IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

2010 ANNUAL REPORT & ACCOUNTS

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

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

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Annual Report & Accounts 2010

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IMO Organisational Structure

Annual General Meeting

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

Council

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

Management Committee

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

Specialty Groups

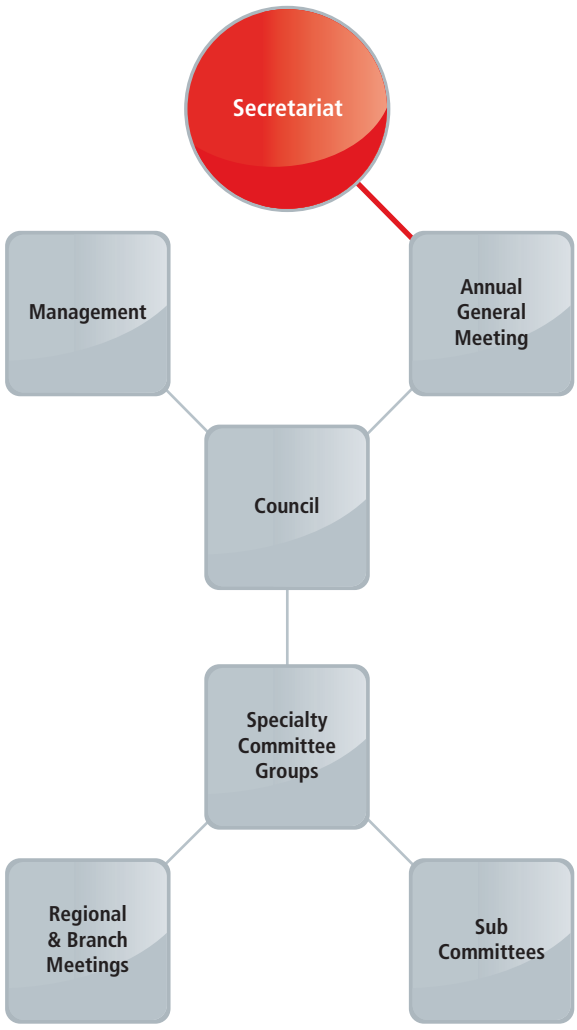
General Practitioners, Consultants, Public Health Doctors, and Non Consultant Hospital Doctors. The groups meet eight times per year and decide on action to be taken in relation to issues affecting the relevant groups. If issues arise which affect other specialty groups, those issues are referred to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

Standing Committees

International Affairs.
Ethics.

Regional Structure

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



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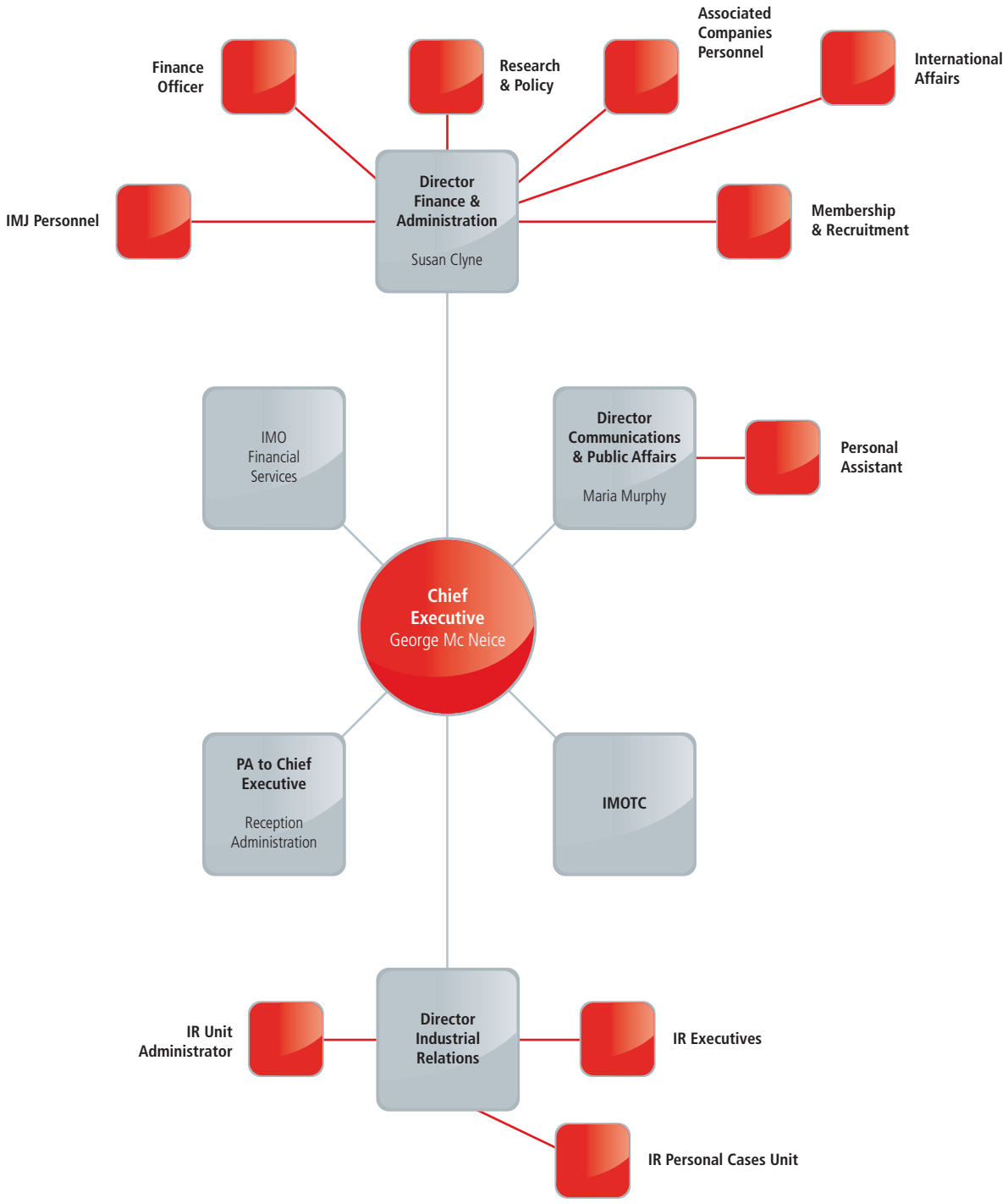
IMO Corporate Structure



IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Chief Executive Mr George McNeice

President Prof. Seán Tierney

Vice-President Dr Ronan Boland

Honorary Treasurer Dr Anthony O'Connor

Honorary Secretary Dr Bridin Cannon

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Introduction

Dear Members

As President and Chief Executive of the Irish Medical Organisation, we have pleasure in presenting you with the Annual Report and Accounts 2010. The report offers a detailed outline of IMO activities during the year.

We wish to thank our Honorary Officers who worked tirelessly for the IMO during the year; Vice President, Dr. Ronan Boland, Honorary Treasurer, Dr. Anthony O'Connor and Honorary Secretary, Dr. Bridin Cannon.

We would also like to thank the chairpersons of the various committees whose extensive work on behalf of members is detailed in this report.

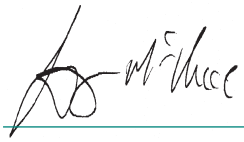
A special word of thanks is also due to the IMO secretariat who performed their tasks with dedication and professionalism during the year. We thank all those, who have contributed to the success of the IMO and who ensure that the vast array of issues, are progressed in the interests of the whole medical profession.

We thank all of our members for their continued support for the IMO throughout the years.

In accordance with Paragraph 12.1 of the Constitution and Rules of the Irish Medical Organisation, we hereby give notice that the **Annual General Meeting** will be held in the **Hotel Europe, Killarney, Co. Kerry** from the **28th April to 1st May 2011**.

Yours sincerely

Prof. Seán Tierney, President



Mr George McNeice, Chief Executive

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Mr George McNeice, Chief Executive, IMO

2010 was dominated by the continuing crisis in the State's public finances and banking sector. The economic crisis, which began in 2007/2008, gathered pace and the crisis in the banking sector deepened dramatically. Ultimately this led to the requirement for the State to negotiate financial support from the IMF and the EU. No section of society was spared and Health, the most basic of public services, has borne more than its fair share of the burden.

As a result, doctors have been put under enormous pressure to deliver quality care to patients, particularly vulnerable patients, in an environment of cutbacks and curtailment. It is difficult to adequately express, on behalf of our members, the frustration, and often desperation felt by doctors delivering core front line services. Yet, even while dealing with that crisis, doctors and many public servants were being depicted as leeches on society, their work was undermined and undervalued and rather than any acknowledgement of the work being done in a challenging environment they were instead vilified merely for being public servants.

The IMO, as the only trade union representing the medical profession in Ireland, adopted a strong, realistic and proactive approach; determined to play our part in tackling the country's difficulties but equally determined to ensure that the public health services were not decimated or deprived of resources to such an extent that they simply ceased to function effectively. A key focus of our activity during the past year has been in protecting the very vital public health services that more and more people, in increasing numbers, rely upon, particularly the vulnerable and those who have been most affected by the recession.

This Annual Report details the full range of activities undertaken by the IMO during 2010, a period which by any criteria can be described as challenging. In the context of our own Strategic Plan we have sought to maintain our focus on delivering key objectives on behalf of our members under the pillars of Excellence in Industrial Relations, Professional Representation and Strategic Alliances and Engaging with Members. I will now address these points in some more detail.

Excellence in Industrial Relations

Following the breakdown in talks between Government and the Social Partners in 2009 there was little or no engagement between the parties for a sustained period. However the imperative of the deficit in the public finances led to discussions on a new Public Service Agreement and the Croke Park Deal was agreed in April 2010. The IMO was the trade union representing the medical profession during this Agreement and is the body representing doctors on the Croke Park Implementation Body.

The Croke Park deal was a landmark deal by any description. The IMO, as your representative body will be there to help shape the change under Health Transformation and ensure that doctors are at the very heart of the process. Doctors have been calling for change for many years – but change that means a better service to patient, change that is realistic and adequately resourced to ensure its objectives, change that will be delivered and most importantly change that is agreed and implemented in a transparent and inclusive manner.

However, despite the cooperation required by all sides to drive and implement change we have unfortunately seen more of the same attitude from the HSE over the past year in respect of individual contracts and national agreements.

The problems for individual doctors and the increasing numbers of contract queries from our members led us to examine and review our internal structures so as to ensure we were best meeting the needs of members. Recognising that IR is the core activity of the Organisation and that the individual query deserves the same level of attention as a national issue we established an I**MO Personal Cases Unit** within the Industrial Relations Unit of the Organisation in July 2010.

This new Unit is staffed by a team of dedicated experts and has led to a more efficient and effective representative service for our members on individual cases. The significant investment in additional resources will be of great benefit to members particularly in this time of attack on individual contracts, encourage all members to report any contractual problem immediately to the IMO – it is through our dedication to the individual problem and our collective strength that we can fight against breaches of your terms and conditions.

NCHDs

The legal action we were forced to take on behalf of our NCHD members in 2009 was successfully concluded in January 2010 with settlement talks which led to the introduction of a new NCHD Contract. Legal action is not something we engage in lightly but the attitude and unilateral action of the HSE towards

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Mr George McNeice, IMO Chief Executive answers questions at the IMO Pre-AGM Press Conference.

NCHDs left the Organisation with no choice but to defend our members through the Courts. Of particular significance in the High Court Settlement is the stated fact that the IMO is the representative body for NCHDs and that any changes must be negotiated and not imposed unilaterally.

The new contract was agreed between the IMO and the HSE and the IMO, for our part, entered into the arrangement in good faith. However as has so often been the case in the past the difficulties have been in the full implementation by the HSE, in addition to management at local level attempting to interpret the provisions of the contract on an a la carte basis.

The IMO has again and again had to fight on behalf of our young doctors for the most basic entitlements under the terms of the contract – payment for all hours worked and the right to annual leave. It is outrageous, no matter what the budgetary situation, that one group within the health services, doctors in training, are expected to work over and above their contracted hours without payment. The issues regarding training remain unresolved and the HSE are seeking to undermine the very nature of the role of Doctors in Training.

The manner in which NCHDs have been treated in terms of the contract and training has, I believe, played a significant part in the NCHD manpower crisis in Irish hospitals. Put simply the Irish public health system is not an attractive place for NCHDs to work. There are better opportunities elsewhere which allow them to be valued for the contribution they make, paid for the work they undertake and properly trained with realistic opportunities for consultant appointments.

The IMO has taken a strong and unequivocal stance – the NCHD Contract must be honoured in full and the HSE cannot make unilateral changes without negotiation.

Without the protection of the IMO it is all too easy to imagine how this group of doctors within the health services may be further exploited – the very doctors we are relying upon to be the Consultants and GPs of the future.

General Practitioners

The drive to cut budgets without thinking of the consequences has also had a severe impact upon our General Practitioners and the services they can provide to patients. The blunt instrument of the Financial Emergency Measures in the Public Interest Act which cut GP fees did not take into account the impact such cuts would have on the ability of GPs to provide vital services to patients in the community. The IMO, in consultation with our members, prepared detailed submissions on this issue and in particular highlighted the fact that if GPs could no longer provide a range of services to patients in the community they would be forced to refer patients to inappropriate settings. It is once again an example of decisions being made without first considering the inevitable consequences, which could in the long run not only prove more costly to the State but have a serious impact on patients.

Following an analysis of the GP Benchmark Study and consultation with members, the IMO

Report of Chief Executive

Mr George McNeice talks to MEP Mr Sean Kelly at the launch of the IMO BMA NI Joint paper on Obesity in Brussels.

developed a strategy to deliver for General Practitioners in five key areas:

- GMS Contract – GP Workload Study – Current Issues and Priorities for New Contract
- Primary Care Teams
- Competition Act
- Profiling General Practice

This strategy, which was endorsed at the National GP Meeting in March identified a large body of work for the IMO to undertake on behalf of our GP members. Much has been achieved during the year and most significantly, through the IMO negotiations on the Croke Park Deal, there is a firm commitment in writing to amend the Competition Act to ensure that GPs can be represented by the IMO. This has always been our position and, given that the co-operation of GPs is vital to any health transformation, I am confident that we are best placed to deal now with the priorities for a new GMS Contract.

We have undertaken a significant GP Workload Study which demonstrates the reality and the full range of work undertaken by GPs. We intend in the coming months to develop a model for a modern General Practice which will maximise the potential of GPs and General Practice to deliver high quality services and care to patients in the community.

While we continue with our work to be best positioned for any new contract discussions we have been resisting ongoing attempts by the HSE to undermine the current contract under which GPs are providing services and attempts to impose new workload on GPs. Each instance has been met with strong opposition from the IMO both in the case of national issues and on behalf of many individual GPs. Through the establishment of a Working Group between the IMO and the PCRS we have managed to resolve a number of issues on behalf of members.

During 2010 the IMO led a campaign in relation to the problems patients and doctors were experiencing with the centralised process for medical card applications. It is unfortunately another example of a decision made which did not consider the far reaching consequences – both patients and GPs were hugely frustrated by the difficulties posed by the process. The IMO highlighted all the issues in a submission and oral presentation to the Oireachtas Health Committee and through a media campaign focusing on patient issues. This directly resulted in an IMO/PCRS Working Group being established with a view to streamlining the process for medical cards and a significant body of work has been undertaken in this regard. I hope that early in the New Year we will be in a position to implement the new procedures which will, I believe, deliver for GPs and their patients.

Consultants

We can all remember only too clearly the statements by the HSE and the Department of Health that the new Consultant Common Contract 2008 was the key to the reform and development of the public hospital system. Perhaps it would, or could have been, if implemented. However the IMO were of the view in 2008 that we had no confidence in the implementation of the contract in terms of resources and manpower required to deliver real change. For that very reason we were not in a position to recommend acceptance or rejection of the new contract. Unfortunately, and it is with regret, that I see our view was correct.

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Report of Chief Executive

Prof Seán Tierney with the members of the Inaugural IMO Student Debate Proposing and Opposing Teams.

It beggars belief that a Contract, agreed by two parties, has resulted in a situation where only one party, the consultant, has delivered upon their contractual obligations but sadly that is the case.

It is fair to say that consultants have not been found lacking in playing their part in these recessionary times. While much is made of consultant pay in various fora it is worth noting that the management side and other commentators on the issue insist on using the amounts that consultants should have been paid under the terms of the new contract not the amount they are actually being paid, which is significantly lower given the Minister's decision to withhold pay and Government Budget decisions to reduce pay. The IMO on each occasion has sought to correct these inaccuracies.

In relation to pay, the IMO position is that the HSE must honour the pay commitments under the terms of the contract. While accepting there may be budgetary difficulties at the present time there must at least be an acknowledgement that the pay is due.

But the greatest frustration for our consultant members in terms of the contract implementation is the lack of resources and the absolute lack of transparency in the measurement systems of public/private mix.

As part of our Strategic Plan objectives and in an effort to get the full picture of contract implementation around the country and understand the impact of the changes on the consultant working environment we commissioned Behaviour & Attitudes to undertake a major Benchmark Study of Consultants in Ireland. The survey dealt with a wide range of issues in the areas of:

- Government Policy
- Working Environment
- Contract Issues
- Career Intentions
- Morale

We had an excellent response rate from consultants all over the country and across the range of specialties to what was a very detailed and comprehensive questionnaire. At the time of writing this report we await the detailed analysis of the results. It is our intention, based on your views that we will devise and implement an IMO Consultant Strategy to deal with the main issues identified.

Consultants, through the IMO, have never been found wanting in terms of providing realistic and practical solutions and it is critically important that their views and opinions are heard and taken into account in any new plan for our health services.

Public Health Doctors

Public Health Specialists

Dr Charles Saunders presented his independent report on Public Health Emergency Medical Out of Hours Services to the IMO and the HSE in May 2010. Since that time we have been pressing the Management side for the full implementation of the recommendations contained therein.

Key to the successful implementation of an Out of Hours Service is ensuring that the recommended manpower requirements of 60 posts are in place. It is the IMO position that the Moratorium on Recruitment, as it applies to Specialists in Public Health Medicine, must be lifted.

Public Health doctors fully engaged in the pilot programme and have shown willingness and good faith to deliver this essential service, the

Report of Chief Executive

Mr George McNeice and Dr Ronan Boland at the National GP Meeting in Croke Park.

merit of which was only too well evidenced at the recent TB outbreak in Cork. Indeed this service has clearly demonstrated the value of our public health specialists in providing front line service.

It is unfortunate that the HSE has not shown similar commitment and goodwill in successfully implementing and maintaining the Emergency Medical Out of Hours Service. Notwithstanding this the IMO and our members recognise the important nature of the service and remain determined to have the Saunders Report implemented in full.

In regard to the Transformation Process we have fully engaged with the HSE to ensure that public health is adequately represented in the new regional structures of the Executive and we hope soon to agree the appointment of Regional Directors of Public Health who will lead public health in each region and ensure that they are at the heart of decision making.

Community Health

The value and professionalism of Community Health Doctors has been far too long ignored but the successful rollout of the HPV Vaccination Programme and their participation in the HINI Vaccination Campaign amply demonstrated the pivotal role played by community medical doctors in the delivery of vital public health services.

Despite having limited time and resources made available to them, community medical doctors played a crucial role in planning and carrying out a vaccination campaign that has been identified as a national priority. Again, this campaign demonstrated the goodwill of doctors in undertaking a campaign which will deliver results for patients while having reservations on resource issues.

In this regard the IMO has surveyed members to ascertain how the programme is working on the ground and, under the terms of the LRC Agreement negotiated between the IMO/HSE and others, we reserved the right to have this campaign reviewed before it was extended to any other groups within the population. In determining our strategy and priorities for the review we will be in consultation with our community health doctors.

As a demonstration of our commitment to resolving the anomalous position of the AMOs we have undertaken a significant body of work in preparation for a possible case to the Equality Tribunal.

We await the report of the current HSE Review of Community Medicine Services and the IMO stands ready to engage with the HSE to safeguard the role of community medicine and the doctors who work within the service in delivering a quality health service that serves the needs of the population.

Professional Representation and Strategic Alliances

The IMO, representing over 70% of doctors in Ireland, plays a key role in representing the professional interests of all doctors both at national and international levels.

Under the Medical Practitioners Act 2007 doctors are now required to engage with formal structures in relation to a Professional Competence Scheme. The IMO has met with and made submissions to the Medical Council on these issues and on matters of registration. As the body representing the medical profession we are in a position to try and work with the Medical Council to resolve sometimes unintended consequences of interpretation and offer practical solutions that will not

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undermine the integrity of the Council or the registration process.

Of course our main concern regarding the Professional Competence Scheme is not in regard to the doctors' willingness to undertake and engage but rather their ability to do so given the lack of resources available to them and most critically the lack of time.

We will continue to work in a positive and constructive manner with the Medical Council and build on the good working relationship between our two bodies. A simple but effective example of our work is the IMO AGM Motion which called for the removal of doctors home addresses from the website. We were successful in having this implemented. This may at first seem like a relatively minor issue but it was causing very difficult issues for a number of doctors and every small change to make professional life easier is to be welcomed.

Our ongoing work with our sister organisation BMA Northern Ireland has proved to be a very positive experience. Unfortunately our problems with the health service are not unique to us and we can learn much from each other. On a positive note in 2010 we developed a joint position paper on the major lifestyle issue of obesity and both organisations lobbied their own respective Governments along with a very successful lobbying and briefing initiative for MEPs in Brussels. Recognising that we can achieve more together on matters of mutual interest we intend to continue this work and explore a range of opportunities to better improve the health of our population.

We have worked closely over the past twelve months with organisations across Europe and the World Medical Association to promote health and lifestyle policy. In Europe it is vital that we are at the very heart of the discussions which will affect the practice of medicine and care of patients as Brussels becomes ever more influential in our daily lives.

Over the past number of years we have focused very much on the development of clear coherent policies in respect of a wide range of issues. Our policy recommendations do not seek to be aspirational but rather realistic with clear realisable gains for the State in terms of the health of the nation which will result in long term savings.

In 2010 the IMO undertook to develop a set of principles that should be enshrined in any model of Universal Healthcare which may be introduced. This is a critical issue not just for the medical profession and those working in healthcare provision but for each and every member of society. Our role is to ensure that the debate on Universal Healthcare is informed and most importantly that any initiative in this regard ensures equity of access, quality of care and clinical autonomy.

Clearly this issue is becoming more topical and it is our responsibility and duty to lead and participate in any debate on the matter which we hope will be conducted in an honest and transparent manner.

The IMO are strong advocates for patients and for a public health service that can deliver appropriate and quality services to all based on clinical need and we intend over the coming year to further develop a range of policies and positions in this regard.

There are many forgotten and neglected areas in our health services and for many years dedicated doctors have been highlighting the issues around the lack of provision for mental health services at our AGMs. In 2010 we published a policy position on Mental Health Services, this paper was developed in conjunction with our consultant psychiatrist members and our GPs who identified the major issues affecting the treatment of patients with mental health illness. The paper was widely distributed and featured well in media reports.

This is a clear example of how the various arms of the Organisation work towards the goal of highlighting, lobbying and affecting real change in the health services.

Engaging with Members

We have continued with our focus of continually engaging with members and assessing your views through internal surveys, commissioned benchmark studies and engagement on IR and policy initiatives.

At the outset of the current Strategic Plan a key objective was to ensure that members, who are so constrained by work pressures, could engage and participate with the work of the IMO without the necessity of getting involved in committees. I am delighted to report that over the past number of years we have seen an increase in engagement which has been facilitated by the use of IT systems within the IMO. Many members are now communicating their views on broad and specialist issues which are translated into policies and negotiating positions. Many more of you have been willing to engage with our Communications Unit in our efforts to promote the role of the doctor and in particular, the difficulties faced by patients through our member campaigns on cutbacks and medical card issues.

We have begun work on a major redevelopment of the IMO Website which will provide a range of new services and opportunities to our members. But even with all the opportunities that new technology offers us we remain committed to getting out and meeting with members on the ground and over the past year we have held meetings the length and breadth of the country on a wide range of issues.

It is with particular pleasure that I report on the success of the IMO Student Debate. Our President Professor Sean Tierney launched this initiative to engage more proactively with the medical student body at our 2010 AGM. In December 2010, despite wintery conditions, we hosted a great event in the Royal College of Surgeons where students from all the country's medical schools debated the motion: *This House believes the current system of entry to Medical Schools ensures the best doctors for the future.* The debate was informative, lively and entertaining and I look forward to what will now be an annual event and particularly want to thank the student medical societies for their contributions.

This event showed the IMO as a truly representative body for the medical profession in Ireland and our strength lies in the depth of

Report of Chief Executive

knowledge and experience of our members and the enthusiasm and potential of tomorrow's doctors.

Conclusion

The IMO is a strong and vibrant Organisation and while we are in a sound financial position as detailed in the Financial Statements of this Annual Report we are mindful of our obligations to manage our resources prudently and effectively.

We have, as I have outlined above maintained our focus on the key objectives of our Strategic Plan and have already initiated work on the development of a new Strategy for the next number of years which is informed by the views of members.

There are some who question the value and very role of trade unions in these times but it is critical that we speak and act in unison to achieve our objectives.

You and all your colleagues are the IMO and it is through the collective unity of our members that we can speak with authority as the only body representing all members of the medical profession in Ireland.

I would like to take this opportunity to thank you the members of the IMO for your support in these difficult times and on your behalf to thank the President, Honorary Officers and Committee Members who have given so much of their time to work with the Executive over the past year.

Change will happen and it is the role of the IMO to set the agenda for that change, to influence and shape the transformation of our health services and, as your representative body, I can assure you that we are ready to drive and implement real and positive change.

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Council Management Members

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

IMO Council 10/11

Prof Seán Tierney (President)
Dr Ronan Boland (Vice President)
Dr Trevor Duffy (Consultant Chair)
Dr Clive Kilgallen
Dr Christine O'Malley
Dr Neil Brennan
Dr Seamus Healy
Dr Tony Healy
Dr Paul McKeown (PHD Chair)
Dr Howard Johnson
Dr Bridín Cannon (Honorary Secretary)
Prof Joe Barry
Dr Ray Walley
Dr Michael Mehigan
Dr Niall Macnamara
Dr Martin Daly
Dr James Keely
Dr Darach O'Ciardha
Dr Matthew Sadlier (NCHD Chair)
Dr John Morris (Past President 09/10)
Dr Anthony O'Connor (Honorary Treasurer)
Dr David Flanagan
Dr Maitiu O'Faolain
Dr Mark Murphy
Dr Remi Mohammed
Dr Toby Gilbert

IMO Management 10/11

Mr George McNeice (Chief Executive)
Prof Seán Tierney (President)
Dr Ronan Boland (Vice President)
Dr Anthony O'Connor (Hon Treasurer)
Dr Bridín Cannon (Hon Secretary)
Dr John Morris (Past President 09/10)
Dr Matthew Sadlier (NCHD Chair)
Dr Trevor Duffy (Consultant Chair)
Dr Ronan Boland (GP Chair)
Dr Paul McKeown (PHD Chair)


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Profession-wide Issues

Public Service Agreement 2010 (Croke Park Agreement)

Following eighteen months during which there had been little engagement between public sector employers and trade unions, the Public Service Agreement 2010 (Croke Park Agreement) was agreed in April 2010.

Among the items included in the Agreement are:

- No further pay cuts or redundancies during the lifetime of the Agreement
- Efficiencies and productivity to be maximised by appropriate use of resources
- Significant cost-saving reform measures across all parts of the public service including by extensive reforms in work practices and conditions of employment
- Review of extent of savings generated to be held in early 2011 to determine if scope for any reimbursement of pay cuts (priority given to reimbursing workers with pay rates of €35,000 or less)
- Similar reviews to be carried out in following years
- Reduction in staff numbers across the public service by end-2012 to be implemented by employment control frameworks
- Current Government moratorium on recruitment and promotion to continue to apply until numbers employed in each sector have fallen to the levels set out in the employment control frameworks
- No compulsory redundancies but flexible re-deployment arrangements necessary
- Unified public service labour market to be created
- Promotion and incremental progression based on performance
- Industrial peace clause to be put in place- no cost-increasing claims can be made for improvements in pay or conditions for the duration of the agreement .Strikes or other forms of industrial action in respect of matters covered by the pay agreement will be banned
- Discussions to take place with the IMO in relation to the Government commitment to make appropriate changes to the Competition Act and the Transformation Agenda for GPs to be completed within 2 weeks

The IMO Craft Committees discussed the Croke Park Agreement in May 2010 and overwhelmingly endorsed it. At a meeting of the Public Services Committee on 15th June 2010 the Agreement was put to a vote and was passed by a margin of two to one.

The Group tasked with delivering the required savings in the Health Service, under the terms of the Agreement, is chaired by Mr Pat Harvey, a former health board CEO and will include an equal representation of both union and management representatives. The IMO is one of the unions represented on this Group.

The first meeting of the Group took place in October 2010 and set out the scope of change required in the Health Service. Among the items that are up for consideration are:

a) redeployment of staff with particular focus on ensuring the retention of services which would otherwise be discontinued due to budgetary shortfall;

b) acute hospitals - move from seven days to five / day case work;
   a. review of rostering;
   b. escalation policies in the emergency department; and
   c. review of operating theatre rosters.

c) the introduction of staff to population ratios with regard to all health professionals e.g. nurse/midwives/physios etc with a view to standardising the staffing structure across the country;

d) radiology - extending the working day;

e) primary care;

f) re-assignment of staff.

It has also been agreed that an agreed template to record savings will be drawn up.

Moratorium on Recruitment

The Government has taken a decision in relation to the Implementation of Savings Measures on Pubic Service Numbers and Employment Control Framework 2009 that with effect from 27th March 2009 to end 2010 no post in the public sector, however arising, may be filled by recruitment, promotion, nor payment of an acting up allowance for the performance of duties at a higher grade. Therefore when vacancies arise the HSE must relocate or reorganise work or staff accordingly. This moratorium also applies to temporary appointments on a fixed-term basis and to the renewal of such contracts. As a result of this decision Mr Sean McGrath, National Director of Human Resources, HSE issued HSE HR Circular 10/2009 detailing its application within the HSE. A notable exception to the moratorium is the Hospital Consultant grade; however any new post of hospital consultant will be created by the suppression of 2 NCHD posts.

The IMO along with the other Staff Panel Unions met with representatives of the HSE including Mr Seán McGrath to discuss the moratorium and to request further details on its application in the health service. Discussions are ongoing between the Staff Panel and the HSE on the issuing of a revised Circular by the HSE which would allow some flexibility to deal with arising issues.

Government Budget Decisions – December 2010

In the course of his budget speech on 7th December 2010, the Minister for Finance, Mr Brian Lenihan TD, announced that in the future, new recruits to the public sector will enter at the lowest point of the salary scale and would have their salary reduced by ten percent. Subsequent Circulars issued by the Department of Health and Children indicated that, in the Department's opinion, this would include the salaries of Interns and newly appointed Consultants. It is the position of the IMO that at a time when the Irish Health Service is under unprecedented pressure and facing acute staff shortages, reductions in the salaries of new recruits are counterproductive.

Profession-wide Issues

The Minister for Health and Children, Ms Mary Harney TD, also announced that, on foot of measures contained in the Budget, she would be enacting a further cut in professional fees, as provided for under the Financial Emergency Measures in the Public Interest Act of 2009.

This decision, which was taken without negotiation with the IMO, has enabled the Department of Health and Children to apply a reduction to all professional fees, including those paid to General Practitioners. Announcing her decision, the Minister also decided that coding arrangements applicable to rural nursing home patients will be amended. It should be borne in mind, that the basic capitation rates have not been reduced in line with all of the other cuts.

It is the IMO position that these cuts cannot but impact negatively on patient care and the IMO will use the review mechanisms under the Financial Emergency Measures in the Public Interest Act to make this point to the Department of Health and Children.

Contract of Employment

New entrants to the HSE and HSE Funded Agencies from 16th December 2008 and employees promoted to a promotional post, including the renewal of temporary contracts from the same date, will have the following wording inserted into contracts of employment/letters of upgrade:

'You will be required to work for the agreed roster/on call arrangements advised to you by your line manager. Your contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement.'

The pay and other terms and conditions of employment will be those which apply at local and national level in respect of their category at the time of their appointment, subject to changes agreed through collective bargaining.

Category Based Discussions

A key component of the Framework Agreement concerns category based discussions. The purpose of category discussions is to give an indication to the trade unions of the type of service which could be the subject of an extended service and to provide clarification on matters at a national level that would have relevance to local discussions as they relate to particular category/categories.

At the time of the Framework Agreement, some category discussions were still continuing or nearing completion.

Process

The Framework Agreement will require local managers to inform the joint secretaries of the Health Service National Joint Council (NJC) of their intention to begin discussions with trade union representatives on agreeing an extension of the working day/week for category/categories of staff in accordance with the provisions of the Framework Agreement.

The joint secretaries of the NJC will require evidence of category based discussions at a national level.

The Framework Agreement also provides for a dispute resolution process to assist the timely introduction of an extended working day/week.

Pensions

In addition the Minister announced public service pensions above €12,000 a year will be reduced by an average of 4%. The grace period, under which previous salary levels are to be used to calculate pension entitlements, was due to expire by the end of 2011was extended by two months so as to prevent a log jam of public service retirements in 2011 and to spread the extra pension lump sum costs over a more manageable period in both 2011 and 2012

This issue has been raised through a joint union approach, through the Public Services Committee (PSC) of the Irish Congress of Trade Unions (ICTU), of which the IMO is a member. The ICTU is continuing in its efforts to reopen discussions with the Government and Social Partners around its 10 point Action Plan for a social solidarity pact to deal with the economic crisis.

Medical Council

The IMO met with representatives of the Medical Council to discuss the introduction of Professional Competence. Under Part 11 of the Medical Practitioners Act 2007 doctors registered with the Medical Council are required to participate in a Professional Competence Scheme. Doctors must enrol in a scheme by 1 May 2011. These are the formal structures provided to ensure that all doctors registered and working in Ireland maintain their education, knowledge and skills (competence) at an acceptable level.

Practitioners will be enrolled in CPD activities as defined by the Training Body for their specialty and will be required to submit evidence of their participation in educational activities. It is envisaged that doctors will be expected to participate in 50 CPD hours per annum (250 hours over a five year period). In addition the IMO made a submission to the Medical Coucil on the operation of these schemes.

The IMO discussed registration issues with the Medical Council and provided feedback on issues of concern to members.

Long Service Hospital Doctors

A Working Group has been established by Council of the IMO to address the issue of establishing a Staff Grade in the HSE. The Working Group comprises of an NCHD, Consultant, GP and PHD member and held two meetings in late 2009 to initiate discussion of this topic and to draft an initial report. This issue was also discussed at the meeting of the Non-EU Graduate Committee. The Working Group prepared a report for Council of the IMO summarising the findings of the Group which were considered by IMO Council. It has been agreed that, given the complexities of the issue, a national meeting will be convened to discuss all relevant matters in this regard.

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Profession-wide Issues

The IMO held a two session National Meeting on Saturday 22nd May 2010 in the Radisson Hotel, Athlone with the morning session dedicated to issues for Non-EU Doctors and the afternoon session focusing on issues for doctors with long hospital service. Both meetings were chaired by IMO President Professor Seán Tierney and included presentations by the IMO Executive, Mr Syed Jaffry Chair IMO Non-EU Group and Dr Matt Sadlier, Chair NCHD Committee. The meetings were the first stage in a consultation process from which the IMO will continue to develop its strategy for dealing with issues for this group of doctors.

HSE West Budget Savings

Background

In August 2010 HSE West projected they expected they would overrun their budget at year end by €90 M and would need to take action. They unilaterally decided to terminate up to 1,000 temporary posts which put them in dispute with the unions. The issue was referred to the LRC who facilitated a framework agreement where alternative savings could be agreed locally between unions and management as an alternative to job losses. A significant number of meetings were held in each location affected and was attended by IMO representatives.

Many of the savings were agreed and the outstanding issues were to be resolved on a local basis. There have been some local meetings in Galway on the further implementation of changes

Reduction of Surgical Services in Navan Hospital

In August 2010 Navan hospital announced in the media that it was to cease acute surgical services in the hospital with immediate effect. This was done with no consultation with IMO members and publically announced without any prior information, consultation or discussion with members.

All unions represented at the hospital, including the IMO, raised objections to the nature of the changes and the serious lack of consultation before these changes were announced. The approach outside the provisions of the information and consultation act and is poor management practice. At a subsequent meeting the management explained that the decision was made by the Director of Quality and Clinical Care, Dr. Barry White and the Acting Chief Executive Officer Mr. Brian Gilroy

The issue was referred to the Labour Relations Commission under the Information and Consultation Act 2006 and the hearing was held on 17 September 2010.

Consultants

Consultants Committee 2010/2011

Dr Trevor Duffy, Chairperson

Committee Members April 2010 – April 2011

Regional Representatives

Dublin/North East
Dr Trevor Duffy
Dr Pat Manning

Dublin Mid/Leinster
Dr Ronan Collins
Prof Seán Tierney (President)

South
Dr Colm McGurk
Dr Chris Luke
Dr Neil Brennan
Prof Cillian Twomey

West
Mr Hugh Bredin
Dr Christine O'Malley
Dr Finbarr Condon
Dr Seamus Healy

Speciality Representatives

General Medicine
Dr J Bernard Walsh

Obstetrics/Gynaecology
Prof. John R J Higgins

Anaesthetics
Dr Tony Healy

Psychiatry
Dr Kate Ganter

Surgery
Mr Mark Rafferty

Radiology
Dr John Morris

Pathology
Dr Clive Kilgallen

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Consultants

Budget 2010 and outstanding payments under the Common Contract 2008

The singling out of Consultants for inclusion in the reduction of pay announced in Budget 2010 based on the report of the Review Body of Higher Remuneration in the Public Sector was unacceptable to the IMO. This targeting of Consultants pay before the application of outstanding payments under the common contract is inequitable and the IMO worked to have this issue addressed. The inclusion of bonus payments for Assistant Secretarys in the application of these changes is a close parallel to the situation of Consultants.

The IMO wrote to the Minister on 14 December 2009 requesting a meeting to discuss the issue. A letter was also written by IMO to Mr Michael Scanlan, Secretary General of Department of Health and Children seeking assurances on the outstanding payments.

The IMO explained to officials in the department that we are unhappy at the inequitable decision not to pay Consultants the correct rate as per section 23 of the contract and then to apply the 15% salary reduction at the current level of salary. In some cases Consultants have been subjected to a pay reduction of 30% from the agreed rate . IMO explained that there was a parallel with the pay of the Assistant Secretary grade and would like to have this resolved.

Department officials replied that there are many sides to this argument which could be discussed ad infinitum without conclusion. The Minister would have to defend any demand with an inability to pay. They said the government made a decision to reduce public pay as set out in the Financial Emergency Measures in the Public Interest (No. 2) Act 2009 and it is there will be no changes from this. There is no possibility the government will consider exceptions.

Pay increases due to many posts set out in Report No 42 of Review Body on Higher Remuneration in the Public Sector were never paid. Payment was to be made in 3 phrases, starting with a) 5% increase on 14 Sep 2007, b) half the balance from 1 September 2008, c). the remaining balance from 1 March 2009. In all cases only the 5% in a) was paid, with the exception of Consultants who were also paid b) on 1 Jan 2009. There is no chance of any additional pay increase for any class of public servant this year or probably the next. There is a possibility of review without commitment some time in 2012.

The Minister recognised the difficult position of Consultants on Type A contracts who gave up private practice but unfortunately is not in a position to do anything for them. There is a group looking at this and trying to figure out the numbers involved to see if anything can be done. They concluded that everybody in the public sector is in the same position and the issues relating to pay are unlikely to be resolved until the State's financial position is improved.

Revised Salary Scales for Medical Consultants

The Consultants Common Contract 2008 came into effect in August 2008 and was to be implemented on a phased basis since that time. The payments were to be made in 3 phases over the agreement. Phase 1 was paid, Phase 2 was paid 6 months later and Phase 3 remains outstanding.

The outstanding issues of implementation were to be arranged through the Contract Implementation Group composed of representatives of the IMO, the IHCA and the HSE under the Chairmanship of Mark Connaughton SC.

The IMO made representations to the Contract Implementation Group on 7 December 2009. The issues that were raised were:

1. Appointment of Chair to the Contract Implementation Group;
2. Full honouring of the salary and other payments due under Section 23 of Consultant Contract 2008;
3. Payment of a further 2.3% to reach the full 7.3%, as opposed to 5%, due from 14 September 2007 to Consultants continuing on their existing contracts and retired Consultants;
4. Back payment of the balance from 14/09/07 to 01/01/09 of the 7.3% award due to consultants on existing contracts, as well as retired consultants;
5. Back payment of premium payments for weekend working from uptake of the contract to 01/01/09;
6. Back payment of the CME allowance from 01/06/08 to 01/01/09;
7. Consultants in Emergency Medicine – Unabated salary and back pay for the period June to December 2008;
8. Implementation of Academic Consultant Contracts;
9. Resolution of the contention by the HSE that a consultant who has private rooms on the public hospital site attends these rooms outside of his 37 hours but his practice in these rooms comes within the 80%/20% public private mix;
10. The difficulty regarding acceptance on the part of the HSE that a consultant who has a split site appointment has a single post and therefore his overall public private mix must be aggregated into a single set of percentages for his hospital sites; and
11. The position regarding private patients and Type A consultants and the undertaking given by the Department of Health/HSE during the contract negotiations. (private patients who present at the hospital and are dealt with by a Type A consultant).

On 26 April 2010 Mark Connaughton SC issued his report on the issues raised at the meeting. There are a number of issues to be addressed on foot of his recommendations.

He noted that issues were being addressed in an environment where the full remuneration due under the contract was not being paid to date. Consequently his comments were issued for guidance rather than binding.

He is no longer available to chair the talks and suggests that some of the dispute procedures within the contract could be employed to address issues.

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These issues are:

a. Consultants holding a split site appointment – public/private practice ratio. Suggests a pragmatic solution where aggregation should be permitted for 12 months to allow the opportunity to get the mix at each location into line with the requirements of the contract.

b. Patients admitted under Type A Consultant Issues relating to pay in these cases should be resolved. There is a conflict between the Department position and the representative bodies which should be resolved through joint talks to address the issues.

c. Private outpatient clinics and the application of the relevant public/private ratio.

Private practice should be delivered outside of the standard 37 hour with the appropriate mix maintained.

The IMO wrote to the HSE to request the appointment of a new chair of the CIG so that the outstanding issues set out above could be addressed through direct engagement with the HSE.

A meeting with the Minister was arranged for 28 June 2010 to address the outstanding issues relating to the implementation of the contract. The issues were raised with the Minister despite the objection of the HSE and the IMO has pointed out that the deliberations of the last Connaughton report are for guidance to the parties only and not definitive.

In order to progress issues, a meeting with the HSE Director of HR and other officials was held on 3 November 2010. The outstanding issues from the contract discussions set out above were addressed at that meeting. It was noted that:-

1. The Minister has appointed Mr Mark Moran as chair of the contract group. The IMO has written to Mr Moran to arrange a meeting to discuss the outstanding issues.
2. The HSE advised that outstanding payments due under the 2008 Contract cannot be honoured at this time due to budgetary constraints. The IMO insisted that consultants have delivered on their part of the agreement and expected to be paid. It was agreed that the parties would meet in the near future to try to find a solution in this regard.
3. The HSE undertook to write to the four Regional Directors of Operations advising that various back payments and medical education allowances that have fallen due should be paid.
4. Both sides committed to meet again, together with the IHCA and the Department of Health and Children to consider the anomalous position of Consultants who have signed Type A contracts and experienced unanticipated losses in income.
5. The IMO will participate in a group working with Brian Gilroy and including ESRI to identify and resolve the issue of transparency about how figures in relation to public/private mix are compiled. The IMO has written to Mr Gilroy pointing out there are serious problems with the measurement system and calling on him to address them.
6. The HSE clarified that all clinical director posts are solely appointed under the terms and arrangements set out in the 2008 Contract.

The IMO have also written to the HSE and the DOHC in relation to holders of type A contracts and in particular in relation to the establishment of a research and education fund which would be funded from the income made by type A contract holders when they treat private patients.

VHI Issues of Concern

An IMO Consultant representative group met with the VHI in the course of the year to discuss issues of concern to Consultants and to improve communications on points of mutual interest. Additional meetings will be arranged as required. The main issues discussed were;

a. New Treatments

The IMO are keen to ensure that VHI cover is extended to deal with new treatments that are appropriate for their patients. This may have a positive impact on patient outcomes and can be more cost effective. VHI confirmed that it has a process in place to consider new treatments and assesses them in terms of efficacy and cost. VHI's preference is to approve treatments that are not experimental but well established in large population samples so any difficulties with the treatments are resolved and the benefits are realised. They regularly review these developments in light of comment from the major medical bodies in the USA. They welcome submissions from the specialty bodies, as well as bodies like the IMO and also from individual consultants. They welcome collective comment from the IMO.

They have a strong interest in measures that are preventative which improve health and avoid the need for more expensive procedures later and are willing to consider any additions the IMO may put to them.

b. Existing processes

The IMO raised the issue of claim forms that were submitted to VHI and were not properly dealt with or were rejected without proper consideration. They said they were pleased to get feedback on some of the issues that are causing problems for consultants. They accepted that some problems with claims may be due to the automated nature of their processes. These processes are governed by a business rules engine that effectively removes any human element from claims assessment and treats all claims as processing. They were interested in feedback on issues of handling claims and how difficult it can be for consultants to make contact with the person handling the claim in VHI. They would welcome further feedback on relevant issues.

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There was also IMO concern about the issue of VHI writing to patients to verify treatments and services that were provided to them. VHI are aware of the issues that relate to patients whom they wrote to seeking confirmation that treatments were provided and who often did not understand what had been provided by the consultant. They are willing to look at this issue and were also made aware of the preference to have some sort of independent arbitration system in cases of dispute.

The thrust and tone of the Special Investigation Unit was a concern for the IMO. VHI confirmed that the Special Investigation Unit is not there to look at issues of fraud but deals with matters of clerical errors and minor mistakes which when aggregated can reduce the level they pay out in claims. A follow up meeting with the claims section was arranged and outstanding issues were addressed.

VHI also confirmed they have difficulty registering some newly appointed Consultants who are not on the specialist register. The IMO confirmed that it is IMO recommended policy that all newly appointed consultants are on the Specialist register.

c. New Issues

The IMO stated their concerns about the availability of private diagnostic facilities which unnecessarily required patients to travel. They were interested in feedback on their restrictions on providing diagnostics in certain public hospitals and explained that this was based on a tendering process. However they appreciated the feedback that it can be hard to store and archive scans etc in public hospitals due the compatibility of the systems. The result is that patients may have to have a further scan to be recorded on the public hospital systems and this is wasteful. They agreed that they would put a standard in place in a future contract so this data can be stored and used when required.

The IMO asked about how the service and communications with VHI would improve on operational issues. VHI confirmed that they are currently planning the implementation of an Electronic Data Interchange (EDI) through the Irish Insurance Federation which will make processing more efficient but will also have implications for consultants. This initiative is well advanced and the implementation plan is due to be discussed early next year.

NCHDs

The implications of changes in the NCHD contract has impacted on consultants in terms of the numbers of NCHDS employed within the health system. The IMO has tracked these numbers with Consultant members within the course of the year to identify where shortages exist. The IMO has been in regular contact with the HSE to implement the NCHD contract and to work to ensure sufficient cover within the system.

HSE Service Plan 2010

The HSE service plan was drafted by the HSE and passed to the Minster for Health and Children for approval which was given on 11 February 2010. The IMO position on the plan was set out by IMO Vice President and Consultant Committee member Professor Seán Tierney and was issued to the media by press release.

The IMO welcomes the recognition, outlined in the HSE National Service Plan, that those working in the front line in the health service have delivered on their responsibility and continue to do so - treating more patients (particularly as day cases) and treating them more promptly.

"While the delivery of these targets may be rewarded by performance payments to senior staff within the HSE, the extra work and the increased efficiency is being delivered by doctors, nurses, other healthcare professionals and staff working on the health services. This is despite the public sector embargo which prohibits the replacement of key staff in many areas who are ill, who retire, or who leave. More and more care is being delivered by less and less staff despite their two pay reductions in the past twelve months."

However, the IMO have outlined a number of areas for concerns in the Plan.

Prof. Tierney said; "The closure of 1000 beds is a major cause for concern. We have all welcomed the plans to deliver care to patients in their own homes and in the community. Indeed, most of the plans to do this have come from doctors and health professionals working in the front line and there is much more that can be done.

The IMO fully supports the strategy to move away from providing care in acute hospitals, both inpatient and outpatients where this is not necessary, and provide this in primary care. However, the introduction of Primary Care Centres and integrated pathways for those with chronic diseases tomorrow will not eliminate the need for acute hospitals today," said Prof. Tierney.

"The acute hospital sector is already unable to meet the needs of those requiring emergency admissions."

He said; "While the Minister for Health & Children has said that there are no problems in coping with emergency admissions, this is not the experience of our members working in acute hospitals and Emergency Departments around the country.

"Where patients are being moved out of the Emergency Department within the 12 hour deadline required by the HSE, it has been at the expense of "elective" admissions. These are patients with cancer, serious cardiovascular disorders and other life threatening problems who have their admission cancelled and their own lives and those of their families put on hold while they wait for an hour, a day, a week or more for a phone call. Many of these then end up in our emergency departments when they can wait no longer."

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"We cannot compensate for the proposed loss of 1,000 bed equivalents out of our public hospital system this year by the rolling out of Primary Care Centres and chronic disease management strategies."

"It is not just the IMO that has said this. Independent reports commissioned by the government have told us this. And if there is still any doubt, you only need to walk into any Emergency Department in one of our Dublin Hospitals and ask the first person you meet," said Prof. Tierney.

Consultant Benchmark Study

Background

The IMO conducted the Consultant benchmark study in November 2010 and is happy with the level of response from consultants. The purpose of the study is to gather more information about consultants as well as to identify what are the important issues for consultants and as a follow on to establish what issues the IMO can work on to make improvements for consultants. It is expected that the results will be launched in Spring 2011.

Mental Health Services

Background

The IMO Research and Policy Unit has produced a position paper on Mental Health Services in Ireland, which explores the economic rationale for investing in mental health services as well as the lack of progress implementing the national mental health strategy 'A Vision for Change'. The paper looks at the treatment of mental health problems at GP level and what support is needed in primary care. A questionnaire was issued to GPs and Psychiatrists to gain their input and this forms part of the position paper. The paper was launched in December 2010.

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Non-Consultant Hospital Doctors

NCHD Committee 2010/2011

Dr Matthew Sadlier, Chairperson

Committee Members: April 2010 – April 2011

Regional Representatives

Dublin/North East
Dr Mick Molloy
Dr Evelyn Obosi

Dublin/Mid Leinster
Dr Muhammed Razi Shaikh
Dr Remi Mohamed

South
Dr Ronan O'Leary

West
Dr Kishan Browne
Dr David Flanagan

Speciality Representatives

Psychiatry
Dr Dela Osthoff
Dr Matthew Sadlier
Dr Elizabeth Barrett

General Practice
Dr Mark Murphy

Obstetrics/Gynaecology
Dr Ifitkhar Ahmad Sohail

Gastroenterology
Dr Anthony O'Connor

Paediatrics
Dr Nalini Somaiah

General Medicine
Dr Aisling Brown
Dr Toby Gilbert
Dr Maitiu Ó Faolain

Surgery
Dr Frank Conroy
Dr Myles Smith

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Non-Consultant Hospital Doctors

NCHD Contract 2010 and European Working Time Directive

Further to the High Court Settlement reached on 28th April 2009 which allowed for two sets of negotiations on the NCHD Contract, second phase negotiations on the contractual terms and conditions of employment of NCHDS were held between the IMO and the HSE under the auspices of the Labour Relations Commission in September and October 2009. All outstanding issues, including the substantive pay issues were referred to the Labour Court for adjudication in a hearing which was held on 16th December 2009. The Labour Court issued its Recommendation LCR19702 on 22nd December 2009 and as per the Settlement Agreement this recommendation was put to a ballot of NCHD members for their acceptance or rejection. The NCHD Committee met on 5th January 2010 to consider this Recommendation. In the absence of a yes vote to the ballot, the HSE would have had no obligation to consider the position of the IMO or the Labour Court and would have been free to offer whatever contractual terms to NCHDs they wished with no regard to the position of the IMO or the Labour Court with effect from 1 February 2010. If the ballot were passed, the terms and conditions of employment set out by the Court would become legally binding on both the IMO and the HSE and would be applied to NCHD contracts from 1st February 2010. The NCHD Committee decided to endorse a yes vote to the ballot. A ballot information pack and ballot paper was issued to all NCHD members in Ireland on 18th January 2010 with a return date of 29th January 2010. Ballot information meetings were held in Dublin, Waterford, Cork and Galway.

The ballot was passed with 95% of NCHDs voting in favour of accepting the Labour Court's proposals and as such the new contract became binding on both the IMO and the HSE with the new contract being offered to all NCHDs from 8th February 2010.

In the interim, liaison between the IMO and the HSE continued on the issue of implementation of the European Working Time Directive. NCHDs voted in June 2009 to accept a Labour Court Recommendation and Principles of Rostering the implementation of the European Working Time Directive (EWTD) for all NCHDs. However, despite this recommendation and principles of rostering being binding on both the IMO and the HSE, a number of hospitals chose to implement EWTD compliant rosters for Interns alone. Correspondence between the parties failed to resolve the matter and the IMO had no option but to bring an action in the High Court for breach of the Settlement Agreement. Initial arguments were heard in the High Court in July and the case was mentioned in August, October and November 2009 with a trial scheduled for a two week duration commencing Thursday 21st January 2010.

Shirley Coulter, Assistant Director, Industrial Relations during NCHD Ballot count in the IMO Office.

A series of intense negotiations between the IMO and the HSE commenced in January 2010 in advance of the scheduled High Court case. These negotiations resulted in a favourable Settlement/Collective Agreement being reached and lodged with the High Court on Friday 22nd January 2010. The Settlement Agreement states that the HSE cannot make unilateral changes to NCHD contracts and reinforces the entitlement of the IMO to negotiate on behalf of NCHDs. The Collective Agreement deals with issues relating to EWTD implementation which will allow for EWTD to be implemented in a more flexible, appropriate and uniform manner while ensuring protection of NCHD training, income and health and safety. These include an agreement that NCHDs may be rostered to work up to a maximum of 24 consecutive hours subject to provision of equivalent compensatory rest and on no more than a one in five basis. The Agreement also provides for new arrangements for protected training time for NCHDs which will not count as working time for the purposes of the EWTD but which shall

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be treated the same as working hours for payment purposes.

The IMO met with the HSE on Monday 8th February 2010 to discuss a number of issues regarding implementation of the new NCHD contract and the Settlement/Collective Agreement. A number of actions were agreed with regard to the roll out of the new contract. A further meeting was held at the request of the IMO on 15th March 2010 to address a number of differing interpretations of the new contract by management at local level including:

- Annual leave & public holiday entitlements
- Courses eligible for training fund
- Access to educational leave
- Unrostered overtime payments
- Medical council registration
- Protected training time
- IMO/HSE Meeting Schedule re new contract
- Training fund from 1 July 2010

The HSE undertook to look into the issues raised and revert to the IMO. A further meeting was held on 21st April 2010 and as discussion on the differing interpretations had been exhausted at this level, all outstanding issues were referred to the Contract Implementation Committee (CIC), jointly chaired by Mr George McNeice, Chief Executive, IMO and Mr Sean McGrath, National Director Human Resources HSE, a meeting of which was scheduled for 20th July 2010.

At this meeting detailed discussions were held regarding training funding. The IMO raised a number of concerns with the HSE and requested urgent written confirmation of the training funding available to NCHDs. Following this meeting the HSE issued a document outlining the training funding available. On receipt of this document the IMO wrote to the HSE outlining major concerns on the training document under the following headings:

- Training supports for non-scheme NCHDs
- Exam contribution and payment on passing
- Restrictions on Educational Leave
- Incomplete detail on training funding for NCHDs on schemes and procedures for accessing training
- No detail on training for GP trainees
- Personal development fund

Other contractual issues outstanding that were the subject of discussion at the CIC include

- Annual Leave/Public Holidays
- Overtime Payments
- GP Registrar Travel Allowance
- Protection of core 39 hour working week & training time
- Proposed 2 year NCHD Post & associated issues
- Principles of Rostering & EWTD Implementation
- Professional Competence
- NCHD Recruitment & Retention

Further meetings of the CIC took place in November and December 2010 and agreement was reached to refer the issue of protection of the 39 core working week and training time to the LRC. As there was no satisfactory resolution to any of the other outstanding issues regarding training funding or other contractual issues it was decided by the IMO in December 2010 that all outstanding contractual issues would have to be referred to the Labour Relations Commission.

Annual Leave/Public Holidays Dispute

It is the position of the IMO that NCHDs annual leave entitlement is as stated in the NCHD Contract 2010 as follows:

Annual Leave

16 calendar days per six months (this is the same entitlement as under the previous NCHD contract). NCHDs are entitled to 16 calendar days leave per 6 month period. Calendar days are inclusive of weekends, hence if a doctor takes a full weeks annual leave, it equates to 7 calendar days.

Public Holidays

- An NCHD who normally works Monday – Friday and who has their public holidays off is not entitled to an additional day off in lieu of the public holiday.
- An NCHD who is rostered for duty on the day on which a public holiday falls is entitled to single time extra remuneration in respect of hours worked on this day.
- NCHDs who work a '5 over 7' roster are entitled to a total of 9 working days (7.8 hours per day) in lieu of the liability to be rostered on a public holiday. In terms of the practical implementation of this entitlement, 4 days fall due in respect of the period from the second Monday in January to the second Monday in July and 5 days apply in respect of the period from the second Monday in July to the second Monday in January.

Difficulties arose at local level in March 2010 with regard to the public holiday entitlement as the HSE held the position that NCHDs are not 5/7 workers in spite of the Labour Court recommending in June 2009 that NCHDs should undertake to operate 5/7 day working with effect from 1st July 2009. The HSE confirmed to the IMO on 21st April 2010 that they do not accept that NCHDs are 5/7 workers and therefore NCHDs are entitled only to 16 calendar days leave per six months and to a day off on the day the public holiday falls. It was decided that this matter be referred to the Contract Implementation Committee (CIC). As a CIC meeting could not be scheduled until 20th July 2010 due to the unavailability of the HSE the IMO sought an urgent formal meeting with the HSE in an attempt to resolve the issue in advance of the NCHD changeover in July 2010. On foot of a number of meetings and several correspondences exchanged between the IMO and the HSE, the HSE issued a formal memo to all Medical Manpower Managers dated 13th August 2010 advising that the leave entitlement for NCHDs be reinstated. The memo also outlined that a number of hospitals had made deductions from the pay of NCHDs in respect of public holidays and that any deduction should be refunded as soon as possible. The HSE subsequently

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referred the issue of annual leave/public holiday entitlements as a dispute to the Conciliation Service of the LRC. The IMO refuted that there the parties were in dispute and refused to attend a conciliation hearing on that basis. The IMO position is that should the HSE seek to alter leave entitlements they are required to submit a new claim via the normal industrial relations channels and in line with the Croke Park Agreement.

This issue was again discussed at a CIC meeting of 3rd November 2010 and 15th December 2010. The HSE undertook to outline in writing to the IMO the structure of 5/7 nursing public holiday leave which will allow for further detailed discussion of the leave as it applies to NCHDs.

NCHD Shortage

The possibility of a shortage of NCHDs first materialized in early 2010 and the IMO has been liaising regularly with the HSE since that time. In light of the expected serious NCHD shortage from 1 July 2010 the IMO sought an urgent formal meeting with the HSE to discuss the shortage in detail including the HSE's contingency planning. This meeting was held on 25th June 2010. The HSE outlined the number of vacant posts at that time (270), the sites where the vacancies existed and gave assurances that contingency planning had been done for those sites. The IMO continued to monitor the situation and conducted a survey of NCHD and Consultant representativess in an attempt to quantify the shortage at local level. The IMO intervened locally where difficulties were indentified as a result of the NCHD shortage.

In light of the continued shortage of NCHDs expected in January 2011 the HSE wrote to the IMO on 27th October 2010 seeking early discussions with the IMO to address the issue of NCHD recruitment difficulties by way of the introduction of *'the necessary structural and contractual changes'* to facilitate the filling of the maximum number of posts for 2011. Following this request by the HSE a number of meetings were held between the IMO and the HSE and correspondence exchanged in order to discuss and agree such structural and contractual changes prior to the implementation of any new 2 year posts. The details of the post provided by the HSE are as follows:

- 2 year contract of employment – to one of four HSE Areas
- Placement for 6 months of this period of employment in a large regional centre or complex tertiary service setting
- Participation in a Professional Development /Professional Competence Scheme certified by the relevant postgraduate medical training body
- Funding support to meet visa, registration, accommodation or other costs associated with the post

While the IMO welcomed the HSE's commitment to engaging with the IMO on this matter the IMO has made it clear that under the High Court Settlement any changes to the NCHD contract must be by agreement with the IMO and this agreement must be in place before any posts are advertised. The IMO set out this position in a document dated 1st December 2010 as follows:

- In line with any change to NCHD contracts of employment and/or NCHD work practices the proposal is subject to negotiation and agreement with the Irish Medical Organisation
- Negotiations on the new 2 year post contract should commence immediately and agreement reached between the IMO and the HSE prior to the commencement of any new 2 year posts
- A contract of employment must be negotiated and agreed with the IMO to include the full terms and conditions relating to the posts including:
  - Tenure of post
  - Notice period
  - Hospital Location
  - Details of 6 month placement including date & location
  - Details of professional development/competence scheme
  - Contribution towards Visa, registration, accommodation and other costs associated with the post
- Proposal to be implemented initially on a pilot basis for 2011 and a quarterly review conducted
- An IMO/HSE Working Group to be immediately established to look at retention issues for NCHDs

At a meeting of 3rd December 2010 attended by the IMO and the HSE this document was accepted, without exception, as the basis for engagement on the issue of two year NCHD posts. Furthermore, the HSE undertook to provide specific details regarding the 2 year contract for the post including; details of rotation, professional development schemes and financial contributions which has not been provided to date. On cancellation by the HSE of a meeting scheduled for Friday 10th December 2010 to follow on from the positive meeting of 3rd December 2010 it was agreed that the issue would be discussed at the NCHD Contract Implementation Committee meeting scheduled for Wednesday 15th December 2010. In complete contradiction to the previous constructive engagement on the issue the HSE sought to revoke entirely the agreement made between the IMO and the HSE on Friday 3rd December 2010 including by rejecting that the document forms the basis for engagement and by specifically rejecting the HSE's acceptance that the post requires a new contract, therefore unilaterally and unacceptably revoking the undertakings previously given by the HSE. The IMO was therefore left with no option but to refer the matter to the Labour Relations Commission for a hearing which will be scheduled in early 2011.

IMO Meetings with Training Bodies

In light of the major implications of a 48 hour working week for NCHD training, the IMO met with a number of NCHD training bodies to discuss these implications and possible measures to address same including the Irish College of Psychiatry, the College of Anaesthetists, the Royal College of Physicians Ireland and the Royal College of Surgeons in 2009. A number of follow up meetings were

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held in 2010 in order to provide an update on the implementation of the EWTD in light of the IMO/HSE Settlement/Collective Agreement including with the College of Anaesthetists, the Royal College of Surgeons and the Irish College of General Practitioners. The IMO was invited to meet with representatives from the Forum of Postgraduate Training Bodies on Tuesday 22nd June 2010. . A very informative discussion was held regarding NCHD training and funding of same. It was agreed that the IMO would meet with the Forum on a regular basis.

Non EU Doctor Visa Arrangements

A change was made to the regulations with regard to Renewable Visa Stamps for Doctors working in Ireland in July 2009 which has caused significant difficulties for the Non-EU Doctors working in Ireland. The IMO met with the Department of Justice in September 2009, held a meeting of the IMO Non-EU Graduate Committee in October 2009 and made a detailed submission to the Department in December 2009 highlighting the impact of the new arrangements on training, living arrangements and family life, the importance of Non-EU doctors to the Irish health service, the financial implications and the anomaly in visa arrangements for doctors compared to other non-EU workers. A representative from the Department advised the IMO in mid March 2010 that the issue was being considered in detail and that a decision on any changes to visa regulations would be taken in the coming weeks. The IMO advised that any changes must be implemented prior to the next changeover of NCHDs in July 2010. A National IMO Meeting of Non-EU doctors was held on 22nd May 2010 to address issues of concern to non-EU doctors including the visa regulations issue.

On foot of the IMO lobbying on this issue revised immigration and employment permit arrangements for non-EEA doctors were introduced from 21st June 2010 which award a Stamp 1 visa to the majority of non-EEA NCHDs for two years without the requirement for a work permit. The new arrangements are a significant improvement to the regulations introduced on 1 July 2009 and are in line with the proposals made to the Department of Justice by the IMO on behalf of Non-EEA doctors. The new arrangements will be reviewed within 12 months to determine their effectiveness and the IMO will also be carefully monitoring their impact. While the IMO welcomes the improvements to visa regulations for non-EEA doctors there remain a number of related issues to be addressed with the Department including citizenship/ naturalisation and the uniform application of the regulations across the country. On foot of a request by the IMO a meeting was held with representatives from the Irish Naturalisation & Immigration Service (INIS) on 26th August 2010 with the following agenda;

- Uniform application of regulations nationally
- Effect of regulations on citizenship/naturalisation
- Restrictions on spouses of doctors working
- Long Term Residency Scheme
- Delay in processing of visa for family members

A very informative discussion was held on all of these issues with the INIS representatives agreeing to revert with clarification on the points raised. A further meeting will be held thereafter.

NCHD Overtime

Non payment of overtime continued throughout 2010 with a number of hospitals breaching NCHDs' contractual right to be paid for all hours whether rostered or unrostered and whether they are within or in excess of an average 48 hour week. At a meeting between the IMO and the HSE on 8 February 2010 the HSE agreed to draft a proposal on how to deal with this issue nationally going forward and to address the issue of outstanding monies owed to NCHDs and the use of quota systems for payment of overtime by some hospitals. This issue was raised again by the IMO at the meeting with the HSE on 15th March 2010 and 21st April 2010 and the HSE advised they were still working on this issue and would revert as soon as possible. The issue was discussed again at the CIC meeting in July 2010. At the request of the IMO a meeting of the IMO, the HSE and the DATHs Hospitals to reiterate to all parties NCHDs contractual entitlement to be paid for all hours worked was scheduled and cancelled by the HSE a number of times in September and October 2010. As a result the IMO was left with no option but to refer the matter to the LRC and a hearing date has been scheduled for 25th January 2011. In preparation for the LRC hearing on this issue the IMO is continuing to gather evidence from NCHDs via surveys and hospital visits. A schedule of hospital visits to collect documentary evidence of non-payment of overtime has been organised for January 2011. In the interim, in December 2010 on foot of an IMO request the HSE issued a memo to all hospitals outlining NCHDs' entitlement to be paid for all hours worked in line with the NCHD Contract 2010. In addition to this work at National level the Personal Cases Unit of the IMO continues to intervene with hospitals at local level on behalf of individual NCHDs who have not been paid overtime

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 has been scheduled for February 2011.

Staff Grade Working Group

A Working Group was established by Council of the IMO to address the issue of establishing a Staff Grade in the HSE. The Working Group comprises an NCHD, Consultant, GP and PHD member and held a number of meetings in late 2009. On foot of a report prepared by the Group for Council a National IMO meeting to consider the issue of NCHDs with long service was held by the IMO in conjunction with a national non-EU doctor meeting on Saturday 22nd May 2010.

National IMO Meetings

The IMO held a two session National Meeting on Saturday 22nd May 2010 in the Radisson Hotel, Athlone with the morning session dedicated to issues for Non-EU Doctors and the afternoon session focusing on issues for doctors with long hospital service. Both

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Non-Consultant Hospital Doctors

Interns attending
IMO Information Meetings
"Reality of Practicing Medicine"

meetings were chaired by IMO President Professor Seán Tierney and included presentations by the IMO Executive, Mr Syed Jaffry Chair IMO Non-EU Group and Dr Matt Sadlier, Chair NCHD Committee. The meetings were the first stage in a consultation process from which the IMO will continue to develop its strategy for dealing with issues for these groups of doctors.

NCHD Residence Meetings

A number of NCHD Residence meetings were held in 2010 to both provide an opportunity for NCHDs to raise any specific issues that they may require the IMO to address and to also assess the standards of the residences. 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 to review and update the required standards for hospital residences.

NCHD IR Strategy 2008-2010

The IMO NCHD IR Strategy 2008-2010 of which the key objectives are;

- ***Negotiation***
  To retain and further strengthen the IMO's position as the key negotiating body for NCHDs at both local and national level.
- ***Representation***
  To represent the interests of NCHDs at all times.
- ***Communication***
  To develop improved two-way communications with NCHDs via dedicated NCHD publications, the NCHD Committee and Hospital Representatives.

was completed in 2010 with the objectives of the Strategy achieved largely through the implementation of the new NCHD Contract 2010. The IMO, as the only representative body for NCHDs, will continue its vital role in ensuring that NCHDs are represented and protected at all times.

Intern Information Nights

The IMO held a series of Information Nights for newly qualified Interns in Dublin, Cork and Galway in Summer 2010. As part of these events, the Interns heard from Dr Matt Sadlier, Chair of the IMO NCHD Committee, Dr Anthony O'Connor, IMO Treasurer and Ms Shirley Coulter, Assistant Director of Industrial Relations.

Drs Sadlier and O'Connor spelt out the reality of practicing medicine as an NCHD as opposed to the theory of learning about the practice of medicine, while Ms Coulter told the Interns about the services that the IMO provides to help smooth the often difficult transition into the employ of the HSE.

The nights were considered a success and will continue to form part of the regular IMO calendar.

Representation of Individual NCHDs

The IMO continued to represent individual NCHDs both locally with hospital management and at third party hearings including Rights Commissioners and at the Labour Court. The following are examples of some of the issues that have been dealt with by the IMO on behalf of NCHDs:

- Contracts of indefinite duration
- European Working Time Directive
- Bullying and harassment
- Incremental credit
- Annual leave
- Maternity Leave
- Educational leave
- Locum cover
- Training Funding
- Overtime payments

General Practitioners

Dr Ronan Boland, Chairperson

General Practitioners Committee 2010/2011

Committee Members: April 2010 – April 2011

Regional Representatives

Dublin/North East
Dr Raymond Walley
Dr Jim Keely
Dr Declan Connolly

Dublin/Mid Leinster
Dr Shane McKeogh
Dr Darach O'Ciardha
Dr Padraig McGarry
Dr Truls Christiansen
Dr Michael Mehigan
Dr Max Hills

South
Dr Ronan Boland (Vice-President)
Dr David Molony
Dr Niall Macnamara
Dr Derek Forde
Dr Ciaran Donovan
Dr Pascal O'Dea
Dr Donal Coffey

West
Dr Martin Daly
Dr Mary Gray
Dr Richard Tobin
Dr Eleanor Fitzgerald
Dr Henry Finnegan
Dr Colm Loftus

IMO GP Strategy

Background

The IMO Strategy for General Practice was endorsed at aNational Meeting of GPs in Dublin in March 2010 and at the Annual General Meeting in April 2010. This informs the progress for GPs through 2010.

Key Areas of Strategy

- GP WORKLOAD STUDY
- PRIMARY CARE TEAMS
- GMS CONTRACT (Current contract and Priorities for any Review)
- PROFILING GPs and GENERAL PRACTICE
- COMPETITION ACT

GP Workload Study: A Questionnaire was issued to all GP practices in August 2010. One questionnaire per practice was returned with in excess of 300 replies received. The cut off date was the end of September 2010 with analysis of the results and preparation of a report completed by Symbio Consulting in November 2010. The results are to be delivered at the National GP meeting which was rescheduled for January 2011.

GMS Contract Issues: There was significant work undertaken on the ongoing operation of the review. Additionally there was work undertaken on the preparation of a list of priorities for the review of the contract.

Profiling GPs and General Practice: Agreement was reached with Behaviour & Attitudes in relation to the methodology and costings of an IMO GP Health Index which will track health trends in the population as they are presented

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to GP surgeries. The questionnaire for the Health Index is being developed and the project will commence in 2011. There will be a rotating sample of 100 practices and it is intended that a detailed communication will issue to all GPs informing them of the project and requesting that they "opt out" if they do not wish to be contacted by the Behaviour & Attitudes (research company).

PCRS / GMS Contract Issues

Out of Hours Payments:

During the course of 2010, the Primary Care Reimbursement Service (PCRS) refused payment on a considerable number of STC's that GPs had submitted regarding Out of Hours Work. On foot of this, the IMO through its solicitors, issued correspondence to the Primary Care Reimbursement Services on 9th February 2010 in respect of withholding payment from GPs *"pending further consideration by the HSE"*. Under the terms of the GMS Contract the HSE is obliged, on foot of claim forms correctly filled in and properly submitted, to make the payments in question. While the IMO fully accept the HSE entitlement to conduct an audit of claims and to seek to query claims it cannot, in a unilateral non-specific manner, withhold payment. The IMO sought confirmation from the PCRS that the practice of withholding payment cease immediately as this is a unilateral breach of the terms of the GMS Contract. All GP members were asked to contact the IMO at **gpissues@imo.ie** with details of difficulties regarding the submission/payment of out of hours claims and/or problems in relation to validity of medical cards.

Despite the legal correspondence, a number of individual GPs have had claims for Special Type Consultations rejected for payment.

In order to resolve this issue it was agreed that a HSE/IMO Working Group be established with the aim of determining each claim in accordance with the following terms of reference:

1. The Working Group will be made up of equal representation from the HSE and the IMO. The HSE representatives are: Mr Paddy Burke and Mr Tadhg O'Brien. The IMO representatives are: Dr Ronan Boland and Dr Mary Gray. If required and by joint agreement the number of representatives on the Working Group may be increased.
2. The Working Group will consider the rejected claims by each individual GP in accordance with the terms of the GMS Contract. The PCRS are to provide details of claims rejected for each of the claimants.
3. Where agreement is reached that the claims are payable all such payments will be made by 31 December 2010. In cases where agreement is not reached it is agreed that such claims will be referred to an independent mediation and arbitration process agreed by the Working Group.
4. The Working Group will commence its remit immediately and complete the process by 30 November 2010, including any independent mediation and arbitration process.
5. Following the completion of the process outlined at points 1-4 above the Working Group will set out guidelines on how disputed claims will be dealt with in all future cases.

A formula was proposed by PCRS that would make payments on the basis of the national average and patient numbers. Payment was made on this basis and communicated to members in December 2010. This arrangement did not in any way compromise a GPs entitlements under the GMS contract.

Practice Allowances/Grants:

A number of qualifying GPs were not paid this allowance when it was due. Following our engagement, PCRS confirmed that all outstanding claims will be paid to qualifying GPs by 31 December 2010.

Study Leave Payments:

PCRS did not pay this entitlement to a number of GPs during the course of 2010 however through negotiation, the IMO received a commitment from PCRS that all outstanding payments due to GPs will be paid by 31 December 2010.

Co-Ops

The IMO was invited to attend a meeting of the IAGPC to discuss the HSE Report on Out of Hours Services. The IAGPC were of the view that the review contained numerous methodological and factual inaccuracies and should not be used as the basis for any change in HSE policy regarding Co-Ops. It was the opinion of the IAGPC that the Co-ops worked best when they were Doctor led and that their effectiveness would only be lessened if they were bound more closely to the corporate HSE. The IMO outlined that the report was not yet HSE policy and urged the IAGPC to compile their own report detailing their position on the reports findings. It was agreed that the IMO would assist the IAGPC should individual co-ops consider that their SLA contradicted their GMS contract. In this regard the IMO sought to put a process in place a deal with these issues.

The IMO agreed terms of reference with the HSE in order to progress this issue, These were outlined as;

Terms of Reference

The HSE wishes to deliver change to GP Out of Hours Services in a standardised manner and in this regard it has been agreed that an IMO/HSE Working Group be established to consider the issues involved.

1. The Working Group will be made up of representatives from the HSE and the IMO. The IMO representation will include representatives from the IACGP.
2. The Group will hold discussions and seek to reach consensus on proposals for arrangements and models that are cost effective and mindful of patient care, within the terms and conditions of the GMS Contract.
3. In line with the Croke Park Agreement, this Working Group will not in any way seek to change the terms of the existing GMS Contract.

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4. The Group will conclude its work no later than 1st March 2011.This will not affect the parties making agreed changes on a phased basis prior to the completion of the agreement.
5. The HSE's National Review of GP Out of Hours Services together with the response of the IAGPC, and response of individual Co Operatives will form the basis of the Group's discussion.
6 The HSE will be represented by Mr Tadhg O'Brien, Mr Paddy Burke and Ms Anna Marie Lanigan. The IMO will be represented by Mr George McNeice, Dr Ronan Boland and two General Practitioners from the Irish Association of GP Co-Operatives.

Meetings were held by the joint working group however an issue arose as a result of a letter from NE Doc that was to be addressed before any further progress could be made.

HSE Mid-West Phlebotomy Services

HSE Mid-West issued a memo to GPs in the region regarding laboratory services indicating that GPs should provide routine/non urgent phlebotomy services to patients. The IMO responded to the HSE at regional level stating:-

a) that GPs have no contractual obligation to provide Phlebotomy services to GMS patients;
b) that GPs who may have been providing such services on a pro bono basis may not be in a position to continue to do so given the increasing pressures on practice;
c) given that there is no contractual arrangements in place not all GPs are in a position to provide such services;
d) that there is no GP Phlebotomy service in place on a contractual basis and therefore GPs are free to refer patients to the appropriate setting; and
e) HSE should be aware of GP contractual position before issuing further communication.

HSE Mid-West has issued a further email changing this service and the IMO has written setting out our position which remains that GPs do not have responsibility for this service. The IMO conducted a nationwide survey on this issue which was completed by 666 GPs. This confirms 97% of GPs are providing phlebotomy services and 77.9% do not charge GMS patients for services.

Psychiatric Drug Scheme North Dublin

The HSE has implemented the provision of prescriptions to patients from the psychiatric services through the GP. The manner of implementation caused considerable problems for patients and created an unnecessary burden for GPs.

The IMO wrote to the HSE, and subsequently met with them, to outline the concerns of GPs on how this scheme is implemented. The points raised were accepted by the HSE and will be addressed by them. The HSE reverted with their revised instructions to the relevant health service providers.

HIQA Standards for Residential Care Settings for Older People in Ireland

The IMO received queries from our GP Members in relation to HIQA Standard 15.6 which reads:

"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.

On 23rd September 2010 HIQA publish Draft National Standards for safer better care. There was a 6 week consultation period (extended to 8 weeks) in relation to the guidelines. On 20th October 2010 an IMO Delegation met with HIQA to discuss the draft standards. On 10th November 2010 the IMO wrote to Minister and HSE stating that standards should not be introduced in absence of proposals for licensing. After reviewing the draft standards and assessing any implications for GPs, the IMO made written submission to HIQA on 18th November 2010.

Revenue Commissioners – Tax Treatment of GP Locums

In December 2009 the Revenue Commissioners issued a briefing on the tax treatment of locums and they continue to correspond with doctors reiterating their view that GP locums are in effect employees for tax purposes.

The IMO made strong representations on this matter and the effects it will have on individual GP services and out of hours services to the Minister for Finance, Minister for Health and Children and the Chief Executive of the HSE.

The IMO met with the Revenue Commissioners on 24th March 2010 to discuss the implications of the Revenue's position and to highlight the consequences for services if Revenue proceed with their intention of making GPs treat locums as employees for the purposes of PAYE & PRSI regardless of the duration of their employment.

The IMO continue to advise members of the necessity to consult tax advisors/accountants in respect of individual tax matters. The Revenue Commissioners are only prepared to deal with such matters on an individual and case by case basis.

Government Announcement on Reduction in Professional Fees

The Minister officially signed off the Emergency Measures in the Public Interest Act 2009, which came into effect from 7th July 2009. The Regulation allowed for an 8% reduction in professional fees by the Minister applicable only from the date the regulation was signed off.

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The IMO presented written and oral submissions in respect of the Reduction in Professional Fees however an 8% reduction was applied to all fees and allowances under the GMS (with the exception of immunisation fees).

In spring 2010 the IMO undertook a detailed survey of all GP members to ascertain a comprehensive picture of General Practice in the current environment as a result of the 2009 cuts. Responses were received from over 25% of GPs participating in the State funded schemes. The main findings of the survey formed the cornerstone of the written and oral submissions made on behalf of GPs in accordance with the review process provided for under the Financial Emergency Measures in the Public Interest Acts.

In July 2010, the IMO made further submissions under the Financial Emergency Measures in the Public Interest (No. 2) Act 2009. These submissions highlighted the difficult and challenging circumstances being encountered by GPs following the 8% cut.

Notwithstanding these submissions, on 7 December 2010, the Minister for Health announced further cuts amounting to a €48m saving which represents 9% cut in total fees payable to GPs. These cuts became effective on 22 December 2010.

Centralisation of Medical Card Processing – Hearing of Joint Oireachtas Committee

The IMO wrote to Mr Mulvey on 13th January 2010 to seek the assistance of the Labour Relations Commission in relation to serious administrative issues that have arisen from the restructuring of the HSE Office responsible for the administration of over 70's Medical Card holders. Following this, the IMO initiated a major campaign on the medical card issue focusing on the difficulties for patients. There has been significant engagement with the GP membership on the issue and a positive media response and profile on the matter. The IMO had submitted to the Joint Oireachtas Committee on Health & Children the significant issues associated with the application process for medical cards. The Committee invited the IMO to make a presentation on the matter at its meeting on 23rd March 2010. The IMO and Age Action made presentations to the Committee and the HSE also briefed the Committee on their current position.

Since the Joint Oireachtas (JO) hearing, the IMO have met on several occasions with Mr Paddy Burke of the Primary Care Reimbursement Service (PCRS). The first meeting on the 6th of May discussed the seventeen points from the (JO) hearing. The IMO met again with Mr Burke at which a presentation was given on the progress made to enable applications for online medical cards.

The IMO and PCRS continue to engage in a process to consider the IMO recommendations in relation to the application and processing of medical cards. A number of meetings have been held to date and the PCRS presented the IMO with a draft document outlining their proposed action in respect to the 17 IMO recommendations contained in the IMO submission to the Joint Oireachtas Committee.

The main focus for the IMO in responding was to ensure that:

a) the proposed new processes as they apply to GPs are practical and workable for GPs and their staff;

b) the proposed new procedures do not impact on current contractual arrangements; and

c) patient lists remain the responsibility of the HSE and any agreed proposals on list verification/additions/deletions will not infer responsibility on GPs nor can GPs be penalised for unforeseen errors.

A draft document has been put together between the IMO and the HSE however a few issues including the Definition of a Medical Card is yet to be agreed. PCRS responses to IMO positions are currently awaited.

IMO/HSE/Department of Health & Children Working Group on GP Manpower

A Working Group was established between the IMO, HSE and the Department of Health & Children to examine issues of GP Manpower. The Group examined the whole area of GP manpower, GMS access/entry, the creation of a number of zero panel lists and the marking schedule for GMS interviews. A number of meetings have taken place between the parties in 2010.

During the course of the meetings, the Department of Health and Children confirmed that the Minister has accepted the proposals of the Joint Working Group on a further agreement on GMS entry. A Circular containing the terms of the agreement would be prepared by the Department of Health and Children and be circulated to the IMO.

Mr Tommy Wilson, Assistant Principal Primary Care Division wrote to Mr McNeice in September 2010 outlining the changes to the entry provisions to the General Medical Services (GMS) Scheme and to the retirement provisions for GPs under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme.

The letter stated the following:

'*I am directed by Mary Harney T.D., Minister for Health and Children to advise that she has approved certain changes to:*

The entry provisions for General Practitioners (GPs) to the General Medical Services (GMS) Scheme; and

The retirement provisions for GPs who hold a contract or contracts under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme.

As you are aware, the Minister has for some time expressed her desire to see open access to GMS Contracts for all suitably qualified and approved vocationally trained GPs. Following consultation between the Department of Health & Children, the Health Service Executive (HSE) and the Irish Medical Organisation (IMO), the Minister has agreed as an interim measure to extend the entry provisions to the GMS Scheme as follows:

Any fully qualified and approved vocationally trained General Practitioner (meeting the general conditions relating to eligibility for

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L to R: Mr George McNeice, Chief Executive IMO; Dr Ronan Boland, GP Chair and IMO Vice President; Dr Jim Keely and Dr Ray Walley, GP Committe Members at the National GP Meeting.

appointment to the GMS Scheme) who was in general practice on the 1st September 2009 and was in full time general practice for a period of one whole year prior to that date (or having, on or before that date, entered into a partnership, or signed a legally binding contract to enter into a partnership, with a General Practitioner who holds a GMS contract) shall be entitled to apply for a GMS contract under the terms of this letter.

For the purpose of these provisions, "full time practice" means the provision of GP services to patients continuously at one location in the Republic of Ireland during the period 1st September 2008 to 31st August 2009.

GPs who obtain contracts under these provisions will be entitled to accept:

Patients who, on or after the 1st October 2009, become eligible for a medical card under the provisions of the Health Act, 2008;

Patients who, on or after the 1st October 2009, become eligible for a GP Visit Card under the provisions of the Health (Amendment) Act, 2005;

Any of their patients who become eligible for a Medical Card / GP Visit Card / Health (Amendment) Act card under the relevant provisions of the Health Acts on or after the 1st October 2009.

These arrangements shall apply for a transition period ending on 31st August 2013. After that date, the doctor concerned will be free to accept any Medical Card / GP Visit Card / Health (Amendment) Act patient nominating him or her as their doctor of choice, in accordance with the existing rules relating to GMS panel size, etc.

In the case of a GP who qualifies for a GMS contract under the terms of this letter relating to partnership and who continues in such partnership, the transition period will end on 31st August 2010, after which he/she will be free to accept any Medical Card / GP Visit Card / Health (Amendment) Act patient nominating him or her as their doctor of choice, in accordance with the existing rules relating to GMS panel size, etc.

During the transition period(s), relevant GPs may only register patients in the immediate area in which he/she was in general practice during the period 1st September 2008 to 31st August 2009. Any exemptions to this requirement will require the prior approval of the HSE, following consultation with the IMO.

These entry provisions are subject to the normal rules of good character and suitable premises and do not restrict or affect other existing rules on entry. Furthermore, persons obtaining contracts under these provisions will enjoy appropriate benefits determined on a pro rata basis, in accordance with existing arrangements.

A doctor gaining access to the GMS under these entry provisions shall for the transition period hold no more than one medical card contract and one GP visit card contract simultaneously. The normal GMS rules on centres of practice apply in accordance with the GMS Contract.

GPs wishing to avail of these provisions must submit their application to the HSE not later than 31st January 2010.

Any question of interpretation which arises under these provisions shall be determined by the Minister, following consultation with the HSE and the IMO.

Retirement Provision

GPs, who hold a contract or contracts under the GMS Scheme and/or the Maternity and Infant Care Scheme and/or the Primary Childhood Immunisation Programme and who are currently compulsorily required to retire at 65 years of age, may from 1st October 2009 continue to hold their contract(s) until their 70th birthday. Similar arrangements will also apply to new contract holders.

The implementation of the provisions outlined in this letter will be formally reviewed no later

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than 28th February 2010 and thereafter as required.

The contents of this letter shall be considered as forming part of the agreement with registered medical practitioners for the provision of services under the General Medical Services Scheme.

A meeting with the IMO and HSE/Department of Health took place on 1st September 2010. Management gave the IMO an update on a recent meeting that had taken place between the Minister for Health and Children and the Competition Authority. The Competition Authority has raised concerns about the current and proposed GMS Marking Schedule as in the view of the Authority the current and proposed GMS Entry Arrangements would disadvantage foreign applicants. The HSE are exploring the issues involved with the Human Resource and Legal functions within the HSE.

Amendment to the Competition Act, 2002

There is an outstanding commitment from the government to make changes to the Competition Act 2002. Following the passing of the Public Service Pay Agreement (Croke Park Deal) the IMO continue to pursue the implementation of the following section:

Discussion with the Irish Medical Organisation

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.

However, if this is successful and should the need for legal action arise for any breach of contract, a Legal Fighting Fund is to be established and details are currently being prepared to issue to all GP members in this regard.

An Post

The IMO made contact with Mr Mark Graham of An Post in relation to the application of National Pay Agreement increases and the issue of retrospective payments for An Post Medical Officers. The IMO received written correspondence from Mr Graham confirming that the Company will increase the capitation fee from its current level of €63.50 to €100.12 with effect from 1st September 2008, in full and final settlement of this matter, subject to Board approval. This increase is equivalent to National Wage Agreement increases since 1st January 1999.

A ballot in relation to the increased capitation fee was issued on 24th October 2010 to all IMO members providing services to An Post. The ballot was returned on 1 December 2010 and was passed.The IMO has written to An Post requesting payment of the increase.

GPs Specialising in Substance Abuse

There are a number of ongoing issues concerning General Practitioners who Specialise in Substance Abuse following the HSE's announcement that it intended to make significant cost savings in the Addiction Services.

The areas of Medical Indemnity, Professional Added Years, Attendance (hours worked), On Call Cover, Sunday Opening Hours, Cost Saving Measures, and Dialogue with GPSSAs re future developments in Addiction Service are likely to be affected.

A meeting took place between the IMO and representatives of the GPs specialising in substance abuse on 19th May 2010.

The IMO has sought to have this matter dealt with on a national level by the HSE and has advised the HSE that any new arrangements must be discussed with the IMO. Additionally, in regard to the HSE Review of GPs Specialising in Substance Abuse the IMO has engaged with the review group and made a submission on behalf of the GPs which seeks a number of changes to the service.

A meeting took place between the IMO and the HSE on 29th September 2010 at which the IMO outlined the following:

Changes to the Contract

- The IMO is the representative body for GPs Specialising in Substance Abuse and as such any proposed change to the contract must be negotiated with the IMO
- Local levels attempts to alter the contract are therefore unacceptable and must cease.
- The unilateral decision to cease reimbursement for clinical indemnity is in breach of the contract.

Clinical Indemnity

- The contract obliges GPs to carry clinical indemnity and therefore it is questionable if the inclusion of GPs in the state scheme satisfies this obligation.
- Any change to the clinical indemnity arrangements must be negotiated with the IMO to include:
    - Full detail of the proposed scheme;
    - Guarantees that the arrangements meet the contractual obligations;
    - An agreed date of changeover; and
    - Interim payments to cover any outstanding reimbursement for clinical indemnity paid by GPs.

New GPSSA Posts

- Any new GPSSA posts must be advertised and filled through the public appointments service and successful candidates must be issued with the agreed IMO/HSE contract of employment

There has been no response from the HSE since 20 October 2010. In the meantime the IMO has referred to case of issuing different contacts to GPSSA doctors to the LRC

GP Unit Doctors

The IMO wrote to Mr Kieran Mulvey, Chief Executive of the Labour Relations Commission seeking the assistance of the LRC regarding a breach of the 2005 Framework Agreement between the IMO and the Department of Health and Children/Department of Finance/

General Practitioners

the Health Service Executive Employers Agency.

The letter was issued by the IMO on 6th January 2010 stating that as part of the 2005 agreement which gave effect to the introduction of GP Visit Cards, it was agreed that outstanding issues relating to GP Unit Doctors would be subject to negotiations between the IMO, the Department of Health and Children and the HSE under the auspices of the Labour Relations Commission.

Appendix B Part 6 of the 2005 Agreement which Mr Mulvey oversaw stated:

'The general wage round increases due to GP Unit Doctors have been applied on a region-by-region basis. A complete review of any outstanding payments will be completed and notified to the Labour Relations Commission by December 2005. It is agreed that a Joint Working Group be established to review the role, function, terms and conditions of GP Unit Doctors and that such a report be completed by December 2005'

However, despite giving this undertaking, to date the HSE has failed to apply all outstanding wage rounds owing to GP Unit Doctors. The Joint Working Group was never established despite the HSE committing to so do. In addition the HSE is now attempting to alter current GP Unit Doctor arrangements without prior consultation and in direct breach of the 2005 LRC Agreement.

The Organisation requested the intervention of the Labour Relations Commission in this matter in an effort to avoid a dispute.

In the interim, the IMO arranged a national meeting for all GP Unit Doctors to discuss the current situation in full. The meeting took place on Wednesday 27th January 2010 in IMO House. A number of areas were discussed during the meeting including the following:

- the current GP Unit Doctor situation;
- the lack of Role definition ;
- structuring role within the Primary Care Team environment ;
- need to pursue Contracts of indefinite duration for those eligible; and
- issue of non payment of national wage rounds.

The HSE have wrote to the IMO on 14th September 2010 advising that due to competition issues and their claim that GP Unit Doctors are contractors the HSE will not participate in the LRC process scheduled for October 2010. A reply issued to the HSE by the IMO rejecting their claim on competition issues, referencing the LRC Agreement 2005 and exploring the implications on how GP Unit Doctors were treated under FEMPI. Additionally, the IMO contacted all GP Unit Doctors with a view to challenging the HSE claim on the entitlement to Contracts of Indefinite Duration (for those GP Unit Doctors who may be eligible for such contracts). On foot of this letter the HSE agreed to attend the LRC. The LRC hearing on this issue took place on 30 November 2010 at which a follow up meeting was set for 13th January 2011.

Prison Doctors

The Irish Prison Service (IPS) continues to refuse to apply all outstanding national wage rounds to Prison Medical Officers. Despite meeting with Mr Fergal Black, Medical Director of the (IPS), the IPS continued to refuse to honour these outstanding national wage rounds and so the IMO referred the matter to the Labour Relations Commission.

At the IMO's request, a conciliation conference took place at the LRC between the IMO and IPS on Tuesday 19 October 2010. There was no agreement at these meetings and so a joint referral was made to the Labour Court. A date is expected at the beginning of January.

GP National Meeting

A national meeting convened for 20th November 2010 was postponed and is expected to be held in January 2011.


IRISH MEDICAL
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Ceardchumann Dochtúirí na hÉireann

Public Health Doctors

Public Health Doctors Committee 2010/2011

Dr Paul McKeown, Chairperson

Committee Members: April 2010 – April 2011

Regional Representatives

Dublin/Mid Leinster
Dr Mary Conlon
Dr Phil Jennings
Dr Howard Johnson
Dr Johanna Joyce Cooney
Dr Catherine O'Malley
Dr Freda O'Neill (retired July 2010)

Dublin/North East
Dr Paul McKeown

South
Dr Bridín Cannon
Dr Orlaith O'Reilly
Dr Greta Tarrant
Dr Ann Egan
Dr Brett Lynam

West
Dr Darina Fahey
Dr Paula Gilvarry
Dr Patrick O'Sullivan
Dr Peter Wright

Proposals to Amend the Structure of the IMO Public Health Committee

In June 2010, a proposal was put to the IMO Public Health Committee to amend the internal structures of that Committee. Having taken legal advice and consulted with the Committee, it was been decided that the best way to proceed was to establish two pilot Committees, one representing Public Health Doctors and the other representing Community Medical Officers within the overall structure of one overarching IMO Public Health Committee.

It was envisaged that this pilot project would run for two years, after which time the project would be assessed and a decision made as to the structure of the Committee on an ongoing basis.

It was proposed that each of the pilot Committees would contain ten Members and each Member of each pilot Committees would be elected. The breakdown of elected representation would continue to be along HSE Regional lines and would be as follows:

- Dublin Mid – Leinster 3
- Dublin North East 3
- South 2
- West 2

Under the proposal, the twenty Members of the overarching Public Health Committee would meet once or twice a year, while the pilot Committees would meet on a more regular basis, in line with the current schedule of six or seven Committee meetings per year.

The proposal also envisaged that the overarching Committee would be treated as the craft committee for the group, and would interact with the wider Organisation, including the Management Committee and the Honorary

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Public Health Doctors

Dr Paula Gilvarry, IMO Past president and Ms Shirley Coulter, Assistant Director, Industrial Relations attend a meeting with the HSE in relation to the HPV vaccine.

Offices, as had been the case with the Public Health Committee.

The IMO held an information meeting in October 2010 and issued all Public Health and Community Medicine Members with a ballot and an information pack.

When the votes were received and independently verified, it was found that the proposal had been backed by a margin of approximately three to one. However, given the legal advice that the proposal needed unanimous support to be consistent with the rules of the IMO, it was deemed to have failed.

As a consequence, Public Health and Community Medicine Members of the IMO will continue to be represented through one Public Health Committee.

Public Health Emergency Medical Out of Hours Service

The IMO continues to press the HSE to fully implement the Labour Court Recommendation of May 2009 that established the Public Health Emergency Medical Out of Hours Service and the independent report of Dr Charles Saunders that was presented to the IMO and HSE Management in March 2010.

The IMO met with the HSE Management (along with representatives from the Departments of Finance and Health and Children) in April, May, July, September and October of 2010. The parties decided to use Dr Saunders recommendations as the agenda for these meetings.

On the first of Dr Saunders recommendations, the granting of Consultant title and status to Specialists in Public Health Medicine (SPHMs), HSE Management had advised that they were working with other Management representatives with a view to expediting this change. However, due to the unexplained delays from Management, the IMO wrote to the HSE on 11th January advising that as no response to IMO enquiries had been received from Management, this issue is considered to have been agreed.

On the issue of the Moratorium on Recruitment and Promotion in the Health Service,HSE Management have advised that a business plan has been drawn up and presented to the Office of the National Director for Human Resources making the case for the lifting of the Moratorium to allow for the recruitment of sufficient SPHMs to allow for the staffing of the Out of Hours Service along the lines agreed at the LRC. Some cautious optimism has been expressed that this business case, in conjunction with the terms of HSE HR Circular 001/2010, may allow for some limited room for manoeuvre in this regard.

Dealing with recommendation three, on current staffing levels, the IMO presented HSE Management with details of the current staffing short falls within Public Health Departments. HSE Management undertook to examine methods whereby it might be possible, within the present financial constraints, to recruit additional SPHMs. The IMO maintains that the recruitment and replacement of Specialist staff is an issue that needs to be tackled by the HSE if it is to honour its agreements with the IMO on the Emergency Medical Out of Hours Service. The provision of sufficient staff to populate 1 in 5 rosters is the responsibility of the HSE and any staffing shortfalls should be notified to local HSE Management.

The IMO wrote to all Specialist and Director Members in December 2010 advising of this fact and urging that where there is insufficient staff to populate the 1 in 5 rosters local management should be notified that gaps in service maybe avoidable.

Finally, on the support structures needed to underpin the Service, HSE Management advised that negotiations were underway with other unions, in line with the Public Service Agreement (2010), with a view to engaging Environmental Health Officers, and others, in support of the Service. It has also been agreed that, where appropriate, the IMO will work with HSE Management to try and establish links

Public Health Doctors

between the Service and GP Out of Hours Co-Ops. The IMO has advised HSE Management that it is entirely appropriate that these links be established at a national level and not be devolved to individual Public Health Departments or Directors of Public Health.

At present the IMO is awaiting communications from HSE Management on the steps that they intend to take with regard to the matters outlined above and is also awaiting indications from HSE Management as to the steps that they intend to take to fully implement the May 2009 Agreement. The IMO has strongly advised HSE Management that Public Health Doctors have shown considerable goodwill and flexibility in support of this Service to this point and that it is now incumbent on HSE Management to reciprocate.

HSE Population Health Transformation Process

The IMO was notified in 2009 that the Board of the HSE had decided to restructure the Executive on the basis of four Regions, each of which would be headed up by a Regional Director of Operations (RDO). The HSE proposed that the Public Health Function within each Region would be led by a Regional Director of Public Health (RDPH) who would report to the RDO and who would sit on the Regional Management Team. As this represents a clear amendment in the delivery of Public Health services throughout the country, the IMO has been intensively engaged with the HSE on the issues that have arisen with regard to the Transformation Process. Meetings took place between the two sides throughout 2010 and are planned to continue in 2011 with the intention of working towards an agreed document.

At present the main issues that the two sides are dealing with are the process for the appointment of the RDPHs and the status of the current DPHs, along with the reporting relationships between the regional departments and the officers tasked with providing national leadership in Public Health within the HSE including the proposed Assistant National Director for Public Health.

The two sides are also working to reach agreement on the role of the Medical Clinical Lead (MCL). It is envisaged that these MCLs will provide local clinical leadership and co-ordination in Public Health, assuming duties that have been devolved from the RDPH. The IMO argues that, in order to provide a full Public Health service, there should be approximately nine MCLs, while the HSE feels that one MCL per region will suffice with surge capacity to allow for additional appointments.

In the event that agreement cannot be reached on these, and other, matters, both sides have accepted the possibility of third party involvement.

It is important for IMO Public Health Members to note that whatever agreed document emerges from this process will be presented to Members and balloted upon.

Moratorium on Recruitment – Senior Medical Officers in Public Health

Thanks to the IMO Public Health Committee, the Executive has been notified of numerous Public Health Departments across the country, where there are significant staffing deficits. As a consequences, the IMO has written to the HSE urging that similar efforts be made to exempt Senior Medical Officers in Public Health from the Moratorium on Recruitment and Promotion as are underway for their Consultant colleagues.

Anomalous Position of the Remaining Area Medical Officers

Following local meetings with HSE employers, the IMO met with the HSE, the Department of Finance the Department of Health and Children under the auspices of the Labour Relations Commission on 3rd June 2010 to discuss the position of the remaining Area Medical Officers. Despite the IMO making a strong case on behalf of the remaining Area Medical Officers, no agreement was possible at this time. The employer side felt that this issue should be dealt with either under the HSE's internal review of Community Medicine or under the auspices of the Labour Court.

The IMO was reluctant to take the case to the Labour Court as there was believed to be a strong possibility of a negative outcome in that forum. However, in light of the foregoing, the IMO decided instead to explore the possibility of referring the matter to the Equality Authority. Following consultations with the IMO's legal advisors, and discussion at the June 2010 meeting of the Public Health Committee, it was decided that this option should be explored. It was also decided that the strongest ground on which to proceed, under the terms of the Employment Equality Acts of 1998 and 2004, was to argue that the remaining Area Medical Officers had suffered de facto discrimination on grounds of their age.

At the IMO Public Health Committee meeting in October 2010, it was decided that the Community Health Membership of the Committee would conduct an 'audIt' of the remaining Area Medical Officers and assess the usefulness of forwarding possible 'test' cases to the IMO's legal team for consideration. At the time of writing, this audit is ongoing. The IMO have written to several individuals who have expressed interest asking for their details. When a suitable number of potential cases have been received, all details will be forwarded to the IMO's legal representatives.

In tandem with the above, the IMO will continue to raise this matter with the HSE through the normal industrial relations channels.

HPV Vaccination Campaign

As you will no doubt be aware, the IMO was engaged in protracted discussions with the HSE in regard to the national rollout of the HPV Vaccination Campaign which was announced by Ms Mary Harney TD, Minister for Health and Children, in April 2010. Following a series of initial meetings it was decided that the Campaign would be 'piloted' across twenty one schools, beginning before the end of the 2009-2010 school term.

Consequently, across the summer months the IMO and the HSE, along with other staff representatives, engaged in discussions

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aimed at facilitating the nationwide rollout of the Campaign. Following correspondence and meetings on 9th July, 30th August and 7th September the parties attended for conciliation at the Labour Relations Commission on 10th September.

During the conciliation conference, as at meetings prior to the conference, the IMO repeatedly made the points that the resources promised by HSE Management in support of the campaign were insufficient, that there was no guarantee that the resources would be delivered in a timely manner and that there was a very strong possibility that routine Community Medical tasks, which were already under pressure, would be delayed to facilitate the HPV Campaign and, should this be the case, HSE Management needed to ensure that individual Doctors were not solely responsible for decisions regarding prioritisation.

Eventually the sides agreed a document that guaranteed that HSE Management would not expect individual Doctors to assume responsibility for the strategic delivery of the Programme that would ensure that resources are delivered in a timely and efficient manner and would agree to allow the individual PMOs (and their nursing colleagues) flexibility in the allocation of the resource. Importantly, HSE Management also acceded to staff demands that not alone would the Programme be reviewed but that the Agreement would be reviewed with the assistance of the Labour Relations Commission if required.

The IMO subsequently communicated this outcome to Community Medical Members and continued to monitor this issue on an ongoing basis. In this regard, a survey was issued to IMO Principal Medical Officer Members on 24th November 2010 to gauge the impact that the implementation of the HPV Campaign had had on routine Community Medical tasks and responsibilities.

Communications Unit

The IMO Communications Unit aims to highlight all the activities of the organisation through medical and national media and by engagement with key stakeholders.

Given the worsening economic situation during 2010, a key objective of the Unit has been to focus attention on the dangers to the health of the nation and our health services as a direct consequence of short sighted budgetary measures. In this regard we have been consistent in our message while recognizing the financial imperatives and have promoted areas of potential savings, most notable in the prescribing of generic medicines.

The IMO undertakes a broad range of activity as detailed in this Annual Report and the Communications Unit endeavours to promote our work in the areas of industrial relations, policy development and international topics.

Health has always been a major news topic and we have seen a marked increase over the past year of health related stories and features in the national and local media. The IMO aims to proactively participate in relevant debate with a focus on promoting the role of the doctor and the additional pressures being faced by doctors in these recessionary times.

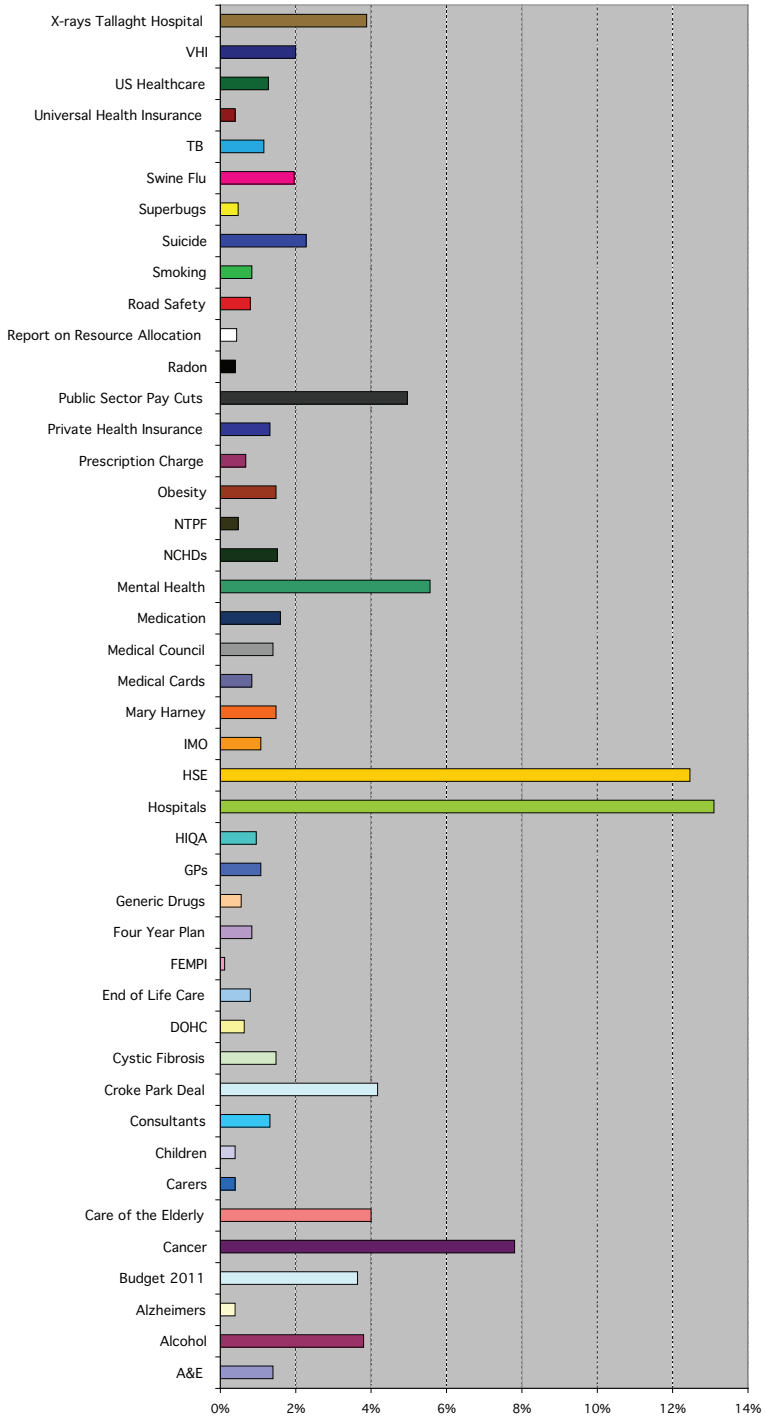
Additionally the IMO's position in relation to a wide range of topics has been reported upon including healthier lifestyles, patient access, Universal Health Care, patient care, government policy on health, funding within the health services, long term care, mental health, training of doctors and manpower.

During 2010 there were many challenges for each of the specialty groups within the IMO and with those challenges comes media requests for quick responses and quick sound bites. While providing as much feedback as possible to the various media outlets on queries and engaging in a proactive manner we are mindful of the complexities in particular of IR negotiations and the need to tailor our communications strategy in this regard. A planned communication and PR strategy plays an important role in achieving the Organisaiton's overall objectives however it is only part of the larger strategy that will deliver

NEWSPAPER RECORD 2010 – ALL HEALTH-RELATED ARTICLES

Irish Independent, Irish Times, The Star, Irish Examiner, Irish Daily Mail

Graph A



Communications Unit

the key results for our members and PR alone will not resolve the myriad of problems besetting doctors, patients and the health services.

Throughout 2010, the core IMO message to Government and various parties in the health services was to work together to develop better services for patients and for those working in the health sector. The specific message to Government was; "*The lack of consultation with the medical profession only disadvantages patients."*

Newly Elected President Professor Sean Tierney took every opportunity to highlight this message and with political upheaval taking place through much of the year Professor Tierney called on those in Government *"to listen rather than just tell us what they will do."*

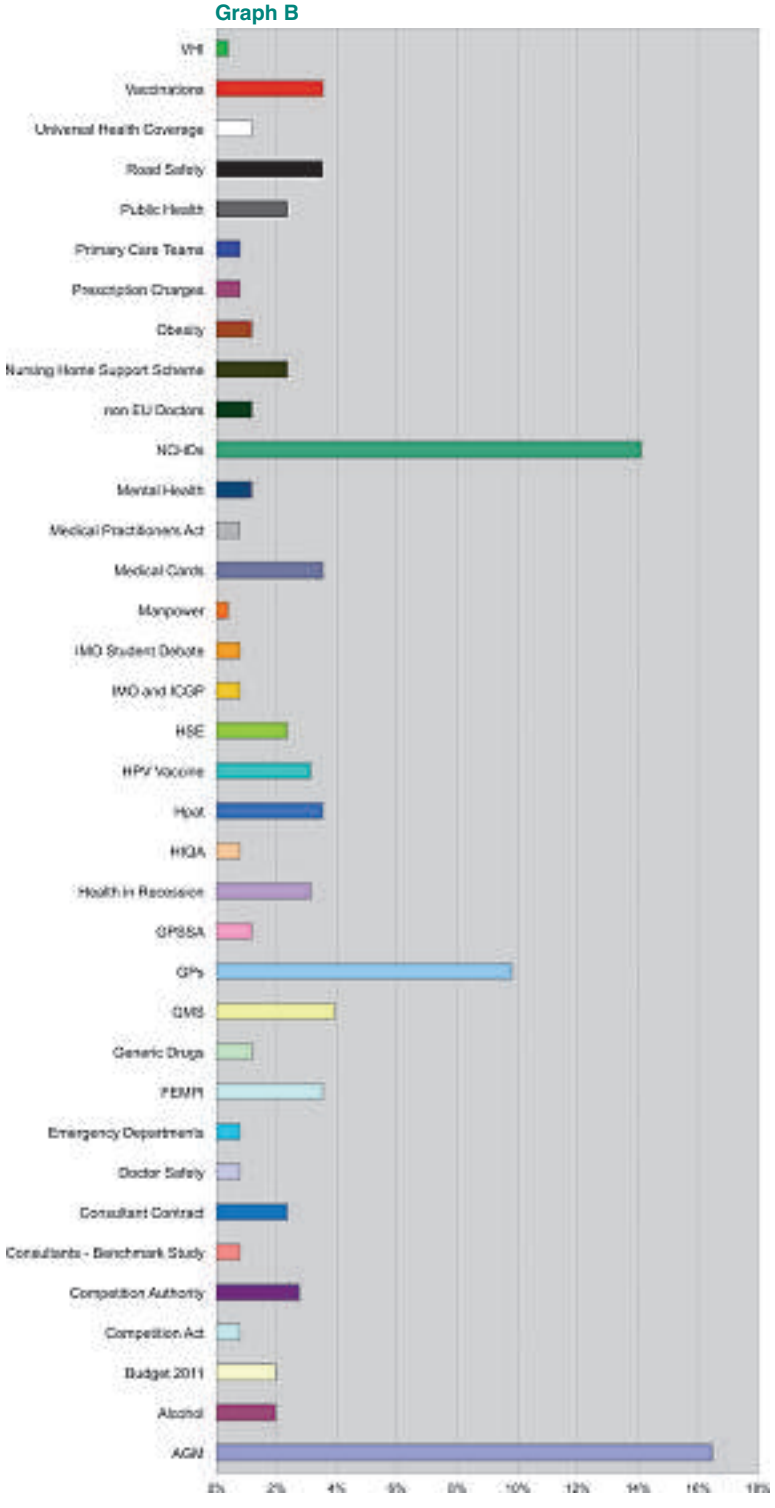
"Government needs to listen to everyone but they also need to listen to those involved in the provision of healthcare, those who want to provide the best possible healthcare for our patients. They need to engage in meaningful dialogue with all those who provide healthcare if we are to successfully overcome the challenges of the next decade," said Prof. Tierney.

IMO Chief Executive, Mr. George McNeice, reinforced our message; "*It is a time to examine new and inclusive ways of working in partnership, where partnerships have not existed before. In these times, of what I can only say are national danger, these partnerships are vital for our country."*

"For doctors, the care of the patient is their priority, their job is to promote and as far as possible maintain good health. Their role is to care and cure and not look after margins, profits and bonuses. It is our role, our duty and our responsibility to ensure that our overriding priority is that services for patients are protected and where possible, given the fiscal position, enhanced."

Health is a daily topic in all media forums and queries from the media can be for background; interview and or detailed analysis. They range from terms and

IMO FEATURED IN LOCAL AND NATIONAL PRINT AND BROADCAST MEDIA
Graph B



Communications Unit

Dr Ronan Boland in a live interview with RTE Six One News at the IMO AGM.

conditions of health professionals; to health related matters for patients. Graph A gives a synopsis of the queries that come through the unit. *

It is the role of the IMO to ensure that factual and accurate information is provided to engage in meaningful debate on the challenges that are faced by those who work in the health service and the patients who avail of the service.

By promoting and presenting IMO position papers that are prepared by our Research & Policy Unit we have achieved recognition in putting forward recommendations and solutions and not just highlighting the negative aspects in Government Plans or Policy.

The following are clippings from some IMO Statements during the year: (Please see graph b for overview of where IMO featured in local and national print and broadcast media.

GPs warn of major problems with medical card scheme – February 2010

The Irish Medical Organisation has warned that patients are losing access to medical card benefits because of serious problems in the administration of the medical card scheme. According to the IMO, cards are being cancelled without anyone advising patients, eligible card holders are being dropped from lists and long delays are being faced by applicants for medical cards.

*We also arranged for patients who experienced difficulties to be interviewed by the media.

Cuts outlined in HSE national Service Plan 2010 raises concern amongst medical profession – February 2010

Prof. Sean Tierney, said "While the delivery of these targets may be rewarded by performance payments to senior staff within the HSE, the extra work and the increased efficiency is being delivered by doctors, nurses, other healthcare professional and staff working on the health services. This is despite the public sector embargo which prohibits the replacement of key staff in many areas who are ill, who retire, or who leave. More and more care is being delivered by less and less staff despite their two pay reductions in the past twelve months."

"While the Minister for Health & Children has said that there are no problems in coping with emergency admissions, this is not the experience of our members working in acute hospitals and Emergency Departments around the country."

Governments's Lack of Consultation with Medical Profession – Only Disadvantage Patients – March 2010

Prof. Tierney said; "All of us have a responsibility to deliver an excellent health service. There is nothing to be gained for any group, least of all patients, in having a go-it alone agenda. We must sit down and work together to bring about best practice and systems that work and are accountable. This is in the interest of the Government, HSE, Department of Health, the medical profession and most importantly the patients."

IMO Chief Executive, Mr. George McNeice; – March 2010

NCHDs have finally gotten their long awaited new contract after many years of stop-start, painful negotiations. While the provisions of the contract coupled with the implementation of the EWTD means that NCHDs lose out on lucrative overtime earnings, the contract sees the protection of their basic rights and entitlements, prioritises training and should help NCHDs at last achieve a much needed, improved work life balance.

IMO To Warn Oireachtas Committee that thousands of patients are being denied medical card entitlements due to administrative chaos at HSE – March 2010

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Communications Unit

Dr Paul McKeown, Chairperson Public Health Committee, Dr Matthew Sadlier, Chairperson NCHD Committee, Prof Seán Tierney, President, IMO, Mr George McNeice, Chief Executive, IMO and Dr Ronan Boland, Chairperson GP Committee answering questions at the IMO, pre-Budget Submission press conference.

General Practitioners from the Irish Medical Organisation will today warn TDs and Senators that patient health is being compromised as a result of persistent administrative problems involving the medical card system.

As part of their presentation, the IMO delegation will brief committee members on the results of a survey conducted by the organisation.

State lacks doctors in all specialties – IMO Chief – April 2010

George McNeice, the organisation's chief executive said in addition to the GP manpower crisis there were difficulties recruiting public health doctors and many hospital departments were finding it impossible to recruit sufficient junior doctors resulting in some specialties only managing to operate through the goodwill of local GPs".

IMO Calls for Public Debate on Universal Health Coverage – April 2010

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 timetable for implementation.*

IMO tired of denigration of Public Servants – April 2010

IMO Chief Executive, Mr. George McNeice "We deplore the attitudes and actions of all those who, in the current difficult circumstances, seek to blame public servants for situations which frequently they themselves have created. Public servants, whether they are nurses, doctors, Gardai or fire fighters are being depicted as leeches on society."

"Their crime seems to be that they haven't lost their jobs and are trying to deliver services in the face of financial and staffing cutbacks. Having a permanent job in the public service in Ireland has now become a reason for vilification and the words 'public servant' a term of abuse."

"People can easily forget the services which these public servants provide 24 hours a day, 365 days a year. They can forget how much they depend on these same nurses, doctors, Gardai and fire fighters when they are ill, under attack or in danger of life and limb."

IMO President Signs European Road Safety Charter – May 2010

"Being invited to sign the European Road Safety Charter clearly shows that the IMO continues to have an important role in addressing the issue of Road Safety in Ireland and we very much welcome that."

IMO Expresses Concern at Maintaining Patient Safety due to Manpower Shortage – May 2010

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.

IMO Accept Public Service Agreement 2010 – 2014 – May 2010

The Irish Medical Organisation have announced acceptance of the Croke Park Deal following meetings of their four craft committees today.

Doctors highlight urgent need to tackle European obesity crisis – 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.

Communications Unit

Prof Cillian Twomey is presented with the Doolin Memorial Medal by Prof Seán Tierney, President, IMO, Mr. Paddy Broe, Vice-President, RCSI and Mr George McNeice, Chief Executive, IMO.

IMO Broadly Welcomes Competition Authority Report – July 2010

"*In relation to payments to GPs under the GMS being unilaterally decided by the Minister for Health & Children; Dr. Boland said; "This is no longer valid as the Government announced in the Public Service Agreement [Croke Park Deal] that further discussions will take place with the Irish Medical Organisation in relation to the Government's commitment to make appropriate changes to Section 4 of the Competition Act 2002 to enable the representative body of GPs, the IMO, to represent its members in negotiations with the HSE and the Department of Health & Children in respect of services provided to the public health service in a manner consistent with the public interest."*

IMO Calls for Continued Cross Party Support for Road Traffic Bill 2009 – July 2010

Former IMO President said "The Bill will provide for a reduction in legal Blood Alcohol Limit (BAC) level for drivers and provide mandatory alcohol testing of drivers involved in road traffic collisions."

IMO Undertaking National Benchmark Study of Consultants – October 2010

Prof. Tierney said; "These are particularly challenging times for our health service and for those who work in it. The study will concentrate on contractual issues, resource problems and will seek the views of consultant members and non members on wider issues in the health services."

Recession is Impacting on Health and Healthcare – November 2010

The IMO is appealing to the Government to seriously consider the long-term effects of further budget cuts on the health of the nation and the health system.

Prof. Tierney said; "As incomes decline people eat cheaper and less healthy meals, drop sports activities, delay visiting their GP and are less likely to afford preventative care. Chronic diseases and the underlying lifestyle factors that contribute to them are higher among lower income groups. Research shows that 38% of those at risk of poverty and 47% of those living in consistent poverty report having a chronic illness compared to 23% of the general population."

Doolin Memorial Lecture – Healthcare Provision: Challenges and Opportunities

Prof. Cillian Twomey delivered an outstanding and thought provoking speech at the 2010 Doolin Memorial Lecture. *Healthcare Provision: Challenges and opportunities* was the title of his speech. He revisited the past but primarily to ascertain what, if anything has been learnt from earlier experience and knowledge. Prof. Twomey sadly concluded that everyone involved in healthcare service and provision must, at best, be classified as 'slow learners' in this particular regard. While there has been no shortage of analysis over the past fifty years, some might say it has been analysed to death. As a people, we seem to have a genetic predisposition to continued 'analysis' and more analysis allied to a recurring failure to address the identified challenges and implement the many recommendations contained therein.

He also looked at the extent to which health authorities; institutions and organisations either understand or are really interested in what sort of health service the ordinary patient/citizen wants. He asked the question, are we just guilty of giving lip service to that oft-quoted phrase '*the patient comes first…must always be at the centre of our thoughts and actions…*' so far as healthcare provision is concerned?

To conclude Prof. Twomey offered insightful personal reflections on his preferred future direction for healthcare service provision informed by over forty years of clinical practice and experience. The full speech is available on our website **www.imo.ie**

IRISH MEDICAL ORGANISATION
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Communications Unit

Mr George McNeice, Pat the Cope Gallagher, MEP, Dr Martin Daly, Past-President IMO, Prof Seán Tierney, President, IMO and Ms Mairead McGuinness, MEP at the launch of the IMO/BMA NI joint paper on Obesity at the European Parliament in June 2010.

IMO raises obesity concerns with EU Representatives

The unit continues to maintain excellent relations with other organisations and patient support groups, where appropriate, to promote and develop our policies. Once again the IMO joined with the BMA NI and presented a position paper to representatives of the European Parliament in Brussels to urge policy makers to work together to tackle the rise in obesity levels. Both the IMO and BMA NI called on MEPs 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.

Summary of Prof. Sean Tierney's address to European Parliament – June 2010

As a Vascular Surgeon working in a University Teaching Hospital my colleagues and I perform ten major limb amputations per year. The majority of these are in patients with Type 2 diabetes and in the majority of those with Type 2 diabetes obesity is an important preventable cause.

In industrialised countries, the prevalence of childhood obesity has doubled or even trebled in the last 25 years. In 2010, it has been estimated that more than 38% of children in Europe are overweight or obese.

Rising levels of obesity in developed countries have a direct and calculable cost. The Irish National Taskforce on Obesity calculate that, in 2003, €30million of the Irish spend on in-patient beds is directly due to obesity related disease as is up to 2,000 premature deaths in Ireland will be attributed to obesity and the numbers are growing relentlessly. The indirect costs to society in Ireland alone have been estimated at costing €4 billion per year.

If we are to effectively target the problem of obesity, we need to invest in prevention. We believe that to tackle this problem, we need political action on a grand scale. Awareness of the problems of obesity should inform political decisions across a wide range of issues.

In terms of physical activity, of course we need to encourage this in our schools. But we also need to mould communities. We need sporting facilities that are embedded in communities – where people can walk to them rather than driving to walk on exercise machines; where children and adults can exercise safely while participating in a community activity and developing a life-long interest.

Individuals are responsible for ensuring that their own lifestyle is healthy both in terms of diet and exercise. We in the Irish Medical Organisation and the BMA (NI) can highlight how those individuals might change their own lifestyle and those of their children to try and deal with this global epidemic of obesity. But it is you – politicians working at national and European level that can actually make the kind of changes that will help those individuals along the way. It is political action that will make the choices to eat healthily and exercise regularly the more obvious choice.

Working together we need to shape a healthy environment where: exercise is safe and where it is easier to walk or cycle to school or to work than it is to drive;
where sports and exercise are embedded in the culture and the community rather than another chore to be undertaken on a treadmill at the end of a long day;
and to ensure that parents have the time and opportunity to foster a healthy lifestyle for their children.

This is not a quick win and is a matter of philosophy and approach rather than a single action. But it is part of the responsibility we all have for the more vulnerable in society – those on lower incomes and children, where the problem of obesity is at its greatest. We look forward to working with you to ensure we all rise to meet this challenge.

Members of the IMO are crucial in helping to deliver our messages and the IMO is grateful to those who have given their time freely to the media and the unit and often at very short notice. We are always updating our IMO spokespersons list and would welcome members who would like to contribute in future media campaigns or who have a special interest in certain health topics to contact us.

Research and Policy Unit

The IMO in its mission statement is committed to the development of a caring, efficient and effective Health Service and thus a key activity of the IMO is advocacy. The Research and Policy Unit conducts research and develops IMO policy on a wide range of Health Service and Societal issues and aims to influence Government proposals in a constructive and practical way.

In 2010 the Research and Policy Unit produced the following work:

- General Motions 2010 Update
- IMO Position Paper: Universal Health Coverage
- IMO Position Paper: Mental Health Services
- IMO Budget 2011 Submission
- Miscellaneous Submissions as Requested by External Bodies

General Motions 2010 Update

The general motions from the IMO AGM are managed by the Research and Policy Unit. Following the 2010 AGM the unit wrote to the Minister for Health and Children, the HSE, TDs, Senators, other Government Departments and relevant bodies, whom in general responded promptly to the motions.

Many motions from 2010 and previous years were also included in the different policy papers and submissions written during the year. For example:

2010 motions on mental health services formed the basis of the IMO submission on the progress of the Mental Health Strategy *A Vision for Change* and were included in the IMO Policy Position Paper on Mental Health Services as well as the IMO Budget 2011 Submission.

Motions relating to dual registration (10/04) and registration of doctors outside the state who provide services to patients in Ireland (10/03) were raised in three submissions to the Medical Council.

The need to develop a secure national system of electronic medical records to enable an integrated approach to care (motion 10/08) was included in submissions to HIQA and the HSE.

The Research and Policy Unit produces a report based on the responses to the 2010 general motions which is updated on an ongoing basis. The IMO policy handbook has also been updated with the 2010 motions and is available on the IMO website.

IMO Policy Position Paper: Universal Health Coverage

The IMO Position Paper on Universal Health Coverage was launched at the 2010 AGM in Killarney in April 2010.

Following consultation with the IMO Council Committee and the Craft Groups on the different models of funding, a position paper was prepared on the principles that should underlie a universal health system regardless of the funding model chosen. The paper emphasises that whatever change to the funding system is introduced, the process by which it is brought in must include informed public debate, consultation with the relevant stakeholders and details of the proposed model including funding sources, analysis of resources needed and a realistic timetable for implementation.

The paper outlines the current model of funding healthcare in Ireland and highlights the issues and challenges facing the system – access to services, inequity, sustainability - that provide the rationale for a future model of universal healthcare. The paper finally details the following principles that should form the backbone of a chosen system of universal healthcare:

- Universality-Access to adequate healthcare for all
- Services that are free at the point of access
- Equity of access
- Solidarity
- Transparency
- Quality of care and value for money
- Choice and mobility
- Clinical autonomy
- Efficiency
- Affordability
- Sustainability.

Following the launch of the position paper copies were distributed to interested NGOs and to all TDs and Senators.

IMO Policy Position Paper: Mental Health Services

In March 2010, the IMO surveyed GP and Consultant Psychiatrist members to find out the major issues affecting the treatment of patients with mental health illness. The IMO Policy Position Paper on Mental Health Services is based on the results of this survey and on AGM motions passed in recent years.

The paper highlights the prevalence of mental health illness, the factors relating to poor mental health, the economic burden of mental health illness and the development of policy In Ireland.

The paper then details the issues raised by IMO members in relation to mental health services as follows:

- Inadequate funding of mental health services
- Lack of leadership and planning
- Deficient resources allocated to primary care
- Primary care access to public counsellors and psychotherapists
- Access to mental health services
- Undeveloped multi disciplinary community mental health teams
- Bureaucracy and expense of some provisions of the Mental Health Act 2001
- Outdated inpatient facilities
- Lack of child and adolescent mental health services including inpatient beds
- Lack of mental health services for older people

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- Underdevelopment of specialist services
- Stigma

The paper has been distributed to mental health organisations as well as the Minister with responsibility for Mental Health and the HSE Assistant National Director for Mental Health.

Budget Submission 2011

The theme of the Budget 2011 Submission was the impact of recession and budget cuts on health and healthcare and included the following areas:

1. Mental Health Services
   Under mental health services, the Budget 2011 submission looked at increases in the rates of suicide and self-harm, the disproportionate decrease in the budget for mental health services and the impact of the HSE moratorium on recruitment. Recommendations include increased funding for mental health services, suicide prevention and support for carers.

2. Lifestyle and Chronic Disease Prevention
   This section highlights the relationship between poverty and chronic illness. As levels of disposable income decrease, incidents of chronic disease are likely to increase. As incomes decline people eat cheaper and less healthy meals, drop sports activities and gym membership, delay visiting their GP and are less likely to afford preventive care. Recommendations include 2010 motions on alcohol, tobacco, and the funding of preventive care and screening services

3. Generic Medicines Policy
   In this section the IMO reiterates its opposition to increased co-payments for drugs and the introduction of the 50c charge per prescription item for medical card holders. As per recommendations made by the IMO in 2009 the IMO propose that greater savings can be made through the introduction of a generic medicines policy.

4. Acute Hospital Services
   The Submission also states that the Acute Hospital System is in a state of chaos. The HSE is persevering with reform without the necessary capital funding and with a budget reduced by €1billion. The result is more people, not less are being treated in hospital, budgets are exceeded, waiting lists and waiting times are increasing and Emergency Departments are still dangerously overcrowded. Among the recommendations the IMO call for a halt to the Transformation Programme until alternative services are in place.

Other Submissions as Requested by External Bodies

In 2010, the Research and Policy Unit prepared a number of submissions on various aspects of health policy. A short summary of the principle submissions and recommendations is written below. All IMO submissions are available on the IMO website.

Children and the Law: Medical Treatment

In reponse to the Law Reform Commission's Consultation Document on Children and the Law: Medical Treatment, the IMO welcomed the principle recommendations of the Commission in that they would clarify legislation in relation to consent and refusal of medical treatment and that it safeguards the rights of 'mature minors' to make decisions in respect of their own healthcare.

The IMO also welcomed the recommendations on the understanding that in the case of refusal of life sustaining treatment, the best interests of the young person (in accordance with Article 2 of the European Convention on Human Rights) take priority over the right to refuse life-sustaining treatment.

Concerns were also raised about what protection would be in place for a physician who deems a young person competent to make a decision regarding their healthcare but the position is contested at a later date either by the young patient or their parent or guardian. Practical guidance should be provided for physicians on this complex area.

Members of the IMO agree that 'medical treatment' should be defined in the broadest sense and should include treatment for mental illness as well as physical illness. The IMO also welcomed a number of recommendations regarding the admission of children under the Mental Health Act 2001 and urged they should be enacted as a matter of urgency.

The IMO also met with the Law Reform Commission to discuss the recommendations.

Centralisation of Medical Card Services

In 2009, the IMO became aware of administrative issues in relation to the validation of medical cards arising from the Centralisation of the Medical Card Scheme. The IMO surveyed GP members and in February 2010, the IMO made a submission to the Oireachtas Joint Committee on Health and Children (JCHC) on the findings - highlighting systemic problems with the administration of medical cards with patients presenting to GPs with apparently valid cards which are subsequently deemed to have been withdrawn or suspended and other patients experiencing long delays in renewing cards and difficulties contacting their local HSE office.

The IMO requested a hearing, and presented details of the survey to the JCHC and proposed a series of measures which would resolve the issues, advising that the centralisation of remaining LHO medical card processing should be deferred until these easily deliverable but important governance issues have been addressed.

Since the hearing with the JCHC, the IMO and the Primary Care Reimbursement Service (PCRS) have been engaged in a process to consider the IMO recommendations in relation to the application and processing of medical cards. A number of meetings have been held to date and the PCRS presented the IMO with a draft document outlining their proposed action in respect to the 17 IMO recommendations contained in the IMO submission to the JCHC. See Report of the General Practitioners Committee.

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Code of Practice on the Mental Health Act 2001

In March 2010 the Mental Health Commission (MHC) invited comments on a Code of practice on the Mental Health Act 2001. In response the IMO recommended that the MHC carry out a review and issue guidance on:

- Admissions
- Assisted admissions
- Admission of children
- Operation of Mental Health Tribunals
- Transfer
- Issues of consent
- The role of the GP in terms of medico-legal implications
- The role of the Authorised Officer

The IMO also highlighted some of the issues that have been raised by IMO members in relation to the Mental Health Act 2001 including:

- The impracticality and complexity of admission procedures
- The inordinate length of time accessing assisted admission facilities
- The need to ensure that children have the same provisions under the Act as are afforded to adults

Risk Equalisation and Minimum Benefit Regulations in the Irish Private Health Insurance Market

Over the summer the Health Insurance Authority (HIA) called for submissions on a new Risk Equalisation Scheme in the Private Health Insurance (PHI) Market and a review of the Minimum Benefits Regulations.

In both Submissions to the HIA the IMO recognised that even with an adequately funded Universal Health System there would always be a demand for PHI and reiterated IMO support for the principle of community rating in the PHI market as well as the need for robust regulation to support that principle. The IMO recommended that the same principles outlined in our Policy Position Paper on Universal Health Coverage (see above) should apply to the funding of healthcare through PHI. It was however pointed out that PHI does not offer satisfactory protection for poor people or high risk individuals and that any proposal that an adequately funded public universal health care system could be entirely substituted by PHI would raise concern among IMO members.

In the submission on Risk Equalisation the IMO recommended, in the current economic climate, that careful consideration should be given to the cost of a complex risk equalisation scheme and to whether the resources required would be better spent on public health services. In the submission the IMO supports the principle of efficiency in healthcare financing whether public or private and considers that money should follow the patient. Therefore the IMO recommended that equalisation payments are made on the basis of actual payout.

With regard to Minimum Benefits Regulations the IMO recommended that in the interests of transparency the Minimum Benefits package should be clearly defined and that all medically necessary care, including primary and community care should be included. The IMO also stated that quality of care, value for money, choice of provider and clinical autonomy must continue to be at the core of health service provision in Ireland regardless of whether purchasers and/or providers are public, private or voluntary not-for-profit.

Medical Council Strategy Development

In a short submission to the Medical Council in relation to their Strategy Development the IMO highlighted some of the issues raised in motions at the 2010 AGM. The IMO suggested that the Medical Council should address the issues of:

- dual registration on the Specialist Register and the Training Register
- that 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
- data protection legislation and its impact on effective patient care and confidentiality
- the branding of private HPAT courses as Premed Courses.

The IMO also stated it would be appropriate to maintain a regular forum for communication between the Medical Council and the IMO in order to streamline issues.

In a further discussion on the Medical Council's Draft Strategy, the IMO reiterated the importance of the Medical Council's role advising the Government on future amendments to the legislation.

Draft Changes to Registration Rules

The Medical Council's draft amendments to the Registration rules intends to allow physicians with equivalent overseas qualifications to apply for inclusion in the general division and specialist division of the Register using their overseas qualification rather than the Pre-Registration Examination (PRES).

The IMO sent a short submission to the Medical Council including recommendations that:

- The Certificate of Experience approach to entry onto the General Register must guarantee that the doctor has undergone some form of assessment.
- Only those who are specialist trained and registered should practice independently (currently a physician on the General Register may practice in any speciality)

The submission also highlighted a number of issues that were not addressed by the amendments including:

- the restrictions placed upon doctors registered on the Specialist Training Register (in that they cannot undertake clinical work such as locum work outside of the post which they are registered in).
- The need to introduce a requirement for Irish registration for Doctors outside the State supplying services to this State.

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Draft Regulations relating to Professional Competence

In the submission to the Medical Council on draft regulations relating to Professional Competence the IMO again raised the issues of:

- Dual registration on the Specialist and Trainee Specialist Register
- Requirements for doctors outside the state providing services to patients within the state to be registered and maintain Professional Competence
- Only physicians on the Specialist Register should be allowed practice independently in their speciality

The IMO also recommended that there should be:

- Specific provisions for retired doctors
- Adequate funding for Professional Competence schemes
- Remediation arrangements for practitioners who fail to meet the requirements
- A Specific scheme for community health doctors
- Medical practitioners must have a basic grasp of the *lingua franca.*

Draft National Standards for Safer Better Healthcare

In September 2010, the Health Information and Quality Authority (HIQA) began consultation on the Draft National Standards for Safer Better Care. The Document outlines 22 standards under 8 different themes.

These Standards have important implications as they are designed to be applicable to all healthcare services (excluding mental health) including General Practice and will provide the basis of a future licensing system.

In October 2010, the IMO met with HIQA to discuss the standards. Following the meeting, the IMO sought legal advice on the standards and then wrote to the Minister for Health and Children and HIQA requesting further details of the licensing arrangements. The IMO also made a written submission to HIQA.

While the IMO is supportive of the introduction of standards for the improvement of healthcare, the IMO in its submission to HIQA highlighted a number of issues which the standards raise for Medical Practitioners under the following headings:

1. Applicability
   The IMO understands that HIQA will begin monitoring compliance with national standards in 2011 beginning with publicly funded hospitals. The IMO believe the standards should apply to private and public hospitals simultaneously.

2. Consistency of Approach
   The definitions for standards and criteria should be consistent and reflect international terminology.

3. Ethical and Medico-legal Considerations – Patient Consent
   There are multiple references encouraging information sharing but without references to the issue of service user consent to do so.

4. Cost Implications
   a) In terms of measurement, implementation and demonstration of compliance
   b) Cost of compliance with clinical guidelines and protocols

   There should be an acknowledgement within the document of service users' rights to individualised informed clinical assessment and care plans by healthcare professionals as distinct from strict adherence to guidelines and protocols.

5. Contractual Issues for GPs
   There must be guarantees that the Standards will not supersede contracting arrangements.

6. Status of GPs within Primary Care Teams
   There is no contractual facility for GPs with regard to their engagement in primary care teams yet the Standards appear to presume such a team based structure of service.

7. Over-regulation of Service Provision
   The IMO is concerned that over-regulation could lead to stagnation and non-cooperation from many doctors.

8. Licensing
   The IMO wrote to the Minister for Health and Children and to HIQA stating that in our view it is not possible at this stage to give a full response to the impact of the Standards in the absence of details being furnished concerning the licensing system and that the implementation of standards would be held over pending details being furnished relating to the licensing system and a detailed consideration of how both the standards and licensing system will operate and interface with other healthcare legislation.

   The Minister's response was that the Draft Standards and the Proposed Licensing system were two distinct issues and that she intended to have a public consultation on the draft heads of a Licensing Bill early in 2011. The introduction of the standards ahead of licensing *"allows time for providers – public and private – to prepare for licensing and for HIQA to work with providers in this preparation."*

Acute Medicine Programme

In Autumn 2010, the Report of the Acute Medicine Programme was brought to the attention of the Council Committee of the IMO for comment by the HSE Joint Programme Leads. The Council Committee provided detailed feedback on many aspects of the Programme including:

1. The Organisation of Acute Medicine Services
   - Concerns were raised about the limited resources available to the proposed Model 2 hospital and the availability of surgical cover in Model 3 hospitals.

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2. Key Roles in Acute Medicine
   - Clarification of the role of NCHDs and Senior Medical Doctor
   - Potential contractual issues
3. Patient Assessment in AMUs
   - Pathology services
   - Communication channels between the GPs and the Acute Medicine Units
   - Strict adherence to the protocol model of care delivery as opposed to best practice guidelines.
4. Acute Medical Care of the Older Person
   - Concerns about the fragmentation of care
   - Contractual issues for GPs
5. Alternative Pathways of Acute Medical Care
   - OPD access
   - GP Representation
6. Workforce Planning
   - The attractiveness of Acute Medicine as a career option
   - Manpower requirements
7. Information and Communications Technology
   - The advantages of a national system of electronic medical records
8. Challenges to the Programme
   - The roll-out of chronic disease programmes has yet to be agreed
   - The ability to resource the programme in the current financial climate
   - The management of change

The Joint Leads of the Acute Medicine Programme welcomed IMO feedback and responded that they had incorporated much of it into the Programme.

Progress of A Vision for Change

The submission to the 2nd Independent Monitoring Group on the Progress of A Vision for Change is based on 2010 motions and the Mental Health Paper and again raised the following issues:

- Mental health funding has fallen disproportionately
- Capital funding from the sale of Victorian institutions can no longer be relied upon
- The effect of the moratorium on recruitment on services
- The need to roll out adequate old age psychiatry services
- The exclusion of addiction services from the mental health strategy

All IMO Position Papers and Submissions are available on the IMO Website.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

International Affairs

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

Dr Neil Brennan (Chairman and CPME)

International Affairs Committee Members:

Dr Neil Brennan (CPME and Chairman)
Dr Liam Lynch (UEMO and EANA)
Dr Cillian Twomey (UEMS and former Chairman)
Dr Martin Daly (UEMO)
Dr Paula Gilvarry (CPME)
Dr John Morris (PWG)

The Irish Medical Organisation is a member of the following organisations:

- The Standing Committee of European Doctors (CPME)
- European Working Group of Practitioners and Specialists in Free Practice (EANA)
- The European Union of General Practitioners (UEMO)
- The European Union of Medical Specialists (UEMS)
- The Permanent Working Group of European Junior Doctors (PWG)
- World Medical Association (WMA)

Overview

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

International Affairs Strategy

The IMO is continuing to advocate its strategy of streamlining the management of medical politics and lobbying within the EU towards the vision of a single medical organisation to effectively influence European institutions. The International Affairs Committee continues to work within European Medical Organisations (EMOs) to achieve:

- A focus on productive policy work in meetings
- Focus on new external environments
- A reduction of overheads
- An increase political/public relations impact
- Valuable alliances.

The IMO will continue to evolve the aims of the unification strategy as the dynamics of the arena for European debate continue to change.

European Issues

Cross-Border Health Care

After failing to reach political agreement on a plan for patients to access cross-border healthcare in late 2009, the Spanish Presidency earlier this year drafted plans to reach a compromise amongst EU health ministers.

On 8 June 2010 the Council in charge of Employment, Social Policy, Health and Consumer Affairs met in Luxembourg and agreed on the compromise proposal of the Spanish Presidency on the draft directive of the application of patients' rights in cross-border healthcare.

In September, the Council adopted the first-reading position on the draft directive.

From these two significant milestones, the Directive began taking shape with the following points:

- **Reimbursement:** patients who are treated in another Member State will be reimbursed up to the level of reimbursement applicable for the same or similar treatment in their national health system if the patient is entitled to the treatment in their country of affiliation. However, the Member State of affiliation may impose the same criteria of eligibility and regulatory and administrative formalities had this treatment taken place in their territory. This may include assessment by a health professional or healthcare administrator, such as a general practitioner or primary care practitioner with whom the patient is registered, if this is necessary for determining the individual patient's entitlement to healthcare.
- **Prior Authorisation:** in order to manage the outgoing flows of patients, Member States may ask patients to apply for prior authorisation for healthcare which requires overnight hospital accommodation, or requires highly specialised and cost-intensive medical infrastructure, or which may raise concerns regarding the quality or safety of the care.
- **National contact points:** In order for patients to make an information choice, national contact points are to be established and will provide information on request on safety and quality standards.
- **Cooperation:** Cooperation between Member States is to be strengthened, through areas such as e-health and the

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development of European reference networks, which will be establish centres of excellence for highly specialised healthcare.

- **Recognition of prescriptions:** Member States will ensure that if a prescription for a medicinal product is authorised to be marketed on their territory, the prescription issued for that product by another Member State can be filled in compliance with their national legislation.
- **Member state of affiliation:** Pensioners living in the EU outside their home country and wishing to seek healthcare in a third-party country, their host country would have to grant authorization. However, if a pensioner is treated in his country of origin, this country would have to provide healthcare at its own expenses.

These rules were accepted by the European Parliament's public health committee in October, with 227 amendments to the plan, with three major focal points being:

- Patients do not require prior authorization to seek medical care in another country, however if the care requires overnight hospital stays or specialized care, their national system may require prior authorization.
- Member states could only refuse authorization in certain stated circumstances.
- Patients with rare diseases would be covered under the directive.

In December, the Parliament, Council and Commission met to discuss certain issues that still pose problems between the three parties, particularly in regards to the technology required for the successful implementation of the Directive, such as the interoperability of eHealth initiatives and 'appropriate' consultations for health technology assessment.

A Parliamentary vote will take place on the issue on the 19th January 2011.

European Working Time Directive: Review

In March, the Commission began the first-phase consultation of the social partners at EU level to look at potential areas of review for the European Working Time Directive, particularly focusing on areas where no agreement was reached during the previous review of the EWTD.

They identified four key areas of the review:

- **Working Hours:** While the 48-hour limit does exist for most workers, the derogation for 'autonomous workers' and the application of the individual opt-out still creates controversy throughout the EU.
- **On-Call Time:** How on-call time is classified was an issue during the failed 2004-2009 negotiations. The commission hopes to find a solution during the review.
- **Flexibility on the averaging of weekly working hours:** The period of time in which the average weekly working hours is calculated has also created discussions, as these reference periods can affect working patterns and ultimately undermine the intention of the Directive.
- **Flexibility on the timing of minimum daily and weekly rests:** Again, due to the conditions currently surrounding when daily and weekly rest periods are to follow a period of work, or more accurately the delay of such rest periods, can compromise the health and safety of the worker.

The second phase consultation was released on the 21st of December, which looks at reviewing the directive in either a very focused manner, or to broaden the scope of the review to the entire directive. Work will continue in 2011 on this issue.

European Road Safety Charter

On the 19th of May, Prof Seán 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. 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.

Visit by The National Association of General Practitioners (LHV) from the Netherlands

The IMO hosted a group of visiting GPs from the Dutch Association of General Practitioners (LHV) and the Dutch College of General Practitioners on Wednesday 30th June.

The IMO hosted a session where Research and Policy Executive Vanessa Hetherington presented the IMOs Universal Health Care Paper. Representatives from the IMOs GP Committee also attended, and utilised the time with the visitors to learn much about how the Dutch GPs have adapted over the years since the implementation of their new health care system, along with the strengths and weaknesses of their system.

European Medical Organisations – Domus Medica progress

Significant progress has been made to establish a Domus Medica in Brussels to bring together the European Medical Organisations under one roof.

UEMS is leading the project with the purchase of premises in Brussels, and discussions are currently underway to secure agreed working relationships and to share costings amongst the European Medical Organisations.

The Domus Medica and working relationships between European Medical Organisations has dominated discussions in each organisation throughout the year to ensure progress of the concept and effective representation of each organisation's members.

Standing Committee of European Doctors - CPME

CPME started the year with a meeting of Presidents of the National Medical Associations (NMAs) to discuss the internal direction of CPME, and how to best respond to the changing environment of European Medical Organisations.

Due to the ash cloud, the original meeting due to be held in April was rescheduled to late June. Prior to this, the NMAs met in Lisbon to further progress discussions on the internal workings of CPME and to hold discussions with a French delegation regarding their possible return to CPME.

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At the June meeting, issues were prioritised due to the shortened work format. Work had been done previously via email to ensure that a response to the first phase of consultation on the European Working Time Directive could be submitted. Further changes to this position were discussed at the meeting, highlighting significant differences among the delegations. This issue will continue with the second phase of the consultation due to commence early 2011.

CPME also produced and accepted a document on Health Inequalities looking at the responsibilities of International Associations and NMAs to reduce health inequalities throughout Europe.

CPME has also started to look at issues surrounding the 2011 review of the Recognition of Professional Qualifications Directive. While preliminary informal meetings have begun with the European Commission, a coordinated approach amongst the EMOs will be essential.

CPME met again in November, to address the statute changes proposed in late 2009. The IMO was actively involved in a working group over the summer to discuss solutions to the current structural problems within CPME, and to find a solution in order to discourage the proposed introduction of weighted voting for policy decisions. However, after heated debate weighted voting on both policy and financial decisions was adopted by a narrow margin.

The new working group structure has provided a good opportunity to streamline work within the organisation, and to focus on priority issues and increase policy output.

Other significant positions that were adopted throughout the year include policy on Mental Health: Healthy Ageing; Task Shifting; eHealth and a response to the possible revision of Tobacco Products. The IMO continues to contribute input into policy directions within CPME to assist in the development of effective lobbying and consultation documents for the European Commission.

European Working Group of Practitioners and Specialists in Free Practice (EANA)

EANA continues to investigate prominent issues that effect doctors in private practice, and particularly in this challenging economic climate in Europe the experience in each country presents opportunity to learn and adapt.

Task-shifting has become a considerable concern amongst the group, as governments and insurance companies seek to find 'cost-effective' alternatives to doctor services. At the Spring meeting, this was elevated to a statement on the importance of doctor prescribing, given recent moves in some countries to shift towards inappropriate nurse and pharmacist prescribing. This statement reiterated the importance of the responsibilities of doctors in their prescribing duties, and the impact of other health-care professionals who are tasked with prescribing duties on the medical profession.

EANA also raises concerns about the next generation of doctors in free practice, particularly in how to recruit and retain doctors as work practices shift and gender imbalances are noted amongst certain specialties. This will continue into 2011, particularly as the private workforce witnesses labor shortages throughout Europe.

The Autumn meeting of EANA was held in Dublin, where Dr Ronan Boland presented the topic 'Practicing Medicine with Reduced Resources', providing a comprehensive view of the challenges to General Practice in Ireland. During the meeting, the plenary decided to update a statement on accessing medicines over the internet that was made in Stockholm in 2000. This has been revised to include the importance of the physician's role in prescribing and managing the administration of pharmaceuticals, the importance of integrity in dispensing and reinforcing patient confidentiality in any e-prescription process. This is a particularly timely statement given the progression of the Cross-Border Health Care Directive.

Permanent Working Group of European Junior Doctors (PWG)

PWG has undergone significant change in 2010, after it was voted that it would begin the process of seeking legal status under Belgian law, which should be completed by the end of 2010.

Additionally, at the Autumn meeting the plenary decided to ammend the statutes to accommodate this change, along with a name change and logo change to 'European Junior Doctors Permanent Working Group', and will generally be referred to as the European Junior Doctors or EJD from 2011.

While the majority of changes are proposed to meet the requirements of Belgium Law, the most significant change is that the President's term of office which has now been defined as three years and can be re-elected annually to a maximum of five years.

The work of PWG has intensified, particularly with the initiation of the first phase of consultations of the review of the European Working Time Directive, and will continue on this issue into 2011. The President has been engaging with the Commission on preliminary meetings on the review of the Professional Qualifications Directive scheduled for 2011.

PWG has produced significant work particularly in the different transitional stages of the profession, from student through training, and onto becoming qualified and practicing medicine.

PWG is also conducting research on the medical workforce in conjunction with some university studies already underway in several countries, to better understand mobility issues and the impact on the European health workforce.

European Union of General Practitioners (UEMO)

As this was the last year of the Portuguese Presidency, the official handover to the Hungarian delegation took place at the Autumn meeting. Dr Ferenc Hajnal is the incoming President from 2011-2015.

UEMO had an important year in laying foundation for future work in Brussels, and to engage with other EMOs to represent the largest craft group of doctors in Europe.

At the Autumn meeting, it was decided to restructure the working groups to ensure their work remains relevant and to better utilise the time between meetings, by employing long term working groups that address ongoing professional issues along with short term task

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forces who will respond to specific timely events.

UEMO is continuing its work to have General Practice recognised as a specialty in Europe, including the prospect of hosting conferences in countries not currently recognising the speciality to highlight the important role of General Practice in health care systems.

A significant body of work was finalised at the Autumn meeting with the adoption of a paper entitled 'Towards Transparency on Quality of Care in General Practice'. This paper discusses elements that UEMO believe contribute to a model of care focused on quality, and made recommendations on how to best measure and reward quality.

European Union of Medical Specialists (UEMS)

The volcanic ash cloud also struck with the cancellation of the UEMS Spring meeting with a one-day meeting held in its place with a reduced and prioritised agenda. This meeting was particularly significant, as UEMS members voted in favour to purchase new premises, which is hoped will house the European Domus Medica. Another key decision taken is the revised structure of the meetings, with the presence of the Sections and Boards at the meeting in order to improve coordination between the working bodies within UEMS.

A discussion forum also takes place at the start of each meeting. The Autumn forum was dedicated to the developments on the pilot of the European Council for the Accreditation of Medical Specialist Qualifications, which will act as an 'advisory council' for European Specialist Training Assessment. Further work will be progressed on this in 2011.

UEMS is also one of the leading consulting bodies in eHealth. Much work has been undertaken by the members, and UEMS participates actively in the eHealth Stakeholders Group, created by the DG Information Society, with Prof Cillian Twomey attending many meeting on behalf of UEMS. As this is a major component of the Cross-Border Health Care Directive, the work on this issue will continue at great speed.

Other significant decisions taken at the Autumn meeting include:

- The harmonisation of terms of mandate of enlarged executive and president
- The establishment of standing committees on:
  - Continuing Medical Education and Professional Development (EACCME)
  - Postgraduate Training (ECAMSQ)
  - Quality Management in Specialist Practice (EACQM)
- The creation of a governance body for the European Accreditation Council for Continuing Medical Education.
- The Council endorsement of the ''CALLIOPE Roadmap'', which UEMS is contributor to, and is a body of work which aims to draw the baseline in the development of interoperable eHealth systems.
- The creation of a Multiple Joint committee and Board on Oncology
- The endorsement of the Chapters 6 in Radiology and the Oro-Maxillo-Facial Surgery as well as the white Book on Hand Surgery
- The creation of European Boards in Emergency Medicine and Hand Surgery.

World Medical Association

The World Medical Association General Assembly was held in Vancouver, Canada from the 13th to 16th October.

President-Elect, Dr Ketan Desai, was unable to take his position as President due to his arrest earlier in the year on suspicion of corruption in India. Due to this development, an election was held to elect a new President for 2011-2012, with Dr Wonchat Subhachaturas from Thailand taking the position. Dr. José Liuz Gomes do Amaral, President of the Brazilian Medical Association, was elected President-elect for term of office 2012-2013.

The scientific session this year was focused on 'Health and the Environment', exploring the issue from a number of perspectives. Dr Michael Marmot, current President of the BMA presented one of the most thought provoking sessions, looking at the interplay of social inequality and the environment and their combined impact on health.

While a variety of issues were explored over the course of the meeting, one of the most prominent discussions surrounded a resolution on Drug Prescription. The course of this discussion needed to find solutions for the entire assembly to agree, with a variety of issues such as healthcare workforce, resourcing of healthcare and task-shifting steering debate to find inclusive language for all delegations.

Other policy outcomes from the meeting included:

- Statement on Environmental Degradation and Sound Management of Chemicals
- Resolution on Violence against Women and Girls
- Resolution on Drug Prescription
- Statement on Family Violence
- Statement on the Relationship between Physicians and Pharmacists in Medicinal Therapy
- Statement on Medical Care for Refugees, including Asylum Seekers, Refused Asylum Seekers and Undocumented Migrants, and Internally Displaced Persons.

Conclusion

With 2011 shaping to be a busy year internationally with the review of the European Working Time Directive, the review of the Recognition of Professional Qualifications Directive and the progression of the Cross-Border Health Care Directive, the IMO will continue to work with its members, the International Affairs Committee and other National Medical Associations to represent the interests of doctors at both a European and International level.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Dr Martin Daly, Chairperson

IMO Financial Services

IMO Financial Services Board

The following were members of the Board of Directors during the year:

Mr. George McNeice, Managing Director

Dr. Martin Daly, Chairman

Mr. Pat Dineen, Director

Ms. Susan Clyne, Secretary

Mr. Mattie Rice, Executive Director

IMO Financial Services continued to provide a valuable and professional service to our members in 2010. The continued strong interest in our pension planning services is a result of the combination of independent advice, excellent allocation rates and the professional personal service provided.

Changes in legislation a number of years ago allowed IMO FS to provide the option of additional voluntary contribution facilities through PRSA contracts.

The continued reduction in the calculation of contribution limits is causing concern particularly in regard to the treatment of tax-free cash/maximum fund and we provided many members with advice on these matters over the year. Seventeen retirement planning seminars were held throughout the country during the year.

Group Life Scheme

Our Group Life Scheme continued to be popular with members in the last year. One of the purposes of the scheme is to enable doctors to obtain cover on favourable underwriting terms. Another theme of the Group Life Scheme is to encourage members to have adequate life cover in place to replace income in the event of untimely death. We introduced a number of incentives to this end, including reduced underwriting conditions.

There were sadly 4 death claims under the Group Life Scheme during 2010, with a total of €729,729 being paid out to the estates of members who died.

Income Protection Scheme

We operate group disability schemes that are designed to provide income in the event that a member is unable to work due to accident or illness. Cover is available up to the age of 65 and new entrants to the scheme must apply before reaching the age of 55. The schemes are available to provide cover to GPs, Consultants, Public health Doctors and Non Consultant Hospital Doctors. The maximum level of cover under the schemes is €60,000 and any new members entering the scheme have indexation applied.

Waiver of Premium Scheme

The Waiver of Premium Scheme was established to cover doctors' contributions to the GMS Superannuation Scheme in the event of disability. The scheme is open to new members and again new entrants must apply before attaining the age of 55.

Individual Consulting Service

A full complement of financial consultants allows us to provide a comprehensive review service to our members. We also operate an in depth review service in conjunction with our business advisors. Many members have complex financial arrangements and needs. Following a review of a member's requirements, our consultants set out suggestions as to how best to arrange for the member's needs to be met. In conjunction with associated firms, we advise on a wide range of issues, including tax and inheritance planning.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Financial Services

Mortgages

There was a significant drop in the level of interest among our members in our mortgage services due to the sharp reduction in lending by commercial institutions, coupled with the downturn in the property market.

With house prices levelling off we expect to see increased demand in the coming year.

Individual Products

Many of our members supplemented the life and PHI cover available under the group schemes with individual products arranged by our financial consultants with various insurance companies.

Our Doctor's Income Protection product allows us to provide increased benefit levels and guaranteed increases in cover to members.

We provided a number of capital guaranteed equity products as an alternative to the deposit offerings.

Other Products

We continue to provide household, surgery, travel and motor insurance through Jardine Lloyd Thompson. The competitive premiums offered on the surgery cover was of particular interest to members.

Meetings

We held a number of wealth management and retirement planning seminars during the year. In addition we conducted many hospital presentations, clinical society presentations and group practice meetings.

Conclusion

During the past year, IMO Financial Services has assisted over 850 members in relation to individual products, ranging from pensions, investments, mortgages, loans and individual protection products. We continue to strive to diversify our product range and as always provide a personal, confidential and professional service. I am happy to say that there continues to be a very high level of satisfaction from members who use the services of IMO FS.

MEDISEC

MEDISEC IRELAND

Board of Directors

Mr Des Lamont, Chairman
Ms Dorothy Collins
Dr Larry Fullam
Mr Hugh Governey
Dr Mary Gray
Dr Liam Lynch
Mr George McNeice

Staff

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

Medisec is the only Irish Independent non profit-making company, owned by it's members, GPs in Ireland, with the objectives of providing General Practitioners with:

- A fair deal in Professional Indemnity. **The Medisec product is unique in that it is a fully insured non-discretionary contract, with a 10 million limit of indemnity.**
- A high quality Advisory and Mediation Service.
- A GP integrated Risk Management process, facilitated through Newsletter publications and a continuously updated website together with Risk Management presentations.

Subscriptions paid by general practitioners will be used exclusively for general practitioners.

Medisec is a single-agency intermediary with Allianz Plc and is regulated by Central Bank of Ireland.

The Board of MEDISEC is comprised of medical practitioners and professionals in other areas who combine to provide the highest standards of service for medical practitioners.

Medisec in conjunction with it's Insurer, Allianz, has a GP Advisory Panel which defines and keeps current a definition of the range of services normally provided by a General Practitioner. It also provides advice and expertise in relation to what is involved in certain treatments and procedures and the clinical implications involved. The Medisec GP Directors advise and support Medisec and it's members in relation to on-going Claims, Advisory and Mediation cases.

The membership of Medisec has grown to in excess of 1000. This contrasts with the initial membership under IGPIMAS in July 1992 of less than 250 members.

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

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Membership Unit

This year the IMO recorded a membership figure of 6143. The IMO remains a strong voice for doctors and is committed to providing representation for our members. It is vital that members remain united and work with the IMO to achieve the best possible outcome for the future.

For the membership unit, the capacity to keep up to date with all individual member details is greatly enhanced through prompt notification to the IMO. Of equal importance, as your career progresses, is that we are kept informed of your new position and work location. This helps us to provide you with relevant information and material.

Emailing has become a vital way of communication with IMO members and has decreased the level of print and postage. SMS texting is also used to some categories of doctors regarding meetings and proved to be very fast and effective. Our objective is to enhance these services further.

The IMO are looking forward to having our new IMO website launched early 2011 to further advance our Organisation in every aspect. This website will be dynamic and will help to assist the Organisation in being more efficient & effective. The IMO will be less reliant on IT companies to make changes to the new website as our in-house staff will have been trained to develop the system further which will make it more cost effective. Members will now be able to have the ability to pay renewal subscriptions online securely & new members can join online.

The IMO held very successful Intern Information Nights during the year in Dublin, Cork and Galway and the events were well attended. The success of these events is crucial to the long-term development and strategy of the Irish Medical Organisation.

The Membership Subscription Rates for each year are set by the IMO Management Committee and for 2011, bearing in mind the difficult financial situation, subscription rates have been reduced again by 5% which is a total of 8% decrease in the membership rate in the past 12 months.

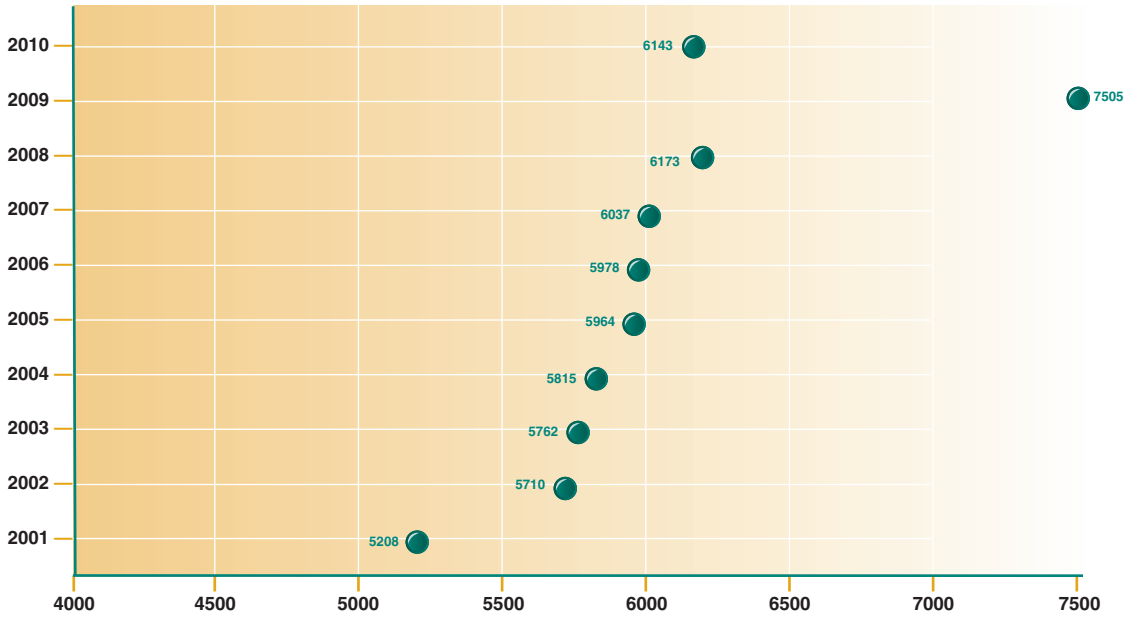
Members who are currently or planning to practice abroad can avail of our overseas membership.

Members can choose from a number of payments options in terms of paying their annual subscription:

- Annual Cheque
- Direct Debit monthly/annually
- Credit card annually
- GMS via the Primary Care Reimbursement Service (GPs only)

Mission Statement

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



2010 – 6143 **2009** – 7505 **2008** – 6173 **2007** – 6037 **2006** – 5978 **2005** – 5964 **2004** – 5815 **2003** – 5762 **2002** – 5710 **2001** – 5208

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Publishing Unit

Dr John FA Murphy, Editor, Irish Medical Journal

It was another busy year at the IMJ. Interest in the Journal and its contents continues to grow. The wide readership is reflected by the large number of letters to the editor. The electronic issue of the IMJ continues to be developed and expanded. The process of manuscript submission has been simplified. The time from submission to decision has been streamlined and reduced. Time from acceptance to publication has also become shorter.

In 2010 there were 10 editions of the IMJ. There were 10 Commentaries, 12 Editorials, 54 Original Papers, 15 Case Reports, 18 Research Correspondence, 39 Letters to the Editor, 2 Short Reports, 1 Occasional Piece, 16 Book Reviews, 3 Poetry Pieces, 9 Medicine and the Media.

There was a wide spectrum of research published during the year. Cheema et al in **Laparoscopic Pyeloplasty** (2010;103:24-6) described the technique of laparoscopic pyeloplasty in 54 patients. The mean operation time was 133 mins and the mean hospital stay was 3.4 days. The results were comparable to open pyeloplasty with decreased postoperative morbidity.

Williams et al in **Thoracic CT in the ED: A study of Thoracic Computed Tomography Utilisation** (2010;103:38-40) reported on the use of thoracic CT in the emergency department. The commonest indication was pulmonary embolism 63% followed by suspected malignancy 25%. Thoracic injury and aortic dissection each accounted for 4%. The authors discussed the future role of the triple rule out scan which investigates myocardial infarction, pulmonary embolism aortic dissection at the one time.

Nadarajan et al in **Endoscopic Ultrasound with Fine Needle Aspiration and Biopsy in Lung Cancer and Isolated Mediastinal Lymphadenopathy** (2010;103: 75-77) describe 34 patients who underwent EUS-FNAB. The authors found that it was an accurate procedure with a high diagnostic yield and that it reduced the need for surgical staging. The previous limitation of EUS-FNAB has been the inability to assess lymph nodes in the anterior mediastinum. This has been overcome with the application of the newer endobronchial ultrasound with transbronchial needle biopsy.

O'Connor et al in **Public Knowledge of Head and Neck Cancer** (2010;103:105-7) emphasised that 60% of head and neck cancers present late. The five year survival for tongue cancer is 50%. The disease is uncommon in those who don't drink or smoke. The HPV-16 and EBV viruses have been implicated in its pathogenesis. The authors found that 70% of those in their survey had never heard of head and neck cancer. In follow-up correspondence MacCarthy and O'Sullivan (2010;103:317) announced the recent establishment of Mouth, Head and Neck Cancer (MHNC) Awareness Ireland. The group aims to increase public and professional awareness of MHNC. The Group organised a free Mouth Cancer examination day on the 29th September at the Cork and Dublin dental schools. A total of 4000 attended the check-up.

Publishing Unit

Afenah et al in **The use of a Chaperone in Obstetrical and Gynaecological Practice** addressed an issue not hitherto analysed among Irish patients. Womens' opinions varied but the preference for a chaperone was smaller than expected. If the doctor was male 35% would prefer a chaperone, if the doctor was female 23%. Among doctors in public practice, 75% of male and 14% of female obstetricians would opt for a chaperone. The authors recommended that women should be offered the choice of having a chaperone and their opinion should be respected and documented. Additionally some clinicians may prefer to have a chaperone for their own protection.

Downes et al in **Profile of Sudden Death in an Adult Population 1999-2008** (2010;103:183-4) reviewed 1,230 sudden adult deaths. A sudden death was defined as those dying within 24 hours of the onset of symptoms. The cause of death was cardiovascular in two thirds of cases, respiratory in 13% and accidental in 11% of cases. The negative autopsy rate ie. no cause of death identified after a full post-mortem examination, was between 2.8%. It is possible that there is a genetic aetiology to these deaths.

Pallin et al in **Spontaneous Pneumothorax Management** (2010;103:272-5) reviewed the management of spontaneous pneumothorax in their institution. The practices were compared with the British Thoracic Society guidelines. There was under- utilisation of oxygen, insufficient manual aspiration of the pneumothorax and the insertion of chest drains with excessive calibre. Greater uniformity in the management of pneumothoraces was urged.

Hegarty et al in **Potential Organ Donor Audit in Ireland** assessed the current situation. Among 2073 Intensive Care Unit deaths there were 158 confirmed Brain Stem Deaths. Ultimately 90 organ donations occurred. The ratio compares favourably with other countries. The authors recommended a number of measures including the completion of Brain Stem Death examination on all appropriate patients.

I am extremely grateful to all the expert referees who reviewed manuscripts for the Journal during the year. Their contribution is central to the functioning of a peer review Journal like the IMJ. Thanks to Lorna Duffy, Assistant to the Editor, for all her work during the year. Thanks to Susan Clyne, Director of Finance and Administration and George McNeice, Chief Executive for their continued direction and support. Thanks also to the IMO management committee.

John FA Murphy
Editor

AGM 2010 Killarney


OUT OF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2010 financial statements

For Year ended 31-12-2010

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Financial Statements

For the Year Ended 31st December 2010

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

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Trustees and other information

The Irish Medical Organisation is a Trade Union Registered under The Trade Union Act 1941.

TRUSTEES:

Dr.Henry Finnegan
Dr. Larry Fullam
Dr. Mary Hurley
Dr. B.J. O' Sullivan (retired 2010)
Prof. Cillian Twomey

MANAGEMENT COMMITTEE:

Mr. George McNeice
Dr. John Morris
Professor Seán Tierney
Dr. Ronan Boland
Dr. Matthew Sadlier
Dr. Trevor Duffy
Dr. Anthony O'Connor
Dr. Paul McKeown
Dr. Bridin Cannon

BANKERS:

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

SOLICITORS:

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

AUDITORS:

Hamill Spence O'Connell,
Chartered Certified Accountants,
Registered Auditors,
Adelaide House,
90 Upper Georges Street,
Dun Laoghaire,
Co. Dublin

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Report of the Management Committee for the Year Ended 31 December 2009

The Management Committee has pleasure in submitting its report together with the audited financial statements of the organisation for the year ended 31 December 2010.

Statement of Management Committee's Responsibilities

A. We are responsible for the preparation of the organisation's financial statements, which give a true and fair view of the organisation's affairs as at 31 December 2010 and of the surplus for the year then ended.

B. In preparing the financial statements we have selected suitable accounting policies and have applied them on a consistent basis, making judgements and estimates that are prudent and reasonable.

We have used applicable accounting standards in preparing the financial statements, subject to any material departure being disclosed and explained in the financial statements.

We have prepared the financial statements on a going concern basis.

C. We are responsible for keeping proper accounting records, for safeguarding the assets of the organisation and for taking reasonable steps for the detection and prevention of fraud and other irregularities.

Post Balance Sheet Events

No significant events have occurred since the balance sheet date.

Auditors

Our Auditors, Hamill Spence O'Connell, will be re-appointed for the coming year.

On behalf of the Management Committee:

President

PRESIDENT PROF. SEÁN TIERNEY

Treasurer

HONORARY TREASURER DR ANTHONY O'CONNOR

Date: 24th February 2011

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Treasurer's Report

It gives me great pleasure, as Treasurer of the Irish Medical Organisation, to present my report and the Financial Statements for the year ended 31 December 2010, which have been audited, without qualification, by Hamill Spence O'Connell, Chartered Certified Accountants, Dun Laoghaire, Co Dublin.

Strategic Plan 2008-2010

As the economic crisis deepened during the past year the IMO has been operating in a very challenging environment however we have sought to maintain our focus on the key objectives outlined in our Strategic Plan. We have utilised our resources and focused our activity around the three key areas of Excellence in Industrial Relations, Professional Representation/Strategic Alliances and Engaging with Members.

2010 has been a year when National Agreements and Individual Contracts have come under increasing threat and so as to ensure we are providing the best possible service to our members we have enhanced our Industrial Relations Team in IMO House and now have a Personal Cases Unit to deal with the increasing number of individual queries from our members in an efficient and effective manner. Our policy initiatives during the year concentrated on core principles which we believe as an Organisation should be enshrined in any Universal Health System, as well as developing a key set of recommendations in the area of Mental Health Services. The IMO is its members and we have continued to improve the two way communication and engagement with members across the specialty group through the use of information technology and surveys. It is critical that members let their views be known at this time of change and transformation as it is the views of members that inform our policies and IR positions for the year ahead.

Corporate Governance & Financial Performance

These audited Financial Statements report a net surplus of €612,230 and the net worth of the IMO now stands as at 31 December 2010 at €10,160,310. In accordance with International Auditing Standards and best accountancy practice, the Balance Sheet shows all assets at cost. In order to reflect the true value of the Irish Medical Organisation, a consolidated balance sheet incorporating up to date valuations together with appropriate notes and explanations has been prepared and attached to these accounts. Given the potential legal challenges which the Organisation may have to take it has been deemed prudent to allow a significant legal accrual in these Financial Statements.

I am pleased to report that the IMO is in a strong financial position however we must remain vigilant and prudent in terms of the management of our financial position. We have, in recognition of the particular financial challenges faced by members reduced member subscription rates by 8% while maintaining a high quality service to our members.

I would like to thank Mr George McNeice, Chief Executive, for his continuing stewardship of the IMO and also my thanks to my fellow honorary officers during the past year.

DR ANTHONY O'CONNOR
Honorary Treasurer

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

We have audited the financial statements of the Irish Medical Organisation for the year ended 31 December 2010 on pages vii to xxi, which comprise Income and Expenditure Account, Balance Sheet, Cashflow Statement and the related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out on page xii.

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

Respective Responsibilities of the Management Committee and the Auditors

The Management Committee of the Irish Medical Organisation is responsible for the preparation of the financial statements in accordance with applicable law and Irish Accounting Standards as set on page iii in the Statement of Management Committee's Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Trade Union Acts and all relevant legislation. We also report to you whether in our opinion proper books of account have been kept by the organisation; and whether the information given in the Management Committee's Report is consistent with the financial statements. In addition, we state whether we have obtained all the information and explanations necessary for the purposes of our audit and whether the organisation's balance sheet is in agreement with the books of accounts.

We read the Chief Executive's Report contained in the Annual Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of Audit Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Management Committee in the preparation of the financial statements, and of whether the accounting policies are appropriate to the organisation's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the organisation's affairs as at 31 December 2010 and of its surplus for the year then ended and have been properly prepared in accordance with all legal requirements.

We have obtained all the information and explanations we considered necessary for the purposes of our audit. In our opinion proper books of account have been kept by the organisation. The financial statements are in agreement with the books of account.

In our opinion, the information given in the Management Committee report is consistent with the financial statements.

Hamill Spence O'Connell,
Chartered Certified Accountants,
Registered Auditors,
Adelaide House,
90 Upper Georges Street,
Dun Laoghaire,
Co. Dublin.

Date: 24th February 2011

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Income and Expenditure Account for the Year Ended 31 December 2010

	Notes	2010	2009
		€	€
Income	1	4,438,246	5,368,175
Other Income	3	231,324	234,037
Publishing Contribution	Schedule 1	8,344	(26,935)
		4,677,914	5,575,277
Expenditure	Schedule 2	(4,045,586)	(4,930,027)
Surplus for the Year before Taxation	4	632,328	645,250
Taxation	5	(20,098)	–
Surplus For The Year After Taxation		612,230	645,250
Opening Accumulated Revenue Surplus		5,039,028	4,393,778
Closing Accumulated Revenue Surplus		5,651,258	5,039,028

There were no recognised gains or losses other than those passing through the profit and loss account and, therefore, no separate Statement of Recognised Gains and Losses has been prepared.

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

The financial statements were approved and authorised for issue by the management committee on the 24th February 2011 and signed on its behalf by:

President
PROF. SEÁN TIERNEY

Treasurer
DR ANTHONY O'CONNOR

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Balance Sheet
as at 31 December 2010

	Notes	2010	2009
		€	€
FIXED ASSETS			
Tangible Assets	**6**	244,682	353,562
Deposit with the Court of Justice	**8**	10,551	6,911
		255,233	360,473
FINANCIAL ASSETS			
Investments	**7**	91,562	91,562
		346,795	452,035
CURRENT ASSETS			
Debtors	**9**	5,007,455	4,662,247
Cash & Bank Balances		2,810,883	2,564,115
		7,818,338	7,226,362
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(2,478,523)	(2,574,829)
NET CURRENT ASSETS		5,339,815	4,651,533
TOTAL ASSETS LESS CURRENT LIABILITIES		5,686,610	5,103,568
Creditors (amounts falling due after more than one year)	**11**	(35,352)	(64,540)
		5,651,258	5,039,028
FINANCED BY			
Accumulated Revenue Surplus	**14**	5,651,258	5,039,028
Members' Funds	**16**	5,651,258	5,039,028

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

The financial statements were approved and authorised for issue by the management committee on the 24th February 2011 and signed on its behalf by:

President
PROF. SEÁN TIERNEY

Treasurer
DR ANTHONY O'CONNOR

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Consolidated Balance Sheet as at 31 December 2010

	Notes	2010	2009
		€	€
FIXED ASSETS			
Tangible Assets	**6**	8,310,459	8,615,555
Deposit with the Court of Justice	**8**	10,551	6,911
		8,321,010	8,622,466
FINANCIAL ASSETS			
Investments	**7**	402,764	467,819
		8,723,774	9,090,285
CURRENT ASSETS			
Debtors	**9**	346,904	303,848
Cash & Bank Balances		5,926,147	5,280,037
		6,273,051	5,583,885
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**10**	(3,000,443)	(3,135,658)
NET CURRENT ASSETS		3,272,608	2,448,227
TOTAL ASSETS LESS CURRENT LIABILITIES		11,996,382	11,538,512
Creditors (amounts falling due after more than one year)	**11**	(1,836,072)	(2,363,390)
		10,160,310	9,175,122
FINANCED BY			
Accumulated Revenue Surplus	**14**	8,838,016	7,845,699
Revaluation Reserve	**15**	1,322,294	1,329,423
Members' Funds		10,160,310	9,175,122

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Cashflow Statement for the Year Ended 31 December 2010

	Notes	31 December 2010		31 December 2009	
		€	€	€	€
Reconciliation of Operating Profit to Net Cash (Outflow)/ Inflow from Operating Activities					
Operating profit			632,328		645,250
Depreciation on tangible assets			94,526		113,936
(Profit)/Loss on disposal of tangible assets			8,927		(5,935)
(Increase)/Decrease in debtors			(345,208)		(328,738)
(Decrease)/Increase in creditors within one year			(96,306)		1,138,932
Net cash (outflow)/inflow from operating activities			294,267		1,563,445
Taxation			–		–
Capital expenditure and financial investment					
Payments to acquire tangible assets		(35,847)		(214,947)	
Receipts from sales of tangible assets		41,331		5,935	
Net cash (outflow) for capital expenditure			5,484		(209,012)
Net cash inflow/(outflow) before management of liquid resources and financing			299,751		1,354,433
Financing					
Increase/(Decrease) in Capital element of finance lease contracts			20,521		46,731
	1		320,272		1,401,164

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Notes to the Cashflow Statement for the Year Ended 31 December 2010

1 Analysis of Net Funds

	1 January 2010	Cashflow	Other non cash changes	31 December 2010
	€	€	€	€
Net Cash:				
Cash at bank in and hand	2,564,115	246,768	0	2,810,883
Bank overdrafts	(73,504)	73,504	0	0
	2,490,611	320,272	0	2,810,883

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Accounting Policies

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

A. Basis of Accounting

The financial statements have been prepared in accordance with the historical cost convention and financial reporting standards as prescribed by the Accounting Standards Board of Ireland and the United Kingdom as modified by the revaluation of certain fixed assets.

B. Subscriptions Received

Subscriptions received in the income and expenditure account refer to subscriptions received for that year.

C. Depreciation of Tangible Fixed Assets

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

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

D. Leased Assets

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

E. Taxation

Taxation is calculated on non-subscription income.

F. Financial Assets

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

G. Pensions

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

H. Deferred taxation

Deferred taxation is provided at appropriate rates on all timing differences using the liability method only to the extent that, in the opinion of the directors, there is a reasonable probability that a liability or asset will crystallise in the foreseeable future.

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Notes to the Financial Statements for the Year Ended 31 December 2010

1. Income	2010 €	2009 €
Membership Subscriptions	4,438,246	5,368,175

2. Analysis of Members	2010 No's	2009 No's
General Practitioners	2,034	2,095
Consultants	754	815
Public Health Specialists	142	159
Community Health	70	83
Non Consultant Hospital Doctors	2,670	3,779
Other	36	36
Student	437	538
	6,143	7,505

3. Other Income	2010 €	2009 €
Rental Income	191,803	190,550
Publishing Royalties	15,000	12,759
Bank Interest Earned	21,213	26,360
Other	3,308	4,368
	231,324	234,037

Notes to the Financial Statements for the Year Ended 31 December 2010

4. Surplus for the Year	2010 €	2009 €
Surplus for the year is stated after charging:		
Auditors' Remuneration	18,150	18,150
Depreciation	260,526	279,936
Loss/(Profit) on disposal of assets	8,927	(5,935)

5. Taxation	2010 €	2009 €
Current Year Charge	20,098	–

Notes to the Financial Statements for the Year Ended 31 December 2010

6. Tangible Assets – IMO	Office Equipment €	Fixtures & Fittings €	Motor Vehicles €	Total €
Cost:				
At 1 January 2010	450,779	556,297	324,614	1,331,690
Additions	11,546	1,101	23,200	35,847
Disposals	–	–	(71,621)	(71,621)
At 31 December 2010	462,325	557,398	276,193	1,295,916
Depreciation:				
At 1 January 2010	371,030	475,722	131,376	978,128
Charge for Year	30,529	6,993	56,767	94,289
Disposals	–	–	(21,363)	(21,363)
At 31 December 2010	401,559	482,715	166,780	1,051,054
Net book value at 31 December 2010	60,766	74,683	109,413	244,682
Net book value at 31 December 2009	79,839	80,485	193,238	353,562

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

	2010 €	2009 €
Net book value		
Motor Vehicles	109,413	193,059
Office Equipment	3,051	3,814
	112,464	196,873
Depreciation charged to the Income and Expenditure Account in relation to the above was:		
Motor Vehicles	56,767	61,311
Office Equipment	1,144	1,144

Notes to the Financial Statements for the Year Ended 31 December 2010

6. Tangible Assets – Consolidated

	Property	Office Equipment	Fixtures & Fittings	Motor Vehicles	Total
	€	€	€	€	€
Cost:/Valuation					
At 1 January 2010	8,300,000	659,725	556,297	413,132	9,929,154
Additions	–	11,546	3,473	44,950	59,969
Disposals	–	–	–	(93,221)	(93,221)
At 31 December 2010	8,300,000	671,271	559,770	364,861	9,895,902
Depreciation:					
At 1 January 2010	166,000	510,819	475,723	161,057	1,313,599
Charge for Year	166,000	30,529	32,575	75,623	304,727
Disposals	–	–	–	(32,883)	(32,883)
At 31 December 2010	332,000	541,348	508,298	203,797	1,585,443
Net book value at 31 December 2010	7,968,000	129,923	51,472	161,064	8,310,459
Net book value at 31 December 2009	8,134,000	148,906	80,574	252,075	8,615,555

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

Net book value	**2010** €	**2009** €
Motor Vehicles	160,889	252,077
Office Equipment	3,051	3,814
	163,940	255,891

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

Motor Vehicles	75,623	78,996
Office Equipment	1,144	1,144

Notes to the Financial Statements for the Year Ended 31 December 2010

7. Investments

	2010	2009
	€	€
Company		
Shares in Fitzserv Consultants Limited	1,283	1,283
Other Investments at Cost	90,279	90,279
	91,562	91,562

Irish Medical Association (Limited By Guarantee):

The Balance sheet of IMA Limited indicated Net Assets as at 31 December 2010 of €1,297,189 (2009: €1,307,082)

Fitzserv Consultants Limited at Valuation:

The Balance sheet of Fitzserv Consultants Limited indicated Net Assets as at 31 December 2010 of €3,193,823 (2009: €2,830,297)

	2010	2009
Consolidated	€	€
Listed Investments at Market Value	237,145	299,625
Unlisted investments at Market value	75,340	77,915
	312,485	377,540
Other Investments at Cost	90,279	90,279
	402,764	467,819

8. Deposit with The Court of Justice

The deposit with the Court of Justice under the Trade Union Act, 1941 is invested in a fund called the BIAM GRU cash fund strategy.

Notes to the Financial Statements for the Year Ended 31 December 2010

9. Debtors	2010 IMO €	2009 IMO €	2010 Consol €	2009 Consol €
Trade debtors	0	0	309,913	217,388
Other debtors	80,238	44,500	11,701	12,328
Prepayments	25,290	54,254	25,290	74,132
Loan to subsidiaries	4,901,927	4,563,493	–	–
	5,007,455	4,662,247	346,904	303,848

10. Creditors (amounts falling due within one year)	2010 IMO €	2009 IMO €	2010 Consol €	2009 Consol €
Creditors and Accruals	2,454,312	2,455,081	2,963,548	3,007,407
Bank overdraft	0	73,504	0	73,504
Lease and Hire Purchase Finance	24,211	46,244	36,895	54,747
	2,478,523	2,574,829	3,000,443	3,135,658

Accruals contain a provision for potential further legal costs associated with legal action on behalf of NCHD's and a provision in respect of costs associated with potential action to confirm GP negotiating rights.

11. Creditors (amounts falling due after more than one year)	2010 IMO €	2009 IMO €	2010 Consol €	2009 Consol €
Bank loans	–	–	1,787,977	2,287,977
Lease and Hire Purchase Finance	35,352	64,540	48,096	75,413
	35,352	64,540	1,836,073	2,363,390

Notes to the Financial Statements for the Year Ended 31 December 2010

Analysis of Leases and Hire Purchase	IMO 2010 €	IMO 2009 €	Consol 2010 €	Consol 2009 €
Wholly repayable within five years	59,564	110,784	84,992	130,160
Included in current liabilities	(24,212)	(46,244)	(36,896)	(54,747)
	35,352	64,540	48,096	75,413
Lease and Hire Purchase maturity analysis				
In more than one year but not more than two years	19,025	34,543	28,269	41,949
In more than two years but not more than five years	16,327	29,997	19,827	33,464
	35,352	64,540	48,096	75,413

Bank loans are secured by mortgages over 10 & 11, Fitzwilliam Place and a solicitor's letter of undertaking in respect of 11 Fitzwilliam Place.

12. Staff Pension Scheme

The organisation currently operates a defined contribution pension scheme in respect of its employees. The assets of the scheme are held separately from those of the organisation in an independently administered fund. Contributions within the year amounted to €234,817 of which €120,077 was unpaid at the year-end.

13. Staff Numbers and Costs

The average number of persons employed by the organisation during the year was as follows:	2010 No's	2009 No's
Total Employees	21	23
Analysed as follows:		
Administration	21	23

The aggregate payroll costs of these persons were as follows:

	2010 €	2009 €
Wages and Salaries	1,783,014	2,145,904
Social Welfare Costs	168,874	168,849
Other Pension Costs	234,817	295,722
	2,186,705	2,610,475

Notes to the Financial Statements for the Year Ended 31 December 2010

14. Movement on Revenue Reserves

	2010	2009
IMO	**€**	**€**
Reserve at start of year	5,039,028	4,393,778
Retained profits for year	612,230	645,250
Reserve at end of year	5,651,258	5,039,028
Consolidated		
IMO	5,671,581	5,039,028
Irish Medical Association (Limited by guarantee)	(26,105)	(22,341)
Fitzserv Consultants Limited t/a IMOFS	3,192,540	2,829,012
	8,838,016	7,845,699

15. Revaluation reserve – Consolidated

	2010	2009
	€	**€**
Reserve at start of year	1,329,423	1,329,747
Revaluation during year	(7,129)	(324)
Reserve at end of year	1,322,294	1,329,423

This relates to the revaluation of the property at No 10/11 Fitzwilliam Place, Dublin 2 and listed investments owned by The Irish Medical Association Limited.
The property was valued in January 2009.

16. Reconciliation of Movement in Members' Funds – IMO

	2010	2009
	€	**€**
Surplus After Tax For The Year	612,230	645,250
Net Addition to Members' Funds	612,230	645,250
Members' Funds at Start of Year	5,039,028	4,393,778
Members' Funds at End of Year	5,651,258	5,039,028

Notes to the Financial Statements for the Year Ended 31 December 2010

17. Related Party Transaction

Under the agreement relating to the terms of occupancy of number 10/11 Fitzwilliam Place, Dublin 2, all charges including depreciation relating to the properties, which are owned by the Irish Medical Association Ltd are borne by the Irish Medical Organisation. The charge for depreciation in 2010 was €166,238 (2009: €166,000) and the loan interest charge was €27,702 (2009: €53,310). The Irish Medical Association (a company limited by guarantee) is an associated company of the Irish Medical Organisation.

Rent receivable in 2010 included amounts of €125,000 (2009: €125,000) from Fitzserv Consultants Limited. Fitzserv Consultants Limited is 100% owned subsidiary of the Irish Medical Organisation.

18. Comparative Figures

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

19. Approval of the Financial Statements

The financial statements were approved by the Management Committee on 24th February 2011.

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Management Information for the Year Ended 31 December 2010

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

SCHEDULE 1

	2010	2009
Publishing Contribution	€	€
Income	133,654	130,683
Printing and Editorial Costs	(59,226)	(64,702)
Wages	(32,448)	(37,308)
Postage and Stationery	(33,636)	(55,608)
Publishing Contribution	8,344	(26,935)

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

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Management Information for the Year Ended 31 December 2010

SCHEDULE 2

	2010	2009
Expenditure	**€**	**€**
Wages, Salaries and Pension Costs	2,186,705	2,610,475
Insurance	13,522	12,283
Telephone	32,014	44,618
Light and Heat	20,693	25,980
Postage, Printing and Stationery	146,186	180,010
Advertising and Promotional Activities	7,607	611
Finance Lease Charges	6,866	10,433
Motor, Travel and Branch Meeting Expenses	182,211	194,012
Corporate Events	111,166	129,428
Professional Fees	43,004	87,455
International Affairs	74,030	95,869
Subscriptions and Donations	43,943	42,406
E.U. Subscriptions	25,017	25,274
Legal fees	512,549	850,000
Repairs and Renewals	54,520	46,384
Audit and Accountancy Fees	44,911	37,625
Rates	27,000	26,002
Bank Interest and Charges	10,016	13,622
Staff Training and Development	1,237	1,658
Computerisation and Website Development	132,634	153,383
Depreciation	260,526	279,936
Profit on disposal of Fixed Assets	8,927	(5,935)
Loan Interest	27,702	53,310
Strategic Planning	72,600	15,188
	4,045,586	4,930,027

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

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Irish Medical Organisation, 10 Fitzwilliam Place, Dublin 2
Tel [01] 676 72 73 **Fax** [01] 661 27 58 **e-mail** imo@imo.ie **website** www.imo.ie