IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Annual Report 2015

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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

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

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Honorary Officers

President
Dr Ray Walley

Vice-President
Dr John Duddy

Honorary Treasurer
Dr Illona Duffy

Honorary Secretary
Dr Clive Kilgallen

Council and Executive Board Members

IMO Council 2015/2016

Dr Ray Walley - President
Dr John Duddy - Vice President
Dr Clive Kilgallen - Honorary Secretary
Dr Illona Duffy - Treasurer
Dr Hwei Lin Chua
Dr Declan Connolly
Dr Johanna Joyce Cooney
Dr Louise Cunningham
Professor Trevor Duffy
Dr David Flannagan
Dr Peadar Gilligan
Dr Charles Goh
Dr Tony Healy
Dr Patrick Hillery
Dr Ann Hogan
Dr Jim Keely
Dr Colm Loftus
Dr Martin Mahon
Dr Padraig McGarry
Dr Mark Murphy
Dr Dela Osthoff
Dr Patrick O'Sullivan
Dr Nash Patil
Dr Matthew Sadlier

Executive Board 2015/2016

Dr Matthew Sadlier - Chair
Dr Illona Duffy - Treasurer
Dr John Donnellan
Dr John Duddy
Professor Trevor Duffy
Dr Peadar Gilligan
Dr Ann Hogan
Dr Colm Loftus
Dr Padraig McGarry
Dr Patrick O'Sullivan
Mr Niall Saul Non-Executive Director
Mr Ronan Nolan Non-Executive Director

President's Report

Colleagues,

We are pleased to present to you the 2015 Annual Report and Financial Statements of the Irish Medical Organisation.

The decimation of our public health services over recent years has made the work of the IMO even more important both in terms of representing our members and advocating for better public health services. This annual report details the wide spectrum of work your Organisation has undertaken in the past twelve months across industrial relations, advocacy and policy development, communications, media relations and member services.

The IMO has been to the forefront in clearly and unequivocally demonstrating just how bad our public health services have become. As strong advocates for our health services we have ensured that health was one of the key issues for the public in terms of Government budgetary decisions and issues dominating the recent general election. While all polls consistently showed the people of Ireland viewed health as a priority issue unfortunately our policy makers and the HSE failed to take notice.

What we have now is exactly what the IMO warned would happen – a health service that is on its knees and one that is incapable of meeting the needs of Ireland's population. Each and every one of us, at some stage in our lives, will depend upon our public health services and for the poorest, sickest and oldest in our society that dependency increases. But as a direct consequence of incredibly short sighted economic decisions we now have a service that not only fails to meet current demand but has no chance of scaling up to meet future demand. It is nothing short of a national disgrace. One of the most frustrating features of recent decisions on health is that they appear to be made by the Department of Public Expenditure and Reform who clearly have no idea as to the level of required funding to deliver a functioning public health service to Irish citizens, while the Department of Health and the HSE engage in spin by suggesting that funding has improved and services will improve.

The legacy of lack of investment is a health service that has lost the confidence of patients and the confidence of doctors.

There are many who accuse the IMO of being a vested interest – yes we acknowledge we have a vested interest - we are trained medical professionals yet we are being asked to deliver care in un-resourced environments, with no supports and are constantly having to compromise quality of care. So we are unashamed in continuing the fight for a decent well-resourced Public Health System.

While it is important to highlight the problems in our services it is also our duty to come up with solutions and in April 2015 at our AGM we launched our 2020 Vision for Health. We called on policy makers to take bold decisions and develop a vision with a funded implementation plan to develop our health services over the next number of years. Society must acknowledge a fundamental point – healthcare costs and it must be funded, we believe a private insurance based model, as initially proposed by Government, was flawed and would only serve to increase the inequalities in our health services. The IMO consistently campaigned against Universal Health Insurance and we were pleased to see this unworkable policy dropped, however it appears there is nothing to replace it. However during the period it took for Government to abandon this plan more time was wasted.

The IMO 2020 Vision for Health calls for:

- Appropriate funding through multi annual ring fenced funding with sufficient capacity both in terms of infrastructure and manpower
- A focus on patient safety and quality of care
- Putting mental health services on a par with physical health
- Protecting the Doctor-Patient relationship
- Health in all policies

The problems that currently beset our health services will continue unless and until these fundamental principles are embedded in our policy making.

The growing manpower problem, particularly amongst medical professionals, has been largely ignored by Government over the past number of years. Is it really any wonder that the Irish health services is simply not an employer of choice while other countries like Canada, the US, Australia and the UK are actively recruiting and encouraging Irish doctors to come and work in their healthcare systems? The attitude of the HSE and indeed Government has been that these are just young people simply having an adventure abroad, how insulting to our profession.

The IMO has been strong in articulating exactly why doctors are leaving the health service and our views have been supported by research conducted by the RSCI Study and the Medical Council Report. The facts show that doctor's reasons for emigration are as a result of poor working conditions, general disrespect from the HSE and issues with training and career progression. It is a sad indictment of our public health services that only 22% of trainees are committed to definitely stay in Ireland. It needs to be acknowledged that we have a severe Medical Manpower problem affecting all craft groups with our first priority being the retention of existing well trained experienced staff. If we do not address the retention issue first, the tsunami of impending workload will be further exacerbated by the continued loss of staff who refuse to accept the stagnation and the disintegration of our Public Health Service with no leadership vision by voting with their feet. The state apparatus has to address these issues as a matter of urgency.

Key to addressing the manpower crisis is the development of new contracts across the specialties.

- The GP Contract is almost 40 years old and does not allow for the provision of a modern GP service. General Practice has become an unattractive specialty with significant obstacles to maintaining current service let alone encouraging new GPs to establish.
- The 2008 Consultant Crisis is not fit for purpose, it was based on the failed ideology of co-location and will simply not attract consultants to Ireland and the two tier pay scales only serve to exacerbate the problem.
- The NCHD Contract is overdue for review and new arrangements are needed to encourage our NCHDs to complete their training here in Ireland and allow for clear career pathways to consultant posts.
- Our Public Health Specialists need a contract that clearly defines and recognises the specialist nature of the work. There are also significant issues for our Community Health doctors in respect of the position of AMOs, along with CPD issues and making the specialty attractive to new entrants.

The IMO Specialty Committees, who are directly elected by the members, have been working tirelessly to progress these national issues against a backdrop of dealing with an employer that regularly breaches contracts and refuse to meaningfully engage in a progressive manner.

The IMO, on behalf of its members, enter into contractual agreements with the HSE and Government, members at individual level sign up and fulfil their obligations. Yet the HSE and Government unilaterally decide to breach those agreements without negotiation, despite the clear evidence that they are incorrect and in flagrant breach of agreements. Not only are they refusing to engage in constructive talks on new contract arrangements but the HSE and its agents are actually refusing to pay existing terms. It is truly farcical that Interns in Limerick University Hospital had to threaten strike action in order to get paid for hours worked. I can think of no other employer who would even consider such actions.

As a Trade Union we are committed to resolving issues through the normal industrial relations machinery however when faced with an employer like the HSE we are now in a situation where, on behalf of our members, we are forced to engage in costly and lengthy legal actions to defend contractual rights. Having only recently settled legal proceedings to secure the negotiating rights of our GP members we are now engaged in two legal actions to secure the existing contractual rights of our NCHD and Consultant members. It is morally reprehensible that the State continue to spend taxpayer money on legal actions rather than pay the terms of agreed contracts. It is little wonder that there is simply no trust between doctors and the HSE.

The work of the IMO is not just focused on national contract issues, during 2015 our Personal Cases Unit dealt with over 5,000 individual queries from our members, the vast majority of these related to contract issues and the IMO during the year continued to commit significant resources to representing members on individual issues.

As an Organisation we have adopted our new Rules and Code of Practice and continuously strive to meet best standards in terms of governance and transparency. Your national specialty committees, Council and the Executive Board are committed to ensuring the organisation is managed in such a way as to ensure our focus always remains on delivering in the best interests of our members. The Financial Statements contained in this Report show the Organisation is in a strong position to continue our work and to defend the rights of our members.

Our strength as an Organisation lies with the membership and the pursuit of a common goal – a public health service we can be proud to work in. The IMO embodies the solidarity of the profession as a whole while at the same time allowing each group to pursue their own objectives. Together we are stronger and that is more important now than ever before.

It has been an honour and a pleasure to serve as President of the IMO. I would like to thank my fellow Honorary Officers, Committee members and IMO staff for their support and assistance during what has been a very busy year. But we could not have achieved anything without the ongoing support of you and all the members so thank you.

Dr Ray Walley - IMO President

1 Industrial Relations

Profession Wide

Public Sector Pay - Haddington Road and Lansdowne Road Agreements

Indication was given by Government that there was a preference to review the Haddington Road Agreement (HRA) in 2015 and not wait until the end of the agreement in June 2016. The IMO subsequently met the officers of the ICTU Public Sector Committee and set out what we expected for our members, especially those who did not have an automatic right under the HRA to pay restoration.

We were also cognisant of our members who are on a salary of less than €35,000 per year. Under the Croke Park Agreement there was a commitment to have the salary of this group of workers addressed as a starting point when the country started to exit from the imposed austerity measures. This did not happen. It was essential that the commitments made to many IMO members starting out on their medical career below the €35,000 threshold were honoured.

Following exploratory talks between the public sector unions and the Government on 12 and 14 May, negotiations commenced on 19 May and continued over nine days, concluding on Friday 29 May with the proposed Lansdowne Road Agreement.

IMO Council discussed the proposed agreement and unanimously agreed to recommend that members reject the proposal. IMO members subsequently rejected the proposal in a consultative ballot.

While the proposal provided an increase in salary for all members it did nothing to address the real crisis in our health service – the inability of the system to retain existing doctors and attract new doctors. The IMO has continuously warned the Government of the inevitable consequences of the basic unfairness of a two tier pay system but still there was a refusal to address the fundamental principle of equal pay for equal work.

Notwithstanding the need to secure economic growth, the proposal did not treat all workers fairly. While it was right and proper that there was an emphasis on lower paid workers, it was equally important that all workers in the health services received acknowledgement for their efforts.

Following the conclusion of the ballot the IMO met representatives from the Department of Public Expenditure and Reform (DPER) to discuss the failure to include pay restoration for our members earning over €100K. It was subsequently confirmed that the draft FEMPI Bill 2015 would address this matter by including the following:

"where the annual basic salary of a public servant is over €110,000, the amount by which it was reduced in 2013 shall be restored in three equal parts – the first on 1 April 2017, the second on 1 April 2018, and the third on 1 April 2019."

The IMO had also sought to have the increment freeze that was applied under the HRA phased out for the same group of members (all other public sector employees earning less than €100K had their incremental freeze phased out under Lansdowne Road).

While this addressed two important anomalies for some IMO members in the Lansdowne Road Agreement the question of the starting salary for new entrant Consultants was still outstanding. Further information on the progress of addressing the salary of new entrant Consultants is provided later in the Consultant Report.

The IMO has continuously warned Government of the inevitable consequences of the basic unfairness of a two tier pay system but still there was a refusal to address the fundamental principle of equal pay for equal work.

ED Taskforce

The IMO had participated in all meetings of the Task Force during 2015 and provided a submission for consideration.

The IMO highlighted four key areas that needed to be addressed if the Task Force was to have any purpose:

1. **Increase Capacity in the Acute Hospital System**
   - Urgent provision of additional acute hospital beds is the only immediate solution to the ED crisis
2. **Urgent funding is required for long-term and rehabilitative care for elderly patients**
   - Urgent funding is required to support immediate demand for both long-term residential and community care and intermediate rehabilitative care.
   - A long-term investment plan for community and residential care and rehabilitation facilities is needed that reflects demographic change and predicted morbidity rates.
3. **Adequately Resource the Acute Medicine Programme**
   - The Acute Medicine Programme requires urgent resourcing with appropriate pathways for referral and discharge from and to General Practice.
4. **Investment in General Practice and Chronic Disease Management**
   - Increase GP access to community- based diagnostics and AMUs
   - Resource the implementation of chronic disease management programmes in General Practice

The IMO made it clear to the Task Force that, unless funding was provided where it had been identified as necessary, the report would be aspirational on key points without any Government commitment to delivery.

Data from Trolley/Ward Watch indicated a reduction of 13% for the month of December 2015; however, there was an overall increase of 21% from January to December 2015 compared to 2014.

The Task Force had failed to deliver the objectives it set out to achieve. As 2015 ended the debate on how to deal with the emergency department crisis continued.

Mental Health Service

Despite the assurances on an almost annual basis that additional funding for Mental Health Services (MHS) is available, the pressure on doctors to deliver a seriously underfunded service has continued to increase. Conditions placed on the release of the 'additional' funding by the Minister, especially in terms of reducing waiting lists for child and adolescent services, were illogical when the ability to attract doctors into the service was the real problem and contributes to the long waiting lists.

Reducing the length of time spent on a waiting list is essential in delivering timely care to vulnerable young people and, against all odds and to the credit of the doctors and allied health professionals delivering the service, this is slowly reducing. However, withholding funding which could be utilised in the wider mental health service for the benefit of patients was not the best direction that could have be taken.

The continuing practice in 2015 of placing children (under 18) in adult units is an ongoing concern for IMO members. This is in breach of the code of practice under the Mental Health Act and is not receiving the level of attention by Government that it deserves.

The IMO continues to work with our sister unions to ensure adequate and appropriate services are provided for staff and patients across the state.

Throughout 2015 the IMO sought to have the lack of resources in the Child and Adolescent Mental Health Service (CAMHS) addressed. The staffing levels were running at 50-55% of that stated in A Vision for Change report. Due to the inherent risks in delivering a service with restricted staffing levels the IMO continued with the advice previously given to members not to undertake any additional work where they believe patient safety is at risk.

There was also an ongoing concern that the transfer of 16 and 17 year olds from the adult service to CAMHS had still not been implemented – for resourcing reasons – in a uniform manner across the state. Consequently, it was still the situation in 2015 that there were parts of the country where no 16 or 17 year olds had been transferred, parts where only 16 year olds had been transferred and parts where both age groups had been transferred. This confused picture was counter to the statement in A Vision for Change that *"the child and adolescent CAMHS should be available evenly across the country".* The RTE Radio 1 Today with Sean O'Rourke show aired a special programme over two days in June on the problems of delivering CAMHS which the IMO participated in.

In an effort to address these issues in a systematic and collaborative approach, both the IMO and MHS senior managers agreed to accept the recommendation of the HRA Joint Review Group process.

The terms of reference for a joint exercise similar to that conducted for NCHD EWTD verification was agreed in December. The content of a letter, jointly signed by the IMO and the National Director for Mental Health, was also agreed at the end of 2015 and this is due to be sent to all CHO Chief Officers and MHS Executive Clinical Directors in January 2016. The letter set out how the joint verification process would operate at both local and national levels, commencing with local meetings with the ECD and Consultant Psychiatrists.

The IMO met with the National Mental Health Service (MHS) management team on Monday 16 November to receive a presentation on the MHS Service Plan for 2016. The slides from the meeting were circulated to members for feedback and for questions to be put to the MHS team.

This was welcome progress in what had been a difficult relationship with MHS over the last number of years. It was agreed that further meetings would be arranged in 2016 to monitor progress in delivering the plan.

Community Healthcare Organisations (CHOs)

At the end of 2014 the *Report and Recommendations of the Integrated Service Area Review Group* was launched and 2015 commenced with the proposed establishment of nine Community Healthcare Organisations. The review was based on the requirements set out in national government policy in relation to health and social care services in *Future Health – Framework for Reform of the Health Service 2012 – 2015.*

As part of this policy *The Establishment of Hospital Groups as a transition to Independent Hospital Trusts* report was published in February 2013 to deal with changes in acute hospital services. The report and proposals on CHOs sought to address the organisation of community based services.

Throughout 2015 only two meetings with the health sector trade unions took place, partly due to delays in appointing the nine Chief Officers and their respective senior management structures.

As time progressed it was apparent that a small number of the Chief Officers were commencing a re-alignment of services; however, a majority of the CHOs were undertaking minimal change.

Due to the lack of progress, and the failure to have meaningful engagement with the trade unions, it was agreed that a National Forum would be convened under the auspices of the Workplace Relations Commission.

With the assistance of the Workplace Relations Commission, development of the CHOs will be monitored during 2016.

Outside of the health sector trade union meetings, the IMO separately met with two CHOs, to discuss proposed changes in the delivery of Child and Adolescent Mental Health Services.

Patients' Rights in Cross-Border Healthcare

Statutory Instrument No. 203 of 2014 came into operation on 1 June 2014 and gave effect to Directive 2011/24/EU. Known as the European Union (Application of Patients' Rights in Cross-Border Healthcare) Regulations 2014. The regulations effectively gave patients resident in another member state the right to access cross-border healthcare in that state.

The health sector trade unions met the Minister for Health on 5 March 2015. It was confirmed at the meeting that the HSE would refer enquiries about providers available to treat patients who may wish to avail of treatment in Ireland to the Medical Council's register. It would be a matter for the patient to decide which doctor they wish to attend. The treatment had to be available in the Irish public health system. It was important that no doctor in private practice could be compelled to provide treatment to a patient under this scheme.

This scheme is separate to the European Health Insurance Card (formally the E111 card) which provides access to healthcare in the public system of any EU country or Switzerland, if one become ill or injured while on a temporary stay in that country.

2 Consultants

Consultant Committee
April 2015 - April 2016

Dr Peadar Gilligan - *Chair*
Dr Ronan Collins
Dr Pat Conroy
Dr Paul Cotter
Professor Trevor Duffy
Dr Peter A. Healy
Dr Seamus Healy
Dr Clive Kilgallen
Dr Martin Mahon
Dr Mick Molloy
Dr Naishadh Patil
Dr Matthew Sadlier
Professor Sean Tierney

Dr Peadar Gilligan
Chair

This past year has seen a continuation of an unprecedented number of unfilled Consultant posts throughout the public hospital system. Indeed, one might say that the unavailability for work of so much of the Consultant workforce, whether through emigration, retirement or disillusionment, represents the greatest industrial action ever undertaken by senior medical professionals.

In an effort to alleviate this situation, the IMO negotiated an agreement with health service management to try to undo some of the impact of the September 2012 new entrant Consultant salary cut, an act of populist vandalism. This agreement was hard won but is just part of a solution, not the whole solution. Consultant members continue to report to us that, over and above salary reductions, they continue having to deliver a professional medical service in conditions that would embarrass most first world countries. Against this backdrop, is it any wonder that we cannot retain our medical professionals, while others opt to remain abroad rather than return to their homeland?

The IMO has time and again, pointed out to health service management the need to properly resource the health service and to let our Consultants do what they do best, namely provide excellent medical services with patient care as their top priority.

Labour Relations Commission Proposals on New Entrant Consultant Pay and Career Structure

The proposals that emerged from the Labour Relations Commission (as it then was) on New Entrant Consultant Pay and Career Structure were accepted in a ballot of affected IMO members in January 2015. As advised at the time, the IMO did not view this Agreement as an end point but rather as a staging post on the road to restoring the thirty percent pay reduction, so recklessly imposed in September 2012.

The Agreement provided for the establishment of a Consultant Incremental Credit Committee (CICC) which would assess each newly appointed Consultants previous educational and professional experience with a view to placing each Consultant on the correct point of the new pay structure.

Predictably, the HSE, the Department of Health and the Department of Public Expenditure and Reform sought to narrowly interpret the incremental credit sections of the Agreement to the disadvantage of Consultants. In practice, this meant that Consultants who gained qualifications while working at the same time, would be disadvantaged. Clearly, this was not acceptable to the IMO and we engaged with health service management to try to rectify this situation.

The upshot of this engagement was that a special protocol was put in place to allow Consultants to 'double count' experience with qualifications gained. This represented a victory for the IMO but more importantly cleared an obstacle to the recruitment of much needed medical specialists.

The CICC agreed its terms of reference in June and, shortly after, the first Consultants began to transition to the newly implemented pay scales. The IMO has been advised that most, if not all, newly appointed clinical Consultants have transitioned to the new pay scales. However, we are aware of some hospitals having advised Consultants that they have not been budgeted to pay for the new scales and, as such, cannot transition Consultants to those scales until 2016. Given the length of time taken to reach this point, the IMO has advised members that they may take third party cases in pursuit of these monies.

Labour Relations Commission Proposals on New Entrant Consultant Pay and Career Structure – Academic Consultant and Heads of Department

The second component of the January 2015 Agreement relates to the remuneration of Academic Consultants and the proposals to establish the roles of Head of Department and Associate Clinical Director. The IMO met with health service management in November 2015 – over six months after the deadline set out in the Agreement – and was furnished with detailed proposals on the Head of Department and Associate Clinical Director roles.

However, the IMO was also advised that the matters relating to Academic Consultants had been identified as management's priority. Some two weeks later, the parties reconvened and a pay proposal was put forward by health service management. Unfortunately, this proposal was disappointing in terms of the length of the incremental scale, and also in terms of its failure to comprehend the qualifications required to achieve an Academic Consultant position and how those qualifications interacted with the Clinical Consultant salary scales.

We await further proposals, and the IMO would hope that health service management would remember that Academic Consultants are hugely sought after the world over and take the necessary steps to ensure that Ireland is an attractive destination in which these extremely well qualified Consultants can work.

Monies Unpaid Under the 2008 Contract

The IMO launched protective legal proceedings on behalf of a group of named Consultant members in pursuit of monies promised, but not paid, under the terms of the 2008 Consultant Contract.

Last summer, the IMO moved to have summonses served on the employer in these cases. These summonses seek full restoration of all monies that would have been paid had the terms of the 2008 Consultant Contract been honoured, had those terms been implemented as set out when the negotiations on the Contract concluded.

The IMO's legal team has met with several of the named Consultants with a view to pursuing High Court proceedings and this process is ongoing.

Considerations on a New Consultant Contract

Some concerns have been expressed that the 2008 Consultant Contract is not reflective of the professional reality for Consultants in 2015 and 2016. In October 2015, the IMO noted, with some surprise, comments from the Minister for Health indicating that the Department may be considering commencing negotiations on a new contract. The IMO subsequently wrote to the HSE asking if there was an appetite on the management side to commence contract talks, as we understand it the matter is receiving consideration in the Department.

Cessation of Increment Freeze under the Lansdowne Road Agreement

The Haddington Road Agreement (HRA) suspended incremental progression, for a period of three years, for those on salary scales that start at over €100,000. While the Lansdowne Road Agreement (LRA) made commitments in terms of pay restoration, it was silent on allowing for a restart in incremental progression for individuals whose salary scales start at over €100,000.

In direct talks with the Department of Public Expenditure and Reform (DPER), the IMO had it confirmed that it was intended to resume incremental progression for individuals in this category. However, DPER were unclear as to the method by which this would be done and indicated that a graduated restart to incremental progression was being considered, but that this may still push the freeze out to 2019 (i.e. 30 June 2016 plus up to three years) for some individuals.

Clearly, this was not acceptable to the IMO.

Following representations by the IMO and the ICTU Public Services Committee, we have had it confirmed from DPER that the incremental freeze will come to an end on 1 July 2017 and not be pushed as far as 2019, as had been feared.

In practice this means that individuals who have not reached a three year freeze, can resume incremental progression on their next incremental date after 1 July 2017.

This is a major concession that was been won for Consultants by the IMO, as the IMO is the only organisation representing Consultants that has signed up to both the HRA and LRA agreements and therefore has the sole rights to negotiate with the employer on these matters.

Dr Peadar Gilligan, Consultant Chair addressing the ED crisis - Irish Independent, June 2015

Chaos in hospital as psychiatric patients left in A&E for three days

Adam Cullen
EMAIL

PUBLISHED
24/06/2015 | 02:30

SHARE

Dr. Peadar Gilligan, Emergency Medicine Consultant, Beaumont Hospital, Dublin.

Patients suffering acute psychiatric illness are having to endure more than three days on trolleys in one of the country's most overcrowded hospital emergency departments.

IMO Consultant meeting with Minister for Health Leo Varadkar

Joint Review Group on Child and Adolescent Mental Health Services

As the sole Consultant representative body that has signed up to the HRA and LRA, the IMO was able to avail of the processes established by those Agreements to convene a Joint Review Group to examine the processes under which 16 and 17 year olds were referred to, already under resourced, Child and Adolescent Mental Health Services (CAMHS).

Despite initial reluctance to engage by the Mental Health Services Directorate of the HSE, the IMO was able to achieve an outcome whereby a joint IMO and HSE team would visit each Executive Clinical Director area to assess the resources available and resources required to allow for a safe transition of sixteen and seventeen year olds to the CAMHS service.

Dr Peadar Gilligan and Professor Trevor Duffy at the launch of 2020 Vision for Health

3 Non Consultant Hospital Doctors

NCHD Committee
April 2015 - April 2016

Dr John Duddy - *Chair*
Dr Gabriel Beecham
Dr Hwei Lin Chua
Dr Shane Considine
Dr Lisa Cunningham
Dr Louise Cunningham
Dr John Donnellan
Dr David Flanagan
Dr Ronan Glynn
Dr Charles Goh
Dr Rukshan Goonewardena
Dr Paddy Hillery
Dr Suhas Jadhav
Dr Niall Kelly
Dr Aine Lynch
Dr Cormac Mullins
Dr Dela Osthoff
Dr Niamh Quigley
Dr Keshav Sharma

Dr John Duddy
Chair

European Working Time Directive (EWTD)

Safe working hours for doctors continues to be a priority for the IMO. The implementation of the European Working Time Directive (EWTD) remains the primary objective for NCHDs. The level of compliance at the end of 2015 is set out in tables on pages 16 and 17. While significant progress has been made in many locations greater effort needs to be made on some who have failed to reach an acceptable level of compliance.

The collective agreement reached at the LRC between the IMO and the HSE on the implementation of legal and safe working hours for NCHDs in 2013 continues to be implemented. The IMO consistently maintains pressure on the Government and the HSE to fully address the issues and implement the full terms of the agreement.

The national verification process with health service management is working well and identifies where working hours are not compliant and recognises there is an onus on all parties to maintain momentum and to press ahead to full implementation of the EWTD. The national verification group is committed to maintaining the provisions in the agreement to fully implement the directive. Site visits are a key part of this process and are an effective mechanism to drive improvements in compliance. The extension of the process to the Mental Health Services in 2015 is a very welcome development.

The engagement and participation of local IMO NCHD representatives in this process is an invaluable service to their colleagues and the health service. We would like to commend their work and commitment and record our thanks for the work they do on behalf of all NCHDs.

IMO NCHD Committee meeting

The decision set out in the judgement of the European Court of Justice published on 9 July 2015 determining that the European Commission did not succeed in establishing that Ireland had failed to fulfil its obligations under the EWTD is a disappointing result. The outcome is remarkable given the EU Commission had significant documentary evidence showing the extent of non-compliance in Irish hospitals at the start of 2015. A number of the provisions in the judgement are surprising and the balance between the substantial issue of non-compliance and the attention given to other issues of protected training time and reference period are of note.

An IMO delegation met with the EU Commission on 11 August 2015 to raise our concerns at the developments in the ECJ and to see what further remedies may be available. They stated that all legal routes were spent but they would work to hold the Irish authorities to account for the implementation of the Directive.

New Entrant Consultants

The unilateral reduction of 30% in Consultant pay made by the Minister for Health on 17 September 2012 was utterly unacceptable, and has been clearly highlighted in the report of Strategic Review of Medical Training and Career Structure. The creation of a two tiered workforce has severe consequences for the retention and recruitment of doctors in the health service and this issue was fought on an ongoing basis by the IMO. Proposals were ultimately signed off at the Workplace Relations Commission (WRC) on 7 January 2015, which were recommended by the NCHD and Consultant Committees and accepted in a ballot of members on 27 January 2015.

The Incremental Credit Committee setting out the policy to apply for the awarding of incremental credit to newly appointed Consultants met on a number of occasions during 2015. The IMO was represented by Professor Trevor Duffy and Mr Eric Young. The Agreement has been operational with many newly appointed Consultants advancing through the new pay scale.

Living Out Allowance

The Department of Public Expenditure and Reform conducted a review of all allowances paid in the public sector. This included the living out allowance paid to Interns, SHOs and Registrars which was withdrawn from new entrants. The IMO engaged in extensive discussion with health service management in an effort to restore the allowance.

Following the refusal of health service management to restore the allowance the IMO intends to pursue legal action in this regard.

Strategic Review of Medical Training and Career Structure (MacCraith)

An IMO delegation met the group on two occasions during the course of 2015 and contributed to the ongoing implementation of the recommendations. The IMO highlighted that progress was slow and was not having a recognisable impact in the workplace for NCHDs.

Restriction on non EEA doctors to access the Training Register

The restriction on non EEA doctors to access the Training Register of the Medical Council was raised with the Medical Council and the Department of Health by the IMO. The requirement for some doctors to provide a certificate of experience cannot be met despite high levels of qualification and experience for doctors who are held in good standing in their workplaces. This issue was discussed at the Overseas Doctors in Ireland conference which the IMO participated in during January 2015.

Dr Niall Kelly, Dr Charles Goh, Dr Paddy Hillery

It was also raised and discussed at the IMO 2015 AGM. The Minister for Health has committed to incorporating the necessary changes into a scheduled amendment to the legislation before the Oireachtas rises in early 2016.

Medical Council Fees

The 13% increase in the registration fee by the Medical Council in June 2015 was not justified and unacceptable in the opinion of members. In response to members concerns IMO opposed this unwarranted increase and urged the Medical Council to cancel the increase and maintain the registration fee at the 2014 level. The IMO wrote to the Medical Council challenging this increase and called on them to meet with the IMO to discuss this issue. A subsequent campaign of opposition in July 2015 resulted in an understanding between IMO and the Medical Council on the issues

The Medical Council committed to:

- Improving communication so that doctors have a greater understanding of what the Medical Council does and how they work for doctors.
- Contact the Department of Health and try to agree new income streams to reduce pressure on the registration fee
- Work with the MacCraith process to improve education and training. The information from 'Your Training Counts' is important and the IMO agreed to encourage this.
- Not applying a late registration penalty for anyone registered and paid before 13 July 2015.
- Engaging with training bodies on the costs of Professional Competence Schemes.
- Write to the Revenue Commissioners informing them of the recent fee increases.

While the Medical Council did not make commitments on fee structure an assurance was given that they would look at how it can be reduced for doctors in the first year of their training.

The IMO intend to continue to pursue these issues.

Dr Suhas Jadav addressing the IMO NCHD Committee meeting

Physician Associate Position

The initiation of a pilot scheme of Physician Associate (PA) in Beaumont potentially represents a significant change which may have an impact on NCHDs. Many aspects of the post were not clarified or teased out and the implementation of the role was an issue of some concern. The IMO wrote to Professor Arnie Hill, Head of the School of Medicine at the RCSI requesting a meeting.

An IMO delegation met with Professor Hill on Friday 25 September 2015 to receive a presentation on the pilot scheme for the role of Physician Associates in the Irish health system. The post is very common in the US and is seen as an invaluable support to many medical teams. Physician Associates have been used in Europe, including the NHS. Through the pilot scheme Professor Hill is keen to develop the role in an appropriate way for the Irish health service. A role was identified for PAs to preform specific repetitive tasks, often done by SHOs that are routine and not required for training. The aim is to free SHOs up for more medical tasks that will enhance their training.

Each service that employs a PA will need to define on what basis they will be employed and the scope of tasks they will be used for. The pilot scheme will involve the deployment of four PAs in the surgical disciplines of Breast Surgery, Gastrointestinal Surgery, Orthopaedic Surgery and Vascular Surgery.

It was set that PAs are dependent practitioners who work under the supervision of a doctor. The pay scale that has been put in place for the pilot scheme is at the mid-point of the SHO scale.

Data from the pilot scheme will be made available to the IMO. The IMO is keen to ensure that the role is implemented as proposed and not significantly expanded until all of the elements of the role have been examined.

Industrial Dispute at University Hospital Limerick

University Hospital Limerick refused to pay overtime due to Interns for hours worked. In some cases this dated back to August 2015 and was ongoing. The hospital was unresponsive to addressing the concerns raised by interns and was very slow to reply to correspondence issued from the IMO in November 2015. Following the failure of the hospital to respond to an IMO letter of 3 December 2015, the failure to pay the amounts due and despite an undertaking from HSE National HR to address the issue, a meeting of interns was held on 22 December 2015.

It was agreed unanimously that industrial action should be taken and a ballot held at the earliest possible date.

EWTD Compliance

EWTD COMPLIANCE December 2015	Total NCHDs	% 24 hour shift	Number 24 hour shift	% 48 hour working week	Number 48 hour working week	% 30 minute break	Number 30 minute break	% 11 hour daily rest period -	Number 11 hour daily rest period	% a 35 hour weekly rest period	Number 35 hour weekly rest period
AMNCH - Tallaght	273	96%	261	48%	132	100%	273	85%	231	100%	273
Bantry	12	100%	12	100%	12	100%	12	100%	12	100%	12
Beaumont	321	98%	316	61%	137	100%	321	100%	321	100%	321
Cappagh	25	100%	25	100%	25	100%	25	100%	25	100%	25
Cavan	107	94%	101	77%	82	100%	107	100%	107	100%	107
Connolly	118	100%	118	53%	62	100%	118	100%	118	100%	118
Coombe	56.5	100%	57	57%	32	100%	57	100%	57	100%	57
CUH	340	99%	335	95%	322	100%	340	94%	321	93%	318
Galway University Hospital	338	99%	334	95%	322	100%	338	97%	328	100%	338
Kerry	114	100%	114	100%	114	100%	114	100%	114	100%	114
Kilkenny	90	100%	90	87%	78	100%	90	100%	90	100%	90
Letterkenny	124.7	96%	120	66%	82	95%	118	96%	120	100%	125
Limerick University Hospital	285.5	91%	261	100%	285	100%	286	100%	286	100%	286
Lourdes Drogheda	214	89%	190	71%	151	100%	214	100%	214	100%	214
Louth General	3	67%	2	67%	2	100%	3	100%	3	100%	3
Mater	272	100%	271	63%	172	100%	272	100%	272	100%	272
Mayo	113	88%	100	94%	106	100%	113	100%	113	100%	113
Mercy	117	100%	117	97%	113	100%	117	100%	117	100%	117
Mullingar	100	91%	91	88%	88	100%	100	100%	100	100%	100
Naas	60	100%	60	67%	40	100%	60	100%	60	100%	60
National Maternity	52	100%	52	92%	48	100%	52	100%	52	98%	51
Navan	51	71%	36	84%	43	100%	51	100%	51	100%	51
OLCHC Crumlin	113.5	90%	103	71%	81	100%	114	100%	114	100%	114
Portiuncula	72	100%	72	68%	49	100%	72	100%	72	100%	72
Portlaoise	66.25	91%	60	68%	45	100%	66	100%	66	100%	66
Roscommon	19	100%	0	100%	19	100%	19	100%	19	100%	19
Rotunda	57	98%	56	100%	57	100%	57	100%	57	100%	57
Royal Victoria EE	27.5	100%	28	100%	28	100%	28	100%	28	100%	28
Sligo	139	100%	139	81%	113	100%	139	100%	139	100%	139
South Infirmary	43.5	100%	44	72%	32	100%	44	100%	44	100%	44
South Tipperary	88	100%	88	94%	83	100%	88	100%	88	100%	88
St Colmcilles	26	100%	26	100%	26	100%	26	100%	26	100%	26
St James	302	100%	302	71%	214	100%	302	100%	302	100%	302
St Johns - Limerick	13	100%	13	31%	4	100%	13	100%	13	100%	13
St Lukes Rathgar	27	100%	27	100%	27	100%	27	100%	27	100%	27
St. Vincents	225	100%	225	62%	140	100%	225	100%	225	100%	225
Temple Street	79	92%	73	68%	54	100%	79	95%	75	100%	79
Tullamore	77	100%	77	64%	49	100%	77	100%	77	100%	77
Waterford Reg	195.8	100%	196	70%	138	100%	196	78%	153	100%	196
Wexford Gen	88	100%	88	86%	76	100%	88	100%	88	100%	88

EWTD COMPLIANCE December 2015	Total NCHDs	% 24 hour shift	Number 24 hour shift	% 48 hour working week	Number 48 hour working week	% 30 minute break	Number 30 minute break	% 11 hour daily rest period -	Number 11 hour daily rest period	% a 35 hour weekly rest period	Number 35 hour weekly rest period
Donegal Hospice	NR										
Mallow General Hospital	16	100%	16	69%	11	100%	16	100%	16	100%	16
NRH Dun Laoghaire	NR										
Peamount	7	29%	2	29%	2	100%	7	29%	2	100%	7
St Michael's Hospital Dun Laoghaire	26	100%	26	69%	18	100%	26	100%	26	100%	26
Carlow Kilkenny	12	75%	9	67%	8	100%	12	100%	12	83%	10
Cavan Monaghan	16.5	100%	17	100%	17	100%	17	100%	17	100%	17
Cork	56.05	86%	48	80%	45	100%	56	84%	47	93%	52
Donegal	14	64%	9	86%	12	100%	14	100%	14	100%	14
Dublin North City	41	71%	29	93%	38	59%	24	71%	29	85%	35
Dublin North City CAMHS	NR										
Dublin South Central - St James's	12	100%	12	100%	12	100%	12	100%	12	100%	12
Dublin South Central - Tallaght	16	100%	16	100%	16	100%	16	100%	16	100%	16
Dublin South Central CAMHS	16	100%	16	100%	16	100%	16	100%	16	100%	16
Dublin South City	NR										
Dun Laoghaire	20	100%	20	95%	19	100%	20	100%	20	100%	20
East Galway	12	100%	12	100%	12	100%	12	100%	12	100%	12
Forensic MHS	10	90%	9	100%	10	100%	10	100%	10	100%	10
Galway CAMHs	8.5	100%	9	100%	9	100%	9	100%	9	100%	9
Kerry	10	100%	10	80%	8	100%	10	100%	10	90%	9
Kildare / West Wicklow	14	100%	14	100%	14	100%	14	100%	14	100%	14
Laois Offaly	21	100%	21	100%	21	100%	21	100%	21	100%	21
Longford Westmeath	11	100%	11	100%	11	100%	11	91%	10	100%	11
Louth Meath	29	100%	29	90%	26	90%	26	90%	26	90%	26
Mayo	13	14%	0	100%	15	100%	15	7%	1	100%	15
Mid-West	37	97%	36	95%	35	100%	37	100%	37	100%	37
North Dublin	NR										
Roscommon	5	100%	5	100%	5	100%	5	100%	5	100%	5
Sligo Leitrim	13	100%	13	100%	13	100%	13	0%	0	69%	9
South Tipperary	8	100%	8	100%	8	100%	8	75%	6	100%	8
St Vincent's Fairview	2	100%	2	100%	2	100%	2	100%	2	100%	2
Waterford Wexford	21	100%	21	100%	21	100%	21	100%	21	100%	21
West Galway	15	100%	15	100%	15	100%	5	100%	5	100%	5
Wicklow	12	100%	12	100%	12	100%	12	100%	12	100%	12

Have Your Say Campaign

Ireland is in the middle of a medical manpower crisis where there is in an ongoing exodus of Irish trained doctors from our health service, a problem which the Government has failed to acknowledge. The poor working conditions and the lack of will by Government to get serious about career pathways for all NCHDs has directly led to this crisis. A synopsis of the campaign is contained in the Communications Report.

In October 2015 the IMO NCHD Committee launched a campaign to engage with ALL NCHDs to get involved in highlighting the problems with the current NCHD contracts and to input into identifying the priorities for a new NCHD Contract. The campaign was entitled the Have Your Say campaign

The time for new NCHD contracts is opportune and time for all NCHDs to HAVE YOUR SAY to have a voice in determining what is needed in any new contract and what the obstacles are to career development.

There was widespread participation in the campaign by NCHDs who raised a number of issues to be addressed in their workplace as well as a range of valuable ideas for inclusion in a new contract. NCHDs were encouraged to follow the campaign on Facebook for the latest news, meeting dates and views. There is also an opportunity to engage directly through email haveyoursay@imo.ie.

Have Your Say
hospital meetings

4 General Practitioners

GP Committee
April 2015 - April 2016

Dr Padraig McGarry - Chair
Dr Austin Byrne
Dr Declan Connolly
Dr Tadhg Crowley
Dr Martin Daly
Dr Illona Duffy
Dr Hugh Gallagher
Dr Jim Keely
Dr Michael Kelleher
Dr Colm Loftus
Dr Niall Macnamara
Dr David Moloney
Dr Denis McCauley
Dr Mark Murphy
Dr Brian O'Doherty
Dr Cathal O'Súlliobháin
Dr Ray Walley

Dr Padraig McGarry
Chair

Following the settlement of High Court Proceedings with the Competition Authority and the introduction of the Framework Agreement in 2014 which allowed the IMO to negotiate on behalf of its GP members, negotiations continued in 2015 on the introduction of GP services for Under 6s and a new GP Contract. The IMO only agreed to the Under 6s as a first phase on condition that parallel discussions would commence on a new GP Contract. In that regard it was critical to reach a Memorandum of Understanding on the range of issues to be included in those negotiation. During 2015 the National GP Committee worked on a number of key issues including:

Memorandum of Understanding between the IMO, Department of Health and HSE

In February 2015, as part of the under 6 contract negotiations the IMO agreed a Memorandum of Understanding with the Department of Health and the HSE. The Memorandum of Understanding set the agenda for a new GP Contract to replace the existing GMS contract. The Memorandum of Understanding builds on the Framework Agreement reached in 2014 which outlined the structure and pathway through which the IMO can negotiate all publicly funded GP contracts while remaining within the confines of the Competition Act.

The items for discussion under the MoU include but are not limited to:

- Supports for Rural Practice Areas
- Supports for Urban/Deprived Areas
- Range of Enhanced Structured Services for Chronic Disease Management
- Development of diagnostic, minor injury and other enhanced services
- Out of Hours
- Infrastructural Requirement of General Practice

- ICT in General Practice
- Provision of safe, rational and cost effective prescribing
- Appraisal of Fee Structure options

Crucially, the MoU also includes provision with regard to FEMPI. This clause reads as follows:

In line with plans be the Minister for Public Expenditure and Reform to open negotiations with public sector unions on an orderly unwinding of the financial emergency measures legislation, a similar process will be put in place involving the DoH/HSE and IMO in relation to the application of the FEMPI legislation to GPs since 2009.

What this means in practice is that the IMO is entitled to a process similar to that which applied to all public servants with regard to the orderly unwinding of FEMPI. This process is expected to take place in 2016. An orderly unwinding will not see all FEMPI cuts immediately restored but that they will be restored in tranches in an orderly fashion.

Under 6 Contract including Asthmatic Cycle of Care

The IMO GP Committee made the difficult decision to negotiate with the government on Free GP Care for Under 6s. This decision was taken on the basis of a number of factors.

1. The quid pro quo in negotiating the under 6 contract would be negotiations on a new GP Contract to replace the GMS
2. There was a distinct possibility that the Government would attempt to impose a contract on GPs for under 6s akin to the draft contract.
3. The Government would introduce free GP care for under 6s under the current system and at the old rate of €68.65 capitation per annum
4. It was decided that if agreement could be reached on establishing a process for FEMPI reversal and a new overall GP Contract then provided a reasonable payment rate could be agreed that the better course of action was to enter negotiations on a new GP Contract. Now more than ever GPs needed to be in a position to negotiate with government given the amount of cuts suffered under FEMPI in recent years. Regard was had to the fact that the government had effectively frozen the IMO out of discussions since 2008.

IMO GP Committee Members

The IMO finalised negotiations on the under 6 contract in April of 2015. The service itself went live from July 1 2015. Total investment in providing GP care to under 6s increased to €67 million and a further estimated €10 million was brought into general practice on a full year basis through the Diabetic Cycle of Care.

While the IMO opposed the policy of extending free GP care on the basis of age as opposed to income and medical need, the decision was taken to negotiate the contract with a number of conditions as outlined above.

The final deal saw the annual capitation rate for an under 6 patient increase from €68 to €125. In addition a cycle of care for asthmatic under 6s was agreed as part of the contract. This tied in with the IMO strategy of placing general practice as best placed to deal with chronic disease.

For Asthmatic patients under 6 there is an additional capitation of €90 over and above the standard capitation in year one and €50 each year thereafter. There is also a diagnosis/registration payment of €50 for each patient registered on the scheme.

The asthmatic cycle of care is not a full chronic care programme. It is important to make this distinction. The cycle of care entitles under 6 asthmatics to one three month check up (for a patient who is newly diagnosed) and an annual review thereafter. For patients with a pre-existing diagnosis of asthma the three month check-up is not necessary but all diagnosed registered patients are entitled to the annual review consultation.

Diabetic Cycle of Care

Agreement was also reached in 2015 on a Diabetic Cycle of Care. This allows GMS/DVC patients with Type 2 diabetes two structured clinical consultations per annum. There is an additional capitation of €100 per patient on top of the existing capitation payment for the relevant patient. There is also a €30 payment for each patient registered on the scheme. Both payments are pensionable.

Much like the asthmatic cycle of care, the agreement on the Cycle of Care for Type 2 Diabetes was an important step in recognising the ability of General Practice to deal with Chronic Disease Management. While the cycle of care is not a Chronic Disease Management Programme it is hoped that it will be a move towards same. The IMO negotiating team were unwilling to provide a full chronic disease management programme for the resources which were on offer.

When the proper financial resources are allocated to GPs to provide a full chronic disease management

programme the IMO will negotiate further on chronic disease management in General Practice. The IMO feel strongly that general practice is the appropriate setting for chronic disease management. Future demographic trends point to an increase in chronic disease across the Irish population and it is essential that GPs are funded and resourced to provide care in a structured manner to such patients.

Rural General Practice

The first items to be dealt with under the Memorandum of Understanding were supports for Rural Practice. In addition initial discussion of special items of service is to take place.

The IMO met with a working group of IMO members who are also rural GPs to help inform our position paper and negotiating objectives with regard to rural practice. This group included Dr Jerry Cowley, Dr Martin White, Dr Michael Harty, Dr Ken Egan and IMO committee members Dr Michael Kelleher and Dr Martin Daly. The group was chaired by Dr Padraig McGarry.

This group met in July and again in September and helped inform the IMO position paper on Rural Practice as well as our negotiating objectives.

The launch of the IMO Position Paper as well as the IMO RING campaign took place at the Rural, Island and Dispensing Doctors conference in Mulranny on the 2 - 4 October.

One of the particular issues for Rural GPs has been the interpretation of the criteria under which a doctor may qualify for the Rural Practice Allowance and a key issue for the IMO was to develop a criteria that expanded the scope of that criteria and gave certainty to those in receipt of supports. Negotiations on these issues progressed at very slow pace and the IMO expressed concern to the HSE and the Minister in this regard. By year end some progress had been made but the terms on offer were not acceptable to the IMO and it was agreed negotiations would continue. Since year end agreement has been reached in this regard and while detailed circulars are awaited the key items are:

- New population criteria (2,000 or less within a 4.8km radius of practice premises)

IMO RING Campaign

National GP meeting at the IMO AGM 2015 attended by Minister for Health Leo Varadkar

- Rural Practice Allowance will increase to €20,000 pa for those who qualify under the new framework (current rate is €16,216 pa)
- The Rural Practice Support Framework will be extended to partnerships and group practices and will no longer be restricted to single handed practitioners only
- Current RPA holders who do not meet the new criteria are guaranteed the RPA at current rates until retirement
- Restrictions to live in the centre has been removed and GPs can now live within a reasonable distance

FEMPI

The FEMPI cuts to General Practitioner fees have been devastating to the fabric of general practice in Ireland. GPs are struggling to provide a service to their patients in an environment which has seen the average GMS payment per patient fall by 32% in just 5 years.

At the same time the number of GMS patients has risen year on year to reach almost 2 million by the end of 2015. In 2008 this figure was 1.4 million GMS patients.

The Memorandum of Understanding as set out above has assured the IMO of a similar process as that which applies to the public sector.

In late May 2015 the Lansdowne Road Agreement was reached between the public sector unions and Government. Amongst other measures it outlined a process for beginning FEMPI reversal in 2016 and beyond. Essentially for high earners the following process was agreed. In 2016 there would be a small flat rate increase through reduction in the PRD (Pension Related Deduction). This would amount to roughly €750 per employee.

More importantly however, a process was put in place to reverse the 2013 FEMPI cuts for higher earners over a period of three years from 2017 to 2019. Restoration is to be in equal amounts each year i.e. a third in 2017, third in 2018 and a third in 2019.

For GPs the equivalent restoration, given that GPs have been proportionally cut more than the public service, would be restoration in the region of €45 million over the same time period. The IMO are now seeking to have this process put in place as per the Memorandum of Understanding.

Further public sector talks are expected in 2018 and it is hoped that these discussions will deal with the previous FEMPI cuts. If this turns out to be the case the IMO will be seeking further restoration in line with the public sector at that point.

IMO Engages Health Economist to work on New Capitation System

In the context of negotiations on a new GP Contract the IMO GP Committee, following extensive consultation with members, determined that the current capitation model was not a suitable model to reflect the actuality of the workload in General Practice, the supports required or the patient profile. It was decided to engage Dr Brendan McElroy, Health Economist with UCC to work with the Committee and the GP membership on developing a modern capitation model to take into account well established principles of workload, patient profiles and weighting for deprivation and rurality along with weighting for co-morbidities.

Extensive work has already taken place on this project and it is intended that a detailed survey will issue to GPs in 2016 so that accurate and factual information can be gathered from all GPs to assess the workload situation and the complexity of work involved in delivering GP services, including chronic disease programmes.

While acknowledging that GPs are already overwhelmed with administrative work this is an important project in the context of setting our positions for future negotiations on a new contract and we hope that GPs will give of their valuable time to support this work.

Social Welfare Guidelines

The IMO met with the Department of Social Welfare in July 2015, following on from our meeting in December 2014 with regard to the development and introduction of closed certificate guidelines for GPs. The IMO's main issue in this regard was to ensure that the agreed document was a guideline only and would not interfere with an individual GP's clinical autonomy.

The Department of Social Welfare were in agreement with this and accordingly the indicative timelines are guidelines only and can be used by GPs as a reference tool where they so choose.

This was a useful engagement and it is hoped that the guidelines will be of some help to GPs when issuing certificates to patients for the purposes of Social Welfare.

Indecon Report on Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities

The IMO were invited to make a submission to Indecon Economic Consultants, who were tasked by the Department of Health with the preparation of a report on the development of facilities within Primary Care. The IMO took the opportunity to deliver a detailed submission emphasising the need to consult with GP's on the development of facilities, to favour the development of GP owned rather than private developer owned premises and the need to address issues with the arrangements for GP's in HSE owned facilities. A delegation from the Committee, who operate from a variety of different types of facilities, subsequently met with Indecon on the 15th July.

Indecon were very receptive to the experience and insight provided by the IMO in the submission and from the members of the delegation.

The report Indecon delivered to the Department of EHealth was subsequently published in December and contained a number of the policy measures recommended by the IMO to address the need for further facilities. These recommendations included:

1. Tax incentives for GPs to develop primary care centres or to invest in primary care specialised equipment;
2. A multifaceted approach to the development of primary care centres including provision for both State-built centres, which can be leased to GPs, and centres developed by GPs;
3. Tax incentives for GPs to invest in their own practices;
4. Recommendations against tax incentives for passive, or non-GP, investment in primary care centres, to better ensure that GPs will remain in control of such centres; and
5. Enhanced consultations with GPs on their requirements for primary care centre development.

IMO GP Contract Helpdesk

The IMO National GP Committee would like to remind all GPs to contact the IMO with any individual contract issues, including issues with payments from PCRS.

5 Public Health and Community Health Doctors

Public Health and Community Health Doctors Committee
April 2015 - April 2016

Dr Ann Hogan - Chair

Dr Bridín Cannon

Dr Mary Conlon

Dr Ina Donoghue

Dr Darina Fahey

Dr Margaret Fitzgerald

Dr Mary Fitzgerald

Dr Barbara Hynes

Dr Howard Johnson

Dr Johanna Joyce Cooney

Dr Peter Nolan

Dr Mary O'Mahony

Dr Kathleen O'Sullivan

Dr Patrick O'Sullivan

Dr Heidi Pelly

Dr Emer Shelly

Dr Ann Hogan
Chair

The financial difficulties that have bedevilled the health service over the last number of years have had a significant impact on public health and community health services. In the specialties each departure, each post left unfilled is keenly felt. Recent recruitment initiatives are certainly welcome but the backdrop to these initiatives is a prolonged period of retrenchment, which has seen the workload increase while the workforce has decreased; this is the Department of Public Expenditure and Reform (DPER) dogma of 'doing more with less' in action.

The IMO has continued to represent our Public Health and Community Health Doctor members throughout 2015 both as individuals and as a speciality group and have achieved several notable successes. However, given the glacial nature of progress when dealing with health service management, progress on group issues has proven more difficult to come by. Nevertheless, the IMO remains committed to advancing the interests of all of our Public Health Doctor and Community Health Doctor members. If indeed, the worst of the financial crisis is over, the perseverance and forbearance of Public Health Doctor and Community Health Doctors – in delivering a strategic non-hospital service – needs to be recognised appropriately.

Dr Patrick O'Sullivan speaking at the Public Health and Community Health Committe meeting

Public Service Stability Agreement 2013 – 2018 (Lansdowne Road Agreement)

The IMO was among the parties that negotiated the Lansdowne Road Agreement (LRA) in mid-2015, which provided for an element of pay restoration after several years of freezes and cuts. The politics of the Agreement dictated that the first tranche of pay restoration would be aimed at those on lower salaries. However, higher salaries will also be restored to their pre – FEMPI 2013 levels. Those salaries will be restored in the following fashion:

For those on salaries of between €65,000 and €110,000 it is intended that pay will be restored to pre – FEMPI 2013 (Haddington Road Agreement) levels in the following fashion:

- One half of the amount of the reduction to be restored on 1st April, 2017
- The other half of the reduction to be restored on 1st January, 2018.

For those on salaries of over €110,000, it is intended that pay will be restored to pre – FEMPI 2013 (Haddington Road Agreement) levels in the following fashion:

- One third of the amount of the reduction to be restored on 1st April, 2017
- One third of the amount of the reduction to be restored on 1st April 2018
- One third of the amount of the reduction to be restored on 1st April 2019.

Clearly, this means that for employees in receipt of salaries of over €65,000, pay restoration will commence in 2017, while for those on salaries of less than €65,000 pay restoration will commence in 2016.

However, under the terms of the LRA and FEMPI 2015, the bands for payment of the Pension Related Deduction will be amended to lessen the impact of this reduction for all of those who pay it. Most notably, the exempted portion of salary will rise to over €26,000.

While the IMO welcomes this pay restoration, we are all too aware of the damage done to the health service by the FEMPI Acts and other cutbacks. FEMPI 2015 restores pay, but the HSE and the Department of Health must now restore morale through enabling and supporting Doctors in performing their duties on behalf of their patients.

Recognition of Consultant Status, Public Health Doctors

The IMO wrote to the HSE and the Department of Health in October 2015 asking for talks on devising a 'fit for purpose' contract for Specialists in Public Health Medicine (and Directors of Public Health). It is the view of the IMO that the current contractual arrangements available to this highly trained group of doctors is inadequate for their specialism, and level of responsibility, including the legislative requirements of the position. Indeed, the IMO would maintain that health service management's failure to fully comprehend the importance of a specialist led Public Health Medicine service is one of the most unfortunate consequences of the period of retrenchment in the health service.

We have been informed that this matter is receiving consideration within the Department of Health. It is very important that this consideration now be followed up with action. The IMO is clear in its view that the contractual arrangement for Specialists and Directors needs to be made to reflect reality. We will keep this matter at the forefront of our efforts; it behoves health service management to work constructively on this matter with the IMO

Strategic Review of Medical Training and Career Structures (SRMTCS)

Late in the year, the IMO received draft terms of reference from the Department of Health arising out of recommendations contained in the SRMTCS as they relate to Public Health Doctors. This is a welcome, if overdue, development. The IMO has made, and will continue to engage positively with health service management on this matter.

It is important to note that among the recommendations contained in the SRMTCS engagement between the parties to increase the attractiveness of Public Health Medicine as a career option for young doctors was suggested. A properly resourced, fully functioning Public Health Medicine service is vital for the health of the nation and anything that increases the attractiveness of Public Health Medicine as a career option is to be welcomed. However, it must be borne in mind that young doctors, in making their career choices, will look at Public Health Medicine services as they are delivered now. It follows, that in making Public Health Medicine an attractive career

choice in the future, the resources must be invested in the now. Indeed, the IMO would contend that a pivotal point in increasing the attractiveness of Public Health Medicine in the future is re-examining and recasting the contractual arrangements that operate in the now.

In its engagement with the SRMTCS, the IMO also pressed for a more defined career structure for Community Health Doctors with enhanced opportunities for specialist training. We met with the HSE and the Department once in 2015. Despite attempts to re-engage, this paltry effort remains the sum total of health service management's engagement on this matter. It is not good enough and needs to improve.

Status of the Remaining Area Medical Officers

Over the course of the year, the IMO submitted four very detailed submissions to the Equality Tribunal now under the umbrella of the Workplace Relations Commission claiming that the HSE had acted in a discriminatory fashion through its failure to re-grade the long serving Area Medical Officers (AMOs). In the first two instances, responses have been received from the HSE's legal representatives. We have every reason to suspect that the HSE is going to vigorously refute these claims, especially in light of their retaining legal advisors to present their case.

It really is extraordinary that no funds can be found to recognise the service and commitment of long serving Doctors, but that money is apparently no object for the HSE when it comes to bringing in legal advisors.

These cases will be heard in 2016 and the matter will continue to be monitored by the IMO.

Public Health Medicine Out of Hours Service

The IMO had several engagements throughout the year with the HSE that focussed on the Public Health Medicine Out of Hours Service. The position of the IMO is consistent in this regard; the Service is based on an Agreement, which must be honoured by both parties, and the HSE is not honouring its side of the Agreement in terms of staffing and supports. This issue has dragged on for long enough and if the necessary staffing and support are not forthcoming, the Service cannot expect to run on the fumes of Doctor's goodwill. The HSE has been told this many times over, and patience is understandably running thin. The IMO – and the Public Health Doctors subcommittee – will continue to monitor this matter but may find itself with little option but to advise members that the service is neither viable nor safe.

Equalisation of CME/CPD for Public Health and Community Health Doctors

It has been a long running grievance that the CME/CPD allowance for Public Health and Community Health Doctors has been set at half the level of similar supports available to Hospital Consultants. The IMO has raised this matter at the highest levels with health service management and has been advised that the present position of the Department of Health is that only Consultants may avail of 'Consultant level' educational and training supports. Clearly, this issue needs more work in 2016 but in terms of incentivising young doctors to consider careers in Public Health Medicine or Community Health Medicine this needs to be addressed.

Committee memebrs Dr Ann Hogan, Chair and Dr Mary Conlon

Public Health and Community Health Doctors Committee meeting with Minister for Health Leo Varadkar

6 Personal Cases Unit

The Personal Cases Unit (PCU) in the IMO has had another constructive year, assisting and advocating on behalf of individual members while also providing support to the national units of the IMO.

The work of the PCU involves the provision of information, advice, representation and advocacy for members as required. This ranges from confirming pay-scales up to representing members at the Labour Court.

The unit is staffed by dedicated Industrial Relations professionals with wide ranging experience. The PCU acts as the first point of contact with members and often informs the national units of issues which require attention.

The PCU deal with queries including calls, emails and letters. This is in addition to attending grievance and disciplinary hearings, investigations, hospital meetings, meetings with HSE management, and hearings at third parties including Rights Commissioners and the Labour Court.

An overview of the 2015 trends for each specialty group is presented below.

General Practitioners

General Practitioner members remain the largest individual specialty group users of the PCU. With the introduction of the Under 6 Contract the IMO provided a GP Contract Helpdesk which dealt with a large number of queries from members, including the anticipated financial impact of the Under 6 Contract on their practices. There were also a significant level of queries around the introduction of the Asthmatic Cycle of Care for Under 6's and the Diabetic Cycle of Care for Type 2 diabetic GMS patients.

In addition to the above the PCU provided advice to GP's in relation to their GMS contracts, their obligations as employers, their obligations to third parties and their general entitlements under the GMS contract.

NCHDs

Compliance with the European Working Time Directive (EWTD) continues to be a significant issue for NCHDs, in particular issues around overly long shifts, lack of rest periods and other related rostering issues.

The PCU continues to protect members' entitlements to be paid for all hours worked as provided for under the NCHD contract. Unfortunately this continues to be an issue in a number of locations. The other payment issue which frequently arose related to the award of incremental credit, which was also impacted by the Lansdowne Road Agreement, introduced in 2015.

The PCU has also provided advice and representation to a number of members who were involved in investigations.

Consultants

It was a busy year for Consultants with the agreement and introduction of the new salary scales for new entrant Consultants. A number of members contacted the PCU querying the implementation of these scales and the PCU has provided support to a number of Consultants in securing appropriate appointments to the scale and timely payment.

The interpretation and implementation of the revised Rest Day arrangements remain an issue in some locations, as well as issues around Contracts of Indefinite Duration.

The PCU has noted an increase in the number of calls from Consultants raising concerns around recruitment and appropriate staffing levels.

In our experince the PCU is valuable to Consultant members to discuss and provide advice on difficult workplace issues and circumstances.

Public Health and Community Health

We have had a number of queries from members about recruitment procedures in different HSE areas. The PCU has raised issues in this respect to address any irregularities.

We have also advised members in relation to contractual entitlements, including leave, salary and expenses.

The implications of the Lansdowne Road Agreement was also of concern to this group.

The longstanding issue of the status of Area Medical Officers is still outstanding, and the IMO continued to pursue this matter through the Equality Tribunal in 2015, with cases to be heard in 2016.

Personal Cases Unit - Noteable Cases

General Practitioners

- The PCU assisted a practitioner who was taking over a practice from a retiring GP. Due to the manner in which the PCRS was treating the practice subsidies they were leaving the new doctor at a very significant loss of income.

  The PCU met with the doctor and raised their case with the HSE. After a number of meetings the HSE agreed to change the approach and the doctor was paid the full subsides in a manner which the IMO and member considered appropriate.

- A number of practitioners had issues with claims for previous years not having being reimbursed. The IMO asked members to forward details of outstanding issues and claims.

  The PCU met with the PCRS and secured payment of a large number of claims of significant values to individual GP members.

NCHDs

- The PCU was contacted by a member who was hired for a specific grade, but was subsequently appointed at a lower grade. The member attempted to resolve the issue with Human Resources, but was unsuccessful. The IMO raised the issue with management on a number of occasions, and subsequently threatened referral to the Workplace Relations Commission.

  This forced the hospital to correct the issue, and the doctor was ultimately placed on the correct salary which was was approximately €10,000 more per annum. The hospital also provided full retrospection to the date of appointment.

- The PCU helped a member who was experiencing difficulties with the recognition of their previous experience recognised for the purpose of incremental credit. His employer had decided that his prior experience was not reckonable.

  The PCU took the matter up on the member's behalf. We contacted the hospital, clearly set out the contractual position and ultimately proved that the original position taken by HR was incorrect. The doctor ultimately received a pay increase of over €15,000.

Consultants

- The PCU secured payment of over €15,000 for a Consultant member who was not receiving Rest Days or payment in line with the IMO/HSE Consultant Rest Day Agreement. Hospital management refused to engage with the IMO on the issue despite extensive communication. A correspondance issued from the HSE stated that the Hospital had no obligation to pay. This left the IMO with no option but to refer the matter to the Rights Commissioner service.

  Hospital management argued that they did not have the funding and also attempted to rely on previous agreements. The IMO successfully argued, that firstly lack of funding does not allow an employer to opt out of contractual obligations, and that they were relying on the incorrect agreement. The Rights Commissioner issued a determination confirming the IMO's position.

- The PCU secured a Contract of Indefinite Duration (CID) for a Consultant member who had been jointly appointed to two hospitals on a series of fixed term contracts. When the IMO raised the issue one of the employers attempted to dismiss the Consultant.

  The IMO brought a claim under the Protection of Employees (Fixed-Term Workers) Act and advised the employer that we would also be claiming victimisation for our member. The employers conceded the claim in advance of the hearing and the member was awarded a CID.

Public Health and Community Health Doctors

- The IMO was forced to intervene with local management on behalf of a Community Health Doctor member to ensure that that member was able to properly access entitlement to travel reimbursements. This case – which actually went beyond mere travel claims – involved local management prescribing the route by which Doctors could travel to and from clinics. In one case, this greatly lengthened a members travel time by requiring that they travel through a built up area rather than use a ring road.

  After IMO involvement, local management relented and our member was again able to travel to and from clinics quickly and safely.

7 Policy And International Affairs

POLICY

The IMO develops policy on a wide range of health service and societal issues and aims to influence Government proposals in a constructive and practical way. The development of IMO Policy is the remit of the Council. Policy is also developed on foot of IMO AGM general motions.

IMO Position Papers

IMO Position Paper on Addiction and Dependency

The IMO Position Paper on Addiction and Dependency highlights the prevalence of addiction and dependency in Ireland and identifies significant gaps in treatment services across the country. For example, there are no appropriate acute treatment facilities for those with alcohol and benzodiazepine dependency despite the rise in problem alcohol and benzodiazepine use. Ireland has one of the highest death rates from opioid use in the EU but less than half of opioid users are accessing treatment and there are a few level 2 GPs operating outside of the Dublin region. Bar a dual diagnosis clinic at the National Drug Treatment Centre few developments have been made is the establishment of services for patients with comorbid substance abuse and mental health problems. There is no statutory provision of services for the treatment of gambling addiction despite estimates that at any one time 1% of the adult population may be experiencing problem gambling while lifetime prevalence may be as high as 5%.

In the Position Paper the IMO makes a range of recommendations under the headings of

- Supply and Prevention – Alcohol, Substance Abuse and Gambling
- Substance Abuse and Addiction Services
- Reducing the Social Cost of Addiction
- Funding Treatment Services

IMO Position Paper on Addiction and Dependency – press conference launch

IMO Budget Submission 2016

2020 Vision for Health, launched at the IMO AGM in April, laid out the IMO vision for the Irish healthcare system over the next five years. This IMO Budget Submission 2016 lays out the ground work in 2016 for achieving that vision.

Universal Health Care NOT Universal Health Insurance

The IMO's 2020 Vision for Health is of a universal health care system NOT universal health insurance. In the IMO Budget Submission the IMO called for the urgent publication of the ESRI/HIA costing exercise on universal health insurance and agreement on a plan for the funding of universal GP care expanded on the basis of income. The IMO also called for a reversal of prescription charges, which act as an economic disincentive for patients.

Financial, Capacity and Manpower Planning

The IMO Budget Submission highlights the deficits in our healthcare system resulting from successive budget cuts and increased demand on the system. Broadly the IMO Budget Submission 2016 called for a comprehensive assessment and costing of the level of services required across the health system based on the IMO recommendations to the Emergency Department Task Force and integrated manpower planning to ensure adequate levels of healthcare staff to meet current and future requirements.

Patient Safety and Quality of Care

Patient safety and quality of care are paramount in the IMO's 2020 Vision for Health and the IMO Budget Submission highlights OECD figures which show that Irish hospitals are operating at 92.6% patient occupancy rate, a figure well over the established safe occupancy threshold of 85%. The Budget Submission calls on Government to ensure that all clinical services operate with sufficient minimum financial and manpower resources necessary to provide safe, quality, evidence-based care and for resources to ensure all healthcare facilities meet and exceed HIQA standards of care.

Dr Ray Walley, IMO President and Dr John Duddy, IMO Vice-President launching the IMO Budget Submission 2016

Putting Mental Health on a par with Physical Health

Mental health disorders affect one in four adults in Ireland yet just 6% of the HSE budget is spent on mental health services and both financial and manpower resources are unevenly distributed across services. The Budget Submission also highlighted the gaps in addiction services across the country identified in the IMO Position Paper on Addiction and Dependency. The IMO called for increased funding for mental health and for the Government to urgently develop a strategy for the development of treatment and rehabilitation services for substance abuse and dependency to be funded through a levy on the alcohol and gambling industry as well as from the proceeds from the Criminal Assets Bureau.

Healthy Ireland and Health in All Policies

The IMO 2020 Vision calls on the Government to commit to the goals of Healthy Ireland and to adopt a Health in all Polices approach to increase the overall health of the population and reduce inequalities in health. The IMO Budget Submission calls for ring-fenced funding to support the implementation of Healthy Ireland and that all policy decisions affecting health, including budgetary decisions are subject to a health impact assessment. The Budget Submission shows how pricing policies can affect the consumption of unhealthy products, particularly among young people, and calls for a pricing structure to discourage consumption of HFSS foods and encourage consumption of healthier food, alcohol minimum unit pricing and an increase in the price of cigarettes.

A Healthcare System that Protects the Doctor-Patient Relationship

Finally the IMO 2020 Vision calls on the Government to foster and protect the doctor patient relationship and ensure that all policy decisions are evidence-based and made in real consultation with the healthcare profession.

Miscellaneous Submissions as requested by External Bodies

During 2016, the IMO made a number of submissions to the European Commission, the Oireachtas Joint Committee on Health and Children, the Department of Health, the HSE, HIQA, the Medical Council and other European and National Bodies as follows:

- HIQA Consultation on a Standardised ePrescription Dataset and Clinical Document Architecture and a Standardised Data Model for a National Electronic Medicinal Product Reference Catalogue;
- Department of Health Consultation on Legislation in Relation to the Sale of Tobacco Products and Non-Medicinal Nicotine Delivery Systems;
- Statement to the Oireachtas Joint Committee on Health and Children on the Rising Cost of Professional Indemnity Insurance;
- Department of Health Consultation on the Scope of Private Health Insurance to Incorporate Additional Primary Care Services;
- National Clinical Effectiveness Committee (NCEC) Consultation on the Prioritisation of National Clinical Guidelines;
- Statement to the Emergency Department Task Force;
- European Commission Public Consultation on the Review of the Working Time Directive;
- Oireachtas Joint Committee on Health and Children Consultation on the General Scheme of the Public Health (Alcohol) Bill 2015;
- HIQA Consultation on Draft Information Governance and Management Standards for the Health Identifiers Operator in Ireland;
- European Commission Expert Panel on Effective Ways of Investing in Health (EXPH) Consultation on Competition Among Health Care Providers in the European Union – Investigating Policy Options;

- Statement to the Oireachtas Joint Committee on the Implementation of the Good Friday Agreement on Opportunities to Upgrade the Health Services on an All-Island basis;
- CEN Standard for Aesthetic Non-Surgery Services;
- Mental Health Commission's Stakeholder Questionnaire;
- Department of Health Public Consultation on the Development of a National Cancer Strategy for 2016-2025;
- Department of Health Public Consultation on the Development of a National Maternity Strategy;
- Medical Council Consultation on the New Draft Guide to Professional Conduct and Ethics for Registered Medical Practitioners;
- Medical Council Consultation on a new Safe Start Programme;
- HIQA Scoping Exercise on a Future Hospital Licencing Regime.

Advocacy

The Rising Cost of Professional Indemnity Insurance

In January 2015 the IMO was invited to make a presentation to the Oireachtas Committee on Health and Children on the rising cost of professional indemnity insurance. At the meeting with the Oireachtas Committee the IMO highlighted the profound effect that adverse medical events can have on patients and their families as well as doctors, and how adverse events cost the State Claims Agency €121 million in 2013. The statement focused on the fact that litigation should be a last resort and the single most effective measure the State can undertake is to ensure that our healthcare system is staffed and resourced to safe levels.

The final report from the Joint Committee on Health and Children on the Cost of Medical Indemnity Insurance included many of the recommendations made by the IMO including support for open disclosure, greater use of alternative dispute resolution mechanisms and tort reform to include the introduction of periodic payment orders and pre-action protocols.

Cross-Border Care

IMO President, Dr Ray Walley met with the Joint Oireachtas Committee on the Implementation of the Good Friday Agreement on 26 May 2015 to discuss opportunities for upgrading the health services on an all-island basis. In the IMO statement to the Committee the IMO highlighted opportunities for collaboration particularly in the areas of high-tech care and/or rare conditions and to address areas where significant capacity issues exist on either side of the border. The IMO pointed out that collaboration between the North and South was taking place on an ad-hoc basis and that Governments in both jurisdictions should commit to developing a Strategic Framework for collaboration.

Universal Healthcare NOT Universal Health Insurance

The announcement by the Minister for Health in November 2015 that the Government does not intend to press ahead with plans to implement the funding mechanism of universal health insurance (UHI) was welcomed by the IMO. The IMO has consistently advocated for a universal healthcare system NOT universal health insurance.

The IMO has vigorously campaigned against the model of UHI proposed by the Government in the White Paper on UHI. Any funding model that relies on mandatory private health insurance is fundamentally flawed and cannot deliver on affordability, equity of access, choice, timely access to care or quality of care and value for money.

Professor Trevor Duffy presenting to the Oireachtas Committee on Health and Children on the Rising Cost of Professional Indemnity Insurance

(Image courtesy of the Houses of the Oireachtas)

Under a market model, healthcare becomes a commodity to be bought and sold for profit. Costs become impossible to control as private providers and insurers vie for healthier clients to increase turnover and market share on more profitable care while leaving more complex, cost-intensive and chronic care to the public and voluntary sector. Market-based systems also necessitate a whole level of regulatory, administrative and marketing costs that are not required in other funding systems and which drain resources from the provision of patient care. Few countries rely on private health insurance to fund public healthcare. It is no coincidence that countries that rely on private health insurance to fund their healthcare systems, such as the USA, Switzerland and the Netherlands rank first, third and fourth in terms of per capita spending in the OECD.

The IMO's position on UHI was raised again on numerous occasions including a meeting with the Department of Health on the scope of private health insurance to cover Primary Care services and in correspondence to the ESRI (Economic and Social Research Institute) and the HIA (Health Insurance Authority) charged with carrying out the costing exercise.

The IMO was unsurprised by the findings of the ESRI which found that the overall level of Irish healthcare expenditure would increase by between 3.5% - 10.7% (€666 to €2055 million) depending on the basket of services. If the basket was to include just hospital care, mental health care and GP care cost per capita of UHI (mean UHI premium) would be €1,600 to €1,758, If the basket was to also include all Primary Care Services and prescription drugs the cost per capita of UHI (mean UHI premium) would be €2,288 to €2,509. Individuals would continue to pay for healthcare through taxation (approximately €2,800 per capita) and out of pocket payments (on average €400 per capita). The ESRI found that the insurers' margins could contribute from €560 to €1,151 million in extra costs while additional hospital transaction costs could add €144 million to the cost of healthcare in Ireland.

The IMO is committed to a universal healthcare system that aims to secure access to adequate, quality healthcare for all, when it is needed, and at an affordable cost. UHI however is just a funding model and there are alternative models of funding universal healthcare. The IMO believes that with incremental increases in resources and careful planning the goal of universal healthcare can be delivered under an expanded taxation model or eventually under a system of social health insurance. What is important is to have an open debate on how best to provide universal healthcare and to reach a consensus on the most appropriate funding model for our country.

Public Health (Alcohol) Bill

The IMO welcomes many of the provisions contained within the Public Health (Alcohol) Bill, which was published in early December. This Bill represents the first article of legislation that is wholly centred on protecting the public health from the damaging effects of alcohol.

For many years the IMO has been lobbying for a range of measures to reduce high levels of alcohol consumption and binge-drinking in Ireland. In February 2015 the IMO made a submission to the Joint Oireachtas Committee on Health and Children on the General Scheme of the Public Health (Alcohol) Bill, and is pleased to note that many of the IMO's recommendations, such as the setting of minimum unit pricing at a relatively high level, prominent health warnings on alcohol products, structural separation of alcohol products in retail outlets, and significant restrictions on the manner in which alcohol products can be marketed are included therein.

The IMO is, nevertheless, disappointed to observe that a total ban on alcohol sponsorship of sporting events does not feature in this Bill, but will continue to lobby for a total ban of promotion and marketing of alcohol. The IMO will also monitor the Bill's passage through the Oireachtas to ensure its many provisions are not watered down.

International Affairs

International Affairs Committee April 2015 - April 2016

Dr Neil Brennan - Chair

Dr Bridin Cannon

Dr Lisa Cunningham

Dr Martin Daly

Professor Trevor Duffy

Dr Niall Kelly

Dr Liam Lynch

Dr Patrick O'Sullivan

Dr Neil Brennan
Chair

International Affairs

The IMO is member of the following international and European and International Organisations: CPME, EJD, UEMO, UEMS and the WMA.

Outcomes of International Meetings

Standing Committee of European Doctors (CPME)

The Standing Committee of European Doctors (CPME) represents the national medical associations of 29 countries and aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors and the free movement of doctors within the European Union.

The CPME Spring Meeting was held in Reykjavik, Iceland from the 22 - 23 of May 2015.

The General Assembly and Board adopted the following health policy statements:

- CPME Position Paper on Complementary and Alternative Treatments
- CPME Position Paper on Rules Regarding the Expiration Dates of Pharmaceutical
- CPME Response to the WMA Public Consultation on the WMA Declaration on Ethical Considerations Regarding Health Databases and Biobanks
- 2015 Memorandum of Understanding between the Federation of Veterinarians of Europe (FVE) and the Standing Committee of European Doctors (CPME) in the field of 'One Health'

Elections to the CPME Executive Board took place, with Dr Jacques de Haller of Switzerland elected as President. The French Conseil National de l'Ordre des Médecins also returned as full members of CPME.

The CPME Autumn Meeting was held in Brussels, Belgium from the 30 - 31 of October 2015. The meeting included a workshop on the Transatlantic Trade and Investment Partnership which is currently being negotiated between the EU and the USA. There are ongoing concerns that healthcare should be excluded from trade agreements and that provisions in such agreements must not weaken existing or future regulations that protect public health.

The CPME Board and General Assembly adopted and/or endorsed the following policies:

- CPME Policy Condemning Cyber-attacks: Better Protection of Critical IT Infrastructures
- CPME Statement on Medical Confidentiality
- CPME Policy on Mobile Health (mHealth)
- CPME Declaration for the EU-OSHA Healthy Workplaces Campaign 'Manage Stress'
- CPME endorsed the WMA Resolution to Stop Attacks Against Healthcare Workers and Facilities in Turkey
- CPME Resolution on the Situation of Health in Greece
- Open Letter of Support to the Medical Association of Malta on Health and Safety Standards for Hospitals

First elected to the IMO International Affairs Committee in 1996, Dr Neil Brennan attended his last meeting of CPME as IMO head of delegation. Dr Brennan was awarded a certificate of appreciation by CPME President Dr Katrín Fjeldsted for his contribution to CPME over the years.

European Junior Doctors (EJD)

Representing over 300,000 junior doctors all over Europe, the EJD's initial objectives include safeguarding the interests of the junior doctors in Europe by improving the

working conditions, the mobility in the profession and set standards regarding the quality of postgraduate medical training.

The EJD Spring Meeting took place between the 7 - 9 May 2015 in Vienna, Austria and was held jointly with two other European doctors' bodies, the European Association of Senior Hospital Physicians (AEHM) and the European Federation of Salaried Doctors (FEMS). The meeting began with a conference on clinical leadership, hosted by AEHM, and was followed by a joint plenary session on working time, before the individual organisations broke off to hold their own general assemblies.

At the meeting the EJD, AEHM, and FEMS adopted the Vienna Declaration on the European Working Time Directive, Clinical Leadership and Workforce Planning.

The General Assembly of EJD also adopted the following two statements:

- EJD Motion on Training Time as Working Time
- EJD Motion on Freedom of Association

The 2015 Autumn Meeting of the EJD was held in Oslo, Norway, from the 22 -24 October 2015.

Elections to the EJD Board took place and Dr Sacha Reiff of Malta was voted in as the new President of the EJD. At the Oslo meeting the British Medical Association returned to the EJD and were unanimously voted in as full members.

The General Assembly approved the following polices and statements:

- EJD Statement on ePortfolio
- EJD Policy Paper on Management and Leadership
- EJD Motion of Support for UK Junior Doctors

The General Assembly also approved and issued a statement calling for Improved Training and Working Conditions for Non-Consultant Hospital Doctors in Ireland.

Dr Neil Brennan, Chair of the International Affairs Committee received a certificate of appreciation at the CPME Autumn Meeting.

European Union of General Practitioners (UEMO)

The European Union of general practitioners (UEMO) represents over 420,000 general practitioners and family doctors in Europe. The principal objectives of UEMO are:

- to study and promote the highest standard of training, practice and patient care within the field of general practice throughout Europe;
- to defend the role of general practitioners in healthcare systems;
- to promote the ethical, scientific, professional, social and economic interests of European general practitioners, and to secure their freedom of practice in the interest of their patients;
- to determine the united views of the members and to represent them through the appropriate channels to the relevant European authorities and international organisations;
- to work with other European medical groupings to strengthen the position and unanimity of the medical profession in Europe in order to maintain the highest possible standards of education, ethics and patient care.

The Spring General Assembly of UEMO was held in Rome, Italy from the 29 - 30 May 2015 and was the first meeting under the Italian Presidency. The UEMO Working Groups continued activities in the following areas:

- Specialist Training and the Recognition of General Practice/Family Medicine as European Medical Specialty under Directive 2005/36/EC on the recognition of professional qualifications;
- The establishment of a European Accreditation Board for CPD (EABCPD) specifically for GPs based on the EACCME of the UEMS;
- Anti-biotic resistance.

The Autumn UEMO meeting was held in Gozo, Malta on the 20 -21 November 2015. The UEMO Board and General Assembly adopted the following resolutions and statements;

- UEMO Resolution Tackling Anti-biotic Resistance;
- UEMO Statement on The Refugee Situation.

UEMO also adopted the position of other European Medical Associations (EMAs) opposing the development of health care standards at CEN (Comité Européan des Normes), the European industrial standards body. The UEMO also adopted the positon of the other EMAs calling for healthcare to be excluded from the Transatlantic Trade and Investment Partnership (TTIP).

European Union of Medical Specialists (UEMS)

The European Union of Medical Specialists (UEMS) is the largest European medical organisation with membership comprised of 34 national medical associations and over 40 specialist sections and boards. Key activities of the UEMS include:

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

The UEMS Spring Council Meeting was held in Brussels from the 10 - 11 April 2015. As the meeting clashed with the IMO AGM, no Irish delegates attended. At the meeting the Domus Medica Europea (DME) was officially opened.

The UEMS Council adopted the UEMS declaration on "Commerce and Medical Practice".

At the meeting the following Multidisciplinary Joint Committee and Section were created:

- A Multidisciplinary Joint Committee in Breast Care
- Section in Clinical Pharmacology

With regard to Council for European Medical Specialist Assessments (CESMA) the following documents were adopted:

- CESMA Terms of Reference and Approbation of the New Status of CESMA as a Thematic Federation;
- UEMS-CESMA Guide to Successfully Writing MCQs (Multiple Choice Questions);
- UEMS-CESMA Guideline for the Organisation of European Postgraduate Medical Assessments;
- UEMS-CESMA Guideline for Examiner Selection for European Postgraduate Medical Assessments.

The Autumn Council Meeting of the UEMS took place in Warsaw, Poland, on the 16 - 17 October 2015.

At the Council meeting UEMS adopted the following European Training Requirements (ETR):

- Plastic, Reconstructive and Aesthetic Surgery (updated);
- Paediatrics;
- Trauma Surgery;
- Breast Surgery;
- Neurosurgery;
- Angiology;
- and Manual Medicine.

A Multidisciplinary Joint Committee for Rare and Undiagnosed Diseases was created.

The UEMS also adopted UEMS-CESMA Guidelines on Appeal Procedures for European postgraduate medical assessments and the creation of a UEMS database for successful applicants for UEMS exams.

Elections to the board were held and Dr. Romual Krajewski (Poland) was elected President and Professor Vassilious Papalois (United Kingdom) was elected Secretary General.

World Medical Association

The World Medical Association (WMA) is an international organisation representing physicians. It was founded in 1947 to ensure the independence of physicians, and to work for the highest possible standards of ethical behaviour and care by physicians, at all times.

The IMO attended the General Assembly of the WMA for the first time since 2012, which was held in Moscow, Russia from the 14 - 17 October 2015.

The following statements, declarations and guidelines were adopted by the WMA General Assembly:

- WMA Statement on Mobile Health;
- WMA Statement on Physicians Well-Being;
- WMA Declaration on Alcohol;
- WMA Statement on Nuclear Weapons;
- WMA Statement on Supporting Health Support to Street Children;
- WMA Statement on Riot Control Agents;
- WMA Guidelines on Promotional Mass Media Appearances by Physicians;
- WMA Resolution on the Inclusion of Medical Ethics and Human Rights in the Curriculum of Medical Schools World-Wide;
- WMA Statement on Vitamin D Insufficiency;
- WMA Guidelines for Physicians on Transgender Healthcare.

The WMA also issued a statement calling for a coordinated approach to the refugee crisis and adequate health care for refugees. Statements were also issued condemning the bombing of a hospital in Afghanistan and attacks on healthcare workers in Turkey.

Sir Michael Marmot, who is renowned for his research into health inequalities was elected as President for 2015/16 and the WMA's Policy on the Social Determinants of Health was retitled the Declaration of Oslo. There was also a scientific session on CPD/CME and a workshop on international trade agreements.

8 Communications

The IMO is widely recognised as one of the most influential commentators on health issues in Ireland and is regularly consulted by politicians and journalists on health issues. 2015 was another busy year for the IMO as we sought to ensure health was a key media issue. Over 70 press statements were issued along with responses to many media queries on health related matters. IMO representatives regularly appeared on high profile news programmes including RTE One's Six- One News and Nine News, UTV Ireland and TV3, as well as current affairs programmes such as Prime Time, The Late Debate, UTV Ireland Live, Morning Ireland, Today with Sean O'Rourke, Newstalk Lunchtime, Drivetime and The Last Word. The national newspapers and health media also regularly featured articles, opinion pieces, comments, letters to the editor and interviews with IMO spokespeople.

Some of the key issues that arose during the last year were:

- Emergency Department and Acute Hospital Overcrowding
- Funding issues for the health and cuts to services
- Universal health and health policy matters
- GP Contract issues – New GP Contract – Rural GPs
- Medical Manpower Crisis – recruitment and retention of doctors
- Lansdowne Road Agreement

IMO – Voice of the Medical Profession

- **January:** IMO warns that GP surgeries cannot cope with increased demand
- **February:** IMO calls for sustained investment programme to increase hospital capacity
- **March:** IMO brings campaign on illegal working hours for NCHDs to Brussels
- **April:** IMO launches 2020 Vision for Health
- **May:** IMO Council recommends rejection of Lansdowne Road Agreement on public sector pay restoration
- **June:** IMO launches major policy paper on Addiction and Dependency
- **July:** OECD figures on pay for health professionals in Ireland are incorrect and do not match the reality on the ground
- **September:** IMO Budget Submission highlights the 7 deadly failings of Irish health policy and proposes solutions to current crisis
- **October:** Budget 2016 is a missed opportunity to invest in integrated care from General Practice to Secondary Care to Mental Health Services and services for the elderly
- **November:** Urgent action needed to tackle further emigration of doctors – number of vacant posts increase across the health services.
- **December:** IMO warns that new Government will inherit a crisis of enormous proportions in the health services

Professor Trevor Duffy interviewed at the IMO AGM 2015

IMO AGM

The IMO AGM, held in the Lyrath Estate, Kilkenny, last year continues to be one of the most important health related news events.

Media that attended the AGM included RTÉ Television, TV3, Nuacht TG4, UTV Ireland, RTÉ Radio One, Today FM, Newstalk, Irish Times, Irish Independent, Irish Examiner, The Herald, Sunday Business Post, Sunday Independent. Irish Daily Mirror, Irish Medical News, Irish Medical Times, Medical Independent and irishhealth.com, and thejournal.ie.

During the AGM the IMO twitter account utilised the hashtag #IMOAGM15. Video content from the Scientific Sessions, President's speech and Gala Dinner speech was uploaded to our website and live streaming of speeches was also made available.

There was daily coverage of the event in all of the national newspapers and the national TV and radio channels and there was also significant social media activity.

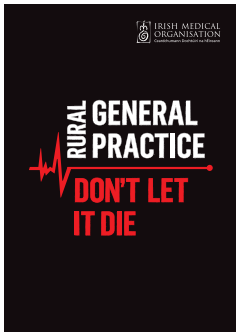
2020 Vision for Health Campaign

At the 2015 AGM the IMO launched a major campaign laying out the IMO Vision for Health and the Irish healthcare system over the next five years. The aim of the campaign was to make sure that the future of our health services and the vision, the policies, and the credibility of the various political parties and independent candidates towards those services are center-stage coming into the 2016 election. The 2020 Vision for Health highlights the reality of our health services today after years of austerity and presents the IMO manifesto for health under the following headings:

- Universal Healthcare NOT Universal Health Insurance
- Financial, Capacity and Manpower Planning
- Patient Safety and Quality of Care
- Putting Mental Health on a Par with Physical Health
- Healthy Ireland and Health-in-all Policies
- A Healthcare System that Protects the Doctor-Patient Relationship

IMO Video -
2020 Vision for Health

Rural GP Campaign RING - Don't Let It Die.



The IMO launched a campaign - RING (Rural Ireland Needs GPs) in early October to focus attention on the plight of GPs in rural Ireland and to support resources for rural GP services. The RING campaign was devised to support the negotiations on the new GP contract through raising political and public awareness of the crisis in rural general practice. The campaign garnered positive engagement at local level which was supported though the placement of adverts and articles in regional papers and interviews with regional radio stations.

One of the aims of the campaign was to increase pressure on TDs and highlight the issues on local radio and through letters to local papers. The campaign also encouraged members of the public to contact their local politician to state their concerns and to put the matter on the political agenda. A number of GP spokespersons participated in interviews on local radio.

Members were provided with a template letter to mail to their local TD and/or to submit as a Letter to the Editor to their local paper.

We acknowledge the great support from many individual GPs in supporting this campaign and organising local meetings and events to bring the issue to the fore.

Press coverage of the Rural GP - RING Don't Let It Die Campaign

NCHD Video - Have Your Say

NCHD Campaign – Have Your Say

The Have Your Say campaign aims to identify what's working at the moment and what needs to be looked at as the IMO wants to ensure that all NCHDs – training and non-training - have the chance to get involved and Have Your Say on NCHD contracts and career development.

Through the schedule of meetings organised across the country the campaign gave the opportunity to meet with members and discuss what they are looking for and voice their opinions.

In an effort to reach as many NCHDs as possible, the IMO created an official HAVE YOUR SAY Facebook page which is constantly updated with NCHD related news and content. Through the Facebook page the IMO has increased engagement with our members on this platform.

A campaign video was produced which involved members of the NCHD Committee.

Feedback on the campaign has been very positive with progressive engagement from NCHDs on a matter of issues they feel are vital to contract negotiations in the future.

COMMUNICATING IMO MESSAGES

Media Relations are particularly important for the promotion of the key messages of the IMO and we have developed our communications strategy to reflect this.

The Organisation's digital media strategy was expanded in 2015 with the aim of developing and strengthening the IMO's online presencemeet the changing needs of our members and the media environment

70+ PRESS RELEASES

During 2015 over 70 press releases were issued to national and local media all of which can be accessed on the IMO website.

THE IMO WEBSITE TRAFFIC HIT OVER

64,736

VISITORS DURING THE YEAR

EMAIL & SOCIAL MEDIA

While the website is still our largest platform in terms of content and consumption, the role of email and social media in effective communication expanded considerably during 2015.

IMO WEBSITE - WWW.IMO.IE

- Latest IR News
- Policy Positions and Latest Publications
- Your Queries Answered
- Upcoming Events
- Membership and IMO Direct

FACEBOOK

2015 saw the creation of our first Facebook page on the back of the NCHD campaign. The page NCHDs Have Your Say is actively updated with news, press releases and articles. Through the Facebook page we hope to increase engagement with our NCHD members on this platform throughout 2016.

DIGITAL MEDIA ACCOUNTS

Increasing engagement with followers of our digital media accounts is essential and during 2015 the IMO twitter account significantly escalated its activity and saw a major increase in followers and reach.

TWITTER @IMO_IRL

40%

As of the 31 December the IMO account had amassed 2621 followers. This is a 40% increase in followers in 2015.

The average profile visit was over 1500 per month and tweet impressions averaged over 36000 per month.

2621	1500	36000
Followers	Profile Visits	Tweet Impressions

2015

IMO Events

Professor Trevor Duffy, Dr Elaine Duffy and Minister for Health Leo Varadkar at the IMO Presidents Ball 2015

IMO President's Ball 7 March 2015

The first IMO President's ball was held in the in March in aid of the Jack and Jill foundation. The event was a massive success with over €18,000 raised through ticket sales and a charity auction.

IMO AGM 9 -11 April 2015

The IMO AGM is the most important event in the IMO calendar and 2015 provided a programme of topical sessions on Planning Healthcare Capacity to meet demand and Breaking the Link between Deprivation and Poor Health with CPD sessions on Assessing Capacity and Assisted Decision Making, Child Protection, Professional Performance and Medical Error.

The key theme of the AGM was around the launch of the IMO 2020 Vision for Health which outlined the Organisation's proposals for a five year sustained investment and policy programme for our health services. Minister for Health, Leo Varadkar TD attended each of the National Specialty Meetings and heard from members the problems they are encountering in delivering services to patients in under resourced working environments with insufficient supports. Members also expressed concern at number of doctors leaving our public health services and called for urgent measures to address this.

Dr Ray Walley, IMO President, Professor Trevor Duffy and Dr John Duddy, Vice President

Launch of IMO Position Paper on Addiction and Dependency 11 June 2015

The IMO Position Paper on Addiction and Dependency was launched on the 11th of June in IMO House. There was a large turnout from the media and chairs and coordinators of the Local and regional Drugs Task Forces and other stakeholders have all been invited. The event included a presentation of the paper by IMO president Dr Ray Walley followed by a question and answer session. The position paper has also been sent to the Ministers for Health, Justice, Children and Youth Affairs and the Junior Minister with responsibility for the New Drugs Strategy. The paper was also sent to the Joint Oireachtas Committee for Health and Children. The IMO will continue to press for recommendations to be included and implemented in the New National Drugs Strategy.

Dr Matthew Sadlier, Dr Ray Walley and Dr Hugh Gallagher launching the IMO Position Paper on Addiction Dependancy

EJD and IMO Joint Seminar on GP Trainee Issues 5 September 2015

The European Junior Doctors (EJD) and the IMO held a joint seminar on GP Trainee Issues in IMO House on Saturday 5th of September. The seminar began with a presentation from Dr Rukshan Goonewardena of the IMO NCHD Committee and Former Chair of the National Association of GP Trainees on the GP training system in Ireland and GP trainees.

Dr Monica Teran Gomez then presented research by Dr Mary McCarthy at the European Union of General Practitioners (UEMO) which shows that while training length is similar across Europe, work load varies both

IMO briefing on the IMO Budget Submission 2016

across and within European countries.

Other topics discussed during the day were chronic disease management and practice management in the Netherlands, and a pilot project of GP clusters which is aiming to improve health and reduce the risk of long-term health problems in some of the most diasadvantaged, rural areas of Hungary. There was also a presentation on how eHealth can improve Primary Care.

Summing up Dr Ray Walley, President IMO and Dr Carsten Morhardt, President of the EJD stressed the importance of General Practice in treating the majority (95%) of illnesses and providing personalised continuity of care. Issues of an ageing population and an ageing GP population are not unique to Ireland. More focus needs to be placed on the value for money provided in primary care and the gatekeeper role.

IMO Briefing for TDs and Senators on the IMO Budget Submission 23 October 2015

Members of the IMO National Committees held a special briefing session on the 23rd October for TDs and Senators from all parties on the IMO's pre budget submission. The Budget Submission 2016 lays out the groundwork for achieving the IMO 2020 Vision for Health

Committee members provided politicians with briefing material on the IMO's position regarding the contract and were able to give a realistic and genuine presentation on the contract proposals.

A press conference was held following the briefing where journalists were given a presentation on the submission which was followed by a Q&A session with the committee chairs.

The messages in our campaign were repeated in many submissions throughout the year. The IMO will continue to advocate for the IMO's 2020 Vision for Health in the run up to the general elections in spring 2016 and beyond

Doolin Lecture 5 December 2015

Mrs Margaret Murphy - External Lead Advisor, WHO Patients for Patient Safety Programme was the guest lecturer. Mrs Murphy presented a very insightful and personal lecture "The Patient Experience as a Catalyst for Change". A full video of the lecture and gallery is uploaded on the IMO website.

Mrs Margaret Murphy, Doolin 2015 Guest Lecturer.

9 Irish Medical Journal

In 2015 the IMJ published 9 Commentaries, 2 Doolin lectures, 14 Editorials, 63 Original Papers, 15 Case Reports, 11 Short Reports, 12 Research Correspondence, 29 Letters to the Editor, 5 Book Reviews, 1 Medicine and Poetry, 1 Obituary.

The Doolin Lecture delivered by the late Professor Aidan Halligan in Dec 2014 was one of the most outstanding contributions in the IMJ in many years. Examining the theme of 'rediscovering lost values' he straddled the interface between the traditional values of medicine and the modern, more impersonal application of the new technological advances. During his delivery, the words kindness, compassion, and integrity are mentioned on a number of occasions. One of his memorable comments was 'integrity is what you do when nobody is looking'. It was a great sadness and loss that he passed away a mere 4 months later in April 2015. The May 2015 edition of the Journal contains an Obituary to him.

Hamilton et al (January) reported that there were 45 child pedestrian deaths in the 6 years 2006-2011. Over half of the deaths occurred in the 1-4 year old age group. Rollovers mainly in residential driveways accounted for 13 deaths. The use of head phones and mobile phones are new threats.

Shanahan et al (February) reported that stroke management has improved since 2008. Among 89 stroke victims, 8 of the 12 key indicators scored significantly better, 92.5% had a brain scan within 24 hours, 100% of ischaemic strokes had anti-thrombotics.

Hughes et al (March) addressed the issue of ultrasound access for GPs. The authors assessed 1,090 ultrasounds that were generated from general practice. There were 30% positive findings. The median waiting time was 56 days.

Hayes and Barrett (April) described 2 mushroom workers who developed hypersensitivity pneumonitis. Both patients had positive responses to poultry antibodies. The source was the poultry manure used in the mushroom production.

Dowling et al (May) state that with the advent of a-blocker and 5-a-reductase medication, the number of TURPs performed each year is decreasing.
One of the conclusions of this study is that those who develop urinary retention should have early specialist referral.

Khan et al (June) describe the pattern of oral lesions presenting to an ENT department. Among 106 cases, 88.7% were benign and 11.3% were malignant. Of the malignant lesions, 8 were on the lateral border of the tongue, 2 on the buccal mucosa, 1 on the floor of the mouth, 1 on the lip. Fifty per cent of the patients smoked more than 20 cigarettes per day.

Reynolds et al state that 19,214 laparoscopic cholecystectomies were performed in Ireland in a three year period. The technique reduces post-operative pain and shortens stay in hospital. Day case surgery is feasible and was achieved in 21.9% cases in public hospitals.

Hanrahan et al (September) describe their carotid endartectomy (CEA) practice over a 10 year period. In the pre-stroke unit era '03-'08 they performed 264 CEAs and in the stroke era '08-'13 they carried out 229 CEAs. The proportion of symptomatic patients has increased from 53% to 78%.

Smith et al (October) audited the time intervals between spinal cord injury and surgical interval. The mean time period was 27 hours. The factors that affect timing are ambulance availability, patient instability, lack of awareness of the importance of quick transfer, and lack of a reserved theatre space. The paper included 110 injured patients. The outcomes were 17 complete tetraplegics, 44 incomplete tetraplegics, 19 complete paraplegics, 30 incomplete paraplegics. A spinal injury co-ordinator is needed.

Burke et al (December) state that the establishment of hospital networks provides an opportunity for certain elective surgical procedures to be undertaken in larger hospitals. The authors illustrate this point with data showing an increase in the number of cholecystectomies annually fro 134 (2008) to 214 (2012).

Healy et al (December) described the clinical presentation, investigation, and management of Paget's disease. The treatment of the disease has advanced considerably since the introduction of intravenous Zoledronate, a nitrogen-containing bisphosphonate.

I'm extremely grateful to the many doctors who acted as referees during the year. Their contribution is invaluable in the operation of the peer review processes of the IMJ.

Dr John A. Murphy

Editor

10 IMO Financial Services

IMO FINANCIAL SERVICES

Board Members:

Dr Martin Daly - Chair

Mr James Brophy

Mr Willie Holmes

During the past year, IMO Financial Services has assisted members from group scheme products, investments, mortgages, pre- and post-retirements products to protection. We continue to strive to provide a personal and professional service to all our members and their families.

Group Schemes

IMO Financial Services operates a range of schemes for IMO members including group life, income protection and waiver of premium for the GMS pension provision.

Our group schemes have a combined membership of almost 2,700. To date the combined scheme has paid over €12 million in benefits to over 120 IMO members providing them and their families with financial support at times of illness, disability or death.

Most common disability benefit claims are due to cancer, mental health, neurological or heart/blood related illnesses.

1. **Death Benefits**
   Since 2006, over €9 million has been paid to twenty-four families.
2. **Income Protection Benefit**
   To date, the IMO income protection scheme has paid out nearly €3 million in benefits to IMO members and their families. As of the end of 2015, thirteen members received disability benefits with a current total annual benefit of over €700K.
3. **WOP Claims**
   Since 2003, twenty-two assureds received €300,000 in payments to protect their GMS pension expectation at retirement when they suffered a long-term illness or disablement that prevented them from working. The waiver of premium continued to contribute into the GMS Superannuation pension scheme.

2015 saw IMO FS built on what we are good at: providing professional advice on products we are experts in to members of the organisation. IMO FS delivers for the IMO and is a significant asset of the organisation.

Independent review of group schemes

A key objective during 2015 was to conclude a detailed independent review of the commercial arrangements which were placed in respect of all group scheme products. As a result, the board was able to secure significantly better terms and benefits for members from the selected provider, Zurich. The improved terms and benefits will be implemented and launched in 2016.

Meeting our members

The best way to get to know our members and to fully understand their financial needs is a face-to-face meeting. Our financial advisory team made this their primary objective for 2015. Overall, IMO FS' financial advisers held over 550 meetings with our members.

This resulted in over 200 individual members doing business with IMO Financial Services. We also assisted many members retiring from their GMS/HSE and private pension schemes and provided advice on post-retirement products.

We have also seen a slight increase in pension contributions made during the 2014 tax return deadline.

Communication with members

We continued sending monthly communiques on financial products to our members. We have provided updates on a number of topics including retirement planning, personal fund thresholds and market updates.

We also exhibited at a number of conferences and ICGP meetings attended by our members.

Committed to providing a high quality professional service to IMO members

IMO FS' advisory team has over 40 years' combined experience in the financial services sector. We continuously ensure that our staff is up-to-date with the latest products and actively encourage further professional development. All our financial advisers are Qualified Financial Advisers (QFAs) which meets the Central Bank's Minimum Competency Code requirements for advising financial services products and said qualification is a recognised benchmark for financial advisers in Ireland.

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2015

CONTENTS

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

THE IRISH MEDICAL ORGANISATION

TRUSTEES AND OTHER INFORMATION

THE IRISH MEDICAL ORGANISATION IS A TRADE UNION REGISTERED IN THE REPUBLIC OF IRELAND UNDER THE TRADE UNION ACT 1941.

THE REGISTRY OF FRIENDLY SOCIETIES REG NO.	528T
TRUSTEES	Dr. Henry Finnegan Dr. Mary Hurley Dr. Michael Thornton Dr. Larry Fullam Professor Cillian Twomey
HONORARY OFFICERS:	Dr. Ray Walley - President Dr John Duddy - Vice President Dr. Clive Kilgallen - Honorary Secretary Dr. Illona Duffy - Honorary Treasurer
EXECUTIVE BOARD:	Dr. Matthew Sadlier - Chair Dr. Illona Duffy Dr. Padraig McGarry Dr. Peadar Gilligan Dr. John Duddy Dr Ann Hogan Dr Colm Loftus Professor Trevor Duffy Dr. John Donnellan Dr. Patrick O'Sullivan Mr. Niall Saul - Non Executive Member Mr. Ronan Nolan - Non Executive Member
PRINCIPAL BANKERS:	Allied Irish Banks Plc., 40/41 Westmoreland Street, Dublin 2.
SOLICITORS:	O'Connor Solicitors, 9 Clare Street, Dublin 2.
AUDITORS:	HSOC, Chartered Accountants, Registered Auditors, Adelaide House, 90 Upper Georges Street, Dun Laoghaire, Co. Dublin.

THE IRISH MEDICAL ORGANISATION

REPORT OF THE EXECUTIVE BOARD FOR THE YEAR ENDED 31 DECEMBER 2015

The Executive Board has pleasure in submitting its report together with the audited consolidated financial statements of the Organisation for the year ended 31 December 2015.

PRINCIPAL ACTIVITIES AND REVIEW

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

RESULTS FOR THE YEAR

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

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

The Organisation's consolidated surplus for the year was €406,724 (2014:€497,215), before other Comprehensive Income. The Executive Board have noted that the IMO continues to manage all outflows on a yearly basis through normal cashflow.

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

PRINCIPAL RISKS AND UNCERTAINTIES

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

Financial risk

This includes closely monitoring the Organisations activities to manage credit, liquidity and other financial risks.

Economic risk

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

POST BALANCE SHEET EVENTS

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

FUTURE DEVELOPMENTS

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

ACCOUNTING RECORDS

The measures taken by the Executive Board to ensure compliance with required standards regarding proper books of account are the implementation of necessary policies and procedures for recording transactions, the employment of competent accounting personnel with appropriate expertise and the provision of adequate resources to the financial function. The books of account of the Organisation are maintained at 10/11 Fitzwilliam Place, Dublin 2.

AUDITORS

The auditors, HSOC, Chartered Accountants and Registered Auditors have signified their willingness to continue in office.

THE IRISH MEDICAL ORGANISATION

REPORT OF THE EXECUTIVE BOARD FOR THE YEAR ENDED 31 DECEMBER 2015 (CONTINUED)

STATEMENT OF EXECUTIVE BOARD'S RESPONSIBILITIES

The Executive Board are responsible for preparing the Annual Report and the financial statements in accordance with the Trade Unions Acts 1871-1990 and applicable Irish law and Generally Accepted Accounting Practice in Ireland including the accounting standards issued by the Financial Reporting Council and published by Chartered Accountants Ireland.

Irish law requires the Executive Board to prepare financial statements for each financial year. Under the law the Board have prepared the financial statements in accordance with applicable law and Accounting Standards (Generally Accepted Accounting Practice), including Financial Reporting Standard 102, The Financial Reporting Standard Applicable in the UK and Republic of Ireland (FRS 102).

Under the law, the Board must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Organisation and of the surplus or deficit of the Organisation for that period. In preparing those financial statements the Executive Board are required to:

- select suitable accounting policies and then apply them consistently,
- make judgements and accounting estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the organisation will continue in business
- State whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards.

The Executive Board confirm that they have complied with the above requirements in preparing the financial statements.

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

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

On behalf of the Executive Board:

Dr. Matthew Sadlier - Chair of Executive Board

Dr. Illona Duffy - Honorary Treasurer

Dr Ray Walley - President

Date: 29 February 2016

THE IRISH MEDICAL ORGANISATION

TREASURER'S REPORT

As Treasurer of the Irish Medical Organisation, and on behalf of my colleagues on the IMO Executive Board I present my report and the Financial Statements of the Organisation for the year ended 31st December 2015.

These Financial Statements have been audited by our external auditors in line with the latest financial reporting regulations and also provide additional financial information so as to meet our obligations to our members under the IMO Rules and Code of Practice (April 2014). The Statements give the consolidated position of the IMO including its subsidiaries IMO Financial Services and IMA Ltd.

The IMO Executive Board welcomed Mr Ronan Nolan as a new Non Executive Member in March 2015. Mr Nolan, as a former partner of Deloitte and former President of Chartered Accountants Ireland, brings with him a wealth of experience on financial reporting and corporate governance to our Audit and Risk Committee and to the Executive Board.

In terms of monitoring the finances of the Organisation throughout the year the Audit and Risk Committee and the Executive Board consider and approve the annual Budget under which the Organisation will operate and also receive monthly management accounts to ensure finances are being well managed and in line with agreed expenditure arrangements. During 2015 the Audit and Risk Committee initiated a review of our external audit requirements and initiated a competitive tendering process for the provision of external independent audit services to the IMO.

Our commitment to members to manage the finances of the Organisation in the best interests of our members is key in terms of all financial decision making and our focus is to ensure that we continue to direct resources to services for members. A summary of the range of activities undertaken by the Organisation in the fulfilment of its objectives are detailed within the Annual Report.

KEY ITEMS OF NOTE

1. The Organisation recorded an after tax surplus of €406,724 during 2015 which reflects the surplus from the continuing operations of the IMO and IMO Financial Services. Members Funds are €3,893,079 and all known liabilities have been taken into account.
2. The Executive Board has approved the commencement of legal proceedings on behalf of our NCHD members and Consultant Members and these financial statements include costs to date associated with those legal actions along with a provision for expected costs in 2016. The NCHD legal action is on foot of the unilateral decision by the HSE to breach contract terms and remove the Living Out Allowance from New Entrant NCHDs. The Consultant legal action is in respect of the unilateral decision taken by the then Minister for Health and the HSE in 2008 in respect of pay increases due under the Consultant Contract. The IMO is absolutely committed to defending member's rights and entitlements but it is regrettable that the State force doctors into lengthy and costly legal proceedings in order to get their legitimate contractual entitlements.
3. Membership numbers continue to be strong and a particular emphasis has been placed on introducing new rates for those members who join the Organisation at the early stages of their careers.
4. There was no increase in payments to Honorary Officers or Committee Chairpersons and these remain at the published levels from 2014.

CONCLUSION

These Financial Statements reflect a strong financial position which allows the Organisation to pursue the interests of its members and defend their contractual entitlements. As Treasurer I can assure members that the Organisation is managed in line with strict financial controls and high standards of governance.

I would like to thank fellow members of the Audit and Risk Committee and the Executive Board for their support but more importantly I would like to thank all individual members for their ongoing commitment to the important work of the IMO.

Dr Illona Duffy

Treasurer

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

We have audited the financial statements of The Irish Medical Organisation for the year ended 31 December 2015 which comprise the Consolidated Income Statement, the Consolidated Statement of Comprehensive Income, the Consolidated Balance Sheet, the Consolidated Cashflow Statement, the Consolidated Statement of Changes in Equity and the related notes. These consolidated financial statements have been prepared under the accounting policies set out on pages 12 to 14. The financial reporting framework that has been applied in their preparation is Irish law and FRS 102, the Financial Reporting Standard Applicable in the UK and ROI issued by the Financial Reporting Council and promulgated by the Institute of Chartered Accountants in Ireland (Generally Accepted Accounting Practice in Ireland).

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

RESPECTIVE RESPONSIBILITIES OF THE EXECUTIVE BOARD AND THE AUDITORS

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

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

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

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

OPINION ON FINANCIAL STATEMENTS

In our opinion the financial statements

- give a true and fair view in accordance with Generally Accepted Accounting Practice in Ireland, of the state of the Irish Medical Organisation's affairs as at 31 December 2015 and of its results for the year then ended; and
- have been properly prepared in accordance with the requirements of the Trade Unions Acts 1871-1990.

HSOC

HSOC
Chartered Accountants
Registered Auditors
Dun Laoghaire
Co. Dublin

Date: 29 February 2016

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED INCOME STATEMENT

FOR THE YEAR ENDED 31 DECEMBER 2015

	Notes	Continuing Operations 2015 €	Continuing Operations 2014 €
Income	3	4,171,469	4,392,530
Expenditure	Schedule 2	(3,697,948)	(3,996,407)
Operating surplus		473,521	396,123
Material item – disposal of property	5	-	210,000
Surplus for the year before taxation	6	473,521	606,123
Taxation	9	(66,797)	(108,908)
Surplus for the year after taxation		406,724	497,215

The accounting policies and notes on pages 12 to 23 form part of these financial statements.

The financial statements were approved and authorised for issue by the Executive Board on 29 February 2016 and signed on its behalf by:

Dr. Matthew Sadlier - Chair of Executive Board

Dr. Illona Duffy - Honorary Treasurer

Dr Ray Walley - President

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER 2015

	Notes	2015 €	2014 €
Surplus for the financial year		406,724	497,215
Other Comprehensive Income			
Actuarial Surplus/(deficit) on deferred pension provision	**16**	71,299	(453,887)
Total Comprehensive income for the year		478,023	43,328

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED BALANCE SHEET

FOR THE YEAR ENDED 31 DECEMBER 2015

	Notes	2015	2014
		€	€
FIXED ASSETS			
Tangible Assets	**10**	2,962,555	3,077,145
Deposit with the Court of Justice	**11**	10,663	10,670
		2,973,218	3,087,815
FINANCIAL ASSETS			
Investments	**12**	634,296	604,211
		3,607,514	3,692,026
CURRENT ASSETS			
Debtors (amounts falling due within one year)	**13**	462,546	1,108,373
Cash & Bank Balances	**14**	4,663,790	3,938,537
		5,126,336	5,046,910
CURRENT LIABILITIES			
Creditors (amounts falling due within one year)	**15**	(1,394,123)	(1,309,330)
NET CURRENT ASSETS		3,732,213	3,737,580
TOTAL ASSETS LESS CURRENT LIABILITIES		7,339,727	7,429,606
Creditors (amounts falling due after more than one year)	**16**	(3,446,648)	(4,014,550)
		3,893,079	3,415,056
FINANCED BY			
Accumulated Revenue Surplus	**18**	3,893,079	3,415,056
Members' Funds		3,893,079	3,415,056

The accounting policies and notes on pages 12 to 23 form part of these financial statements.

The financial statements were approved and authorised for issue by the Executive Board on 29 February 2016 and signed on its behalf by:

Dr. Matthew Sadlier - Chair of Executive Board

Dr. Illona Duffy - Honorary Treasurer

Dr Ray Walley - President

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED STATEMENT IN CHANGES IN EQUITY

FOR THE YEAR ENDED 31 DECEMBER 2015

	2015		2014	
	Revenue Suplus	Total	Revenue Suplus	Total
	€	€	€	€
Balance at 1 January 2014	3,415,056	3,415,056	3,371,728	3,371,728
Comprehensive Income for the year				
Surplus for the year	406,724	406,724	497,215	497,215
Other comprehensive income				
Actuarial gain/(loss) on deferred pension provision	71,299	71,299	(453,887)	(453,887)
Balance at 31 December 2015	3,893,079	3,893,079	3,415,056	3,415,056

THE IRISH MEDICAL ORGANISATION

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 DECEMBER 2015

	Notes	2015	2014
		€	€
Cashflows from operating activities			
Cash generated from operations			
- Cash receipts from customers		4,124,233	4,266,093
- Cash payments to suppliers and employees		(3,767,754)	(3,845,394)
Interest paid		(4,754)	18,509
Income tax paid		28,583	(109,409)
Net cash generated from operating activities		380,308	329,799
Cash flows from investment activities			
Purchase of property, plant and equipment (PPE)		(4,229)	(43,605)
Proceeds from sale of PPE		711,583	10,223
Interest received		47,813	43,031
Investment income received		423	2,981
Net cash from investing activities		755,590	12,630
Cash flows from financing activities			
Payments of finance lease liabilities		(3,222)	(8,762)
Repayments of borrowings		(400,000)	-
Net cash used in financing activities		(403,222)	(8,762)
Net increase/(decrease) in cash and cash equivalents		732,676	333,667
Cash and cash equivalents at the beginning of the year		3,931,114	3,597,447
Cash and cash equivalents at end of year	**19**	4,663,790	3,931,114

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

1. ACCOUNTING POLICIES

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

A. BASIS OF PREPARATION

The financial statements have been prepared in accordance with Financial Reporting Standard 102, the Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland and with applicable Irish law.

The financial statements have been prepared on a going concern basis under the historical cost convention, modified to include certain items at fair value. The financial statements are prepared in euro which is the functional currency of the Organisation and rounded to the nearest euro.

Information on the impact first-time adoption of FRS 102 is given in note 23.

The preparation of financial statements in compliance with FRS 102 requires the use of certain critical accounting estimates. It also requires management to exercise judgement in applying the Organisation's accounting policies (see note 2).

B. BASIS OF CONSOLIDATION

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

Fitzserv Consultants Limited t/a IMO Financial Services: - IMO owns 100% of the issued share capital
Cumann Dochtúirí na hÉireann, The Irish Medical Association Limited - common membership.

C. REVENUE

Revenue is recognised to the extent that is probable that the economic benefits will flow to the Organisation and the revenue can be reliably measured. Revenue is measured as the fair value of the consideration received or receivable, excluding discounts, rebates, value added tax and other sales taxes.

Subscriptions received in the income statement are accounted for on a cash receipts basis, as adjusted for subscriptions received in advance.

Commissions received are recognised when the income is earned and not when received.

Interest income is recognised in the Income Statement using the effective interest method.

D. FIXED ASSETS AND DEPRECIATION

Under Irish GAAP, the Organisation previously adopted a policy of revaluing freehold property.

Under FRS102, the Organisation has elected to adopt a "deemed" cost value at the date of the transition.
This reflects the value of the tangible assets under the previous revaluation policy under Irish GAAP at the date of transition, 1 January 2014. The Organisation will no longer apply the revaluation model under FRS 102 and will hold assets at the deemed cost and depreciate them over their useful economic lives.

Other tangible fixed assets are stated at cost less depreciation.

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

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

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

1. ACCOUNTING POLICIES (CONTD)

E. TAXATION

Tax is recognised in the Income Statement, except that a change attributable to an item of income and expense recognised as other comprehensive income or to an item recognised directly in equity is also recognised in other comprehensive income or directly in equity respectively.

The current income tax charge is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date in the countries where the Organisation operates and generates income.

Taxation is calculated on non-subscription income. No provision has been deemed necessary in respect of deferred taxation.

F. FINANCIAL ASSETS

Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value through profit or loss if their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

G. PENSIONS

The Organisation operates a defined contribution plan for its employees. A defined contribution plan is a pension plan under which the Organisation pays fixed contributions into a separate entity. Once the contributions have been paid the Organisation has no further payments obligations.

The contributions are recognised as an expense in the Income Statement when they fall due. Amounts not paid are shown in accruals as a liability in the Balance Sheet. The assets of the plan are held separately from the Organisation in independently administered funds.

H. CASH & CASH EQUIVALENTS

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalents are highly liquid investments that mature in no more than three months from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the Organisation's cash management.

I. CREDITORS

Short term creditors are measured at the transaction price. Other financial liabilities, including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

J. DEBTORS

Short term debtors are measured at transaction price, less any impairment. Loans receivable are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method, less any impairment.

K. IMPAIRMENT

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each balance sheet date. If such indication exists, the recoverable amount of the asset, or the asset's cash generating unit, is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in the income statement unless the asset is carried at a revalued amount where the impairment loss is a revaluation decrease.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

1. ACCOUNTING POLICIES (CONTD)

L. FINANCIAL INSTRUMENTS

The Organisation only enters into basic financial instruments transactions that result in the recognition of financial assets and liabilities like trade and other accounts receivable and payable, loans from banks and other third parties, loans to related parties and investments in non-puttable ordinary shares.

Debt instruments (other than those wholly repayable or receivable within one year), including loans and other accounts receivable and payable, are initially measured at present value of the future cash flows and subsequently at amortised cost using the effective interest method. Debt instruments that are payable or receivable within one year, typically trade payables or receivables, are measured, initially and subsequently, at the undiscounted amount of the cash or other consideration, expected to be paid or received. However if the arrangements of a short-term instrument constitute a financing transaction, like the payment of a trade debt deferred beyond normal business terms or financed at a rate of interest that is not a market rate or in case of an out-right short-term loan not at market rate, the financial asset or liability is measured, initially, at the present value of the future cash flow discounted at a market rate of interest for a similar debt instrument and subsequently at amortised cost.

Investments in non-convertible preference shares and in non-puttable ordinary and preference shares are measured:

At fair value with changes recognised in the Income Statement if the shares are publicly traded or their air value can otherwise be measured reliably;

At cost less impairment for all other investments.

Financial assets that are measured at cost and amortised cost are assessed at the end of each reporting period for objective evidence of impairment. If objective evidence of impairment is found, an impairment loss is recognised in the Income Statement.

For financial assets measured at amortised cost, the impairment loss is measured as the difference between an asset's carrying amount and the present value of estimated cash flows discounted at the asset's original effective interest rate. If a financial asset has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate determined under the contract.

For financial assets measured at cost less impairment, the impairment loss is measured as the difference between an asset's carrying amount and best estimate, which is an approximation of the amount that the Organisation would receive for the asset if it were to be sold at the balance sheet date.

Financial assets and liabilities are offset and the net amount reported in the Balance Sheet when there is an enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS

Estimates and judgements are evaluated continually and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The Organisation makes estimates and assumptions about the future.

The resulting accounting estimates will, by definition, seldom equal the related actual results. The principal estimates and assumptions that have a risk of causing an adjustment to the carrying amounts of assets and liabilities within the next financial period are discussed below:

Financial Assets:
The fair value of financial assets is determined by reference to market values for similar financial assets. The Organisation is therefore required to rely on valuations from institutions holding these investments that are impacted by market conditions normally considered in valuing this type of investment.

Deferred Pension Commitments:
The fair value of present values is determined by reference to existing interest rates. The Organisation is therefore required to rely on valuations from appropriately qualified professionals that are impacted by market conditions normally considered in assessing appropriate interest rates.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

3. INCOME

	2015 €	2014 €
Membership Subscriptions	2,429,344	2,758,841
IMOFS sales	1,674,079	1,486,255
Rental Income	51,279	46,778
Interest received	47,813	43,031
Investment surplus	423	2,981
Publishing Contribution (Schedule 1)	(31,469)	54,644
	4,171,469	4,392,530

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

4. ANALYSIS OF MEMBERS

	2015 No's	2014 No's
Membership Numbers	4,911	4,900

5. MATERIAL ITEM – DISPOSAL OF PROPERTY

In 2014, The Irish Medical Association contracted to dispose of the Mews portion of the property at No. 11, Fitzwilliam Square. The sale was completed early in 2015.

6. SURPLUS FOR THE YEAR

	2015 €	2014 €
Surplus for the year is stated after charging/(crediting)		
Auditors' Remuneration – Audit services	35,670	35,670
Management accounts	37,993	38,949
Taxation	-	8,061
Depreciation	118,819	140,971
(Surplus)/deficit on disposal of assets	(11,593)	1,335
Surplus on disposal of assets (including property)	-	210,000

7. STAFF PENSION SCHEME

The Organisation currently operates a Defined Contribution pension scheme in respect of its employees. The assets of the scheme are held separately from those of the organisation in an independently administered fund with independent trustees. Contributions within the year amounted to €154,581 (2014:€143,170) of which €Nil (2014: €23,707) was unpaid at the year end.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

8. STAFF NUMBERS AND COSTS

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

	2015 No's	2014 No's
Total Employees	38	38
Analysed as follows:		
Directors, officers and committee members	10	10
Trade Union administration	20	20
Financial Services sales & administration	8	8
	38	38

The aggregate payroll costs of these persons were as follows:

	2015 €	2014 €
Directors remuneration and fees	39,000	45,500
Wages and Salaries	1,677,796	1,647,122
Social Welfare Costs	160,507	148,435
Other Pension Costs	154,581	143,170
	2,031,884	1,984,227

The amount paid to Key Management Personnel during the period amounted to €756,729. (2014:€718,240)

Key Management Personnel consist of The Honorary Officers, Executive Board and Senior Management of IMO, together with the Directors and Senior Management of the Financial Services Company.

9. TAXATION

	2015 €	2014 €
Current Year Charge	66,797	108,908

The Organisation is exempt from taxation on its trade union activities and subscription income. Taxation is based on its publishing and investing activities and the profits of its subsidiary Fitzserv Consultants Limited, which is liable under the Corporation Tax Acts.

Profits for Fitzserv Consultants Limited	367,866	271,424
Tax at standard Irish Corporation tax rate (12.5%)	45,983	33,928
Effects of:		
Depreciation addback	210	466
Capital allowances	(2,614)	(2,614)
Adjustments to previous periods	-	1,202
Other tax adjustments	198	23,539
	43,777	56,521
Income tax IMO	23,020	52,387
	66,797	108,908

There were no factors that may affect future tax charges.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

10. TANGIBLE ASSETS

	Freehold Premises €	Equipment, Fixtures & Fittings €	Motor Vehicles €	Total €
Cost:				
At 1 January 2015	3,019,000	591,399	193,070	3,803,469
Additions	-	4,229	-	4,229
Disposals	-	-	(35,705)	(35,705)
At 31 December 2015	3,019,000	595,628	157,365	3,771,993
Depreciation:				
At 1 January 2015	120,760	465,116	140,448	726,324
Charge for Year	60,380	29,820	28,619	118,819
Disposals	-	-	(35,705)	(35,705)
At 31 December 2015	181,140	494,936	133,362	809,438
Net book value at 31 December 2015	2,837,860	100,692	24,003	2,962,555
Net book value at 31 December 2014	2,898,240	126,283	52,622	3,077,145

In respect of prior year

Cost:				
At 1 January 2014	3,519,000	547,794	247,619	4,314,413
Additions	-	43,605	-	43,605
Disposals	(500,0000)	-	(54,549)	(554,549)
At 31 December 2014	3,019,000	591,399	193,070	3,803,469
Depreciation:				
At 1 January 2014	70,380	435,344	132,620	638,344
Charge for Year	70,380	29,772	40,819	140,971
Disposals	(20,000)	-	(32,991)	(52,991)
At 31 December 2014	120,760	465,116	140,448	726,324
Net book value at 31 December 2014	2,898,240	126,283	52,622	3,077,145
Net book value at 31 December 2013	3,448,620	112,450	114,999	3,676,069

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

11. DEPOSIT WITH THE COURT OF JUSTICE

The deposit with the Court of Justice under the Trade Union Act, 1941 is invested in a fund called the Euribor Trust Fund. This fund holds a value of €10,663 at 31 December 2015 (2014: €10,670)

12. FIXED ASSETS INVESTMENTS

	Unlisted Investments €	Listed Investments €	Other Investments €	Total €
Cost:/Valuation				
At 1 January 2015	489,777	24,155	90,279	604,211
Revaluations	22,030	8,055	-	30,085
At 31 December 2015	511,807	32,210	90,279	634,296
At 31 December 2014	489,777	24,155	90,279	604,211

In respect of prior year

	Unlisted Investments €	Listed Investments €	Other Investments €	Total €
Cost:/Valuation				
At 1 January 2014	468,198	298,750	90,279	857,227
Revaluations	21,579	(1,344)	-	20,235
Disposals	-	(273,251)	-	(273,251)
At 31 December 2014	489,777	24,155	90,279	604,211
At 31 December 2013	468,198	298,750	90,279	857,227

13. DEBTORS

	2015 €	2014 €
Trade debtors	279,091	280,091
Other debtors	46,558	717,266
Prepayments	136,897	111,016
	462,546	1,108,373

14. CASH AT BANK AND IN HAND

	2015 €	2014 €
Irish Medical Organisation	731,496	388,932
Fitzserv Consultants Limited	3,729,804	3,339,779
Fitzserv Consultants Limited Client funds	202,490	209,826
	4,663,790	3,938,537

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

15. CREDITORS (AMOUNTS FALLING DUE WITHIN ONE YEAR)

	2015	2014
	€	€
Creditors and Accruals	1,043,405	1,088,488
IMOFS Client funds	202,490	209,826
Bank overdraft	-	7,423
Lease and Hire Purchase Finance	-	3,593
Deferred Pension Commitments	148,228	-
	1,394,123	1,309,330

Creditors and accruals include the following outstanding taxes

	2015	2014
	€	€
PAYE/PRSI	69,971	31,758
VAT	1,416	9,955
Income tax	6,979	32,727
Corporation tax	37,124	(34,004)
	115,490	40,436

Payments to former CEO will commence in April 2016 and, accordingly, an element of the accrued pension commitments are now disclosed as being payable in less than one year.

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

	2015	2014
	€	€
Bank loans	387,977	787,977
Deferred Pension Commitments	3,058,671	3,226,573
	3,446,648	4,014,550

Analysis of Bank loans

	2015	2014
	€	€
Wholly repayable within five years	387,977	787,977

AIB Bank loans are secured by legal charges over properties at No. 10 & No. 11, Fitzwilliam Place, Dublin 2 vesting in the name of Cumann Dochtúirí na hÉireann, The Irish Medical Association Limited.

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

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

Analysis of Deferred Pension commitments	Actual €	Present Value €
In more than two years but not more than five years	800,000	756,673
In more than five years but not more than ten years	1,237,500	1,076,501
In more than ten years but not more than fifteen years	1,250,000	991,618
In more than fifteen years but not more than twenty years	312,500	233,883
	3,600,000	3,058,675
In less than one year	150,000	148,224
	3,750,000	3,206,899

In accordance with the provisions of FRS 102, Trident Consulting, Actuarial Consultants, have placed a Present value on this obligation of €3,206,899. In coming to this value they have used a discount rate of 1.87%, based primarily on the iBoxx €Corporates AA 10+ index which was yielding 2.03% at 31 December 2015.

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

In respect of prior year	Actual €	Present Value €
In more than two years but not more than five years	750,000	713,618
In more than five years but not more than ten years	1,187,500	1,052,547
In more than ten years but not more than fifteen years	1,250,000	1,025,025
In more than fifteen years but not more than twenty years	562,500	435,383
	3,750,000	3,226,573

17. FINANCIAL INSTRUMENTS

	2015 €	2014 €
Financial assets:		
Financial assets measured at fair value through surplus or deficit	634,296	604,211
Financial assets that are debt instruments measured at amortised cost	325,649	997,357
	959,945	1,601,568
Financial liabilities:		
Financial liabilities measured at amortised cost	1,518,382	2,086,291
	1,518,382	2,086,291

Financial assets measured at fair value through surplus or deficit comprise unlisted investments (see note 12)
Financial assets measured at amortised cost comprise trade debtors and other debtors (see note 13)
Financial liabilities measured at amortised cost comprise other creditors and accruals (see note 15)

HE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

18. RESERVES

Accumulated revenue surplus

The accumulated revenue surplus represents cumulative gains and losses recognised in the income statement, net of transfers to/from other reserves.

19. ANALYSIS OF CASH AND CASH EQUIVALENTS NET FUNDS

	2015	2014
	€	€
Net Cash:		
Cash at bank and in hand	4,663,790	3,938,537
Overdrafts	-	(7,423)
Net cash and cash equivalents at end of year	4,663,790	3,931,114

20. RELATED PARTY TRANSACTION

During the year Fitzserv Consultants Limited paid IMO a rental fee of €125,000 for use of No. 11 Fitzwilliam Place (2014 €125,000). The IMO also received €12,733 for rent of the carpark to Fitzserv Consultants Limited, (2014 €12,733).

Fitzserv Consultants Limited advanced a loan of €300,000 to IMO in 2013, interest was applied to the loan amount. Balance at the year end was €315,241 (2014 €309,000) owed to Fitzserv Consultants Limited.

21. COMPARATIVE FIGURES

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

22. CONSOLIDATED INFORMATION

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

Fitzserv Consultants Limited, a financial services Company the Share Capital of which is 100% owned by the IMO. Profit after tax €324,089 (2014: €214,903).

Cumann Dochtúirí na hÉireann, The Irish Medical Association Limited a Property Holding Company which is Limited by Guarantee. Loss after tax €3,659 (2014: Profit €206,118)

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

23. FIRST TIME ADOPTION OF FRS 102

	As previously stated 1 January 2014 €	Effect of transition 1 January 2014 €	FRS 102 (as restated) 1 January 2014 €
Fixed assets	3,686,709	-	3,686,709
Investment assets	857,226	-	857,226
Current assets	4,045,594	-	4,045,594
Creditors: amounts falling due within one year	(1,744,080)	-	(1,744,080)
Net current assets	2,301,514	-	2,301,514
Total assets less current liabilities	6,845,449	-	6,845,449
Creditors: amounts falling due after one year	(3,473,721)	-	(3,473,721)
Net assets	3,371,728	-	3,371,728
Members funds	3,371,728	-	3,371,728

	As previously stated 31 December 2014 €	Effect of transition 31 December 2014 €	FRS 102 (as restated) 31 December 2014 €
Fixed assets	3,087,815	-	3,087,815
Investment assets	604,211	-	604,211
Current assets	5,046,910	-	5,046,910
Creditors: amounts falling due within one year	(1,309,330)	-	(1,309,330)
Net current assets	3,737,580	-	3,737,580
Total assets less current liabilities	7,429,606	-	7,429,606
Creditors: amounts falling due after one year	(4,014,550)	-	(4,014,550)
Net assets	3,415,056	-	3,415,056
Members funds	3,415,056	-	3,415,056
Turnover	4,392,530	-	4,392,530
Administrative expenses (Note 1 below)	(3,928,066)	(68,341)	(3,996,407)
Operating surplus	464,464	-	396,123
Material item – disposal of property	210,000	-	210,000
Surplus before taxation	674,464	(68,341)	606,123
Taxation	(108,908)	-	(108,908)
Surplus on ordinary activities after taxation for the financial year	565,556	(68,341)	497,215

THE IRISH MEDICAL ORGANISATION

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2015

23. FIRST TIME ADOPTION OF FRS 102 (CONTD)

Explanation of changes to previously reported profit:

Note 1. Under Irish GAAP, the previous accounting framework, the Organisation was required to recognise any fair value adjustments on investments and interest on net defined benefits in the Statement of Recognised Gains and Losses. Under FRS 102, any movements in the fair value of investments and interest on net defined benefits are to be recognised in the Profit and Loss Account.

	€
Net Interest on net defined liability	(88,576)
Fair value movement on investments	20,235
	(68,341)

24. APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were approved by the Executive Board on 29 February 2016.

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION FOR THE YEAR ENDED 31 DECEMBER 2015

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

FOR THE YEAR ENDED 31 DECEMBER 2015

SCHEDULE 1

Publishing Contribution	2015 €	2014 €
Income	17,624	113,467
Printing and Editorial Costs	(16,636)	(26,366)
Wages	(32,457)	(32,457)
Publishing Contribution	(31,469)	54,644

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

FOR THE YEAR ENDED 31 DECEMBER 2015

SCHEDULE 2

	IMO 2015	IMO 2014	Fitzserv t/a IMOFS 2015	Fitzserv t/a IMOFS 2014	IMA 2015	Total 2015	Total 2014
	€	€	€	€	€	€	€
INCOME							
Subscriptions	2,429,344	2,758,841	-	-	-	2,429,344	2,758,841
IMOFS sales	-	-	1,674,079	1,486,255	-	1,674,079	1,486,255
Rental Car Park	13,008	13,010	-	-	-	13,008	13,010
Rental Income	176,004	171,501	-	-	-	176,004	171,501
(Less) Rent from IMOFS	(137,733)	(137,733)	-	-	-	(137,733)	(137,733)
Interest Received	-	-	47,813	43,031	-	47,813	43,031
Investment income	-	-	-	2,558	423	423	2,981
Publishing Contribution	(31,469)	54,644	-	-	-	(31,469)	54,644
	2,449,154	2,860,263	1,721,892	1,531,844	423	4,171,469	4,392,530
EXPENDITURE							
Wages and salaries	1,149,687	1,228,982	534,509	418,140	-	1,684,196	1,647,122
Employers PRSI	113,002	110,410	47,505	38,025	-	160,507	148,435
Staff Pensions	116,985	117,295	37,596	25,875	-	154,581	143,170
Directors remuneration	-	-	39,000	45,500	-	39,000	45,500
Staff training and development	9,375	9,530	2,129	2,103	-	11,504	11,633
Rates	26,728	28,565	3,085	3,084	-	29,813	31,649
Light and heat	18,799	16,727	7,181	9,221	-	25,980	25,948
Insurance	16,179	12,842	26,476	19,502	-	42,655	32,344
Repairs and maintenance	79,191	71,953	7,305	8,291	-	86,496	80,244
Printing, Postage & Stationery	48,086	59,136	48,837	42,525	-	96,923	101,661
Advertising	4,621	1,168	56,337	46,449	-	60,958	47,617
Telephone	17,811	17,536	11,516	14,280	-	29,327	31,816
ICT	101,734	115,394	106,309	120,463	-	208,043	235,857
Travel and branch meeting expenses	86,438	104,177	44,841	33,124	-	131,279	137,301
International affairs	45,063	39,218	-	-	-	45,063	39,218
Corporate affairs	(12,271)	-	-	-	-	(12,271)	-
Professional fees	130,767	139,672	236,836	281,357	7,832	375,435	421,029
Legal fees	278,570	499,021	-	-	-	278,570	499,021
Audit	18,450	18,450	12,915	12,915	4,305	35,670	35,670
Accountancy	20,773	21,729	17,220	17,220	-	37,993	38,949
Bank charges	9,624	11,253	779	988	-	10,403	12,241
Subscriptions and donations	29,882	35,200	2,443	2,644	-	32,325	37,844
Depreciation	117,134	137,246	1,685	3,725	-	118,819	140,971
Lease interest	-	550	-	-	-	-	550
Loan Interest	4,754	(19,059)	-	-	-	4,754	(19,059)
Net interest on net defined benefit liability	51,625	88,576	-	-	-	51,625	88,576
(Surplus)/Deficit on disposal of fixed assets	(11,593)	(3,500)	-	4,835	-	(11,593)	1,335
Fair value movement on investments	(23)	-	(22,030)	(21,579)	(8,055)	(30,108)	(20,235)
	2,471,391	2,862,071	1,222,474	1,128,687	4,082	3,697,948	3,996,407

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

THE IRISH MEDICAL ORGANISATION

SUMMARY BALANCE SHEET

AS AT 31 DECEMBER 2015

	2015	2014
	€	€
FIXED ASSETS		
Tangible Assets	120,463	174,066
Deposit with the Court of Justice	10,663	10,670
	131,126	184,736
FINANCIAL ASSETS		
Investments	91,562	91,562
	222,688	276,298
CURRENT ASSETS		
Debtors	2,472,420	2,684,054
Cash & Bank Balances	849,403	388,932
	3,321,823	3,072,986
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(1,434,384)	(1,228,849)
NET CURRENT ASSETS	1,887,439	1,844,137
TOTAL ASSETS LESS CURRENT LIABILITIES	2,110,127	2,120,435
Creditors (amounts falling due after more than one year)	(3,058,671)	(3,226,573)
	(948,544)	(1,106,138)
FINANCED BY		
Accumulated Revenue Deficit	(948,544)	(1,106,138)
Members' Deficit	(948,544)	(1,106,138)

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

FITZSERV CONSULTANTS LIMITED
T/A IMO FINANCIAL SERVICES

SUMMARY BALANCE SHEET
AS AT 31 DECEMBER 2015

	2015 €	2014 €
FIXED ASSETS		
Tangible Assets	4,232	4,838
Investments	511,807	489,777
	516,039	494,615
CURRENT ASSETS		
Debtors	601,443	605,763
Cash & Bank Balances	3,729,804	3,339,780
Client Bank account balances	202,490	209,826
	4,533,737	4,155,369
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(208,786)	(125,747)
Client Premium amounts due	(202,490)	(209,826)
NET CURRENT ASSETS	4,122,461	3,819,796
TOTAL ASSETS LESS CURRENT LIABILITIES	4,638,500	4,314,411
CAPITAL & RESERVES:		
Share capital	1,283	1,283
Profit and loss account	4,637,217	4,313,128
Shareholders' funds	4,638,500	4,314,411

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

CUMANN DOCHTÚIRÍ NA hÉIREANN
THE IRISH MEDICAL ASSOCIATION LIMITED
(A Company Limited by Guarantee and not having a Share Capital)

SUMMARY BALANCE SHEET
AS AT 31 DECEMBER 2015

	2015 €	2014 €
FIXED ASSETS		
Tangible Assets	2,837,860	2,898,240
Investments	32,210	24,155
	2,870,070	2,922,395
Debtors:	-	700,000
CURRENT LIABILITIES		
Creditors (amounts falling due within one year)	(2,277,718)	(2,626,384)
NET CURRENT (LIABILITIES)	(2,277,718)	(1,926,384)
TOTAL ASSETS LESS CURRENT LIABILITIES	592,352	996,011
Creditors (amounts falling due after more than one year)	(387,977)	(787,977)
	204,375	208,034
CAPITAL & RESERVES:		
Income and expenditure account	204,375	208,034
Members' Funds	204,375	208,034

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THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

FOR THE YEAR ENDED 31 DECEMBER 2015

IMO Stipends

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

	April 2014/2015	April 2015/2016
	€	€
Executive Committee Chair		
Dr Matthew Sadlier	25,000	25,000
GP Committee Chair		
Dr Ray Walley	25,000	
Dr Padraig McGarry		25,000
Consultant Committee Chair		
Dr Peadar Galligan	3,000	
Dr Peadar Galligan		3,000
NCHD Committee Chair		
Dr John Duddy	3,000	
Dr John Duddy		3,000
PHD Committee Chair		
Dr Patrick O'Sullivan	3,000	
Dr Ann Hogan		3,000
President		
Professor Trevor Duffy	35,000	
Dr Ray Walley		35,000
Treasurer		
Dr Illona Duffy	10,000	
Dr Illona Duffy		10,000
Non Executive Member		
Mr Niall Saul	12,500	12,500
Mr Ronan Nolan	-	12,500

These amounts are subject to relevant taxes.

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

THE IRISH MEDICAL ORGANISATION

MANAGEMENT INFORMATION

FOR THE YEAR ENDED 31 DECEMBER 2015

FITZSERV CONSULTANTS LIMITED DIRECTORS FEES

	2015	2014
	€	€
Directors fees are paid as follows:		
Dr Martin Daly	13,000	13,000
Willie Holmes	13,000	13,000
James Brophy	13,000	13,000
Pat Dineen	-	6,500
	39,000	45,500

These amounts are subject to relevant taxes.

IMO AND FITZSERV CONSULTANTS LIMITED EXPENSES

MILEAGE:

Committee members and staff without a company car are allowed 42c per mile from IMO/Fitzserv Consultants Limited headquarters at No. 10 & No. 11 Fitzwilliam Place, Dublin 2, when they use their private motor vehicles for IMO/Fitzserv Consultants Limited business.

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

SUBSISTENCE:

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

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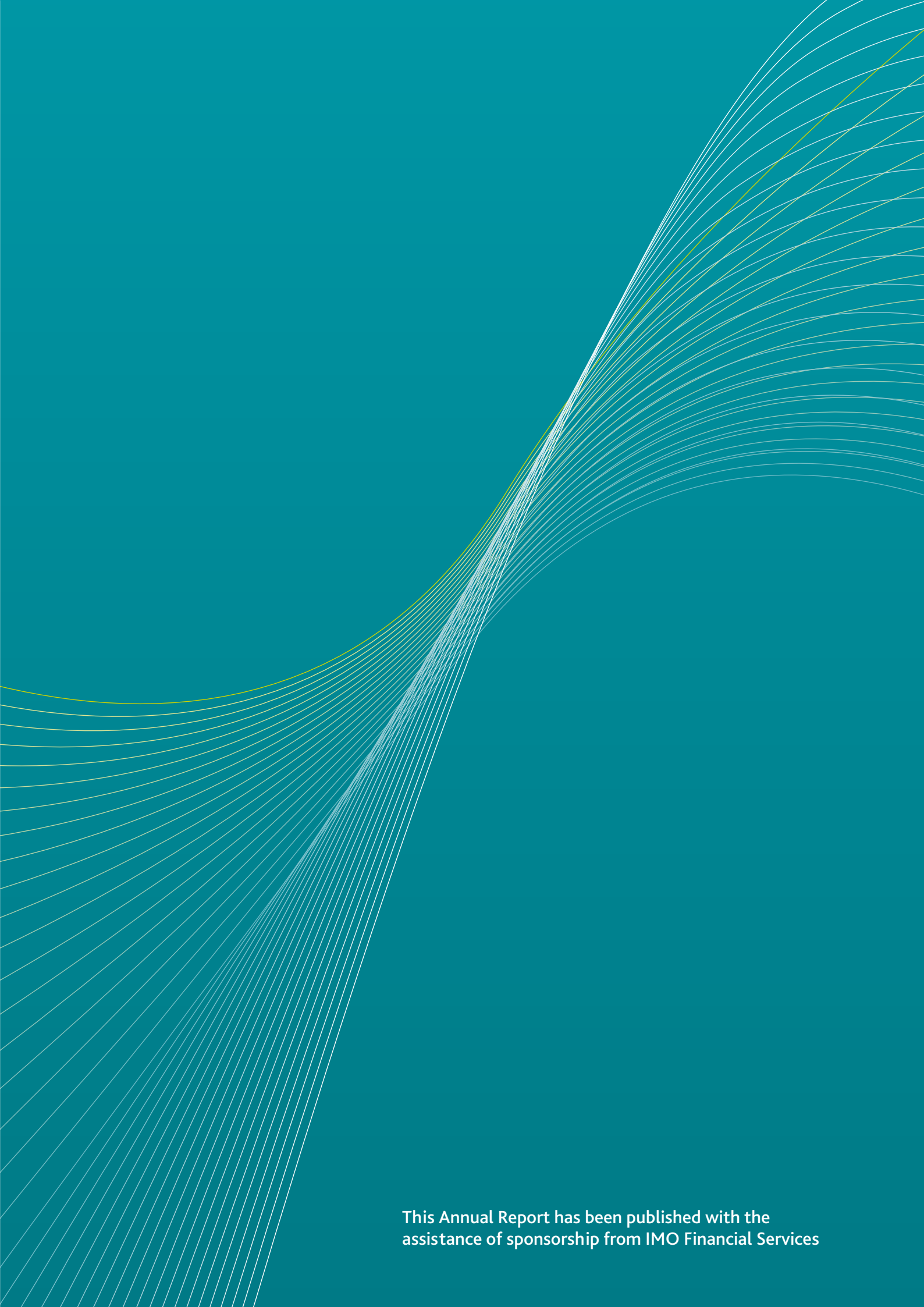

This Annual Report has been published with the assistance of sponsorship from IMO Financial Services

IRISH MEDICAL
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