

Programme

Annual General Meeting 2014

24 – 26 April 2014 | Carton House, Maynooth, Co Kildare



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO@30

The Trade Union representing
doctors and fighting for patients

2014

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

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



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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The Trade Union
Representing Doctors
and Fighting for Patients

Annual General Meeting Programme 2014

Thursday 24th April

Time	Event
Afternoon	Golf Competition
5.30pm - 6.30pm	CPD Seminar: Salmonella Typhimurium DT8
6.30pm - 8.00pm	CPD Seminar: Taxation Issues for Medical Profession
Buffet	For all members and guests

Friday 25th April

Time	Event
8.30am - 10am	CPD CPD Seminar: Carrying Out a Clinical Audit
10am	Official Opening Minutes/Standing Orders/Deceased Members/Results of Elections
10.30am - 12 noon	General Motions Session 1
12 noon	Address by President
1pm - 2pm	Lunch
2pm- 3pm	CPD Seminar: Patient Consent
3pm - 4.30pm	Scientific Session 1: Balancing A Strong Economy and an Equitable Society
4.30pm - 5.30pm	Financial Planning: What now for Pensions?
5.30pm - 6.30pm	Motions from IMO Council: a) Amended Rules and Code of Practice b) Retrospective Review
6.30pm	Organisational Matters Annual Report and Financial Statements Organisational Motions

Saturday 26th April

Time	Event
8am - 9am	CPD Seminar: Medico Legal Issues
9am - 10am	CPD Seminar: Maintaining Professional Values
10am - 1pm	National Specialty Meetings General Practitioners Consultants NCHDs Public/Community Health
1pm - 2pm	Council Meeting Lunch for all delegates
2pm - 3.30pm	General Motions Session III
3.30pm - 5pm	Scientific Session II: Practising Medicine 30 Years On
5pm	Government White Paper - UHI Discussion
7.30pm onwards	Presidents Address Drinks/Dinner

Supervised Childrens Activities

Kids Club aged 3-7	Friday and Saturday 9:30pm - 5:30pm
Junior Camp aged 8-18	Friday and Saturday 9:30am - 5:30pm 7:30pm - 10:00pm



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Scientific Sessions

Friday, 25th April 2014 **3pm – 4.30pm**

SCIENTIFIC SESSION I

Balancing a Strong Economy and an Equitable Society

Evidence shows that more equal societies have fewer health and social problems and are better able to cope with economic downturn. Since the establishment of the IMO in 1984, the Irish economy has come from deep recession to a period of unprecedented economic growth and back again. Evidence shows that during the last decades income inequalities in Ireland have grown. During the boom years economic growth failed to filter down to the poorer and more vulnerable in society and recent austerity measures have done little to address income disparities. Now that Ireland has exited the IMF/EU bail-out, Ireland must ensure that as we restore economic growth it serves the population in a more equitable way.

On this the 30th anniversary of the IMO we will publish a discussion paper entitled *Balancing a Strong Economy and an Equitable Society* and have invited two of Ireland's leading commentators on inequality in Ireland to write a short paper and present their vision for economic growth and a more equitable society.



INTRODUCTION

PROFESSOR TREVOR DUFFY, INCOMING-PRESIDENT OF THE IMO

Professor Trevor Duffy is Consultant Rheumatologist and at the Connolly Hospital Blanchardstown and the Hermitage Medical Clinic and is Honorary Clinical Associate Professor at the RCSI.

He was a Fellow at the Hôpital Universitaire Cantonal de Genève where he subsequently became Chef de Clinique. He has also spent time as Clinical Director at Connolly Hospital.

Professor Duffy is Incoming President of the IMO and has been Chair of the IMO Consultant Committee and the IMO NCHD Committee. He is also IMO delegate to the UEMS (Union Européen des Médecins Spécialistes).



THE FLOURISHING SOCIETY

NAT O'CONNOR, DIRECTOR OF TASC

Nat O'Connor was appointed Director of TASC at the end of January 2011. He holds a PhD in political science from Trinity College Dublin and an MA in political science and social policy from the University of Dundee, Scotland. Before joining TASC in 2009, he led the research team in the Homeless Agency for three and a half years.

Nat has also worked as a consultant to local government on the development of statistical reporting of 'service indicators', and has lectured in NUI Maynooth, Trinity College Dublin and All Hallows College (DCU). While researching and writing his PhD (on public access to information as part of democracy), Nat spent two years living and working in France.



ECONOMIC GROWTH FOR A BETTER, FAIRER SOCIETY: FIRST DO NO HARM

TOM HEALY, DIRECTOR NEVIN ECONOMIC RESEARCH INSTITUTE (NERI).

Tom Healy is Director of the Nevin Economic Research Institute (NERI). Tom has previously worked in the Economic and Social Research Institute, the Northern Ireland Economic Research Centre, the Organisation for Economic Cooperation and Development, the National Economic and Social Forum and the Department of Education and Skills.

He holds a PhD (economics and sociology) from UCD. His research interests have included the impact of education and social capital on well-being.

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Scientific Sessions

Saturday 26 April 3.30pm – 5.00pm

SCIENTIFIC SESSION II

Practicing Medicine 30 Years On

Celebrating 30 years of the IMO, this seminar will look at what has changed in medical practice over the past three decades and how professional values can be monitored in an ever changing environment.



THE MOST SIGNIFICANT PUBLIC HEALTH INTERVENTIONS IN THE LAST 30 YEARS

DR PAUL MCKEOWN, IMO

Dr Paul McKeown is a Consultant in Public Health Medicine and a Senior Lecturer in Epidemiology and Public Health at the Royal College of Surgeons, Ireland. Paul graduated in medicine from University College Dublin, trained as a General Practitioner in the UK, and returned to Ireland where he trained in Public Health Medicine.

In 2001 he was appointed a Consultant in Public Health Medicine at the Health Protection Surveillance Centre in Dublin. Dr McKeown has responsibility for surveillance and provision of expert advice on gastroenteric and zoonotic diseases, vectorborne disease and emerging disease.

Dr Paul McKeown was President of the Irish Medical Organisation 2012-2013 and was Chair of the Public Health Doctors' Committee during 2010-11.



MEDICAL AND SURGICAL INNOVATION OVER THREE DECADES

DR JOHN F.A. MURPHY, IMJ

Dr John F. A. Murphy is Editor of the Irish Medical Journal and Consultant Neonatologist at the National Maternity Hospital, Holles Street and The Children's University Hospital, Temple Street. He is National Clinical Lead in Neonatology and Associate Professor of Paediatrics, RCSI.



PRESERVING PROFESSIONAL VALUES AND THE COMMODIFICATION OF HEALTHCARE

PROFESSOR DESMOND O'NEILL TCD

Professor Desmond O'Neill is a geriatrician and stroke physician at Trinity College Dublin. His research centres on gerontology and the neurosciences, with a strong emphasis on a) transportation, and b) the humanities. He is the immediate Past President, and a founder member of the European Union Geriatric Medicine Society and he sat on the Executive Board of the International Association of Gerontology and Geriatrics, European Region. He was the Irish partner in the development of the European Masters Programme in Gerontology.

In 2011 he was appointed National Director of Traffic Medicine to the Road Safety Authority/RCPI. He has also been President of the Irish Gerontological Society, co-founder (and Chairman 1997-2009) of the Irish Council on Stroke in 1997, a Medical Director of the Alzheimer Society of Ireland, PI of the Irish National Audit of Stroke Care, co-PI of the first Irish longitudinal study on ageing (HESSOP-2) and chaired the Irish Government Working Group on Elder Abuse.

He is Director of the Centre for Ageing, Neurosciences and the Humanities www.ageandknowledge.ie and has worked with a number of cultural agencies and institutions. In 2010 his contribution to promoting a positive and supporting environment for older people was recognised by an inaugural All Ireland Inspirational Life Award, followed in 2011 by the National Stroke Champion Award of the Irish Heart Foundation.

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CPD Seminar Programme

THURSDAY 24TH APRIL - 5.30PM - 6.30PM



CPD SEMINAR - OUTBREAK OF SALMONELLA TYPHIMURIUM DT8

DR PAUL MCKEOWN, IMO

This seminar will explore the possible causes for the 2009 outbreak of Salmonella Typhimurium DT8, and will outline the control and preventive measures put in place by the investigation team.

THURSDAY 24TH APRIL - 6.30PM - 8.00PM



CPD SEMINAR - TAXATION ISSUES

MS SIMONE HENNESSEY, HSOC

Simone is a member of the Institute of Taxation having previously obtained a Masters Degree in Economics & Finance, NUI Maynooth.

Simone trained with Ernst & Young, Dublin providing specialist advice to both individuals and employers on all aspects of personal taxation, social insurance, remuneration and emigration. Simone is now Director of Tax with HSOC, Financial & Business Advisors where she manages the provision of personal tax compliance and advisory services to private clients across all sectors including medical, legal and consulting business.

FRIDAY 25TH APRIL - 8.00AM - 9.30AM



CPD SEMINAR - CARRYING OUT A CLINICAL AUDIT

DR PAUL KAVANAGH, MEDICAL COUNCIL

Dr Paul Kavanagh will hold a practical workshop on carrying out a clinical audit to improve patient safety and care and to assist doctors with their requirements to maintain professional competence.

FRIDAY 25TH APRIL - 2.00PM - 3.00PM

CPD SEMINAR - PATIENT CONSENT

**DR DEIRDRE MADDEN AND MS ANGELA HUGHES,
HSE NATIONAL CONSENT ADVISORY GROUP**



Dr. Deirdre Madden BCL, LL.M, BL, PhD is a Senior Lecturer in Law in UCC with research interests and publications primarily in the area of medical law and ethics. Her books include *Medical Law* (Kluwer 2nd ed 2013) and *Medicine, Ethics and the Law* (Bloomsbury 2nd ed. 2011). Dr Madden was author of the Report on Post-Mortem Practice and Procedure (2005) and Chairperson of the Commission on Patient Safety and Quality Assurance which published its Report, entitled *Building a Culture of Patient Safety*, in 2008.

Dr Madden is a member of a number of national expert groups including the National Patient Safety Advisory Group, the National Advisory Committee on Bioethics and the National Council of the Forum on End-of-Life. She was a member of the Medical Council from 2004-2013 and was appointed in 2013 to the Health and Social Care Professionals Council. Dr Madden chaired the National Consent Advisory Group for the HSE.



Angela Hughes, RGN, BA Nursing Studies, MA Health Promotion, Hdip in Quality in Healthcare works as a Quality Lead in the Quality and Patient Safety Division (QPSD). Angela has most recently worked as Programme Lead and Deputy Chair for the development of the National Consent Policy, which was launched in May 2013. Angela is currently working to support the implementation of policy through awareness raising sessions, the development and delivery of training and supportive resources.

Angela has also led the development of the National Integrated Care Guidance: a practical guide to discharge and transfer from hospital, which replaces the former Code of Practice for Discharge Planning and was recently launched on 13th March 2014. Angela has worked in the area of quality of patient care, accreditation and standards of healthcare in the HSE since 2002.

CPD Seminar Programme

SATURDAY 26TH APRIL - 8.00AM - 9.00AM

CPD SEMINAR - MEDICO-LEGAL ISSUES AND RISKS

MS RUTH SHIPSEY AND MS KATE MCMAHON - MEDISEC



Ruth Shipsey is Chief Executive of Medisec Ireland Limited who provide GPs in Ireland with competitively sourced medical indemnity insurance, complaints and disciplinary assistance, round-the-clock advice and support and risk and best practice guidelines.

A solicitor with over 25 years' experience in advising healthcare professionals, Ruth understands the medico-legal landscape and the challenges it creates for doctors and medical indemnifiers alike.

Our speakers discuss a number of scenarios which pose medico-legal issues and risks to professionals at work in order to help doctors to assess and manage risk.



Kate McMahon is a practising solicitor who has 30 years experience as a legal advisor to the medical defence industry. Kate has been involved in landmark medical negligence cases and lectures on a regular basis to healthcare professionals.

SATURDAY 26TH APRIL - 9.00AM - 10.00AM

CPD SEMINAR - MAINTAINING PROFESSIONAL VALUES IN MODERN HEALTHCARE DELIVERY

DR RICHARD BRENNAN, GP



From a medical background, Richard is a Rural General Practitioner, working in Ballyhale and Stoneyford, Co Kilkenny.

He is an active trainer in the South East GP training programme and former Chairman of the Irish College of General Practitioners.

He was a member of the Commission on Patient Safety and Quality Assurance.

He was the ICGP nominee to the Irish Medical Council from 2008-2013, and chairman of the council's Health Committee. In 2013, he was appointed a non executive director of the Medical Protection Society.

SATURDAY 26TH APRIL - 5.00PM

GOVERNMENT WHITE PAPER ON UNIVERSAL HEALTH INSURANCE – DISCUSSION

PROFESSOR TREVOR DUFFY, INCOMING PRESIDENT OF THE IMO



Professor Duffy will host a discussion on the Government White Paper on Universal Health Insurance which is based on the Dutch model of financing health care through competing private health insurers.

Financial Planning

FRIDAY 25TH APRIL - 4.30PM - 5.30PM

FINANCIAL PLANNING WHAT NOW FOR PENSIONS?



RICHARD TEMPERLEY, HEAD OF INVESTMENT DEVELOPMENT, ZURICH LIFE

Saving for the future is essential if you want your goals to be achieved and it is important that you make use of all the options available to you.

Richard Temperley, Head of Investment Development at Zurich Life, will demonstrate the alternatives to holding money on deposit and bring you through the core concepts that you should consider; from being aware of the effect inflation can have on your money, through to the benefits of building a diversified investment portfolio.

Richard Temperley has over 25 years' experience in investment dealing and management, formerly working with Allied Irish Securities and Ulster Investment Bank, and with Zurich Life since 1990. He is a graduate of Trinity College, Dublin and an Associate of the UK Society of Investment Professionals.



RONAN MCGRATH, SALES & BUSINESS DEVELOPMENT MANAGER, IMO FINANCIAL SERVICES

Proper retirement planning has never been more important with recent changes in pension limits and capping of benefits payable. Reducing your tax bill and choosing the right options both pre and post retirement has never should be a priority for all medical professionals.

Ronan McGrath has particular expertise in pension, technical and legislative advice, tax planning and investments. He is an Associate of the Irish Institute of Pension Managers and also has a Fellowship from the Life Insurance Association of Ireland combined with a degree in Financial Services from University College Dublin. With over 23 years' experience in Financial Services he has over 15 years' experience in pensions and retirement planning.

In addition he has a wealth of experience in Personal Financial Planning and investment advice (Certificate in Investment Advice and Diploma in Wealth Management) and is a Qualified Financial Advisor.

Ronan currently sits on the board of the Irish Institute of Pensions Management (IIPM).

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General Motions **Session 1**

Friday 25 April **10.15am**

Environmental

1. In view of the fact that the WHO and the WMA have both stated that climate change is the greatest single threat to human health this century, the IMO urges an immediate and focused proactive response by the HSE, Department of Health and the Irish Government in order to ensure sustainability and efficiency in dealing with this impending crisis in line with international best practice.

Proposer: Dr Philip Michael
Seconder: Dr Elizabeth Cullen

2. The IMO calls on the Department of Health to support a media campaign to highlight the causes of dental decay, namely poor diet and inadequate dental hygiene, and as fluoride is freely available in many dental products calls for a cessation of the practice of adding fluoride to public drinking water.

Proposer: Dr Elizabeth Cullen
Seconder: Dr Philip Michael

Mental Health

3. The IMO deplores the lack of appropriate acute detoxification facilities for those with alcohol and benzodiazepine dependency and calls on the Minister for Health to issue to timeframe within which this burgeoning problem will be addressed.

Proposer: Dr Siobhan Barry
Seconder: Dr Larkin Feeney

4. The IMO deplores the inequitable distribution of resources, both human and financial, in the mental health services as evidenced by the HSE Mental Health Division Operational Plan 2014 and calls on the Minister for Health to issue a statement justifying such inequity.

Proposer: Dr Siobhan Barry
Seconder: Dr Larkin Feeney

5. The IMO calls on the Departments of Health and Environment to urgently address the issue of those enduring mental illness and those discharged from the National Forensic Hospital, who need long term supported accommodation and to make good this deficiency.

Proposer: Dr Siobhán Barry
Seconder: Dr Larkin Feeney

6. The IMO calls on the Minister for Health to request that the Mental Health Commission audit the adequacy of facilities available for the physical monitoring of outpatients prescribed long term psychotropic medications.

Proposer: Dr Siobhan Barry
Seconder: Dr Larkin Feeney

Drugs, Alcohol and Tobacco

7. The IMO calls on the Department of Health and Children and Youth Affairs to provide financial support to local and regional drugs task forces to address child and family related drug problems.

Proposer: Prof Joe Barry
Seconder: Dr Declan Bedford

8. The IMO calls on the Minister for Health to establish an expert committee to examine the effects, both positive and negative, of cannabis use and production in Ireland in order to help eliminate the illicit trade in psychoactive products.

Proposer: Dr Cathal O'Sullivan
Seconder: Dr Garrett McGovern

9. The IMO welcomes the publication of Tobacco Free Ireland and supports the recommendations therein to reduce smoking prevalence to less than 5% by 2025. As a first step the IMO calls on the Minister for Finance to increase the price of a packet of 20 cigarettes by at least €1 and all other tobacco products on a pro rata basis.

Proposer: Prof Joe Barry
Seconder: Dr Declan Bedford

10. The IMO will ensure that all of its premises are tobacco free by end 2014.

Proposer: Prof Joe Barry
Seconder: Dr Declan Bedford

11. In view of the Law Society's opposition to the introduction of plain packaging of tobacco products, the Department of Health and the agencies it funds, the Medical Council and Medical Professional Bodies should, when engaging legal services, require a statement that the company or legal practitioner is not in receipt of fees, including retention fees, from the tobacco industry, its agent or representatives.

Proposer: IMO Public Health Doctor Committee

General Motions **Session 1**

Friday 25 April **10.15am**

12. The IMO calls on the Government to implement the National Alcohol Strategy without delay and take immediate action to ban sponsorship and promotion of sports by the alcohol industry and to introduce Minimum Unit Pricing for alcohol products.

Proposer: Prof Joe Barry

Seconder: Dr Declan Bedford

13. The IMO calls on the Minister for Finance to insist that alcohol producers pay a levy on the health damage that their products cause and that the proceeds of such a levy be given to the Department of Health to spend on treatment of alcohol related health problems.

Proposer: Prof Joe Barry

Seconder: Dr Declan Bedford

14. Until minimum unit pricing for alcohol is introduced in Ireland the licensing and planning process for large outdoor musical events should be expanded so that local communities have a right to an oral hearing during the application process.

Proposer: Prof Joe Barry

Seconder: Dr Declan Bedford

Decision Making Protocols

15. The IMO calls upon the Government and the Minister for Health to introduce statutory ethical guidelines for all managers in the health services so as to ensure that all decisions are made based on the best available evidence and with the best interest and safety of patients paramount.

Proposer: Dr Matthew Sadlier

Seconder: Dr Ray Walley

16. The IMO calls on the Government to create a pledge that all elected representatives may sign up to which creates a commitment that all health care related decisions will be made based on the best available evidence and in the best interest and safety of patients.

Proposer: Dr Matthew Sadlier

Seconder: Dr Ray Walley

National Children's Hospital

17. The IMO calls on the Minister for Health, the HSE, Department of Health and Department of Public Expenditure and Reform to:
- Provide the public with clarity in relation to the proposed site of the National Children's Hospital
 - Give an assurance that taxpayers money is not being spent developing a proposal in relation to a site that will ultimately not be delivered upon.

Proposer: IMO NCHD Committee

Legislation and Regulation

18. The IMO calls on the Minister for Health to urgently regulate the provision of cosmetic surgical and non-surgical services in the interest of patient safety.

Proposer: IMO International Affairs Committee

19. The IMO calls on the Minister for Health to urgently publish guidelines in respect of the Protection of Life During Pregnancy Act.

Proposer: Dr Matthew Sadlier

Seconder: Dr Ray Walley

20. This meeting states that FEMPI legislation undermines the principle of collective bargaining and the rights of Trade Union members in circumstances where Government Ministers have the power to unilaterally vary terms and conditions of employment. The IMO notes that there is no place for this anti trade union legislation and calls on Government to repeal all FEMPI legislation.

Proposer: Dr Ray Walley

Seconder: Dr Matthew Sadlier

Prescription Charges

21. This meeting condemns Prescription Charges, and in particular the draconian 500% increase in those charges in recent years. We call on the Minister for Health to immediately abandon this regressive policy in circumstances where the medical evidence does not support prescription charges.

Proposer: North Dublin GP Branch

General Motions **Session 1**

Friday 25 April **10.15am**

Emergency Departments

22. This meeting notes the ongoing overcrowding of Irish Hospitals and proposes that no patient should be subject to a stay in excess of 6 hours in the Emergency Department.

Proposer: IMO Consultants Committee

Discharge Protocols

23. This meeting calls on the HSE to implement a policy in respect of patients being discharged from secondary care as follows:
- a) That there be a standard discharge letter giving details of all medication started and stopped during admission and
 - b) That all patients are given a copy of the letter on the date of discharge so as to ensure safe continuity of care.

Proposer: North East GP Branch

Graduate Entry Medical Students

24. The IMO calls on the HSE and the Department of Health to address the issue of outstanding Graduate Entry Medical Students loans, in light of the savings brought around through Haddington Road and the October 2013 Agreement.

Proposer: IMO NCHD Committee

General Motions **Session 2**

Friday 25 April **5.30pm**

Amended Rules and Code of Practice

25. Arising from an EGM of the IMO held on 23 March 2013 a Motion was passed to extend the scope of the review then underway to a full prospective Governance Review of the IMO. This was to bring to Council a series of recommendations which, if implemented, would ensure that the concern of the membership in connection with the governance and structures of the IMO would be fully and comprehensively addressed. Council has received the recommendations of the Governance Committee and commissioned a new Constitution and Rules of the IMO to comply with those recommendations.

Council of the IMO hereby proposes the adoption of the new Constitution and Rules of the IMO together with the adoption of a Code of Practice dealing with operational issues as recommended by the Governance Committee.

The new Constitution and Rules of the IMO are to take the form of the Rules as published (subject only to minor alterations or adjustments that may be sought or required by the Register of Friendly Societies in discharge of its statutory functions) and the Code of Practice as set out.

Proposer: Council of the Irish Medical Organisation

Retrospective Review

26. Council of the Irish Medical Organisation has sought tenders for a retrospective review of matters in the IMO, the terms of reference for such a review being adopted at an EGM in March 2013. Council deferred the appointment of a firm to undertake the review given the serious financial and legal implications of such an exercise for the Organisation and undertook to put these matters to the wider membership.

Council propose that the matter of appointing a firm and proceeding with the Retrospective Review be determined through a ballot of the IMO membership whereby members will be given a summary of the issues involved and asked to vote either for or against appointing a firm to conduct the Retrospective Review.

Proposer: Council of the Irish Medical Organisation

27. This meeting demands that the IMO delivers on the EGM Motion for a formal review relating to the pension arrangements of the former Chief Executive.

Proposer: North East GP Branch

28. This meeting proposes, to prevent erosion of the IMO membership, to restore and maintain the confidence and trust of the membership, that the Retrospective Review, as agreed at the EGM, should proceed without further delay.

Proposer: Sligo/Leitrim GP Branch

29. This meeting proposes that, following the refusal of the IMO Council to hold an EGM of the IMO on foot of a request duly signed by in excess of 120 members requesting an EGM as outlined in the Rules of the IMO and the subsequent holding of an EGM organised by IMO Council and the failure of the Council to take action over the last year on the motions passed at their own EGM in respect of a retrospective review, a committee will be appointed by the IMO Council, made up of members elected from this meeting to oversee the implementation of the promised retrospective review.

Proposer: Dr Cathal O'Sullivan

Seconder: Dr Garrett McGovern

Organisational Motions

Friday 25 April **6.30pm**

1. This meeting calls on the IMO to investigate the possibility of facilitating electronic voting in elections and referenda involving Union matters.

Proposer: IMO NCHD Committee

2. In view of the Law Society's opposition to the introduction of plain packaging of tobacco products, the IMO should, when engaging legal services, require a statement that the company or legal practitioner is not in receipt of fees, including retention fees, from the tobacco industry, its agents or representatives.

Proposer: IMO Public Health Doctor Committee

3. This meeting notes that many representative organisations, including the IMO, have formed an Alliance to protect and advance the interests of their members who have retired and urges the IMO to participate actively in the efforts of the Alliance.

Proposer: IMO Consultants Committee

4. This meeting proposes that IMO Council now establish a Student Group and a Retired Members Group in line with the provisions of membership categories in the IMO Constitution & Rules (Amended).

Proposer: IMO Consultants Committee

General Motions Session 3

Saturday 26 April 2.00pm

Medical Council Issues

30. The IMO condemns the exploitation of, and discrimination against, the doctors recruited to the Supervised Division of the Medical Register and calls for the abolition of the Supervised Division.

Proposer: IMO NCHD Committee

31. The IMO calls on the Medical Council to allow doctors on the Supervised Division of the Medical Register to transfer to the General Register or the Trainee Specialist Division.

Proposer: IMO NCHD Committee

32. The IMO calls on the Medical Council to provide immediate clarity to International Medical Graduates wishing to transfer from the General Division to the Trainee Specialists Division of the Medical Register so as to maintain essential numbers of doctors within the health service to provide safe patient care.

Proposer: IMO NCHD Committee

33. The IMO calls on the Medical Council to ensure that the good name of any doctor brought before the Council or against whom proceedings are initiated, is maintained, pending the outcome of the proceedings.

Proposer: IMO NCHD Committee

Haddington Road Agreement

34. The IMO NCHD Committee supports the IMO Consultants Committee in their efforts to eliminate a two tier consultant workforce.

Proposer: IMO NCHD Committee

Recruitment and Retention

35. The IMO calls on the Department of Jobs, Enterprise and Innovation and the Irish Naturalisation and Immigration Service to reverse the change to the rules regarding immigration for non EEA doctors, particularly in light of the staffing crisis affecting our hospitals.

Proposer: IMO NCHD Committee

Respect and Dignity at Work

36. That the HSE proactively develop a culture of positive reinforcement, where all staff treat each other with respect and speak to each other in a more courteous manner with positive reinforcement and less unnecessary criticism and belittlement.

Proposer: IMO NCHD Committee

Training

37. The IMO calls on training bodies to implement standardised training across departments, specialties and hospitals addressing such issues as who gives the training, how many hours per week, opportunistic teaching and learning, time spent on non clinical service work etc. Such standardised training will address current inconsistencies considering differing service needs, consultant workload and burden of NCHD work.

Proposer: IMO NCHD Committee

38. The IMO calls on the Medical Council to hold Post Graduate Training Bodies to account on the issue of the standardisation of training.

Proposer: IMO NCHD Committee

Universal Health

39. In light of the potential difficulties implementing a Dutch model of universal health insurance and the possibility that it will fail in the Irish context, the IMO calls on the Government to consider other mechanisms to achieve universal health and to facilitate a national debate on this issue.

Proposer: Dr Mark Murphy

Seconder: Dr Cillian Clancy

HIQA

40. The IMO calls upon Government to amend the Health Act to create a coalition of frontline staff who may be able to commission HIQA to conduct an inquiry into issues of patient safety.

Proposer: IMO Consultants Committee

41. The IMO calls upon the Minister for Health to request HIQA to conduct an inquiry into the service and patient safety implications of the current crisis of retaining and recruiting doctors in the Irish Health Service.

Proposer: IMO Consultants Committee

General Motions Session 3

Saturday 26 April 2.00pm

42. The IMO endorses the revised WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects and calls on HIQA in its new role as supervisory body for Research Ethics Committees to ensure that these principles are adhered to.

Proposer: IMO International Affairs Committee

Whistleblowing

43. This meeting calls on the Minister for Health to provide effective arrangements and guidelines to ensure that doctors who become aware of issues adversely affecting the quality or safety of services, or have a suggestion for improvement are facilitated and protected in drawing attention to such a matter by both internal and external governance arrangements.

Proposer: IMO Consultants Committee

Draft Under 6s Contract

44. The IMO Consultants Committee calls on the Department of Health to engage in full and meaningful negotiations with the IMO on behalf of our colleagues in General Practice to produce a new GMS contract that addresses both the needs of patients and those who deliver the care.

Proposer: IMO Consultants Committee

GP National Meeting

Saturday 26 April 10.00am

New GMS Contract/ Draft Under 6s Contract

1. This meeting supports the principle of GP care which is free at the point of access to all patients but notes that such a development requires proper planning, adequate resources and meaningful negotiations with the IMO – the trade union with a negotiating license representing GPs.

Proposer: IMO GP Committee

2. This meeting calls on the Minister for Health to show leadership and meaningfully negotiate a 21st Century Best Practice GMS Contract with the IMO. This is in line with the Minister's stated position in 2011 when he stated at the IMO AGM in 2011 that the IMO "are the only people to talk to".

Proposer: North Dublin GP Branch

3. The IMO GP Committee condemn the blatant disregard by the Department of Health / HSE for the right of GPs to be represented by their Trade Union, the IMO and call on the Minister for Health to immediately engage in meaningful negotiations with the IMO for the appropriate planning and resourcing of a New GMS Contract to meet the medical needs of the Irish population in the 21st century.

Proposer: IMO GP Committee

4. This meeting supports the IMO position on negotiations as detailed in a letter (13th February) from the IMO to Minister Reilly and Minister White.

Proposer: Limerick GP Branch

5. This meeting condemns the inclusion of the gagging clause by the Minister for Health in the draft GP Contract. The clause only serves one purpose, to contractually muzzle General Practitioners in acting as advocates on behalf of patients. We call on the complete withdrawal of this clause from any new contract.

Proposer: IMO GP Committee

6. This meeting calls on the IMO not to engage with the HSE regarding the current proposals on a Draft Contract for Under 6s.

Proposer: North East GP Branch

7. This meeting calls on the IMO to ensure that all GPs and GP Practices receive the same payments and practice supports for services provided under current and future GMS Contracts.

Proposer: Dr Sean Murray

Seconder: Dr Joe Murray

Recruitment and Retention

8. The IMO GP committee condemn the Minister for Health's blatant disregard for the ongoing haemorrhage of both experienced and newly trained GPs from Ireland. It calls on an immediate acknowledgement of the fact by the Minister so a suitable response be put in place to address the crisis.

Proposer: IMO GP Committee

Phlebotomy Services

9. This meeting calls on the HSE to develop a National Community Based Phlebotomy Service which is free at the point of access for all patients.

Proposer: North East GP Branch

High Deprivation Areas

10. This meeting condemns the habitual neglect by the HSE of high deprivation areas and insists that recognition be given to same in any future GMS contracts which must be negotiated with the IMO.

Proposer: North Dublin Branch

PCRS

11. This meeting calls for a review of the basic management structures in the administration of the GMS Scheme given the impact on and suffering faced by many vulnerable patients.

Proposer: North East GP Branch

12. This meeting proposes a vote of No Confidence in the PCRS Management given its continued failure to properly manage the centralised model of the medical card application process.

Proposer: North East GP Branch

GP National Meeting

Saturday 26 April 10.00am

13. This meeting demands that the Minister instruct the PCRS to implement fair and transparent mechanisms for medical card reviews.

Proposer: North East GP Branch

14. This meeting calls for a streamlining of the application and review process for medical cards to ease the unnecessary stress faced by patients on a daily basis.

Proposer: North East GP Branch

15. The IMO rejects the introduction by the PCRS of any new online application for new medication approval until such a time as all potential referrers for these medications have easy access to it.

Proposer: North East GP Branch

Establishing GPs

16. The IMO will actively protect and support newly establishing GPs where the HSE attempts to coerce these GPs into accepting PCC accommodation and signing licensing agreements.

Proposer: North East GP Branch

17. The IMO calls on the HSE to develop a policy on the recruitment and support of establishing GPs, particularly in rural areas.

Proposer: North East GP Branch

Primary Care Teams

18. This meeting states that Primary Care Teams have not proven to be an effective means of delivering services in the community.

Proposer: North East GP Branch

19. This meeting believes that the Primary Care Team structure has failed to deliver. The HSE needs to enter into new consultation with the IMO for a new workable model of care centred around General Practice.

Proposer: North East GP Branch

Licensing

20. This meeting deplores the HSE's attempts to restrict general practice by imposing their licensing agreement contract on GPs.

Proposer: North East GP Branch

GP Level 1 and Level 2 Contracts

21. This meeting calls on the IMO to meet urgently with the ICGP to address the lack of adequate treatment for drug users, especially in areas outside Dublin, due to issues in respect of GP Level 1 and GP Level 2 contracts.

Proposer: Dr Garrett McGovern

Seconder: Dr Cathal O'Sullivan

Medical Officers

22. This meeting calls on the IMO to pursue all IR issues relating to current and past Medical Officers of District Hospitals including pension and contract payments.

Proposer: Dr Joseph Moran

Seconder: Dr Sean Murray

Resources

23. The meeting proposes that scarce health resources be directed to those in greatest need.

Proposer: Limerick GP Branch

Consultant National Meeting

Saturday 26 April 10.00am

1. In light of the difficulties that have been experienced in filling Consultant posts, the IMO calls on the HSE to reverse the salary cuts for new entrant Consultants that were announced by the Minister for Health, without any consultation, in September 2012.

Proposer: IMO Consultants Committee

2. The IMO calls on the Department of Public Expenditure and Reform and the Department of Health to apply the same rules to Consultants as to all other employees in the public service when deciding on who is a new entrant.

Proposer: IMO Consultants Committee

3. The Minister for Health has cited the importance of Consultants moving between hospitals in terms of training and gaining experience, in that context, the IMO calls on the Minister to ensure that no serving Consultant - either in a permanent, locum or temporary role - is subject to the new entrant salary scales when changing post.

Proposer: IMO Consultants Committee

4. The IMO calls on the HSE, the Department of Health and the Department of Public Expenditure and Reform to make good on their commitments given in the Haddington Road Agreement to amalgamate the various Consultant salary scales.

Proposer: IMO Consultants Committee

5. The IMO calls on the HSE to ensure that the recently negotiated agreements between the IMO and the HSE on rest day entitlements and continuing medical education are honoured and implemented in full.

Proposer: IMO Consultants Committee

6. The IMO condemns the recent public attempts by the HSE to undermine the contractual terms and conditions enjoyed by Consultants with an attachment to St Vincent's Private Hospital.

Proposer: IMO Consultants Committee

7. The National Consultant Meeting notes that Emergency Powers were misused by the State when it choose to unequally share the burden of reductions in pay across those working in the public sector and urges the IMO to have the abuse terminated by correcting the reductions to provide equality of sharing at comparable levels of pay.

Proposer: IMO Consultant Committee

Public Health and Community Medicine National Meeting

Saturday 26 April 10.00am

1. The IMO calls on the HSE to lift the recruitment embargo on Senior Medical Officers in Public Health Departments and ensure that retired colleagues will be replaced only by the same grade. Staffing levels for Senior Medical Officers are far below those of the 2003 post strike agreement.

Proposer: Dr Mary Conlon

Seconder: Dr Mary Fahey

2. This meeting calls on the IMO to negotiate with the Director of Health and Wellbeing of the HSE on the redrawing of health service boundaries into Integrated Service Areas (ISAs) and the implications for Departments of Public Health.

Proposer: IMO Public Health Doctor Committee

3. As Senior Medical Officer is now the entry grade in Community Health (as AMO was previously), the job descriptions should in the same. Accordingly SMOs should be permitted to be involved in clinical duties.

Proposer: IMO Public Health Doctor Committee

4. The IMO calls on the Department of Health to ensure that public health medicine is staffed by consultant medical staff. Higher specialist training in public health medicine should lead to a substantive career grade of CPHM, a re-designation of the SPHM post.

Proposer: IMO Public Health Doctor Committee

5. The IMO calls on the Director of Health and Wellbeing of the HSE to resolve the provision of out of hour supports to the Public Health Out of Hours Service, as agreed with the HSE and as outlined in the IMO document.

Proposer: IMO Public Health Doctor Committee

6. In addressing the shortage of Community Health Doctors, priority should be given to regularisation of AMO posts to SMO grade.

Proposer: IMO Public Health Doctor Committee

7. The IMO calls on the Director General of Health to recognise the work done by Community Medical Officers with regard to Child Health and Developmental Assessment and Monitoring as a quality service which is complementary to the work undertaken by GP colleagues.

Proposer: IMO Public Health Doctor Committee

NCHD National Meeting

Saturday 26 April 10.00am

1. The IMO calls on the HSE to ensure that all hospitals pay NCHDs for Protected Training Hours.

Proposer: IMO NCHD Committee

2. The IMO calls on the Training Bodies to adopt the interim recommendations from the McCraith Report in relation to the introduction of family friendly training.

Proposer: IMO NCHD Committee

3. The IMO calls on the Minister for Health to ensure safe patient care by addressing the serious issues of recruitment and retention of NCHDs in Ireland.

Proposer: IMO NCHD Committee

4. The IMO calls on the HSE to issue contracts relating to the length of the training schemes offered to NCHDs rather than the current practice of offering 3, 6 or 12 month contracts.

Proposer: IMO NCHD Committee

5. The IMO calls on the HSE to pay the Labour Court agreed Night Rates to all NCHDs in respect of such hours worked backdated to the initial deadline for EWTD implementation (August 2008).

Proposer: IMO NCHD Committee

6. The IMO calls on the HSE to take all necessary steps to achieve the speedy transfer of inappropriate tasks from NCHDs to other appropriate staff as a matter of priority.

Proposer: IMO NCHD Committee

7. The IMO calls on the HSE, in collaboration with the training bodies to commence a Positive Dignity and Respect Programme to address the culture of bullying of doctors in Irish hospitals.

Proposer: IMO NCHD Committee

Minutes of Irish Medical Organisation Annual General Meeting 2013

Present:

Dr Matthew Sadlier (Incoming President)

Dr Trevor Duffy (Incoming Vice President)

Professor Sean Tierney (Incoming Treasurer)

Dr Padraig McGarry (Incoming Hon Secretary)

and approximately 250 members

1. Opening Session Thursday 4 April 2013

Adoption of Standing Orders

On the proposal of Dr Hawkins and seconded by Dr Healy the Standing Orders as published were adopted.

Minutes & Matters Arising

On the proposal of Dr Duffy and seconded by Dr Lynch the minutes were adopted and there were no matters arising.

Results of Elections

The meeting was advised of the names of the Medical Practitioners elected to each of the four Speciality Committees

Deceased Members

The meeting was advised of the death of a number of members during the year. A minutes silence was observed as a mark of respect.

2. Organisational Matters Friday 5 April 2013

The Treasurer, Professor Sean Tierney, presented the Annual Report and Financial Statements 2013 to the Meeting.

3. Handing over of chain of office Saturday 6 April 2013

Dr Paul McKeown, Outgoing President, presented the chain of office to Dr Matthew Sadlier, Incoming President.

Minutes of Irish Medical Organisation Annual General Meeting 2013 *Continued*

Emergency AGM Motion 2013 - Croke Park II Proposals

This meeting urges all members impacted by the Croke Park 2 proposals to vote NO in the current IMO ballot and thereby send a clear message to Government that public sector employees have no more to give. Further, following a NO vote by IMO members, should the Croke Park 2 proposals be accepted by the Public Service Committee (PSC) of the Irish Congress of Trade Unions (ICTU) on 17 April 2013, this meeting gives notice that the IMO is not bound by the outcome of a PSC vote that would impose significant pay cuts and increased working hours on IMO members and that IMO Council will consider all options at that time.

Carried

Alcohol, Drugs and Tobacco

1. The IMO calls on the Department of Health to work with counterparts in Northern Ireland, England and Scotland to introduce a minimum price structure for alcohol, based on grams of alcohol.

Carried

2. The IMO condemns the decision by Kerry County Council to support the relaxation of legislation on alcohol and driving.

Carried

3. This meeting calls on the IMO to lobby for a complete ban on all forms of advertising promoting alcohol.

Carried

4. This meeting calls on the IMO to lobby the Minister for Justice to impose mandatory life sentences for all those convicted of major drugs crimes.

Carried

5. The IMO calls on the Department of Children and Youth Affairs to become an active partner in the National Drugs Strategy.

Carried

6. The IMO calls on the Government to approve an implementation plan with timelines for all recommendations of the National Substance Misuse Strategy.

Carried

7. The IMO calls on the Minister for Finance to increase the price of a packet of 20 cigarettes by at least €1 in the next budget and all other tobacco products on a pro rata basis.

Carried

8. The IMO calls on the Minister for Foreign Affairs to join with France and other countries in signing the WHO Framework Convention on Tobacco Control Protocol without further delay in order to help eliminate the illicit trade in tobacco products.

Carried

9. The IMO supports the Minister for Health in seeking to introduce standardised packaging for tobacco products as per the example of the Australian Government.

Carried

10. The IMO notes the anomalies with respect to VAT on nicotine replacement products and calls on the Minister for Finance to reduce the rate of VAT on nicotine patches to at least 9%.

Carried

Lifestyle Issues

11. The IMO calls on the Irish Government to explicitly recognise that preventative health must underpin every activity of Government.

Amendment: The IMO calls on the Irish Government to explicitly recognise that preventative health measures must underpin every activity of Government.

Amended Motion Carried

12. The IMO calls on the Government to publish its Health and Wellbeing Strategy, including an implementation strategy.

Amendment: The IMO welcomes the publication by Government of its recent Healthy Ireland Strategy and calls on it to publish an implementation plan as quickly as possible

Amended Motion Carried

13. The IMO calls on the Government to develop a national physical activity plan for all age groups, including the extension of bike/walking schemes and to ensure that this plan is central to urban and rural planning as recommended by the Seanad Public Consultation Committee.

Carried

14. The IMO congratulates the National Transport Authority for funding the extension of the Dublin bike scheme and calls for the scheme to be extended to all cities in Ireland.

Carried

15. The IMO congratulates the Seanad Public Consultation Committee on its recent publication (Report on Changes in Lifestyle can prevent approx. one third of cancers. How does Government and society respond to this challenge?) which identifies how Government's public policy positions can help prevent cancer and calls on the Taoiseach and Cabinet to proactively support the recommendations outlined.

Carried

Road Safety

16. The IMO calls for An Garda Síochána to publish on a monthly basis the number of drivers arrested for drink driving and/or speeding in each county.

Carried

17. The IMO applauds the reduction in fatalities and injuries on our roads and suggests that it is now time to reduce risk factors further by studying samples of "near miss" events.

Carried

18. The IMO demands that the Government implement mandatory testing for drug driving.

Amendment: The IMO demands that the Government introduces random testing of drivers for illicit drugs

Amended Motion Carried

Anti Social Behaviour

19. The IMO calls on the Government to introduce "on the spot" fines for anti-social behaviour.

Carried

Immunisations and Vaccines

20. The IMO calls on the Government to adopt and champion the recommendations outlined in the World Medical Association Statement on the Prioritisation of Immunisation both domestically and internationally.

Carried

21. This meeting calls on the Department of Health to provide the Pertussis Vaccine (+dtp) to all pregnant women on a free of charge basis and to fund its administration by General Practitioners, and provide appropriate education supports for its successful administration. As recommended by NIAC this vaccine should be delivered between 28 and 32 weeks gestation for pregnant women and to close family contacts of infants born before 32 weeks.

Carried

European Commission

22. The IMO supports the European Union of General Practitioners (UEMO) and other European medical organisations in the request to the European Commission for the recognition of General Practice as a medical specialty.

Carried

23. The IMO requests the Medical Council to notify the European Commission of the status of General Practice as a recognised specialty in Ireland to assist with the recognition of General Practice as a medical specialty in Europe under the provisions of the Recognition of Professional Qualifications Directive 2005/36/EC.

Carried

24. This meeting opposes the work of the CEN (European Committee for Standardisation) in their attempts to standardise medical services at a European level and the IMO maintains that any standards regarding medical services should be developed, implemented and monitored by the relevant competent authorities in consultation with the medical profession so as to ensure the highest standards of care.

Carried

HIQA

25. The IMO calls on HIQA to ensure that all HIQA decisions which affect doctors are made with the participation of doctors.

Carried

26. This meeting calls on the IMO, where appropriate, to assist doctors in terms of HIQA guidelines and standards and to communicate all HIQA standards and guidelines to members.

Carried

Minutes of Irish Medical Organisation Annual General Meeting 2013 *Continued*

Human Rights

27. The IMO calls on the Irish Government to explicitly recognise health as a basic human right of every person in Ireland.

Carried

Medical Practitioners Act (2007)

28. The IMO supports the amendment to Section 88 of the Medical Practitioners Act (2007) to consider the intern year as part of undergraduate medical training and calls on the HSE to ensure that there are intern posts attached to every graduate of Irish Medical Schools as a required component of completing basic medical training in Ireland.

Carried

29. The IMO calls on the HSE to ensure that the current intern terms and conditions as outlined in the NCHD Contract 2010 remain unchanged.

Carried

Forum of Postgraduate Bodies

30. The IMO calls on the Forum of Postgraduate Bodies to recognise that this is not the appropriate body to engage in discussion with employers on matters affecting contractual terms and conditions.

Amendment: The IMO calls on the Forum of Postgraduate Training Bodies and their constituent colleges to recognise that the IMO is the appropriate body to engage in discussion with employers on matters affecting contractual terms and conditions.

Amended Motion Carried

Universal Health Care

31. This meeting reaffirms the IMO position on Principles for Universal Health Care, adopted in 2010, and calls on the IMO to engage with the Department of Health in the development of policy, system design and implementation of universal health coverage.

Amendment: This meeting reaffirms the IMO position on Principles for Universal Health Care, adopted in 2010, and calls on the Department of Health to engage with the IMO in the development of policy, system design and implementation of universal health coverage.

Amended Motion Carried

32. This meeting calls on the IMO to advise the Minister for Health that purchasing comprehensive equitable and readily accessible medical services, through a single tiered "money follows the patient" universal health insurances based funding mechanism, requires corresponding equitable payment arrangements for the providers of such services.

Carried

Irish Medicines Board

33. This meeting demands that all medications and treatment procedures/processes used in the treatment of patients in Ireland must be approved by the Irish Medicines Board.

Carried

Research Ethics Committees

34. The IMO supports the Alltrials movement and requests that all research ethics committees and pharmaceutical companies in Ireland mandate the publishing of all clinical trial data (as part of receiving ethical approval).

Carried

Crimes in Health Care Settings

35. The IMO calls on the Minister for Justice and Equality to collate and publish data on those charged and prosecuted of crimes against health care workers under Section 185 of the Criminal Justice Act 2006.

Referred to Council

Environmental

36. The IMO asks the Department of Health to create a Sustainability Development Unit, based on the NHS model, to adopt greener building design and to prioritise environmental health, reducing health expenditure and waste.

Carried

37. This meeting supports an effective dental health campaign utilising diet and dental hygiene and calls on the Government to immediately cease the expensive and ineffective policy of fluoridation of drinking water.

Defeated

Abortion

38. This meeting calls on the IMO to support regulation in relation to the provision of abortion services where there is a "real and substantial risk" to the life of the mother.

Defeated

39. The IMO calls on the Government to legislate for women who become pregnant as a result of a criminal act that they would be allowed access to legal termination within Ireland.

Defeated

40. The IMO calls on the Government to legislate for the provision of abortion services for women who are pregnant with non-viable foetal anomalies who choose to proceed with an abortion.

Defeated

Mental Health

41. The IMO calls on the Minister for Health to ensure that all independent agencies and services providing mental health services are obligated to achieve accreditation to international standards.

Carried

42. The IMO calls on the Minister for Health to legislate so that every person providing counselling and psychotherapy, publish which form of therapy they provide and to which problem.

Carried

43. The IMO calls on the Minister for Health to set a definite time frame for when a statutory regulatory body for practitioners providing psychotherapy and counselling services to those already suffering with mental health problems that are not already covered by a statutory body.

Carried

44. The IMO calls on the Minister for Health to expand the remit of the Mental Health Commission to allow for the inspection of all agencies providing psychotherapy and counselling services.

Carried

45. The IMO condemns all newspapers who, in the last year, engaged in sensational reporting of suicides and did not follow national or international guidelines on the reporting of suicides.

Carried

46. The IMO calls on the Minister for Communications as a matter of urgency to set enforceable guidelines on the reporting of suicide which carry sufficient penalties to prevent the tragic loss of life.

Amendment: The IMO calls on the Minister for Communications as a matter of urgency to set enforceable guidelines on the reporting of suicide in the media which carry sufficient penalties to prevent the tragic loss of life.

Amended Motion Carried

47. The IMO calls on the Minister for Health to establish a commission to evaluate the evidence base and utility of complementary therapy and alternative therapies as a first step towards developing national guidelines.

Carried

48. The IMO condemns this Government and its predecessor for the slow progression of the Mental Health Capacity Bill which was first proposed in 2008 and thus unnecessarily causing ongoing suffering for those with intellectual and mental disabilities and their families.

Carried

49. The IMO calls on the Minister for Health to ensure that every mental health facility is provided with a working ECG machine so patients with mental health difficulties can receive adequate physical screening to allow for the safer use of psychiatric medications.

Carried

50. The IMO deplores the recent practice of offering the small number of new allied health professionals employed in the mental health services in a temporary capacity and seeks a statement from the Minister for Health about this as those posts are likely to be suppressed at the termination of those temporary contracts.

Carried

51. The IMO notes the exponential increase in referrals to the secondary mental health services as a consequence of the economic recession and seeks a statement from the Taoiseach on the steps the Government plan to take to enable an appropriate response to this high level of human stress and misery.

Minutes of Irish Medical Organisation Annual General Meeting 2013 *Continued*

Amendment: The IMO notes the exponential increase in referrals to the secondary mental health services as a consequence of the economic recession and seeks a statement from the Taoiseach on the steps the Government plan to take to enable an appropriate clinical response to this high level of human stress and misery.

Amended Motion Carried

52. The IMO notes, with extreme disappointment, the move by the HSE to recruit the, much promised, National Director for Mental Health, from a closed competition from within the HSE, and closely allied agencies and seeks a statement from the Minister as to the rational for this unimaginative way of seeking to modernise and develop the mental health services.

Carried

Croke Park Agreement

53. The IMO calls on the HSE to honour the terms of the Croke Park Agreement (2010 – 2014) with respect to the principles of engagement and negotiation of change.

Carried

54. The IMO calls on the National Implementation Body to restate to all parties the requirement for all to abide by the processes outlined in the Croke Park Agreement.

Carried

New Consultant Posts

55. This meeting condemns the introduction of lower pay scales for new entrant consultants and calls on the HSE to revoke the unilateral 30% reduction in salary as it contravenes the terms of the Croke Park Agreement.

Carried

Organisational Issues - Motions 56 to 87

56. That this meeting, bearing in mind the IMO Governance Review and current rules regarding Rule Changes, agrees that all Organisational motions, which have an impact on the future structure and governance processes of the IMO, will be referred, if passed, to the IMO Council for consideration in the context of both the Governance Review and Retrospective Review.

Amendment: That this meeting, bearing in mind the IMO Governance Review and current rules regarding Rule Changes, agrees that all

Organisational motions, which have an impact on the future structure and governance processes of the IMO, will be referred, if passed, by IMO Council to either the Governance Review or the Retrospective Review for consideration.

Amended Motion Carried

57. This meeting proposes that the IMO be reconstituted immediately to allow complete autonomy of the four craft groups under the umbrella of the IMO.

Defeated

58. This meeting proposes a change in the IMO Structure to improve communication with the membership as follows:

- a) Abolish specialty branch meetings to become "All Member" branches - **Defeated**
- b) Branches to elect a representative to Council - **Defeated**
- c) Branches to elect rep to specialty where appropriate - **Defeated**
- d) Council to direct IMO Management/Executive - **Carried**
- e) Council to regularly inform members of decisions and IR issues - **Carried**
- f) Branch meetings to be held quarterly - **Carried**

59. This meeting proposes that the IMO Management Committee be increased in numbers to allow increased representation by the various craft groups.

Defeated

60. This meeting proposes that the IMO Management Committee membership be increased in size and that the representation of each craft group accurately reflect membership figures.

Defeated

61. This meeting requests that the rotation of the IMO Presidency between the craft groups be reviewed.

Carried

62. This meeting calls on the IMO to concentrate on representing doctors and withdraw from non-core activities.

Motion Fell

63. This meeting calls on the IMO to establish a Student Craft Group.

Carried

64. This meeting calls for a change in the Constitution & Rules of the IMO to establish an IMO Student Craft Group, distinct in the IMO Rules and Constitution, with representatives from each medical school in Ireland formally elected for a period of one year.

Carried

65. This meeting calls on the IMO to establish a Standing Medical Students Committee with a remit to represent medical students in each of the six medical schools in Ireland in regard to:

- a) Regulations and legislation pertaining specifically to medical schools and medical students
- b) Conditions and training within Clinical Sites
- c) Medical Workforce Planning and Funding
- d) Health Policy
- e) Non Voting Student Observers to have a place on IMO Council
- f) Acting as Student Representatives on International, National and Regional Committees.

Motion Fell

66. This meeting calls on the IMO to change the name of the NCHD Committee to the Trainee Specialist Doctors Committee.

Amendment: This meeting calls on the IMO to look to change the name of the NCHD Committee.

Amended Motion Carried

67. This meeting calls for a debate on:

- a) IMO Chief Executive – Terms of Reference
- b) IMO Presidency, with particular reference to the election process and length of tenure

Carried

68. This meeting calls for a debate on:

- a) IMO Chief Executive – Terms of Reference
- b) IMO Presidency, with particular reference to the election process and length of tenure

Duplicate - see above

69. This meeting proposes that all future IMO Chief Executive's be offered a five year renewable contract.

Amendment: This meeting proposes that all future IMO Chief Executive's be offered a fixed term renewable contract.

Amended Motion Carried

70. This meeting calls on the IMO to further reduce membership fees for all groups.

Carried

71. This meeting proposes that the IMO Subscriptions be equivalent to BMA subscription rates for all specialties.

Withdrawn

72. This meeting agrees that, in recognition of the lack of progress in resolving the poor working conditions of NCHD members over the last 10 years, during which time working conditions have deteriorated significantly, and with a view to increasing membership as much as possible at this critical time, the IMO subscription for NCHD members will be reduced to €25 for 2013. Any member who has already paid existing rates will receive a credit for next year for an excess paid.

Amendment: This meeting agrees that, in recognition of the lack of progress in resolving the poor working conditions of NCHD members over the last 10 years, during which time working conditions have deteriorated significantly, and with a view to increasing membership as much as possible at this critical time, the IMO subscription for NCHD members will be reduced significantly for 2013. Any member who has already paid existing rates will receive a credit for next year for an excess paid.

Amended Motion Carried

73. This meeting calls on the IMO Staff Pension Fund to be changed so that the IMO would appoint three trustees, elected by the membership, with re-election required every three years and that they would provide a report to the AGM annually.

Defeated

74. This meeting proposes that IMO council apply the Rules & Constitution regarding financial matters to all subsidiary companies of the IMO and that the IMO audited financial statements include, along with a consolidated balance sheet, a summary Profit and Loss Statement of majority owned subsidiary companies.

Carried

Minutes of Irish Medical Organisation Annual General Meeting 2013 *Continued*

75. This meeting proposes that all IMO subsidiary companies should submit annually a full Profit and Loss Statement to IMO Council and IMO Management Committee.

Carried

76. This meeting proposes that IMO Council review annually all expense guidelines which can be claimed by IMO Committee Members and IMO Employees and that all expenses are paid on a vouched system. Such expense guidelines will be included as part of the IMO Audited Financial Statement each year and that all expense accounts and details be available to the members of IMO Council.

Carried

77. This meeting calls for IMO Council members to get adequate expenses for IMO business meetings.

Carried

78. This meeting proposes that IMO Council will receive annually a Declaration of Interest from all IMO Committee Members, Board Members of IMO Subsidiary Companies, Advisors to IMO and IMO Employees.

Carried

79. This meeting expresses its profound dissatisfaction with the governance of the IMO and demand transparent governance structures in the future.

Motion Fell

80. This meeting calls for a new legal opinion in relation to the validity of the contract of the former Chief Executive.

Defeated

81. This meeting calls for all IMO business to be transparent.

Carried

82. That the IMO develop a "bottom up" approach to running the organisation.

Carried

83. This meeting proposes that, in the future, AGM motions relating to the various craft groups be managed by each craft group and that only general motions be decided upon by a motions committee with representatives from each craft group.

Carried

84. This meeting proposes that submitted motions relating to General Practice be assessed by a subgroup of the GP Committee and that this group decide which motions go forward to the AGM.

Defeated

85. This meeting proposes that decisions regarding AGM motions be made only by IMO members.

Carried

86. This meeting demands that the IMO AGM rotate on a yearly basis with suitable forward planning and communication in advance.

Carried

87. That the Mayo Branch host AGM 2014.

Defeated

Media Issues

88. This meeting urges all doctors to be aware of and exercise due prudence in regard to modern social media, particularly in relation to potential breaches of patient confidentiality.

Carried

89. This meeting condemns websites which publicly rate doctors, as it is not a suitable measure of performance and may discourage patients from seeking essential healthcare.

Carried

90. The IMO calls on the Advertising Standards Authority of Ireland, through its Code of Standards to reflect the potential harms that screening of asymptomatic individuals may receive and the limited evidence for screening interventions on such individuals in advertisements.

Carried

91. The IMO requests that the Press Council of Ireland, through its Code of Practice, to promote journalistic accuracy when reporting scientific and health related stories, to prevent false information pertaining to the health sciences from entering the public domain.

Amendment: The IMO requests that the Press Council of Ireland, through its Code of Practice, to promote journalistic accuracy when reporting scientific and health related stories, to prevent biased or inaccurate information pertaining to the health sciences from entering the public domain.

Amended Motion Carried

92. The IMO requests that the Press Council of Ireland ensures appropriate application of its Code of Practice in regard to the reporting of professionals involved in Medical Council inquiries.

Amendment: The IMO requests that the Press Council of Ireland ensures appropriate application of its Code of Practice in regard to the need for the balanced reporting of professionals involved in Medical Council inquiries.

Amended Motion Carried

Technology in Health

93. The IMO calls on the HSE to explain why there is no secure, confidential and monitored email system, which allows health professionals to communicate more effectively to provide better quality and safer medical care.

Carried

94. This meeting calls for the impact of newer technologies in health care to be fully evaluated by the relevant authority.

Amendment: This meeting calls for the impact of newer technologies in health care to be fully evaluated by HIQA

Amended Motion Carried

Manpower

95. The IMO calls on the HSE to urgently resource sufficient academic General Practice training positions, given the rise of multi morbidity in the community and the central role of primary care in our future health services.

Carried

96. This meeting calls on the HSE to immediately implement the recommendations of the Hanly Report specifically with regard to non-doctor duties.

Amendment: This meeting calls on the HSE to immediately implement the recommendations of both Hanly Reports specifically with regard to NCHD inappropriate tasks.

Amended Motion Carried

97. The IMO calls on the HSE to introduce the 2003 Hanly Report proposal for a bleep policy in hospitals to consolidate existing good practice in the area of communication between nursing, medical and administrative staff.

Carried

98. On this the 10th Anniversary of the Hanly Report, this meeting calls upon the HSE to implement the recommendations in full so as to improve patient care and the working conditions of NCHDs in line with EWTD.

Amendment: On this the 10th Anniversary of the publication of the Hanly Report, this meeting calls upon the HSE to implement the recommendations in full so as to improve patient care and the working conditions of NCHDs in line with EWTD

Amended Motion Carried

99. This meeting notes the international trend to delegate work of doctors to others, such as physician assistants specifically trained for undertaking such work, and considers that there is merit in this development which could be a feature of the reform of the Irish health services.

Amendment: This meeting notes the international trend to delegate some work of doctors to others, such as physician assistants specifically trained for undertaking such work, and considers that there is merit in this development which could be a feature of the reform of the Irish health services.

Amended Motion Carried

100. The IMO calls on the HSE to collate and publish details of expenditure on agency staff throughout the hospital sector and highlight any excess over and above the costs associated with employing full time staff in equivalent posts.

Carried

101. The IMO calls on the HSE to publish details of medical staffing deficits in the acute hospital sector on a quarterly basis.

Carried

NCHDs

102. This meeting supports the work of the IMO and other European national representative organisations in highlighting the difficulties for NCHDs across Europe and taking action for a change in work and training conditions.

Carried

103. This meeting expresses solidarity with our NCHD colleagues and their fight against deplorable conditions.

Carried

Minutes of Irish Medical Organisation Annual General Meeting 2013 *Continued*

Security

104. The IMO calls on the HSE to ensure adequate security in hospitals and on the hospital campus, including car parks, in particular at night time for those hospital staff on call on site.

Carried

Education

105. The IMO calls on the Minister for Education to correct the longstanding discrimination against science and mathematics in education and mandate that the number of mandatory humanities subjects in secondary school is equal to the number of mandatory science and mathematics subjects.

Amendment: The IMO calls on the Minister for Education to correct the longstanding discrimination against science and mathematics in education and mandate that the number of mandatory humanities subjects for the leaving certificate examination is equal to the number of mandatory science and mathematics subjects.

Amended Motion Carried

106. The IMO commends the provision of free parent education programmes currently operating in Ireland, such as Positive Parenting Plus, and requests the Government to introduce a national roll out of such programmes.

Carried

IMJ

107. This meeting values and supports the Irish Medical Journal for publishing research and opinion of a consistently high quality and further congratulates the Editor on the introduction of online CPD through the IMJ for IMO members.

Carried

108. This meeting calls on the IMO to establish an Annual Research Event which will acknowledge the best medical research conducted within Ireland and published in the IMJ.

Amendment: This meeting calls on the IMO to establish an Annual Research Event which will acknowledge the best medical research conducted within Ireland and accepted for publication by the IMJ.

Amended Motion Carried

Minutes Consultant Meeting 2013

1. This meeting calls on the HSE to end the current practice of 2 for 1 post suppression required to create new consultant posts.

Carried

2. The decision by the HSE to impose unworkable compensatory rest day provisions for 1:3 and 1:4 rosters is a breach of the Labour Court decision issued in November 2012. This meeting calls on the HSE to withdraw the instruction to hospital managers and to adhere to the Labour Court decision to reach an agreement on the new arrangements. Failure by the HSE to do so, or should agreement not be reached, the matter should be referred back to the Labour Court.

Amendment: The decision by the HSE to impose unworkable compensatory rest day provisions for 1:3 and 1:4 rosters is a breach of the Labour Court decision issued in November 2012. This meeting calls on the HSE to withdraw the instruction to hospital managers and to adhere to the Labour Court decision to reach an agreement on the new arrangements. This meeting supports our representatives on the Consultant Committee in their direct engagement with Clinical Directors group (but regionally and nationally). Failure by the HSE to do so, or should agreement not be reached, the matter should be referred back to the Labour Court.

Amended Motion Carried

3. This meeting calls on the Department of Health and the HSE to engage in a consultation process with the IMO to implement the recommendations of the Hanly Report in regard to consultant manpower.

Carried

4. The imposition of the salary reduction for current or former locum and temporary Consultants, and in certain circumstances existing permanent Consultants is a breach of the Public Service Agreement. The salary reduction for these categories must be withdrawn and the IMO should inform the HSE that failure to do so will result in the matter being referred to the Health Sector Implementation Body and, if required, to the Labour Court.

Amendment: The imposition of the salary reduction for current or former locum and temporary Consultants, and in certain circumstances existing permanent Consultants is a breach of the Public Service Agreement. The salary reduction for these categories must be withdrawn and the IMO should inform the HSE that failure to do so will result in the matter being referred to the Health Sector Implementation Body and, if required, to the Labour Court.

Amended Motion Carried

Minutes NCHD Meeting 2013

NCHD Contract

1. This meeting reiterates that NCHDs must be paid for all hours and that the IMO will take all steps necessary to ensure this is done.

Carried

2. This meeting calls on the IMO to publish a document clearly explaining the ways in which overtime payments are defined and calculated, with specific examples including annual leave, study leave, sick leave and maternity leave.

Amendment: This meeting calls on the IMO in conjunction with the HSE to publish a document clearly explaining the ways in which overtime payments are defined and calculated, with specific examples including annual leave, study leave, sick leave and maternity leave.

Amended Motion Carried

3. The IMO calls on the HSE to publish national guidelines for all hospitals detailing how payment is to be made for overtime hours worked, with specific regard to real life working patterns.

Carried

4. This meeting demands that the HSE pay the cost for additional accommodation for doctors who are required to rotate as part of their employment, as is the case for other HSE Staff.

Carried

5. The IMO calls on the HSE to immediately agree with the IMO and implement a detailed and chronological action plan for the implementation of the EWTD for NCHDs in line with the NCHD Contract 2010 including a maximum 24 hour shift on site on a 1:5 basis and protected training time.

Carried

6. This meeting acknowledges and will protect surgical trainees, given the need for adequate time to gain the skills necessary to become competent surgeons, in the context of EWTD implementation.

Carried

7. The IMO calls on the HSE to immediately engage in negotiations with the IMO on the introduction of a National electronic time management system to record NCHD working hours to help in the implementation of EWTD and to ensure adherence to the NCHD contractual entitlement to be paid for all hours worked

Carried

Investigations

8. The IMO calls on HIQA as a matter of urgency to investigate the patient safety implications of the onerous and illegal work patterns of NCHDs.

Carried

9. The IMO calls upon the European Commission to investigate the working hours of NCHDs and apply appropriate penalties.

Carried

Training and Educational Issues

10. The IMO condemns the current working hours of NCHDs and calls upon the post graduate training bodies to devise training programmes that fit within the European working time directive.

Carried

11. This meeting calls on the IMO to liaise with the Training Bodies to improve training in hospitals and make it more standardised and relevant.

Motion Fell

12. This meeting demands that the HSE reinstate the Training Grant for NCHDs.

Amendment: This meeting demands that the HSE reinstate the Training Grant directly to NCHDs.

Amended Motion Carried

13. The IMO demand that the HSE reinstate the Training Grant and that doctors do not have to pay for courses themselves that are considered a necessary part of their training.

Motion Fell

14. The IMO believes that doctors should not have to pay for any of their first sit compulsory exams or any of the ACLS fees.

Motion Fell

15. The IMO demands that the HSE reimburse NCHDs for all mandatory training courses and certifications.

Amendment: The IMO demands that the Training Bodies and the HSE reimburse NCHDs for all mandatory training courses and certifications.

Amended Motion Carried

16. The IMO calls on the PGTBs to impose sustainable training requirements on trainees, conducive to good mental and physical health, cognisant that NCHDs already work onerous and illegal hours.

Carried

17. The IMO requests that the HSE permits NCHDs with access to internet sites in hospital libraries which enable research, education and training and to consult with the IMO about this provision.

Amendment: The IMO requests that the HSE permit NCHDs to access to internet sites in hospital libraries which enable research, education and training and to consult with the IMO about this provision.

Amended Motion Carried

18. In light of the requirement for senior NCHDs to go abroad to gain valuable experience prior to taking up a Consultant post in Ireland the IMO calls on the HSE to guarantee extended career breaks for these doctors in order that they are not treated as new entrants for pension or any other purpose on their return to the Irish Health Service.

Carried

Workforce Planning

19. The IMO demands that the HSE and the Medical Council align numbers of approved and paid internship positions with the numbers of EU graduates of Irish Medical Schools so that such graduates can comply with EU requirements for registration.

Amendment: The IMO demands that the HSE and the Medical Council align numbers of approved and paid internship positions with the numbers of graduates of Irish Medical Schools so that such graduates can comply with EU requirements for registration.

Amended Motion Carried

20. The IMO calls on the Minister for Health and the HSE to ensure that there are sufficient Intern training places to meet the increased numbers of medical school graduates.

Carried

NCHD Duties

21. This meeting calls on the HSE to advise all hospital managers that NCHDs will not be providing any phlebotomy cover and that the HSE pay people extra to come in and do it.

Motion Fell

22. The IMO calls on the HSE to establish, in conjunction with relevant stakeholders, a body to look at tasks performed in hospitals and assign them to the appropriate health care professionals and establish appropriate job descriptions.

Carried

23. The IMO calls upon the HSE and other NCHD employers to engage with the IMO to look at alternative methods of providing on-call services within hospitals.

Carried

Hospital Committees

24. The IMO calls on the HSE to ensure that as per NCHD Contract 2010 rostering committees are immediately established in all Hospitals.

Referred to Council

25. This meeting calls on the IMO to coordinate and schedule meetings between NCHD Hospital Reps and the NCHD Committee no less than four times per year.

Referred to Council

26. This meeting calls on the IMO to assist in developing continuity between hospital committees during NCHD changeover periods to ensure that institutional memory is retained.

Referred to Council

Contracts of Indefinite Duration

27. The IMO calls on the Department of Health to enhance the terms and conditions of NCHDs with contracts of indefinite duration to reflect the variety of work they perform in the Irish hospital setting and their invaluable service to the country.

Carried

Minutes of NCHD Meeting *Continued*

NCHD Rotations

28. In light of the negative impact on many NCHDs of frequent rotations through hospitals in differing parts of the country from their family members the IMO calls on the HSE and the training bodies to take cognisance of NCHDs personal circumstances in assigning rotations and insofar as possible accede to requests for hospital rotations that are family friendly.

Referred to Council

Facilities for NCHDs

29. The IMO requests that all NCHDs are formally provided with a HSE email address.

Referred to Council

30. In light of the sub-standard conditions of many NCHD residences, the IMO calls on the HSE to immediately review the agreed guidelines for NCHDs residences and agree new guidelines with the IMO for urgent implementation to ensure that the basic needs of all NCHDs on call are provided by all Hospitals.

Referred to Council

Student Issues

31. This meeting urges the IMO to engage with graduate entry medical students to seek to offer appropriate advice to address their concerns in relation to fees, loans and employment prospects.

Referred to Council

Medical Council

32. The IMO calls upon the Irish Medical Council to liaise with the IMO on the current registration process of non-English speaking, non-Irish Medical School graduates before they commence employment to ensure safety of NCHDs and patients alike.

Carried

Minutes of GP Meeting 2013

GMS Contract / PCRS

1. This meeting demands that the Department of Health honour in full all existing contracts with GPs, particularly the GMS Contract.
Carried
2. This meeting demands that an independent robust arbitration process be put in place immediately for any disputes between GPs and the PCRS that arise from existing contracts and that fail to be dealt with in a timely manner.
Carried
3. This meeting demands that the breach of the GMS Contract, in specifying that GPs work in aspirational or virtual Primary Care Centres, cease forthwith.
Carried
4. This meeting calls on the PCRS to ensure that no payment due to GPs is in arrears of more than one month from the time of submission of the claim.
Carried
5. The IMO will not tolerate any payments in arrears which are owed to GPs from PCRS.
Carried
6. The IMO demands that immediate payment on account be made to GPs in respect of any outstanding payments pending arbitration.
Carried
7. This meeting calls on the IMO to set up sentinel practices in each county and that such practices will advise the IMO of payment delays so that the IMO may take all necessary action in respect of such payment delays.
Carried
8. This meeting calls on the IMO to gather data from GPs in respect of payments under the GMS Contract and to collate information on payment delays on a county by county basis.
Carried
9. The IMO will advise GPs of any trends in payment delays under the GMS Contract.
Carried

Resources and Workload

10. Should the HSE continue to erode general practice funding GPs will not be in a position to engage in additional workload, as outlined in IMO FEMPI Submissions, such as Primary Care Team involvement and we call on the Minister for Health not to undermine the fabric of General Practice further.
Carried
11. This meeting deplores the lack of resources provided to General Practice and the proposed reduction from the GMS as announced in the last Budget.
Carried
12. This meeting supports the provision of adequate primary health care funding for urban and rural deprived areas on a weighted basis.
Amendment: This meeting supports the provision of adequate GP funding for urban and rural deprived areas on a weighted basis.
Amended Motion Carried
13. This meeting calls on the IMO to conduct and publish research on GP Workload and GP Payments and compare to those applying in other EU countries.
Amendment: This meeting calls on the IMO to conduct and publish research on GP Workload and GP Payments and compare to those applying in EU Countries and English speaking countries.
Amended Motion Carried
14. This meeting calls on the IMO to gather accurate data regarding visitation rates in general practice by patient type/group so that general practice workload may be accurately assessed.
Carried
15. This meeting demands the immediate reinstatement of out of hours visit fees on the basis of distance codes.
Carried
16. This meeting demands the reversal of the STC rate reduction in respect of STCs between the hours of 8am to 9am and 5pm to 6pm.
Carried

Minutes of GP Meeting *Continued*

Transfer of Work

17. This meeting calls on the IMO to develop and adopt a policy on the inappropriate transfer of workload from secondary care into General Practice.

Carried

18. This meeting calls on the IMO to advise all hospital managers and clinical directors that GPs can no longer accept the transfer of hospital work and that this be advised, by the hospital managers, to all appropriate personnel within the hospitals and included as part of the NCHD Induction Programme run by the hospital.

Amendment: This meeting calls on the IMO to advise all hospital, service managers and clinical directors that GPs can no longer accept the transfer of hospital work and that this be advised, by the hospital managers, to all appropriate personnel within the hospitals and included as part of the NCHD Induction Programme run by the hospital.

Amended Motion Carried

19. This meeting proposes that the IMO produce a document on the limitations of the GMS Contract so as to provide clarity to all members of the IMO – GPs, Consultants, NCHDs and Public Health.

Carried

20. That the possibility of rolling out ultrasound into General Practice be explored.

Carried

Co-Ops

21. The IMO demands that any GPs who changed their contracted working hours to suit local Co-Op cover be allowed to return to their contracted working hours.

Carried

Medical Cards

22. This meeting insists that no new type of medical card will be introduced on a non means tested / designated illness basis without negotiation with the IMO.

Carried

Universal Health

23. This meeting demands that any new Universal Health Care programme, as it affects primary care, be an extension to the existing GMS model.

Referred to Council

GP Level 1 and Level 2 Contracts

24. This meeting calls on the IMO to meet urgently with the ICGP to address the lack of adequate treatment for drug users, especially in areas outside of Dublin due to issues in respect of GP Level 1 and Level 2 contracts.

Motion Fell

Proposed Care Pathways

25. This meeting calls on the IMO to engage with the ICGP in respect of the development of proposed care pathways for patients so that any potential contractual issues can be assessed prior to any engagement with the HSE or Department of Health.

Motion Fell

Pension Issues

26. This meeting proposes that the IMO GP Committee will nominate one of their members to be put forward for approval as a Trustee to the GMS Pension Fund.

Motion Fell

27. This meeting calls on the Trustees of the GMS Pension Scheme to put the Scheme to an open competitive tender, on a regular basis, to ensure the management charges are competitive.

Carried

28. This meeting calls on the Trustees of the GMS Pension Scheme to provide an investment choice, other than an Annuity, to retiring GMS Doctors (as provided for in the Finance Act 2011).

Carried

29. This meeting calls on the IMO to address the issue of State Pensions to those General Practitioners who work in community hospitals.

Carried

Minutes of Public Health Meeting 2013

1. This meeting calls on the HSE to recognise the validity of the AMO case to the Equality Tribunal and that they withdraw from their opposition, recognise the experience and qualifications of remaining AMOs and upgrade their status to Senior Medical Officer, the entry grade since 2003.

Carried

2. This meeting calls on the IMO to examine the possibility of taking further cases against the HSE in the Equality Tribunal.

Amendment: This meeting calls on the IMO to take further cases on behalf of the remaining AMO's against the HSE in the Equality Tribunal.

Amended Motion Carried

3. The meeting reaffirms the IMO's intention to pursue a robust case against the HSE in the Equality Tribunal in relation to the AMO case.

Carried

4. The IMO calls on the HSE to recognise the commitment shown by Public Health Doctors to the Public Health Emergency Out of Hours Service by putting in place the full range of supports needed by the Service, including access to Environmental Health Officers and clear channels of communications to local Hospitals.

Amendment: The IMO calls on the HSE to put in place the full range of supports needed by the Public Health Emergency Out of Hours Service including access to Environmental Health Officers and clear channels of communications to local hospitals, thus recognising the commitment shown by Public Health Doctors to the service.

Amended Motion Carried

5. The IMO calls on the HSE and the Department of Health to honour their previous commitments and accept that Specialists in Public Health Medicine merit Consultant status.

Carried

6. While the IMO acknowledges recent appointments within Public Health Medicine, the IMO calls on the HSE and the Department of Health to ensure that there are sufficient Public Health Doctors in post to carry out their statutorily obligated duties in a timely and efficient manner.

Amendment: While the IMO acknowledges recent appointments within Public Health Medicine, the IMO calls on the HSE and the Department of Health to ensure that there are sufficient Public Health and Community Health Doctors in post to carry out their statutorily obligated duties in a timely and efficient manner.

Amended Motion Carried

7. The IMO calls on the HSE to establish a forum to examine the role of Senior Medical Officer in Public Health and to explore ways to expand this role further to the benefit of the service and of Doctors in these posts.

Carried

General Motions Update 2013

Emergency AGM Motion 2013 - Croke Park II Proposals

This meeting urges all members impacted by the Croke Park 2 proposals to vote NO in the current IMO ballot and thereby send a clear message to Government that public sector employees have no more to give. Further, following a NO vote by IMO members, should the Croke Park 2 proposals be accepted by the Public Service Committee (PSC) of the Irish Congress of Trade Unions (ICTU) on 17 April 2013, this meeting gives notice that the IMO is not bound by the outcome of a PSC vote that would impose significant pay cuts and increased working hours on IMO members and that IMO Council will consider all options at that time.

Update: The CP2 proposals were subsequently defeated with 92% of IMO members voting to reject. This reflected the decision of the majority of Public Sector Unions. Following a brief pause the Government negotiators, through the offices of the LRC, engaged in negotiations with the unions which culminated in the Haddington Road Agreement (HRA). Following a ballot of IMO members impacted by the proposals the HRA was accepted by 67% of members voting. All other public sector unions also voted to accept the proposals.

Alcohol, Drugs and Tobacco

13/01 The IMO calls on the Department of Health to work with counterparts in Northern Ireland, England and Scotland to introduce a minimum price structure for alcohol, based on grams of alcohol.

Update: In September 2013, the IMO launched its Position Paper on Alcohol and Young People.

A Minimum Alcohol Pricing Structure was also called for in the IMO Budget Submission which was presented to the Oireachtas Committee on Finance, Public Expenditure and Reform on 12 September 2013 and the Committee on Health and Children on 26 September 2013.

The Government announced, on 24 October 2013, plans to introduce Minimum Unit Pricing under its Public Health (Alcohol) Bill. However, details are yet to be published.

13/02 The IMO condemns the decision by Kerry County Council to support the relaxation of legislation on alcohol and driving.

Update: The IMO wrote to Kerry County Council regarding this motion but no response was received.

13/03 This meeting calls on the IMO to lobby for a complete ban on all forms of advertising promoting alcohol.

Update: The IMO emailed the members of the Oireachtas Select Sub-Committee on Transport, Tourism and Sport and Cabinet members regarding this motion. The IMO also calls for a ban on all forms of advertising and promotion of alcohol in the IMO Position Paper on Alcohol and Young people which was presented to the Oireachtas Joint Committee on Finance, Expenditure and Reform and the Oireachtas Joint Committee on Health and Children.

When the Public Health (Alcohol) Bill was announced on 24 October 2013 the IMO issued a press release welcoming the introduction of Minimum Unit Pricing for Alcohol but criticised the decision of the Government not to proceed with a ban on alcohol sponsorship of sport; "We believe that the decision not to ban alcohol sponsorship in sport is a missed opportunity."

While the Bill is to contain some provisions in relation to the regulation of marketing and advertising of alcohol, the IMO believe the Bill does not go far enough. The IMO is continuing to lobby on this issue.

13/04 This meeting calls on the IMO to lobby the Minister for Justice to impose mandatory life sentences for all those convicted of major drugs crimes.

Update: The IMO wrote a letter to the Minister for Justice in regard to this motion and is yet to receive a response. In the letter the IMO highlighted the number of drug-related deaths between 2004 and 2010 and called for a change in policy in order to reduce the number of deaths by bringing those responsible to account.

13/05 The IMO calls on the Department of Children and Youth Affairs to become an active partner in the National Drugs Strategy.

Update: The IMO wrote to the Minister regarding this motion and is awaiting reply. This issue was also included in the IMO's Alcohol Paper which was sent to the Minister for Health, the Department of Children and Youth Affairs, and the Department of an Taoiseach. Also see General Motion 13/01.

- 13/06** The IMO calls on the Government to approve an implementation plan with timelines for all recommendations of the National Substance Misuse Strategy.

Update: The IMO wrote to the Minister and the Taoiseach regarding this motion and in the IMO Position Paper on Alcohol and Young People the IMO calls on the Government to approve an implementation plan with timelines for all recommendations of the National Substance Misuse Strategy. Also see General Motion 13/01.

- 13/07** The IMO calls on the Minister for Finance to increase the price of a packet of 20 cigarettes by at least €1 in the next budget and all other tobacco products on a pro rata basis.

Update: The IMO wrote to the Minister regarding this motion. Budget 2014 increased the price of a packet of 20 cigarettes by 10 cent.

- 13/08** The IMO calls on the Minister for Foreign Affairs to join with France and other countries in signing the WHO Framework Convention on Tobacco Control Protocol without further delay in order to help eliminate the illicit trade in tobacco products.

Update: The IMO wrote to the Minister for Foreign Affairs and the Minister for Health regarding this motion and is awaiting reply. The IMO also appeared at a hearing before the Oireachtas Committee on Health and Children, on 6 February 2014, and discussed the harmful effects of tobacco on the population and measures to be taken to decrease its influence.

- 13/09** The IMO supports the Minister for Health in seeking to introduce standardised packaging for tobacco products as per the example of the Australian Government.

Update: The IMO wrote to the Minister regarding this motion and is awaiting reply. Hearings were held by the Oireachtas Health Committee concerning forthcoming legislation which will standardise both cigarettes packaging and health warnings displayed on these packs. Branding and logos are to be removed, and 65% graphic warnings featuring diseased and damaged organs will be included under terms of the Public Health Standardising Packaging of Tobacco Bill 2013. During the hearing, on 6 February 2014, the IMO argued that the 65% graphic warnings on packets did not go far enough and that 75% warnings were needed to ensure better deterrence.

- 13/10** The IMO notes the anomalies with respect to VAT on nicotine replacement products and calls on the Minister for Finance to reduce the rate of VAT on nicotine patches to at least 9%.

Update: The IMO wrote to the Minister for Finance regarding this motion and is awaiting reply.

Lifestyle Issues

- 13/11** The IMO calls on the Irish Government to explicitly recognise that preventative health measures must underpin every activity of Government.

- 13/12** The IMO welcomes the publication by Government of its recent Healthy Ireland Strategy and calls on it to publish an implementation plan as quickly as possible.

Update General Motions 13/11 and 13/12:

Widening health inequalities and inequalities in access to health were both included in the IMO Budget 2014 submission which was presented to the Oireachtas Joint Committee on Finance, Expenditure and reform and the Oireachtas Joint Committee on Health and Children.

In the Budget 2014 Submission the IMO welcomed the publication of healthy Ireland – A Framework for Improved Health and Well-being 2013-2025 and called for the development of a detailed implementation plan with appropriate multi-annual ring-fenced funding to support actions and initiatives.

The IMO also recommended in the submission that all public policy including budgetary measures should be subject to a Health Impact Assessment.

The IMO also wrote to the Minister for Health regarding this motion who responded that a Health and Wellbeing office has been established in the Department to drive project planning and co-ordination which is now moving to establish clear structures and accountability mechanisms for implementation. The IMO will continue to monitor the progress of the Healthy Ireland Strategy.

- 13/13** The IMO calls on the Government to develop a national physical activity plan for all age groups, including the extension of bike/walking schemes and to ensure that this plan is central to urban and rural planning as recommended by the Seanad Public Consultation Committee.

Update: The IMO wrote to the Taoiseach, the Minister for Health and the Minister for Transport, Tourism and Sport regarding this motion.

General Motions Update 2013 *continued*

The Minister for Transport, Tourism and Sport responded that:

¹ The NTA are involved in the promotion of cycling among schoolchildren and employers/employees. The Green Schools Travel programme works with schools to promote more sustainable modes of transport on the school run for pupils, teachers and parents. The programme is operated by An Taisce on behalf of the Authority. In 2012, over 500 schools were working on the travel programme. 192 schools were awarded the Green Flag for travel in 2012 bringing the total since 2008 to 615 schools.

- 13/14** The IMO congratulates the National Transport Authority for funding the extension of the Dublin bike scheme and calls for the scheme to be extended to all cities in Ireland.

Update: The IMO wrote to the NTA who responded that with regard to other cities, the Authority has already advertised for sponsorship for public bike schemes in the regional cities of Cork, Galway, Limerick and Waterford. They are also in the process of selecting a company to supply, operate and maintain those public bike schemes subject to a satisfactory conclusion to the sponsorship tender.

- 13/15** The IMO congratulates the Seanad Public Consultation Committee on its recent publication (Report on Changes in Lifestyle can prevent approx. one third of cancers. How does Government and society respond to this challenge?) which identifies how Government's public policy positions can help prevent cancer and calls on the Taoiseach and Cabinet to proactively support the recommendations outlined.

Update: The IMO wrote to the Taoiseach and the Minister for Health regarding this motion. The Taoiseach responded acknowledging receipt.

Road Safety

- 13/16** The IMO calls for An Garda Síochána to publish on a monthly basis the number of drivers arrested for drink driving and/or speeding in each county.

Update: The IMO wrote to the Department of Transport, Tourism and Sport who agreed that statistical data on drink-driving and speeding would be very useful. However, the Minister did not state whether this data would be published. The IMO continues to lobby on road safety issues.

- 13/17** The IMO applauds the reduction in fatalities and injuries on our roads and suggests that it is now time to reduce risk factors further by studying samples of "near miss" events.

Update: The IMO wrote the Minister for Transport who agreed that "near miss" events would be of interest but suspected that it might be difficult to obtain information on which to base useful analysis, given the high probability that the vast majority of such events are not reported to the Gardai.

- 13/18** The IMO demands that the Government introduces random testing of drivers for illicit drugs.

Update: The IMO wrote to the Minister of Transport in relation to this issue who responded that he intends to update that current Mandatory Alcohol Testing (MAT) checkpoints to include other forms of intoxicant testing at that time. He believes that testing for drugs as part of MAT testing will be a significant development in improving road safety.

Anti Social Behaviour

- 13/19** The IMO calls on the Government to introduce "on the spot" fines for anti-social behaviour.

Update: The Minister for Justice and Equality responded by stating that the Criminal Justice (Public Order) Act 1994 (Sections 23A and 23B) Regulations 2008 makes provision for the use of fixed charges notices for anti-social behaviour. Section 23A allows the Gardai to impose a fixed charge fine for disorderly conduct in a public place instead of court proceedings for the offence. The amount of this fixed charge is currently set at €140. Section 23B provides for a fixed charge fine being issued by Gardai instead of court proceedings for being intoxicated in a public place. The amount of this fixed charge is currently set at €100.

These provisions are in addition to a range of measures including powers to seize alcohol as well as warnings and behaviour orders which may be employed in relation to anti-social behaviour, as an alternative to criminal prosecution in the courts.

Immunisations and Vaccines

- 13/20** The IMO calls on the Government to adopt and champion the recommendations outlined in the World Medical Association Statement on the Prioritisation of Immunisation both domestically and internationally.

Update: The IMO wrote to the Minister for Health concerning this issue. The Department of Health responded stating that it continues to prioritise the Primary Childhood Immunisation Programme and in particular its objective to achieve an immunisation uptake level of 95% which is the rate recommended by the WHO, required to provide population immunity and to protect children, and the population generally, from potentially serious vaccine preventable diseases. The HSE also continues a catch up programme for measles vaccination which will commence in primary schools during the 2013/2014 season.

- 13/21** This meeting calls on the Department of Health to provide the Pertussis Vaccine (+dtp) to all pregnant women on a free of charge basis and to fund its administration by General Practitioners, and provide appropriate education supports for its successful administration. As recommended by NIAC this vaccine should be delivered between 28 and 32 weeks gestation for pregnant women and to close family contacts of infants born before 32 weeks.

Update: The IMO wrote to the Minister regarding this motion and is awaiting reply.

European Commission

- 13/22** The IMO supports the European Union of General Practitioners (UEMO) and other European medical organisations in the request to the European Commission for the recognition of General Practice as a medical specialty.

- 13/23** The IMO requests the Medical Council to notify the European Commission of the status of General Practice as a recognised specialty in Ireland to assist with the recognition of General Practice as a medical specialty in Europe under the provisions of the Recognition of Professional Qualifications Directive 2005/36/EC.

Update: The IMO wrote to the Minister and the National Coordinator for Directive 2005/36/EC in relation to the recognition of General Practice as a European Medical Specialty under Article 25 of Directive 2005/36/EC on the Recognition of Professional Qualifications. The issue was also raised in a meeting with the Medical Council.

While General Practice is recognised as a Specialty in Ireland, the IMO continues to work with UEMO for General Practice and Family Medicine to be recognised as a European Specialty.

- 13/24** This meeting opposes the work of the CEN (European Committee for Standardisation) in their attempts to standardise medical services at a European level and the IMO maintains that any standards regarding medical services should be developed, implemented and monitored by the relevant competent authorities in consultation with the medical profession so as to ensure the highest standards of care.

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

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

The medical profession maintains that standards for healthcare services should be developed, implemented and monitored by the relevant competent authorities, in consultation with the medical profession, so as to ensure the highest standards of care.

There is an urgent need to regulate for the provision of aesthetic surgery and non-surgery services at national level in many EU member states, including Ireland. However, the IMO and all European Medical Organisations believe that the development of standards by CEN, the European industrial standards body, is a poor substitution for adequate national regulation.

Currently, the disparities between Member States' medical education and training, along with resources and facilities, are too great to provide such universal standards that have been developed by CEN and not by the profession itself. There is a risk that European Standards are set at the lowest common denominator, undermining the efforts of national bodies to ensure the highest quality of care.

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

General Motions Update 2013 *continued*

HIQA

- 13/25** The IMO calls on HIQA to ensure that all HIQA decisions which affect doctors are made with the participation of doctors.

Update: The IMO submitted a consultation paper in relation to HIQA's corporate plan stating that all HIQA decisions which affect doctors should be made with the participation of doctors. As the representative body for all doctors in Ireland, the IMO would welcome greater engagement with HIQA.

- 13/26** This meeting calls on the IMO, where appropriate, to assist doctors in terms of HIQA guidelines and standards and to communicate all HIQA standards and guidelines to members.

Update: The IMO is in the process of preparing an online guide to the HIQA National Standards with links to useful resources and policies.

Human Rights

- 13/27** The IMO calls on the Irish Government to explicitly recognise health as a basic human right of every person in Ireland.

Update: The IMO wrote to an Taoiseach and the Minister for Health in relation to this motion.

Medical Practitioners Act (2007)

- 13/28** The IMO supports the amendment to Section 88 of the Medical Practitioners Act (2007) to consider the intern year as part of undergraduate medical training and calls on the HSE to ensure that there are intern posts attached to every graduate of Irish Medical Schools as a required component of completing basic medical training in Ireland.

- 13/29** The IMO calls on the HSE to ensure that the current intern terms and conditions as outlined in the NCHD Contract 2010 remain unchanged.

Update: The IMO wrote to the National Programme Director for Medical Training concerning Motions 13/28 and 13/29 and has yet to receive a response.

Forum of Postgraduate Bodies

- 13/30** The IMO calls on the Forum of Postgraduate Training Bodies and their constituent colleges to recognise that the IMO is the appropriate body to engage in discussion with employers on matters affecting contractual terms and conditions.

Update: The IMO has written to the Forum of Postgraduate Training Bodies on this issue and is awaiting reply.

Universal Health Care

- 13/31** This meeting reaffirms the IMO position on Principles for Universal Health Care, adopted in 2010, and calls on the Department of Health to engage with the IMO in the development of policy, system design and implementation of universal health coverage.

- 13/32** This meeting calls on the IMO to advise the Minister for Health that purchasing comprehensive equitable and readily accessible medical services, through a single tiered "money follows the patient" universal health insurances based funding mechanism, requires corresponding equitable payment arrangements for the providers of such services.

Update: The IMO wrote a detailed submission to the Department of Health on "Money Follows the Patient".

- > *In the IMO's submission to the DoH on the Money Follows the Patient Policy Paper for hospital financing, the IMO relayed support for a system of Money Follows the Patient (MFTP) which supports efficiency and transparency in the funding of health services, but raised key concerns in relation to:*
 - > *The accuracy of data including the accuracy of coding in the HIPE system and the costing of DRGs;*
 - > *The ability of prospective case-based systems to capture the multiplicity and complexity of illnesses related to an ageing population, support future delivery models or cope with rapid changes in new technology and treatments;*
 - > *The imbalances created by*
 - *The exclusion of Primary Care Services from the MFTP system*
 - *Block funding of Emergency Department Services and other public hospital services*
 - *'Per diem' charges to private patients in public hospitals;*
 - > *The impact of hospital groupings/Trusts*
 - > *Governance under the proposed model of Universal Health Insurance (UHI)*

Irish Medicines Board

- 13/33** This meeting demands that all medications and treatment procedures/processes used in the treatment of patients in Ireland must be approved by the Irish Medicines Board.

Update: the IMO has written to the Irish Medicines Board regarding this issue and is awaiting reply.

Research Ethics Committees

- 13/34** The IMO supports the Alltrials movement and requests that all research ethics committees and pharmaceutical companies in Ireland mandate the publishing of all clinical trial data (as part of receiving ethical approval).

Update: In order to ensure compliance with new EU Regulations on Clinical Trials on Medicinal Products for human use HIQA is to assume the role of Supervisory Body for recognised Research Ethics Committees. The IMO wrote a submission in relation to HIQA's Corporate Plan 2013-2015 in March 2013 calling for HIQA's attention to be drawn to the international Alltrials movement and requesting that all research ethics committees and pharmaceutical companies in Ireland mandate the publishing of all clinical trial data (as part of the process for receiving ethical approval).

The European Medicines Agency published a draft Policy on Publication and Access to Clinical-Trial Data which includes open access to clinical-trial data, information or documents that do not contain patients' personal data. This information will be downloadable from the Agency's website, at the time of publication of the European public assessment report (EPAR) for positive decisions, negative decisions or withdrawals.

Crimes in Health Care Settings

- 13/35** The IMO calls on the Minister for Justice and Equality to collate and publish data on those charged and prosecuted of crimes against health care workers under Section 185 of the Criminal Justice Act 2006.

Update: The IMO wrote to the Minister for Justice regarding this matter but has yet to receive a reply.

Environmental

- 13/36** The IMO asks the Department of Health to create a Sustainability Development Unit, based on the NHS model, to adopt greener building design and to prioritise environmental health, reducing health expenditure and waste.

Update: The IMO wrote to the Minister regarding this issue and is awaiting reply.

Mental Health

- 13/41** The IMO calls on the Minister for Health to ensure that all independent agencies and services providing mental health services are obligated to achieve accreditation to international standards.

- 13/42** The IMO calls on the Minister for Health to legislate so that every person providing counselling and psychotherapy, publish which form of therapy they provide and to which problem.

- 13/43** The IMO calls on the Minister for Health to set a definite time frame for when a statutory regulatory body for practitioners providing psychotherapy and counselling services to those already suffering with mental health problems that are not already covered by a statutory body.

- 13/44** The IMO calls on the Minister for Health to expand the remit of the Mental Health Commission to allow for the inspection of all agencies providing psychotherapy and counselling services.

Update General Motions 13/41 to 13/44:

The IMO wrote to the Minister for Mental Health regarding motions 13/41 and 13/44. The Department responded stating that although Minister Reilly's immediate priority under the Health and Social Care Professionals Act 2005 (as amended in 2012) is to proceed with the establishment of the registration boards for the professionals currently designated under the Act, the Minister is committed to bringing counsellors and psychotherapists within the ambit of the Act as soon as possible. The IMO continues to lobby for the regulation of psychotherapy and counselling services.

- 13/45** The IMO condemns all newspapers who, in the last year, engaged in sensational reporting of suicides and did not follow national or international guidelines on the reporting of suicides.

- 13/46** The IMO calls on the Minister for Communications as a matter of urgency to set enforceable guidelines on the reporting of suicide in the media which carry sufficient penalties to prevent the tragic loss of life.

Update General Motions 13/45 and

13/46: The IMO wrote to the Minister for Communications regarding this motion. The IMO also wrote to the Broadcasting Authority of Ireland and to the Advertising Standards Authority of Ireland asking for these measures to be included in reviews of their codes of practice.

- 13/47** The IMO calls on the Minister for Health to establish a commission to evaluate the evidence base and utility of complementary therapy and alternative therapies as a first step towards developing national guidelines.

General Motions Update 2013 *continued*

Update: The IMO wrote to the Minister for Health regarding motions and is yet to receive a reply. At European level, CPME are currently preparing a position paper on alternative and complementary medicine.

- 13/48** The IMO condemns this Government and its predecessor for the slow progression of the Mental Health Capacity Bill which was first proposed in 2008 and thus unnecessarily causing ongoing suffering for those with intellectual and mental disabilities and their families.

Update: On 17 July 2013, the Minister for Justice, Equality and Defence published the Assisted Decision-Making (Capacity) Bill 2013 which aims to reform out-dated law in this area and assist those with limited decision making ability to better manage their personal, property & financial affairs.

- 13/49** The IMO calls on the Minister for Health to ensure that every mental health facility is provided with a working ECG machine so patients with mental health difficulties can receive adequate physical screening to allow for the safer use of psychiatric medications.

Update: The IMO wrote to the Minister for Health regarding this issue. The Minister responded stating that A Vision for Change recommends that the mental health service user has their physical health needs met in the first instance by their GP and should avail of any necessary supports in the same way as any other individual. Where an individual is in a community residence with the mental health service, they are encouraged to register with their local GP or Primary Care Team. The IMO will continue to lobby to ensure that every mental health facility is provided with a working ECG machine.

- 13/50** The IMO deplores the recent practice of offering the small number of new allied health professionals employed in the mental health services in a temporary capacity and seeks a statement from the Minister for Health about this as those posts are likely to be suppressed at the termination of those temporary contracts.

Update: The IMO wrote to the Minister of State with responsibility for Mental Health regarding this issue. The Department of Health replied stating that of the 414 posts approved in 2012, the recruitment process is complete for 376.5 WTEs or 91% of the WTEs as at 30th November 2013. Of the 477 posts approved in 2013, as at 30th November 2013, the recruitment process is complete for 137.5 WTEs or 29% of WTEs.

In Budget 2014, the Government has again re-committed to the continued development of our mental health services in those extremely challenging times, where the options for additional expenditure generally are very constrained. €20 million is being ring-fenced for the further development of our mental health services in 2014. This means that, despite serious resource pressures overall, funding of €90 million has been made available since 2012 up to the end of 2014, which has been specifically ear-marked for mental health and suicide prevention.

This funding will enable the HSE to continue to develop and modernise our mental health services in line with the recommendations of A Vision for Change and will allow for the recruitment of between 250 and 280 additional staff to further enhance our –

- > Adult Community Mental Health Teams
- > Child and Adolescent Mental Health Teams
- > Specialist Mental Health Teams

The recruitment process for these new posts will commence in the first Quarter of 2014, with all posts targeted to be in place by Quarter 4 of 2014. The IMO will monitor developments.

- 13/51** The IMO notes the exponential increase in referrals to the secondary mental health services as a consequence of the economic recession and seeks a statement from the Taoiseach on the steps the Government plan to take to enable an appropriate clinical response to this high level of human stress and misery.

Update: The IMO wrote to the Taoiseach and the Minister for State for Mental Health. Her Department responded that since 2012, this Government has prioritised the reform of our mental health services with the provision of an additional €90 million and some 1,100 posts primarily to strengthen Community Mental Health Teams for both adults and children and to enhance specialist community mental health services for older people with a mental illness, those with an intellectual disability and mental illness and forensic mental health services in line with .

- 13/52** The IMO notes, with extreme disappointment, the move by the HSE to recruit the, much promised, National Director for Mental Health, from a closed competition from within the HSE, and closely allied agencies and seeks a statement from the Minister as to the rational for this unimaginative way of seeking to modernise and develop the mental health services.

Update: The IMO has written to the Minister for Justice, Equality and Defence who stated that the revised HSE management structures were put in place in conjunction with the new governance arrangements provided for in the HSE (Governance) Bill 2012; a recruitment process for a Chief Financial Officer and five National Directors, including the Director of Mental Health, was commenced. The competition for the post of Director of Mental Health was advertised by the Public Appointments Service on 21 January 2013 and the closing date for receipt of applications was 7 February 2013. Staff employed in the HSE, the Department of Health, other statutory health agencies and bodies which provide services on behalf of the HSE under Section 38 of the Health Act 2004, were eligible to apply.

The HSE has operated a moratorium on the filling of management/administrative posts in recent years so as to focus development funds as far as possible on front-line services. Due to this Management/administrative staff numbers have reduced by 2,176 since September 2007 – a reduction of over 16%. The recruitment process for the National Directors was confined to the public health sector to ensure no increase in senior management figures, and to remain within the ceilings set by the Employment Control Framework.

Croke Park Agreement

- 13/53** The IMO calls on the HSE to honour the terms of the Croke Park Agreement (2010 – 2014) with respect to the principles of engagement and negotiation of change.

Update: The HRA re-enforced the requirement on the Health Service Management to negotiate and consult on any proposed changes in the workplace. This has been utilised effectively by the IMO since the HRA was agreed with effect from 1 July 2013. The HRA Health Sector Oversight Group is focused on IR issues arising from the agreement and has taken direct action to instruct hospitals and the HSE to adhere to the protocols that have been agreed. There is now an increased use of Joint Review Groups to resolve matters.

New Consultant Posts

- 13/55** This meeting condemns the introduction of lower pay scales for new entrant consultants and calls on the HSE to revoke the unilateral 30% reduction in salary as it contravenes the terms of the Croke Park Agreement.

Update: The HRA encompasses a mechanism to address the Two Tier Workforce across the public service. The IMO is currently in negotiation with the HSE on the specifics of the consultant pay cut imposed on 1 October 2012. This has been subject to the LRC conciliation process and is ongoing.

The IMO has pursued the iniquitous treatment of 'new entrant' Consultants and raised it as a critical issue during the HRA and NCHD EWTD negotiations. Some progress has been made, but not enough, and as a consequence individual cases have been referred to the Labour Court. In parallel the IMO has engaged with the McGraith Working Group and the expectation is that further progress will be made through the Stage 2 recommendations of the Group and the HRA IR process.

Media Issues

- 13/88** This meeting urges all doctors to be aware of and exercise due prudence in regard to modern social media, particularly in relation to potential breaches of patient confidentiality.

Update: In respect of Motion 13/88, the IMO has published a Social Media Position Paper that is available for viewing on www.imo.ie. The European Junior Doctors (EJD) are also developing a position paper on social media.

- 13/89** This meeting condemns websites which publicly rate doctors, as it is not a suitable measure of performance and may discourage patients from seeking essential healthcare.

Update: The IMO will continue to raise this issue in relation to performance measurement.

- 13/90** The IMO calls on the Advertising Standards Authority of Ireland, through its Code of Standards to reflect the potential harms that screening of asymptomatic individuals may receive and the limited evidence for screening interventions on such individuals in advertisements.

Update: The IMO wrote to ASAI concerning this issue. The IMO also wrote a submission concerning an update of their code of advertising in order to bring it in line with more current public attitudes.

- 13/91** The IMO requests that the Press Council of Ireland, through its Code of Practice, to promote journalistic accuracy when reporting scientific and health related stories, to prevent biased or inaccurate information pertaining to the health sciences from entering the public domain.

General Motions Update 2013 *continued*

- 13/92** The IMO requests that the Press Council of Ireland ensures appropriate application of its Code of Practice in regard to the need for the balanced reporting of professionals involved in Medical Council inquiries.

Update: The IMO wrote to the Press Council of Ireland concerning Motions 13/91 and 13/92 and is awaiting reply.

Technology in Health

- 13/93** The IMO calls on the HSE to explain why there is no secure, confidential and monitored email system, which allows health professionals to communicate more effectively to provide better quality and safer medical care.

Update: The IMO wrote to the Director General of the HSE regarding this issue. The HSE responded by stating that the HSE ICT Department is currently preparing plans to develop a secure, confidential and monitored email system to facilitate communications between General Practitioners and the Acute Hospitals Division. A public tender has recently been completed and subject to final sanction from CMOD (Dept. of Public Expenditure and Reform) in December 2013, a contract will be put in place for the provision of such a service starting in 2014.

The HSE has been working closely with the Irish College of General Practitioners to establish this project and it has had the active support from the Department of Health.

- 13/94** This meeting calls for the impact of newer technologies in health care to be fully evaluated by HIQA.

Update: The IMO wrote a submission on HIQA's Corporate Plan calling for a full evaluation on the impact of all new technologies in healthcare.

Manpower

- 13/95** The IMO calls on the HSE to urgently resource sufficient academic General Practice training positions, given the rise of multi morbidity in the community and the central role of primary care in our future health services.

Update: The IMO wrote to the National Programme Director for Medical Training and is awaiting reply.

- 13/96** This meeting calls on the HSE to immediately implement the recommendations of both Hanly Reports specifically with regard to NCHD inappropriate tasks.

Update: The IMO and the INMO collaborated to ensure the transfer of inappropriate tasks formed part of the HRA. Pilot sites have been established to verify the savings that can be achieved (the IMO & INMO had previously provided statistics on this which had been independently checked). The pilots will now go in to the process in more detail.

The IMO and the INMO jointly pursued the objective to have the transfer of 'non-core' tasks addressed. The mechanism to achieve this is referenced in Appendix 7 of the HRA. The IMO, INMO and SIPTU Nursing, and with the agreement of the HSE, embarked on pilots at Beaumont and Tullamore hospitals to measure the savings accrued from three specific tasks (cannulations, first dose IV and phlebotomy) with delegated discharges being measured at the Mater Hospital.

The results were independently assessed and it was agreed to extend the period measured by the pilots. Progress has been slow in drawing the matter to a conclusion and the IMO continues to work with the INMO and SIPTU Nursing to conclude the pilots and agree a roll-out to all hospitals.

- 13/97** The IMO calls on the HSE to introduce the 2003 Hanly Report proposal for a bleep policy in hospitals to consolidate existing good practice in the area of communication between nursing, medical and administrative staff.

Update: The IMO pursued this matter through the NCHD EWTD negotiations. The implementation of the policy and roll-out across the hospital groups is monitored and reviewed on a regular basis. Full implementation should be completed during 2014.

- 13/98** On this the 10th Anniversary of the publication of the Hanly Report, this meeting calls upon the HSE to implement the recommendations in full so as to improve patient care and the working conditions of NCHDs in line with EWTD

Update: Following the IMO #24nomore campaign and a day of action on 8 October 2013 agreement has now been reached to achieve full EWTD compliance. In addition, and following a complaint by the IMO to the European Commission, the Irish Government has been referred to the European Court of Justice for non-compliance.

A lack of progress on the implementation of the EWTD resulted in a national strike of NCHDs on 8 October 2013. The action was well supported by all IMO members and resulted in the NCHD EWTD Agreement. Implementation of the terms

of the agreement is on-going with a maximum 24 hour shift in place for the majority of NCHDs by January 2014. Progress towards full implementation and a maximum 48 hour week will continue in 2014. There is a commitment to have the first 48 hour compliant rosters in place in July 2014 and then rolled out to the end of 2014 for all NCHDs.

- 13/99** This meeting notes the international trend to delegate some work of doctors to others, such as physician assistants specifically trained for undertaking such work, and considers that there is merit in this development which could be a feature of the reform of the Irish health services.

Update: Further developments on this include the EU based initiative, the ENS4Care scheme.

- 13/100** The IMO calls on the HSE to collate and publish details of expenditure on agency staff throughout the hospital sector and highlight any excess over and above the costs associated with employing full time staff in equivalent posts.

Update: The HSE responded to the IMO's letter about this matter stating that they currently gather financial information on the full range of expenditure categories across all health services including hospital services. Specifically, information on the expenditure on agency and overtime costs for hospital and community services is also gathered.

Financial information on hospital expenditure including agency costs are published by the HSE in its performance assurance reports. These reports are publicly posted each month to the HSE website.

- 13/101** The IMO calls on the HSE to publish details of medical staffing deficits in the acute hospital sector on a quarterly basis.

Update: The IMO wrote to the HSE on this issue. The HSE responded stating that medical staffing recruitment and management is carried out on an on-going basis as required by the medical manpower function in conjunction with the hospital GM/CEO/Clinical Director/Consultant and where necessary deficits are managed using a number of recruitment arrangements.

The training nature of NCHD posts require regular rotations which can create some vacancies on occasion and these are managed at local level. In the period prior to each rotation, the HSE commences a process with hospitals to identify potential NCHD vacancies

and the matching of recruitment arrangements to these vacancies. This is a very dynamic process as candidates will often apply for a number of posts across the statutory and voluntary hospitals and offer/acceptance of posts takes place up to and during the rotation of NCHDs. This means that information on vacancies is not reliable and cannot reflect the real time nature of the recruitment process.

The IMO continues to highlight medical staffing deficits in the acute hospital sector.

NCHDs

- 13/102** This meeting supports the work of the IMO and other European national representative organisations in highlighting the difficulties for NCHDs across Europe and taking action for a change in work and training conditions.

- 13/103** This meeting expresses solidarity with our NCHD colleagues and their fight against deplorable conditions.

Update: Following the IMO #24nomore campaign and a day of action on 8 October 2013 agreement has now been reached to achieve full EWTD compliance. In addition, and following a complaint by the IMO to the European Commission, the Irish Government has been referred to the European Court of Justice for non-compliance.

A lack of progress on the implementation of the EWTD resulted in a national strike of NCHDs on 8 October 2013. The action was well supported by all IMO members and resulted in the NCHD EWTD Agreement. Implementation of the terms of the agreement is on-going with a maximum 24 hour shift in place for the majority of NCHDs by January 2014. Progress towards full implementation and a maximum 48 hour week will continue in 2014. There is a commitment to have the first 48 hour compliant rosters in place in July 2014 and then rolled out to the end of 2014 for all NCHDs.

Security

- 13/104** The IMO calls on the HSE to ensure adequate security in hospitals and on the hospital campus, including car parks, in particular at night time for those hospital staff on call on site.

Update: The IMO has wrote to the HSE on this matter. The HSE responded stating that hospital security requirements are planned and

General Motions Update 2013 *continued*

developed at a local level taking into account a number of factors including the nature and hours of operation of services within the campus.

Many hospitals operate a 24-hour security service with services provided on an in-house and some provided for by external security companies. Security officers are employed to carry out a range of duties, including, monitoring patients likely to wander/abscond, CCTV, monitoring, access control, fire alarm response, crime/incident follow up, key holding, static guard and car park monitoring.

The IMO continues to highlight security issues in the acute hospital sector.

Education

- 13/105** The IMO calls on the Minister for Education to correct the longstanding discrimination against science and mathematics in education and mandate that the number of mandatory humanities subjects for the leaving certificate examination is equal to the number of mandatory science and mathematics subjects.

Update: The IMO wrote to the Minister of Education and skills who responded that the only mandatory subject choice is Irish for the Leaving Certificate. Individual third-level colleges, however, have set particular entry requirements for courses and these often require students to have Mathematics, English and/or Irish and sometimes a science subject.

- 13/106** The IMO commends the provision of free parent education programmes currently operating in Ireland, such as Positive Parenting Plus, and requests the Government to introduce a national roll out of such programmes.

Update: The IMO has written to an Taoiseach about this matter and is awaiting reply.

IMJ

- 13/107** This meeting values and supports the Irish Medical Journal for publishing research and opinion of a consistently high quality and further congratulates the Editor on the introduction of online CPD through the IMJ for IMO members.
- 13/108** This meeting calls on the IMO to establish an Annual Research Event which will acknowledge the best medical research conducted within Ireland and accepted for publication by the IMJ.

Update General Motions 13/107 and 13/108:

The IMO is celebrating its 30th anniversary and is holding a scientific session at the IMO AGM 2014 on Practicing Medicine 30 years on. At this session the Editor of the IMJ will be highlighting the importance of medical research. Further consideration is to be given to holding a research event in the context of the IMO celebrating 30 years.

Organisational Motions

In line with Motion 56, the motions carried under the Organisational Motions session were referred to either the IMO Council or the IMO Governance Review Committee for consideration. The Governance Review Committee has now completed its report which has been circulated to all members. Amended Rules and New Code of Practice arising from the recommendations of the Governance Review Committee are to be debated at the 2014 AGM.

Consultants Motions Update 2013

1. This meeting calls on the HSE to end the current practice of 2 for 1 post suppression required to create new consultant posts.

Update: The inability to attract suitable candidates to apply for posts is an issue that is being progressed by the IMO Consultant Committee. The suppression of posts is counter to Department of Health's objective of a Consultant delivered service. The ability to identify additional Consultant posts is contained in the EWTD NCHD Agreement. However, the salary issue has to be resolved for this commitment to have any meaning. A number of meetings have been held in an effort to resolve this issue with further meetings scheduled.

2. The decision by the HSE to impose unworkable compensatory rest day provisions for 1:3 and 1:4 rosters is a breach of the Labour Court decision issued in November 2012. This meeting calls on the HSE to withdraw the instruction to hospital managers and to adhere to the Labour Court decision to reach an agreement on the new arrangements. This meeting supports our representatives on the Consultant Committee in their direct engagement with Clinical Directors group (but regionally and nationally). Failure by the HSE to do so, or should agreement not be reached, the matter should be referred back to the Labour Court.

Update: There is a lack of progress on resolving this issue. The matter was referred to the Labour Court with a decision to conclude talks or refer back to the Labour Relations Commission. Engagement is scheduled to recommence with the HSE. Members have been advised to contact the Personal Cases Unit and have cases submitted to the Rights Commissioner Service under the Payment of Wages Act.

3. This meeting calls on the Department of Health and the HSE to engage in a consultation process with the IMO to implement the recommendations of the Hanly Report in regard to consultant manpower.

Update: The #24nomore campaign was launched in June, with a day of action on 8 October. NCHD EWTD Agreement reached. The transfer of inappropriate tasks is contained in the Haddington Road Agreement and was pursued at the negotiations as a joint initiative by the IMO and the INMO. Pilot sites established and work is on-going.

4. The imposition of the salary reduction for current or former locum and temporary Consultants, and in certain circumstances existing permanent Consultants is a breach of the Public Service Agreement. The salary reduction for these categories must be withdrawn and the IMO should inform the HSE that failure to do so will result in the matter being referred to the Health Sector Implementation Body and, if required, to the Labour Court.

Update: Raised at the Haddington Road Agreement and the NCHD EWTD Agreement negotiations. Referred to the Labour Relations Commission with the commission agreeing to assist in negotiations. Further meetings between the IMO and the HSE, Department of Health and the Department of Public Expenditure and Reform held. Issue on-going

NCHD Motions Update 2013

NCHD Contract

1. This meeting reiterates that NCHDs must be paid for all hours and that the IMO will take all steps necessary to ensure this is done.

Update: The IMO met with the HSE and has achieved a commitment from the HSE that all hours worked will be properly recorded and that all hours will be paid. This was included in Appendix VII of the Haddington Road Agreement (HRA). This has also been recognised in the performance verification process where hospitals have been called to account for all hours worked to be paid.

2. This meeting calls on the IMO in conjunction with the HSE to publish a document clearly explaining the ways in which overtime payments are defined and calculated, with specific examples including annual leave, study leave, sick leave and maternity leave.

Update: The IMO has written to Mr Andrew Condon, General Manager HR, and HSE asking to produce a document clearly explaining the ways in which overtime payments are defined and calculated, with specific examples including annual leave, study leave, sick leave and maternity leave.

3. The IMO calls on the HSE to publish national guidelines for all hospitals detailing how payment is to be made for overtime hours worked, with specific regard to real life working patterns.

Update: The IMO has written to Mr Andrew Condon, General Manager HR, HSE asking the HSE to produce a document clearly detailing how overtime payments should be made. The HSE has responded and indicated they are prepared to engage in a discussion with the IMO on such a document. This item forms part of the discussion with the IMO.

4. This meeting demands that the HSE pay the cost for additional accommodation for doctors who are required to rotate as part of their employment, as is the case for other HSE Staff.

Update: The IMO has written to Mr Andrew Condon, General Manager asking the HSE to consider this issue. A response was received setting out that "NCHDs do not normally rotate as part of employment but arising from their participation in training schemes – which the HSE pays for." Further discussion with the HSE is to be held on this issue.

5. The IMO calls on the HSE to immediately agree with the IMO and implement a detailed and chronological action plan for the implementation of the EWTD for NCHDs in line with the NCHD Contract 2010 including a maximum 24 hour shift on site on a 1:5 basis and protected training time.

Update: The IMO has engaged in discussions on this issue with the HSE on an on-going basis. The IMO indicated that a ballot for industrial action would be taken on 3 September 2013 since sufficient progress was not being made. A one day strike was held on 8 October 2013 and discussions were held at the LRC. LRC proposals agreed between the IMO and health service management were accepted by NCHD members in a ballot on 14 November 2013.

6. This meeting acknowledges and will protect surgical trainees, given the need for adequate time to gain the skills necessary to become competent surgeons, in the context of EWTD implementation.

Update: The LRC proposals provided for the provision of protected training time. The IMO has requested the PGTB to organise a joint meeting with the HSE to establish adequate training time to ensure it is incorporated into compliant EWTD rosters.

7. The IMO calls on the HSE to immediately engage in negotiations with the IMO on the introduction of a National electronic time management system to record NCHD working hours to help in the implementation of EWTD and to ensure adherence to the NCHD contractual entitlement to be paid for all hours worked.

Update: In April 2013 the HSE agreed to the provision on all hospital sites of electronic systems for the recording of NCHD hours. This was included in the Haddington Road Agreement (HRA). The tendering process was initiated in November 2013. The procurement process is underway and a panel of suppliers is to be appointed by end of April 2014.

8. The IMO calls on HIQA as a matter of urgency to investigate the patient safety implications of the onerous and illegal work patterns of NCHDs.

Update: The IMO has written to HIQA asking them to consider the patient safety implications of the onerous and illegal work patterns of NCHDs.

9. The IMO calls upon the European Commission to investigate the working hours of NCHDs and apply appropriate penalties.

Update: In response to a complaint made by the IMO the EU Commission agreed to meet an IMO delegation on the non-implementation of EWTD. The IMO was given a good hearing at the meeting and on 20 November 2013 the EU Commission announced it was referring the Irish government to the ECJ for non-implementation of the directive.

Training and Educational Issues

10. The IMO condemns the current working hours of NCHDs and calls upon the post graduate training bodies to devise training programmes that fit within the European working time directive.

Update: The IMO has requested a joint meeting with the HSE to establish adequate training time to ensure it is incorporated into compliant EWTD rosters. The issue of training programmes was discussed by the IMO with the post graduate training bodies and the HSE and guidelines are being developed. The last meeting was held in March 2014.

12. This meeting demands that the HSE reinstate the Training Grant directly to NCHDs.

Update: The IMO has engaged with health service management on the issue of training grants under the career pathways provision of the Haddington Road Agreement (HRA). The payment of the grant to NCHDs has been raised at these meetings.

15. The IMO demands that the Training Bodies and the HSE reimburse NCHDs for all mandatory training courses and certifications.

Update: The IMO has engaged with health service management on the issue of training grants under the career pathways provision of the Haddington Road Agreement (HRA). At the meeting in December management agreed to a revised payment of mandatory training grants to NCHDs in a more timely manner through the forum.

16. The IMO calls on the PGTBs to impose sustainable training requirements on trainees, conducive to good mental and physical health, cognisant that NCHDs already work onerous and illegal hours.

Update: The IMO has requested the PGTBs for a joint meeting with the HSE to establish adequate training time to ensure it is incorporated into compliant EWTD rosters. The issue of sustainable training requirements on trainees, conducive to

good mental and physical health will be included on the agenda of the meeting.

17. The IMO requests that the HSE permit NCHDs to access to internet sites in hospital libraries which enable research, education and training and to consult with the IMO about this provision.

Update: The IMO has written to Mr Andrew Condon, General Manager HR, and HSE asking that the appropriate internet access be provided. A response was received indicating that a range of educational resources including access to library facilities and internet is available on these sites. HSE requested information on where this is not available so it can be addressed.

18. In light of the requirement for senior NCHDs to go abroad to gain valuable experience prior to taking up a Consultant post in Ireland the IMO calls on the HSE to guarantee extended career breaks for these doctors in order that they are not treated as new entrants for pension or any other purpose on their return to the Irish Health Service.

Update: The issue of career breaks was discussed with health service management and subsequently the IMO wrote to Mr Barry O'Brien, National Director HR, on 3 December 2013 asking that these arrangements be extended. The issue continues to be discussed with the HSE under the provisions of the Haddington Road Agreement.

Workforce Planning

19. The IMO demands that the HSE and the Medical Council align numbers of approved and paid internship positions with the numbers of graduates of Irish Medical Schools so that such graduates can comply with EU requirements for registration.

20. The IMO calls on the Minister for Health and the HSE to ensure that there are sufficient Intern training places to meet the increased numbers of medical school graduates.

Update: The IMO has raised the issue of internship positions with the HSE who have confirmed that the number of positions will equate to the number of graduates of Irish medical schools.

NCHD Motions Update 2013 *continued*

NCHD Duties

22. The IMO calls on the HSE to establish, in conjunction with relevant stakeholders, a body to look at tasks performed in hospitals and assign them to the appropriate health care professionals and establish appropriate job descriptions.

Update: The issue of tasks was raised in the context of the Haddington Road Agreement and a pilot was conducted in three hospitals. The output was disputed by the employer and it is now subject to a process at the LRC. The matter has now been referred to the National Oversight Body for resolution.

23. The IMO calls upon the HSE and other NCHD employers to engage with the IMO to look at alternative methods of providing on-call services within hospitals.

Update: The LRC proposals agreed between the IMO and health service management to implement EWTD provides for local verification process in hospitals to meet on call requirement in compliance with EWTD. The IMO has written to Mr Andrew Condon, General Manager HR to establish some national guidance on this issue. This issue is subject to ongoing discussion with the health service management.

Contracts of Indefinite Duration

27. The IMO calls on the Department of Health to enhance the terms and conditions of NCHDs with contracts of indefinite duration to reflect their responsibility and experience.

Update: The IMO has engaged with health service management under the career pathways provision of the Haddington Road Agreement (HRA). The issue of terms and conditions of NCHDs with contracts of indefinite duration will be included in these discussions.

Medical Council

32. The IMO calls upon the Irish Medical Council to liaise with the IMO on the current registration process of non-English speaking, non-Irish Medical School graduates before they commence employment to ensure safety of NCHDs and patients alike.

Update: The IMO has written to MS Caroline Spillane, CEO of the medical council to consider this issue. The response indicated there is currently no legislative requirement to cover this issue. However applicants are required to sign a copy of the Medical Council Ethical Code which references this issue in Section 12.1. The Council also provides guidance to employers that they should satisfy themselves that all job applicants have an adequate proficiency in English. This topic will be included in ongoing IMO discussions with the Medical Council.

GP Motions Update 2013

1. This meeting demands that the Department of Health honour in full all existing contracts with GPs, particularly the GMS Contract.

Update: The IMO has brought this motion to the attention of the Minister for Health. Protection of the current contracts is a key objective of the IMO GP industrial relations strategy and we regularly engage with the Department of Health and PCRS with regard to implementation of all existing contracts with GPs on both an individual and national level.

2. This meeting demands that an independent robust arbitration process be put in place immediately for any disputes between GPs and the PCRS that arise from existing contracts and that fail to be dealt with in a timely manner.

Update: The current GMS contract allows for an arbitration process for any disputes that cannot be resolved through engagement with the PCRS. Where required, as in the case of out of hours STC payments, an independent arbitration process can be agreed between the IMO and the PCRS. Any GPs in dispute regarding payments should contact the Personal Cases Unit of the IMO.

3. This meeting demands that the breach of the GMS Contract, in specifying that GPs work in aspirational or virtual Primary Care Centres, cease forthwith.

Update: The issue has been raised nationally with the HSE National Contracts Office and locally with a number of local health offices. The IMO has successfully intervened in situations where there were attempts to include mandatory participation in primary care centres and/or primary care teams in GMS contracts and in job specifications as part of the recruitment process. The HSE has confirmed that this is not a mandatory requirement of the contract.

4. This meeting calls on the PCRS to ensure that no payment due to GPs is in arrears of more than one month from the time of submission of the claim.
5. The IMO will not tolerate any payments in arrears which are owed to GPs from PCRS.
6. The IMO demands that immediate payment on account be made to GPs in respect of any outstanding payments pending arbitration.

Update 4-6: The IMO has written to the PCRS on this issue and raised it at meetings with the PCRS. The GMS contract clearly states that where

payments are in dispute a payment should be made on account pending the resolution of that dispute. Any GPs experiencing delays in receiving payments should contact the Personal Cases Unit of the IMO.

7. This meeting calls on the IMO to set up sentinel practices in each county and that such practices will advise the IMO of payment delays so that the IMO may take all necessary action in respect of such payment delays.
8. This meeting calls on the IMO to gather data from GPs in respect of payments under the GMS Contract and to collate information on payment delays on a county by county basis.
9. The IMO will advise GPs of any trends in payment delays under the GMS Contract.

Update 7-9: The IMO regularly engages with PCRS on behalf of GPs experiencing delays in payments. GPs contact the personal cases unit of the IMO who seek to resolve these issues. The personal cases unit compile data received from individual GPs and advise the national unit of any trends which develop with regard to payment issues from the PCRS. GPs are advised and will be advised of any trends in payment delays identified by the IMO via the fortnightly GP newsletter.

10. Should the HSE continue to erode general practice funding GPs will not be in a position to engage in additional workload, as outlined in IMO FEMPI Submissions, such as Primary Care Team involvement and we call on the Minister for Health not to undermine the fabric of General Practice further.
11. This meeting deplores the lack of resources provided to General Practice and the proposed reduction from the GMS as announced in the last Budget.
12. This meeting supports the provision of adequate GP funding for urban and rural deprived areas on a weighted basis.

Update 10-12: These motions have been brought to the attention of the Minister through written correspondence and IMO media statements.

The IMO Resource GP campaign was launched on 8 November 2013 seeking a five-fold increase in the portion of the health budget spent on General Practice with a corresponding plan for increased patient services. Currently just 2% of the Irish health budget goes to General Practice as opposed to 9% of the health budget in the UK.

GP Motions Update 2013 *continued*

13. This meeting calls on the IMO to conduct and publish research on GP Workload and GP Payments and compare to those applying in EU Countries and English speaking countries.

Update: The IMO has prepared extensive research on this, the majority of which is included in our defence of the Competition Authority case. This information will be made available to members and the public following the conclusion of proceedings.

14. This meeting calls on the IMO to gather accurate data regarding visitation rates in general practice by patient type/group so that general practice workload may be accurately assessed.

Update: Data has been collated, analysed and published in the peer reviewed Irish Medical Journal. Articles were published in November and December 2013 and April 2014.

15. This meeting demands the immediate reinstatement of out of hours visit fees on the basis of distance codes.

Update: This motion has been brought to the attention of the Minister for Health.

16. This meeting demands the reversal of the STC rate reduction in respect of STCs between the hours of 8am to 9am and 5pm to 6pm.

Update: This motion has been brought to the attention of the Minister for Health.

17. This meeting calls on the IMO to develop and adopt a policy on the inappropriate transfer of workload from secondary care into General Practice.

Update: The IMO position on the transfer of work from secondary care to primary care is that we welcome the transfer on the following basis:

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

18. This meeting calls on the IMO to advise all hospital, service managers and clinical directors that GPs can no longer accept the transfer of hospital work and that this be advised, by the hospital managers, to all appropriate personnel within the hospitals and included as part of the NCHD Induction Programme run by the hospital.

Update: The IMO policy is that any transfer of work from secondary care to primary care must be transferred with the relevant resource attaching to it. The IMO welcomes a money follows the patient approach but one which is real and transparent.

19. This meeting proposes that the IMO produce a document on the limitations of the GMS Contract so as to provide clarity to all members of the IMO – GPs, Consultants, NCHDs and Public Health.

Update: This motion is on hold pending the completion of High Court proceedings against the Competition Authority. The Minister has responded to correspondence from the IMO stating that hospitals are obliged to provide out-patient phlebotomy services.

20. That the possibility of rolling out ultrasound into General Practice be explored.

Update: The content of this motion is noted and will be addressed in the context of negotiations on a new GMS contract. It will be necessary to properly resource any such measure.

21. The IMO demands that any GPs who changed their contracted working hours to suit local Co-Op cover be allowed to return to their contracted working hours.

Update: The GMS contract provides that any change must be authorised by the Local Health Office. A GP who wished to change their contracted hours should contact the local health office seeking to change their contracted hours. If a GP is experiencing difficulties with changing contracted hours they should then contact the personal cases unit of the IMO.

22. This meeting insists that no new type of medical card will be introduced on a non means tested / designated illness basis without negotiation with the IMO.

Update: This motion has been brought to the attention of the Minister for Health through several forums including written correspondence and IMO media statements.

27. This meeting calls on the Trustees of the GMS Pension Scheme to put the Scheme to an open competitive tender, on a regular basis, to ensure the management charges are competitive.

28. This meeting calls on the Trustees of the GMS Pension Scheme to provide an investment choice, other than an Annuity, to retiring GMS Doctors (as provided for in the Finance Act 2011).

Update 27-28: The GP Committee has elected a member to the Trustees of the GMS pension scheme and these motions have been brought to his attention.

29. This meeting calls on the IMO to address the issue of State Pensions to those General Practitioners who work in community hospitals.

Update: GPs who are employed as Medical Officers of District/community Hospitals and Long Stay Units for the Elderly with service prior to 1 April 1995 are classed as Class D PRSI contributors which means a 0% rate and limited entitlements under the PRSI system including no access to the Old Age Contributory Pension. A further effect of this is that these doctors are considered an excepted self-employed contributor and thus should not pay S rate PRSI on their private income. It has come to the attention of the IMO that a number of doctors have been making an S type return however this will not be reckonable for pension purposes. The IMO has made a number of representations in an attempt to resolve this matter but the issues are directly covered by legislation, namely the Social Welfare Consolidation Act 2005 and thus room to manoeuvre is greatly reduced. Contact was made with the HSE and with the Scope Section of the Department of Social Protection in order to ascertain if there is any manner in which the PRSI coding issue could be resolved. Unfortunately the Scope Section have advised that the legislation governing this matter is clear. Schedule 1 Part 3 Paragraph 5 of the Social Welfare Consolidation Act 2005, which defines excepted Self-Employed Contributor, states that

"A person employed in any one or more of the employments specified in regulations under section 14, being employments in respect of which the contribution payable under those regulations are reckoned only in relation to the grant of widow's (contributory) pension, widower's (contributory) pension or orphan's (contributory) allowance and are not reckoned in relation to the grant of any other benefit."

Section 14 above refers to persons employed in the Public Service prior to 1 April 1995. Doctors who have been paying S rate may be entitled to some level of rebate on this payment. There is a time limit of four years for which they will generally repay. As each GP has individual taxation arrangements the IMO recommends that GPs consult with your tax advisor and or accountant on this matter. This IMO has raised the issue of District Medical Officer's and their entitlement to the contributory old age pension with the Pension Ombudsman. His office have advised that this is not a matter for the Ombudsman's office to intervene on. We are now proceeding to raise the matter with the Minister for Social Protection and asking her to intervene in this respect.

Public Health Doctor Motions Update 2013

1. This meeting calls on the HSE to recognise the validity of the AMO case to the Equality Tribunal and that they withdraw from their opposition, recognise the experience and qualifications of remaining AMOs and upgrade their status to Senior Medical Officer, the entry grade since 2003.
Update: The IMO continues to prepare for the Equality Tribunal case on behalf of the remaining AMO, represented in this matter by Dr Kathleen O'Sullivan. The IMO has lodged a comprehensive submission with the Tribunal and a hearing date is awaited. The IMO intends to mount a robust case and the process of identifying witnesses is underway.
2. This meeting calls on the IMO to take further cases on behalf of the remaining AMO's against the HSE in the Equality Tribunal.
Update: The IMO continues to prepare for the Equality Tribunal case on behalf of the remaining AMO, represented in this matter by Dr Kathleen O'Sullivan. The IMO has lodged a comprehensive submission with the Tribunal and a hearing date is awaited. The IMO intends to mount a robust case and the process of identifying witnesses, and potential future complainants, is underway.
3. The meeting reaffirms the IMO's intention to pursue a robust case against the HSE in the Equality Tribunal in relation to the AMO case.
Update: The IMO recognising the validity of the AMO's case intends to mount a robust case on their behalf.
4. The IMO calls on the HSE to put in place the full range of supports needed by the Public Health Emergency Out of Hours Service including access to Environmental Health Officers and clear channels of communications to local hospitals, thus recognising the commitment shown by Public Health Doctors to the service.
Update: Given the lack of commitment and engagement from the HSE in this matter, the IMO began the work of devising its own document outlining the necessary supports and other assistances that should be made available to the Public Health Doctor providing the Out of Hours Service. Upon completion, that document was presented to both the HSE and the Labour Relations Commission and it is hoped that it will form the basis for future negotiations on the Service.
5. The IMO calls on the HSE and the Department of Health to honour their previous commitments and accept that Specialists in Public Health Medicine merit Consultant status.
Update: The IMO continues to raise this matter with the HSE and other health service employers. In the absence of positive engagement from the management side, the IMO made a submission on behalf of Specialists in Public Health Medicine to the Strategic Review of Medical Training and Career Structure ('the McCraith Review'), arguing that re-designating SPHMs as Consultants would make the specialty more attractive for Irish medical school graduates and offset the current and coming staff shortages.
6. While the IMO acknowledges recent appointments within Public Health Medicine, the IMO calls on the HSE and the Department of Health to ensure that there are sufficient Public Health and Community Health Doctors in post to carry out their statutorily obligated duties in a timely and efficient manner.
Update: The IMO continues to make every effort to ensure that the HSE and the Department of Health provide sufficient staff to undertake their duties. This issue was raised with the National Director for Health and Wellbeing (HSE) in October 2013 and a follow up meeting was sought to work through the issues that were raised.
7. The IMO calls on the HSE to establish a forum to examine the role of Senior Medical Officer in Public Health and to explore ways to expand this role further to the benefit of the service and of Doctors in these posts.
Update: The IMO wrote to the HSE in September 2012, seeking to establish a forum to examine the role of Senior Medical Officer in Public Health and to assess the future potential of this role. As no response was forthcoming, the IMO Public Health Committee committed to ensure that this role would be included in the IMO Public Health Committee's 'Future Structures and Delivery' paper as a career grade, with guaranteed training in Health Protection.



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Standing Orders

INTERPRETATION

1. In these Standing Orders the words and expressions following have the meanings hereinafter assigned to them respectively:

“Session” means the period from the commencement of proceedings each day until the lunch time adjournment or from the resumption of proceedings after the lunch time adjournment until the evening adjournment, or on the last day of the meeting to the conclusion of business.

A “Motion” is a primary statement of an issue put forward for debate.

An “Amendment” shall be either: to leave out words; to leave out words and insert or add others (provided that a substantial part of the motion remains); to insert words; or be in such forms as shall be approved of by the Chairman.

A “Simple” majority shall be more than 50% of members present and voting.

A “Two-thirds” majority shall be two-thirds of the members present and voting.

These Standing Orders are subject to the Rules of the Organisation.

ANNUAL GENERAL MEETING

2. The Annual General Meeting shall be for the purpose of transacting the following business:
 - (a) receiving and considering the report of the President, the Treasurer and of the Council on the business of the Organisation.
 - (b) receiving the accounts of the Organisation and report of the Auditors.
 - (c) conducting ballots and considering such resolutions as may be laid before the meeting in accordance with the rules of the Organisation.
 - (d) such other business as the Council may deem necessary and appropriate for the Annual General Meeting.

RULES OF DEBATE

PROCEDURE FOR PROPOSING MOTIONS

3. Any motion or amendment shall be introduced by the member proposing the motion or amendment or by a representative of the Committee proposing it. In the absence of the authorised mover, any other member of the Meeting deputed by the authorised mover may act on his/her behalf, and if no member shall have been so deputed, such motions may be moved formally by the Chairman if he/she so wishes.

TIME LIMITS OF SPEECHES

4. A member of the Meeting shall be allowed to speak for two minutes in moving any motion or Amendment. No other speaker to a motion shall exceed one minute. In exceptional circumstances, any speaker shall be granted such extension of time as the Chairman himself/herself shall determine. The Chairman may at any time reduce the time to be allowed to speakers (during the remainder of that session).

SECONDING MOTIONS OR AMENDMENTS

5. Motions or amendments proposed by a Committee shall not require a seconder. All others must be proposed and seconded before being debated.

CONDUCT OF SPEAKERS

6. A member of the Meeting shall stand when speaking and address the Chair. Every member shall be seated except the one addressing the Meeting.
7. A speaker shall direct his/her speech strictly to the motion or amendment under discussion, or to a question of order. The Chairman shall have power to take such steps as he/she deems necessary to prevent tedious repetition.
8. A member shall not address the Meeting more than once on any one motion or amendment, but the mover of any such item may reply, and in his/her reply shall strictly confine himself/herself to answering previous speakers and shall not introduce any new matter into the debate; provided always that a member shall speak to a point of order or, by consent of the Chairman in explanation of such material part of speech made by him/her which he/her believes to have been misunderstood.

AMENDMENTS

9. To a motion that the report be received, no amendment shall be moved.
10. To a motion that a recommendation be adopted, amendments may be moved.
11. A motion or amendment once moved and seconded shall not be altered or withdrawn without the consent of the Meeting.
12. Whenever an amendment has been moved no second or subsequent amendment shall be moved until the first amendment has been disposed of.
13. If any amendment be rejected, other amendments may be moved on the original motion. If an amendment be carried the motion as amended or extended shall take the place of the original motion and shall become the question upon which any further amendment may be moved.

CURTAILMENT OF DEBATE

14. If it be proposed and seconded that the Meeting now adjourn, or that the Meeting do proceed to the next business, or that the question be now put, such motions shall be put to the vote without discussion, except as to the period of adjournment, provided always that the Chairman shall have the power to decline to put any such motion to the Meeting.
15. Any such motion if accepted by the Chairman shall be put to the vote immediately except that, before a motion to proceed to the next business is put, the proposer of the motion or amendment under discussion at the time shall have the right to speak against the proposal to pass to the next business. In the event of a proposal to pass to the next business being defeated the Chairman shall have the power to permit the proposer of the motion or amendment under the discussion to reply to the debate.

VOTING

PROVISIONS OF RULES

16. The Rules provide that:
 1. Those entitled to vote at a General Meeting, are all ordinary members present, as defined in the Rules.
 2. Voting shall ordinarily be by show of hands unless a poll is demanded by (a) twelve (12) or more members present, (b) the Chairman, in which event the vote shall be taken by a system of recorded voting.
 3. The Chairman shall in the case of equality of votes have a casting vote, but shall not otherwise be entitled to vote.

MOTIONS WITH SUBSECTIONS

17. Motions expressed in several parts and designated by numbers (1), (2) and (3) etc. or by letters (a), (b) and (c) etc. shall automatically be voted on separately.
18. In order to expedite business, the Chairman may, at his/her discretion, seek the assent of the Meeting; (by a simple majority) to waive this requirement for any single motion.

TWO-THIRDS MAJORITY

19. A two-thirds majority of those present and voting shall be required to carry a proposal:
 - (1) that the Meeting, do proceed to the next business;
 - (2) that the question be now put;
 - (3) that Standing Orders be suspended;

Standing Orders *continued*

CONDUCT OF MEETINGS

CHAIRMAN

20. At every General Meeting the President, when present and in his/her absence the Vice President, when present shall preside. In the absence of both, the Honorary Treasurer shall be Chairman. In the absence of all three aforesaid the Honorary Secretary shall be Chairman. In the absence of all Officers of the Organisation, a Chairman shall be elected by the members present.

QUORUM

21. No business shall be transacted at the General Meetings (other than the adjournment thereof) unless a quorum of members is present at the time when the Meeting proceeds to business. Forty (40) members personally present shall constitute a quorum except when a meeting is required to be adjourned by reason of the absence of a quorum, in which case the members present at the adjourned Meeting shall be a quorum.

WITHDRAWAL OF STRANGERS

22. A member of the Meeting may at any time move that any or all of the following persons not being members of the Meeting, should withdraw: (1) those not members of the Organisation staff, (2) those not duly appointed Organisation advisors, (3) those not Organisation members. It shall rest at the discretion of the Chairman to submit or not to submit such a motion to the Meeting.

SUSPENSION OF STANDING ORDERS

23. Any one or more of the Standing Orders, in any case of urgency, may be suspended at any Meeting, provided that two-thirds of those present and voting shall so decide.

DISTRIBUTION OF PAPERS AND ANNOUNCEMENTS

24. In the Meeting or in the precincts thereof no papers or literature shall be distributed or announcements made or notice displayed except by the staff of the Organisation, acting with the approval of the Chairman.

ACTION ON DECISIONS OF GENERAL MEETINGS

REFERENCE TO COUNCIL

25. A "Reference to Council" does not constitute Irish Medical Organisation policy. It means that Council shall consider the resolution, taking into account any points raised in debate, and act in the best interests of the Organisation.

MOTIONS NOT DEALT WITH

26. Should the Meeting be concluded without all the Agenda being considered, any motions not considered shall be referred back to the sponsoring constituency. If the sponsoring constituency wishes such a motion to be pursued, it shall be entitled to submit a written memorandum for the consideration of the Council or appropriate Committee, and/or submit oral representations.

CHAIRMAN'S DISCRETION

27. Any question arising in relation to the conduct of the Meeting, which is not dealt with in these Standing Orders shall be determined by the Chairman at his/her absolute discretion.

REPRESENTATIVES OF THE PRESS

28. Representatives of the Press shall be admitted to the General Meeting at the discretion of the Chair.

DURATION OF STANDING ORDERS

29. These Standing Orders shall remain in force until amended or repealed by IMO Council.

Notes

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