irish Medical Journal

In 2013 there were 10 issues of the Irish Medical Journal. The content for the year was:

Commentaries	10
Editorials	11
Original Papers	55
Case Reports	20
Short Reports	6
Research Correspondence	21
Letters to the Editor	23
Book Reviews	10
Continued Professional Development	12
Occasional Pieces	4

During the year the Journal received a large volume of papers across a wide range of topics and specialties. I have picked a few of the papers that raised a lot of interest and debate.

Addley et al reported on the debatable issues of sedation for colonoscopy. They compared the outcomes among 244 sedated and 244 non-sedated patients. The Gloucester comfort scales were similar in both groups but the complication rate was higher in the sedated group including two respiratory depressions, one vasovagal and one bleed post polypectomy. It is recommended that patients be given a choice.

Velde et al described the experiences with pain management among 32 helicopter winchmen. They frequently encounter badly injured patients both at sea and on isolated terrains. One of the concerns is that they have very limited analgesic options that they can give to the accident victim. The recommendation is that they are upskilled in the administration of IM Morphine.

Donohue et al reported that patients with epilepsy have an increased mortality rate compared with the general population. The rates are highest in those with longstanding severe epilepsy. The authors calculated that the mortality in patients with epilepsy is between 48 and 162 deaths in Ireland annually. Better seizure control is important.

Ryan et al reviewed the causes of bottlenecks in the ED department. They found that the three factors that prolonged stay in the ED beyond four hours were – requiring radiology 4.4 times, needing blood tests 4.1 times, needing admission 7.1 times. The solution recommended was to open an acute medical and surgical assessment unit.

O'Shea et al have examined the role of GPs in patient chronic disease management. They studied the care of 160 patients across 33 practices under the care of 58 GPs. This group of ill patients had an average of 9.2 GP visits per year and 25% needed assistance to get to the surgery. The mean number of medications was 6.2 and one third rated their health fair/poor. The paucity of nursing support was highlighted by the authors.

O'Dwyer et al analysed the national Rubella immunity data for Ireland. They found that 6.4% of expectant mothers are Rubella non-immune. The non-immunity rate was higher among certain groups. These groups were those born outside the EU, mothers under 25 years old and among primiparas. Increased vigilance among these susceptible groups is urged.

Taleen et al reported on the consequences of delayed diagnosis of ano-rectal anomalies in the newborn. During a 13 year period there were 29 cases of delayed diagnosis. There needs to be increased emphasis on the detection of this anomaly at the routine baby check. Failure in detection can have life endangering consequences for the baby particularly bowel perforation.

Laffoy eta al reported that alcohol is a risk factor for cancer particularly in the upper aero-digestive tract. They calculated that every year 900 new cancers and 500 cancer deaths are attributable to alcohol. Over half of the alcohol related cancers are preventable by adhering to the alcohol consumption guidelines.

I want to thank all the authors who submitted their papers to the Journal. A particular thanks to all our referees who so willingly gave up their time to assess papers. This is an invaluable exercise and greatly enhances the quality the published papers.

The Irish Medical Journal has developed a Continuing Professional Development programme based on selected original articles in each issue of the IMJ for IMO members only.

CPD questions are relevant to all medical disciplines in order to provide a broad base for the provision of relevant, informative and immersive learning.

Dr JFA Murphy
Editor

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2013

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

THE IRISH MEDICAL ORGANISATION

TRUSTEES AND OTHER INFORMATION

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

THE REGISTRY OF FRIENDLY SOCIETIES REG NO.

528T

TRUSTEES

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

MANAGEMENT COMMITTEE:

Dr. Matthew Sadlier - President
Dr. Trevor Duffy - Vice President
Professor Sean Tierney - Honorary Treasurer
Dr. Padraig McGarry - Honorary Secretary
Dr. Paul McKeown - Immediate Past President
Dr. Ray Walley
Dr. John Donnellan
Dr. Brett Lynam

PRINCIPAL BANKERS:

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

SOLICITORS:

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

AUDITORS:

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

THE IRISH MEDICAL ORGANISATION

REPORT OF THE MANAGEMENT COMMITTEE FOR THE YEAR ENDED 31 DECEMBER 2013

The Management Committee has pleasure in submitting its report together with the audited financial statements of the Organisation for the year ended 31 December 2013.

PRINCIPAL ACTIVITIES AND REVIEW.

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

RESULTS FOR THE YEAR

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

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

The Organisation's consolidated surplus for the year was €31,212. The management committee have noted that the IMO have made a loss for the current year but believe they can manage all outflows on a yearly basis through normal cashflow.

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

PRINCIPAL RISKS AND UNCERTAINTIES

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

Financial risk

This includes the need to consider if there is any risk from property revaluations, in which regard the committee has considered the value in the accounts and consider it to be a true and fair value as at 31 December 2013.

Economic risk

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

POST BALANCE SHEET EVENTS

There have been no significant events affecting the organisation since the year end.

FUTURE DEVELOPMENTS

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

THE IRISH MEDICAL ORGANISATION

REPORT OF THE MANAGEMENT COMMITTEE FOR THE YEAR ENDED 31 DECEMBER 2013 (continued)

STATEMENT OF MANAGEMENT COMMITTEE'S RESPONSIBILITIES

The Management Committee are responsible for preparing the Annual Report and the financial statements in accordance with applicable Irish law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Financial Reporting Council and published by Chartered Accountants Ireland.

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

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

The Management Committee confirm that they have complied with the above requirements in preparing the financial statements.

The Management Committee are responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the Organisation and to enable them to ensure that the financial statements are prepared in accordance with accounting standards generally accepted in Ireland and with Irish statute comprising the Trade Unions Acts 1871-1990 and the Companies Acts 1963-2013. They are also responsible for safeguarding the assets of the organisation and hence, for taking reasonable steps for the prevention and detection of fraud and any other irregularities.

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

On behalf of the Management Committee:

Dr. Matthew Sadlier - President

Professor Sean Tierney - Honorary Treasurer

Date: 20 March 2014

THE IRISH MEDICAL ORGANISATION

TREASURER'S REPORT

As Treasurer of the Irish Medical Organisation, and on behalf of my colleagues on the IMO Management Committee, I present my report and the Financial Statements of the Organisation for the year ended 31st December 2013.

We have prepared these financial statements in line with our commitment to transparency and accountability to members. These Financial Statements give you, as a member, a complete picture of the IMO in terms of the consolidated position. They include detailed Profit and Loss Accounts for IMO, IMO Financial Services and IMA Ltd. We have also included the range of stipends and fees for Honorary Officers, Chairpersons and Non-Executive Directors in line with the code of practice to be presented to this AGM, along with the guidelines for expense payments to elected members and secretariat staff. All expenditure is paid on an authorised invoice and/or vouched expense basis.

KEY ITEMS OF NOTE

1. Despite a difficult and challenging year in 2012, I am happy to report that during 2013 the consolidated position of the Organisation recorded a surplus of €31,212 which brings the net value of the IMO to €3,371,728.

2. During the year the Organisation was selected by the Revenue Commissioners for a comprehensive audit covering the years 2009 to 2012 inclusive. As a result of that audit, a settlement of €118,419, in respect of the four years and all subsidiary companies, was agreed which covered taxes, interest and penalties. This amount has been taken into account in the context of these Financial Statements.

3. These are difficult and serious times for doctors as a profession and it is essential that we have a strong, financially sustainable trade union to best represent our interests. In the past year we used member's funds and our resources to protect the rights of members in terms of their contractual relationship with the HSE and Government. Key areas of expenditure in the past year include:

    - NCHD 24 No More Campaign and NCHD One Day Strike for legal and safe working hours for junior doctors.
    - Defence and Counterclaim on behalf of GPs in terms of the legal case to assert the right of the IMO, as the Trade Union with a negotiating licence, to fully represent GPs in terms of the GMS and other publicly funded contracts.
    - Governance Review of IMO which examined the structures and processes within the IMO with a view to ensuring both best practice and critically a greater level of clarity and transparency for elected members. This has culminated in series of recommendations which are contained in Rule Changes and a Code of Practice to go before members at the IMO AGM.

4. Additionally, IMO Financial Services has used its ongoing income to enhance the benefits of the Waiver of Premium Scheme for GP members which is critical to protect GMS pension rights in any unfortunate time of illness. Previously the scheme had a long and complicated deferral period of up to six years but the benefit has now been enhanced for new claims to bring the deferral period down to 1 year for those under the age of 64 and only 1 month for those aged 65 and over. This is a significant development in terms of the ongoing review of the group schemes offered to members.

5. Subscription Rates for our NCHD members were significantly reduced during 2013 and new rates for establishing GPs and newly appointed Consultants were agreed by the Management Committee for 2014.

THE IRISH MEDICAL ORGANISATION

TREASURER'S REPORT (continued)

CONCLUSION

In financial terms this has been a year of consolidating our financial position following the exceptional financial issues which arose in 2012. Thanks to the loyalty and support of our members we are in a strong financial position to continue the vital work of representation and advocacy.

This is a time of significant changes being proposed to the very nature of our public health services, how they will work and how they will be resourced.

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

Professor Sean Tierney - Honorary Treasurer

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

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2013 on pages 7-22, which comprise the Consolidated Income and Expenditure Account, the Consolidated Statement of Recognised Gains and Losses, the Consolidated Balance Sheet, the Consolidated Cashflow Statement and the related notes. These consolidated financial statements have been prepared under the accounting policies set out on page 13. The financial reporting framework that has been applied in their preparation is Irish law and accounting standards issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

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

RESPECTIVE RESPONSIBILITIES OF THE MANAGEMENT COMMITTEE AND THE AUDITORS

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

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

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements

- give a true and fair view of the state of the Irish Medical Organisation's affairs as at 31 December 2013 and of its surplus for the year then ended; and
- have been prepared in accordance with Generally Accepted Accounting Practice in Ireland.

HSOC
Chartered Accountants
Registered Auditors
Dun Laoghaire
Co. Dublin

Date: 20 March 2014

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT

For the Year Ended 31 December 2013

	Notes	Continuing Operations 2013 €	Continuing Operations 2012 €
Income	2&3	4,681,418	5,070,662
Expenditure	Schedule 2	(4,451,091)	(3,998,132)
Former CEO Termination package	4	-	(4,178,711)
Property revaluation	5	-	(2,994,365)
Surplus/(Deficit) for the Year before Taxation	6	230,327	(6,100,546)
Revenue Settlement	7	(118,419)	
Tax charge for the year	7	(80,696)	(76,646)
Surplus/(Deficit) For The Year After Taxation		31,212	(6,177,192)

The accounting policies and notes on pages 13 to 22 form part of these financial statements.

The financial statements were approved and authorised for issue by the management committee on the 20/3/2014 and signed on its behalf by:

Dr. Matthew Sadlier - President

Professor Sean Tierney - Honorary Treasurer

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

For the Year Ended 31 December 2013

	Notes	2013 €	2012 €
Surplus/(Deficit) For The Year After Taxation		31,212	(6,177,192)
(Reduction) in revaluation reserve on property valuation	18	-	(1,321,379)
Unrealised profit/ (loss) on investments		52,774	-
Total recognised Surplus/(Deficit) for the year		83,986	(7,498,571)

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED BALANCE SHEET

As at 31 December 2013

	Notes	2013 €	2012 €
FIXED ASSETS			
Tangible Assets	**8**	3,676,069	3,824,291
Deposit with the Court of Justice	**9**	10,640	10,640
		3,686,709	3,834,931
FINANCIAL ASSETS			
Investments	**10**	857,226	803,170
		4,543,935	4,638,101
CURRENT ASSETS			
Debtors	**11**	407,408	457,887
Cash & Bank Balances	**12**	3,638,186	5,145,135
		4,045,594	5,603,022
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**13**	(1,744,080)	(3,477,360)
NET CURRENT ASSETS		2,301,514	2,125,662
TOTAL ASSETS LESS CURRENT LIABILITIES		6,845,449	6,763,763
Creditors (amounts falling due after more than one year)	**14**	(3,473,721)	(3,476,021)
		3,371,728	3,287,742
FINANCED BY			
Accumulated Revenue Surplus	**17**	3,371,728	3,287,742
Revaluation Reserve	**18**	-	-
Members' Funds	**19**	3,371,728	3,287,742

The accounting policies and notes on pages 13 to 22 form part of these financial statements.

The financial statements were approved and authorised for issue by the management committee on the 20/3/2014 and signed on its behalf by:

Dr. Matthew Sadlier - President

Professor Sean Tierney - Honorary Treasurer

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED CASHFLOW STATEMENT

For the Year Ended 31 December 2013

	Notes	31-Dec-13		31-Dec-12	
		€	€	€	€
Reconciliation of Operating Profit to Net Cash (Outflow)/Inflow from Operating Activities					
Operating surplus/(deficit)			230,327		(6,100,546)
Depreciation on tangible assets			155,691		288,061
(Profit)/Loss on disposal of tangible assets			(350)		-
Interest received			(76,671)		(120,353)
Interest paid			38,377		16,250
Reduction in property value			-		2,994,365
Decrease in debtors			50,479		123,280
(Decrease)/increase in creditors			(1,762,924)		2,999,955
Net cash (outflow)/inflow from operating activities			(1,365,071)		201,012
Taxation paid			(199,115)		(76,646)
Returns on Investment and Servicing of Finance					
Interest received		76,671		120,353	
Interest paid		(38,377)		(16,250)	
			38,294		104,103
Capital expenditure and financial investment					
Payments to acquire tangible assets		(58,786)		(277,019)	
Acquisition of investment bond and shares		-		(450,000)	
Receipts from sales of tangible assets and shares		51,634		19,114	
Net cash (outflow) for capital expenditure			(7,152)		(707,905)
Net cash (outflow)/ inflow before management of liquid resources and financing			(1,533,044)		(479,436)
Financing					
(Decrease) in Capital element of finance lease contracts			(8,762)		(33,478)
(Decrease)/Increase in Cash	**20**		(1,541,806)		(512,914)

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

1. ACCOUNTING POLICIES

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

A. BASIS OF ACCOUNTING

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

B. BASIS OF CONSOLIDATION

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

Fitzserv Consultants Limited t/a IMO Financial Services - Financial Services Company

Cumann Doctuiri Na HEireann The Irish Medical Association Limited- Property Holding Company

C. SUBSCRIPTIONS AND COMMISSION RECEIVED

Subscriptions received in the income and expenditure account are accounted for on a cash receipts basis, as adjusted for subscriptions received in advance. Commission income is recognised when it is earned and not when received.

D. FIXED ASSETS AND DEPRECIATION

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

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

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

E. LEASED ASSETS

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

F. TAXATION

Taxation is calculated on non-subscription income.

G. FINANCIAL ASSETS

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

H. PENSIONS

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

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

2. INCOME

	2013 €	2012 €
Membership Subscriptions	3,031,281	3,307,708
IMOFS sales	1,550,577	1,781,597
Rental Income	47,605	45,004
Publishing Royalties	-	(26,298)
Interest received	76,671	120,353
Investment surplus/(deficit)	3,477	(15,249)
Publishing Contribution (Schedule 1)	(28,193)	(142,453)
	4,681,418	5,070,662

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

3. ANALYSIS OF MEMBERS

	2013 No's	2012 No's
Membership Numbers	6,196	5,053

4. FORMER CEO TERMINATION PACKAGE (2012)

A Settlement Agreement between the IMO and the former Chief Executive was reached during 2012.

Detailed legal advices were received by the Organisation in respect of the negotiations leading to the settlement. The Settlement Agreement provides for a termination payment of three year's salary paid on 31 March 2013 and a pension over a 16 year period, commencing in 2016. These costs were fully provided for in 2012 as follows:

	€
Termination payment – paid 31 March 2013	1,495,850
Deferred pension commitments (see note 14)	2,682,861
	4,178,711

5. PROPERTY REVALUATION (2012)

Valuation of the premises at 10 & 11, Fitzwilliam Place was carried out by Kelly Walsh, (Property Advisors & Agents) on 10 December 2012. This valuation was below the cost price of the property and, accordingly, an amount of €2,994,365 had to be written against the reserves of the company.

In addition, the Revaluation reserve which had been created on an earlier uplift of property valuation also had to be written off and this is reflected in the Consolidated Statement of Recognised Gains and Losses.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

6. SURPLUS/(DEFICIT) FOR THE YEAR

	2013 €	2012 €
Surplus/(Deficit) for the year is stated after charging:		
Auditors' Remuneration – Audit services	35,668	35,463
Non-audit services	40,083	42,171
Taxation	41,500	-
Other assurance	-	-
Depreciation	155,691	288,061
(Profit)/(Loss) on disposal of assets	(350)	-

7. TAXATION

	2013 €	2012 €
Current Year Charge	80,696	76,646

The Organisation is exempt from taxation on its trade union activities and subscription income. Taxation is based on its publishing and investing activities and the profits of its subsidiary

Fitzserv Consultants Limited, which is liable under the Corporation Tax Acts.

Profits for Fitzserv Consultants Limited	250,028	429,761
Tax at standard Irish Corporation tax rate (12.5%)	31,254	53,720
Effects of:		
Depreciation addback	1,358	3,976
Capital allowances	(2,641)	(2,259)
Other tax adjustments	35,839	21,209
	65,810	76,646
Income tax IMO	14,886	-
	80,696	76,646

REVENUE SETTLEMENT

During the year, the Organisation was selected by the Revenue Commissioners for a comprehensive audit covering periods 2009-2012 inclusive. As a result of this audit, a settlement of €118,419 was agreed to cover all taxes, interest and penalties.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

8. TANGIBLE ASSETS

	Freehold Premises €	Equipment, Fixtures & Fittings €	Motor Vehicles €	Total €
Cost:/Valuation				
At 1 January 2013	3,519,000	514,608	339,257	4,372,865
Additions	-	33,186	25,600	58,786
Disposals	-	-	(117,238)	(117,238)
At 31 December 2013	3,519,000	547,794	247,619	4,314,413
Depreciation:				
At 1 January 2013	-	407,125	141,449	548,574
Charge for Year	70,380	28,219	57,092	155,691
Disposals	-	-	(65,921)	(65,921)
At 31 December 2013	70,380	435,344	132,620	638,344
Net book value at 31 December 2013	3,448,620	112,450	114,999	3,676,069
Net book value at 31 December 2012	3,519,000	107,483	197,808	3,824,291

Valuation of the premises at 10 & 11, Fitzwilliam Place was carried out by Kelly Walsh, (Property Advisors & Agents) on 10 December 2012.

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

Net book value	2013 €	2012 €
Motor Vehicles	24,831	54,967
Office Equipment	-	763
	24,831	55,730

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

Motor Vehicles	30,136	30,136
Office Equipment	763	1,144

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

9. DEPOSIT WITH THE COURT OF JUSTICE

The deposit with the Court of Justice under the Trade Union Act, 1941 is invested in a fund called the BIAM GRU cash fund strategy. This fund holds a value of €10,640 at 31 December 2013.

10. INVESTMENTS

	2013 €	2012 €
Listed Investments at Market Value	298,749	262,891
Investment Bond at cost	468,198	450,000
	766,947	712,891
Other Investments at Cost	90,279	90,279
	857,226	803,170

11. DEBTORS

	2013 €	2012 €
Trade debtors	196,666	214,804
Other debtors	118,463	120,759
Prepayments	92,279	122,324
	407,408	457,887

12. CASH AT BANK AND IN HAND

	2013 €	2012 €
Own funds	3,414,548	4,910,530
Fitzserv Consultants Limited Client funds	223,638	234,605
	3,638,186	5,145,135

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

13. CREDITORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2013 €	2012 €
Creditors and Accruals	1,474,522	1,749,414
Fitzserv Consultants Limited Client funds	223,638	234,605
Gross Termination payment for former CEO	-	1,477,065
Bank overdraft	40,739	5,882
Lease and Hire Purchase Finance	5,181	10,394
	1,744,080	3,477,360

Creditors and accruals include the following outstanding taxes

	2013 €	2012 €
PAYE/PRSI	33,022	66,110
VAT	2,107	2,389
Income tax	14,886	-
Corporation tax	(15,662)	-
	34,353	68,499

Included in accruals is an accrual in respect of legal fees estimated as required to fund ongoing legal proceedings which the Competition Authority has initiated against the IMO. This case is due to be heard in 2014.

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

	2013 €	2012 €
Bank loans	787,977	787,977
Deferred Pension Commitments	2,684,110	2,682,861
Lease and Hire Purchase Finance	1,634	5,183
	3,473,721	3,476,021

Analysis of Bank loans

	2013 €	2012 €
Wholly repayable within five years	787,977	787,977

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

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

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

Analysis of Deferred Pension commitments	Actual €	Present Value €
In more than two years but not more than five years	550,000	488,831
In more than five years but not more than ten years	1,137,500	888,224
In more than ten years but not more than fifteen years	1,250,000	833,490
In more than fifteen years but not more than twenty years	812,500	473,565
	3,750,000	2,684,110

In accordance with the provisions of FRS 17, Trident Consulting, Actuarial Consultants, have placed a Present value on this obligation of €2,684,110. In coming to this value they have used a discount rate of 3.3%, based primarily on the iBoxx €Corporates AA 10+ index which was yielding 3.19% at 31 December 2013.

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

Analysis of Leases and Hire Purchase	2013 €	2012 €
Wholly repayable within five years	6,815	15,577
Included in current liabilities	(5,181)	(10,394)
	1,634	5,183
Lease and Hire Purchase maturity analysis		
In more than one year but not more than two years	1,634	5,183
In more than two years but not more than five years	-	-
	1,634	5,183

15. STAFF PENSION SCHEME

The Organisation currently operates a Defined Contribution pension scheme in respect of its employees. The assets of the scheme are held separately from those of the organisation in an independently administered fund. Contributions within the year amounted to €192,128 of which €6,690 was unpaid at the year-end. Please see note 14 in relation to the former CEO's pension commitments.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

16. STAFF NUMBERS AND COSTS

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

	2013 No's	2012 No's
Total Employees	30	34
Analysed as follows:		
Directors	4	5
Trade Union administration	19	23
Financial Services sales & administration	7	6
	30	34

The aggregate payroll costs of these persons were as follows:

	2013 €	2012 €
Directors remuneration and fees	52,000	139,000
Directors Pension Costs	-	18,000
Wages and Salaries	1,661,772	1,776,119
Social Welfare Costs	147,455	214,118
Other Pension Costs	192,128	292,236
	2,053,355	2,439,473

17. MOVEMENT IN REVENUE RESERVES

	2013 €	2012 €
Reserves at start of year	3,287,742	9,464,934
Retained surplus/(deficit) for year	31,212	(6,177,192)
Unrealised Gains	52,774	
Reserves at end of year	3,371,728	3,287,742

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

18. REVALUATION RESERVE

	2013	2012
	€	€
Reserve at start of year	-	1,321,379
Revaluation during year	-	(1,321,379)
Reserve at end of year	-	-

19. RECONCILIATION OF MOVEMENT IN MEMBERS' FUNDS

	2013	2012
	€	€
Total recognised Surplus/(deficit) For The Year	83,986	(7,498,571)
Members' Funds at Start of Year	3,287,742	10,786,313
Members' Funds at End of Year	3,371,728	3,287,742

20. ANALYSIS OF NET FUNDS

	1 January 2013	Cashflow	31 December 2013
	€	€	€
Net Cash:			
Cash at bank in and hand	5,145,135	(1,506,949)	3,638,186
Overdrafts and Loans	(793,859)	(34,857)	(828,716)
	4,351,276	(1,541,806)	2,809,470

21. RELATED PARTY TRANSACTION

During the year Fitzserv Consultants Limited paid IMO a rental fee of €125,000 for use of No 11 Fitzwilliam Place (2012 €125,000). The IMO also received €10,407 for rent of the carpark to Fitzserv Consultants Limited, (2012 €10,407).

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

Legal fees in 2012 include an amount of €20,603 including VAT paid to the legal representatives of the former CEO under the terms of the settlement agreement.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended 31 December 2013

22. COMPARATIVE FIGURES

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

23. CONSOLIDATED INFORMATION

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

-Fitzserv Consultants Limited, a financial services Company the Share Capital of which is 100% owned by the IMO. Profit after tax €164,340 (2012: €353,115).

- Cumann Doctuiri Na HEireann The Irish Medical Association Limited a Property Holding Company which is limited by Guarantee. Loss after tax -€3,702 (Profit 2012 €29,918)

24. APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the Management Committee on the 20/3/2014

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION FOR THE YEAR ENDED 31 DECEMBER 2013

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2013

SCHEDULE 1

Publishing Contribution	2013 €	2012 €
Income	30,865	128,729
Printing and Editorial Costs	(26,601)	(54,828)
Wages	(32,457)	(32,458)
Postage and Stationery	-	(31,896)
Write off uncollectable income	-	(152,000)
Publishing Contribution	(28,193)	(142,453)

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2013

SCHEDULE 2

	IMO 2013 €	IMO 2012	Fitzserv t/a IMOFS 2013 €	Fitzserv t/a IMOFS 2012	IMA 2013 €	Total 2013 €	Total 2012 €
INCOME							
Subscriptions	3,031,281	3,307,708				3,031,281	3,307,708
IMOFS sales	-		1,550,577	1,781,597		1,550,577	1,781,597
Rental Car Park	13,008					13,008	-
Rental Income	170,004	170,004				170,004	170,004
(Less) Rent from IMOFS	(135,407)	(125,000)				(135,407)	(125,000)
Publishing Royalties	-	(26,298)				-	(26,298)
Interest Received	15,032	48,691	61,639	71,662		76,671	120,353
Investment income	-	1,400	2,876	(17,249)	601	3,477	(15,249)
Publishing Contribution	(28,193)	(142,453)				(28,193)	(142,453)
	3,065,725	3,234,052	1,615,092	1,836,010	601	4,681,418	5,070,662
EXPENDITURE							
Wages and salaries	1,393,234	1,445,681	381,221	297,980		1,774,455	1,743,661
Employers PRSI	112,550	180,299	34,905	33,819		147,455	214,118
Staff Pensions	162,426	275,345	29,702	16,891		192,128	292,236
Directors fees	-	-	52,000	139,000		52,000	139,000
Directors Pension	-	-	-	18,000		-	18,000
Staff training and development	6,357	8,245	5,919	2,215		12,276	10,460
Rates	27,665	29,057	5,039	3,084		32,704	32,141
Light and heat	26,393	22,019	7,915	8,245		34,308	30,264
Insurance	13,466	15,659	13,458	16,841		26,924	32,500
Repairs and maintenance	83,379	59,607	8,736	8,655		92,115	68,262
Printing, Postage & Stationery	123,374	121,100	34,318	40,237		157,692	161,337
Advertising	1,845	5,476	41,292	44,121		43,137	49,597
Telephone	27,795	25,671	14,647	13,676		42,442	39,347
I.C.T	125,063	120,159	123,013	192,090		248,076	312,249
Travel and branch meeting expenses	120,943	139,571	45,952	40,871		166,895	180,442
International affairs	76,759	78,653		-		76,759	78,653
Professional fees	219,877	101,291	375,992	315,530		595,869	416,821
Legal fees	334,063	(431,064)	-	21,248		334,063	(409,816)
Audit	18,450	18,450	12,915	12,708	4,303	35,668	35,463
Accountancy	22,863	25,227	17,220	16,944		40,083	42,171
Bank charges	9,637	8,386	912	860		10,549	9,246
Corporate Events	44,952	82,503		-		44,952	82,503
Strategic planning and restructuring	60,000	73,800	-	-		60,000	73,800
Subscriptions and donations	33,067	36,670	3,756	4,696		36,823	41,366
Depreciation	144,841	256,256	10,500	31,805		155,341	288,061
Lease interest	2,320	3,330	714	1,733		3,034	5,063
Loan Interest	35,343	11,187	-	-		35,343	11,187
	3,226,662	2,712,578	1,220,126	1,281,249	4,303	4,451,091	3,998,132

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

THE IRISH MEDICAL ORGANISATION

SUMMARY BALANCE SHEET

As at 31 December 2013

	2013 €	2012 €
FIXED ASSETS		
Tangible Assets	201,472	260,814
Deposit with the Court of Justice	10,640	10,640
	212,112	271,454
FINANCIAL ASSETS		
Investments	91,562	91,562
	303,674	363,016
CURRENT ASSETS		
Debtors	2,739,583	2,835,841
Cash & Bank Balances	698,398	2,009,599
	3,437,981	4,845,440
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(1,785,668)	(3,119,460)
NET CURRENT ASSETS	1,652,313	1,725,980
TOTAL ASSETS LESS CURRENT LIABILITIES	1,955,987	2,088,996
Creditors (amounts falling due after more than one year)	(2,685,744)	(2,688,044)
	(729,757)	(599,048)
FINANCED BY		
Accumulated Revenue (Deficit)/Surplus	(729,757)	(599,048)
Members' (Deficit)/Funds	(729,757)	(599,048)

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

FITZSERV CONSULTANTS LIMITED
T/A IMO FINANCIAL SERVICES

SUMMARY BALANCE SHEET

As at 31 December 2013

	2013 €	2012 €
FIXED ASSETS		
Tangible Assets	25,977	44,477
Investments	741,449	694,353
	767,426	738,830
CURRENT ASSETS		
Debtors	662,769	360,593
Cash & Bank Balances	2,716,150	2,900,931
Client Bank account balances	223,638	234,605
	3,602,557	3,496,129
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(46,837)	(112,281)
Client Premium amounts due	(223,638)	(234,605)
NET CURRENT ASSETS	3,332,082	3,149,243
TOTAL ASSETS LESS CURRENT LIABILITIES	4,099,508	3,888,073
Creditors (amounts falling due after more than one year)	-	-
	4,099,508	3,888,073
CAPITAL & RESERVES:		
Share capital	1,283	1,283
Profit and loss account	4,098,225	3,886,790
Shareholders' funds	4,099,508	3,888,073

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

CUMANN DOCTUIRI NA HEIREANN
THE IRISH MEDICAL ASSOCIATION LIMITED

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

SUMMARY BALANCE SHEET

As at 31 December 2013

	2013 €	2012 €
FIXED ASSETS		
Tangible Assets	3,448,620	3,519,000
Investments	24,216	18,537
	3,472,836	3,537,537
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(2,682,882)	(2,749,560)
NET CURRENT (LIABILITIES)	(2,682,882)	(2,749,560)
TOTAL ASSETS LESS CURRENT LIABILITIES	789,954	787,977
Creditors (amounts falling due after more than one year)	(787,977)	(787,977)
	1,977	-
CAPITAL & RESERVES:		
Revaluation reserve	-	-
Profit and loss account	1,977	-
Members funds	1,977	-

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

For the Year Ended 31 December 2013

IMO Stipends

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

	April 2012/2013	April 2013/2014
	€	€
GP Committee	25,000	25,000
Consultant Committee	7,500	3,000
NCHD Committee	7,500	3,000
PHD Committee	7,500	3,000
President	108,000	35,000
Treasurer	0	10,000 (This was waived)

These amounts were subject to relevant taxes.

FITZSERV CONSULTANTS LIMITED DIRECTORS FEES

During the year, €13,000 was paid to each of the four directors of Fitzserv Consultants Limited.

These amounts were subject to relevant taxes.

IMO AND FITZSERV CONSULTANTS LIMITED EXPENSES

MILEAGE:

Committee members and staff without company car are allowed 42c per mile from IMO/Fitzserv Consultants Limited headquarters at10/11 Fitzwilliam Place Dublin2, when they use their private motor vehicles for IMO/Fitzserv Consultants limited business.

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

SUBSISTENCE:

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

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IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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