

**A NEW PRESCRIPTION FOR HEALTH**

**16/01** The IMO calls on the incoming Government to acknowledge that our public health services are not capable of meeting patient demand and that the provision of quality health services to our citizens is the priority issue for Government. In this context the IMO is calling for the Departments of Health and Public Expenditure and Reform to commit to a five year investment programme for our health services to redress the effects of the short sighted economic measures of recent years that has resulted in damaging the fabric of our health services to the extent that the health services are continuing to work at dangerous capacity levels, there are ongoing reductions in services to patients and circumstances are effectively forcing our medical professionals to leave Ireland and work abroad.

**Amended Motion:** The IMO calls on the incoming Government to acknowledge that our public health services are not capable of meeting patient demand and that the provision of quality health services to our citizens is the priority issue for Government. In this context the IMO is calling for the Departments of Health and Public Expenditure and Reform to commit to a five year investment programme for our health services to redress the effects of the short sighted economic measures of recent years that has resulted in damaging the fabric of our health services to the extent that the health services are continuing to work at dangerous capacity levels, there are ongoing reductions in services to patients and circumstances are effectively forcing our medical professionals to leave Ireland and work abroad.

**Amended Motion Carried**

**Update:** The IMO wrote to an Taoiseach; the Minister for Finance; the Minister for Public Expenditure and Reform; the Minister for Health; with regard to this motion.

Following the formation of the Government the Oireachtas Committee on the Future of Healthcare was established with the goal to build cross-party consensus on a 10 year plan for the future of the Health Services in Ireland. The IMO has made a detailed submission to the Oireachtas Committee on the Future of Healthcare and an IMO delegation appeared before the Committee in October 2016 to discuss capacity issues and investment in healthcare services.

The IMO has vigorously campaigned for investment in healthcare, with numerous press statements throughout the year and a briefing of Oireachtas members in October 2016 on the IMO submission on Future of Healthcare and the IMO Budget Submission 2017.

**UK JUNIOR DOCTORS**

**16/02** This meeting expresses support for our Junior Doctor colleagues in the UK in their ongoing contract dispute over patient safety issues.

**Carried**

**Update:** The IMO wrote to the co-chair of the British Medical Association's Junior Doctors' Committee to express support for the action.

**ATRIAL FIBRILLATION**

**16/03** The IMO calls for an immediate and proper screening programme for Atrial Fibrillation that recognises its intermittent and asymptomatic nature, its importance in causing stroke and its significant prevalence in ageing communities as the leading preventable cause of severe disabling stroke.

**Carried**

**Update:** The IMO wrote to the Minister for Health and the Secretary-General at the Department of Health, with regard to this matter.

The IMO also submitted this as an action for inclusion in the Department of Health Statement of Strategy 2016-2019. This Statement of Strategy was published and included a commitment "to build GP capacity" to provide services for patients regarding atrial fibrillation.

## **DEMENTIA FRIENDLY HEALTH SERVICE ENVIRONMENT**

**16/04** The IMO recognises the rise in dementia with our aging society and calls on the HSE to ensure that all new hospital builds and healthcare service locations are dementia friendly and espouse dementia friendly concepts.

### **Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on this matter. The IMO also called for the creation of dementia friendly services in the IMO submission on the Future of Healthcare and called for the full implementation and resourcing of the National Dementia Strategy in the IMO Submission to the Department of Health Statement of Strategy 2016-2019.

The HSE Parliamentary Affairs Division replied, stating that the HSE has “been developing guidelines on design for residential care centres, and “on completion of these guidelines the National Dementia Office will begin work on guidelines for dementia-friendly ward specification for hospital settings. Work to review current thinking and best practice (literature reviews) in this regard has already begun.”

The Department of Health’s Statement of Strategy 2016-2019 includes a commitment to implement the National Dementia Strategy.

## **GRADUATE ENTRY MEDICAL PROGRAMMES**

**16/05** This meeting calls on the Departments of Health, Education and Finance to consider and make recommendations in respect of the high cost of Graduate Entry Medical Programmes which, in the current form results in high levels of student debt and makes entry to such programmes inequitable in terms of access.

### **Carried**

**Update:** The IMO wrote to the Department of Finance and the Secretary General of the Department of Education and Skills, with regard to this motion. In the IMO Budget 2017 Submission, the IMO called on the Government to provide tax relief on loan repayments for graduate entry medical students. This motion was also raised by the IMO in a submission to and talks with the Public Service Pay Reform Commission. The IMO will continue to seek supports to alleviate student debt for graduate entry medical students.

## **SPORTS INJURIES**

**16/06** Both nationally and internationally there has been much debate in regard to the accurate recording of sports injuries in schools. The IMO calls on the Government to establish a mandatory reporting system to the Health and Safety Authority of all school sports related injuries that occur to students.

### **Carried**

**Update:** The IMO wrote to an Taoiseach, the Minister for Health; the Minister for Education and Skills and the Minister for Children and Youth Affairs, with regard to this matter. The IMO will continue to lobby for a mandatory reporting system to the Health and Safety Authority of all school sports related injuries that occur in school.

## **DATA PROTECTION ISSUES**

**16/07** The IMO calls on the Data Protection Commissioner to work with the Chief Information Officer and with competent authorities for data protection in Europe to ensure that Electronic Health Records and critical IT infrastructure in healthcare are adequately protected from cyber attacks with may come from within or outside the jurisdiction.

### **Carried**

**Update:** The IMO wrote to the Office of Data Protection Commissioner who replied, stating that data protection “legislation places the clear responsibility on data controllers themselves in the healthcare sector to ensure they have secure infrastructure and appropriate organisational and operational means to protect the sensitive personal data they collect, process and store. The role of the Office is to supervise based on prioritisation through identified risk in any sector or area.” The Assistant Commissioner also pointed out “that under the

General Data Protection Regulation (GDPR) which will have direct effect on healthcare data controllers from 25th May 2018, the obligations on data controllers increase significantly including requirements for ensuring adequate documentation and demonstration of accountability in protecting personal data.”

As part of the IMO’s submission to the Health Service Executive on the Privacy Impact Assessment for the Individual Health Identifier, the IMO advocated for “continuous and structured reviews of security arrangements, a commitment to use of the latest and most advanced security technologies, an identified person who has overall responsibility for the auditing, improvement, and maintenance of systems utilised in the protection of all data processed by the health identifiers operator, and recruitment strategies that aim to ensure the employment of persons with appropriate experience, qualifications, and skills to guarantee the safeguarding of personal data must be utilised”.

The IMO is holding an educational session at the IMO AGM 2017 to raise awareness of cybercrime and will continue to raise this issue with relevant bodies.

**16/08** The IMO calls on the Data Protection Commissioner to inform both users and doctors that mHealth applications which are not used in patient care, such as well-being or lifestyle apps, may reveal sensitive information about the health of an individual and to ensure that data privacy is strictly protected.

#### **Carried**

**Update:** The IMO wrote to the Office of the Data Protection Commissioner, who replied, stating that, “[a]s with any other business or project which controls or processes personal data, developers of applications for mHealth will need to comply with the Data Protection Acts.” As the new EU General Data Protection Regulations come into effect the IMO will continue to raise awareness of privacy issues in relation to well-being and lifestyle apps.

**16/09** The IMO calls on the Medical Council and the Post Graduate Training Bodies to ensure that data protection issues and the use of new health technologies are included in mandatory CME/CPD Programmes.

**Amended Motion:** The IMO calls on the Medical Council and the Post Graduate Training Bodies to ensure that data protection issues and the use of new health technologies are included in mandatory CME/CPD Programmes.

#### **Amended Motion Carried**

**Update:** The IMO wrote to the on the Medical Council and the Post Graduate Training Bodies with regard to this motion.

The Dean of the RCPI Faculty of Pathology, responded expressing a position of support for this motion. The Chief Executive of College of Psychiatrists of Ireland, responded, stating: “[t]he College is running a conference in Spring 2017 dedicated to psychiatry in the digital age. It is proposed to cover data protection issues and the use of new health technologies”.

#### **HIGH CALORIE SOFT DRINKS**

**16/10** This meeting calls for the introduction of appropriate taxation or pricing measures to discourage the consumption of high sugar and high calories soft drinks and that such additional exchequer funding derived be ring fenced for health programmes aimed at tackling the obesity problems.

#### **Carried**

**Update:** The IMO wrote to the Minister for Health and the Secretary General at the Department of Health, with regard to this matter. The Secretary General at the Department of Health, replied, stating that “[t]he proposals will form part of policy consideration in respect of related matters”.

The IMO has also called for appropriate taxation and pricing measures on high sugar and high calorie soft drinks in the Department of Health Statement of Strategy 2016-2019 and the IMO budget Submission 2017. In October 2016, as

part of Budget 2017, the government announced its intention to introduce a tax on sugar-sweetened drinks in April 2018. This commitment was also included in the Department of Health's Statement of Strategy for 2016-2019.

## **ACQUIRED BRAIN INJURIES**

**16/11** This meeting calls on the HSE and Department of Health to recognise that the current rehabilitative services for those suffering from acquired brain injuries are inadequate to meet the level of demand and all effort must be made to ensure that the level of services are increased so as to improve vital access.

### **Carried**

**Update:** The IMO wrote to the Secretary General at the Department of Health and the Health Service Executive, with regard to this matter.

The Assistant Director of the HSE Parliamentary Affairs Division replied by outlining the services currently available within the State for those patients who have suffered acquired brain injuries and that "[i]n 2015, the National Rehabilitation Hospital received new Planning Approval and a commitment of funding which will see the existing ward accommodation at the NRH replaced by a new 120 bed single en-suite bed facility. . . Enabling works are due to commence later in 2016."

With regard to the National Neuro- Rehabilitation Strategy, the Assistant Director remarked that "[a] National Steering Group is currently working on an implementation framework in respect of the recommendations from the National Policy and Strategy for the provision of Neuro-Rehabilitation Services in Ireland 2015. Further investment in rehabilitation services at community level is required to progress this implementation framework and provide appropriate services for persons with neurological conditions."

The IMO has also called on the Department of Health in their Statement of Strategy 2016-2019 to address deficiencies in service provision such as rehabilitative services for those suffering from acquired brain injuries. The IMO will continue to advocate for appropriate rehabilitation services for patients with acquired brain injuries.

## **HEALTH INFORMATION AND QUALITY AUTHORITY**

**16/12** The IMO calls upon the Minister for Health, the Minister for Finance and the Minister for Public Expenditure and Reform to ensure that all locations where public health services are delivered are adequately resourced to meet and exceed HIQA standards of care. Dictating standards without providing appropriate resource supports to implement those standards is a policy doomed to failure.

**Amended Motion:** The IMO calls upon the Minister for Health, the Minister for Finance and the Minister for Public Expenditure and Reform to ensure that all locations where public health services are delivered are adequately resourced to meet and exceed HIQA standards of care. Dictating standards without providing appropriate resource supports to implement those standards is a policy doomed to failure.

### **Amended Motion Carried**

**Update:** The IMO wrote to the Minister for Health, the Minister for Finance and the Minister for Public Expenditure and Reform with regard to this motion. The IMO continues to highlight the need for resources to ensure healthcare facilities meet and exceed HIQA standards.

## **REFORM OF MEDICAL NEGLIGENCE SYSTEM**

**16/13** The IMO calls on the Minister for Health to immediately establish a Task Force to make recommendations for the reform of the current medical negligence system which does not serve patients, medical profession or State. Such task force to have representation from all stakeholders including the IMO.

### **Carried**

**Update:** The IMO wrote to the Minister for Health, with regard to this matter. The IMO also called for the establishment of a Task Force to make recommendations for the reform of the current medical negligence system in the submission to the Department of Health Statement of Strategy 2016-2019.

A delegation from the IMO also appeared before the Joint Oireachtas Committee on Health, on 8 December 2016, to discuss the Open Disclosure provisions to be contained in the Civil Liability Amendment Bill. The report of the Oireachtas Joint Committee on Health included a number of recommendations made by the IMO including: a recommendation that the proposed legislation be accompanied by appropriate supports; that the definition of no harm patient safety incidents be expanded to explicitly state that it does not refer to general variation in care. The IMO also highlighted that the definition of health service does not adequately cover agencies providing long-term or residential care and that patient safety incident records should not be admissible in professional regulatory proceedings. The Report of the Oireachtas Committee on Health also recommended that these issues should be examined. Finally in line with the IMO's 2015 recommendations the report recommended that the Department of Health assess the practicality of a specific mediation service in healthcare settings across Ireland to deal with adverse events.

## **HEALTH INFORMATION BILL**

**16/14** The IMO calls upon the Department of Health to immediately publish and implement the long awaited Health Information Bill so that the health intelligence functions of the HSE can be fully underpinned and developed.

### **Carried**

**Update:** In January 2017, the IMO prepared a substantial submission to the Oireachtas Joint Committee on Health - Public Consultation on the Health Information and Patient Safety – General Scheme of Bill. Since 2008 the IMO has been calling for legislation to bring legal clarity to the secondary use of personal health data, however the IMO believe that the Bill requires substantial work to ensure the legislation is fit for purpose. In particular the IMO expressed a number of concerns in relation to compliance with the new EU General Data Protection Regulations and how the draft Bill will impact on the statutory duties of public health doctors and upon health research using anonymised patient data. Also of concern is the failure to provide a mechanism for establishing a prescribed data matching programme or a prescribed health information resource.

In both the IMO submission to the Oireachtas Committee on the Future of Healthcare and the IMO submission to the Department of Health Statement of Strategy 2016-2019, the IMO also advised that the Health Information and Patient Safety legislation should ensure that the public health planning function has access to appropriate data while at the same time ensuring confidential patient data is protected.

## **SPORTS FACILITIES**

**16/15** The IMO calls on the Minister for Transport, Tourism and Sport and the Department of the Environment to fully resource the provision and maintenance of public sports facilities, in particular swimming pool facilities, in the interest of health and water safety.

**Amended Motion:** The IMO calls on the Minister for Transport, Tourism and Sport and the Department of the Environment to fully resource the provision and maintenance of public sports facilities, in particular swimming pool facilities, in the interest of health and water safety.

### **Amended Motion Carried**

**Update:** The IMO wrote to the Minister for Transport, Tourism, and Sport and the Secretary General at the Department of the Environment, advocating for resources for sports facilities.

## **HEALTH INTELLIGENCE**

**16/16** The IMO calls upon the HSE to put in place processes to enable and ensure that the potential of available health related data can be used by Health Intelligence/ Public Health to support national functions of HSE, Hospital Groups, Hospital and Community Healthcare Organisations.

### **Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on this matter. The IMO also highlighted this issue in both the IMO submission to the Oireachtas Committee on the Future of Healthcare and the IMO submission to the Department of Health Statement of Strategy 2016-2019.

The HSE Parliamentary Affairs Division replied outlining the use of data in healthcare planning including “Planning for Health: Trends and Priorities to Inform Health Service Planning 2016 is a published HSE document, lead by the HSE’s Health and Wellbeing Division. It presents, collates and evaluates health related data to support national service functions of the HSE” and “The Health Atlas Ireland (HAI) information system is used to harness the potential of available data (internal, external, and public) to help improve care and outcomes.”

In January 2017, the IMO prepared a substantial submission to the Oireachtas Joint Committee on Health - Public Consultation on the Health Information and Patient Safety – General Scheme of Bill. Since 2008 the IMO has been calling for legislation to bring legal clarity to the secondary use of personal health data, however the IMO believe that the Bill requires substantial work to ensure the legislation is fit for purpose. In particular the IMO expressed a number of concerns in relation to compliance with the new EU General Data Protection Regulations and how the draft Bill will impact on the statutory duties of public health doctors and upon health research using anonymised patient data. Also of concern is the failure to provide a mechanism for establishing a prescribed data matching programme or a prescribed health information resource.

## **TRAINING FOR DOCTORS IN DEVELOPING COUNTRIES**

**16/17** The IMO asks all Irish undergraduate medical schools and all Irish post-graduate training bodies to continue to foster and support high quality undergraduate and post-graduate training of doctors in developing countries particularly where there is poverty and urgent healthcare needs.

**Amended Motion:** The IMO asks all Irish undergraduate medical schools and all Irish post-graduate training bodies to continue to foster and support high quality undergraduate and post-graduate training of doctors in developing countries particularly where there is poverty and urgent healthcare needs.

### **Amended Motion Carried**

**Update:** The IMO wrote to the undergraduate medical schools and the post-graduate training bodies with regard to this general motion.

The Dean of the RCPI Faculty of Pathology responded, expressing a position of support for this motion. The Chief Executive of the College of Psychiatrists of Ireland responded, stating: “[t]he College is a participant in the HSE IMGTI programme from Pakistan. This programme is also exploring possibilities in other developing countries and it is envisaged that the College will continue to participate”.

## **FUNDING FROM OVERSEAS FOR POSTGRADUATE TRAINING**

**16/18** The IMO calls upon the Royal College of Physicians of Ireland and the Royal College of Surgeons in Ireland to ensure that funding received from overseas governments in support of postgraduate training of doctors does not legitimise regimes that actively support international terrorism, sectarianism, misogyny, homophobia or have laws enshrining such ideals.

### **Carried**

**Update:** The IMO wrote to the RCPI and the RCSI, with regard to this motion.

## **PARENT/CHILD PARKING**

**16/19** This meeting calls on the Government to promote the provision of Parent/Child parking places at locations where public services are delivered.

**Carried**

**Update:** The IMO wrote to an Taoiseach; an Tánaiste; the Minister for Finance; the Minister for Public Expenditure and Reform; the Minister for Health; and the Minister for Children and Youth Affairs, advocating the policy.

## **HOMELESSNESS**

**16/20** The IMO calls on the Minister for Health to recognise the need for the development and implementation of a coordinated, resourced national strategy for the physical, mental health and social needs of our homeless population with a particular emphasis on the importance of Primary Care. This should include an evaluation of the funding mechanisms for homelessness and health, together with a review of the services provided by the HSE and HSE funded organisations in the community and voluntary sector.

**Amended Motion:** The IMO calls on the Minister for Health to recognise the need for the development and implementation of a coordinated, resourced national strategy for the physical, mental health and social needs of our homeless population with a particular emphasis on the importance of Primary Care. This should include an evaluation of the funding mechanisms for homelessness and health, together with a review of the services provided by the HSE and HSE funded organisations in the community and voluntary sector.

### **Amended Motion Carried**

**Update:** The IMO wrote to the Minister for Health, with regard to this matter.

In relation to homelessness and addiction, in January 2016 representatives from the IMO were invited to a meeting with the Department of Health's Expert review panel during its analysis of the National Drugs Strategy, 2009-2016 and in September 2016, representatives from the IMO attended public consultation meetings on the New National Drugs Strategy with Department of Health officials, and the Minister of State for Communities and National Drugs Strategy, in Cork and Dublin. Following on from the meetings the IMO submission to the Department of Health's Public Consultation on the New National Drugs Strategy in October 2016. At the meetings and in the submission, the IMO pointed to deficits in drug treatment and rehabilitation services and recommended an integrated approach to prevention, treatment and rehabilitation to ensure that the education, housing, and social protection needs of patients and their families are met.

The IMO will continue to advocate for appropriate health and social services for our homeless population with a particular emphasis on Primary Care.

## **MENTAL HEALTH ISSUES**

**16/21** The IMO calls on the Government to acknowledge that mental health services are inadequately funded and not resourced to meet the growing demand for the services particularly in relation to the mental health needs of our children. On this the 10th anniversary of a Vision for Change the IMO calls for a new mental health strategy that is fully resourced and implemented in an appropriate time frame.

### **Carried**

**Update:** The IMO wrote to an Taoiseach; an Tánaiste; the Minister for Finance; the Minister for Public Expenditure and Reform; the Minister for Health; and the Minister for Children and Youth Affairs, with regard to this motion.

The IMO has made a detailed submissions to the Oireachtas Committee on the Future of Healthcare, which advocated, in part, for improved funding and resourcing for mental health services and a new mental health strategy of the type set out in this motion. The IMO also advocated for a new mental health strategy in its submission to the Department of Health Statement of Strategy 2016-2019.

The Department of Health gave an undertaking in its Statement of Strategy 2016-2019 to develop a successor policy to *A Vision for Change*.

**16/22** The IMO calls on the HSE to recognise the stress related issues associated with the practising of medicine and calls on the HSE to develop and implement appropriate mental health support services for doctors.

### **Carried**



**Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on this matter.

The HSE Parliamentary Affairs Division, replied, stating that “the HSE has established a Workplace Health and Wellbeing Unit within the National HR portfolio. . . In the first three months of its operation, the Unit has already identified that doctors are at particular risk for mental health problems and substance abuse issues and in this context has engaged with Unions, Training Bodies, Clinical Directors, National Education and Training and the NDTP to co-ordinate the delivery of supports for NCHDs and Consultants alike.”

Specifically the HSE indicated that the following actions are due to take place:

- a Health and Wellbeing Promotion and training in the workplace for doctors and doctors who work as managers;
- a Workplace Wellness policy and implementation plan is currently being developed and will launch in Q1 2017;
- leadership training for doctors and doctors who work as managers;
- stress - risk management assessment and implementation; and
- supports for doctors struggling in or returning to work, including occupational health services and employee assistance.

The IMO is also participating in a Workforce Health / Healthy Workplace Task Force examining this issue.

The IMO supports the work of the Practitioner Health Matters Programme which provides confidential expert support to doctors, dentists and pharmacists.

## **CHILDREN AND THE HEALTH SERVICES**

**16/23** The IMO calls on the HSE and the Department of Health to ensure the quality of access to all health services for the children and adolescents of Ireland is equivalent to that of adult services.

**Amended Motion:** The IMO calls on the HSE and the Department of Health to ensure the quality of access to all health services for the children and adolescents of Ireland is equivalent to that of adult services.

### **Amended Motion Carried**

**Update:** The IMO wrote to the Department of Health and the Health Service Executive, seeking a response on this matter.

The HSE Parliamentary Affairs Division responded that “[e]nhancements to access and the quality of services for children feature prominently in the HSE Service Plan for 2016” and highlight various areas where provision in child services is being enhanced, such as:

- improved access to services for children in areas such as Immunisation and the Nurture Programme. access enhancements to GP care provided within Primary Care;
- the structured programme for Asthma care for children;
- improved access and reduced waiting times for Counselling and Psychology Services for children are key elements of the Mental Health enhancement programme for 2016;
- specific funding for the “Progressing Disability services for Children and Young people programme”;
- developments under the Maternity Strategy and the establishment of a Women and Infant Health programme;
- preparations for the new paediatric hospital; and

- preparations for the implementation of the Children First guidelines are also at an advanced stage.

The IMO will continue to advocate for access to quality health services for children and adolescents.

**16/24** The IMO calls on the Children's Ombudsman to ensure that the children of Ireland are not being deprived of medical services because of their age.

**Carried**

**Update:** The IMO wrote to the Ombudsman for Children, seeking a response on this matter.

The IMO was contacted by the Head of Policy at the Office of the Ombudsman for Children, seeking greater clarification on the details underpinning this motion. This detail was provided and a meeting took place in late March on this matter between representatives of the IMO and the Office of the Ombudsman for Children. Representatives of the Ombudsman committed to considering that matter and the IMO will continue dialogue with the Office on this issue.

**16/25** The IMO calls on the HSE to urgently develop a paediatric interventional radiology service as has become standard practice in all other developed countries.

**Carried**

**16/26** The IMO calls on the HSE, Department of Health and Department of Public Expenditure and Reform to stop subjecting children to substandard levels of care with outdated open surgical procedures where minimally invasive alternatives exist, solely as a result of poor medical workforce planning and resources.

**Carried**

**General Motions 16/25 and 16/26 Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on these general motions.

The HSE Parliamentary Affairs Division, replied in response to both general motions 16/25 and 16/26, stating that interventional radiology is a developing discipline "in paediatrics in Ireland and requires new investment to establish. He continued by noting that "[t]he development of the new children's hospital on the campus at St. James's Hospital includes the development of 2 paediatric interventional radiology rooms. The workforce plan to develop the necessary resources to deliver the vision in the new hospital is included in the Definitive Business Case. Over the next five years, the focus is on developing the Paediatric Interventional Radiology (PIR) service, as part of the annual service planning process, addressing the current waiting lists in TSCUH (Temple Street Children's University Hospital) and OLCHC (Our Lady's Children's Hospital, Crumlin ) and standardising policies and care pathways across sites."

The issues raised in general motions 16/25 and 16/26 were specifically raised by the IMO in a meeting with the Office of the Ombudsman for Children and dialogue will continue on these matters (see general motion 16/24).

The IMO also wrote to the Department of Health and Department of Public Expenditure and Reform with regard to general motion 16/26.

**16/27** The IMO calls on the HSE to resource the addition of Meningitis B Vaccination to the Primary Childhood Immunisation Programme in 2016 as per the National Immunisation Advisory Committee's recommendations.

**Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, with regard to this matter and highlighted the general motion in the IMO submission on the Department of Health Strategy Statement 2016-2019, as well as the IMO Budget Submission 2017.

In late November 2016 the IMO reached an agreement with the Department of Health to provide additional resources to GPs to enable them to extend the vaccination scheme for new-born babies on schedule from 1 December 2016.

**16/28** In light of the recent adverse publicity on the HPV Vaccine, the IMO calls on the Minister for Health and the HSE to support the National Immunisations Office and the school vaccination teams with the necessary resources to communicate effectively with parents and adolescents the critical importance of the HPV Vaccine in preventing cervical cancer and other cancers, and genital warts, so as to maintain uptake at or above the target level of 85%.

**Carried**

**Update:** The IMO wrote to the Minister for Health and the Director General of the Health Service Executive, seeking a response on this matter.

The Assistant Director of the HSE Parliamentary Affairs Division replied, stating that “[t]he HSE is committed to providing accurate information for parents about HPV disease, HPV vaccines and side effects to allow them to choose whether to give consent to vaccination.” This includes, he said, providing necessary resources to staff and reviewing all materials for the school immunisation programme.

This motion was also highlighted in the IMO submissions on the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017.

## **LEGAL ISSUES**

**16/29** This meeting calls on the Law Society to engage with the IMO regarding the practice of solicitors seeking the entirety of a patient’s medical record when all that is usually required is limited information. Such discussions are required to produce clear guidelines so that patients and solicitors are fully aware of the implications of giving the entirety of medical records in terms of confidentiality and informed consent.

**Carried**

**Update:** The IMO wrote to the Director General of the Law Society of Ireland, with regard to this matter and will continue to pursue this matter.

## **PROFESSIONAL DEVELOPMENT**

**16/30** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform provide the required investment, both structurally and financially, in continuous professional development for all medical, nursing staff and other clinical staff in the health services and to recognise that continuous professional development is an integral part of a quality driven health service.

**Amended Motion:** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform provide the required investment, both structurally and financially, in continuous professional development for all medical, nursing staff and other clinical staff in the health services and to recognise that continuous professional development is an integral part of a quality driven health service.

**Amended Motion Carried**

**Update:** The IMO wrote to the Minister for Public Expenditure and Reform; the Minister for Health; and the Director General of the Health Service Executive, seeking a response on this matter.

The Assistant Director of the HSE Parliamentary Affairs Division replied, stating that “the HSE is committed to maximising its investment in continuous professional development for staff and particularly for clinical staff. For example, the HSE currently allocates up to €3,000 per annum to each Consultant, irrespective of their permanent or non-permanent employment status or whether they are working on a flexible or part-time basis. This follows agreement between the IMO, HSE, Department of Health and postgraduate training bodies. . . Similarly, the HSE implements commitments made in NCHD Contract 2010 to ensure that NCHDs working within the public health service who are registered on and participate in structured specialised training are not required financially contribution to the cost of delivery of such programmes. In addition, NCHDs who are registered on and participating in structured professional competence schemes, pursuant to the intended introduction of such schemes under the provisions of the Medical Practitioners Act 2007, are not required to make a financial contribution towards the cost of delivery of such schemes as they are defined in the contractual arrangements.”

In the context of the agreement on the restoration of the Living Out Allowance, the IMO secured an agreement from management to undertake a review of the continuing educational requirements of NCHDs in order to ensure that the requisite financial and related resources are administered to NCHDs to meet their ongoing professional development needs; this review is to be undertaken under the auspices of the Workplace Relations Commission. The IMO is in the process of surveying NCHD members in advance of this process.

### **MEDICAL DEVICES, APPS, AND REGULATION**

**16/31** The IMO calls on the Minister for Health to ensure that medical apps that may be used in clinical practice for the treatment of patients are subject to regulatory control in the same way as medical devices, by enforcing the requirement of manufacturers of such as apps to register, as appropriate, with the Health Products Regulatory Authority.

**Amended Motion:** The IMO calls on the Minister for Health to ensure that medical apps that may be used in clinical practice for the treatment of patients are subject to regulatory control in the same way as medical devices, by enforcing the requirement of manufacturers of such as apps to register, as appropriate, with the Health Products Regulatory Authority.

#### **Amended Motion Carried**

**16/32** This meeting calls on the Department of Health to ensure that all medical devices be approved by the Health Products Regulatory Authority.

#### **Carried**

**General Motions 16/31 and 16/32 Update:** The IMO wrote to the Department of Health and the Health Products Regulatory Authority, seeking a response on this matter.

The CEO of the Health Products Regulatory Authority replied, stating that “software for medical purposes i.e. that is used specifically for diagnostic or therapeutic purposes is already included within the definition of a ‘medical device’ as outlined in Article 1.2(a) of Directive 93/42/EEC. As such software for medical purposes is required to meet the provisions under this Directive. Software regulated as a medical device includes many mobile apps. However there are also many other pieces of software and apps which do not meet the definition of a medical device as they do not have a medical purpose and are used for lifestyle purposes.”

“it should be noted that due to the huge number of different medical device technologies (estimated at >30,000) available on the European market it would be highly resource intensive for the HPRA, or any single authority, to approve all medical devices and the HPRA would require a very broad based set of expertise available. The medical devices system is designed so that product approvals are conducted by independent certification organisation, call notified bodies, who assess specific medical device technologies according to the specific expertise that they have available. The Competent Authorities across Europe, such as the HPRA, are responsible for the designation of notified bodies to assess specific medical device categories based on their expertise and for the oversight of the performance of these assessment tasks on an ongoing basis.”

The IMO continues to monitor these issues.

**16/33** The IMO calls on the HSE to reduce and phase out the use of PVC medical device products especially those containing DEHP and urge adoption of safe cost-effective, alternative products where available.

#### **Carried**

**Update:** The IMO wrote to the HSE who responded stating that “[t]he HSE welcome any suggestions to improve safe cost effective products in relation to medical devices, any relevant information can be forwarded to the Head of Procurement for consideration.”

The IMO is following up on this motion with the HSE and the HPRA.

## TECHNOLOGY

**16/34** This meeting calls on the HSE to invest in hospital telecommunication systems to replace the outdated bleep system.

### Carried

**Update:** The IMO wrote to the HSE who responded stating that “[t]he HSE is working with SVUH (Saint Vincent’s University Hospital) to put in place a national framework contract that will allow the outdated bleep system to be replaced. . . Additionally the HSE has committed to provide all staff with a digital identity by the end of 2016 and a programme of work to put this in place will be completed by the end of this year.”

**16/35** This meeting calls on the HSE to ensure WiFi access in all hospitals for patients and staff.

### Carried

**Update:** The IMO wrote to the HSE who responded stating that “[t]he HSE has in place a framework contract that allows hospitals to put in place clinical facing and public facing WiFi. . . Around ½ of HSE hospitals now have WiFi available in some areas.”

The IMO continues to advocate for WiFi access in all hospitals.

## MEDICAL COUNCIL

**16/36** This meeting condemns the increases in Medical Council registration fees and calls on the Medical Council to listen to and cooperate with the IMO in relation to fee levels. Additionally this meeting calls on the Medical Council to honour commitments made to the IMO in July 2015.

### Carried

**Update:** The IMO wrote to the CEO of the Medical Council who responded stating that “following consultation, the Medical Council implemented a reduction in its fees in 2016. This included a reduction in fees for registrants during their first three years on the register and a removal of the transfer fee to the General Division. The Medical Council has stated that fees will remain at these levels until 2018”

**16/37** This meeting calls on the Medical Council to engage with the IMO in relation to determining conditions whereby 4th Year GP Registrars can do paid locum work in General Practice outside of their training practices.

### Carried

**Update:** The IMO wrote to the CEO of the Medical Council, who responded, stating that “[t]he inability of Registrars (whether GPs in another specialist division) to undertake paid locum work rests with the provisions of section 48 of the Medical Practitioners Act, which pertains to registration in the Trainee Specialists Division. . . In accordance with section 48n of the Medical Practitioners Act 2007 (MPA 2007), the Medical Council is obliged to register all medical practitioners who practise in individually-numbered, identifiable medical specialist training posts in the Trainee Specialist Division of the Register. The Act is quite specific in this regard and does not provide for doctors to practise outside of these posts while registered in the Trainee Specialist Division.”

**16/38** The IMO calls on the Government to end the anomaly where the Medical Council is funded by registration fees of doctors while no longer being a self-regulatory body and instead provide funding for the Medical Council from general taxation.

### Carried

**Update:** The IMO wrote to an Taoiseach, the Minister for Finance, the Minister for Public Expenditure and Reform and the Minister for Health on this matter and has yet to receive a response.

## **GUIDELINES FOR DOCTORS WHO ARE PREGNANT**

**16/39** This meeting calls on the HSE to produce clear evidence based guidelines regarding duties for doctors who are pregnant and allow a time and place for breastfeeding.

**Amended Motion:** This meeting calls on the HSE to produce clear evidence based guidelines regarding duties for doctors who are pregnant and allow a time and place for breastfeeding.

### **Amended Motion Carried**

**Update:** The IMO wrote to the HSE on this matter who replied, stating that “[p]regnant doctors are entitled to a pregnancy risk assessment throughout their pregnancy which is usually carried out by their managers, often in conjunction with Occupational Health Services. Pregnant doctors are also entitled to the necessary restrictions to their duties and their working hours. A risk assessment template is available to facilitate this.” The Assistant Director added that “[g]uidelines for entitlements and provisions for breastfeeding doctors who have returned to work are also clearly laid out in the HSE Terms and Conditions of Employment 2009.”

The IMO continues to seek clear evidence based guidelines regarding duties for doctors who are pregnant and for the HSE to allow a time and place for breastfeeding.

## **DEVELOPMENT OF AN INTEGRATED INFORMATION TECHNOLOGY SYSTEM IN HEALTH**

**16/40** The IMO calls upon the HSE and the Minister for Health to recognise that the IT systems in the Irish health services are not fit for purpose and are in need of an urgent strategic review in terms of best practice and quality.

**Amended Motion:** The IMO calls upon the HSE and the Minister for Health to recognise that the IT systems in the Irish health services are not fit for purpose and are in need of an urgent strategic review in terms of best practice and quality.

### **Amended Motion Carried**

**Update:** The IMO wrote to the Minister for Health; and the Director General of the Health Service Executive, seeking a response on this matter.

The Assistant Director of the HSE Parliamentary Affairs Division, replied, stating that “[t]he HSE has recognised for a number of years that investment in ICT within the Health Service is not at the level that it should be. The HSE invest less than 1% of its overall budget in ICT, a realistic figure would be in the order of 3% – 4%. In order to develop this investment the HSE has”: appointed a Chief Information Officer; published its Knowledge and Information Plan; developed a business case for an Electronic Health Record program. The Assistant Director added that “[t]he HSE would welcome the support of all the key stakeholders including the IMO in advocating for additional investment in Healthcare and in Technology.”

In the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017, the IMO called on the Government to provide ring-fenced funding to support the roll-out of a secure national system of electronic health records.

## **ADMINISTRATION AND MANAGEMENT IN THE HEALTH SERVICE EXECUTIVE**

**16/41** This meeting calls on the Minister for Health to review the processes of administration and management within the HSE with a view to identify efficiencies that can feed into improvements in patient care.

### **Carried**

**Update:** The IMO wrote to the Minister for Health, seeking a response on this matter. This general motion has also been highlighted in the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017.

## **ACUTE HOSPITAL ISSUES**

**16/42** This meeting calls on the HSE and the Department of Health to ensure that all relevant unions are part of any group tasked with dealing with the crisis in our health services which is manifesting itself in overcrowding in our Emergency Departments.

### **Carried**

**Update:** The IMO wrote to the Secretary General at the Department of Health and the Director General of the Health Service Executive, seeking a response on this matter.

The IMO has sought inclusion in the Emergency Department Task Force, however this was not granted. The absence of effective acute capacity within hospitals has led the IMO to criticise the insufficiency of staffing and hospital beds in various submissions, including those to the Oireachtas Committee on the Future of Healthcare and the IMO Budget 2017 Submission. In addition a delegation from the IMO appeared before the Oireachtas Committee on the Future of Healthcare and discussed this issue. The IMO has also engaged in significant media work on the issue of hospital capacity and engaged with the media through a significant number of press releases and interviews during the year, particularly over the course of the winter months.

**16/43** This meeting calls on the HSE and the Department of Health to introduce structured pathways for referral of non emergency patients who require investigation, such pathways to be timely and appropriate to meet patient needs.

**Carried**

**Update:** The IMO wrote to the Department of Health and the Health Service Executive, seeking a response on this matter.

The Secretary General at the Department of Health replied, stating that “[t]he proposals will form part of policy consideration in respect of related matters”.

The HSE Parliamentary Affairs Division replied, stating that “[t]here are specific initiatives currently that are aimed at admission / presentation avoidance, creating capacity within the acute system, provision of safe discharge options from ED and the management of Chronic Disease in the community all focused on having alternative pathways for patients that are timely and meet the patient need.” These are: the Primary Care Ultrasound Project; GP Minor Surgery; Community Intervention Team service; and Chronic Disease Management.

The IMO also raised the issue of access to diagnostics in the community in the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017. The issue was also raised in a meeting in February 2017 with the Joint Oireachtas Committee on Health to discuss General Practice Manpower and Capacity Issues.

**16/44** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform immediately provide the required investment, both structurally and financially, in acute hospital bed capacity to enable our hospital system to provide an appropriate response to patients in need of acute hospital admission.

**Carried**

**16/45** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform acknowledge that it is disgraceful to treat the sickest, most urgent patients on trolleys, chairs or in the corridors of our emergency departments.

**Amended Motion:** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform acknowledge that it is disgraceful to treat the sickest, most urgent patients on trolleys, chairs or in the corridors of our emergency departments.

**Amended Motion Carried**

**16/46** The IMO demands that the HSE, Minister for Health and Minister for Public Expenditure and Reform recognise that our acute hospital system is operating well beyond capacity and that no capacity exists at present for unexpected surges in demand or major emergencies and consequently the IMO calls for an urgent review of major emergency response plans be undertaken.

**Carried**

**General Motions 16/44, 16/45 and 16/46 Update:** The IMO also wrote to the Minister for Public Expenditure and Reform; the Minister for Health; and the Director General of the Health Service Executive, with regard to these motions.

The Assistant Director of the HSE Parliamentary Affairs Division, replied, “an additional 246 beds have been opened as part of a Ministerial and Task Force initiative since late 2015”; “a significant increase in day case work, circa 25%”; and “a significant reduction in average length of inpatient stay”. The Assistant Director continued by stating that “[c]ombined, these efficiencies created the equivalent of almost 900 beds”. The Assistant Director also noted that “an additional €74m investment package provided during the year facilitated the HSE in reducing the Nursing Home Support Scheme waiting times (Fair Deal) to no more than four weeks, and in providing 600 additional Home Care Packages. . . This funding has also enabled the opening of 214 additional Public Short Stay Beds on a permanent basis including 65 beds in a dedicated community hospital for Dublin at Mount Carmel. In addition there is provision for approximately 240 transitional care beds providing 83 transitional care places every week to 17 acute hospitals across the country.”



However, the IMO does not believe these measures are sufficient to address hospital waiting lists or the crisis in our emergency departments. Access to care and insufficient capacity in the public hospital system was a key issue highlighted in the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017. In addition a delegation from the IMO appeared before the Oireachtas Committee on the Future of Healthcare. The IMO highlighted patient safety issues when operating at full capacity and the need for an additional 3,500 inpatient beds to bring us up to the West European average. The IMO called for a detailed assessment of the number of acute beds needed in the public hospital system to meet current and future demand. The assessment should be based on 85% occupancy rates to ensure patient safety and provide for seasonal increases in demand. The IMO also called for an immediate and effective plan to be implemented to meet current bed requirements and that no further beds should be taken out of the public system until appropriate community and long-term care services are in place.

The IMO has vigorously campaigned for investment in acute bed capacity, with numerous press statements throughout the year and a briefing of Oireachtas members in October 2016 on the IMO submission on Future of Healthcare and the IMO Budget Submission 2017.

The Oireachtas Committee on the Future of Healthcare is due to publish its final report at the end of May 2017. Meanwhile the Minister for Health has also ordered a review of bed capacity in public hospitals. The IMO is awaiting the publication of both reports and will continue to call for a substantial increase in bed capacity to meet current and future demand for care.

**16/47** This meeting calls upon the HSE, Minister for Health and Minister for Public Expenditure and Reform to investigate the service and quality improvements that could be realised by developing tele-radiology, remote reporting and tele-diagnostic services in particular, so as to aid the smaller and medium sized hospitals in the Irish health service.

#### **Carried**

**Update:** The IMO wrote to the Minister for Public Expenditure and Reform; the Minister for Health; and the Director General of the Health Service Executive, seeking a response on this matter.

The HSE Parliamentary Affairs Division, replied, stating that “[s]ince 2010, the HSE has invested a large amount of time and capital in developing the National Integrated Medical Imaging System (NIMIS). This now involves over 70% of HSE funded hospitals including many medium and smaller sized hospitals. NIMIS links the radiology departments of all the involved hospitals and provides all the functionality needed for tele-radiology including remote review and reporting of images.”

**16/48** This meeting calls on the HSE and the Department of Health to explore the option of employing General Practitioners in Emergency Departments.

#### **Carried**

**Update:** The IMO wrote to the HSE and the Minister for Health seeking a response on this matter.

The HSE Parliamentary Affairs Division replied, stating that “[t]his model has merit and deserves exploration; however, cognisance has to be given to the reported shortage of GPs in Primary Care particularly in Rural Areas. This model is being utilised in a number of Emergency Departments and during recent escalation site visits, Registered Nurses and ANPs informed the SDU that this model is working well particularly when targeted toward the group of patients who are commonly termed ‘unwell adult /child’ categorised into Manchester Triage 3 and 4.”

**16/49** This meeting calls on the Department of Health and the HSE to ensure that the Boards of the new hospital groups and the individual hospitals within these groups have effective representation

from GPs working in the community on their Boards. Such GPs to be nominated by their colleagues in the relevant community and for the full cost to be reimbursed by the HSE.

**Amended Motion:** This meeting calls on the Department of Health and the HSE to ensure that the Boards of the new hospital groups and the individual hospitals within these groups have effective representation from GPs working in the community on their Boards. Such GPs to be nominated by their colleagues in the relevant community and for the full cost to be reimbursed by the HSE.

#### **Amended Motion Carried**

**Update:** The IMO wrote to the Secretary General at the Department of Health and the Director General of the Health Service Executive, seeking a response on this matter.

The Secretary General at the Department of Health replied, stating that “[t]he proposals will form part of policy consideration in respect of related matters”.

The Assistant Director of the HSE Parliamentary Affairs Division replied, stating that “[t]he membership of Hospital Group Boards when established on a statutory basis will be prescribed in the legislation. Appointments to existing individual hospital Boards is governed by existing statutory based rules and regulations.”

#### **INVESTMENT IN GENERAL PRACTICE**

**16/50** The IMO calls upon the HSE, Minister for Health and Minister for Public Expenditure and Reform to provide the required investment, both structurally and financially, in GP led teams so as to develop our GP based services to enable GPs to provide a modern GP service to GMS patients which is not provided for under the current contract arrangements.

#### **Carried**

**Update:** Investment in General Practice was a key issue raised in a number of submissions and presentations to the Oireachtas throughout the past year.

This motion has been highlighted in the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017. IMO representatives also met with the Oireachtas Committee on the Future of Healthcare and the Oireachtas Committee on Health to discuss GP manpower and capacity issues

An IMO delegation also appeared before the Oireachtas Committee on Arts, Heritage, Regional, Rural and Gaeltacht Affairs presented to the on the role of general practice in sustaining the viability of rural communities.

The IMO has vigorously campaigned for investment in General Practice with numerous press statements throughout the year and a briefing of Oireachtas members in October 2016 on the IMO submission on Future of Healthcare and the IMO Budget Submission 2017.

## **FUNDING OF HEALTHCARE**

**16/51** The IMO welcomes the decision to abandon the concept of Universal Health Insurance which, in the view of the IMO, is not a model that could deliver on affordability, equity of access and equality in healthcare. The IMO now calls on the incoming Government to publish a paper on options for the funding of our healthcare system including options in respect of a Social Insurance Model and a General Taxation Model.

### **Carried**

**Update:** This motion has been highlighted in the IMO submissions to the Oireachtas Committee on the Future of Healthcare. In the submission the IMO stated that with significant increases in resources, both capital and operational, and with careful planning the goal of universal healthcare can be delivered under an expanded taxation model or eventually under a system of social health insurance. The IMO also urged that whatever changes are introduced to health coverage in Ireland, the process by which change is brought in must include: Informed public debate; Consultation with all relevant stakeholders, including patients and doctors ; Detail of the proposed model including cost and funding sources; Analysis of current and future manpower resources needed for implementation; and a realistic time table for implementation.

The Oireachtas Committee on the Future of health is due to publish its final report at the end of April 2017.

## **ROLE OF THE DOCTOR**

**16/52** The IMO calls on the incoming Government to recognise and protect the essential Role of the Doctor in terms of the diagnosis and treatment of patients and commit not to undermine that role and put patient care and safety at risk.

### **Carried**

**Update:** In the IMO Submission to the Oireachtas Committee on the Future of Healthcare highlighted the key role played by doctors in modern healthcare delivery and how the recruitment and retention of our highly qualified medical workforce was one of the most significant challenges Ireland faces in achieving a universal healthcare system.

“As key decision makers doctors are vital healthcare professionals in a 21st century healthcare system assuring the highest quality evidence-based care. Doctors undergo many years of training to become specialists in their field. Only doctors possess the clinical skills and expertise necessary to diagnose illness, recommend treatment and advise patients on the likely prognosis. No other healthcare professional is trained in this way or possesses these skills. With up to 60% of our trainee doctors planning to leave, the recruitment and retention of our medical workforce is the biggest threat to assuring a quality public universal health service.”

## **PRIMARY CARE EYE REVIEW**

**16/53** The IMO calls on the incoming Government to recognise and protect the essential Role of the Doctor in terms of the diagnosis and treatment of patients and commit not to undermine that role and put patient care and safety at risk.

### **Motion Withdrawn**

## **CONTRACTS WITH THE HEALTH SERVICE EXECUTIVE**

**16/54** The IMO calls on the Minister for Health and the Minister for Public Expenditure and Reform to commit to honouring contractual agreements negotiated between the IMO and the HSE and to cease the practice of unilaterally altering terms and conditions. The ongoing practice of contract breaches fosters a culture of lack of respect for doctors and lack of trust in the HSE and Government.

**Carried**

**16/55** The IMO condemns the HSE, Department of Health and the Department of Public Expenditure and Reform for adopting a policy of refusing to pay contractual terms and conditions and instead forcing doctors to resort to legal proceedings in order to get paid their agreed entitlements. This policy is bad for the taxpayer as it only serves to waste valuable resources on legal fees which should be spent on our health services.

**Carried**

**General Motions 16/54 and 16/55 Update:** The IMO wrote to the Director General of the Health Service Executive, the Minister for Health and the Minister for Public Expenditure seeking a response on these motions.

The HSE Parliamentary Affairs Division replied, stating that “[t]he HSE understands that the above motion directly refers to a Government decision in 2009 not to progress elements of remuneration agreed as part of Consultant Contract 2008 in July 2008 subject to sanction by the Minister for Health. This decision was made during the most significant financial crisis facing the State since its foundation. It is important to note that under the Health Acts, the HSE does not have discretion on matters relating to salary and must abide by sanctioned Department of Health consolidated pay scales. In this regard, the HSE has made every effort to fulfil its contractual obligations.”

The IMO has pursued legal action in respect to breaches in consultants’ and NCHDs’ contracts and recently secured restoration of the Living Out Allowance for NCHDs.

## **RECRUITMENT AND RETENTION OF DOCTORS**

**16/56** The IMO calls on Government to acknowledge that Ireland is losing its medical workforce to health services abroad and every effort must be made to develop contracts and working environments to encourage Irish trained doctors to work in our public health services so that they may use their much sought after skills in treating patients in Ireland.

**Carried**

**Update:** This motion has been highlighted in the IMO submissions to the Oireachtas Committee on the Future of Health and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017. The IMO is calling for the full implementation of the recommendations made in the report of the Strategic Review of Medical Training and Career Structures and remains on the monitoring group.

This motion was also raised by the IMO in a submission to and talks with the Public Service Pay Reform Commission.

The IMO has vigorously campaigned for the recruitment and retention of Ireland’s medical workforce, with numerous press statements throughout the year and a briefing of Oireachtas members in October 2016 on the IMO submission on Future of Healthcare and the IMO Budget Submission 2017.

**16/57** The IMO calls on the HSE to initiate a programme of exit Interviews among those doctors who are leaving the public health service so as to allow the HSE to understand the reasons why doctors are leaving and deliver solutions to stop the trend of doctors emigrating.

**Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on this matter.

The HSE Parliamentary Affairs Division, replied, stating that “[t]he HSE welcomes this motion and is happy to advise that this issue is being addressed as part of the work of a Consultant Recruitment Group chaired by Prof. Frank Keane. The Group is analysing the current operational and administrative barriers to efficient creation, approval and recruitment to Consultant posts. . . A preliminary recommendation arising is that Exit interview guidance and a related reporting system be detailed in revised Guidance on creation and recruitment to Consultant posts. This should involve exit interviews by the relevant Medical Manpower Manager and Clinical Director of each Consultant leaving post.”

**16/58** The IMO calls upon the HSE, Minister for Health and Minister for Public Enterprise and Reform to survey medical practitioners resident in Ireland and not resident in Ireland who remain on the Medical Council Register but who are not engaged in the medical practice in Ireland to determine what blocks exist to re-engaging them in the workforce. Following such determination steps should be taken to develop initiatives to support less than full time, flexible working or remote working as required.

#### **Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, the Minister for Health and the Minister for Public Expenditure seeking a response on this matter.

The HSE Parliamentary Affairs Division replied, stating that “[t]he HSE’s National Doctors Training and Planning Unit funds additional training posts as part of a flexible training scheme for NCHDs. These posts are 50% WTE. At the request of the Minister for Health, an additional 8 places are available in July 2016 bringing the total up to 32, with plans to increase this to 40 in 2017 and 48 in 2018. The Forum of Irish Postgraduate Training Bodies also offers part-time training for job-sharers where this is feasible. For new consultant posts, the HSE has highlighted the option of flexible working for successful applicants in the letter of approval for the posts, the advertisement and supporting documentation.”

#### **CONSULTANT DELIVERED SERVICE**

**16/59** This meeting supports the objective of a consultant delivered service but notes that successive Governments have failed to develop and implement effective policies to allow the development of such a service. This meeting calls on the Minister for Health to immediately:

- a) Examine the number of training posts which require to be funded to meet the level of consultant posts in such a service
- b) Negotiate suitable contracts for NCHDs and Consultants so as to ensure the medical manpower required is available to meet the objectives of a consultant delivered service.

#### **Carried**

**Update:** The IMO wrote to the Minister for Health, seeking a response on this matter. This motion has been highlighted in the IMO submissions to the Oireachtas Committee on the Future of Healthcare and the Department of Health Strategy Statement 2016-2019 as well as the IMO Budget Submission 2017. Based on the calculations in the Hanly Report the IMO estimate an additional 1,657 consultants are required across all specialties to ensure a consultant delivered healthcare service based on current population figures while an additional 1,920 consultants will be needed by 2026. The IMO is calling for the full implementation of the recommendations made in the report of the Strategic Review of Medical Training and Career Structures ('MacCraith Review') and the negotiation of a new, fit for purpose contracts for both Consultants and NCHDs.

This motion was also raised by the IMO in a submission to and talks with the Public Service Pay Reform Commission.

The IMO has vigorously campaigned for consultant-delivered hospital services, with numerous press statements throughout the year and a briefing of Oireachtas members in October 2016 on the IMO submission on Future of Healthcare and the IMO Budget Submission 2017.

## **STAFF GRADE**

**16/60** This AGM restates its opposition to the introduction of a Service Grade for doctors in the Irish Health Services and notes such a development would be a retrograde step in terms of delivering a consultant delivered service in Ireland.

### **Carried**

**Update:** The IMO wrote to the Director General of the Health Service Executive, seeking a response on this matter.

The Assistant Director of the HSE Parliamentary Affairs Division replied, stating that "[t]he HSE understands that 'Service Grade' applies to a permanent, non-consultant grade of doctor with experience and qualifications similar to that of a final year SpR. In this context, the HSE confirms that it has no plans to introduce such grade."

**16/61** That this AGM recognises that there is a group of NCHDs who hold/or have an entitlement to a CID but whose contract does not recognise their contribution and length of service and that this AGM would support the IMO to:

- i) Enter into negotiations with the Department of Health/HSE on a separate contract akin to Staff Grade which recognises their contribution in terms of experience and qualifications, level of responsibility and length of service as well as ensuring they are able to fulfil their competence assurance requirements in a manner which ultimately benefits the patient;
- ii) That a cap on the number of such posts nationally would be set as part of any contract agreement;
- iii) That these negotiations would take place in the context of the national NCHD Contract Reviews.

### **Motion Defeated**

## Organisational Motions 2016 Minutes and Updates

1 This meeting requests the IMO to reduce the annual subscription to the IMO by 20%.

Referred to Council

Update: When setting the subscription rate the IMO takes into consideration a number of issues. It was decided that the it was not possible to reduce the fees by 20%.

2 This meeting calls on the IMO to ensure the status of all motions debated at the AGM are published on the IMO website no later than six months after the AGM at which they were listed for debate. This includes motions referred to Council or IMO Committees.

Referred to Council

Update: The IMO electronically publishes the status of each motion, at each meeting that the motion is being debated, online on the IMO website [www.imo.ie](http://www.imo.ie). IMO Council, as part of its remit monitors the implementation of motions passed at the AGM. The minutes of each motion and update is published in the AGM programme.