Update on AGM Motions 2010

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

General Motions Update 2010

Haiti

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

Update: No further action required.

Medical Council

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

Update: The IMO highlighted this issue in a number of letters and submissions to and at meetings with the Medical Council. In the submission on the *Draft Rules in Relation to Professional Competence* the IMO pointed out that:

"There is no requirement for doctors outside the state who are providing advice, treatment or diagnosis to patients in Ireland, to be either registered with the Medical Council or to maintain Professional Competence. This currently takes place in Cytology where cervical smear tests are sent to US company Quest Diagnostics for analysis under contract with the National Cancer Screening Service. US Doctors sign off on the results of these tests without being registered with the Irish Medical Council. This would not be allowed in the US where out-of-state practice of medicine without a licence is not allowed."

The IMO will continue to pursue this motion with the Medical Council and the new Minister for Health and Children.

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

Update: The DOHC responded that:

"This matter is provided for under Section 56 of the Medical Practitioners Act 2007 which states:

"(1) Subject to subsection (2), the Council shall ensure that the register is published in the prescribed manner.

(2) The Council need not make available for inspection or publish the residential addresses, home telephone numbers or email addresses of registered medical practitioners or other similar details that, in its opinion, should, in the interests of the security of the practitioners, be protected from disclosure."

It should also be noted that the Medical Council's application form for registration contains the following note:

"A doctor may enter any address at which he/she can be contacted by the Council. It does not have to be their home address. The Council recommends that doctors enter their practice address as their registered address."

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

Update: In response to the Medical Council's Strategy Development Stakeholder Consultation the IMO suggested that as a priority over the next 3 years the Medical Council should address the anomalies that have arisen in the implementation of the Medical Practitioners Act 2007. The IMO also advised that the Medical Council's role in advising the Government on amendments to the legislation should be included in the Medical Council's Strategic Plan. In a number of submissions to and meetings with the Medical Council, the IMO pointed out that:

"The rules on Registration fail to make provision for dual registration, whereby a doctor has completed training in one specialty and begins training in another.

A physician on the General Register may practice in any specialty without having received formal training in that specialty. The IMO are of the view that only those who are specialist trained and registered should practice independently. This would not necessarily mean that those on the General Register must work in a fully supervised and structured training environment but that their practice should have clinical oversight by someone who is on the Specialist Register."

The IMO will continue to pursue this motion with the Medical Council.

General Motions Update 2010

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

Update: The IMO wrote to the Medical Council and the DOHC in relation to this motion. The DOHC acknowledged receipt. The IMO also highlighted this motion in a *Submission to the Health Insurance Authority on Minimum Benefits Regulations in the Irish Private Health Insurance Market.*

Emergency Planning

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

Update: The IMO wrote to the CEO of the HSE and the National Joint Council for the Health Services in relation to this motion. The IMO will continue to pursue this motion with the HSE.

Patient Information & Data Issues

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

Update: In response to the Medical Council's Strategy Development Stakeholder Consultation the IMO wrote that this issue should be taken into account in the formulation of Medical Council functions and strategy.

The IMO has also written to the DOHC calling for the urgent publication of the Health Information Bill to clarify the legal framework in relation to confidentiality and the sharing of patient data between health services. The IMO also highlighted this issue in the *Submission to HIQA on the Draft National Standards for Safer Better Healthcare.*

The IMO continue to pursue this motion with the new Minister for Health and Children and the Data Protection Commissioner.

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

Update: The IMO wrote to the HSE and HIQA with regard to this motion.

HIQA replied that they strongly support the introduction of a unique health identifier as proposed in the forthcoming Health Information Bill and that they recently recommended a national standard for electronic communication between GPs and the acute sector which has been endorsed by the Minister for Health and Children.

The importance of developing a national system of electronic medical records to support patient safety as well as the coordination and integration of care was stated in comments to the HSE on the *Report of the Acute Medicine Programme* and in the IMO's response to HIQA on the *Draft National Standards for Safer Better Healthcare.*

In a second *Submission to HIQA on the Standardisation on GP Referral Information,* the IMO again highlighted this motion and stressed the need to focus on developing a system to ensure the effective two-way transfer of structured data between GP/Primary Care patient information systems and hospital systems.

The IMO continue to pursue this motion with the HSE and new Minister for Health and Children.

European Issues

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

Update: Preliminary work is being undertaken by the Commission for the review of the Directive on the Recognition of Qualifications due to commence in 2011. The IMO will continue to progress this issue within the European Medical Organisations to ensure this aspect of the Directive is addressed.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

Update: Throughout 2010, the International Affairs Committee has continued to support the development of a *Domus Medica* in Europe, by voting in each European Medical Organisation to explore an offer by UEMS who is the process of purchasing a premise to house the *Domus Medica*.

HIQA

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

Update: As HIQA is responsible for setting service-wide standards for healthcare services rather than detailed clinical standards this motion was sent to the National Director, Clinical Strategy and Programmes at the HSE.

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

Update: As HIQA is responsible for setting service-wide standards for healthcare services rather than detailed clinical standards this motion was sent to the National Immunisation Advisory Committee for response.

Home Care Services

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

Update: The IMO wrote to the HSE and HIQA regarding this motion. HIQA replied that

"HIQA has noted the IMO's point regarding home care services. Currently, the Authority's Social Services Inspectorate regulates designated centres (nursing homes and residential centres) for older people under provisions made in the Health Act, 2007. Any decision regarding the regulation of home care services is a matter for the Department of Health and Children.

The IMO has written to the DOHC regarding this motion and also included this motion in the Submission to the DOHC on the *Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations.*

While regulations and standards have been published and inspections for compliance have begun, there is no such discussion on standards for assurance in other elderly care settings. The propensity for institutional abuse is also possible in community care , and can take form in poor care standards, lack of a positive response to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base of the care provider[1]. Such issues need to be addressed by HIQA to ensure that quality and consistency are achieved in the delivery of Home Care Packages."

1. Working Group on Elder Abuse. Protecting Our Future: Report of the Working Group on Elder Abuse. *Dublin, Stationery Office,* 2002.

Services for Homeless

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

Update: The IMO wrote to the DOEHLG who acknowledged receipt. The IMO wrote again to the incoming Minister for Environment, Community and Local Government and is awaiting a response.

Health Information Bill

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

Update: The IMO wrote to the DOHC who noted this motion.

In the IMO's response to HIQA on the *Draft National Standards for Safer Better Healthcare,* the IMO pointed out that the document contained multiple references encouraging information sharing but without the reference to patient consent to do so. This is an important ethical and medico-legal consideration. The Health Information Bill should be published as a matter of urgency to clarify the legal framework in relation to information sharing between services and for a national system of electronic medical records.

The IMO will continue to pursue this motion with the new Government.

General Motions Update 2010

Health Inequalities

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

Update: The Chief Medical Officer responded that:

"…Within my division of the Department of Health and Children, a dedicated Social Inclusion Unit coordinates work on health inequalities and policies. It deals with the health needs of targeted groups including Travellers, homeless adults, drug users, prisoners and asylum seekers. The Unit also works to co-ordinate measures across other health policy areas that seek to promote greater social inclusion and equity in health generally.

...Reports of the Chief Medical Officer have also addressed the area of health inequalities and pointed out the links between poverty and ill health in an Irish context. The department will be publishing a new Statement of Strategy before the end of 2010, and it can be expected to continue to prioritise the issue of health inequalities..."

The Chief Medical Officer in his response also mentioned a number of other policies and strategies that address health inequalities including *Changing Cardiovascular Health; The National Cardiovascular Health Policy 2010-2019, All Ireland Traveller Health Study,* and the *National Drugs Strategy 2009-2016.* The CMO did not make any commitment to publishing an annual report on health inequalities.

The IMO regularly raises the issue of health inequalities in position papers and submissions. The IMO Position Paper on Mental Health Services highlights the relationship between poverty and mental health. The IMO Budget Submission 2011 highlighted how the recession and budget cuts are likely to impact on health and increase health inequalities. The IMO will continue to raise awareness and make recommendations to address health inequalities.

Asylum Seekers

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

Update: Dr. Aidan O'Hora of the HSE - Health Protection Surveillance Centre replied:

"The Scientific Advisory Committee (SAC) of the Health Protection Surveillance Centre (HPSC), has recognized the need to review and update Communicable Disease Screening for Asylum Seekers, 2001. In 2008, the SAC recommended that a sub group be convened to;

- *Review the current guidelines Communicable disease screening for asylum seekers (Department of Health and Children, October 2004)*
- *Update and further develop these guidelines to include the health assessment, in relation to infectious diseases, of all entrants to the Irish healthcare system*
- *Make recommendations on the implementation of these guidelines*

The membership of the group is consistent with the recommendations outlined in motion 17, namely that all stakeholders should be represented; asylum seekers, community health doctors, general practitioners and public health doctors.

Due to the challenges presented by Pandemic (H1N1) 2009, it was not possible to convene a sub-group during 2009. Although the pandemic has abated, constraints remain which are delaying the initiation of this work. Nevertheless, the HPSC proposes to convene a group during 2010. I have been asked to chair this group and intend to report back to the SAC in due course; late 2010 or 2011."

The IMO will monitor developments.

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

Update: The DJELR responded:

"…the Minister is satisfied with the level of service and support provided to asylum seekers by the State through the direct provision structure caters for all needs and is a generous system which compares favourably with other similar services provided throughout the EU. The policy and practice of direct provision are effective and ensure that the State can meet its obligations towards asylum seekers."

The IMO will continue to pursue this motion with the new Minister for Justice, Equality and Defence.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Carers

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

Update: The IMO Position Paper on Mental Health Services highlighted a survey carried out by The College of Psychiatry and The Carers Association of Ireland which found that over half of carers reported having been diagnosed with a significant mental health problem. Of those diagnosed with anxiety disorder 69% said it was caused or made worse by their caring role. The IMO recommended that adequate psychological and financial support should be provided for carers.

The IMO also highlighted this survey in the Pre-Budget 2011 submission and recommended an increase in the provision of respite services and that the carer's allowance be doubled. This motion was also sent to the Minister for Social Protection and the Minister for Finance and to the incoming Ministers.

Optical & Dental Benefit

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

Update: The IMO wrote to the Minister of Social Protection regarding this motion. The DOSP – Treatment Benefit Section replied:

"I wish to clarify that the Treatment Benefit Scheme has not been removed. The scheme has been restricted for 2010, however it will be reviewed again in this year's budget, when a further decision will be made taking account of the prevailing circumstances at that time."

In the run up to the General Election in February 2011, the IMO, the IDA and the IPU together hosted a health hustings which was attended by health representatives from the five major political parties. Among the topics of discussion was the removal of dental benefit and its effects on patients.

Mental Health

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

Update: The Minister for Disability and Mental Health responded:

"The Mental Capacity Bill, which is the responsibility of the Department of Justice and law Reform, is listed in the Government Legislation Programme as a priority item. However, while drafting of the Bill is ongoing, it is not possible at the moment to specify a publication date."

The IMO is pursuing this motion with the new Minister for Justice, Equality and Defence.

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

Update: The IMO wrote to both the DOHC and the HSE in relation to this motion. The DOHC responded:

"Chapter 13 of A Vision for Change is the guiding framework for the development of mental health services for older people. The report makes 14 recommendations around service provision including the availability of appropriate primary, community, hospital, and psychiatric in-patient care etc., health promotion programmes, support and recognition for families and carers and access to nursing homes.

A Vision for Change highlights the importance of considering the particular mental health needs of people in later life and the provision of a comprehensive range of services appropriate to their needs and makes a number of recommendations in this regard. While progress on the implementation of the recommendations has been somewhat slower than anticipated there have been some developments and improvements in relation to the provision of dedicated mental health services for older people, namely,

- *The provision of dedicated community based mental health services for older people.*
- *The HSE's National Office for Suicide Prevention, in conjunction with the National Council for Ageing and Older People, launched a booklet to*

General Motions Update 2010

- *promote awareness amongst older people of positive mental health as part of its mental health awareness campaign.*
- *The development of strong partnership with voluntary organisations at national level.*

The HSE Assistant National Director, Mental Health replied:

"A Vision for Change recommends a 13 member team for Mental Health Services for Older Adults, per 100,000 population. This should equate to 43 teams nationally…

There are currently 23 mental health teams nationally, few of which are staffed to the level described in A Vision for Change. Over the past number of years, the HSE has requested funding to introduce/develop and extend such teams and while we had some initial success in 2006 & 2007, no additional funding has been provided in 2008, 2009 and 2010. We are currently submitting 2011 bids, but find it difficult to be confident in the current economic climate. We are working with our Executive Clinical Director colleagues to ensure the most equitable access to Old Age Psychiatric services throughout the country from existing resources."

The IMO also highlighted the deficit in Mental Health Services for Older people in the Position Paper on Mental Health Services and in the Submission to the Independent Monitoring Group of *A Vision for Change*, recommending the immediate roll-out of dedicated old age psychiatry services throughout the country.

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

Update: The Minister for Communications, Energy and Natural Resources responded that:

"Section 42(1) of the Broadcasting Act 2009 mandates the Broadcasting Authority of Ireland (BAI) to "prepare, and from time to time as occasion requires, revise, in accordance with this section, a code or codes governing standards and practice ("broadcasting code") to be observed by broadcasters". Section 42 (2)(d) goes on to state "that in programmes broadcast by a broadcaster, and in the means employed to make such programmes, the privacy of any individual is not unreasonably encroached upon".

The Broadcasting Act 2009 can be viewed at the following link

http://www.dcenr.gov.ie/NR/rdonlvres/DE7C0393-76C1-42A5-A176-88C512F7AB9C/0/BroadcastingAct2009.pdf

The Minister for Disability and Mental Health responded:

"Headline, Ireland's national multimedia monitoring programme was established by the Health Service Executive's National Office for Suicide Prevention (NOSP) as part of 'Reach Out' the National Strategy for Action on Suicide Prevention. Headline is working to promote responsible and accurate coverage of mental health and suicide within the Irish media. The Irish Association of Suicidology and the Samaritans, in association with the Department of Health, Social Services and Public Safety of Northern Ireland and the NOSP recently updated their media guidelines to incorporate advice re new technologies, including internet related suicides and also includes a new section on familicide / filicide."

The IMO also wrote to Headline, the Irish Association of Suicidology, the Samaritans, Bodywhys and other interested bodies who have developed media guidelines. All welcomed this motion.

The *IMO Position Paper on Mental Health Services* called for the media to recognise its role in reducing stigma and that national media guidelines should be developed in respect of reporting on individual's mental health issues. The IMO also recommended increased funding for suicide prevention in the *IMO Budget Submission 2011.*

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

General Motions Update 2010

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

Update: The DOHC's response to motions 24 and 25 was:

"*€25m was provided to the HSE through the Supplementary Estimate for 2009 from the proceeds of the sales of mental health assets lodged to the Exchequer in previous years. This funded mental health capital developments including the new child and adolescent units in Cork and Galway, a Community Nursing Unit in Ballinasloe, a day centre in Clonmel etc.*

Budget 2010 provided for a multi-annual programme of capital investment in high priority mental health projects consistent with 'A Vision for Change' to be funded from future disposals. In 2010, the HSE may proceed to dispose of surplus assets and reinvest an initial sum of €50m in the mental health capital programme. Provision for continued funding of the programme will be made in the 2011 Estimates and subsequent years, in the light of the previous year's programme of asset sales.

It should be noted, however, that the implementation of 'A Vision for Change' is not solely dependent on the provision of additional funding. Implementation is dependent to a much greater extent on the remodelling and reallocation of existing resources."

The issue of funding for *A Vision for Change* was repeatedly highlighted in the *IMO position paper on Mental Health Services* and in various submissions during the year. In the submission to the Independent Monitoring Group of *A Vision for Change* and the *Budget Submission 2011*, the IMO wrote:

"The 2010 budget provision of €50million to be invested the mental health capital programme is unlikely to be reached as the sale of assets has only managed to raise €10.3million so far this year. In the current economic climate with falling property prices, the sale of psychiatric lands can no longer be relied upon to fund A Vision for Change."

As the sale of psychiatric lands can no longer be relied upon to fund *A Vision for Change*, the IMO recommended that appropriate Capital funding must be ring-fenced for the development of the Mental Health Strategy.

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

Update: The DOHC responded that:

"Earlier this year, Mr John Moloney T.D., Minister of State with special responsibility for mental health, hosted briefing sessions in relation to ECT for members of the Oireachtas. Following consideration of the issues raised at the briefing sessions, and in light of submissions received, the Minister will bring forward proposals for legislative amendments to Government shortly."

The HSE Assistant National Director, Mental Health replied:

"All HSE mental health services have made provisions for ECT and we await the Minister's decision on the wording of Section 59b of the Mental Health Act 2001 and will implement same if changed."

The Mental Health (Involuntary Procedures) (Amendment) Bill 2008, was passed by the Seanad in March 2011, amending legislation on the administration of ECT.

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

Update: The Assistant National Director Mental Health Services HSE responded:

"In 2006, €26.2 million was allocated to mental health and €25 million in 2007. Given the lead time in recruiting new consultant posts and other team members a portion of this funding was utilised to address cost overruns including overspends in the mental health sector. The vast majority of this funding has now returned to the mental health programme as evidenced by the significant development in Child and Adolescent Mental Health Services."

In the *IMO Position Paper on Mental Health Services* the IMO called for transparency in the allocation of funding to Mental Health Services and for diverted funds to be immediately returned.

General Motions Update 2010

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

Update: The DOHC responded:

"Given the current general economic climate a general moratorium on recruitment, promotion and acting appointments to all management and administrative grades and all other grades in the health sector is currently in operation. However, the 2010 Employment Control Framework for the health services provides for an exemption from the moratorium for the filling of up to 100 psychiatric nursing posts, where they are required to support the implementation of A Vision for Change. The allocation of these posts to particular service locations / geographical areas will be identified by the National Care Group Lead for Mental Health in consultation with the Department of Health and Children."

In the *IMO Position Paper on Mental Health Services* and various submissions the IMO highlighted the impact of the moratorium on recruitment on the development of Community Multi-disciplinary Mental Health Teams. In the Submission to the Independent Monitoring Group for *A Vision for Change* the IMO wrote:

"Existing Community Mental Health Teams (CMHTS) are still inadequately staffed for the provision of holistic multidisciplinary care. A Vision for Change recommends an increase of staffing of 1800 people over the 7-10 years of implementation. In 2010, the 2nd Independent Monitoring Group for A Vision for Change reported that the group was "still not in a position to report accurately on the number of CMHTS that exist in the HSE structure" and that since the moratorium on recruitment came into play in 2009, over 700 staff have left the Mental Health Services of which just 65 were replaced. Figures from the HSE Performance Report August 2010 show that a further 92 less psychiatric nurses (WTE) and 12 less psychologists and counsellors (WTE) since December 2009. Psychologists and counsellors are supposedly exempt from the moratorium on recruitment."

Road Safety

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

Update: This motion received mixed reactions from local authorities:

Dublin City Council indicated that they are *"against such a 30 kph speed limit as outlined"*, and that *"this issue has been discussed at Dublin City Council. It is unreasonable and inappropriate to impose such a limit except in very specific areas such as Temple Bar"*.

Galway City Council wrote:

"While I appreciate and understand the reasons for the motion, it will be difficult to secure universal acceptance for the concept. In the case of Galway City, it would mean applying a 30kph limit throughout the entire City.

If you are to have an impact from a safety perspective, it is better to introduce the lower speed limit in a defined area where the expected opposition to the measure can be defended with sound reasoned argument. It also needs to be introduced in tandem with a public relations exercise to prepare the ground, 'educate' the general public in the matter and create a groundswell of goodwill and support for what is seen as a restrictive measure.

This is what we are doing in Galway City. In our case, we will be introducing a 30kph limit throughout the inner core area of the City by the end of 2010. The speed limit will include the area around the NUI, Galway Campus. Depending on both the success and acceptance of the measure, it is proposed to gradually extend the speed limit thereafter.

In my experience with proposals of this kind, it is better to start small, have a successful implementation, gain acceptance and subsequently build on the measure.

The IMO motion as I see it is to replicate the approach of the smoking legislation, which was undertaken in a 'big bang' format. In my view, the proposal for a 30kph limit throughout towns, city's

and urban areas is likely to fail because the public is simply not ready for the measure (unlike the smoking example) and this may result in setting the intention back some years (remember the rod licence)."

Galway County Council also replied:

"Earlier this year we in Galway County Council voted to have speed limits reduced on several roads including special speed limits in the vicinity of schools which I felt was critical. Unfortunately Galway CC does not have the finance to change the speed limits at this time. While I agree that speed limits should be reduced in urban areas I feel strongly that this motion should have included reductions on all non-national roads and local roads. Speed kills whether it's on a local country road, a county non- national road, or town centre."

On the 19th of May, Prof Sean Tierney signed the European Road Safety Charter on behalf of the Irish Medical Organisation, giving a three year commitment to continue to promote road safety strategies.

Participating organisations are asked to commit to taking action to actively increase road safety awareness, and to contribute to the joint effort made by participating stakeholders. On 1st of February 2011, the IMO received an 'Award of Excellence in Road Safety 2010' from the organizers of the Road Safety Charter in the Federations division. The IMO has adopted over 47 motions on road safety, and will continue to work in the coming years to highlight road safety in Ireland.

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

Update: As the Road Traffic Bill 2009 entered final stage discussion in the Dáil in July 2010 the IMO wrote to the Minister for Transport regarding this motion and issued a press release calling for Continued Cross Party Support for Road Traffic Bill 2009.

The Road Traffic Bill 2009 was enacted in July 2010, lowering the legal Blood Alcohol Concentration (BAC) from 80 milligrammes of alcohol per 100 millilitres of blood to 20 milligrammes for learner, novice and professional drivers, and from 80 milligrammes of alcohol per 100 millilitres of blood to 50 milligrammes for other drivers.

On the 19th of May, Prof Sean Tierney signed the European Road Safety Charter on behalf of the Irish Medical Organisation, giving a three year commitment to continue to promote road safety strategies.

Participating organisations are asked to commit to taking action to actively increase road safety awareness, and to contribute to the joint effort made by participating stakeholders. On 1st of February 2011, the IMO received an 'Award of Excellence in Road Safety 2010' from the organizers of the Road Safety Charter in the Federations division. The IMO has adopted over 47 motions on road safety, and will continue to work in the coming years to highlight road safety in Ireland.

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

Update: The Minister for Transport responded that the Road Traffic Act 2009 which was passed in July 2010:

"…provides for the mandatory testing of drivers involved in road traffic collisions where injury is caused or where a Garda forms the opinion that alcohol has been consumed. As regards testing for substances other than alcohol, the new Bill also introduces Preliminary Impairment Testing to further assist the Gardaí in their enforcement role. As will know, it is currently illegal in Ireland to drive while under the influence of drugs but identifying the presence of drugs is more complex than for alcohol. However, since 1 July 2008, all samples found under the legal limit for alcohol are automatically tested by the Bureau for the presence of a drug or drugs. In total, 1, 867 specimens were tested for drugs in 2008 of which, 76% were confirmed as testing positive for a drug or drugs.

The current Road Safety Strategy provides for reviewing the legislation and appropriate enforcement options on this issue. It also provides for the development of testing of impaired drivers based on the incidence of drink or drug driving or both. It is planned to commence a more detailed review of the regulatory regime in relation to the issue of drug driving this year. This review will require very detailed consideration and consultation by the relevant key stakeholders involved.

Irish Medical Organisation
Ceardchumann Dochtúirí na hÉireann

In relation to roadside drug testing, there is no feasible basis as yet in Ireland or in Europe for the introduction of a preliminary roadside test for drugs, as testing devices are still in the prototype states. However, the Medical Bureau of Road Safety is keeping me abreast of developments in this are and when suitable technology becomes available, any measures applied to the roadside testing of drivers for alcohol will also be applied in relation to drugs."

On the 19th of May, Prof Sean Tierney signed the European Road Safety Charter on behalf of the Irish Medical Organisation, giving a three year commitment to continue to promote road safety strategies.

Participating organisations are asked to commit to taking action to actively increase road safety awareness, and to contribute to the joint effort made by participating stakeholders. On 1st of February 2011, the IMO received an 'Award of Excellence in Road Safety 2010' from the organizers of the Road Safety Charter in the Federations division. The IMO has adopted over 47 motions on road safety, and will continue to work in the coming years to highlight road safety in Ireland.

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

Update: The Minister for Transport replied that:

"Action number 119 of the Road Safety Strategy tasks the Department of Justice, Equality & Law Reform with responsibility for the research and evaluation of the effectiveness of alternative correction/ rehabilitation programmes for a range of road traffic offences with a particular emphasis on high risk re-offenders. As the support agency in this Action, the Road Safety Authority (RSA) is currently conducting a literature review of existing programmes worldwide with a view to informing the development of proposals for a rehabilitation programme in Ireland. However, there has been no determination in relation to the types of behaviours, which will be targeted just yet. Any legislation to support such programmes would be considered in due course."

On the 19th of May, Prof Sean Tierney signed the European Road Safety Charter on behalf of the Irish Medical Organisation, giving a three year commitment to continue to promote road safety strategies.

Participating organisations are asked to commit to taking action to actively increase road safety awareness, and to contribute to the joint effort made by participating stakeholders. On 1st of February 2011, the IMO received an 'Award of Excellence in Road Safety 2010' from the organizers of the Road Safety Charter in the Federations division. The IMO has adopted over 47 motions on road safety, and will continue to work in the coming years to highlight road safety in Ireland.

Alcohol, Tobacco and Drugs

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

Update: The DoHC responded:

"The Minister for Health and Children proposes to introduce legislation for the placing of health advice/warnings about the consumption of alcohol during pregnancy on all alcoholic drink containers and promotional materials, and of other health messages on labels and promotional materials as the Minister decides. It is also proposed that the amount of pure alcohol in each container will be clearly indicated. The Department is working towards having Heads of a Bill drafted by the end of the year."

The IMO has written to the incoming Minister for Health and Children in relation to this motion.

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

Update: The Dept of Finance acknowledged receipt of this motion. The IMO is pursuing this motion with the newly elected Minister for Finance.

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

Update: The IMO wrote to the Minister for Justice and Law Reform and the Minister for Health and Children. The DJLR replied that:

"The Department of Justice and Law Reform does not have responsibilities for pricing of alcohol products.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Section 16 of the Intoxicating Liquor Act 2008 provides for the making of regulations relating to the sale, supply and consumption of alcohol. The Minister approved draft regulations under section 16 (1) (b) of the 2008 Act which would prohibit a licensee from selling or supplying alcohol products at reduced prices or free of charge on the purchase of any quantity of alcohol or another product (e.g. 2 for 1 deals; or say a free bottle of wine with purchases of €30 or more). The use of loyalty cards in connection with alcohol sales would also be prohibited."

The DOHC also responded:

"The introduction of a minimum price on alcohol products sold for consumption off the premises in which it is sold is one of many issues being considered by a Steering Group which has been established to develop the alcohol element of a National Substance Misuse Strategy. The Steering Group is jointly chaired by Department of Community, Equality and Gaeltacht Affairs and the Department of Health and Children and is expected to complete its work by the end of the year. It will base its recommendations on effective evidence-based measures to deal with the significant public health issue of alcohol in areas such as supply, pricing, prevention, treatment, awareness and education."

In the *IMO Budget Submission 2011*, the IMO called for the introduction of a sliding scale of alcohol taxes with the lowest tax on low alcohol beer and the highest tax on spirits. Specifically we recommended a 20% increase on Spirits, 10% increase on Wines and 5% increase on Beers over ABV of 4%. The IMO will continue to pursue this motion with the newly elected Government.

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

Update: The DOHC responded:

"This Department understands that discussions have taken place between the Department of Justice and Law Reform and their counterparts in Northern Island regarding the development of alcohol policy and strategies to combat alcohol-related harm in both jurisdictions. There are many complexities involved in the introduction of minimum pricing on an all-island basis. Both Governments will continue to work together on alcohol-related issues."

The DOJLR wrote that:

"The Minister of Justice and Law Reform initiated discussions with the former Northern Ireland Minister for Social Development, Ms. Margaret Ritchie, MLA, with a view to securing an all-island initiative to prohibit 'volume-based' alcohol promotions. Follow-up meetings have taken place between officials. More recently Mr. Alex Attwood, MLA, has assumed responsibility for alcohol licensing in Northern Ireland and the Minister intends to have further discussions with him with a view to progressing this proposal."

In the *IMO Budget Submission 2011*, the IMO called for the introduction of a sliding scale of alcohol taxes with the lowest tax on low alcohol beer and the highest tax on spirits. Specifically we recommended a 20% increase on Spirits, 10% increase on Wines and 5% increase on Beers over ABV of 4%. The IMO will continue to pursue this motion with the newly elected Government.

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

Update: In the *Budget Submission 2011* the IMO highlighted that taxes and price intervention can be used to promote healthy living and to fund disease prevention programmes and is calling for the introduction of a sliding scale of alcohol taxes with the lowest tax on low alcohol beer and the highest tax on spirits. Specifically we recommended a 20% increase on Spirits, 10% increase on Wines and 5% increase on Beers over ABV of 4%

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

Update: The IMO received acknowledgement from DOEHLG. The IMO has also written to the new Minister for the Environment, Heritage and Local Government.

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

General Motions Update 2010

Update: In the *IMO Budget Submission 2011* referred to a WHO Global Report on Preventing Chronic Disease which shows that a 10% price increase in tobacco products has been shown to reduce demand by 3-5% in high-income countries. The IMO recommended an increase in the price of a packet of 20 cigarettes by €2.

Building Regulations

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

Update: The IMO received acknowledgement from DOEHLG. The IMO will continue to pursue this motion with the new Government.

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

Update: The IMO received acknowledgement from DOEHLG. The IMO has also written to the new Minister for the Environment, Heritage and Local Government.

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

Update: In a letter to the Irish Times the President of the IMO wrote:

"The Irish Medical Organisation fully supports the call by the Radiological Protection Institute of Ireland and the Health Service Executive to protect the health of householders from radon (Home News, April 30th). At the most recent IMO AGM doctors supported a motion that would place an obligation on all vendors of houses and other buildings to provide an up-to-date certificate on the levels of radon in the premises for sale.

It is estimated that up to 200 people get lung cancer every year from radon exposure with very serious consequences for them and their families. Most of these cases could be prevented if householders knew the level of radon in their house and could take appropriate action to reduce it to a safe level. For such an important and simple public health measure, we should dispense with the old adage "let the buyer beware".

The IMO also wrote to the DOEHLG regarding this motion and will continue to pursue this issue with the new Government in 2011.

Environmental

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

Update: The DOEHLG and the DOHC noted the motion. The IMO will continue to pursue this motion with the new Government in 2011.

Developing Countries & Medicines

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

Update: The IMO wrote to the Minister for Enterprise, Trade and Innovation, the Minister for Foreign Affairs and the Irish MEPS.

The Minister for Enterprise, Trade and Innovation responded:

"Under the Doha Declaration of the World Trade Organisation, the EU has led efforts to facilitate access to vital medicines and aims to ensure that the least developed countries and low-income countries benefit from the lowest possible prices on medicines. This includes a sustainable framework for tiered pricing of products and assurances that these products do remain in the markets for which they are intended.

New provisions were introduced as an amendment to the TRIPs Agreement (Agreement on trade-related aspects of intellectual property rights) to allow the grant of compulsory licences for the purposes of manufacturing of pharmaceutical products for export to countries facing public health problems. This was brought into Irish law in 2008 by SI 408 European Communities (Compulsory

General Motions Update 2010

Licencing of Patents Relating to the Manufacture of Pharmaceutical Products for Export to Countries with Public Health Problems) Regulations.

Science Foundation Ireland supports a broad range of research, which could contribute to improving health in developing countries. SFI-funded researchers work with a variety of companies on projects related to drug development, delivery and production. While not focused specifically on developing countries, many of these novel technologies may, and often do, produce better and cheaper medications and devices for the benefit of patients worldwide."

The Minister for Foreign Affairs replied:

"The EU sees intellectual property rights (IPR) policy as a tool to promote development and has led efforts to increase access to medicines in developing countries:

- *The concept of compulsory licensing is written into the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) signed by the World Trade Organisation (WTO) members in 1994. Trips allows a developing country facing a public health crisis to grant a license to a domestic company to produce a generic medicine patented by a foreign pharmaceutical company without the approval of the patent-holder.*
- *In 2003 the EU adopted new rules on tiered pricing that enabled European pharmaceutical companies to sell their goods to developing countries at prices cheaper than they charge in Europe.*
- *In 2005, the EU led on an amendment to the TRIPS Agreement to extend the right to other countries so long as the medicine produced is solely for export to developing countries with no or insufficient manufacturing capacities in the pharmaceutical sector.*
- *The EU has now integrated this amendment into EU law, entering fully into force in 2007, allowing EU pharmaceutical companies to apply for a licence to manufacture pharmaceutical products for export to countries in need of medicines and facing public health problems, without the authorisation of the patent holder. There is no specific restriction on the pharmaceutical products covered, although they should be products required to address public health crises.*

However, it is important that intellectual property rights are respected. Infringements of intellectual property traded internationally are estimated to account for more than €150billion per year. Fake medicines are estimated to account for almost 10% of world trade in medicines and most of these are headed for the world's poorest countries.

Ireland is supportive of the EU's efforts on policy coherence for development and has called for continued attention to potential inconsistencies in EU policies. Support to research and development that benefits people in developing countries lies at the heart of Irish development policy, and this is reflected also in EU policies. Integral to this is the institutional strengthening of research capacity within developing countries. This is a core principle of Ireland's support to developing country projects.

The European Union has launched several actions to promote technology transfer to least developed countries. For example the 7th Framework Programme for research, technological development and demonstration (FP-7 2007-2013) is open to participation from researchers from anywhere in the world and has funded research and development projects involving 284 participations from least developed countries, with grants totaling about €40 million.

International cooperation for development is mainstreamed through this programme ensuring that topics relevant to developing countries are included in the annual work programmes. FP-7 thus funds a considerable body of research contributing to the achievement of the Millennium Development Goals, including for example malnutrition in developing countries.

The 2007-2008 call for proposals under FP-7s Health Theme resulted in €121 million being allocated to successful proposals with €27 million going to neglected diseases."

The European Commission also outlined EU Research Policy under the Framework Programme

and the following response was also received from one MEP:

... the 18th May EP resolution on 'The EU Policy Coherence for Development and the 'Official Development Assistance plus concept' included the following paragraphs:

E. whereas there are clear incoherencies in the EU's trade, agriculture, fisheries, climate, intellectual property rights, migration, finance, arms and raw materials policies; and whereas PCD can lead to poverty reduction by finding fundamental synergies among EU Policies;

10. Underlines the fact that the so-called 'Singapore issues', such as liberalisation of services, investment and government procurement, the introduction of competition rules and stronger enforcement of intellectual property rights, do not serve the aim of achieving the eight Millennium Development Goals"

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

Update: These motions were emailed to the Minister for Foreign Affairs and Irish MEPs. The Minister for Foreign Affairs replied:

"Ireland works closely with UNITAID on the board of the Global Fund against AIDS, TB and Malaria and is supportive of its newly established Medicines Patent Pool initiative aimed at improving access to essential drugs for poor and vulnerable people living in low and middle income countries. This is clearly not in contradiction with the EU's IPR policy as the objective is to secure agreement from patent holders.

First proof of the effectiveness of the initiative came only a few weeks ago with the announcement by the US Government National Institutes of Health that they will be sharing patents with the Medicines Patent Pool."

One MEP also responded that:

"... the 18th May EP resolution on 'The EU Policy Coherence for Development and the 'Official Development Assistance plus concept' included the following paragraph:

62. Believes that initiatives such as the UNITAID *patent pool for HIV/AIDS medicines can help bring coherence to the EU's health and intellectual property policies;"*

MEPs also tabled a specific question to the European Commission on EU support for the UNITAID patent pool initative. The European Commission responded:

"As a matter of principle, the Commission is in favour of voluntary patent pools as a means of reducing transaction costs, providing standard licensing terms, facilitating the management of multiple patents as well as downstream innovation and development. Moreover, voluntary pools enable companies to retain a degree of control potentially leading to greater participation and easier involvement of foreign companies.

The Commission welcomes UNITAID's proposal for the creation of a voluntary patent pool for AIDS drugs destined for developing countries. However, at this stage, the Commission does not possess all details regarding the operation of the proposed patent pool (country coverage, product scope, pool management, remuneration, jurisdiction, expected effects on research and competition, etc.). The Commission will take a position after such details are provided."

The IMO continues to press the EU for support for the "Patent Pool" initiative of UNITAID.

Pharmaceuticals

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

Update: The IMO wrote to the DOHC who responded that

"Part 3 of the Medicinal Products (Control of Advertising) Regulations 2007 places restrictions on advertisements aimed at the public. Under Regulation 12, an advertisement may not be issued unless it "is set out in such a way that it is clear that the message is an advertisement".

The IMO continues to monitor this issue.

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

Update: The DOHC responded that:

"Part 4 of the Medicinal Products (Control of Advertising) Regulations 2007 places restrictions on advertisements aimed at doctors. Furthermore, the Department supports the Medical Council Ethical Guidelines and in particular what it says on prescribing.

The IMO have also proposed that substantial savings can be made to the State's drug bill through the development of a coherent Generic Medicines Policy. Included in the recommendations is the establishment of a multi party working group to co-ordinate the achievement of economies through generic prescribing and other measures as follows:

- *Examine initiatives at the prescriber level to promote rational cost-effective prescribing;*
- *Develop prescribing protocols, criteria and defined prescribing periods in respect of high cost drugs;*
- *Develop prescribing formularies at hospital and primary care level;*
- *Develop protocols for patients being discharged from the hospital setting;*
- *Review all reimbursable medicines to ensure that wasteful or inefficient medicines with little proven clinical benefit are excluded from reimbursement;*
- *Carry out cost-benefit analysis comparing newer (and frequently more costly) medicines with existing less costly alternatives;*
- *Promote the use of generic names during physician training.*
- *Support optimum levels of generic prescribing through the provision of prescription software systems, prescription data analysis and professional prescribing advice and support."*

Medical Education & Training

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

Update: In response to motions 48, 52, 72, 73 and 74 the HSE wrote:

"I refer to the motions referenced above. These were the subject of detailed consideration by the HSE Medical Education and Training Unit, who have responded that with the publication of the Buttimer and Fottrell Report and the enactment of the Medical Practitioners Act 2007, the HSE with the full support of the DoHC and in consultation with its range of stakeholders, has engaged in an extensive national reform programme targeted at developing and improving medical education and training in Ireland in line with best international practice.

The work of the HSE in this reform programme, which is driven by its dedicated medical education and training function, is at all times guided by the relevant national policies and legislation and remains consistently focused on supporting and achieving continual improvements in this area of medical education and training.

Work in this area by the HSE is targeted across the entire continuum of medical education and training from undergraduate, to internship, to specialist medical education to continual professional development.

Examples of areas of change, improvement and reform which the HSE has been involved in include but are not exclusive to:

- *The development and implementation of an additional 25 academic clinicians in conjunction with all 6 Irish medical schools. These posts were developed in specialty areas ranging from primary care & general practice, to palliative medicine, to emergency medicine to psychiatry. The major requirement for all these posts is academic clinical excellence with each post having a national leadership role in undergraduate curriculum reform and development and research.*

General Motions Update 2010

- *The development and implementation of the overseas Dr. Richard Steevens' Scholarship. Since its inception in 2007, the HSE has supported and funded 20 SpRs /SRs to undertake training in novel areas of patient care in centres of excellence overseas including Yale University Medical School, the Mercy Hospital Melbourne and Stanford University. Areas in which such SpRs ISRs have trained in include laparoscopic surgery, stroke medicine, paediatric ophthalmology, neuropsychiatry and congenital heart surgery.*

- *Working closely with the Health Research Board and postgraduate medical training bodies, the HSE also launched a new National SpRISR Academic Fellowship Programme, the objective of which is to train the academic clinicians and academic scientists of the future. This Fellowship allows SpRs/SRs for the first time to undertake an integrated training and a career pathway leading, at successful conclusion, to the award of a Certificate of Successful Completion of Training (CSCST) and a PhD. Previously, trainees have had to pause their clinical training in order to undertake a PhD.*

- *Since 2008, the HSE has worked closely with the Forum of Irish Postgraduate Medical Training Bodies with a view to supporting the bodies to make improvements in specific areas identified by the Buttimer Report. Significant resources have been made available by the HSE to support a range of projects including e-logbooks, online education, clinical skills development, teaching and mentoring courses for trainers and generic skills course for trainees, such as communication and interview skills.*

- *To support the delivery of medical education and training on clinical sites to both undergraduate medical students and junior doctors that HSE has provided, since the publications of the Fottrell and Buttimer Report, significant capital funding to clinical sites and the medical postgraduate training bodies to upgrade, enhance and expand existing educational facilities. Clinicial sites that have benefited from such grants include Tallaght Hospital, S1.James's Hospital, Crumlin, Rotunda, Holies Street, Sligo, Letterkenny, Galway, Portiuncula, CUH, Limerick Maternity, Cavan, Drogheda, RCSI and RCPI.*

Parallel to the work being undertaken by the HSE in a number of areas as outlined above, the HSE as required under the Medical Practitioners Act 2007 has undertaken an assessment of the number and type of medical specialist training posts required by the Irish health service for the period July 2010 to June 2011. Such an assessment will be carried out on annual basis as required by legislation.

This assessment process has enabled the health service for the first time to begin the development of a coherent and planned specialist medical training pathway in Ireland such that bottle necks can be managed and the workforce requirements of the health service fed back into the specialist training pathways. The work of the HSE in this area this year has focused on 1) ensuring that all posts it identified as being required met the educational standards of the Medical Council and 2) that training opportunities available at initial specialist training level were reflective of training opportunities available at higher specialist training level.

This work has been further underpinned by the development and implementation of specific Agreements between the HSE and the training bodies/medical schools for the provision of specialist medical training in Ireland. This has ensured that all junior doctors who are actively participating in Medical Council approved specialist training programmes, are formally enrolled with the relevant training body and are being provided in a structured. and on-going manner with the necessary educational supports they require to successful complete the programme.

Since its establishment in January 2005, the HSE has increased the number of Consultant posts by 467 - an increase of 24%. This represents the greatest increase in Consultant posts in four decades and includes increases of 31.2% in the number of Consultant posts in Medicine, 30.6% in Consultant posts in Paediatrics and 33.9% in Consultant posts in Radiology.

The table below sets out key statistics in this regard."

Consultant posts since HSE establishment				
Specialty	1st January 2005	8th October 2010	Increase	% Increase
Anaesthesia	287	335	48	16.7%
Emergency Medicine	52	63	11	21.2%
Intensive Care	0	6	6	
Medicine	378	496	118	31.2%
Obstetrics & Gynaecology	104	125	21	20.2%
Paediatrics	108	141	33	30.6%
Pathology	176	225	49	27.8%
Psychiatry	295	368	73	24.7%
Radiology	183	245	62	33.9%
Surgery	364	410	46	12.6%

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

Update: The General Manager of the Central Applications Office (CAO) informed the IMO that:

"The CAO has no role in determining selection criteria for any course in any institution.

I understand that a research group has been set up to carry out research over a number of years on the impact of the introduction of HPAT and that I can only presume that they will be publishing their findings.

The IMO continues to pursue this motion with the Minister for Education.

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

Update: In response to the Medical Council's Strategy Development Stakeholder Consultation the IMO wrote that this issue should be taken into account in the formulation of Medical Council functions and strategy.

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

Update: The IMO wrote to the Minister for Education and Skills regarding this motion and continues to pursue this issue with the new Minister.

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

Update: See HSE response motion 48.

Primary Care Teams

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

Update: In the *Pre-Budget Submission* the IMO highlighted the lack of resources allocated to implement the Primary Care Strategy**.**

"The HSE has identified 530 Primary Care Teams and 134 Health and Social Care Networks to be developed by 2011 as part of the Primary Care Strategy 2001. However, lack of incentive has delayed progress. In July 2010, just 275 Primary Care Teams are holding clinical meetings. However, many of these teams are virtual teams - the actual number of physical Primary Care Centres in operation is unknown as is the number of Social Care Networks. Financial incentives for the development of Primary Care Centres are lacking. Services are increasingly being transferred from Secondary to Primary care without the equivalent transfer of public resources and capital funding, both public and private, in the current climate is restricted."

The IMO recommended that tax incentives should be provided for the development of Primary Care Centres.

Stroke Services

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

General Motions Update 2010

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

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

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

Update: In response to motions 54 to 57 the DOHC wrote**:**

"The new Cardiovascular Health Policy "Changing Cardiovascular Health - National Cardiovascular Health Policy 2010 – 2019" was launched on 10 June 2010. The policy addresses the whole spectrum of cardiovascular disease, including prevention and management. Prevention and health promotion measures are given particular importance and the policy includes recommendations for media and education campaigns to increase public awareness of risk factors and major signs and symptoms of acute cardiovascular events.

With regard to hospital and emergency care services, the report proposes that cardiac and stroke services be configured on a network basis. It recommends that each network provide specialist cardiovascular services by a blend of hospitals designated as (i) local/general and (ii) regional/comprehensive centres. Reconfiguring stroke services on a network basis will provide for the development of improved services for stroke patients or those at risk of stroke by increasing capacity in existing units and the establishment of additional acute stroke units. It will also provide for improved acute rehabilitation, discharge planning and rehabilitation and continuing care in the community.

The full report is available on the Department's website

The Health Service Executive will develop, and submit to the Minister a three year implementation plan detailing how the policy recommendations for which it is the lead agency will be implemented within existing resources over the period to the end of June 2013."

The IMO continues to pursue these motions with the new Minister for Health and Children and the HSE.

Medical Cards

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

Update: The Minister for Health and Children responded:

"I wish to clarify that Section 1 of the Health (Miscellaneous Provisions) Act, 2001 provided a statutory entitlement to persons aged 70 and over to a medical card, regardless of income, with effect from 1st July 2001. Persons aged 80 and over did not have a statutory entitlement to a medical card prior to that date.

The objective of the General Medical Services (GMS) Scheme is to ensure that the medical card benefit is available to those who are unable, without undue hardship, to meet the cost of health services for themselves and their dependants. I am satisfied that the Government decision to remove automatic entitlement to a medical card and to increase the income thresholds for persons aged 70 or over with effect from 1st January 2009 is an effective measure to ensure that public health funding is used to help those most in need. In the circumstances, there are no plans to restore automatic entitlement to any age category."

The IMO is pursuing this motion with the new Minister for Health and Children.

Long Term Illness Scheme

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

Update: The IMO is pursuing this motion with the new Minister for Health and Children.

Emergency Departments

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

Update: The DOHC responded:

"All persons in Ireland are entitled to attend hospital Emergency Departments for treatment. Patients are usually prioritized for attention based on an initial triage of their presenting symptoms. This may mean that those with less serious conditions have longer waits.

Particularly after normal hours of the extended working day, equity of access considerations would appear to require patients to be allowed continue to attend Emergency Departments with minor injuries without a GP letter being required.

The HSE has opened a number of Minor Injury Units and Medical Assessment Units which help to improve the patient experience and ensure that appropriate care and attention are delivered as quickly as possible to patients."

In Autumn 2010, the IMO Council Committee also met with the HSE Joint Programme Leads to discuss the Report of the Acute Medicine Programme. The IMO Council Committee provided detailed feedback on many aspects of the Programme. The Submission is available on the IMO website.

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

Motion Defeated

Drug Costs

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

Update: The DOHC responded

"The Department of Health and Children and the Health Service Executive (HSE) have been reviewing the drug supply chain with a view to seeking value for money in the State's drug bill.

A number of reforms were introduced in 2009 to increase value for money from pharmaceutical expenditure. The wholesale mark-up payable on drugs supplied under the GMS and community drugs schemes was reduced from 17.66% to 10%. The retail mark-up payable to pharmacists under the Drugs Payment Scheme and the Long Term Illness Scheme was reduced from 50% to 20%.

In January, 2010 agreement was reached with the Irish Pharmaceutical Healthcare Association (IPHA) that will result in immediate savings in expenditure on drugs and medicines. IPHA agreed to implement with effect from 1st February 2010, a 40% reduction in the current ex-factory price of the medicines which have previously undergone price reductions, in accordance with Clause 6 of the 2006 IPHA Agreement.

In addition, the level and scope of the current GMS rebate has been increased from 3.53% of the ex-factory value to 4% with effect from 1st January 2010 and is now payable on all medicines dispensed under the GMS and other community drug schemes with the exception of products which are the subject of Clause 6 price reductions.

It has also been agreed that the IPHA Agreement of 2006 will be extended until the 1stMarch 2012.

Work is also progressing on the introduction of a system of reference pricing and substitution of medicines by pharmacists which will promote price competition and deliver ongoing savings for both the State and for patients.

The Minister established a working group, made up of officials and healthcare professionals from the Department and the HSE. The Minister has published the report of the joint Department of Health/HSE working group which sets out a

proposed model for the implementation of this initiative.

The Minister expects to see significant progress on the recommendations of the report in 2010, including the identification of legislative and administrative changes required to give effect to them in 2011."

In the *IMO Budget Submission 2011,* the IMO called on the Government to:

- *Reverse the decision to introduce co-payments on prescription charges under the GMS and Long Term Illness schemes*
- *Lower the monthly threshold for the Drugs Payment Scheme*
- *Implement the IMO's proposal to reduce the State's drug bill by €300m through a coherent generic medicines policy*

The IMO's proposal to reduce the State's drug bill by €300m through a coherent generic medicines policy has received extensive coverage in the national and medical press.

Alternative Treatments

63 This meeting calls for the regulation of alternative/complementary medicine practices.

Update: The DOHC responded:

"The Report of the National Working Group on the Regulation of Complementary Therapists in 2006 made recommendations on strengthening the regulatory environment for complementary therapists. The Minister's primary concern while carefully considering the Report of the National Working Group was the most effective way to regulate this sector which still allows people freedom of choice but protects their safety. Therefore, the Department of Health and Children supports greater voluntary self regulation for all such therapies.

Federation of individual professional therapy associations into one representative organisation for that therapy is a key component required for the development of common standards of education and training for complementary therapies. This approach is essential to ensure harmonisation of standards and to eliminate variations in standards of education and training or codes of practice within each complementary therapy discipline. The complementary therapy sector has been encouraged to form the solid frameworks and federations with which to link and to govern the sector. It is hoped that further progress in this area can be achieved over time and that mechanisms for robust voluntary self-regulation within the sector will continue to be pursued.

In terms of public information on the issue, and as recommended by the working group, an Information Guide for the Public was launched in 2006 along with the report of the national working group. It offers guidance for members of the public when choosing to see a complementary therapist, to enable consumers to make better informed choices.

While complementary therapists are not subject to professional statutory regulation, they are subject to a range of legislation and regulation, similar to other practitioners including consumer legislation, competition, contract and criminal law."

The IMO is further pursuing this motion with the new Minister for Health and Children.

Colorectal Cancer

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

Update: The DOHC responded:

"Pre-Implementation Phase for Colorectal Screening Work has already commenced on the establishment of a national colorectal cancer screening programme. This programme will initially be offered to men and women aged between 60 and 69 years. Screening will commence in early 2012 following an intensive period of preparation which began in January 2010. The programme will be extended to all those in the 55-74 year age group as logistics and resources allow.

The HSE's National Cancer Screening Service (NCSS) has responsibility for the implementation of the screening programme and it is working closely

with colleagues across the Health Service Executive on preparations for this.

As part of the two year pre-implementation phase for the programme, the NCSS is undertaking a series of baseline assessment visits nationwide to assess colonoscopy capacity in existing hospital services. Between 10 and 12 screening centres will be required by the programme. One of the criteria for hospitals wishing to participate in the programme is that they reduce waiting times for urgent colonoscopies to less than 4 weeks prior to the initiation of the screening programme. Thirty public hospitals expressed an interest in providing colonoscopy services to support a national screening programme and all visits are due for completion by December 2010. The outcome of the baseline assessment visits will identify potential areas for improvement and additional investment and staffing requirements. The NCSS will report these findings to my Department.

There are estimated to be around 400,000 people in the initial target age group (60 to 69 years). Half of these will be invited for screening each year. Based on expected uptake rates and incidence rates, it is expected that around 6,000 colonoscopies would take place each year within the screening programme. Currently, around 59,000 colonoscopies are performed in the public healthcare system annually.

Cost of the Programme Estimated revenue costs in year 1 and 2 will be €1.4m and €2.3m respectively and will be found by the NCSS from within its existing allocation. The screening programme will be introduced in the 60–69 year age cohort, with additional annual costs of around €5.4m in 2012 for this purpose. Operating costs will rise to around €16.2m annually when the full age cohort (55 to 74 years) is included in the scheme. There will be some staffing requirements. There will also be some capital costs associated with the refurbishment and upgrading of colonoscopy suites in existing HSE facilities in order to address capacity issues and ensure compliance with quality standards.

The Irish Cancer Society has generously offered to contribute a million Euro towards the screening programme."

In the *Pre-Budget Submission 2011*, the IMO highlighted that proven screening procedures exist for a limited number of chronic diseases including elevated risk of cardiovascular disease and breast, cervical and colon cancer and called on the Government to guarantee funding for evidence-based preventive care and screening.

Organ Procurement Service

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

Update: The IMO wrote to the Minister for Health and Children and the Director of the Organ Procurement Service at Beaumont Hospital in relation to this motion. The IMO will continue to pursue this motion with the new Minister for Health and Children.

Obesity

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

Update: The DOHC responded:

"The Health Service Executive is the agency responsible for media and education campaigns to increase public awareness with regard to health matters. They, along with Safefood and the Health Promotion Agency of Northern Ireland, launched the "Little Steps Go A Long Way" campaign in June 2008. This is an all island campaign which aims to support parents and guardians as positive role models for their children in relation to healthy eating and physical activity."

The IMO is continuing to pursue this motion with the HSE.

In June 2010 members of the IMO and the BMA (NI) met with representatives of the European Parliament to urge policy makers to work together to tackle the rise in obesity levels:

"Both the IMO and the BMA (NI) are calling on EU Commissioners for Health to lead the way in

establishing public health policy that is fit for purpose and based on the common values and principles that underpin all EU healthcare systems.

In particular, the organisations are jointly calling for measures to:

- *Educate, to increase understanding of what constitutes a balanced diet*
- *Improve nutrition, through better access to healthier food*
- *Encourage exercise and activity amongst adults and children*
- *Stop advertising unhealthy foodstuffs targeted at children"*

The IMO also joined the *All-Island Obesity Action Forum.*

Universal Health Systems

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

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

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

Update: The *IMO Position Paper on Universal Health Coverage* was launched at the 2010 AGM. In a statement to the press Prof. Tierney said:

"Whatever changes are introduced to health coverage in Ireland, the process by which change is brought in must include:

- *Informed public debate*
- *Consultation with all relevant stakeholders, including patients and doctors*
- *Detail of the proposed model including funding sources*
- *Analysis of current and future manpower resources required for implementation and a realistic time-table for implementation.*

Following the launch of the *IMO Position Paper on Universal Health Coverage* the Research and Policy Unit circulated the paper to all TDs and Senators as well as health related non-governmental organisations.

IMO President Prof Sean Tierney and IMO Vice-president Dr Ronan Boland were also interviewed on RTE's *Primetime* programme in relation to IMO Policy on Universal Healthcare.

Appointments to Medical Council and HSE

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

Update: The DOHC responded:

"The method of appointment of members of the Medical Council is provided for in the Medical Practitioners Act 2007 and is consistent with modern legislation governing other statutory bodies. Under the Act, the Medical Council must perform its functions in the public interest and this is the overriding principle underlying its work. There are no proposals to amend these provisions."

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

Update: The DOHC responded:

"Part three of the Health Act 2004 deals with the Board of the Health Service Executive. Specifically, Section 11 of the Act deals with membership of the Board. Section 11(2) sets out that "Appointments to the Board under subsection (1)(a) of paragraph 3(2) of Schedule 2 are to be made from among persons who, in the Minister's opinion, have sufficient experience and expertise relating to matters

connected with the Executive's functions to enable them to make a substantial contribution to the performance of those functions".

In addition, central elements of the current statutory accountability within which the HSE operates are: the Annual National Service Plan, the Annual Report and Financial Statements, the three year Corporate Plan and the Code of Governance. The Service and Corporate Plans and the Code of Governance are subject to approval by the Minister. Also, the HSE is required to obtain the Minister's prior written permission for major capital spending.

HSE Code of Governance: approved by the Minister in March 2008. To be reviewed by HSE in 2011 in line with legislation.

HSE Annual Report & Financial Statements 2009: laid before the Houses of the Oireachtas in June 2010.

HSE Corporate Plan 2008-2011: approved by the Minister and laid before the Houses of the Oireachtas in September, 2008. A biannual Corporate Performance Measurement Report reports an overview of trends and progress against the high level corporate objectives contained in the Plan. The first biannual report on the Corporate Plan, based on January-June data, was published in October 2009 and the second biannual report, based on June-December data, was published in April 2010.

HSE National Service Plan 2010: Significant progress was made in the HSE Service Plans 2009 and 2010 in terms of incorporating more explicit links between funding, staffing and services and the development of an improved set of activity measures, performance indicators and deliverables in key service areas, which are matched with timescales. The HSE reports monthly to the Department on the performance of the health system against the agreed targets. The improvements in the National Service Plan form a framework for achieving greater clarity at an individual service unit level within the HSE on performance expectations regarding service delivery, staffing levels and funding. "

The IMO continues to pursue this motion.

Medical Manpower

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

Update: See HSE response to motion 48

The DOHC also responded:

"One of the primary targets of the National Task Force on Medical Staffing is to increase the number of Consultants, to create a Consultant provided service with a corresponding decrease in the number of NCHD posts. A similar view is also expressed in the report of the Medical Manpower Forum.

The introduction of the Consultant Contract 2008 has contributed significantly to the introduction of a consultant provided service. Between December 2005 and July of this year, the number of consultants employed in the public health service increased by just under 20%. So far this year, there has been an increase of 59 WTE in the number of consultants, equivalent to a 2.5%. rise. There was a decrease of 3.5% in NCHD numbers between December 2008 and 1 April 2010."

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

Update: The Department of Health and Children notes the IMO's position:

"The medical education and training provisions contained in the Medical Practitioners Act 2007 reflect Government policy on medical education and training arising from its consideration of the recommendations of the Buttimer and Fottrell Reports.

The reports represent the most significant review of the medical education and training field ever undertaken in Ireland and point the way forward for a more co-ordinated approach. They provide an integrated implementation strategy to enhance and modernise medical education and training from undergraduate education through to specialist

training. The aim is to ensure that we have a sufficient number of highly trained doctors to service the needs of the growing population in Ireland. The reports underpin the wider health reform programme including the shift from a consultant-led to a consultant-delivered service and an increasing emphasis on doctors, nurses and other health professionals working in multidisciplinary teams, as recommended in the Hanly Report."

Also see HSE response to motion 48

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

Update: See HSE response to motion 48 and DOHC response to motion 75.

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

Update: In response to motions 74 and 75 the DOHC wrote:

"Under the Medical Practitioners Act 2007, it is the responsibility of the Health Service Executive to undertake appropriate medical workforce planning for the purpose of meeting specialist medical staffing and training needs of the health service on an ongoing basis. In 2009 FÁS developed a "Quantitative Tool for Workforce Planning in Healthcare" which should assist the HSE in this task.

The Act also provides for the HSE to assess on an annual basis the number of intern posts and the number and type of specialist medical training posts required by the health service and to put proposals to the Medical Council. On foot of such proposals, the Council must specify the number of posts it approves for the purposes of intern training and the number and type of posts it approves for the purposes of specialist medical education and training."

The Communications Unit of the IMO on numerous occasions during the year has issued statements to the national and medical press in relation to the manpower shortage particularly among NCHDs. For example in May 2010:

"IMO Expresses Concern at Maintaining Patient Safety due to Manpower Shortage

The IMO has expressed concern with regard to maintaining patient safety due to a potential manpower crisis amongst the medical profession in particular amongst Non Consultant Hospital Doctors."

Co-Location/Private Hospitals

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

Update: In 2010, the IMO continued to oppose the co-location project as the solution to Ireland's shortage of Acute Beds. In the *Budget Submission 2011* the IMO wrote that:

"1,000 beds were to be created in 5 years through the co-location project of private hospitals on public sites, announced by the Minister for Health and Children in 2005. Despite generous tax incentives, not one hospital bed has been provided to date. While four hospitals have planning permission, the first hospital may not be completed till 2013. The co-location project is not the solution to acute bed capacity as private hospitals, in order to make profit, tend to select patients for low cost elective care while patients requiring cost intensive emergency, complex or chronic care will continue to be treated in public hospitals.

At the same time demand for private health care is falling. Over 40,000 people dropped private health insurance in patient cover between June 2009 and June 2010 and many more are suspected to have downgraded their cover. The National Treatment Purchase Fund (NTPF) will be left to prop up the private hospital sector, purchasing, at high cost, elective care for a small number of patients on the National Waiting List."

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Recommendations in the *Budget Submission 2011* included:

- *Halt the Hospital Transformation Programme and the Closure of Hospital Beds until adequate alternative services are in place*
- *Provide tax incentives for the development of Primary Care Centres*
- *Withdraw tax incentives for private hospitals and replace the Co-Location project with funding for units for elective patients and patients with chronic illness*
- *Value for money must be sought in state capital projects*

The IMO are pleased to learn that the Programme for National Government 2011-2016 states that:

"The existing policy of co-location of private hospitals on public hospital lands will cease. Tax incentives for private hospital developments will cease."

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

Update: In the *IMO submission to HIQA on the Draft National Standards for Safer Better Healthcare* the IMO raised the issue that the standards must also be applicable to private hospitals:

"The IMO understands that HIQA will begin monitoring compliance with national standards in 2011 beginning with publicly funded hospitals. The IMO believe that Standards should apply to both public and private hospitals simultaneously. In the context of Government policy which is actively promoting the development of healthcare provision through private hospitals, the IMO is concerned that national standards will be used as an excuse to close publicly funded hospitals while private hospitals will be afforded a "regulatory holiday". Currently many private hospitals are contracted to provide services to public patients under the National Treatment Purchase Fund and therefore should automatically be subject to the Standards."

The IMO is pleased to learn that the existing policy of co-location of private hospitals on public hospital lands and tax incentives for private hospital developments will cease according to the Programme for National Government 2011-2016.

Centralisation of Services

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

Motion fell

Fair Deal Scheme

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

Update: The IMO wrote to the DOHC, who responded that

"The Nursing Homes Support Scheme is administered, and applications are processed, in accordance with the Nursing Homes Support Scheme Act 2009 and the HSE's Guidelines on the Standardised Implementation of the Nursing Homes Support Scheme which were approved by the Minister for Health and Children. This framework ensures a consistent approach across the HSE with regard to the processing of applications."

In the *IMO Submission to the DOHC: Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations*, the IMO states:

"An over-arching concern is the failure to incorporate up-to-date gerontological knowledge and professional concerns into the implementation of policy and practice. For example, despite being formally raised at public meetings with the then Assistant National Director of for Older People's Services, HSE, and senior civil servants in the Office for Older People, Department of Health and Children, no clarification was made about the provision of therapy services for those in nursing homes under the new Nursing Homes Support Scheme, leaving an information, and more worryingly, frequent service gap. Equally, the halving of the fee for GPs who provide medical cover to nursing homes in 2010 flies in the face of the clear deficits, and strong recommendations, of the Leas Cross Report to clarify and develop and

support the medical support of residents of nursing homes, the most frail and compromised group of older people in Ireland."

The IMO will continue to pursue this motion with the new Minister for Health and Children.

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

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

Update: The *IMO Submission to the DOHC: Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations* states:

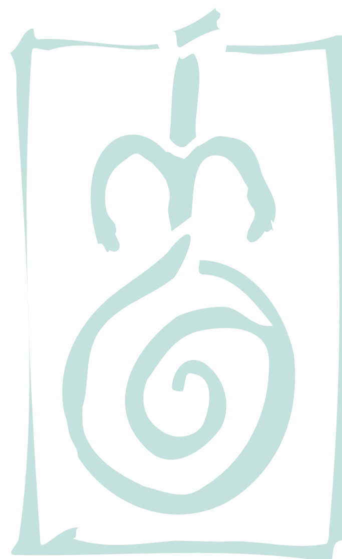
"The IMO also has strong concerns about the general ability of public nursing homes to comply with standards in the current economic climate. There has been a sustained and regrettable lack of capital investment in public nursing homes, there is a lack of clarity about, and provision of, therapy and other services, and many have seen their effective funding greatly reduced. In addition the moratorium on recruitment is having a significant impact on appropriate staffing levels in public nursing homes.

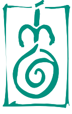
Many public nursing homes have run into difficulties or closed as in the case of Dingle, Loughloe, and Sir Patrick Duns. Although private nursing homes can manage care for some older people, patients with higher medical need and/or higher dependency level patients benefit from more intensive nursing and therapy support provided for in the public sector. There is a clear need for investment in public nursing homes in order to not just meet, but exceed minimum requirements."

The recommendations to the DOHC include:

- *Urgent review is needed of HSE and DoHC policy and practice for care in nursing homes, and the current regulations, if not backed up by the recommendations below, are not sufficient on their own to respond to the very grave systematic deficits uncovered by the Leas Cross Reviews.*
- *Adequate funding (both capital and operational) must be provided for public nursing homes to ensure they comply with and exceed minimum standards.*
- *Contracting for private nursing home places must be gerontologically-informed, take into account the full range of needs, and specifically include the provision of therapists and aids/appliances.*
- *The moratorium on recruitment should be lifted in order to allow public nursing homes to meet adequate staffing requirements.*

The IMO will continue to pursue these motions with the new Government.





Consultants Motions Update 2010

Medical Practitioners Act

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

Update: The IMO has highlighted this issue in a number of letters and submissions to and at meetings with the Medical Council. In the submission on the Draft rules in relation to professional Competence the IMO pointed out that:

"There is no requirement for doctors outside the state who are providing advice, treatment or diagnosis to patients in Ireland, to be either registered with the Medical Council or to maintain Professional Competence. This currently takes place in Cytology where cervical smear tests are sent to US company Quest Diagnostics for analysis under contract with the National Cancer Screening Service. US Doctors sign off on the results of these tests without being registered with the Irish Medical Council. This would not be allowed in the US where out-of-state practice of medicine without a licence is not allowed."

The IMO Consultant Committee has drafted a letter to be sent to the newly appointed Minister for Health highlighting the issue and requesting that this issue is addressed.

Fair Deal Scheme

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

Update: In a submission to the DOHC on the Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations the IMO raised a number of issues in relation to the "Fair Deal" Nursing Home Support Scheme. Because of the tendering arrangements (no therapies, aids or continence wear, for example) and pricing levels under the Nursing Home Support Scheme, many have seen their funding greatly reduced, and given the calculation of the Joseph Rowntree Foundation on adequate funding of nursing home care, the IMO has grave concerns about the feasibility of providing adequate care at current funding levels.

The IMO recommendations included:

- Adequate funding (both capital and operational) must be provided for public nursing homes to ensure they comply with and exceed minimum standards.
- Contracting for private nursing home places must be gerontologically-informed, take into account the full range of needs, and specifically include the provision of therapists and aids/appliances.
- The conditions, and supports, for medical cover in nursing homes need to be urgently reviewed and upgraded to clarify, and fund, the major clinical responsibilities implicit in the care of this older and more frail group of older patients.

The issue of financing long-term care was also raised in the run up to the General Election, at a health hustings organized by the IMO in conjunction with the Irish Dental Association and the Irish Pharmacy Union.

Co-Location

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

Update: In 2010, the IMO continued to oppose the co-location project as the solution to Ireland's shortage of Acute Beds. In the Budget Submission 2011 the IMO wrote that:

1,000 beds were to be created in 5 years through the co-location project of private hospitals on public sites, announced by the Minister for Health and Children in 2005. Despite generous tax incentives, not one hospital bed has been provided to date. While four hospitals have planning permission, the first hospital may not be completed till 2013. The co-location project is not the solution to acute bed capacity as private hospitals, in order to make profit, tend to select patients for low cost elective care while patients requiring cost intensive emergency, complex or chronic care will continue to be treated in public hospitals.

Consultants Motions Update 2010

At the same time demand for private health care is falling. Over 40,000 people dropped private health insurance in patient cover between June 2009 and June 2010 and many more are suspected to have downgraded their cover. The National Treatment Purchase Fund (NTPF) will be left to prop up the private hospital sector, purchasing, at high cost, elective care for a small number of patients on the National Waiting List.

In the Budget Submission 2011 the IMO recommended that tax incentives for private hospitals should be withdrawn and the Co-Location project replaced with funding for units for elective patients and patients with chronic illness.

The IMO are pleased to learn that the Programme for National Government 2011-2016 states that:

The existing policy of co-location of private hospitals on public hospital lands will cease.

Tax incentives for private hospital developments will cease.

Reconfiguration of Services

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

Update: In the Budget Submission 2011, the IMO highlighted the problems observed as a result of the reconfiguration of hospital services. The submission states that the Acute Hospital System is in a state of chaos because the HSE is persevering with reform without the necessary Capital Funding and with a budget reduced by €1billion. Services have been transferred from smaller hospitals to regional centres without the equivalent transfer of funds and many are running massively over budget. In July 2010, Galway University Hospital was nearly €15million or 9.8% over budget, Limerick was €12million or 14.4% over budget and Our Lady of Lourdes Drogheda was €7million or 12.5% over budget. Also Primary Care Teams are under-developed and no new hospital beds have been provided under the co-location project.

The IMO recommended that the Government halt the Hospital Transformation Programme and the Closure of Hospital Beds until adequate alternative services are in place.

Public Sector Posts

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

Update: The IMO has written to the HSE Director of HR, Mr Sean Mc Grath, seeking confirmation that this policy is being adhered to. The HSE has confirmed that the HSE is compliant

Accident & Emergency

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

Update: The IMO Budget Submission 2011 highlighted the situation in Emergency Departments throughout the country resulting from funding cuts and lack of investment in our Acute Hospital System.

In September 2010, according to the INMO's trolley watch 6,368 patients were treated on trolleys, compared to 4,581 patients September 2009 and 3,494 in September 2007. The Irish Association of Emergency Medicine (IAEM) found 18 out of 31 Emergency Departments were understaffed. Emergency Departments have been so dangerously understaffed or overcrowded in both Cork and Galway University Hospitals that they have considered closing the doors.

In Autumn 2010, the IMO Council Committee also met with the HSE Joint Programme Leads to discuss the Report of the Acute Medicine Programme. The IMO Council Committee provided detailed feedback on many aspects of the Programme. The Submission is available on the IMO website.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

General Practitioner Motions Update 2010

Representation & Negotiating Issues

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

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

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

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

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

Update: Motions 1-5 deal with the issues of the Competition Act and representation of GPs.

The IMO ensured this issue was included in the Public Services Agreement 2010 -2014 which included the following text in Section 2.22 " Further discussions will take place with the Irish Medical Organisation in relation to the government commitment to make appropriate changes to the Competition Act and a transformation agenda for General Practitioners (GPs). These discussions will be completed within two weeks.

The IMO subsequently wrote to the Minister of Innovation and Trade as well as the Secretary General of Government to progress this issue.

GMS Contract & PCRS

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

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

Update: Motions 8 and 9 deal with costs and delivery of general practice. The IMO has engaged the services of an external consultancy company to complete research into the actual costs of General Practice. They have also been engaged to develop potential models for care delivery. This output forms part of the IMO Strategy for GPs.

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

Update: The issue of chronic disease programmes has been raised in the context of the Public Services Agreement. The IMO has made it clear that any changes to existing services must be properly resourced and this will form part of any discussions on the development of this service.

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

Update: The IMO has requested that the special items of service list be updated to reflect the requisite service for patients. This issue is to be included on the agenda for future updating of the contract.

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

Update: The IMO has maintained a state of alertness for any attempts at changing the contract by PCRS. All issues raised have been taken up with PCRS in writing and followed up by meetings. A joint review of STCs was conducted at the end of 2010 under terms of reference agreed with the IMO.

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

Update: It is now the practice of PCRS to provide details of all payments to GPs on a monthly basis.

Locums & Sessional Doctors

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

Update: The IMO were in communication with revenue and other relevant agencies about tax treatment of locums and the impact of their tax treatment on the provision of general practice services. While they were agreeable to hear the IMO position on this they were clear to point out that tax issues are not a matter for the IMO and they are not in a position to negotiate with the IMO on tax matters. They went to great pains to point out that tax affairs are individual to each tax payer who should deal with their local tax office.

Medical Cards

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

Update: The IMO made a submission to an Oireachtas committee on this issue highlighting 17 issues that need to be addressed to avoid difficulties for patients. Subsequently the IMO has engaged with PCRS to address the 17 issues and good progress has been made with a pilot scheme to utilize these changes due in April 2011.

Prescription Charges

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

Update: In the Budget Submission 2011, the IMO wrote that Budget measures such as the introduction of a 50 cent charge per prescription item under the GMS and Long Term Illness schemes, lack foresight and are likely to cost the health system more in the long run - as patients fail to comply with treatment.

Cost-sharing is known to deter both necessary as well as unnecessary use of medication and it is generally accepted that they should not be applied to lower socio-economic groups or individuals with higher medical needs. Evidence shows that "increased cost sharing is associated with lower drug treatment, worse adherence among existing users and more frequent discontinuation of therapy". For each 10% increase in co-payments, prescription drug spending decreases by between 2% and 6%, depending on the class of drug and the condition of the patient. Research also shows that "increased cost-sharing is associated with adverse medical events such as hospitalisations and worsening clinical outcomes over 1-2 years for patients with congestive heart failure, lipid disorders, diabetes and schizophrenia".

The Submission also stated that while the size of the 50c charge is initially modest, doctors and patients alike, fear that the charge will be increased steadily over time. In addition, there will be a significant administrative cost in collecting the charge. Instead IMO Doctors recommended that more substantial savings (in the region of €300million) can be made through a coherent generic medicines policy that encourages all parties including patients, doctors, payers and pharmacists to promote the use of generics.

GPs and Hospital Admission Protocols

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

Update: The IMO raised this issue in a submission to HIQA on standardized GP referral information.

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

Update: Under current Competition Law the IMO is unable to pursue this motion.

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

Update: The IMO raised this issue and the broader point regarding the allocation of resources within a detailed pre budget submission and demanded that patient services are properly resourced and services are only transferred along with sufficient resources to provide adequate care.

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

Update: The implementation of the transformation programme is contingent on an appropriate allocation of resources. The IMO raised this issue in a detailed pre budget submission and demanded that patient services are properly resourced and services are only transferred along with sufficient resources to provide adequate care.

Continuing Medical Education

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

Update: In the submission to the Medical Council on Draft Rules in Relation to Professional Competence the IMO wrote that Professional Competence must be adequately resourced.

Cervical Smear

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

Update: The IMO wrote to the National Cancer Screening Service and is awaiting a response.

Mental Health Act

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

Update: The IMO Research and Policy Unit raised this issue in a submission to the Mental Health Commission on a Code of Practice for the Mental Health Act 2001. In April 2010 the Mental Health Commission carried out a consultation on the Code of practice on the Mental Health Act 2001. In response the IMO recommended that a review of the following areas should be carried out and then guidance issued on

- Admissions
- Assisted admissions
- Admission of children
- Operation of Mental Health Tribunals
- Transfer
- Issues of Consent

The submission also stated that IMO GPs would also like to see a review and guidance issued on the role of the GP in terms of medico-legal implications as they pertain to the Mental Health Act 2001.

District Hospital Medical Officers

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

Update: The IMO has written to the HSE and is awaiting a response.

Manpower

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

Update: This issue has been raised with the HSE through the joint HSE/IMO Manpower Group.

Out of Hours Service

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

Update: The IMO wrote to the HSE and was involved in numerous discussions about the out of hours issue with the HSE. In October 2010 the IMO agreed terms of reference with the HSE on how this issue could be addressed. The IMO was successful in achieving an extension of existing arrangements until 1 March pending the resolution of the issue.

Nursing Home Regulations

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

Update: This motion was referred to the GP committee and were advised as follow (Issued July 2010)

"Each resident on long-term medication is reviewed by his/her medical practitioner at least on a three-monthly basis, in conjunction with nursing staff and the pharmacist.."

In this regard it is the responsibility of the Nursing Home to make all arrangements for the medication reviews for both public and private patients in nursing homes. GPs should indicate that while they will provide these additional services there will be a charge for such additional services and it will be a matter for the Nursing Home to arrange for payment.

The IMO also raised this issue in a Submission to the Department of Health and Children on the Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations.

All regulations pertaining to patient care in private nursing homes are the responsibility of the nursing homes to comply with and fund accordingly. In this regard it is the responsibility of the Nursing Home to make all arrangements for the medication reviews for both public and private patients in nursing homes. This three-monthly review is not within contractual arrangements in respect of fees paid to doctors for persons over 70 years in private nursing homes. While GPs are willing to provide these additional services, this is service is chargeable and it is a matter for the Nursing Home to arrange for payment on request. The degree of complexity of medical support needed for these complex, frail older people has not been adequately recognised in the current provision of the Medical Card contract, and this needs to be urgently reviewed by the HSE and DoHC in conjunction with the IMO.

The IMO recommended that the conditions, and supports, for medical cover in nursing homes need to be urgently reviewed and upgraded to clarify, and fund, the major clinical responsibilities implicit in the care of this older and more frail group of older patients.

Clinical Directors

32 The IMO calls on the HSE to appoint a network of Clinical Directors for general practice to mirror the hospital based clinical directorates.

Update: This issue was raised and discussed with the joint Manpower Group with the HSE.

Prescription Charges

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

Update: This issue was raised with the Government in a comprehensive pre budget submission made by the research unit of the IMO.

Vaccinations

34 That vaccines for the general population be administered by general practitioners.

Update: This motion was referred to council and the chairs of the GP and Public Health Doctor Committees discussed the issue.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

NCHD Motions Update 2010

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

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

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

Update: The NCHD Contract 2010 outlines the standard duties and responsibilities of NCHDs and the IMO continues to liaise with both doctors and the HSE alike to ensure that the contract is adhered to. The IMO will raise the issue of defining inappropriate tasks and the allocation of resources re same, in line with the recommendations of the Hanly and Buttimer Reports, via the NCHD Contract Implementation Committee.

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

Update: The NCHD Contract 2010 entitles NCHDs to receive 18 working days educational leave per six months. Any breach of this entitlement identified by the IMO will be dealt with at local level in the first instance and in the absence of resolution via the NCHD Contract Implementation Committee. The HSE issued documentation in July 2010 limiting leave for exams to 10 working days, the IMO wrote to the HSE on this issue and received a response in December 2010 which failed to appropriately address the issues raised. As a result of the failure of local level discussion to resolve this issue it has been referred to the Labour Relations Commission along with all other outstanding issues arising from NCHD contract 2010. A hearing has been scheduled for 1st April 2011.

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

Update: The IMO has been engaged in ongoing discussion with the HSE regarding the implementation of the NCHD Contract 2010. The IMO continues to address any contractual breaches at both local and National level where appropriate. To date there remain difficulties with regard to a number of key areas of the contract and due to the failure of local level attempts to resolve the issues the IMO has referred the following issues to the Labour Relations Commission:

- Annual Leave/Public Holiday Entitlements
- Overtime Payments (including current & historical issues)
- 39 Hour Core Working Week/Protected Training Time
- Proposed 2 Year NCHD Post & associated issues
- GP Travel Allowance
- Principles of Rostering & EWTD Implementation
- Training Funding & Professional Competence
- Educational Leave
- NCHD Recruitment & Retention
- Review of Loss of Earnings as per Labour Court LCR19559

An LRC hearing on overtime was held on 25th January 2011 at which it was agreed that an examination of the non-payment of overtime will take place to determine any liabilities owed to NCHDs in respect of overtime calculations and where liabilities are identified discussions will take place under the auspices of the LRC in order to facilitate a resolution concerning such outstanding liabilities. These discussions are due to conclude by Monday 14th March 2011. Failure to reach agreement may result in a referral by either party to the Labour Court for recommendation. A hearing on all other contractual issues has been scheduled for 1st April 2011.

4 Following agreement on a new NCHD Contract this meeting supports the process by which all NCHD overtime hours are paid and calls on the HSE and all its

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

hospital staff to ensure that payment is made as per the terms of the new contract.

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

Update: The NCHD Contract 2010 confers an entitlement on NCHDs to be paid for all hours worked, both rostered and unrostered. Where difficulties in receiving payment for overtime have arisen for individual doctors at local level the process to secure repayment of monies owed has been initiated by the IMO. At National level, at the request of the IMO a number of meetings between the IMO, the DATHs Hospitals who are not adhering to the contract with regard to overtime payments and the HSE were arranged and subsequently cancelled by the HSE. The IMO was left with no option but to refer the issue of overtime to the LRC and a hearing was held on 25th January 2011 at which it was agreed that an examination of the non-payment of overtime will take place to determine any liabilities owed to NCHDs in respect of overtime calculations and where liabilities are identified discussions will take place under the auspices of the LRC in order to facilitate a resolution concerning such outstanding liabilities. These discussions were due to conclude by Monday 14th March 2011 however work is continuing on this issue with the aim of resolving all outstanding liabilities. Failure to reach agreement may result in a referral by either party to the Labour Court for recommendation. A Labour Court hearing to address the issue of money owing to NCHDs who were not paid overtime in Mayo General Hospital in 2008/2009 was held on 16th February 2011. The Labour Court issued its recommendation in favour of the IMO's claim that all monies owing to NCHDs be paid immediately. In the Recommendation, the Labour Court highlighted that the only defence advanced by the Hospital relates to its current financial and budgetary circumstances. The fact that the Court ruled that the money be paid in spite of these circumstances means hospitals can no longer hide behind budget deficits to justify non-payment of NCHD overtime. This recommendation will be used as precedent to ensure the payment of all overtime payments owing to NCHDs and to ensure the future payment of all hours worked.

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

Update: Dependent on the outcome of the process to address the issue of NCHD overtime payments as outlined above the IMO will seek a meeting with the Department of Enterprise and Employment and the HSE.

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

Update: Dependent on the outcome of the process to address the issue of NCHD overtime payments as outlined above the IMO will seek a meeting with the HSE to consider the introduction of a local transparent mechanism to resolve disputes regarding NCHD overtime payments.

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

Update: The NCHD Contract 2010 obliges the HSE to facilitate a change in rostering patterns for pregnant NCHDs on production of a medical certificate. The IMO will address the issue of other supports for pregnant NCHDs including the continuation of training via the NCHD Contract Implementation Committee. The IMO met with the Forum of Postgraduate Training Bodies in June 2010 to discuss NCHD training. The IMO has now been invited to meet with the Forum on a regular basis and will raise this issue at the next meeting.

9 The IMO calls on the Post Graduate Training bodies and the HSE to recognise the massive social, family and personal disruption that often results from training as a NCHD in Ireland. The IMO calls on these parties to incorporate a more sympathetic approach to the

NCHD Motions Update 2010

geographical placement of married NCHDs and couples, especially when NCHDs have children.

Update: The IMO met with the Forum of Postgraduate Training Bodies in June 2010 to discuss NCHD training. The IMO has now been invited to meet with the Forum on a regular basis and will raise this issue at the next meeting. This issue has also been raised at a meeting with Mr Sean McGrath, National Director HR, HSE in December 2010, the IMO requested the establishment of an IMO HSE Working Group to look at NCHD retention issues including work life balance and family friendly policies.

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

Update: It is the understanding of the IMO that such a National Strategy is in existence and the IMO has sought a copy of same. The IMO will seek to ensure that NCHDs are aware of this Strategy.

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

Update: The IMO has written to the Chair and Secretary of the Forum of Irish Post-Graduate Medical Training Bodies welcoming this initiative and requesting the opportunity to discuss any such future initiatives with the Forum.

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

a) How many undertook further additional training abroad

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

Update: The IMO has written to the Post Graduate Medical Education and Training Committee of the HSE seeking such a survey. The IMO will also complete a benchmark study of NCHDs by year end which will include a survey of the number of NCHDs participating in training abroad and pursuing a career abroad.

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

Update: The IMO met with the Forum of Postgraduate Training Bodies in June 2010 to discuss NCHD training. The IMO has now been invited to meet with the Forum on a regular basis and will raise this issue at the next meeting.

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

Update: The IMO has written to the HSE METR regarding this issue and is awaiting a response. The IMO has also raised the issue of learning supports with the HSE who have agreed to consider the issue. This issue will also be raised in the scheduled LRC discussions under the heading Training Funding.

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

Update: The IMO in a meeting with the HSE in January 2010 requested that funding for educational materials be made available to NCHDs under the new training funding which the HSE agreed to consider. The HSE document outlining the funding available to NCHDs was issued in July 2010 without reference to educational materials. The IMO formally wrote to the HSE regarding this document and received a response in December 2010 which failed to appropriately address the issues raised. As a

NCHD Motions Update 2010

result of the failure of local level discussion to resolve this issue it has been referred to the Labour Relations Commission along with all other outstanding issues arising from NCHD contract 2010. A hearing has been scheduled for 22nd February 2011.

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

Update: The IMO has written to Minister for Finance, Brian Lenihan,T.D.regarding this issue. A response was received outlining that this issue would be considered by the Minister when preparing the Budget, however no such provision was introduced in the Budget.

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

Update: The IMO will address this issue with the HSE nationally via the NCHD Contract Implementation Committee.

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

Update: The IMO has written to the Medical Council on this issue and is awaiting a response. The IMO was contacted by the Medical Council in March 2011 and advised that the issue has been resolved and undertook to provide a written response.

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

Update: The IMO visited a number of NCHD hospital residences over the summer months to identify problem areas and discuss NCHD concerns regarding residence standards. On foot of this the IMO is undertaking a detailed review of hospital residences commencing with a survey of NCHDs followed by further site visits. Following collation of this information the IMO will seek a meeting with the HSE.

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

Update: This issue will be addressed with the HSE in line with the process outlined above.

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

Update: Brochures outlining the structure of the Intern year were distributed to all Medical Schools earlier in the year. The IMO held 3 information nights for Interns in Cork and Galway in late June 2010 and in Dublin in July 2010. Feedback from Interns who attended these information sessions was very positive.

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

This motion is being dealt with by the Research & Policy Unit of the IMO.

Update: The IMO Policy Paper on Universal Health Coverage highlighted the inequity caused by policies promoting private profit-driven healthcare. Following the launch of this paper at last year's AGM the paper was distributed to all TDs and Senators and relevant bodies including the Expert Group on Resource Allocation and Financing in the Health Sector.

In the Budget Submission 2011 the IMO oppose the co-location project as the solution to Ireland's shortage of Acute Beds:

1,000 beds were to be created in 5 years through the co-location project of private hospitals on public sites, announced by the Minister for Health and Children in 2005.

NCHD Motions Update 2010

Despite generous tax incentives, not one hospital bed has been provided to date. While four hospitals have planning permission, the first hospital may not be completed till 2013.[i] *The co-location project is not the solution to acute bed capacity as private hospitals, in order to make profit, tend to select patients for low cost elective care while patients requiring cost intensive emergency, complex or chronic care will continue to be treated in public hospitals.*

At the same time demand for private health care is falling. Over 40,000 people dropped private health insurance in patient cover between June 2009 and June 2010[ii] *and many more are suspected to have downgraded their cover. The National Treatment Purchase Fund (NTPF) will be left to prop up the private hospital sector, purchasing, at high cost, elective care for a small number of patients on the National Waiting List.*

In the Budget Submission 2011 the IMO recommended that tax incentives for private hospitals should be withdrawn and the Co-Location project replaced with funding for units for elective patients and patients with chronic illness.

The IMO are pleased to learn that the Programme for National Government 2011-2016 states that:

The existing policy of co-location of private hospitals on public hospital lands will cease.

Tax incentives for private hospital developments will cease.

[i] HSE Performance Report July 2010

[ii] Health Insurance Authority HIA News August2010 Edition

Public Health Doctor Motions Update 2010

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

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

Update: The IMO met with representatives of the HSE, the Department of Finance and the Department of Health and Children on 20th April 2010 in an attempt to advance this issue and endeavour to have the remaining Area Medical Officers re-graded to Senior Medical Officer. Unfortunately, Management were unyielding at this meeting and the IMO was compelled to refer the matter to the Labour Relations Commission (LRC) for conciliation.

The parties re-convened under the auspices of the LRC on 3rd June 2010 and the IMO again argued against the basic unfairness of the current predicament of the remaining AMOs. Unfortunately, the Employer side again refused to give any ground and suggested that the matter be referred to the Labour Court for final adjudication. The IMO could not agree with this suggestion and reserved its position.

In light of Management's ongoing refusal to attempt an accommodation on this matter, the IMO recently sought legal advice as to the possibility of bringing the case of the remaining AMOs before the Equality Authority. The IMO Executive drew up a document reflective of the legal advice and presented same to the Public Health Committee meeting on 23rd September 2010. This document was approved by the Committee and the Committee, with the IMO Executive, is in the process of identifying suitable candidates for consideration for a case before the Equality Tribunal.

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

Update: The IMO wrote to Mr John Delamere of HSE Corporate Employee Relations Service and Ms Laverne McGuinness, National Director of Performance and Financial Management, on 15th September 2010 asking for their comments on this motion.

Mr Delamere wrote back on 2nd November 2010, stating the following, "you will be aware a review of work carried out by Public Health Doctors is currently under way. The IMO is represented on this group and I am sure that the sentiments of this motion will be articulated within the group by your representatives. The work of the group is scheduled to conclude shortly."

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

Update: The IMO wrote to Mr John Delamere of HSE Corporate Employee Relations Service on 15th September 2010 asking for his comment on this motion.

Mr Delamere wrote back on 2nd November 2010, stating the following, "I note your reference to the absence of study leave entitlements outlined in Circulars 10/71 and 146/72 in the HSE's Terms and Conditions booklet. This does not imply a change in policy on this matter and any application for study leave for Community Medicine Doctors will continue to be considered on their merits."

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

Update: The IMO wrote to Mr John Delamere of HSE Corporate Employee Relations Service on 15th September 2010 asking for his comment on this motion.

Mr Delamere wrote back on 2nd November 2010, stating that "the IMO will be aware of the provisions of the Public Service Agreement which has been accepted by ICTU. The provisions of same provide for a pay freeze for

the period 2010 – 2014 (section 1.15).

The position concerning public service pay including any outstanding adjudication findings will be reviewed in Spring 2011 (Section 1.16 PSA refers), in accordance with requirements of both FEMPI Act (2009) and each year thereafter.

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

The IMO wrote to Ms Mary Harney TD, Minister for Health and Children, Ms Laverne McGuinness and Dr Kevin Kelleher, Assistant National Director for Health Protection asking for their comments on this motion.

It should be noted that the IMO met with the HSE on 15th April 2010 to discuss this issue, specifically as it related to the proposed 'pilot' project that was intended to roll out across twenty one schools. There followed correspondence between the parties across the summer and further meetings on 9th July, 31st August and 7th September to discuss the HSE's proposals to roll out the campaign nationwide. These meetings culminated in a conciliation conference under the auspices of the Labour Relations Commission on 10th – 11th September 2010 at which the IMO secured agreement with the HSE with regard to resources, resource availability and clinical flexibility in the delivery of the nationwide campaign. The IMO also secured the agreement of the HSE in removing sole responsibility for decisions in regard of prioritisation from the clinician. Importantly, the HSE was forced to accept the possibility of Labour Relations Commission mediation should the resources that have been put in place prove inadequate to deliver the HPV Programme in addition to the other duties that are also the responsibility of Community Medical Departments. It remains the position of the IMO that the resources that have been promised in support of this campaign are not adequate for its safe and effective delivery.

Minister Harney's Private Secretary wrote back to the IMO on 21st September 2010 advising that "The Minister for Health and Children, Mary Harney, TD, has asked me to thank you for your letter concerning motions passed at 2010 IMO AGM and to let you know that it is receiving attention."

Dr Kelleher wrote to the IMO on 21st September 2010 noting that "the HSE and the IMO has met recently under the auspices of the LRC about this issue. The LRC has issued a determination which both sides agreed and we are presently working to."