

## Consultants Motions 2016 Minutes and Updates

### EMERGENCY DEPARTMENTS

**16/C01** The IMO National Consultants Meeting calls on the HSE and the Minister for Health to engage with the IMO and the Irish Association of Emergency Medicine to agree a standard definition of what is meant by “waiting time” in Emergency Departments, “waiting time” for hospital admission and “waiting time” for hospital bed.

#### Carried

Update: The IMO wrote to the Director General of the Health Service Executive, Mr Tony O’Brien setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

### HOSPITAL FUNDING MODELS

**16/C02** This National Consultants Meeting condemns the HSE, Minister for Health and Minister for Public Expenditure and Reform for allowing acute hospital services deteriorate to the point where patients treated in our emergency departments, who are deemed to require admission to hospital, must wait unsafe lengths of time for a hospital bed.

Amended Motion: This National Consultants Meeting condemns the HSE, Minister for Health and Minister for Public Expenditure and Reform for allowing acute hospital services deteriorate to the point where patients treated in our emergency departments, who are deemed to require admission to hospital, must wait unsafe lengths of time for a hospital bed and demands that the required steps to address this disgraceful reality are taken.

#### Amended Motion Carried

Update: The IMO wrote to the Director General of the Health Service Executive, Mr Tony O’Brien setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Public Expenditure and Reform, Mr Paschal Donohoe TD setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

### CONTRACT BREACHES

**16/C03** The IMO Consultant Committee calls on health service management – the HSE, the Department of Health and the Department of Public Expenditure and Reform – to, even at this late stage, fully honour the terms and conditions that Consultants signed up to, in good faith, when they signed the 2008 Consultant Contract.

#### Carried

Update: The IMO wrote to the Director General of the Health Service Executive, Mr Tony O’Brien setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Public Expenditure and Reform, Mr Paschal Donohoe TD setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

**16/C04** The IMO Consultant Committee calls on health service management – the HSE, the Department of Health and the Department of Public Expenditure and Reform – to avoid a long, lengthy and expensive legal process aimed at denying Consultants their entitlements under the 2008 Consultant Contract.

Carried

Update: The IMO wrote to the Director General of the Health Service Executive, Mr Tony O'Brien setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Public Expenditure and Reform, Mr Paschal Donohoe TD setting out its position and is seeking a response to this motion

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

#### **HONOURING AGREEMENTS**

**16/C05** The IMO Consultant Committee calls on the Minister for Health to confirm that terms and conditions negotiated with Consultants will not be unilaterally changed, as was the case with the damaging and self-defeating reduction in Consultant salaries imposed in September 2012.

Carried

Update: The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

16/C06 The IMO Consultant Committee calls on each health service employer to ensure that all monies due to Consultants under the January 2015 LRC Agreement are paid without delay.

Carried

Update: The IMO, and in particular, the Member Advisory Unit, continues to offer Consultants an appointment review to ensure that they are appointed to the correct point on their incremental scale. Any Consultant who has an issue in this regard should contact the IMO Member Advisory Unit.

#### **NEW CONSULTANT CONTRACT**

**16/C07** Given that the 2008 Consultant Contract was, in part, predicated on the concept of co-located Hospitals, the IMO Consultant Committee calls on the Department of Health to accept that this Contract is no longer fit for purpose and to initiate negotiations on a new Consultant Contract.

Carried

Update: The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

**16/C08** The IMO Consultant Committee calls on the Department of Health, together with the HSE and the Department of Public Expenditure and Reform, to engage constructively with the IMO to negotiate a new Consultant Contract which would incorporate discussions on monies owed from the breaches that occurred under the current consultant contract.

Carried

Update: The IMO wrote to the Director General of the Health Service Executive, Mr Tony O'Brien setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Public Expenditure and Reform, Mr Paschal Donohoe TD setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion.

## **ACADEMIC CONSULTANTS**

**16/C09** Given that health service management have identified the appointment of Academic Consultants as a priority, the IMO Consultant Committee calls on health service management to engage, in a serious fashion, with the IMO to agree fair terms and conditions for Academic Consultants appointed after September 2012.

Carried

Update: The IMO continued to engage with health service management throughout 2016, last meeting in mid- December. At that stage, the issue had been crystallised to a number of points on which agreement was proving difficult to achieve. As such, the parties agreed to restate their formal positions and to examine if an interim arrangement could be arrived at pending the resolution of outstanding matters.

## **HEADS OF DEPARTMENTS AND ASSOCIATE CLINICAL DIRECTORS**

**16/C10** The IMO Consultant Committee calls on the HSE to engage with the IMO, as a matter of urgency, to devise a proper job description for Heads of Department and Associate Clinical Directors and to remunerate Doctors who have taken these posts properly for work that they have performed. In the absence of engagement in this regard, the IMO Consultant Committee calls on the HSE not to make any further appointments to roles that have not been agreed with the IMO.

Amended Motion: The IMO Consultant Committee calls on the HSE to engage with the IMO, as a matter of urgency, to devise a proper job description for Heads of Department and Associate Clinical Directors, and Executive Clinical Directors and to appropriately resource, support and remunerate Doctors who have taken these posts properly for work that they have performed. In the absence of engagement in this regard, the IMO Consultant Committee calls on the HSE not to make any further appointments to roles that have not been agreed with the IMO.

Amended Motion Carried

Update: The IMO wrote to Ms Rosarii Mannion, National Director for Human Resources HSE setting out its position and is seeking a response to this motion.

## **ALL IRELAND AIR AMBULANCE SERVICE**

**16/C11** The IMO Consultants Committee demands the Minister for Health and Minister for Public Expenditure and Reform proactively engage with their counterparts in Northern Ireland on a cross border initiative to develop and All Ireland Air Ambulance Service. In the absence of such a service patients in remote areas are being denied timely access to morbidity reducing services.

Amended Motion: The IMO Consultants Committee demands the Minister for Health and Minister for Public Expenditure and Reform proactively engage with their counterparts in Northern Ireland on a cross border initiative to develop an All Ireland Air Ambulance Service. In the absence of such a service patients in remote areas are being denied timely access to morbidity reducing services.

Amended Motion Carried

Update: The IMO wrote to the Minister for Public Expenditure and Reform, Mr Paschal Donohoe TD setting out its position and is seeking a response to this motion.

The IMO wrote to the Minister for Health, Mr Simon Harris TD setting out its position and is seeking a response to this motion

**TIME FOR CHANGE**

**16/N01** The IMO thanks all NCHDs for supporting and contributing to the HAVE YOUR SAY CAMPAIGN and now calls on the HSE and Department of Health to work with the IMO to address the serious issues identified by NCHDs which are obstacles to career development and to remaining in the Irish Health Services.

Carried

**NEW NCHD CONTRACT**

**16/N02** This meeting calls on the HSE and the Department of Health to immediately enter negotiations on a new NCHD Contract, such negotiations to have taken place in 2014 as per the current contract review provisions.

Carried

**16/N03** This meeting calls on the HSE and the Department of Health to fund appropriate terms and conditions to reward NCHDs with significant experience who are employed in non-training posts and who provide essential services and support to the health services. Such negotiations to take place in the context of a new NCHD Contract.

Carried

**NCHD Motions 16/N01, 16/N02 and 16/N03 Update:** The IMO continue to highlight the issues raised in the Time for Change campaign. We have requested the HSE and Department of Health to engage in contract discussions and also raised these issues in the context of our submission to the Oireachtas Committee on Future Health Care and in our submission to the Commission on Public Sector Pay.

**TRAINING ISSUES**

**16/N04** This meeting calls on the HSE and the Department of Health to recognise and address the significant and increasing cost of training for NCHDs which in many cases force NCHDs abroad for better funded training programmes.

Carried

**16/N05** This meeting calls on the HSE, Department of Health and Training Bodies to ensure that all trainees receive appropriate study and exam leave with minimum standards in this regard for each exam.

Carried

**16/N06** The IMO calls on the HSE to recognise that there are a specific group of NCHDs for whom the training provided via the employer is no longer adequate and that new NCHD contract discussions must address the educational requirements of this group while remaining cognisant of the ongoing training requirements for all NCHDs in training and non-training posts.

Carried

**16/N07** The IMO calls on the post graduate training bodies to develop a transparent system which details the level of successful and failed applications to the training schemes and to clearly outline the criteria for assessing applications so as to ensure NCHDs have a clear understanding of what is required when applying to the schemes.

Carried

**16/N08** The IMO calls on the HSE National Doctor Training Programme (NDTP) to give clear support to all NCHDs involved in management and educational activities in light of the fact that these NCHDs are the future leaders within our public health services. Such support to include accrediting time spent on defined management duties as a credited part of their training.

Amended Motion: The IMO calls on the HSE National Doctor Training Programme (NDTP) and relevant post graduate training bodies to give clear support to all NCHDs involved in management and educational activities in light of the fact that these NCHDs are the future leaders within our public health services. Such support to include accrediting time spent on defined management duties as a credited part of their training.

Amended Motion Carried

**16/N09** The IMO calls on the HSE and NDTP to provide detailed information to all NCHDs wishing to undertake fellowship level training at home and abroad.

Carried

**16/N10** The IMO calls on the Department of Health and the HSE to expand the approved training list to include training opportunities not provided for by the postgraduate training bodies.

Carried

**16/N11** The IMO calls on all hospitals to ensure that NCHDs have access to all their protected training time.

Carried

**NCHD Motions 16/N04 – 16/N11 Update:** Training was one of the key priorities identified by NCHDs during the Time for Change campaign. While the IMO has been actively pursuing issues related to training through the Strategic Review of Medical Training and Career Structures (MacCraith) and while the group has included many of our recommendations in their progress report there has been little commitment to fund these proposals. In the context of the Settlement Agreement on the Living Out Allowance the IMO has secured a process under the auspices of the WRC to address the training and educational requirements for NCHDs with a view to achieving progress on these matters.

#### **MEDICAL COUNCIL**

**16/N12** The IMO calls on the Medical Council to undertake regular and adequate site visits to all training locations to ensure training is being maintained and delivered to the standard required.

Carried

**16/N13** The IMO calls on the Medical Council to ensure Professional Competency Schemes are appropriate to the NCHDs enrolled in them through auditing the NCHD cohort and assessing the educational requirements of these doctors so as to ensure appropriate use of time and funds for both the PCS Schemes and NCHDs.

Carried

NCHD Motions 16/N12 and 16/N13: The IMO has advised the Medical Council of the motions and will continue to engage on these matters.

#### **CAREER PATHWAYS**

**16/N14** In light of the ongoing difficulties in retaining NCHDs in the Irish public health service this meeting calls on the Department of Health, HSE and Post Graduate Training Bodies to develop and promote clear realistic career pathways for all NCHDs.

Carried

**16/N15** This meeting calls on the Department of Health and the HSE to urgently progress the recommendations of the MacCraith Review in respect of NCHDs and agree implementation dates.

Carried

NCHD Motions 16/N14 and 16/N15 Update: The IMO has corresponded with the National Doctors Training and Planning Unit to progress these issues and has repeatedly sought swifter action on the recommendations. The MacCraith Group

has now implemented a project management approach which we hope will improve delivery and implementation of recommendations.

### **NON PAYMENT OF OVERTIME**

**16/N16** This meeting condemns any hospital for breaching the NCHD Contract by not paying NCHDs for hours worked and calls on the HSE to ensure that all hospitals pay NCHD overtime as per the contract provisions. Such payment to be made within two weeks of overtime being worked. Where hospitals deliberately withhold payment of overtime the IMO will issue a ballot for industrial action, up to and including strike action.

Amended Motion: This meeting condemns any hospital for breaching the NCHD Contract by not paying NCHDs for hours worked and calls on the HSE to ensure that all hospitals pay NCHD overtime as per the contract provisions. Such payment to be made by next hospital pay date. Where hospitals deliberately withhold payment of overtime the IMO will issue a ballot for industrial action, up to and including strike action.

Amended Motion Carried

Update: IMO has engaged with those hospitals who have not paid overtime. In cases where this has not been successful a ballot for industrial action was notified and payment was achieved.

### **EWTD**

**16/N17** This meeting calls on the HSE to continue the process of verification and implementation of the European Working Time Directive.

Amended Motion: This meeting calls on the HSE to continue the process of verification, sanctions and implementation of the European Working Time Directive.

Amended Motion Carried

Update: The IMO has continued to engage with the national verification group. It was decided that sanctions would be extended to cover breaches of 48 Hour compliance. The Implementation of this will be finalised at the national verification group

### **NCHD LEADS**

**16/N18** The IMO calls on the HSE and hospital management to fully support National Lead NCHDs so as to allow them to promote NCHD involvement in hospital based committees thus ensuring NCHDs issues can be raised and addressed at local level.

Amended Motion: The IMO calls on the HSE and hospital management to fully support National Lead NCHDs so as to allow them to promote NCHD involvement in IMO supported NCHD hospital based committees thus ensuring NCHD issues can be raised and addressed at local level.

Amended Motion Carried

Update: The IMO wrote to the National Doctors Training and Planning Unit to setting out its position and seeking a response to this motion.

### **CLOCKING IN SYSTEMS**

**16/N19** This meeting calls on the HSE to immediately implement electronic clocking-in systems for NCHDs working in the public health service.

Carried

Update: The IMO has written to the HSE and raised this issue at a national level. Further information on this issue is expected shortly.

## **TAX ISSUES**

**16/N20** This meeting calls on the Departments of Health and of Finance to agree with the Revenue Commissioners an increase in the Flat Rate Expense Credits for NCHDs to reflect the substantial increased in Medical Council registration fees.

Carried

Update: The IMO wrote to the Department of Finance who advised to raise the issue with Revenue's Personal Taxes Policy and Legislation Division. IMO is arranging to meet with revenue to progress this issue

## **BULLYING**

**16/N21** The IMO condemns any form of bullying and calls on the HSE, Department of Health, Postgraduate Training Forum and the Medical Council to set up a Task Force to examine the prevalence of bullying of NCHDs in the Irish health service and make recommendations to address the issues raised. Such task force to include representation from the IMO.

Carried

## **SEXUAL HARRASSMENT**

**16/N22** The IMO condemns any form of sexual harassment and calls on the Minister for Health to establish a Working Group to examine the prevalence of sexual harassment of NCHDs within the Irish Health Service and to make recommendations to address any issues raised. Such Working Group to include representation from the IMO.

Carried

**NCHD Motions 16/N21 and 16/N22 Update:** A campaign led by the Irish Medical Organisation (IMO) to proactively deal with the problem of bullying and undermining behaviour being experienced by young doctors reached a significant milestone on 6 April 2017 with the signing of a new 'Respect Charter' by the IMO, the Irish Postgraduate Training Forum and the HSE. Practical ways in which the three stakeholders to the Charter have committed to stamping out unacceptable behaviours include:-

Working with others, including statutory bodies, training bodies, and all relevant organisations to build and foster relationships of trust, confidence and cooperation through education, professionalism, leadership and mentoring.

Creating an environment that builds and consolidates professionalism, which includes - fostering respect and good behaviour; challenging bad behaviour; and cherishing resilience through appropriate codes of conduct, policies and procedures to address bullying and harassment.

Committing to participating in a working group of associated bodies to identify the type of bullying and harassment experienced by doctors, effective strategies to address poor behaviour and reduce barriers to reporting.

## **CULTURE**

**16/N23** This meeting notes a lack of respect by the employer towards NCHDs and HSE employees generally and notes the results of HSE surveys in this regard. We call on the HSE to develop and pursue meaningful initiatives to improve morale and allow for an improved relationship between NCHDs and healthcare management at all levels of service provision.

Carried

Update: The IMO has written to the HSE and is awaiting a response to this issue.

## GP Motions 2016 Minutes and Updates

### NEW GP CONTRACT

**16/G01** This meeting calls on the incoming Government to prioritise resources for a new GP Contract that is capable of delivering a modern GP service to GMS patients, particularly in light of the fact that the current contract does not allow for the provision of adequate services.

Carried

**16/G02** That prior to any further nationalisation of General Practice the IMO engage in an active process with its GP members to ascertain that this is what they want.

Carried

**GP Motions 16/G01 and 16/G02 Update:** The IMO are currently in negotiations with the Department of Health and the HSE on a new GP contract. The IMO's budget submission for 2017 expressly called for increased resources to fund the new GP contract. The IMO are on record as stating that there can be no introduction of free GP care for under 12s until there is agreement on a new contract for the existing cohort of GMS/DVC patients.

**16/G03** That the IMO conduct a needs analysis with younger GPs in terms of the development of General Practice to ensure that any contract is fit for purpose to meet their needs now and into the future.

Carried

Update: The IMO has held several meetings nationwide with regard to ascertaining all members' views with regard to a new GP contract. In addition to this the IMO have held several dedicated NEGS meetings and the consensus is that that a contract must give existing principals the ability to employ younger assistants while also ensuring that such assistants can become principals in their own right at a later stage in their career should they so wish.

**16/G04** That the IMO should send a detailed questionnaire to all GPs with GMS numbers to try and discover the worries and actual current state of affairs.

Carried

Update: The IMO engaged Professor Brendan McElroy, a health economist, in UCC to undertake a comprehensive survey of all IMO members. The survey concentrated on a typical day in General Practice and quantified the workload involved as well as the reason for the consultation with a focus on chronic disease presentation.

The survey will help inform the work of the IMO GP team in the discussions with the State on a new GP Contract.

### CHRONIC DISEASE PROGRAMMES

**16/G05** This meeting calls on the Minister for Health and the HSE to commence negotiations on Chronic Disease Management in General Practice. All medical evidence clearly supports such investment as being better for the patient in terms of health outcomes and delivering better value to the State with clear economic benefits.

Carried

**16/G06** That the IMO negotiate that no more than 6 KPIs be included in any returns on any one Chronic Disease Management programme between the HSE and GPs. Further that the IMO agrees CDM can be done in General Practice provided that the OPD budget in secondary care is transferred in full to general practice. The IMO may negotiate a discount on that budget. The IMO agrees that Chronic Disease Management cannot be provided under the current GMS capitation system.

Amended Motion: That the IMO negotiate that no more than 6 clinical data inputs be included in any returns on any one Chronic Disease Management programme between the HSE and GPs. Further that the IMO agrees CDM can be done in

General Practice provided the OPD budget in secondary care is transferred in full to general practice. The IMO may negotiate a discount on that budget. The IMO agrees Chronic Disease Management cannot be provided under the current GMS capitation system.

Amended and Referred to IMO GP Committee

**16/G07** This meeting calls on the Departments of Finance, Public Expenditure and Reform and the Department of Health to commit to ring fenced incremental funding for Chronic Disease Care Programmes.

Carried

**GP Motions 16/G05 – 16/G07 Update:** The IMO have commenced negotiations with the Department of Health and HSE on a new GP Contract. Under the Memorandum of Understanding agreed between the parties, chronic disease management will be an integral part of this contract.

The IMO position on this is that chronic disease management should be brought in incrementally and in tandem with measures to increase capacity.

The IMO GP Committee notes the need to keep data returns to a minimum given the increased administrative time that these entail. The IMO agree that Chronic Disease Management cannot be provided under the current GMS capitation system. With regard to resourcing of Chronic Disease Management, it is the position of the IMO GP Committee that substantial new funding is required to finance this decisive shift.

#### **SPECIAL ITEMS OF SERVICE**

**16/G08** This meeting calls on the HSE/ Department of Health to commence negotiations with the IMO in the context of a new GP Contract and under the Memorandum of Understanding on a modern Special Items of Service list which reflects the full economic cost of providing the service.

Carried

Update: The IMO agreed the introduction from May 2016 of 24 Hour Ambulatory Blood Pressure Monitoring and Long Acting Reversible Contraceptive special items of service at fees of €60 and €120 (insertion and removal) respectively.

In addition to this the IMO have negotiated an increase in the fee for suturing (€24.80 to €50) and bladder catheterisation (€37.21 to €60) under the GMS Special Items of Service schedule.

It is the aim of the GP Committee to further enhance the Special Items of Service list in the context of the current negotiations on a new GP contract.

#### **OUT OF HOURS**

**16/G09** That the IMO agrees the contractual obligation on GPs to provide Out of Hours Cover for GMS patients is unsafe for doctors and patients and should cease in the interest of patient safety.

Referred to IMO GP Committee

**16/G10** This meeting calls on the HSE to negotiate a separate contract for the provision of Red Eye Out of Hours Cover and that GPs may have the option of taking up the contract or to opt out from 24 hour responsibility.

Referred to IMO GP Committee

GP Motions 16/G09 and 16/G10 Update: The IMO GP Committee established a working group to produce a position paper on Out of Hours. This IMO also had articles in the Medical Press on this issue as well as making a submission to the HSE Out of Hours National Review.

In the interest of doctor and patient safety it is clearly not acceptable to have a GP work a red eye out of hours shift and then work their normal surgery the following morning. As such many GPs will have a deputy provide cover for the red eye shift.

It is the position of the IMO GP Committee that no GP should have to fund the red eye shift from their own finances. Mindful of the UK experience however, the committee working group did not advocate an entirely separate contract but that the cost of providing cover should not be borne by the GP where they, or a nominated deputy, are providing cover during the red eye shift.

GP Motions 16/G1 and 16/G12 Update: The IMO continue to highlight the investment and ongoing cost borne by GPs in developing primary care facilities. Infrastructure and the associated costs is one of the issues for negotiation under the Memorandum of Understanding between the Department of Health, HSE and IMO. In the IMO

Budget Submission for 2017, the IMO recommended: Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report).

## **INFRASTRUCTURE**

**16/G11** This meeting calls on the Department of Health and the HSE to recognise the significant investment by General Practitioners in the development of primary care facilities and to negotiate a range of measures to support the ongoing costs of maintaining such facilities.

Carried

**16/G12** This meeting calls on the Departments of Health, Finance and Public Expenditure and Reform to note the IMO submission to the Indecon Report and to implement appropriate measures to encourage GPs to develop primary care facilities and importantly to allow GPs who have already invested significantly in such facilities to avail of the appropriate measures which should include tax relief and infrastructural grants.

Carried

**GP Motion 16/G11 and 16/G12 Update:** The IMO continue to highlight the investment and ongoing cost borne by GPs in developing primary care facilities. Infrastructure and the associated costs is one of the issues for negotiation under the Memorandum of Understanding between the Department of Health, HSE and IMO. In the IMO Budget Submission for 2017, the IMO recommended: Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report).

**16/G13** That the burden of bureaucracy in general practice in relation to social care must be reduced and we call on the HSE and Department of Health to adequately fund IT supports so that the administrative burden may be reduced.

Carried

Update: The lack of appropriate IT supports is a major deficiency in the GMS contract as currently constituted. At the time of the last negotiation of the contract in 1989, the IT development was not envisaged. IT is now a key element of modern General Practice and such it is vital that this is recognised and supported by the HSE and Department of Health. GPs have been to the fore in upgrading and installing modern IT systems and have done so without any specific supports from the State. These IT systems must now be supported and adequately funded by the State to ensure that General Practice continues to keep pace with new developments and IT systems. The IMO have insisted on IT being an issue to be negotiated under the Memorandum of Understanding on the new GP contract.

## **LOCUM ISSUES**

**16/G14** This meeting calls on the Department of Health and HSE to recognise the cost of locum provision and seeks a contribution of €120 per hour to cover attendance at Primary Care Meetings.

Amended motion: This meeting calls on the Department of Health and HSE to recognise and to provide adequate resource to cover the cost of attendance and follow up care arising from attendance at Primary Care Meetings.

Carried as Amended

Update: The current special items of service schedule provides for a fee of €62.02 for attendance by a general practitioner at a HSE-convened case conference. This is clearly wholly inadequate. While the IMO note that no GP is contractually

required to attend or be a part of a Primary Care Team the IMO recognise that Primary Care Teams can be useful as can some such meetings. However, the current rate does not reflect the time or cost to GPs involved in such meetings.

The IMO continue to advise the HSE that participation in Primary Care Teams is not a contractual obligation and participation will continue to be weak until such time as the service is resourced realistically.

**16/G15** That the IMO demand a return to the provision of full €400 per day sick leave locum fee contribution for a total of 6 months instead of the current 3 months as many GPs are struggling to keep practices

going while employing a locum to cover them during prolonged sick leave.

Amended Motion: That the IMO demand provision of full sick leave locum fee contribution by the HSE as many GPs are struggling to keep practices going while employing a locum to cover them during prolonged sick leave.

Amended Motion Carried

Update: The current locum contribution is well below the market rate for employing a locum, this is particularly stressful for GPs who are unfortunate enough to have to go on prolonged sick leave. The locum contribution across both sick and study leave is a matter the IMO wish to address in the ongoing GP Contract talks.

**16/G16** This meeting considers that it should be the responsibility of the HSE to find a locum in the unfortunate event of a GP becoming acutely ill and necessitating hospitalisation, particularly in rural areas

Amended Motion: This meeting agrees that it be the responsibility of the HSE to find a locum in the unfortunate event of a GP becoming acutely ill and necessitating hospitalisation, particularly in rural areas.

Amended Motion Carried

Update: The current GMS contract states: "When it is clear that the incapacity will last for more than one week and for rural practitioners in all cases the locum shall be put in place as soon as possible. If the medical practitioner is unable to obtain a locum the Health Service Executive shall assume responsibility for providing service to patients."

Under the existing contractual arrangements it is clear that the HSE must assume responsibility for providing a service to patients where the GP is unable to obtain a locum.

The IMO have reminded the HSE of their responsibilities and obligations under appendix A section 10 of the GMS contract.

## PRACTICE SUPPORTS

**16/G17** This meeting calls on the HSE and the Department of Health to allocate full practice support allowances to panels of 700 and pro rata upwards so that practice nurses, secretaries and a practice manager can be employed.

Amended Motion: This meeting calls on the HSE and Department of Health to allocate full practice support allowances to panels of 700 and pro rata upwards so that practice nurses, secretaries and a practice manager can be employed.

Amended Motion Carried

Update: The IMO GP Committee and negotiating team note this motion in the context of the ongoing GP Contract discussions. It is noted that certain nursing, secretarial, managerial and other costs are essentially fixed costs regardless of panel size. The current system makes lists below the 1,200 weighted panel less viable and attractive for new entrants.

## PCRS

**16/G18** This meeting calls on the PCRS to ensure capitation payments for a newly registered patient or re-instated patient are paid for the full month in which they are registered or reinstated. Furthermore when a patient is allocated or transferred to another practice that capitation payment continues to the existing practice for the month in which the transfer occurred.

Carried

Update: The IMO have written to PCRS with regard to this motion and the response states: "As outlined in the Form of Agreement with Registered Medical Practitioner for Provision of Services, Capitation fees are paid not later than 15th of each month in respect of each eligible person on the medical practitioners panel at the beginning of each month. Such capitation fees reflect the entire month. National Medical Card Unit notify eligible persons of renewal three months in advance and capitation to GPs continue while the eligible person actively completes that process. If their application is unsuccessful such persons, including GP, will be notified.

If their circumstances change and they reapply and their application is successful capitation fees will commence from the 1st of the following month as per contract however if an eligible person loses eligibility mid-month the GP receives the full month capitation and a recoupment is not pursued. There is one exception to the rule where a GP leaves the scheme mid-month they will only be paid capitation for the period in which they were providing a service as the new GP, attaining the panel, will receive capitation fees from the date of commencement."

## **FEMPI**

**16/G19** This meeting calls on the Minister for Health and the Minister for Public Expenditure and Reform to immediately commit to the unwinding of FEMPI cuts in line with the arrangements prevailing in the public service for the unwinding of such cuts and further that it be recognised the significant difference in the level of cuts imposed to General Practice vis a vis other groups and that the unwinding must take account of this.

Carried

**16/G20** This meeting calls on the Department of Health and the HSE to reinstate Distance Coding.

Carried

**16/G21** That the IMO seek the reversal of FEMPI cuts and Distance Code cuts prior to any further IMO/HSE General Practice Agreements.

Amended Motion: That the IMO seek the reversal of FEMPI cuts and Distance Code cuts.

Amended Motion Carried

**GP Motions 16/G19, 16/G20 and 16/ G21 Update:** The IMO continue to pursue FEMPI restoration for GPs, such restoration to be in line with that which is applied to public sector employees. Of note public sector employees are now having their 2013 cuts restored through the Lansdowne Road Agreement. For those earning over €110,000 the 2013 cuts are being restored in three equal tranches in 2017, 2018 and 2019. The IMO are seeking parity with such public sector workers as set out in the Memorandum of Understanding between the HSE, Department of Health and IMO which states: "In line with plans by 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."

## **PENSIONS**

**16/G22** This meeting calls on the Department of Health and the HSE to recognise the inequity of the GMS Pension Scheme as compared to other health grades within the public health services and further note that this is an obstacle to retaining or attracting GPs in Ireland. The IMO calls for negotiations on improving the GMS pension arrangements so that GPs can be guaranteed an appropriate pension upon retirement.

Carried

Update: The IMO's policy is to make as many new agreements pensionable as possible. The recent asthmatic cycle of care and diabetic cycle of care provide for enhanced payments and registration payments all of which are pensionable. Previous to these agreements, capitation payments only were pensionable under the GMS scheme.

The wider issue of the level of pension contribution is one which the IMO intend to raise in the context of the GP contract discussions and this motion is noted in that regard.

**16/G23** This meeting calls on the Trustees of the GMS Pension Scheme to appoint a corporate trustee. Such Trustee to be fully independent of and have no financial relationship with the fund administrators or any subsidiary of the fund administrators, or any links to the investment or actuarial advisors to the Scheme.

Carried

Update: The GMS trustees have appointed an independent trustee Mr Alan Broxson. Mr Broxson is a former Executive Chairman of the Irish Pension Trust, former Chairman of the European Federation for Retirement Provision and Founding Fellow of the Irish Institute of Pensions Managers. This appointment took place prior to the IMO AGM 2016 and was confirmed by Dr Lundon, chairman of the board of trustees, at the AGM session.

In addition to this the IMO's nominee Dr Michael Kelleher is also a trustee of the GMS pension scheme and represents members interests to the scheme.

The GMS pension scheme was also recently audited by Veris Consulting which confirmed that the existing governance arrangements are in order.

#### PRIVATE HEALTH INSURANCE COMPANIES

**16/G24** This meeting calls on all providers of Private Health Insurance to ensure they have representation from General Practice on their boards.

Carried

Update:

**16/G25** This meeting calls on all Private Medical Insurance providers to review the fees paid to GPs for procedures to take account of the true economic cost of providing this service to the medical insurance provider clients.

Carried

Update: The IMO have written to each of the Private Insurers advising them of these motions. The IMO have requested a review of the fees paid for procedures while having regard to their obligations under Competition Law whereby such fees cannot be negotiated collectively.

#### WORKLOAD

**16/G26** The IMO agrees the burden of work being transferred from hospital medicine to general practice is excessive and needs to be rationalised.

Carried

Update: This motion was adopted and informs the IMO position that no work can be transferred from secondary care to general practice without proper resources attached. At present the GP is resourced under the GMS contract for acute care and diagnosis. A new GP Contract which provides for chronic disease management must be resourced properly to allow the GP to increase capacity to deal with additional workload.

#### PRESCRIBING

**16/G27** That the IMO would seek the reinstatement of indicative drug budgeting which could yield savings for investment in practice development and reduce escalating costs of drugs to the exchequer.

Carried

Update: The IMO believe a funding model must be developed to allow investment in infrastructure. Such a model should yield savings which could be directed towards GP infrastructure.

**16/G28** This meeting calls on the Department of Health and HSE to abolish the requirement to hand write prescriptions for Controlled Drugs.

Carried

Update: This meeting calls on the Department of Health and HSE to abolish the requirement to hand write prescriptions for Controlled Drugs.

The requirement to hand write prescriptions for Controlled Drugs is set down in legislation under Section 13 of Statutory Instrument S.I. No. 328/1988 - Misuse of Drugs Regulations, 1988. As such a legislative change would be required to abolish this requirement. The IMO has raised this issue with the Department of Health however and they have replied as follows:

There are a number of changes to the Regulations on the “Forms of Prescriptions” and “Supply on Prescription” for Schedule 2 and 3 controlled drugs. The name and address of the patient will no longer have to be handwritten. However addressographs (adhesive labels) will not fulfil the requirement for indelibility. A number of additional elements are required on the prescription in order to aid identification and ensure clarity:

- Inclusion of the first name of the prescriber on the prescription;
- Inclusion of the prescriber’s registration number on the prescription;
- The name of the controlled drug to be prescribed to be included on the prescription.

The specific criteria to be included on a prescription for Schedule 2 and 3 controlled drugs will also now apply to controlled drugs in Schedule 4 Part 1, i.e.

- the name of the drug;
- dose;
- pharmaceutical form;
- strength (where appropriate);
- total quantity of the drug to be supplied/dispense written in both words and figures.

However for controlled drugs in Schedule 4 Part 1 only, these criteria will not be required to be handwritten. The requirements for these specific criteria to be specified in the prescriber’s handwriting will also not apply to prescriptions for methadone.

These changes are designed to ensure that the new requirements are proportionate and not unduly cumbersome while at the same time ensuring that there are sufficient safeguards in place to protect public health. While the legislative framework is responsive to changing circumstances and subject to ongoing review, any change in existing controls can only take place when they are supported by robust evidence that they are appropriate and safe. Handwriting requirements will continue to be reviewed in that context.”

**16/G29** This meeting calls on the Department of Health to allow GPs to directly prescribe Roaccutane.

Amended Motion: This meeting calls on the Department of Health to recognise the role of GPs directly prescribing Roaccutane.

Amended Motion Carried

Update: The IMO have written to the Department of Health seeking recognition in line with the Motion. The response from the Department of Health was purely from a regulatory perspective and stated:

Roaccutane (isotretinoin) is authorised in Ireland and the EU for treating severe forms of acne which have been resistant to other standard therapies. Roaccutane is authorised in Ireland by the Health Products Regulatory Authority (HPRA), which is responsible for protecting and enhancing public and animal health by regulating medicines, medical devices and other health products.

According to the HPRA's summary of product characteristics (SPC) document, isotretinoin should only be prescribed by or under the supervision of physicians with expertise in the use of systemic retinoids for the treatment of severe acne and a full understanding of the risks of isotretinoin therapy and monitoring requirements.

The Medicinal Products (Prescription and Control of Supply) Regulations 2003 were amended in 2005 to introduce restrictions on certain medicines containing isotretinoin. However, this legislation does not specifically prohibit a general practitioner from prescribing isotretinoin.

The requirements for specific monitoring of patients who are prescribed Roaccutane are described in detail in the SPC document in relation to psychiatric disorders, severe skin reactions, allergic reactions, liver enzymes, serum lipids and the EU-wide Pregnancy Prevention Programme. The guidance to support appropriate use and monitoring of Roaccutane is based on assessment of the currently available data, which changes over time, as new information is generated on an ongoing basis from a variety of sources, including post-marketing experience of global adverse reaction data, further studies, literature reviews, etc.

Assessments are carried out on an ongoing basis by EU regulatory authorities to determine if the benefits of a particular medicine continue to outweigh the potential risks. The European Medicines Agency (EMA) is currently conducting a review of all retinoid-containing medicines, including Roaccutane, to evaluate measures currently in place for pregnancy prevention and for minimising the possible risk of neuropsychiatric disorders, such as depression, anxiety, psychotic disorders and suicidal behaviour."

**16/G30** That the IMO should issue specific guidance to members with regard to prescribing for patients in Nursing Homes.

Amended Motion: That the IMO should ensure with the relevant authorities that it should be sufficient that one GP signature per page satisfy legal and ethical requirements in prescribing for patients in Nursing Homes.

Amended Motion Carried

Update: The IMO have issued a guidance note through our member advisory service on GP Obligations to Medical/GP Visit Card Patients in Nursing Homes. This covers prescribing and rewriting of drug kardexs from a contractual perspective. The guidance note is also available to members on our website in the GP member advisory section.

## **NEW REGULATIONS FOR GENERAL PRACTICE**

**16/G31** This meeting calls on the Department of Health and the HSE to negotiate with the IMO in relation to the funding and resourcing required for any new regulations applicable to general practice.

Carried

Update: This motion is noted, particularly in the context of the new GP Contract negotiations. It is the position of the GP Committee and the IMO negotiating team that the cost of any new regulations imposed by the state on General Practice should attract appropriate resources.

## **CME and STUDY LEAVE**

**16/G32** This meeting calls on the HSE to negotiate with the IMO sufficient funding for the maintenance and development of the GP CME SGL network.

Carried

Update: The IMO note this motion in the context of ongoing negotiations and that current funding is neither adequate nor secured.

**16/G33** This meeting calls on the PCRS to support a streamlined approach to the payment of study leave (in respect of maintaining professional competence) as the present system adds an unnecessary administrative burden and costs to both the GP and the PCRS. Given that CPD audits are documented and available for checking by the PCRS the IMO calls on PCRS to agree that once the GP declares completion of the CPD activity the study leave entitlements under the GMS Contract will be paid.

Carried

Update: The IMO have raised this issue with PCRS and they are currently devising a streamlined method for claiming study leave which would reduce the current administrative burden where the leave is claimed locally in the first instance before being referred to PCRS. The IMO have sought a block payment for all GPs in line with this motion but this would require a contractual change.

The IMO have also written to PCRS on foot of this motion and are advised as follows:

“Study leave was introduced in 1989 to support GPs by contributing towards the cost of employing a locum. Further clarification issued in 1995 following agreement reached with Minister for Health and IMO which simplified the process where GPs shall submit a certificate of attendance to the relevant CHO with an undertaking that the GP has taken full responsibility for the provision locum cover, When approved by the CHO the claim is submitted to PCRS for payment purposes. The current GMS contract is under review and any changes to Study Leave process should be considered in that forum.”

## **TUSLA**

**16/G34** This meeting reiterates the position that the provision of reports for TUSLA is not covered under the provisions of the GMS contract or the Under 6 Contract and calls on TUSLA and the Department of Children and Youth Affairs to immediately enter into a Framework Agreement with the IMO to negotiate resources for the provision of reports and other related work.

Carried

Update: The IMO wrote to the Department of Children and Youth Affairs seeking a Framework Agreement to discuss the provision of reports and other related work which come under the remit of TUSLA. The IMO received an unsatisfactory response stating that such work is a statutory responsibility under the Children First Act which provides for mandatory reporting. The IMO responded that mandatory reporting is a separate matter to the provision of reports such as fostering reports, adoption reports and other assessments required by TUSLA. The matter is still ongoing and the IMO is seeking to progress this further over the coming year.

## **DEPARTMENT OF SOCIAL PROTECTION**

**16/G35** This meeting calls on the Department of Social Welfare and the IMO to enter into a Framework Agreement so as to allow negotiations to take place on the increasing level of un-resourced work, including letters written by GPs for the Department of Social Protection, which is placing an onerous financial burden on General Practice.

Carried

Update: The IMO have met with the Department of Social Welfare on a number of occasions over the past year with regard to proposed future changes in certification. In this context a Framework Agreement has been proposed and the matter is currently under consideration and it is expected that this will be the subject of further discussion.

## **CONTINUITY OF CARE**

**16/G36** International evidence has clearly demonstrated the importance of continuity of care with a specific General Practitioner along with the clear benefits in terms of patient morbidity and mortality. The IMO opposes any transfer of care or the introduction of future care models that disrupts this continuity of care and calls on the HSE and the Department of Health to ensure that any proposed task transfer of care from GP led teams be subject to stress testing on the long term effects on patient morbidity and mortality.

Referred to IMO Council

Update: The IMO GP Committee endorsed this motion and it is to be a principal in negotiations on future care models.

## **ROLE OF THE GP**

**16/G37** This meeting wishes to express concern about any attempt to expand the role of pharmacists into areas which are more appropriately the responsibility of General Practitioners to ensure continuity of care for patients.

Carried

Update: This motion was adopted and the IMO have repeatedly warned of the dangers of fragmenting care and the negative effect this can have on patient care.

The IMO's submission to the Oireachtas Committee on the Future of Healthcare clearly stated "Proposals to address the shortage of GPs by transferring GP tasks to other healthcare professionals is not in the interest of patients or the state."

## **RECOGNITION OF GENERAL PRACTICE AS A SPECIALTY**

**16/G38** This meeting calls on the IMO to engage with all relevant authorities to ensure General Practice is recognised as a Specialty by the European Commission by changing the name of GP training in Ireland from "Specific Training in General Practice" to "Specialist Training in General Practice".

Carried

Update: The IMO wrote to the Medical Council and the ICGP on this issue. The Medical Council responded stating "The Medical Council can see no compelling reason for adopting the change as proposed" stating that the European Commission "continue to give General Practice specific treatment, as under the previous Directive. The treatment of General practice in this manner in no way disadvantages a doctor who is regard as a specialist in General Practice in terms of freedom of movement and recognition of the speciality."

The IMO are continuing to pursue this issue through the UEMO.

### LONGSTANDING AMOs

**16/P01** The IMO calls on the HSE to recognise the relevant experience of longstanding Area Medical Officers in the delivery of Child Health, Immunisation and other community medical services by upgrading those AMOs to Senior Medical Officer Posts in Community Medical Departments, as SMO has been the entry grade to Community Medical Departments since 2003.

Carried

Update: The IMO wrote to the National Director of Human Resources for the HSE, Ms Rosarii Mannion seeking a response to this motion. Ms Mannion responded advising that "I understand that this matter is currently the subject of an engagement between the HSE and the IMO at the Workplace Relations Commission and associated Labour Court rulings. In this context, it would be inappropriate to proceed as suggested by the IMO at this time."

### RECRUITMENT

**16/P02** This IMO calls on the HSE to ensure that all of the current vacancies, or vacancies that occur in the future in Departments of Community Health for Senior Area Medical Officers are filled on a permanent basis as soon as possible, in order to ensure maintenance of essential child health, immunisation and other community medical services.

Carried

**16/P03** The IMO calls on the HSE to ensure that all of the vacancies that there currently are, or that occur in the future, in Departments of Public Health for Senior Medical Officers and for Specialists in Public Health Medicine are filled on a permanent basis as soon as possible.

Carried

PH and CH Motion 16/P02 and 16/ P03 Update: The IMO wrote to the National Director of Human Resources for the HSE, Ms Rosarii Mannion seeking a response to this motion. Ms Mannion responded to motions two and three advising that "The HSE will endeavour to fill all current vacancies in Departments of Community Health for Senior Area Medical Officers and Specialist in Public Health Medicine in accordance with the 2017 Funded Workforce Plan."

**16/P04** The IMO calls on the HSE to institute a fair and transparent recruitment process to fill vacancies that occur for the position of Directors of Public Health, promotional opportunities that should ideally be filled by local competition for a maximum term of 3 to 5 years, possibly renewable for one further term.

Carried

Update: The IMO wrote to the National Director of Human Resources for the HSE, Ms Rosarii Mannion seeking a response to this motion. Ms Mannion responded to advise that "vacancies within the HSE are filled by our National Recruitment Services (HBS Recruit) and governed by the CPSA. Please find attached explanatory document currently utilised to ensure fair and transparent recruitment processes in this regard."

### WORKFORCE PLANNING

**16/P05** The IMO calls on the Health and Wellbeing Directorate of the HSE to make the Workforce Plan for Public Health Medicine in Ireland available so that it may be assessed for the adequacy of the recommended staffing levels to ensure that Departments of Public Health have sufficient medical staff to safely carry out the legislatively required health protection and other duties to improve the health of the population in the areas that they cover.

Amended Motion: The IMO calls on the Health and Wellbeing Directorate of the HSE to make the Workforce Plan for Public Health Medicine in Ireland available so that it may be assessed for the adequacy of the recommended staffing levels to ensure that Departments of Public Health have sufficient medical staff to safely carry out the legislatively required health protection and other duties to improve the health of the population in the areas that they cover.

Amended Motion Carried

Update: The IMO wrote to the National Director for Health and Wellbeing for the HSE, Dr Stephanie O’Keeffe seeking a response to this motion. Dr O’Keeffe responded by forwarding the IMO an “unapproved” version of the Public Health Workforce Planning document. Dr O’Keeffe advised that this document required revision to “address healthcare reforms and concomitant opportunities for public health medicine and structural / governance considerations.”

#### **STRATEGIC REVIEW OF MEDICAL TRAINING AND CAREER STRUCTURE WORKING GROUP**

**16/P06** The IMO calls on the Department of Health to implement the recommendations of the Strategic Review of Medical Training and Career Structure Working Group (McCraith Review) in order to reduce the future clinical risk to the health security of the people of Ireland from an inadequate or collapsed public health medicine service.

Carried

Update: The IMO wrote to Mr Simon Harris TD, Minister for Health setting out its position and seeking his response to this motion.

#### **OUT OF HOURS**

**16/P07** In view of the absence of agreed contractual arrangements and pending negotiations on a Type A Consultant Contract for Specialists in Public Health Medicine, the IMO calls on the HSE to engage in meaningful discussions about the provision of a safe and adequately resourced Public Health Medicine Out of Hours Service in line with Ireland’s obligations under international health regulations and with the need to protect the health of the Irish population on a 24/7 basis.

Carried

Update: The IMO wrote to the National Director of Human Resources for the HSE, Ms Rosarii Mannion seeking a response to this motion. Ms Mannion responded to advise that “The HSE does not have discretion to initiate contractual negotiations in this context; this is a matter for the Department of Health. Notwithstanding this, I understand that the HSE’s Health and Wellbeing Division is currently engaged with the IMO on the provision of a safe and adequately resourced Public Health Out of Hours Service and that these discussions will hopefully progress the matter.”

The IMO wrote to the National Director for Health and Wellbeing for the HSE, Dr Stephanie O’Keeffe seeking a response to this motion. Dr O’Keeffe responded to advise that, in the context of the Public Health Medicine Out of Hours Service, “further to our meeting in November I was anticipating a proposal from the IMO re the same. I understand this has now been received and I will review in advance of our next meeting. We will be in contact to re-schedule this shortly as unfortunately we had to defer the meeting previously organised for January 2017.”

#### **CONSULTANT CONTRACT FOR SPECIALISTS IN PUBLIC HEALTH MEDICINE**

**16/P08** The IMO calls on the Department of Health and the HSE to implement the Common Consultant Contract for Specialists in Public Health Medicine given the importance of public health medicine in protecting and improving the health of the population of Ireland, and given the serious mismatch between the duties of Specialists in Public Health Medicine (SPHM) and the current SPHM contract.

Carried

Update: The IMO wrote to Mr Simon Harris TD, Minister for Health setting out its position and seeking his response to this motion.

The IMO wrote to the Director General of the HSE, Mr Tony O’Brien seeking his response to this motion. Mr Ray Mitchell of the Director General’s office responded to the IMO to advise that “in relation to the above, it is my understanding that this issue is currently being addressed by the Department of Health’s review of the McCraith recommendations.”

## **PARITY OF PAY**

**16/P09** The IMO calls on the Department of Health to address the ongoing injustice of the differential between the salaries of Specialists in Public Health physicians and other specialist physicians, in order to attract and retain high quality trainees in Public Health Medicine in Ireland.

Carried

Update: The IMO wrote to Mr Simon Harris TD, Minister for Health setting out its position and is seeking a response to this motion.

## **CONTINUING MEDICAL EDUCATION**

**16/P10** The IMO calls on the HSE to increase CME funding for Public Health and Community Health Doctors to the same level as that provided for hospital consultants, as all doctors are required by the Medical Practitioners Act 2007, to maintain professional competence and to be enrolled in a professional competence scheme since May 2011 and the costs are essentially the same.

Carried

Update: The IMO wrote to the National Director of Human Resources for the HSE, Ms Rosarii Mannion setting out its position and is seeking a response to this motion. Ms Mannion responded to advise that "This is a contractual issue which the HSE does not have the discretion to progress without sanction from the Department of Health."

## **RESOURCING PREPAREDNESS**

**16/P11** The IMO calls on the Department of Health and the HSE to adequately resource Departments of Public Health Medicine with regard to their preparedness to identify and respond to rapidly emerging threats to the health of the Irish population and to meet the requirements of international health regulations.

Carried

Update: The IMO wrote to Mr Simon Harris TD, Minister for Health setting out its position and is seeking a response to this motion.

The IMO wrote to the Director General of the HSE, Mr Tony O'Brien setting out its position and is seeking a response to this motion. Mr Ray Mitchell of the Director General's office responded to advise that "There have been on-going efforts to support and develop the workforce of Public Health, including the Department of Public Health, the National Immunisation Office and the Health Protection Surveillance Centre (HPSC) by the Health and Wellbeing Division since its establishment in July 2013. Updates in relation to these developments, which include a number of additional posts/ filled vacancies and an increase in trainee numbers have been shared with you through previous correspondence from the National Director, Dr Stephanie O'Keeffe. I understand that information in this regard is routinely shared with you as part of regular meetings.

## **CLIMATE CHANGE**

**16/P12** In recognition that recent flooding throughout Ireland tragically resulted in multiple deaths and in severe physical and mental stress for many people, the IMO calls on the HSE and the Department of Health to resource Departments of Public Health adequately so that the staff can fulfil their statutory obligations to carry out climate related epidemiology, so as to provide more effective protection for the public from climate related health impacts and to contribute to Ireland meeting its international obligations on climate change adaptation.

Carried

Update: The IMO wrote to Mr Simon Harris TD, Minister for Health setting out its position and seeking his response to this motion.

The IMO wrote to the Director General of the HSE, Mr Tony O'Brien setting out its position and is seeking a response to this motion. Mr Ray Mitchell of the Director General's office responded to the IMO to advise that "The response provided by the HSE in respect of Motion 11, as set out above, refers. In addition, it is important to note that climate change and epidemiology is something that has been prioritised at national level. Dr Ina Kelly, Public Health, is the Health and Wellbeing Division's representative to the Taoiseach's Climate Change Advisory Council – Adaptation Committee. This has been identified as a priority national project within the Health and Wellbeing Division Operational Plan 2017. I understand that the Division has not been advised of any resourcing issues in relation to the completion of the project.

For information purposes, the relevant action from the Operational Plan 2017, which is due to be published shortly, is as follows: "Contribute to the work of the Climate Change Advisory Committee on matters relating to climate change adaptation and the development of Ireland's National Adaptation Framework for the health sector."

## **INEQUALITIES IN HEALTH**

**16/P13** The HSE published local health profiles in 2015, which highlighted that there are substantial inequalities in access to health care and in lifetime health experience between individuals from different socio-economic backgrounds. The IMO calls on the HSE to fully resource Departments of Public Health Medicine so that they are able to identify where these inequalities occur and to develop strategies to reduce or eliminate them.

Carried

Update: The IMO wrote to the Director General of the HSE, Mr Tony O'Brien setting out its position and is seeking a response to this motion. Mr Ray Mitchell of the Director General's office responded to the IMO to advise that "I have been advised that this issue is currently being addressed by the Department of Health's review of the MacCraith recommendations."

