

Report of the Annual General Meeting 2009

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IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann



Keynote Addresses

Address by George McNeice IMO Chief Executive Annual General Meeting 2009

Mr President, members, guests, ladies and gentlemen, the chill winds of a global recession allied to banking difficulties and the particular issues that face our Exchequer are sweeping through the country. Never before have we experienced a decline in economic circumstances as steep as we are in now. We are in crisis!

We have seen how adjustments, to put it mildly, have been made right across the economy and how the recession has impacted employment, business, banking, trade, politics and life in general.

While recognising both the economic and fiscal imperatives, the latest attack by the Health Service Executive on the health service through a campaign of cutbacks doesn't seem to have any structure or rationale behind it.

Even in times of plenty, the health service struggled to provide adequately for those who needed its facilities. Our over-riding concern now must be that, in taking tough economic decisions, we do not find ourselves in a situation, where we have a public health service that has effectively been dismantled.

We must make sure that we are not left incapable of caring for the health needs of our citizens. The cuts of the 1980s caused great hardship to vulnerable people for a long time.

We know that tough decisions need to be taken but decisions need to be made for the right reasons; not because they were on a previous wishlist, which current circumstances give the opportunity to implement, but rather because it is the right thing to do in order to deliver better services to the patient. The medical profession wants to be part of the solution



Mr George McNeice, IMO Chief Executive addressing the 2009 AGM

to our present difficulties but does not have confidence that the HSE sees it that way.

The public are reeling from the effects of unemployment, reduced pay, uncertain futures, increased taxes and diminished pensions. While many have to accept changes in standards of living, we should still be in a position, as a responsible and civilised society, to deliver a good health service that people have confidence in.

A roof over our heads, water, food, healthcare and education are the staples required for those who live in society. The State has a duty and obligation to ensure that each of these basic requirements are provided for every citizen.

The public service – and most especially the health service – has always been an easy target for commentators to talk about black holes, inefficiencies and waste. We in the IMO have often been rightly critical of the lack of funding and reduction in resource allocation to the health service. However, that has never been an obstacle to our feeling of pride in it and, most particularly, the pride in each and every doctor working on the front line delivering to the very best of their ability to patients.

While change is important, it is anathema to us to hear talk about the indiscriminate rationing of health services.

Let us be clear about what rationing is. In effect, it will limit services, increase waiting lists, create inequities and increase unemployment with unintended consequences for the social welfare system.

At a practical level, the rationing of services will inevitably lead to a sicker population – now and for many years to come.

The rationing of services will, let's be honest, affect the poorest and most vulnerable in our society who will simply not have the means to pay for essential health services.

When this crisis passes – and the one sure thing is that it will pass – we will still need a fully functioning public health service which meets the needs of a hopefully healthy population and not a population that has suffered the ill effects of rationing.

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Mr George McNeice, IMO Chief Executive and Dr John Morris, President at the 2009 AGM, Killarney, Co. Kerry

What does this say about us as a society?

How do we want, as a society, to view health? Are we committed to a public service that delivers quality patient care to all, irrespective of their ability to pay, or are we moving towards a system where health is treated as a commodity that is driven by market forces and where only money talks?

There has never been an honest debate in this country about the privatisation by stealth of the secondary care system and the consequent downgrading of services.

Principles of social justice, social solidarity and equity are quite simply not best served by the unfettered development of private hospitals.

Traditionally, there has always been a place for private medicine in Ireland but, with a political philosophy that has actively encouraged the growth in this area, the patients of this country have not been well served. Taxes have been foregone to provide tax breaks to developers who, understandably, are in the business for purely commercial reasons.

I appeal to the powers that be to end the co-location project which was ill-conceived from the beginning and was never going to deliver on the principle of giving care based on medical need as opposed to the ability to pay. Let us use this time to have an honest and open debate about what, as a society, we want for future generations.

In 2004, when the HSE was established, all stakeholders, including the IMO, looked forward to a period of co-operation, partnership and reform.

Disappointingly, what has come to pass has been the polar opposite of our hopes and aspirations and the health service currently has a staff who, while striving to do their best, are disillusioned and demoralised.

One of the main issues, as I see it, is that the HSE's plans for change and reform have never included the basic principle that, for any change to be successful, you must bring people along with you. If the HSE seeks to railroad changes in opposition to the doctors working in the public system, then their legacy will be one of failure.

I am not just speaking in relation to doctors here but it is now almost universally accepted that there is little or no confidence in the HSE's ability to deliver a first class health service either in good economic times or bad.

The HSE has continued to ignore the stakeholders in the health service. I have warned previously that it would be wise for the HSE to positively engage with all the stakeholders and to pay heed to the breadth of expertise, experience and knowledge that exists throughout the health service. Sadly, our voice, like so many others, fell on deaf ears and the inevitable results have come to pass.

The HSE management style has the basic philosophy that those working in the health service will be browbeaten into accepting all decisions handed down from on high. This autocratic corporate culture must change and must change now!

Such an attitude quite simply has no place in modern management and flies in the face of every principle of partnership.

The Health Forum is a classic example of a good idea added by the action and inaction of the HSE.

The Health Forum was originally intended to achieve a change in work practices, to open up bottlenecks in the system, to provide the opportunity for all stakeholders to work through problems and to openly discuss solutions. However, the HSE has used the Forum to tell the unions what unilateral action it intends to take next.

It is said that every crisis offers an opportunity and I call on the HSE to seize the opportunities that lie ahead. I call on the HSE to re-engage through the Health Forum in the manner for which it was established. I call on the HSE to stop treating staff as enemies and, instead, to work in partnership with them but, most importantly, to listen.

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In the current economic crisis, we can work with the HSE in delivering economies but only when we have the true picture of what actual savings need to be made.

In February last, we were told that the HSE deficit would be of the order of €1.2 billion for the year and it was on this basis that they were preparing their programme of cutbacks. By 12th March the deficit was revised to €480 million and more recently there is confusion with suggestions that the deficit is now in the region of €540 million. Does anyone know the correct figure?

Even if we take the figure of €540 million and accept the need for corrective financial measures, why is it that doctors, who form 8% of the health service workforce, are being told that they will provide more than half of the total cuts?

Cutbacks which are not properly thought through and which, at the stroke of a pen, slash hospital budgets and cut funding at primary care level, do not carry with them any assessment of risk to the community as a whole or to individual patients. Nor have they given any consideration to the safe environment for those delivering vital services.

Doctors in Ireland do a good and valuable job and want to be in a position to continue to do that job. Surveys of patients' contact with their doctors are positive. Short term gains will never deliver long term results.

Doctors are responsible, qualified and professional individuals who are accountable at each stage of their training and career. The IMO is a professional body which shows leadership with responsibility and is accountable to its members. It is with regret that we have seen that the HSE is not transparent and is accountable to no-one ... and it shows!



Dr John Morris, IMO President at the 2009 AGM, Killarney, Co. Kerry

The theme of our conference is 'Leadership with Responsibility' and we are not only calling for this but we want to be part of the leadership and we want to share the responsibility.

However, we need to be invited in; we're knocking on the door with ideas.

There must be true and honest engagement.

Industrial Relations

As your representative organisation, there is much to do for our members on the industrial relations front. There is a misconception that all industrial relations is about securing new pay deals. While this might be the issue that attracts the greatest attention, much of industrial relations is concerned with the implementation of negotiated terms and conditions.

There is an opportunity, therefore, for the IMO and its members to use this time productively in order to be creative in resolving and addressing many outstanding issues about the implementation of agreed contracts as well as budget neutral issues which will make the practice of medicine more effective.

NCHDs

Turning to our NCHD members, the past six months has seen the most blatant attack on this group by the HSE, even considering the economic context. Not only is the attack on their contractual terms and conditions but also on the development of their careers in medicine. NCHDs have always been a vulnerable group within the health service due to the structure of their training schemes. It is worth remembering that, only 20 years ago, the more hours NCHDs worked, the less they got paid.

The IMO position is – and will remain – that every hour worked must be paid for.

To cut through the 'spin' from the HSE, let us be clear what the proposed cutbacks will actually mean for NCHDs.

- Up to a 40% drop in income
- No agreed contract beyond 1 July, 2009
- Overtime rates slashed
- Unpaid training
- Curtailment of allowances.

Loathe though I am to say it, many of our best and brightest young doctors may feel that they have no option but to move



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abroad and work within a system which values them.

Another point I want to make quite clear is that the HSE move on NCHDs was unilateral. The IMO, for its part, engaged with the State's industrial relations machinery with workable, rational proposals which would see a reduction in NCHD working hours thus saving the State significant monies. However, our over-riding prerequisite was, and remains, the issue of patient safety.

Sadly, the HSE paid nothing more than 'lip service' to this process and then blatantly misrepresented the IMO's position in regard to referral to the Labour Court.

As has now been clarified, the Labour Court never issued an invitation to either party to hearings. Therefore, we could not have refused an invitation which did not exist.

NCHDs have wholeheartedly supported the IMO in its attempts to address these matters. Despite the fact that strike action is anathema to doctors, NCHDs balloted for industrial action with a resounding 99% support. Any decision on industrial action will be carefully and judiciously considered in consultation with the NCHD Committee and our hospital representatives.

Additionally, we are pursuing a legal action for breach of contract against the HSE and the hearing in the High Court is due to begin on 28 April next.

As I speak to you today, the position is that HSE has postponed the implementation of the cuts they announced pending the conclusions of the High Court case.

To my great surprise, one of the proposals from the HSE was that, from 1 July next, NCHDs would work without any contract and their terms and conditions would be notified to them at the whim of the HSE.

The IMO position is clear. We are the trade union representing more than 4,000 NCHDs in this country. There is a contract currently in place with obligations on both sides and which remains in place until such a time as a new contract is agreed between both parties. How could we hold otherwise?

Stepping aside from this current issue, the IMO has developed an NCHD strategy as part of the IMO Strategic Plan which sets goals and objectives for NCHDs as a group which include:

- Manpower
- Career paths
- Career development
- Training issues
- Workload.

We have a clear vision and understanding of NCHDs that takes account of their unique position as doctors in training and we will simply not condone or tolerate any further exploitation of our young doctors.

General Practitioners

These are challenging times for our General Practitioners. GPs are the immediate responders to citizens who need to access a doctor and who are met at all times by a group of professionals who deliver high quality services on a same-day basis with equal access for all citizens.

Those very words encapsulate the essence of General Practice in Ireland.

General Practitioners have been repeatedly told that they are the solution to the efficient delivery of health care in this country. They have been told that they are fundamental to the reconfiguration of all health services, not just primary care.

General Practitioners have been exhorted to rise to new challenges, to be

progressive, to develop, to integrate well, to do everything they have already done without much help from the State.

This is the same State that has effectively stymied negotiations for the past number of years due to its interpretation of competition legislation. While our position always remained that General Practitioners are entitled to negotiate their terms and conditions, it appeared that we were going to be forced to defend this entitlement in the courts.

Following the Government's Budget decisions last October, the IMO, having been invited by the Taoiseach to talks, obtained an agreement that Government will amend Section 4 of the Competition Act which will remove any doubt with regard to the IMO's right to negotiate on behalf of General Practitioners.

That moment, when the Government realised that it couldn't prosecute its business without having a representative professional organisation to deal with, was a singular one for the IMO and General Practice.

It is important not to underestimate the impact that this substantive achievement will have.

In passing, it deserves noting that General Practitioners were the first group to agree to a significant contribution of €36 million, representing an 8% reduction in gross fees – to resolving economic, financial and budgetary difficulties. How unreasonable, therefore, that General Practitioners may now be required to make an extra 8% contribution when no other comparable group providing services to the State has been foisted with such an additional reduction.

In our submission to Government on this matter, the message for the HSE and the State is that, if you actively undermine the resources of General Practice, the effect

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will be one of retrenchment where General Practitioners and Practices will be forced to cut overheads and operate their GMS contracts to their barest requirement.

It could mean job losses for practice staff. It would mean that many of the pro bono services, such as Warfarin monitoring and Phlebotomy, would be actively transferred back to the hospital sector at a greatly increased cost to the Exchequer.

It will worsen queues for out patient and A&E departments. It would considerably delay the roll-out of Primary Care teams and the implementation of the Primary Care Strategy.

At the same time, the HSE expects General Practitioners to accept an increasing and more complex workload while at all times providing minimal support. This attitude to General Practice is grudging and minimalist.

We, in the IMO, are open to mature and realistic dialogue based on mutual respect.

In spite of this, General Practitioners should not be too pessimistic. The IMO has conducted a comprehensive benchmark study of general practice and has developed a strategy to support, promote and develop the specialty.

We have identified a significant body of work which will be undertaken in the coming months to address issues such as entry to the GMS, to alleviate areas of shortage of General Practitioners and to ensure that uniform access to high quality general practice services is maintained throughout the country.

Additionally, we will work with the HSE on GP manpower and on our proposals to reduce significantly the onerous administrative burden on General Practitioners and in encouraging the roll-out of new primary care centres.

It will also be important for the IMO to support General Practitioners in managing their practices in this new environment. To this end, we are currently preparing practice management material for our General Practitioner members.

General practice has significant potential and the IMO is determined to see that this potential is fully realised for patients and doctors alike.

Consultants

Turning to our consultant members, in 2008 a new consultant contract was finally offered for consideration but, having considered the offer carefully, the IMO was not in a position to recommend acceptance or rejection. At the time, we had serious concerns in regard to its implementation. Notwithstanding this, many consultants, in good faith, signed up to the new contract but, unfortunately, our initial concerns have proved justified.

You will all remember that, for the past number of years, the Government and HSE mantra has been that a new consultant contract would solve all the ailments of our public hospital system.

It gives me no pleasure to tell you that nothing could be further from the truth!

This is a new contract with significant changes in work practices and, at the first hurdle, Government did not honour its commitment and refused to pay monies owed on the spurious excuse of the non-appointment of clinical directors.

It's almost a year since payments under the new contract were due and the HSE has utterly failed to honour it and is clearly in breach of Section 23 of the Contract dealing with salary and other payments.

As matters stand today, many consultants changed their practice arrangements to facilitate the commitments required under the new contract and, as a result, have endured significant financial losses.

The fact that Consultants were excluded from the recent reviews of the Review Body on Higher Remuneration pending the outcome of the Contract talks meant that, in comparison to other groups, they have been at a distinct disadvantage.

The Minister for Health and Children has stated that the contract should be, and will be, honoured. We now call upon the Minister to ensure that the HSE honours her undertakings.

Let us be clear. If necessary, the IMO will vindicate the rights and entitlements of our Consultant members by whatever means possible.

There are other issues that need to be addressed to implement the contract. Issues that include a transparent and fair public / private measurement mechanism and sufficient resources to allow Consultants deliver optimum services.

Outside of the current contractual difficulties, we intend, over the next 12 months, to conduct a comprehensive survey of our consultant members encompassing

- career aspirations
- service developments
- continuing professional development
- workload
- manpower
- medico-legal issues
- quality and safety
- contractual matters
- and, above all, patient care issues.

The findings of this survey will be used to determine our goals for the next number of years. We will ensure that we have a true picture both of consultants practicing in Ireland today and of those aspiring to become consultants in the short and medium term.



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We have been hearing for years about the need for a Consultant-led service. I can tell you now that no-one is more committed to such a service than every single Consultant member of the IMO. Let us hope that the Government is equally as committed.

Public Health Doctors

Public health medicine has always been neglected by the health service. The reasons are two-fold: firstly, the failure to appreciate the importance of population health issues and, secondly, the complete lack of understanding by management regarding the role and functions of doctors delivering vital services in the community.

The out-of-hours issue for Consultants in Public Health Medicine was first raised as a priority by the HSE so that Ireland could meet its international obligations.

As with other negotiations, the HSE failed to properly engage in the process to deliver an interim out-of-hours service.

Belatedly, the IMO received proposals which caused us serious concern in terms of the practicalities of actually delivering a safe service.

For example, there is an absence of appropriate protocols to deal with emergency incidents.

We have repeatedly sought clarification from management but have received no meaningful response.

While this issue remains unresolved, despite our best efforts, the Department of Health and Children issued a citation under the terms of 'Towards 2016' withholding the nationally agreed 2.5% due to Consultants and Directors of Public Health.

This citation and the withholding of the increase are, according to the Department, due to the failure to establish an interim out-of-hours service. We do not accept that any failure lies with us and this particular citation has now been referred by the Labour Relations Commission to the Labour Court.

In the coming year, it will be vital that the IMO strongly represents public health doctor Consultants and Directors at the HSE population health structure review. This review is to consider proposed organisational changes within the HSE which aim to maximise service delivery and integration.

We are determined that public health doctors will be at the centre of any changes and that these changes will enhance services. Our position is that the status of Consultants and Directors – and the important work they do – must be protected in the new HSE structures.

In relation to community medicine, we continue to urge the HSE to establish the agreed Forum on Community Medicine and to review the structures of Community Health departments including staffing levels, reporting relationships and the changing demographics and needs of local communities.

It is vital that service development issues be dealt with in a comprehensive manner in tandem with the review of the structures.

I strongly believe that the Forum, if it functions as intended, will improve the interface between community health and primary care and will deliver an integrated approach in dealing with the needs of our population at community level.

The public health doctor settlement of 2003 threw up an anomaly that saw Senior Medical Officers entering the service and doing the same work as Area Medical Officers but on a different pay scale. This issue has, most unfortunately, dragged on for years and HSE management probably

hopes that the IMO will tire of pursuing this inequity.

Today, I want to assure those affected AMOs that this issue will remain a priority for the IMO and I am determined to work tirelessly to find an acceptable solution.

Turning now to our own Organisation, this year marks the 25th anniversary of the IMO which emerged from the amalgamation of the Irish Medical Association and the Medical Union.

In preparing to speak to you today, I had occasion to reflect on the many achievements of the past 25 years. They were many and varied and centred around the terms and conditions of employment of doctors at all levels.

However, it is distressing, after so many years of successful endeavour to find the HSE determined to effectively ignore contractual obligations, to deny people their constitutional right to representation, to create disunity amongst health professionals and to reduce services to patients.

The HSE is gravely mistaken in what appears to be its belief that the Irish Health Service can be run by diktat, ignoring all those who work within and, indeed, those who use the service. I am here to tell you and the HSE that the IMO is alive and well and is not going away. Engagement with the medical profession will yield positive results in terms of patient care.

It would be self-serving to list today all the achievements of this great Organisation.

We are a forward looking body. However, I would like to note that, while terms and conditions for doctors have improved generally, it must be remembered that the range and complexity of services delivered by these doctors to their patients has significantly increased. Their contribution to the health of the population and the

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Mr George McNeice, IMO Chief Executive during his address at the 2009 AGM, Killarney, Co. Kerry

development of the health service cannot be underestimated.

As I said, we are an Organisation focused on the future, clearly identifying our goals and objectives for the years ahead as outlined in the next phase of our Strategic Plan 2008-10.

This plan, I believe, will support, promote and develop the practice of medicine in Ireland and the role of the doctor. We are and will remain focused on industrial relations matters. Trade union activities are as important and as relevant today as they were 25 years ago when the IMO was formed. Indeed, it could be argued that, given the attitude of employers at the moment, a strong and united trade union is required more than ever.

There is much work to be done on the industrial relations front, as I have already outlined. However, with our ongoing development of our industrial relations services and a range of strategies to tackle both profession-wide and specialty-specific issues, I am confident that, as a profession, we can develop, move forward and remain on course in these turbulent times.

The second pillar of our Strategic Plan underpins our role as a representative body and policymaker. As an Organisation, we have harnessed the knowledge, the expertise and the experience of our members. This has been our greatest strength not only in terms of industrial relations but, importantly, in the authority with which we speak and advocate on behalf of patients.

While advocacy is a slow and sometimes frustrating process, it is still a valuable, worthwhile activity. The IMO has a proud history of advocacy for improvements in the health services and the implementation of policies that improve public health.

Our AGM, this very meeting, plays a vital role in this important function – just look at the wide range of motions raising awareness on issues that, I am afraid, would otherwise receive scant attention.

As an Organisation our leadership and responsibility will continue to be clearly demonstrated with our ongoing commitment to vital public health services and the improvement of the lives of patients.

Over the coming years, we will remain steadfast in our determination to achieve

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Dr Matthew Sadlier and Prof Séan Tierney at the IMO 2009 AGM

the goals and objectives of our Strategic Plan. We will defend our members against any unfair attack on their terms and conditions and we will continue to advocate on behalf of patients and the improvement of the public health service.

We are an Organisation of 8,000 doctors, all of whom are dedicated to the health and well-being of patients throughout the country and committed to the creation of an equitable health service.

I would like now to take the opportunity to thank all your colleagues who have served with such dedication on IMO Committees, in honorary positions and on the Council over the past 25 years. Some of their contributions were in especially difficult times but, I suggest, there has not been a set of circumstances as challenging as those which confront us currently. I am most grateful to those members who have stepped up to lead us in these difficult conditions and I salute their dedication and sense of duty.

I would like to place on record my gratitude to outgoing President Dr Martin Daly and the Council for their unfailing

support for all the IMO activities and policies during the year. I would like to pay a special tribute to the chairpersons and members of the specialty committees whose duties, as I said, were more burdensome than ever before.

I congratulate our new President, Dr John Morris, and he knows that he will have our complete support during his term of office.

On your behalf, I would like to acknowledge the staff of the Irish Medical Organisation who achieved much in a difficult and, often, exhausting year. Their commitment and hard work is responsible for many of the successes of the Organisation.

But, most importantly, I want to thank each of our members for their loyal and constant support for this great organisation.

I, personally, am very proud of what has been achieved by the IMO. I am proud of what has been achieved by doctors all over the country and I can assure the 'powers that be' that we will not stay silent when there is any attempt to dismantle the services currently provided to patients.

As you all know, the theme of this year's AGM is 'Leadership with Responsibility'. Browsing through some sources for a quote that might deal with the subject, I came across a fairly apt line – given what we have been facing – that is attributed to US President Eisenhower who said:

"You don't lead by hitting people over the head - that's assault, not leadership."

Eisenhower's own record of leadership – both militarily and politically – can hardly be questioned. That's why I dug a little deeper to see if he had more to say. I might not necessarily agree with his politics but I can sympathise with something else he said:

"The supreme quality for leadership is unquestionably integrity. Without it, no real success is possible."

This, I suggest, is what guides the members of the IMO.

Thank you.



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Address by Dr. John Morris IMO President Annual General Meeting 2009

Honoured guests, fellow members, ladies and gentlemen, I have been a member of the IMO since my intern induction night in Galway. I joined because I believe in supporting the body that represents my interests. I joined because I believe in democratic representation and that every voice is as important as the next in a democratic society. If you do not have a voice then you can never assume that others will represent your interests.

For a number of years that is where my involvement finished. I paid my membership but did my moaning and complaining in the coffee shop, not here in Killarney. I didn't get further involved because I assumed that somebody in an office in Dublin would look after everything on my behalf.

That changed when I returned from a period working abroad. My eyes were opened to a hospital system that managed to deliver high quality training and yet maintain hours at a reasonable level. I was younger and idealistic and genuinely believed that the Irish system should and could be changed to reduce working hours and improve training and thereby patients' outcomes.

As a medical student and an intern I had heard passing reference to the EWTD and how all doctors would soon have a 56 hour working week and the days of slavish shifts would soon be behind us. On returning home to start my GP training I found myself staring down difficult jobs where I would regularly clock up over 100 hours per week.

Nothing appeared to have changed and I was under the impression that nothing was being done to change it. I still did my complaining in the coffee shop, but soon realised that it was never going to achieve anything. So I set up a hospital committee in Galway.

I blamed the IMO for not representing our interests and one morning as I was posting up some anti-IMO propaganda posters in the UCHG coffee shop I got a tap on the shoulder from a distinguished looking gentleman. He introduced himself as Asim Istiaq, IMO president. To say I was embarrassed and taken aback is an understatement.

From there Asim firstly challenged me to use my energy in a constructive way and get involved with the NCHD committee. I promptly did. He secondly outlined to me the challenges that lay ahead for NCHDs and how much work had been done by the committee to try and achieve the exact goals I aspired to. It was time for me to put up, or shut up.

The goals were lofty and the process difficult, but I believed in what we were doing. To me patients deserve better than being treated by exhausted and inexperienced young doctors at the front line.

Doctors deserve better than to be subjected to tortuous shifts from which you have barely recovered before you are required to repeat it again. I felt there was an acceptance of this as a work practice that was entrenched in the medical system. I feared that both doctors and employers alike were reluctant to change.

I also realised that systems existed where every grade was not forced into a daily



Dr John Morris, newly elected IMO President is congratulated by immediate Past President, Dr Martin Daly

running battle for resources. With the focus taken off the individual's battle to stay afloat, the focus turned to collective responsibility to deliver an effective and efficient service. Your employer was no longer your adversary but your support in delivering as good a service as possible to the person around whom the whole service revolved – the patient.

The patient benefited because the staff were well trained and motivated to work, a stark contrast to exhaustion and inexperience to be found in the medical front lines in many Irish hospitals.

Over the past few years I have heard countless sound bites and read countless reports about transformation and change. I have seen the government adopt and

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IMO President, Dr John Morris at the IMO 2009 AGM, Killarney, Co Kerry

then ignore health policies which they know can reform health care in this country.

They pick and chose elements of selected reports which they see as potential re-election manifestos and ignore the bread and butter fundamental changes that are required to deliver health care in this country that could match if not improve on the best health systems in the world.

We have now entered a time of economic uncertainty which is quite unprecedented. It provides challenges that even 12 months ago would have appeared to be the work of fiction. Yet we still do not have a health policy. We have a health system staffed with some of the best and brightest people. We have a dedicated front line work force who day in - day out give of themselves to the point of exhaustion and collapse just to keep the service running. From consultants to GPs to Public Health Doctors but especially to NCHDs the

government owes a debt of gratitude for keeping a service running that would long since have crumbled but for their dedication to their patients.

I appeal to the government to learn from history. Every crisis facing the health services over the past 20 years has stemmed from underinvestment, even in the difficult times. We never recovered from the swingeing cutbacks of the 1980s and to cut services further now will stall progress for decades to come. Failure to make the difficult political decisions over the past 10 years is the reason for lack of reform of the acute hospital services.

The failure of the HSE to streamline and manage with any efficiency has lead to a catastrophic waste of resources and tax-payers money. Yet first in line for cutbacks is always the front-line services and the most vulnerable groups.

The targeting of NCHDs in such disparate manner is typical of the health services ethos of protecting management at the expense of front line staff and services. It is nothing more than cynical and vindictive bullying and has more to do with politics than economics.

Our members see their employer as an adversary. The HSE has managed to incite anger across all medical groups, but particularly NCHDs. Indeed the HSE has managed to unite our 4000+ members to the point where they would rather down tools and walk away than to continue to work under the threats now facing them. No small achievement!

The IMO has been and remains open and willing to negotiate in a realistic environment. We are willing to take the

responsibility to find workable solutions to the problems facing the services. We will be a part of the solution and not the problem. We will be flexible and creative in our approach and we will help to shape the future of the health care in Ireland.

To do so we require that the gun held to our heads be removed and that all negotiating parties realise that they are at a negotiation and not a turkey shoot. We can help to find cost savings but not at the expense of training and not at the expense of our patients' care.

Similar problems face all craft groups within the organisation. GPs will be forced to cut services and lay off staff if hit with yet more cuts under the finance bill. The consultants have undertaken to work under a radically new contract only to find that the government is not honouring their side of the agreement. And our public health doctors are meeting huge obstacles in their attempts to find a solution to out of hours services. Yet again agreement cannot be found without the intervention of a third party.

We have a responsibility to attempt to find solutions that protect services and protect our patients.

History has shown us that even health systems can be reformed, and indeed improved, in times of crisis. It takes tough political decisions, I admit, but it is now time for our political leaders to stand up and be counted.

Minister Harney, there are great opportunities at your door in these times of crisis. It is time to abandon unworkable policies that will serve only to widen the gap in health care that is available to those who have and those who have not.

We are fortunate to live in a country where no individual will ever be refused health care based on an ability to pay. We are fortunate to live in a country where no individual will be bankrupted by health

Keynote Addresses

care expenses. However we do live in a country where your ability to pay for health care can affect your health outcome. Any system where your health is affected by your wealth is an inequitable system and it needs reform.

Even The Universal Declaration of Human Rights clearly states that every individual is entitled to access to health care. Access to health services should be based on a person's need, not on a person's means. Whatever the make-up of the system that delivers the care, equity has to be at the centre of access to that care. Those who need it most should be first in line, regardless of status or circumstance. Society will be judged on how we treat those whom have the least.

The IMO will play its part, of that you can be assured. Indeed every member here tonight and every employee in our health service needs to ask themselves if they are doing everything they can to improve efficiencies and improve services. We need to take an individual and a collective responsibility in these difficult times to ensure the best possible outcomes for our patients.

We need to show leadership and take responsibility.

However, the enthusiasm for that initiative is hugely dampened when we see a failure to efficiently manage the service from the top down. It is further quashed by indignant threats such as that facing NCHDs currently. Again I appeal to the minister and the HSE to allow us to help find the solutions.

At times like these encouraging partnership is the only feasible path forward. If however, a decision is made to pursue the current course of action, then we will fight our corner and we will not stand down.

The HSE has underestimated the resolve



Newly elected President, Dr John Morris delivers his address at the 2009 AGM, Killarney, Co. Kerry

of this organisation and the medical profession. The ball is in your court Minister.

The one thing every medical professional in the room has in common is that we will all have been interns and house officers and registrars in our careers.

Many in the room have worked in tougher conditions, with less training, less experience coupled with more responsibility and for longer hours than NCHDs today.

Often people look back at these years with nostalgia and will tell tales of true heroism under impossible conditions.

Many feel that those years of hardship are character building and the blatant exposure to life and death decision-making made them the practitioners they are today. I even find myself recounting an odd tale of night-time mayhem that once the sun rose had made me feel like a battle-hardened soldier in a war of attrition.

But deep down I know that had the patients not survived the night, the story would have become a suppressed memory of hardship.

You see nostalgia is a means of looking back at the past with rose-tinted glasses, glossing over the ugly parts and glorifying the triumphs. I am rightly proud to have survived some of the hairy situations I found myself in as a house officer but I never for one moment thought it was right to have put me in those situations.

Why? Because our patients deserve better.

Thankfully over the years others have been of a like mind. Many here tonight have seen how a broken system can be fixed and set about striving to improve it.

I hope I will sit in this auditorium in 20 years and lament the past and complain that the young ones have it too good. If I am not doing that then the IMO and our profession will have failed those coming through the system.

This organisation is you, the members. I realised that when Asam tapped me on the shoulder 4 years ago. It is an organisation that welcomes initiative, that thrives on debate and discussion.

You have seen that clearly here over the past 3 days. We have seen in the past year how strength in unity and solidarity of

Keynote Addresses



Mr George McNeice, Chief Executive; Dr John Morris, President and Dr Martin Daly, immediate Past President at the 2009 AGM, Killarney, Co. Kerry

purpose can serve to strengthen the will of the individual.

Striding towards a common goal with purpose, side by side, united as a single voice massively increases our chances of success. I am overwhelmed by the support we have received from our membership and we now have an opportunity to go from strength to strength as an organisation.

Medicine is a profession that attracts the best and brightest into its ranks in this country. We need to harness that ability, develop our graduates' potential and

ensure that the future of our profession will be even stronger in years to come than it is today.

Progress means different things to different people. In my mind if we accept the status quo and fail to question how and why we work then progress will never be made. I have accepted Asam Istiaq's challenge from 4 years ago. I have become involved and have put head above the parapet.

My involvement has been embraced and encouraged by this organisation and that same encouragement will be offered to every person who says – yes, I can help to

shape my own future. I can help to shape the future of the profession.

There are those who make things happen, those who watch things happen and those who wonder what happened.

It is an honour to stand before you as IMO president.

Thank you.



IMO Council 2009-2010



IMO Council 2009-2010 Elected at the IMO AGM in Killarney, Co. Kerry

IMO Management Committee

Mr. George McNeice, IMO Chief Executive
 Dr. John Morris, President
 Prof. Sean Tierney, Vice President
 Dr. Martin Daly, Immediate Past President
 Dr. Trevor Duffy, Chairperson, Consultant Comm.
 Dr. Ronan Boland, Chairperson, General Practitioners Comm.
 Dr. Matthew Sadlier, Chairperson, NCHD Comm.
 Dr. Paula Gilvarry, Chairperson, Public Health Comm.
 Dr. Michael Mehigan, Honorary Treasurer
 Dr. Howard Johnson, Honorary Secretary

Honorary Officers



L to R: Dr Michael Mehigan, Hon. Treasurer; Mr George McNeice, IMO Chief Executive; Dr John Morris, President and Vice President, Prof. Séan Tierney at the 2009 AGM, Killarney, Co. Kerry

Council Members 2009 – 2010

Mr Hugh Bredin
 Dr Christine O'Malley
 Dr John Morris
 Dr Ronan Collins
 Dr Clive Kilgallen
 Prof. Séan Tierney
 Dr Treavor Duffy
 Dr Martin Daly
 Dr Eleanor Fitzgerald
 Dr Ronan Boland
 Dr Niall Macnamara
 Dr Michael Mehigan
 Dr Jim Keely
 Dr Ray Walley
 Dr John Morris
 Dr Dela Osthoff
 Dr Shahid Kazi
 Dr Mick Molloy
 Dr Ruairi Hanley
 Dr Muhammad Razi Shaikh
 Dr Remi Mohammed
 Dr Matthew Sadlier
 Dr Paula Gilvarry
 Dr Howard Johnson
 Dr Johanna Joyce Cooney
 Dr Joe Barry

IMO Committees 2009-2010



Dr Trevor Duffy, Chair

Consultants Committee

Mr Hugh Bredin
Dr Christine O'Malley
Dr Seamus Healy
Dr Finbarr Condon
Dr Neil Brennan
Dr Colm McGurk
Dr John Morris
Dr Trevor Duffy
Dr Pat Manning
Dr Tariq Siddique
Dr Mark Rafferty
Dr Ronan Collins
Dr Tony Healy
Dr J Bernard Walsh
Dr Clive Kilgallen
Dr Kate Ganter
Mr Sean Tierney
Prof John Higgins
Dr. Chris Luke



Dr Ronan Boland, Chair

General Practitioners Committee

Dr Martin Dalyt
Dr Mary Gray
Dr Richard Tobin
Dr Eleanor Fitzgerald
Dr Ronan Boland
Dr David Molony
Dr Niall Macnamara
Dr Derek Forde
Dr Ciaran Donovan
Dr Michael Mehigan
Dr Ray Walley
Dr Jim Keely
Dr Declan Connolly
Dr Pascal O'Dea
Dr Shane McKeogh
Dr Henry Finnegan
Dr Darach O'Ciardha
Dr Padraig McGarry



Dr Matthew Sadlier, Chair

Non-Consultant Hospital Doctors Committee

Dr David Flanagan
Dr Kishan Browne
Dr Dela Osthoff
Dr Shahid Kazi
Dr Jason van der Velde
Dr Ronan O'Leary
Dr Mick Molloy
Dr Ruairi Hanley
Dr Aisling Snow
Dr Muhammad Razi Shaikh
Dr Remi Mohammed
Dr Jan Steiner
Dr Maitiu O'Faolain
Dr John Morris
Dr Iftikhar Ahmad Sohail
Dr Nalini Somaiah
Dr Matthew Sadlier
Dr Anthony O'Connor
Dr Mark Murphy
Dr Aisling Brown
Dr Toby Gilbert
Dr Elizabeth Barrett



Dr Paula Gilvarry, Chair

Public Health Committee

Dr Darina Fahey
Dr Paula Gilvarry
Dr Bridin Cannon
Dr Orlaith O'Reilly
Dr Frances Conway
Dr Peter Nolan
Dr Paul McKeown
Dr Howard Johnson
Dr Johanna Joyce Cooney
Dr Mary Conlon
Dr Catherine O'Malley
Dr Heidi Pelly
Dr Phil Jennings
Dr Robert McDonnell
Dr Gretta Tarrant
Dr Ann Egan
Dr Mary Fitzgerald

GENERAL MOTIONS 2009



Mr Hugh Bredin & Dr Phelim Donnelly at the 2009 AGM in Killarney, Co. Kerry

College of Psychiatry

- 1 The IMO would like to welcome the new College of Psychiatry of Ireland and wish it success in the future.

Carried

Government Health Policy

- 2 The IMO has no confidence in the Government's current health policy.

Carried

Mental Health

- 3 This meeting calls on the Minister for Health & Children and the Minister State with special responsibility for Children to issue a statement of confidence in the implementation of the Child Care Act 1991 (Section 8).

Carried

- 4 This meeting calls on the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to issue a statement as to why a consistent nation-wide position in relation to the Health Act 1970 (section 59) on the issue of issuing free medication for those with psychiatric disorders is not in place.

Carried

- 5 This meeting demands that the HSE adopts a more transparent stand in relation to service developments and that senior clinical staff as well as service users are consulted before handing out service-related directives.

Motion Deferred

- 6 This meeting calls on the HSE to set up a specific Mental Health Directorate – in keeping with the recommendations of *A Vision for Change*.

Carried

- 7 This meeting demands that the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to clearly indicate the specific time frame for the implementation of *A Vision for Change*.

Carried

- 8 This meeting calls on the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to realistically fund early intervention in psychosis pilot projects and to issue a statement on the national roll out of such programme that have an evidence base of good clinical outcomes for people.

Carried

Suicide

- 9 The IMO calls on the DOHC and the HSE to fully implement the recommendations detailed in *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014* and the *Report of the Joint Oireachtas Sub-Committee on the High Level of Suicide in Irish Society*.

Carried

- 10 The IMO deplores the €1.5 million shortfall in funding for suicide prevention services and calls on the DOHC to deliver the promised €5 million to fund *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014*.

Amended as: The IMO deplores the inadequate funding for suicide prevention services and calls on the DOHC to deliver sufficient funding for *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014*.

Amended motion carried

GENERAL MOTIONS 2009

Environmental

- 11 That this organisation urges the Department of Health & Children and the HSE to commence immediately taking the necessary steps to attain a climate neutral health service in the interests of saving lives, national economic security and to maintain global solidarity.

Carried

- 12 That the IMO call on the Department of the Environment to install carbon monoxide detectors and inspect gas boilers or oil burners in domestic dwellings to ensure that they are compliant with EU safety regulations in view of recent tragic deaths attributed to carbon monoxide poisoning.

Carried

Alcohol, Tobacco & Drugs

- 13 The IMO calls on the Minister of Health and the HSE to guarantee that the incorporation of the Drug Treatment Centre Board into the HSE will not result in any diminution of services.

Carried

- 14 The IMO calls on the Minister for Health and the HSE, in light of the changing pattern of usage, to provide sufficient funding to existing addiction services to treat the growing problem of cocaine misuse and dependence.

Carried

- 15 The IMO calls on the Treatment Purchase Fund to offer inpatient detoxification for those on low income.

Carried

- 16 The IMO calls on the Government to bring in legislation to prohibit alcohol sponsorship of sporting activities and sporting organisations.

Carried

- 17 The IMO calls on the Minister for Transport to immediately reduce the drink driving limit to 50mg%.

Carried



Dr Larry Fullam debating a motion at the 2009 AGM in Killarney, Co Kerry

- 18 The IMO calls on the Government to introduce legislation to allow for the mandatory taking of alcohol and drug samples from drivers in any crash where there is a person injured or killed.

Amended as: The IMO calls on the Government to introduce legislation to allow for mandatory drug and alcohol screening from drivers in any crash where there is a person injured or killed.

Amended motion carried

- 19 The IMO calls on the Minister for Health to introduce legislation to prohibit below cost selling of alcohol.

Carried

- 20 The IMO proposes that the Department of Health & Children deem the alcohol industry disqualified from participation in formulating national alcohol policy.

Carried

- 21 The IMO congratulates the management and staff at St Vincent's Hospital Elm Park Dublin for making their campus smoke-free, and calls on all health sector organisations to follow the leadership shown by making their respective campus smoke-free.

Carried

GENERAL MOTIONS 2009



Dr Ruairi Hanley addressing a motion at the 2009 AGM in Killarney, Co Kerry

- 22 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2010 budget and all other tobacco products pro rata.

Carried

- 23 The IMO calls on the Minister for Health and Children to bring forward legislation to enable the introduction of graphic warning labels on all tobacco product packaging.

Carried

Lifestyle Issues

- 24 The IMO calls on all TDs and Senators, with a specific brief for health matters, irrespective of party political allegiance, to take a much more proactive approach in dealing with key lifestyle factors that cause much of the preventable morbidity and mortality experienced by our population.

Carried

- 25 The IMO calls on the Minister for Health and Children to integrate strategies on preventing and tackling chronic disease in an over-riding lifestyle policy.

Carried

- 26 The IMO calls on the Minister for Health and Children to ring-fence funding for healthy lifestyle promotion in order to prevent chronic disease.

Carried

Medical Records

- 27 This meeting calls on the Data Commissioner to facilitate the use of PPS Numbers to be used as a unique computer ID number for electronic medical records on a national basis.

Motion referred to Council

Elderly

- 28 Following the recommendations of the Leas Cross Report, and the HIQA standards on nursing home care, the IMO urges the prompt roll out of the Minimum Data Set at a national basis to provide a modern responsive and sensitive measure of older people's needs in the community and nursing homes.

Carried

Child Protection

- 29 We call on the HSE to provide sufficient support to allow general practitioners participate in case conferences dealing with child protection issues.

Motion fell

Asylum Seekers

- 30 That the IMO would support provision of health screening to asylum seekers within the remit of social inclusion and that this screening would be provided by Community Health Doctors.

Carried

Middle East

- 31 This National Meeting expresses its support to the Minister for Foreign Affairs in relation to his strong statements concerning the bombing of civilian population in Gaza and calls for an end to the blockade of Gaza in breach of UN resolutions.

Carried

- 32 The IMO condemns the use of indiscriminate bombing and weaponry in built up civilian areas by Israel in its attempts to halt illegal rocketing of its citizens by Hamas.

Carried

GENERAL MOTIONS 2009

HSE & Outsourcing

- 33 This meeting criticises the blatant neglect exercised by the Department of Health & Children in awarding the National Cervical Screening Service to an outside agency in another jurisdiction purely on economic grounds and the meeting demands that the decision be reversed.

Amended as: This meeting criticises the blatant neglect exercised by the Department of Health & Children in awarding the laboratory contract which supports the National Cervical Screening Service to an outside agency in another jurisdiction purely on economic grounds and the meeting demands that the decision be reversed.

Amended motion carried

National Cancer Strategy

- 34 That the IMO rejects the National Cancer Strategy in view of the failure to locate any centres of excellence in the North West, North East or Midlands.

Motion defeated

Warfarin Services

- 35 The IMO calls on the Government to adequately and properly fund the provision of Warfarin testing services either in hospital or primary care settings throughout the country.

Carried

Medical Council

- 36 The IMO demands that the Irish Medical Council, in the interest of safety, revise their policy on publishing doctors addresses so as to allow doctors to choose to publicly publish their practice address while allowing their correspondence address to remain confidential.

Carried

- 37 To reassert the authority of the Oireachtas and to prevent the threat to the independence of the Medical Council in maintaining its role as the guardian of the traditional high standard of Irish doctors in the practice of medicine, the IMO requests the Government to rescind 8a(i)(ii) of the Medical Practitioners Act 2007 which states:



Dr Christine O'Malley debating a motion at the 2009 AGM in Killarney, Co Kerry

The Minister may by order

- a) confer on the council such additional functions connected with
- b) the implementation of any Directive or Resolution of the European Union concerning the practice of medicine, medical practitioner who practice medicine...." (8.(a)(b)).

Carried

Entry to Medical School

- 38 The IMO calls on the Department of Education to rescind the decision to burden leaving cert students, who wish to study medicine, with an additional aptitude exam.

Carried

Medical Graduates

- 39 The IMO calls on the Department of Health & Children, the HSE and Department of Education to guarantee that each graduate of Irish medical schools will be provided with a paid intern placement in order to allow them to complete the requirements for registration with the Medical Council.

Carried

GENERAL MOTIONS 2009



Dr Martin Daly debating a motion at the 2009 AGM in Killarney, Co Kerry

- 40 The IMO calls on the HSE to develop transparent mechanisms on entry into the medical workforce of Irish graduates of EU medical schools.

Amended as : The IMO calls on the HSE to develop transparent mechanisms on entry into the medical workforce of EU graduates of EU medical schools.

Amended motion carried

- 41 The IMO calls on the HSE to develop a comprehensive induction programme to facilitate entry of graduates of non-national medical schools who are to commence working in the Irish medical workforce.

Carried

Training

- 42 The IMO Consultant Committee condemns any attempts by the HSE to withdraw funding for the training and education of NCHDs.

Carried

Manpower

- 43 The IMO calls on the Minister for Health & the Department of Health & Children to produce and publish a final report on medical manpower, undergraduate and post graduate training which consolidates recommendations from previous reports including the Buttimer, Hanley and Fottrell reports.

Amended as: The IMO calls on the Minister for Health & the Department of Health & Children to produce, publish and implement a final report on medical manpower, undergraduate and post graduate training which consolidates recommendations from previous reports including the Buttimer, Hanley and Fottrell reports.

Amended motion carried

- 44 The IMO calls on the HSE to ensure safe staffing levels in our hospitals and to recognise the provision of locums is crucial in this regard.

Amended as: The IMO calls on the HSE to ensure safe staffing levels in our hospitals and to recognise the provision of locums for short and medium term absences is crucial in this regard.

Amended motion carried

GP Trainees

- 45 IMO calls on the ICGP to immediately abolish the 4th year of GP Training.

Motion defeated

- 46 The IMO calls on the ICGP to recognise the previous clinical experience of GP Trainees thus allowing them to become GPs in a shorter time frame.

Amended as: The IMO calls for the recognition of the previous clinical experience of GP Trainees thus allowing them to become GPs in a shorter time frame.

Amended motion carried

- 47 This meeting calls on the HSE to meet with the IMO to determine the role and responsibilities of GP Trainees during the period they are working in General Practice.

Carried

GENERAL MOTIONS 2009

Religious Festivals

- 48 We call upon the IMO to explore the provision of day off on religious festivals like Eid, Di Wal etc.

Amended as: We call upon the IMO to explore with the HSE a workable solution to accomodate our multi cultural, multi denominational health service workforce with respect to periods off for religious holidays.

Amended motion carried

HSE Cutbacks

- 49 This meeting calls on the HSE to outline how it will maintain a safe level of services to patients in light of the astronomical budget cutbacks in health.

Carried

- 50 This meeting abhors the decision by the Minister for Health & Children not to make available the HPV Vaccine to all 12 year olds as it is an abrogation of the States responsibility to its children and the meeting demands the decision be overturned.

Carried

- 51 That the IMO deplores the detrimental effect of recent HSE cutbacks on patient health and warns the public on adverse outcomes.

Carried

HSE & Transformation Programme

- 52 The IMO calls on the HSE to ensure appropriate resourcing of any service change imposed by the current transformation programme.

Carried

- 53 This Organisation calls on the Department of Health & Children and the HSE to engage in a meaningful partnership approach with this organisation regarding the hospital transformation programme and primary care strategy.

Carried



L to R: Drs Michael Mehigan, Eleanor Fitzgerald, Mick Molloy & David Molony at the AGM in Killarney, Co. Kerry

HSE & Hospital Services

- 54 Given the findings of INASC in 2008 the IMO calls on the Minister for Health & Children and the HSE to immediately implement Acute Stroke Unit Care in all hospitals receiving stroke patients.

Carried

- 55 Given that the Irish National Audit of stroke care showed that most multidisciplinary teams were incomplete, the IMO urges the HSE and the Department of Health & Children to ensure full multidisciplinary teams for Geriatric, Neurology and Rehabilitation medicine services in treating stroke patients.

Amended as: Given that the Irish National Audit of stroke care showed that most multidisciplinary teams were incomplete, the IMO urges the HSE and the Department of Health & Children to ensure full multidisciplinary teams for Geriatric, Neurology, Rehabilitation, Vascular Surgery, Neuro-Radiology medicine services and other clinical services as appropriate in treating stroke patients.

Amended motion carried

GENERAL MOTIONS 2009



IMO members vote on a motion to be adopted as IMO policy during the 2009 AGM in Killarney, Co. Kerry

- 56 This meeting deplores the poor infrastructure of Ireland's A&E systems and insists that the HSE put in place appropriate infrastructure, staffing and systems to ensure a safe A&E environment for patients and staff.

Amended as: This meeting deplores the poor infrastructure of Ireland's hospitals and insists that the HSE put in place appropriate infrastructure, staffing and systems to ensure a safe Emergency Department environment for patients and staff.

Amended motion carried

- 57 The IMO calls on the HSE to guarantee that each emergency department, and other appropriate clinical environments, are provided with appropriate secure facilities to minimise risk of physical injury to medical staff.

Amended as: The IMO calls on the HSE to guarantee that each emergency department, and other appropriate clinical environments, are provided with appropriate secure facilities to minimise risk of physical injury to medical staff and patients.

Amended motion carried

- 58 This meeting calls on the HSE not to reduce acute surgical and medical services at the Mid West Regional Hospitals in Ennis and Nenagh until adequate alternative personnel and infrastructure are in place for a safe and acceptable provision of acute services to the affected areas as recommended by the Teamwork Implementation Report for the Mid West Region.

Carried

- 59 The IMO demands that the Minister for Health & Children stops the present plans for centralisation of acute hospital services given the fact that no safe and accessible alternatives are being provided.

Amended as: The IMO demands that the Minister for Health & Children stops the present plans for centralisation of acute hospital services until such time as safer and more accessible alternatives are being provided.

Amended motion carried

GENERAL MOTIONS 2009

- 60 The IMO deplores the provision of hospital care in the North East.

Amended as: The IMO deplores the current level of provision of hospital care in the North East.

Amended motion carried

Privatisation

- 61 The IMO demands that the Minister for Finance, in view of the national funding crisis, should immediately withdraw generous tax breaks from private hospitals and use the funds to assure public services which are available to all patients.

Amended as: The IMO commends the Minister for Finance, in view of the national funding crisis, for withdrawing generous tax breaks from private hospitals and using the funds to assure public services which are available to all patients.

Amended motion carried

- 62 The IMO calls on the Minister for Health & Children to substitute the planned co-location of private and public hospitals with acute and elective hospitals where access will be based on clinical need rather than ability to pay.

Carried

- 63 The IMO calls on the Department of Health & Children to have an open, honest and frank debate with the public regarding its future policy agenda and to halt the current piecemeal, backdoor privatisation of services without consultation.

Amended as: The IMO calls on the Government to set up a National Health Forum to initiate honest and frank debate on the future health policy agenda and in the interim the current piecemeal, backdoor privatisation of services without consultation should be halted.

Amended motion carried

- 64 This Organisation calls on the Department of Health & Children and the HSE to put in place protocols to prevent "reverse inequity" affecting patients at private co-located hospitals.

Carried

Health Service Grades

- 65 We call on the IMO to seek provision of middle grade (career grade) post in the health system.

Motion referred to Council



CONSULTANT MOTIONS 2009



Prof Seán Tierney at the National Consultant Meeting during the AGM in Killarney, Co. Kerry

- 1 This National Consultant meeting calls on the Minister for Health and Children to direct the HSE to implement all provisions of the Consultant Contract 2008 with effect from the date of signing.

Carried

- 2 The IMO condemns the Minister's delay in implementing the 2008 Consultant Contract and in the appointment of Clinical Directors.

Carried

- 3 The National Consultant Meeting requests the HSE to produce a timescale for the recruitment of an additional 1000 Consultants which will be required to bring HSE staffing to international norms and move to a consultant provided service.

Amended as: This National Consultant Meeting requests the HSE indicate transparently the process for the approval of Consultant Posts and to produce a timescale for the recruitment of an additional 1000 Consultants which will be required to bring HSE staffing to international norms and move to a consultant provided service (acknowledging the requirement to alter the NCHD Consultant ratio).

Amended motion carried

- 4 This National Consultant Meeting insists that the HSE ensure that clinical directorates are adequately resourced to fulfil their role in ensuring the quality of clinical services provided to patients.

Amended as: The IMO welcomes the creation of clinical directorates and this National Consultant Meeting insists that the HSE ensure that clinical directorates are adequately resourced to fulfil their role in ensuring the quality of clinical services provided to patients

Amended motion carried

- 5 The IMO calls on the HSE to guarantee sufficient support structures and funding is provided to Clinical Directors in order to allow them fulfil their role in the transformation programme.

Amended as: The IMO welcomes the appointment of the first tranche of Clinical Directors and offers them our full support. The IMO calls on the HSE to guarantee sufficient support structures and funding is provided to Clinical Directors in order to allow them fulfil their role in the transformation programme.

Amended motion carried

CONSULTANT MOTIONS 2009

- 6 The IMO calls on the HSE to guarantee sufficient support structures and funding its provided to Clinical Directors in order to allow them fulfil their role in the transformation programme.

Carried

- 7 The IMO calls on the HSE to ensure the provision of necessary and appropriate pathology services on the site of hospital care, recognising the importance of the pathologist in multidisciplinary evaluation of illness and treatment planning.

Amended as: The IMO calls on the HSE to ensure that it continues to provide the full range of pathological services within the state recognising the importance of the pathologist in multidisciplinary evaluation of illness and treatment planning.

Amended motion carried

- 8 The IMO calls on the HSE to recognise the importance of CME to the future quality of service provision and to protect its funding.

Amended as: The IMO calls on the HSE to recognise the importance of Continuing Medical Education and Continuing Professional Development (CME & CPD) to the future quality of service provision and to protect its funding.

Amended motion carried

- 9 The IMO calls on the HSE to appoint of a proportion of new consultants on a Type C Contract, beyond the notional total enforced at negotiations, in recognition of the fact that this is a cost effective way of increasing consultant manpower.

Amended as: The IMO would welcome the opportunity to work with the HSE towards increasing Consultant manpower in a constructive way including the appointment of a proportion of new Consultants on a Type C Contract.

Amended motion carried

- 10 The IMO insists the HSE consult with clinicians on the ground rather than imposing any transformation, in order to safeguard the many innovative projects developed at local level.

Amended as: The IMO welcomes the process whereby the HSE in collaboration with the newly appointed clinical directors will consult with clinicians on the ground rather than imposing any transformation in relation to the health services in order to safeguard patient safety and the many innovative projects developed at local level.

Amended motion carried

- 11 This meeting calls on the HSE and the Department of Health & Children to pay due regard to European standards of practice and guidelines rather than following blindly the economic agenda of NICE.

Amended as: This meeting calls on the HSE and the Department of Health & Children to pay due regard to European and International standards of practice and guidelines rather than following blindly the economic agenda of the National Institute of Clinical Excellence (NICE).

Amended motion carried



GENERAL PRACTITIONER MOTIONS 2009



Drs Paula & Michael Mehigan at the National GP Meeting during the AGM in Killarney, Co. Kerry

- 1 The IMO deplores the deliberate policy of the Minister for Health & Children, the HSE and the Department of Health in using the Competition Authority as a means of failing to negotiate a new GP contract and in doing so seriously damaging the health service.

Carried

- 2 The IMO wishes to remind the HSE that GP Co Ops nationally provide an out of hours GP service and will not accept new roles such as pre hospital emergency care and back up for nurse led minor surgery units.

Amended as: The IMO states that GP Co Ops nationally provide an urgent out of hours GP service and will not accept new roles such as pre hospital emergency care and back up for nurse led minor surgery.

Amended motion carried

- 3 This meeting seeks clarification of the actual situation of the planned 40 primary care teams as promised in 2007.

Amended as: This meeting seeks clarification of the actual situation of the 40 primary care teams planned for the North East as promised in 2007.

Amended motion carried

- 4 The IMO seeks to clarify the true role and representative nature of GP Unit Doctors.

Carried

- 5 Given that the average GMS list size has dropped in the past 10 years the IMO demands that practice allowances and subsidies be appropriately gauged according to these new lower list sizes and also take recognition of the increased demands placed on general practice.

Carried

- 6 The IMO deplores the lack of consultation by the HSE with GPs in the setting up of Home Care Packages and Early Discharge Programmes.

Carried

- 7 The IMO calls for tax incentive scheme for the development of Primary Care Centres.

Carried

- 8 The IMO demands an improved vaccine delivery service that adequately reflects the needs of general practice.

Carried

- 9 The IMO demands a daily collection of laboratory specimens for GP's nationally.

Amended as: The IMO demands a HSE funded daily collection of laboratory specimens for GP's nationally and the electronic delivery of results by return.

Amended motion carried

- 10 The IMO demands that GP nationally should have automatic access to improved diagnostics such as US, CT and MRI.

Amended as: The IMO demands that GPs nationally should have improved, agreed and structured access to improved diagnostics such as US, CT and MRI.

Amended motion carried

GENERAL PRACTITIONER MOTIONS 2009

- 11 The IMO demands the protection of General Practice against the plans to divert ever increasing workloads from the hospital sector.

Amended as: The IMO demands the protection of General Practice against the plans to divert ever increasing workloads from the hospital sector without appropriate corresponding resources.

Amended motion carried

- 12 The IMO calls on the Department of Health and Children and the HSE to clarify eligibility to primary care team services, with particular reference to those of 70's patients without a medical card, resulting from recent change to legislation.

Amended as: The IMO calls on the Minister of Health and Children to make the services of primary care teams available to the whole population.

Amended motion carried

- 13 This meeting in the interests of best practice, demand as a matter of urgency the NCSS set up a tracked courier service for collection of smears from GP Surgeries.

Carried

- 14 That the IMO negotiate a national out of hours contract equitable and accessible to all GPs similar to that negotiated for North Dublin GPs, especially dealing with Red Eye Shift Work.

Amended as: That the IMO negotiate national out of hours arrangements that are equitable and accessible to all GPs at least on a par to that negotiated for North Dublin GPs.

Amended motion carried



Dr Ronan Boland GP Chairman and Dr Illona Duffy at the National GP Meeting during the 2009 AGM in Killarney, Co Kerry

- 15 That the IMO engage with the PCRS to support the acceptance of submission of summary STC electronic claims for payment to facilitate processing by the PCRS and improve efficiency overall.

Carried

- 16 That the IMO negotiate a revision and expansion of the dispensing contract for any GMS doctor wishing to dispense.

Motion defeated



NCHD MOTIONS 2009



Dr. Patrick Kelly at the National NCHD Meeting during the AGM in Killarney, Co. Kerry

Training

- 1 In order to reduce costs and ease administration the IMO calls on the HSE to establish a centralised national office for the administration and payment of NCHD's training fund.

Carried

- 2 The IMO calls on the post graduate medical training bodies to meet with the IMO to consider issues regarding NCHD training.

Carried

- 3 The IMO notes that the HSE/DOHC were forward thinking in introducing the training fund for NCHDs in 2000 however the IMO condemns the HSE/DOHC for not increasing the individualised monetary amount of this fund since 2000 in line with medical inflation or with the increases in fees associated with training in the 21st Century

Carried

- 4 The IMO calls on the HSE to update on a regular basis the Higher Degree and Diploma Allowance list to ensure all qualifications that are eligible for this payment are included and that this updated list is circulated to hospital management

Carried

- 5 The IMO calls on the HSE to establish and agree a National Internet, Email and Resource policy for hospitals to ensure equity of NCHD access to the internet, email and library resources.

Amended as: The IMO calls on the HSE to establish and agree a National Internet, Email, Resource and Internal Communication policy for hospitals and further to ensure equity of NCHD access to the internet, email and library resources.

Amended motion carried

Contract Issues

- 6 The IMO condemns the reintroduction of the concept of doctors not being paid for hours worked and seeks a commitment from the HSE and hospitals to pay their wages in full and on time.

Amended as: The IMO condemns the reintroduction of doctors not being paid for hours worked and seeks a commitment from the HSE and hospitals to pay their wages in full and on time.

Amended motion carried

- 7 The IMO demands that the HSE/DOHC demonstrate where the £1 million annual travel and subsistence fund introduced with the NCHD contract in 2000 has been spent.

Amended as: The IMO demands that the HSE/DOHC demonstrate where the £1 million (or euro equivalent) annual travel and subsistence fund introduced with the NCHD contract in 2000 has been spent.

Amended motion carried

- 8 This meeting condemns the practices in some health agencies where time sheets duly authorised are altered after they have been submitted by administration staff and further condemns the unauthorised deductions from wages that arise as a consequence.

Carried

- 9 This meeting calls for urgent discussions under the auspices of the LRC in relation to the non-payment of unrostered overtime to NCHDs.

Amended as: This meeting calls for urgent discussions under the auspices of the LRC in relation to the non-payment of overtime to NCHDs.

Amended motion carried

NCHD MOTIONS 2009

- 10 In light of the recurring problems regarding the ongoing implementation of agreed NCHD policies and procedures the IMO calls on the HSE to establish an NCHD Forum between the IMO and the HSE which will consist of regular scheduled meetings with the aim of ensuring optimum adherence to NCHD agreements nationwide.

Carried

- 11 This meeting calls upon the IMO to seek the removal of the bar on registrar pay scale beyond the 6th point.

Amended as: This meeting calls upon the IMO to seek an extension of the registrar pay scale beyond the 6th point, in line with other public service pay scales such as Gardai, Nurses and Teachers.

Amended motion carried

Contracts of Indefinite Duration

- 12 This meeting calls on the IMO to negotiate service training and enhance contract and pay scales for NCHDs who hold Contracts of Indefinite Duration.

Motion defeated

- 13 The IMO recognises the large number of NCHDs who have now acquired contracts of indefinite duration and accept the need to engage with the HSE, on behalf of this group, for:

- an improved working environment
- a continuing professional development programme specific to this groups needs
- pay scales recognising long service.

Amended as: The IMO recognises the large number of NCHDs who have now acquired contracts of indefinite duration and accept the need to engage with the HSE, on behalf of this group, for:

- an improved working environment
- a continuing professional development programme specific to the individual's needs
- pay scales recognising long service.

Amended motion carried

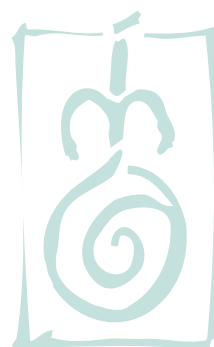
Cost Savings

- 14 We encourage doctors in training to reflect on the cost that routine patient care incurs on the health system with particular reference to:

- (i) ordering beneficial diagnostic investigations and avoiding their duplication
- (ii) generic prescribing

and also to seek training and assistance from their employers in how to minimise these costs. We recommend that NCHDs at a local level engage with their hospitals to see where savings can be made while improving patient care.

Carried



PUBLIC HEALTH DOCTOR MOTIONS 2009



Top table Mr George McNeice, IMO Chief Executive, Dr Catherine O'Malley, Dr Paula Gilvarry; Mr A Owens and Dr John Morris addressing the National Public Health Doctors meeting during the AGM in Killarney, Co Kerry

- 1 That the IMO continue to urgently pursue and achieve the upgrading of remaining Area Medical Officers to Senior Medical Officer status without delay.

Carried

- 2 That the pay anomaly which now exists between long standing AMOs and SMOs appointed since 2005 which is currently before the LRC would be pursued by the IMO.

Carried

- 3 This meeting requests the HSE to establish as promised the Forum on Community Medicine.

Carried

- 4 This meeting requests the HSE to address the reporting relationships for Principal Medical Officers

Carried

- 5 This meeting demands that the Minister for Health & Children, the HSE and the Department of Health & Children immediately resource the HPV & Measles eradication programmes for school children.

Amended as: This meeting demands that the Minister for Health & Children, the HSE and the Department of Health & Children immediately resource the HPV Vaccination Programme. We also request that the HSE prioritise an MMR programme that is adequately planned for and resourced and has a sound scientific base.

Amended motion carried

- 6 This meeting calls on the HSE to commit seriously and adequately to supporting and funding training for all doctors.

Carried

Scientific Sessions 2009

Scientific Sessions 2009



L to R: Dr Justin Brophy, President, The College of Psychiatry of Ireland (Guest Speaker); Dr Matthew Sadlier, who chaired the session and Mr Carl O'Brien Social Affairs Correspondent, Irish Times, Guest Speaker

SCIENTIFIC SESSION I: Mental Health Services – Challenges and Solutions

Irish Mental Health Services – Vision, Reality, and Direction

Dr Justin Brophy

Dr Justin Brophy, founding president of the new College of Psychiatry of Ireland spoke about the mental health strategy A Vision for Change the document intended to revolutionise mental health care in Ireland. The plan set out to reduce hospital admissions, by the closure of psychiatric hospitals and reinvestment of resources and the creation of 1803 new posts. The implementation of the plan was to be phased over 7 to 10 years and to include specialist community services.

But the Celtic Tiger was lost, and as often said in Ireland we “Plan in plenty and Implement in scarcity”.

While there is a clear link between suicide and economic downturn there is a paradox in Ireland that no evidence has been found that socio-economic trends were the driving force behind Irish Suicide rates 1968-2000.

Dr Brophy also explored the effect of the global financial crisis on services in Ireland, highlighting that psychiatric services are often the first to be sidelined, with the nature of mental illness often making it difficult for patients to advocate change. This has been exemplified by the funding for the National Office for Suicide Prevention (NOSP) being cut by 12.5%, the stalling of the new build project for the Central Mental Hospital Dundrum and the closure of a number of Psychiatric Hospitals around the country.

It is not all negative though, 8 mental health beds have been opened in Cork and 14 in Dublin to become operational this year. Plans have also been revealed that will see community mental health teams operating alongside primary care personnel in 20 new Primary Care Centres to be put in place by the HSE this year.

Dr Brophy called on the €42million of proceeds raised from the sale St. Loman's Hospital, Verville Retreat Clontarf and two other Dublin properties to be made available to fund new mental health infrastructure if we are to progress “A Vision for Change” in the next few years.

Mental health services need to take a new direction. Smart politics are needed as well as investment in social capital.

The Irish have been described as a resilient people and this attitude needs to be communicated. Individuals need to be advised on lifestyle issues to improve mental health and community responses need to be developed. The stigma surrounding mental health needs to be changed. Doctors need to advise patients on managing alcohol, medication and drug use. Prevention strategies need to focus on high risk groups that often get overlooked in economic crisis and should work in conjunction with new clinical directorates spanning acute, primary, community band continuing care.

Dr Brophy concluded don't panic but do be aware, develop a National Response, protect mental health services and implement an agreed policy from all contributors in mental health.

Scientific Sessions 2009

Mental Health and the Media: How to push mental health issues up the political agenda.

Mr Carl O'Brien

Carl O'Brien, Social Affairs Correspondent for The Irish Times spoke about how Mental Health issues are covered in the media. The tendency is to either under report issues or coverage is often irresponsible. Often mental health issues give way to disproportionate coverage of politics, crime and health.

The Headline organisation, monitoring Irish media coverage of mental health issues, has found that most print articles, especially tabloid articles, are considered either negative or irresponsible. There are however a significant number of articles that are responsible and helpful in lifting the stigma of mental ill-health.

Irresponsible reporting includes negative language describing people with mental health problems and a focus on the method of suicide. While educational facts and the provision of information on where people can seek advice are more positive and are assisting in lifting the stigma associated with mental health problems.

Media can have an effect on behaviour. TV dramas in the UK and Germany that depicted certain methods of suicide and self-harm led to an immediate increase in attempted suicide by those same methods.

Guidelines on reporting mental health issues have been published by the National Union of Journalists, Headline and Shine. Austrian guidelines on responsible reporting of suicide in subway systems resulted in a dramatic fall in suicide rates.

Mr O'Brien also said the profile of mental health issues can also be raised by:

- De-stigmatising mental health through education and positive mental health campaigns.
- Medical professionals must play a stronger role in speaking out for patient's rights and services.
- A unified voice through a coalition of health professionals and NGOs to articulate issues
- Health reforms through appointment of a mental health "tzar".

Mr O'Brien concluded that media can play a crucial role in lifting stigma & increasing profile of mental health – but not alone. Health professionals need to take a more active role and positive mental health campaigns need to emphasize that these issues affected the community at large.

The Big House – From the Inside

Patient Advocate

The scientific session on Mental Health Services was privileged to hear from a patient advocate who spoke with frankness about her personal experience with mental health services in Ireland.

Providing a first hand account of the struggle to not only get well but to stay well, her story touched on the significant challenges in the delivery of mental health care.

Meaningful engagement by carers and tailoring services in acute care facilities were identified as areas that required urgent attention from a patient perspective in order to assist in the healing process.

The continuity of a core network of health professionals was described by the patient advocate as providing immense support, with the value of this patient-doctor relationship often being immeasurable in this particular field of treatment.

Other issues such as the financial cost of staying well, community support networks and the reintegration process from mental health facilities back into day-to-day and working life all gave a poignant account of the challenges that effect mental health patients in Ireland.

Such insights provided the assembled group of health professionals, community care groups and allied services a view of the particular challenges that patients face both inside and outside mental health care services in Ireland.

Scientific Sessions 2009



L to R: Guest Speakers Dr Nick van der Spek, Consultant Paediatrician, Cavan General Hospital Speakers; Ms Ineke Durville, President Elect, Irish Association of Social Workers Speakers and Mr John O'Connor, O'Connor Solicitors, Dublin

SCIENTIFIC SESSION II: Child Protection – Meeting Our Responsibilities

The Role of the Doctor in the Child Protection Process

Dr Nick van der Spek

Dr Nick van der Spek, Consultant Paediatrician, says there is a role for doctors in child protection. Child abuse is not different from any other medical condition affecting the health of a child and requires the same diligent medical assessment.

Child abuse can take different forms including:

- Physical Child Abuse
- Sexual Child Abuse
- Neglect (most common)
- Emotional Abuse
- Fictitious illness by proxy (Munchausen Syndrome by proxy)

The doctor's general role is to identify and diagnose child abuse, intervene and report the abuse and then work with other professionals in the interest of the child and the family.

Doctors must consider the possibility of child abuse, otherwise they may not recognise it. They must also be open to receiving information about abuse and to be aware of risks. Neglect is often as potentially fatal as physical abuse and that the severity of the sign does not necessarily equate with the severity of the abuse.

Once suspicion is raised, doctors should actively look for signs of abuse by exploring the history of injury and family history, interviewing parents and children, recording the language used by the child and medical examination. Everything should be clearly documented.

Intervention can include providing medical treatment, involving the Gardaí, expert referral, support to parents and contacting the duty social worker. It is important to know what the procedure for reporting abuse is in your area and to cooperate with other professionals in the best interest of the child.

Dr van der Spek finished by highlighting some of the difficulties when dealing with child sexual abuse. There are no central assessment centres and services vary regionally. Paediatricians often have little experience in child sexual abuse examination and treating a small number of cases they find it difficult to maintain skills. Training courses on child protection are needed.

Scientific Sessions 2009

Child Protection – Meeting our Responsibilities

Ineke Durville

Ms Durville, President of the Irish Association of Social Workers, spoke to the assembled group about the role of the social worker in child protection, and the day-to-day challenges and situations that are faced in the protection of our most vulnerable group in society.

While acknowledging past legislation, the current Child Care Act 1991 is the current Act that serves to protect children at risk in Ireland, and provides for intervention in critical situations.

Ms Durville explored the structure of social work in Ireland, and the varying roles that they often play in association with medical practitioners and other stakeholders that deal with a specific case of suspected or actual abuse.

Prevention, early intervention and protection are the three key areas that social workers are responsible for, however the reality in achieving this is often very different.

The essential services provided by social workers are largely being hindered by the lack of resources and staff, resulting in crisis-driven services, while prevention and early intervention cannot be optimally achieved.

Considerable shortages in funding, which has remained at December 2002 levels or significantly cut have increased pressure on already stretched services. Additionally, the lack of preventative services in the community, family support services and the lack of appropriate care placements for children and teens have made the job of protecting Irish children particularly difficult.

With approximately 5,000 children in care of the HSE, resourcing and staff numbers need to be addressed for the safety of children across the country.

Meeting Your Responsibilities – Legal Issues for Doctors

Mr John O'Connor

Mr O'Connor outlined the different legislations and responsibilities that Doctors in Ireland are to enact to ensure the protection of children that they may encounter.

Mr O'Connor explored the Guidelines for both the Medical Council and the Department of Health and Children that specifically deal with the reporting of suspected or actual child abuse.

While there is no statutory requirement for a medical practitioner to report child abuse, a medical practitioner may be under an ethical and professional obligation to report the issue where it is in the interest of his or her patient. Mr O'Connor outlined the guidelines and processes for doctors to follow when they are concerned or aware of potential or actual abuse.

Additionally, the complex issue of the minor in regards to doctor-patient confidentiality and consent were examined, to provide greater understanding of medical practitioner's responsibilities.

Scientific Sessions 2009



L to R: Guest Speakers Dr Mick Griffin, Former Team Doctor, Munster & Irish International Rugby Team; Dr Pat O'Neill, Mater Private and Prof Brendan Buckley, University of Cork

SCIENTIFIC SESSION III: The Role of Medicine in Sport

Advances in Sports Medicine

Dr Pat O'Neill

As a past Dean of the Faculty of Sports and Exercise Medicine, Dr O'Neill has been at the forefront of the development of Sports Medicine in Ireland.

Dr O'Neill discussed the recent and present developments, particularly focussing on the education and training of physicians with a specialisation in Sports medicine. As this is a relatively new area of formal training for physicians, it has only been in existence in Ireland since 1990.

The three main physician roles in sports medicine are:

- A Primary Care Physician/General Medical Practitioner with an interest or subspecialisation in Sports & Exercise Medicine
- Medical or Surgical Specialist with an interest or subspecialisation in Sports & Exercise Medicine
- Sports Medicine Physician with a specific interest and specialisation in Sports & Exercise Medicine

Exploring these roles, Dr O'Neill explained their differing approaches and roles in assisting teams and individuals in their performance and treatment. A further extension of these roles is to be specifically employed as a team doctor or as a medical officer for a sports organisation or National Governing Body.

Just like a surgeon needs a quality operating theatre, a team doctor requires good amenities. The importance of a medical room and the hygiene around athlete equipment and facilities can have significant impact on athlete condition and health.

With the role of team doctor comes huge responsibility, particularly in terms of doctor-patient confidentiality and the conflict between that of the management of the athlete or team. A doctor should always view the athlete as a patient, and therefore maintain doctor-patient confidentiality guidelines.

This is an area of medicine that is constantly evolving and growing both in demands for education and for services. As we see sports stars for their fantastic physical feats, the role of a doctor is vital towards their performance and maintenance of health.

Scientific Sessions 2009



Dr Pat O'Neill, Mater Private Hospital
and Dr Mick Griffin, Former Team
Doctor, Munster & Irish International
Rugby Team; Speakers at the IMO
2009 AGM

Anti-Doping Measures in Sport

Professor Brendan Buckley

Professor Brendan Buckley told of how the doping culture is deeply embedded in our psyche and that even in childhood cartoons we see heroes taking potions to make them strong. But doping in sport is a cause for concern as it strikes at the roots of sport as a fair competition between equals, it severely damages the image of sport and devalues its legitimate achievements and may be harmful to an athlete's health.

Dope testing is conducted to both deter athletes from using performance-enhancing substances and methods and to detect doping offences which may lead to the application of a sanction. Dope testing also takes place to demonstrate that the majority of athletes are drug free.

Doping agents can turn a competent club runner into a world class performer and are trafficked in the same criminal supply chain as narcotics. They can be bought easily over the internet and are widely available in the community, particularly in gyms.

Professor Buckley spoke about the process of dope testing and the restrictions placed on athletes so they are constantly available to give a sample. Both professional and amateur athletes make up the Irish Registered Testing Pool.

Drugs are used legitimately in sport to treat chronic and acute illnesses, through a doctor completing a Therapeutic Use Exemption form which allows the use of a prohibited substance or method under strict conditions.

Pitfalls that athletes must be aware of include over-the-counter (OTC) medicines and supplements. The content of OTCs can be checked on the internet however the composition of supplements is often not known or not declared on the label.

Doctors have certain responsibilities toward athletes. Knowing that a patient competes in sport should be prominently flagged in their records. The doctor can protect the athlete against inadvertent doping and can assist in obtaining a therapeutic use exemption. Doctors must consider the possibility of doping in differential diagnosis. As doctors, we have a special privilege - we can all wear the green jersey by supporting our athletes to compete in dope-free sport.



Scientific Sessions 2009

Stitching for Ireland 1998-2003

Dr Michael Griffin

As team doctor for the Irish Rugby Team, Dr Michael Griffin has seen the blood, sweat and tears of many of our heroes. His reflection of being a team doctor for an elite group of athletes gave not only a personal insight into the challenges of this role, but of the immense job satisfaction that can come with such responsibility.

Taking on the role of team doctor in 1998, Dr Griffin recounted some of the highlights during the five years of working with the team, and the immense support he found in his colleagues that made up the medical team.

Some of the benefits of being a team doctor include the incredible access to top surgeons and consultants. From a personal perspective, you can gain confidence through experience in treatment, and expertise and skill from practice improve due to the specificity of the role.

However, like any other position there are steep learning curves and challenges along the way. Being the medical link between player and management often throws up questions of doctor-patient confidentiality, however the athlete is always the patient and this should never be forgotten. Making split-second decisions on treatment, and whether the player should rejoin the match is incredibly challenging, along with management often expecting definitive answers on complicated medical situations. The personal toll from travelling on relationships and the hindrance that this can cause in professional development in your specification can be immense.

Dr Griffin recounted some of the incredible stories and incidents he witnessed during this time, and spoke of the life-long friends he developed through his time in Stitching for Ireland.