

POLICY HANDBOOK
OF THE
IRISH MEDICAL ORGANISATION

Updated for AGM Motions 2010



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation, IMO House, 10 Fitzwilliam Place, Dublin 2.

Ph: 01-6767273; Fax: 6612758; E-mail: IMO@imo.ie; www.imo.ie

ABOUT THE IMO POLICY HANDBOOK

The IMO Policy Handbook provides a complete listing of the current and permanent policies of the Irish Medical Organisation, adopted since the establishment of the Organisation in 1984.

The Policy Handbook is primarily for the convenience of IMO members. It increases awareness of the nature of IMO policies, serves as a valuable reference for IMO spokespersons and provides the informational foundation for the Organisation's policy research and development.

The IMO Policy Handbook is a record of those motions duly carried by an Annual General Meeting of IMO members in accordance with the Constitution and By-laws of the Organisation. The Handbook does not contain motions that were referred to Council or a Committee, noted, defeated or lapsed; temporary policy or directives (e.g. that a specific, immediate action be taken or that a study be conducted); and appointments, awards or commendations.

A comprehensive index is included at the front of the handbook.

The policy index numbers indicate the year of the AGM at which the policy was adopted, and the number of the motion as per that year's AGM programme, e.g. 99/14 indicates the general motion was the 14th considered at the 1999 AGM. Where a letter appears in the index number, it indicates that the policy was adopted by the AGM of a specialty group:

G = General Practitioners

C = Consultants

N = Non Consultant Hospital Doctors

P = Public Health Doctors

This handbook represents the resolutions of the IMO at the time of publication. In all cases, policy is listed under subject headings with the most recently adopted policy first. It is important to realise that policy-making is an evolving process and it is possible that

policy on some issues may have been amended or superseded since the publication time.

Where the records of the minutes of the AGM have recorded spelling or grammatical errors, these have been incorporated herein. However, no substantive changes have been made to motions as they have been recorded in the minutes of meetings.¹

All members of the IMO are entitled to seek to change policy or initiate new policy through the organisational structures of Branches, Regional Committees, the National Specialty Committees and Council, or by direct representation. Enquiries regarding current policy should be directed to the IMO secretariat in Dublin (Tel: 01 676 7273 or Fax: 01 661 2758).

¹ The wording of all policy has been amended to begin "That the IMO" rather than "That this AGM" or "That this Organisation", for example. This is to highlight that motions carried by an AGM of the Organisation becomes the policy of the IMO.

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ACCIDENT & EMERGENCY

10/60 This meeting recommends that minor injuries/illness should not be treated in Emergency Departments without a GP Letter in the context of reducing the already onerous burden on our Emergency Departments.

10/C06 This national consultants meeting calls on the Minister for Health and the Board of the HSE to acknowledge that 500 patients are being treated on trolleys in A&E departments which is inappropriate for a variety of reasons and calls on them to engage with us to address this situation urgently.

09/56 This meeting deplores the poor infrastructure of Ireland's hospitals and insists that the HSE put in place appropriate infrastructure, staffing and systems to ensure a safe Emergency Department environment for patients and staff.

09/57 The IMO calls on the HSE to guarantee that each emergency department, and other appropriate clinical environments, are provided with appropriate secure facilities to minimise risk of physical injury to medical staff and patients.

07/C04 That this national consultants meeting believes that the solution to the A&E crisis lies in lifting the ceiling on recruitment of staff and the provision and staffing of more beds, operating theatres and other patient facilities.

03/01 That this AGM calls on the Department of Health and Children to prepare and publish a comprehensive plan for the provision of Emergency Medical and Para medical services.

03/02 That a new system of direct access by patients to medical and surgical hospital beds, following referral by general practitioners, be devised and piloted to bypass the bottle neck currently experienced in A&E departments.

03/03 The IMO notes the failure of Capita to consult with the IMO or any IMO members other than A&E consultants during its site visits to 23 hospitals in the State prior to issuing of its report on emergency medicine and will instruct its members not to cooperate with any procedures arising from this report that adversely affects the patients that they care for.

96/27 The IMO recommends that the charge in Accident and Emergency Departments for self-referred patients, except medical card holders involved in accidents, be at least as much as a GP private consultation fee.

93/31 That the IMO recommends that charges for attendance at hospital casualty departments be restructured so as to encourage patients to attend their General Practitioner.

ADVERTISING & SPONSORSHIP

09/16 The IMO calls on the Government to bring in legislation to prohibit alcohol sponsorship of sporting activities and sporting organisations.

07/19 The IMO calls on the Minister for Sport and the Sports Council to refuse State money to sporting organisations which continue to accept sponsorship from alcohol companies.

06/21 The IMO calls for legislation to ban the promotion or sponsorship of concerts by alcohol companies where the attendance will include people under 18 years of age.

05/35 The IMO calls on all sports organisations to desist from accepting sponsorship from the drinks industry.

05/39 The IMO calls on the Government to bring in legislation so that a pre 9pm watershed ban on alcohol advertising on Irish television is brought in.

04/21 The IMO supports a multidisciplinary approach to alcohol treatment and urges the Department of Health and Children to face up to the consequences of heavy alcohol promotion by using some of the income from excise on alcohol to develop approaches.

04/23 The IMO calls for the abolition of all advertisement for alcohol in cinemas other than when a film with an 18 plus cert is shown or at other events where under-18 years olds attend.

03/53 The IMO congratulate the Kilkenny County Board for condemning the sponsorship of the All Ireland hurling championships by Guinness

03/54 The IMO calls on the GAA, the FAI, the IRFU and all other sporting bodies to cease promoting alcohol.

03/55 The IMO calls for the abolition of all advertisements for alcohol in cinemas other than when a film with an 18 plus cert is shown.

02/44 The IMO urges the Government to ban advertising of alcohol in view of the devastation it causes amongst our population.

01/19 The IMO calls on the Minister for Health & Children to introduce legislation which will restrict the advertising of alcohol and the sponsorship of events by the alcohol industry.

00/29 The IMO calls for the abolition of all advertisements for alcohol in cinemas other than when a film with an 18 plus cert is shown.

00/30 The IMO calls on the GAA to seek sponsorship for the All Ireland Hurling championships from a company other than one associated with alcohol.

99/35 That the IMO calls on RTE to quit transmitting programmes that promote tobacco to adolescents and children.

98/34 That the IMO request the Local Appointments Commission, the 8 Health Boards and all other healthcare organisations in Ireland to cease advertising job vacancies in any print media which carries tobacco advertisements.

95/32 The IMO calls on the Minister for Health to follow the lead given by his fellow health ministers in Europe and ban all forms of tobacco advertising.

95/33 The IMO calls on the Minister for Health to ban all sponsorship and promotion of sports events by tobacco companies.

93/19 That cigarette advertising in all magazines published by state sponsored bodies should cease forthwith.

89/69 That the IMO advocate a ban on all media advertising alcohol and tobacco and the introduction of government health warnings on health beverages.

89/77 That the IMO is deeply concerned at the increasing availability of alcohol to underage drinkers and the excessive amount of advertising of alcohol.

AGREEMENTS WITH THIRD PARTIES

00/G36 That the IMO insist at the conclusion of all agreements with third parties that:

- a. national wage agreements apply yearly for the duration of the agreement
- b. the issuing authority produce monthly reconciliation statements
- c. the time scale for review be agreed.

00/G37 The IMO requests the Department of Health & Children to immediately issue the Executive Letter to all health boards in respect of negotiated settlements since 1992.

00/G38 That any further negotiations with a third party regarding GP services should refer to a core working week of Monday to Friday, 9am – 5pm and that all services provided outside of this will require agreed resources.

AIDS/HIV

93/24 That the IMO calls for a comprehensive continuing educational campaign aimed at dispelling the myths which have become associated with AIDS.

89/50 That in view of Ireland's spiralling AIDS crisis a comprehensive methadone maintenance programme and needle exchange programme should be introduced without delay and that educational publicity should be aimed towards at-risk groups.

ALCOHOL and ILLEGAL DRUGS (See also ADVERTISING & SPONSORSHIP)

10/33 The IMO calls on the Minister for Health and Children to publish a public health bill on alcohol as a matter of urgency.

10/35 The IMO calls on the Government to introduce a minimum price on alcohol products sold for consumption off the premises in which it is purchased.

10/36 The IMO calls on the Government to work with Northern Ireland to introduce a minimum price for alcohol products on an all island basis.

10/37 The IMO calls on the Minister for Finance to increase taxes on alcohol in the next budget.

09/13 The IMO calls on the Minister of Health and the HSE to guarantee that the incorporation of the Drug Treatment Centre Board into the HSE will not result in any diminution of services.

09/14 The IMO calls on the Minister for Health and the HSE, in light of the changing pattern of usage, to provide sufficient funding to existing addiction services to treat the growing problem of cocaine misuse and dependence

09/15 The IMO calls on the Treatment Purchase Fund to offer inpatient detoxification for those on low income.

09/19 The IMO calls on the Minister for Health to introduce legislation to prohibit below cost selling of alcohol.

09/20 The IMO proposes that the Department of Health & Children deem the alcohol industry disqualified from participation in formulating national alcohol policy.

08/20 The IMO calls on the Minister for Health & Children to follow the example of the Minister for Justice and signal her commitment to bring forward the legislation to help lessen alcohol related harm.

08/21 The IMO calls for a traceability mechanism to be put in place so that alcohol sold in off-licences to underage persons can be traced.

08/22 The IMO calls on the Government to set up a publicly accessible register of all alcohol off-licences in the country.

08/23 The IMO calls on the Government to legislate to introduce gram of alcohol and calorie content labelling on all alcohol beverage containers.

08/24 The IMO calls on the Department of Health & Children to introduce a minimum pricing structure for alcohol.

08/25 The IMO calls on the Minister for Finance to bring in a sliding scale of alcohol taxes in the next Budget with the lowest tax on low alcohol beer and the highest tax on spirits.

08/26 The IMO calls for the proceeds from the Criminal Assets Bureau that relate to drugs to be spent on drug treatment programmes.

07/09 This meeting calls for the HSE to be obliged to provide adequate facilities nationwide for alcoholic detoxification and also rehabilitation units and counselling for recovering alcoholics who do not have the financial means to avail of private facilities.

07/15 The IMO calls on the drinks industry to define what it means by "drink sensibly".

07/16 The IMO calls on the Government to legislate for mandatory health warning labelling of alcohol products in respect of pregnancy and Foetal Alcohol Syndrome and Foetal Alcohol Spectrum Disorder.

07/17 The IMO calls on the Minister for Health to use public health legislation to introduce a minimum price for all alcohol products purchased in an off licence.

07/18 The IMO calls for the alcohol strategy and drugs strategy to be combined in a new national strategy.

07/20 The IMO calls on the Drinks Industry to introduce traceability mechanisms in respect of alcohol products purchased in off licences.

07/65 This meeting calls on the Department of Health and Children to ring-fence funds to address alcohol-related A & E attendance.

06/15 The IMO demands the implementation of the Government's National Alcohol Policy.

06/16 The IMO deplores the lack of appropriate acute detoxification facilities for those with alcohol and Benzodiazepine dependency.

06/17 The IMO seeks the immediate implementation of the Department of Rural, Community & Gaeltacht Affairs Recommendations on the Treatment of Cocaine Addiction.

06/18 The IMO calls on the Government to introduce random breath testing for alcohol and to hold a referendum to facilitate its introduction if necessary.

06/19 The IMO calls on the Minister for Finance to increase the price of all spirits by 50% a measure at the 2007 Budget.

06/20 The IMO calls on the Minister for Health & Children to request the Minister for Finance to increase the price of all spirits by 50% a measure at the 2007 Budget.

06/22 The IMO calls on the Minister for Finance to increase the excise duty on all alcohol drinks by an amount greater than the rate of inflation, with the exception of low alcohol beers (less than 3%).

06/23 The IMO calls on the Minister for Finance to reduce the excise duty on low alcohol beers (less than 3%).

05/34 The IMO calls on the Minister for Health and Children to add a response to the alcohol issue to her 10 Point Action Plan on A&E.

05/36 The IMO calls on the Government to bring in legislation urgently fund the enforcement of random breath testing, as recommended in the interim report of the Strategic Task Force on Alcohol in September 2002.

05/37 The IMO calls on the Government to implement the recommendations of the two reports of the Strategic Task Force on Alcohol.

05/38 The IMO calls on the Minister for Enterprise, Trade and Employment to take immediate measures to introduce a minimum price structure for the sale of alcohol.

04/22 In view of the inordinate influence of the multi-billion euro drinks industry, the IMO calls on the Government to set up a National Strategy to lessen the harm caused by alcohol, and to ensure that the drinks industry does not have the inappropriate influence it currently enjoys in the state's response to problematic use of alcohol.

04/24 The IMO calls for the introduction of random testing of drivers for alcohol and other mood altering drugs and substances.

04/25 The IMO calls on the Government to introduce mandatory labelling of all bottles and cans containing alcohol to indicate the number of units of alcohol contained in the bottle or can and a health warning.

04/26 In light of the results of recent surveys on alcohol consumption in Ireland, the IMO calls on the Government to publish a new evidence-based national alcohol policy.

03/49 That the laws in relation to drunk and disorderly behaviour be applied and enforced in all cases where medical illness has been excluded on discharge from Accident and Emergency Departments.

03/50 That the IMO calls on the Government to introduce legislation to prohibit publicans from engaging in practices that encourage excessive drinking.

03/51 The IMO calls on the Government to stand down the Liquor Licensing Commission and replace it with a Body whose remit is more concerned with public health issues as against maximizing profit for vested interests.

03/52 The IMO calls on the Government to implement all the recommendations of the Strategic Task Force on Alcohol.

02/41 The IMO condemns the Minister for Finance for failing to increase the tax on all alcohol products in the last budget.

02/42 The IMO calls on the Government to introduce mandatory labelling of all bottles and cans containing alcohol to indicate the number of units of alcohol contained in the bottle or can.

02/43 That treatment facilities for alcoholism for public patients should be similar and equitable to those for private patients and be made accessible in private facilities.

01/20 In view of the lack of commitment of the Government to the National Alcohol Policy, the IMO calls on the Government to publish new evidence based national alcohol policy.

00/40 As Ireland has the highest prevalence of teenage drug misuse in Western Europe the IMO calls on the Department of Education to redouble its efforts to reduce the prevalence of early school leaving and to publish an annual report of the results of such an effort.

96/01 The IMO calls on the Government to resist calls from vested interests such as the Vintners' Organisation to extend licensing hours for the sale of alcohol.

96/02 The IMO calls on the Minister for Health to publish the long awaited discussion document on alcohol and to reaffirm his Department's advice that women should drink no more than 14 units and men no more than 21 units of alcohol a week.

95/02 That the IMO calls for an effective educational programme for children to counter the increasing incidence of substance abuse.

95/15 That the IMO urgently requests the Government to implement the National Alcohol Policy.

92/08 That community-based alcohol initiatives be further developed.

86/10 That the IMO calls on the government to draw up legislation which shall not allow persons under the age of 18 years to purchase intoxicating liquor for any purpose.

ALTERNATIVE MEDICINE

10/63 This meeting calls for the regulation of alternative/complementary medicine practices.

02/49 The IMO calls on the Government to regulate all alternative practitioners, and also to regulate health food shops trading in herbal medicines.

ANTIBIOTIC RESISTANCE

98/09 That the IMO calls for a ban on the use of antibiotics in animal feed for the purpose of growth promotion

97/26 That the IMO calls upon the Government to launch a public enquiry into the use of antibiotics in animal feed, and the possible links between such use and the growing problem of antibiotic resistance in the human population.

APPOINTMENTS/ INTERVIEW PROCESSES

04/C08 The IMO demand an explanation for the ongoing failure to advertise and fill temporary or acting clinical director posts which are cost neutral but a potential opportunity to foster good strategic planning and development for mental health services.

99/C03 That the IMO demands that, in case of predictable retirement, a replacement consultant post should be interviewed in the year preceding retirement.

99/C04 That the IMO demands that the respective hospital be represented by at least one consultant from the respective hospital on local appointment commission interview boards.

99/C05 That the IMO demands that health boards cease the requirement of Hepatitis screening for new consultant appointments until a comprehensive strategy for treatment, compensation and retraining is instituted.

99/C06 That the IMO calls on the department of health and children to abide by the recommendations of Comhairle na hOspideal reports on specialist services and to prioritise the funding of consultant posts recommended in these reports.

98/37 That the IMO opposes the introduction of the post of Community Paediatrician until such time as the duties and responsibilities of such a post are clearly outlined and that they are not in conflict with the duties and responsibilities of other craft groups within the IMO.

96/26 That the IMO demands that all Consultant appointments should be made on the basis of properly and clearly regulated open competition in order to ensure that the merit of each candidate is given equal consideration.

95/26 That the IMO opposes the inclusion of non-medical persons on Local Appointments Commission interview panels for Consultants other than for the position of non-voting independent chairman.

95/27 The IMO demands that all Local Appointments Commission interview panels include consultant representation from the hospital and department in which the future Consultant will work.

95/52 The IMO is opposed to psychometric testing of Consultants as part of an interview process.

92/42 That the IMO seeks to increase the number of female representatives on interview panels for NCHD posts.

92/43 That the IMO seeks to have removed from NCHD job application forms references to the marital status of the candidate.

90/25 That the IMO demands that members of LAC selection committees have regard to the requirement of confidentiality of the proceedings.

90/26 That the IMO challenge the practice pertaining to long term acting up arrangements of a temporary nature, particularly prevalent in psychiatric service and which is contrary to Comhairle policy.

89/54 That the IMO encourage female representation on Interview Boards.

ASSAULT

08/46 Noting the increasing number of assaults on medical staff, the IMO calls for the urgent introduction of a properly resourced system of risk management for medical staff and demands the HSE must assist and compensate medical doctors who are assaulted in the course of their duty.

ASTHMA

05/26 That the IMO calls on the Government and the Department of Health and Children to implement a Chronic Illness Scheme for all asthmatics.

05/27 That the IMO calls on the Government and the Department of Health and Children to set up a national register for asthmatics.

97/14 That the IMO call on the Minister of Health to establish without delay a national asthma register.

BALANCE OF PERSONNEL

03/67 The IMO are concerned about the imbalance created by the increasing numbers of management personnel in the Health Boards.

BED CAPACITY

08/75 The IMO calls on the HSE to identify a time-scale of no more than two years to rectify the current deficit of 1,200 acute hospital beds identified in the PA Consulting Review of Bed Capacity (published in January 2008).

08/76 The IMO welcomes the findings of the PA Consulting Review of Bed Capacity (published January 2008) that there is currently a vast deficit in bed capacity in acute hospitals and community settings and the IMO emphasises that plans to remedy this deficit must enjoy the confidence of the medical profession.

BENCHMARKING

04/G01 That the IMO condemns the Department of Health & Children for its failure to include GPs in benchmarking as agreed in July 2001 and warns that failure to resolve this impasse will lead to all necessary and appropriate action by the IMO GP Committee.

BIO TERRORISM

03/64 The IMO condemns the Government for failing to put in place a properly resourced plan to protect the public from bio-terrorism.

03/P03 The IMO deplors the Department of Health and Children's ad hoc approach to a Public Health response to Bio-terrorism, and calls on the Department of Health and Children to develop a comprehensive, workable plan with acceptable arrangements for a Public Health response at all times which is fully resourced and negotiated with the IMO and other relevant unions.

BOXING

95/01 That the IMO demands that professional boxing be banned.

BUDGET CUTBACKS

03/72 That the IMO deplore the budget cutbacks with its consequent effects on elective admissions and waiting lists in particular and takes active and immediate steps to oppose proposed cutbacks.

BUILDING REGULATIONS

10/40 The IMO calls on the Government to introduce legislation to ensure that all new houses and all substantial refurbishments are fitted with sprinkler systems to reduce injury and death in fires.

10/41 The IMO calls on the Minister for the Environment to introduce legislation that obliges owners of premises to make footpaths outside their buildings safe in respect of ice & snow or pay the public authority to do so.

10/42 The IMO calls on the Government to introduce legislation that requires vendors of buildings to provide a recent (within 12 months) certified measurement of radon.

CANNABIS LEGISLATION

04/47 The IMO urges the Government to desist from following the British Government's example by reclassification in recognition of the links between cannabis and the development of psychosis.

CANCER REGISTRY

86/05 That the IMO demands the immediate establishment of a National Cancer Register covering the whole country, so that we can accurately assess the consequences of radiation from the Chernobyl disaster and other radioactive leaks from British nuclear installations on the health of the Irish people.

CANCER SERVICES

08/78 The IMO insists that the HSE undertake a comprehensive patient impact assessment (which includes consultation with patients, doctors, and other health professionals) to be published in advance of any change in the delivery of acute hospital services arising from the implementation of the HSE Cancer Strategy.

08/79 This AGM calls on the Minister for Health & Children to clarify whether or not the National Cancer Strategy applies to private sector units, including the proposed co-located private hospitals.

CANCER SCREENING

Breast Cancer Screening

08/80 That this AGM deplores the continued delays in the Breast Cancer Screening Programme / Breast Check roll-out in the West of Ireland.

04/46 The IMO deplores the lack of access to and implementation of the Breast Screening Programme which is available in some but not all health board areas.

Cervical Cancer Screening

09/33 This meeting criticises the blatant neglect exercised by the Department of Health & Children in awarding the laboratory contract which supports the National Cervical Screening Service to an outside agency in another jurisdiction purely on economic grounds and the meeting demands that the decision be reversed.

08/81 That the IMO calls on the Department of Health & Children and the HSE to implement the National Cervical Screening Programme and that it should be to the same standard and practice as in the pilot scheme which has been proven to be successful.

06/G21 The GP Committee calls on the HSE to institute a national cervical screening programme based in General Practice immediately.

04/G21 That the IMO deplores the lack of access to and implementation of cervical screening programmes which are available in some but not all health board areas and calls for the immediate rolling out of a national cervical screening programme.

03/73 The IMO calls on the Government to end current inequalities in the health service with particular reference to 'Cervical Smear Screening' and to make this valuable service fully resourced and available free to all women without further delay.

Colorectal Cancer Screening

10/64 The IMO welcomes the announcement on Colorectal Cancer Screening in Ireland and calls on the Minister to ensure adequate funding is available for a national rollout on an equitable basis around the country.

CAREER DEVELOPMENT/STRUCTURE

00/N34 That the IMO has no confidence in the Governments commitment to ongoing career development.

95/55 That the IMO investigate without preconditions the introduction of different grades of permanent medical career posts.

94/N04 That the IMO calls on the Tierney Manpower Group to make specific recommendations to accommodate a greater number of part-time training posts for NCHDs.

93/12 That the IMO fully endorses the expansion of job sharing opportunities for all grades and categories of medical staff and calls on the Department of Health to revise its circular on job sharing to accommodate this.

93/13 That the IMO consider ways that medical practice could be restructured to recognise the special needs of the family - for those women and men who wish to play an active part in raising their children. Part-time work, job-sharing and time-out for raising a family as well as mechanisms for smooth re-entry into medical practice should be incorporated into the structure of post-graduate medical training.

86/N02 That the IMO initiate an urgent review of the NCHD career structure to alter the ratio between NCHDs and Consultants.

86/N05 That the IMO accepts that most women doctors will wish to pursue a course in medicine and that they pursue actively the creation, within the next year, of shared posts in a representative section of specialties.

CARE/SERVICES FOR THE ELDERLY (also see NURSING HOMES)

09/28 Following the recommendations of the Leas Cross Report, and the HIQA standards on nursing home care, the IMO urges the prompt roll out of the Minimum Data Set at a national basis to provide a modern responsive and sensitive measure of older people's needs in the community and nursing homes.

06/04 The IMO calls on the HSE to put in place policies and services that ensure no older person is at risk of abuse in his place of residence.

05/55 The IMO calls on the Minister for Health and Children to develop and implement a national falls prevention strategy for older persons.

05/56 There is significant concern that capacity in the public extended-care facilities has diminished considerably over the last 10 years. This would be of major concern in terms of both the increase in the population and the ageing of the population. In light of the 2002 Acute Hospital Bed Capacity – A National Review, which was helpful in planning developments in the general hospital sector, the IMO calls on the Department of Health and Children to commission a similar review of capacity in public extended care facilities over the last 10 years.

05/57 Older people in nursing homes represent the most vulnerable sector of the population of older people in Ireland. The IMO calls on the Department of Health and children to ensure that national standards of quality of care are implemented for all nursing homes (public, private and voluntary). These standards to include appropriate staffing levels, attention to dignity and privacy, access to necessary services and that such assessments are undertaken regularly and in a systematic manner by an independent inspectorate with powers to ensure adherence to the agreed standards.

05/58 As the commonest reason for admission to nursing home care is neuro-degenerative disease (stroke, dementia..), nursing home care should be an integral part of the health services and access to nursing home care should be given on the same basis as other health services.

05/59 Rehabilitative care is an integral part of care required by older people admitted to general hospitals. This need should be recognised and adequately provided for in terms of providing full multi-disciplinary rehabilitation services both inside the hospital and after discharge. The IMO calls on the Department of Health and Children to eliminate the use of vague terms such as "intermediate care" which are counter productive to the goal of providing needs-based care and recommends use of the term "rehabilitation" for those patients who need this service.

04/15 Terminology such as “step down” and “intermediate care” are not only vague but also harmful in concealing the real needs of older people. The IMO repudiates the use of these terms and proposes that the care needs of older people be more clearly defined in terms of Assessment, Rehabilitation, Community Support and Extended Care.

04/16 Existing eligibility/entitlement to publicly funded long-term care is unclear as the need for such care arises largely from illnesses such as stroke/dementia. The IMO recommends that

- a) the provision of such care should be an entitlement to all those in need of it and
- b) there be national standards of care for all nursing homes which are inspected by an independent inspectorate.

04/17 While care at home is very desirable, extended care will always be needed for a minority of older people. The IMO recognises that provision of such facilities has lagged behind the growth of urban centres to an alarming extent and therefore that the Department of Health and Children and Health Boards must embark on an immediate programme of building and refurbishment of public nursing home beds.

02/03 That elderly patients who have acute medical problems requiring hospitalisation are entitled to diagnosis and treatment in an acute hospital and should not be diverted or displaced from the acute hospital system.

01/34 The treatment of sick elderly patients is a core activity of acute general hospitals and they require an increased provision of acute and rehabilitation beds and resources to be able to respond to their medical needs.

01/35 The IMO warns that unless there is a substantial growth in the number of available acute and rehabilitation beds in Ireland the Winter Bed Crises will continue to grow.

01/36 The IMO insists that the Department of Health recognises the complexity of Acute illness in elderly patients who are admitted as acute patients to general hospitals and provide at least the number of acute, rehabilitation and continuing care beds that are recommended in "The Years Ahead" document for them.

01/37 The IMO calls on the Government to pay relatives caring for older infirm patients in need of continuing care in the home £200 tax free, indexed linked, per week.

98/40 In light of the present regulations on the dispensing of drugs in nursing homes, that the IMO actively explore the possibility of providing for O.T.C. products to be dispensed in nursing homes and to avoid the unnecessary difficulties being experienced by doctors, nurses and patients.

95/21 The IMO calls for funding available at the present time in the form of subventions to private nursing homes to be also made available to carers so as to support the maintenance of elderly people in a domestic home environment.

94/08 That the IMO call on the Minister for Health to establish and administer a Patients Charter for the elderly.

93/17 That the IMO demands that the non-pay clauses of the PESP that refer to the provision of services to the elderly be implemented.

93/18 That the IMO calls for increased funding to be made available to carers of the elderly on a non-means tested basis.

89/78 That the IMO is concerned about increasing violence against elderly people.

Home Care Services

10/13 The IMO calls on the HSE to urgently introduce formal quality control of home care services of people with disability and for older people.

09/G06 The IMO deplores the lack of consultation by the HSE with GPs in the setting up of Home Care Packages and Early Discharge Programmes.

07/25 The IMO calls on the HSE to ensure the provision of fully resourced community services for older people who want to stay in their own home before introducing the new criteria which will limit eligibility for public funded nursing home care.

CARERS

10/19 The IMO calls on the Government to double the carer's allowance in the next Budget.

01/37 The IMO calls on the Government to pay relatives caring for older infirm patients in need of continuing care in the home £200 tax free, indexed linked, per week.

97/11 That, bearing in mind the new EU Working Time Directive, the IMO calls on the Government to address the fact that most carers in the home work very long hours, with no minimum rest periods, adequate remuneration or other entitlements.

96/22 The IMO requests that the present means-tested carers allowance be replaced by a more comprehensive support system for carers which recognises the value of the work they do (on both an economic and social level), and the costs which are involved in caring.

95/21 The IMO calls for funding available at the present time in the form of subventions to private nursing homes to be also made available to carers so as to support the maintenance of elderly people in a domestic home environment.

93/18 That the IMO calls for increased funding to be made available to carers of the elderly on a non-means tested basis.

CHIEF MEDICAL OFFICER

10/16 The IMO calls on the Chief Medical Officer of the Department of Health and Children to publish an annual report on health inequalities.

00/05 The IMO congratulates the Chief Medical Officer of the Department of Health & Children on the publication of the first ever CMO's Annual Report.

97/40 The IMO calls on the Minister for Health to appoint a Chief Medical Officer without delay.

CHILDREN

Hospital Services

02/01 That the IMO urgently promotes, as stated in Chapter 4, Objective 3.59 of the New Health Strategy, a review of the "organisation and delivery of hospital services for children...to determine the most effective configuration of tertiary services."

02/02 That the IMO recommends that the review of tertiary hospital services for children (objective 3.59 of the New Health Strategy) be immediately carried out by international experts from outside of Ireland in view of the repeated failure over three decades of the Dublin paediatric hospitals and the Department of Health & Children to rationalise this service.

Child Abuse

94/19 That the IMO supports the policy of having a module on child abuse and rape as part of the National Vocational Training Scheme for General Practitioners.

Child Health

00/11 That this meeting deplores the fact that perinatal statistics have not been available since 1993 and urges the Department of Health & Children to bring them up to date as soon as possible in view of their importance in giving us indicators of the health of the nations children

99/P04 That the IMO calls for the publication of the recently completed Child health Review without further delay.

97/21 That the IMO requests the Minister of Education to implement without delay a comprehensive psychological service and to provide adequate remedial teaching facilities for all school children.

97/22 Due to the expanding role of the Public Health Nurse under the Child Care Act the IMO calls on the Department of Health to provide additional Public Health Nurses to bring the staff patient ratio to 1-2000 patients.

95/P01 That the Department of Education be asked to implement a comprehensive psychological service for school children without delay.

92/03 That the Government should ensure that specific facilities and adequate resources are available to provide mentally handicapped children with an education.

Services for Homeless Children and Adolescents

06/44 The IMO calls on the HSE to put in place comprehensive services to cater for all needs, medical and social, of homeless children.

01/38 The IMO calls on the Minister for Health & Children to provide adequate services for homeless children and adolescents.

01/39 The IMO calls on the Minister for Health & Children to properly fund and resource Children's Homes so that the most qualified and experienced Child Care Workers care for the most needy of children.

CHRONIC ILLNESS

09/24 The IMO calls on all TDs and Senators, with a specific brief for health matters, irrespective of party political allegiance, to take a much more proactive approach in dealing with key lifestyle factors that cause much of the preventable morbidity and mortality experienced by our population.

09/25 The IMO calls on the Minister for Health and Children to integrate strategies on preventing and tackling chronic disease in an over-riding lifestyle policy.

09/26 The IMO calls on the Minister for Health and Children to ring-fence funding for healthy lifestyle promotion in order to prevent chronic disease

08/G13 This meeting calls for the provision and transferring of chronic illness care to general practice to be recognised, resourced and rewarded as part of a new negotiated GP contract.

06/34 The IMO calls on the HSE to improve services for people with chronic illness and their carers who, up until now, have no cohesive service offered to them.

06/36 In light of the Diabetes epidemic, the IMO calls on the Minister for Health & Children to establish a national Diabetes strategy ensuring equity for patient access to multi - and inter-disciplinary hospital and community based services.

06/37 The IMO calls on the Department of Health & Children and the HSE to implement a chronic care management programme for asthmatic children.

CLINICAL AUDIT

04/55 Clinical audit is central to good clinical care and quality assurance. The IMO recognises clinical audit as a core element of clinical practice and recommends full and appropriate support by healthcare purchasers for clinical audit.

00/C12 This IMO holds that there is an urgent need for full facilities for clinical audit, including dedicated clerical staff and information technology, and requests that the Department of Health & Children urgently redress the current lack of funding.

CLINICAL INDEPENDENCE

00/02 That the IMO reaffirms its policy on the clinical independence of doctors and agrees that quality of care must take precedence over quantity of care.

CLINICAL RESEARCH

93/32 That the IMO recognise the enormous cost of developing and introducing new drugs and points out that it is in the interests of the public for such research and development to continue.

CLINICAL WASTE

06/G20 The GP Committee calls on the HSE to organize and fund a national clinical waste programme for general practice consistent with its policy in secondary and tertiary care.

COLLEGE OF PSYCHIATRY

09/01 The IMO would like to welcome the new College of Psychiatry of Ireland and wish it success in the future.

CO-LOCATION/PRIVATISATION

10/76 The IMO calls on the Government to remove tax breaks towards the development of private hospital facilities and offer tax breaks to initiatives that promote health and prevent illness in a more equitable manner.

10/77 This AGM rejects co-located private hospitals as these hospitals are not subject to the Cancer Strategy, Freedom of Information, the Ombudsman or HIQA.

10/C03 IMO consultants believe that co-located private hospitals are neither equitable for patients nor cost-effective for the state and are the wrong solution for Ireland.

09/61 The IMO commends the Minister for Finance, in view of the national funding crisis, for withdrawing generous tax breaks from private hospitals and using the funds to assure public services which are available to all patients.

09/62 The IMO calls on the Minister for Health & Children to substitute the planned co-location of private and public hospitals with acute and elective hospitals where access will be based on clinical need rather than ability to pay.

09/63 The IMO calls on the Government to set up a National Health Forum to initiate honest and frank debate on the future health policy agenda and in the interim the current piecemeal, backdoor privatisation of services without consultation should be halted.

09/64 This Organisation calls on the Department of Health & Children and the HSE to put in place protocols to prevent "reverse inequity" affecting patients at private co-located hospitals.

08/65 The IMO notes that no White Paper has ever been published which might enable an informed debate on co-location and that no evidence has ever been produced to establish that services for public patients will be enhanced arising from this policy.

08/66 The IMO calls on the HSE to offer appropriate assurances that public hospitals will not suffer any reduction in funding or any asset stripping of services arising from any introduction of co-located facilities.

08/67 This meeting calls on the Minister for Health & Children and the Department of Health & Children to recognise that the proposed co-located private hospitals cannot safely replicate the case mix of the adjacent large public hospitals.

08/68 The IMO notes with concern the conversion of up to 1000 private beds in public hospitals on a not for profit basis to a for profit basis in co-located hospitals.

08/69 That the IMO, in principle, disagrees with the provision of tax incentives encouraging the co-location for profit private hospitals on public hospital grounds.

08/71 This AGM calls on the Minister for Health & Children to change the proposal for co-located private hospitals to units for elective patients and patients with chronic illness.

08/87 In light of Government policy on co-location, the IMO seeks the implementation of a policy of national universal health insurance for hospital and outpatient services, the State purchasing insurance for individuals unable to afford it in an equitable manner

07/57 That, for ethical reasons and because a hospital's sole purpose should be to care for the sick, the IMO is opposed to the collocation of for profit private hospitals.

COMMUNITY MEDICINE

89/113 The [Community Medicine] committee requests the IMO to examine the allowance for expenses incurred in the course of carrying out the duties of employment. This has not kept pace with inflation.

CONDITIONS OF EMPLOYMENT

03/N01 That the IMO would oppose any attempt to unilaterally change the conditions of employment and training for NCHDs following publication of the Task Force Report on Medical Staffing.

03/N02 The IMO proposes to publicise details of any NCHD posts where contractual conditions are not being met with a view to our members boycotting these posts in the future.

98/44 That all IMO members support the extension of equivalent conditions of employment in respect of work rotas to Registrars in General Practice as currently exist for their hospital based NCHD colleagues.

CONFIDENTIALITY

10/07 The IMO calls on the Minister for Justice, Equality and Law Reform, and the Medical Council to engage with the IMO so as to review current data protection legislation and its impact on effective patient care and confidentiality.

98/39 That the IMO endorse a refusal to complete any questionnaires, or permit other information to be obtained by other means, on behalf of any statutory or quasi-statutory body until an adequate fee has been received for this service and confidentiality assured.

94/G02 That the IMO insist that reports sought by Telecom Eireann and the ESB be forwarded directly to the Chief Medical Officer of each of these bodies so as to ensure that confidentiality is maintained.

93/27 That the IMO reiterates the traditional confidentiality of the doctor/patient relationship and demands that any legislative changes would respect such relationships.

92/11 That the IMO reiterates the priority which it attaches to patient/doctor confidentiality.

CONSULTANTS

09/C10 The IMO welcomes the process whereby the HSE in collaboration with the newly appointed clinical directors will consult with clinicians on the ground rather than imposing any transformation, in relation to the health services in order to safeguard patient safety and the many innovative projects developed at local level.

09/C11 This meeting calls on the HSE and the Department of Health & Children to pay due regard to European and International standards of practice and guidelines rather than following blindly the economic agenda of the National Institute of Clinical Excellence (NICE).

Additional Hours

00/C09 The IMO demands that proper premium rates be paid for all work performed outside of the 33 hour scheduled commitment.

Category 3

01/C10 That the IMO Officers report to this present AGM of the IMO as soon as this motion is passed, if it is passed, on Counsel's opinion on failure of the Government to reimburse consultants for the removal of Category III as passed by the last AGM, and if they have failed to seek an option to explain why they have defied the AGM.

00/C20 In light of the recent legal judgement dismissing Mr Sean Baker's pension claim because, among other things, he, unlike his successor, had the right to charge Category 3 patients as that category had not yet been abolished, the IMO urgently seeks Counsel's opinion on mounting a claim to the Labour Court for payment to consultants for compensation for continuing loss of income from the abolition of Category 3 incorrectly rejected by Gleeson in his report.

Clinical Co-ordinators

96/C05 The IMO demands the immediate appointment of Clinical Co-ordinators in all hospitals.

94/C02 That the IMO impress on the Department of Health the necessity that any Clinical Co-ordinator appointees be provided with adequate resources, including office and secretarial back-up.

Clinical Directors/Clinical Directorates

09/C02 The IMO condemns the Minister's delay in implementing the 2008 Consultant Contract and in the appointment of Clinical Directors.

09/C04 The IMO welcomes the creation of clinical directorates and this National Consultant Meeting insists that the HSE ensure that clinical directorates are adequately resourced to fulfil their role in ensuring the quality of clinical services provided to patients.

09/C05 The IMO welcomes the appointment of the first tranche of Clinical Directors and offers them our full support. The IMO calls on the HSE to guarantee sufficient support structures and funding is provided to Clinical Directors in order to allow them fulfil their role in the transformation programme.

09/C06 The IMO calls on the HSE to guarantee that the appointment duties and responsibilities of, and the supports provided to Clinical Directors in psychiatry under the 2008 Common Contract will be the same as for all other specialities.

Clinical Management

05/C08 While this meeting welcomes the development of guidelines to support clinical practice, the final decisions relating to the clinical management a consultant patient must be made by the responsible consultant.

04/C04 The involvement of consultants in the Clinicians in Management Initiative must not conflict with their primary obligation to individual patient care.

Competence Assurance

01/C19 That in seeking to promote competence assurance for consultants, the Medical council and educational bodies and other relevant authorities should focus on ensuring that hospitals provide the resources and structures to allow individual consultants to optimally pursue CPD and improve quality service delivery.

Consultant Appointments

10/C05 This meeting calls on the HSE to confirm it is adhering to the Code of Practice guidelines for all public sector appointments.

09/C03 This National Consultant Meeting requests the HSE indicate transparently the process for the approval of Consultant Posts and to produce a timescale for the recruitment of an additional 1000 Consultants which will be required to bring HSE staffing to international norms and move to a consultant provided service (acknowledging the requirement to alter the NCHD Consultant ratio).

09/C09 The IMO would welcome the opportunity to work with the HSE towards increasing Consultant manpower in a constructive way including the appointment of a proportion of new Consultants on a Type C Contract.

08/C01 That candidates for appointment as Consultants must be on the Register of Medical Specialists on commencing employment as Consultants.

Consultants Common Contract (including Contract Negotiations and Review Body)

09/C01 This National Consultant meeting calls on the Minister for Health and Children to direct the HSE to implement all provisions of the Consultant Contract 2008 with effect from the date of signing.

09/C02 The IMO condemns the Minister's delay in implementing the 2008 Consultant Contract and in the appointment of Clinical Directors.

09/C06 The IMO calls on the HSE to guarantee that the appointment duties and responsibilities of, and the supports provided to Clinical Directors in psychiatry under the 2008 Common Contract will be the same as for all other specialities.

08/C03 The IMO welcomes the re-establishment of a contract whereby consultants are paid for practising exclusively in public hospitals in addition to established contract options.

08/C06 The IMO will take all appropriate steps to protect any member who is offered consultant contractual terms at variance with those agreed by the IMO and the HSE and to resist any further breaches of this contract by the HSE.

08/C09 The IMO calls for a clear statement of facilities, equipment and resources to be provided by their employer to the successful candidate prior to commencing duty as a Consultant.

08/C10 This meeting calls on the Minister for Health & Children and the HSE to ensure that all consultant posts are offered with the choice of the public-only contract, whether or not there is a proposed co-located hospital on site.

08/C13 This meeting insists that the existing right, duty and responsibility of direct and unhindered advocacy by consultants on behalf of patients and the health service be enshrined in any future consultant contract.

08/C14 This meeting insists that, under a revised consultant contract, the clinical autonomy of consultants to act in the best interests of patients cannot be subject to corporate policy.

07/C02 The IMO supports the re-introduction of the option of a “fully salaried” consultant contract.

06/C01 In current and future contract negotiations the IMO will vigorously defend the rights and responsibilities of consultants to advocate on behalf of individual patients and the healthcare system.

06/C02 The IMO Consultant Committee calls on the Minister for Health, the Department of Health & Children and the HSE to seriously engage with consultants to address the problems of the health service and desist from issuing provocative statements through the media.

05/C01 IMO consultants condemn the fact that the Department of Health and Children have broken the Consultant Common Contract and insists that the Department of Health and Children adhere to the time honour practice that there will be no changes to the common contract without consultation with the IMO.

05/C02 The National Meeting of Consultants regrets the current bad state in industrial relations between the Department of Health and Children and consultants.

04/C06 That the deliberate unilateral breaches of consultant contracts, which persist despite warning from the IMO, call for measures at work level that will re-establish adherence to reasonable procedures.

03/C06 That this AGM condemns the failure of the Department of Health and Children and the HSEA to fully implement the term of the Report No. 38 of the Review Body on Higher Remuneration in the public sector in a timely manner.

03/C05 That this AGM supports the reintroduction of the Geographical Whole time position without fees provided that it is the choice of the individual consultant and not that of the employing authority.

01/C01 That the pay recommendations of the Buckley Review, relate to the present contract and should be implemented in full, before entering into any negotiations on a new contract.

00/C13 The IMO requests clarification from the Department of Health & Children as to which hospitals have not complied with their contractual obligation to set up executive management committees which include consultants.

00/C14 The IMO calls on the Minister for Health & Children to ensure that all applications by hospital consultants for historic rest days be acknowledged.

00/C16 The out of hours consultant attendance for patient care should be determined by clinical need and not by demands of political expediency.

99/C15 In all present and future negotiations, the IMO insist that the 50% relationship of remuneration between serving and retired consultants be maintained as obtains in the present revised Consultant Contract.

99/C13 That the IMO demand that the grievance and dispute procedures agreed in the Consultants common contract be activated immediately and that outstanding cases be dealt with forthwith.

98/C01 That the IMO Consultants no longer have confidence in the Review Body for Higher Remuneration in the Public Sector to equitably evaluate Consultant terms and conditions of employment and that the IMO seek an alternative process for reviewing the terms and conditions of service of Consultants and that the IMO should reassess its view on the appropriateness of the Review Body to deal with Consultant Remuneration.

98/C02 That the IMO explore the possibility of a legal challenge to the inclusion of Consultants in the Review Body Report No. 37, given the failure of the Review Body to provide an opportunity to make prior submissions.

98/C03 That the IMO condemns the contravention of fair process in the deliberations of the Review Body and issuing of recommendations on pay awards in advance of, and in ignorance of, the final conditions of service agreed in negotiation between the Department of Health and the Consultant Representative Bodies particularly the IMO.

98/C04 That the IMO notes the failure of the Review Body to provide fair and equitable judgement on the remuneration of all those within its remit as evidenced in its Report No. 37 which displays a hostile view of the non-commercial public service specifically by relatively down valuing their remuneration, and accordingly, that the IMO calls upon the Government to abandon or totally re-constitute the Review Body.

98/C05 That the IMO insists that the next Third Party Review of Consultant Remuneration by a Third Party take place, as scheduled, by June in the year 2000, in accordance with the time-frame agreed with the Department of Health in 1988

98/C06 That the IMO considers that the recommendations of the Review Body on Higher Remuneration in the public sector provide for inadequate differentials between those least committed and those maximally committed to the public service.

98/C09 That the IMO rejects the clauses of individual Consultant contracts that attempt to limit the freedom of the IMO to pursue the financial interest of Consultants other than through a Review Body that has abrogated a Third Party rule.

98/C10 That the IMO ensures that the interests of Consultants who do not wish to avail of the new Revised Contract be protected and pursued if necessary, through available Third Party institutions such as the Labour Court.

98/C11 That the IMO shall not, through its officials or constituent groups, enter into any agreement on behalf of any member or group of members that requires an open-ended commitment for a fixed financial reward.

98/C12 That in future Reviews and negotiations of the Consultant Contract, that the IMO insists that the pricing issue should only be addressed after the conditions of service have been agreed.

98/C13 That the IMO Consultants note that the IHCA has admitted to the generality of Consultants that a financial cap of £13M was accepted by them in their opening statement in March 1997 as part of the revised Common Contact negotiations at a time when neither party had prior knowledge of what the final contract documents would contain and regrets that the IHCA

agreed with the Minister that the cap should be accepted as a precondition for entering into negotiations.

98/C14 That the IMO notes that the without fees form of Contract has not been processed through the Review and rejects the attempt to arbitrarily link it with rates arrived at for other Contract categories which have been discounted because of an unquantified perception of other professional income, which in all probability, relates to Consultants not holding any public appointment.

98/C15 Given the common total, private and public compensation basis in arriving at individual remuneration for public hospital consultant contracts, that the IMO believes that a minimum provision of facilities, such as 365 x 4 private beds per annum, is required to achieve equity.

98/C16 That the IMO demands that the link between hospital Consultants remuneration is maintained with that of their traditional compactors.

98/C17 That the IMO resolves that future negotiations on remuneration and conditions of service for hospital Consultants be conducted as entirely separate negotiations.

98/C18 That the IMO, which is the only Trade Union in Ireland representing hospital Consultants, reserves the right to negotiate in future on an independent basis on behalf of those Consultants.

98/C22 That the IMO requires that separate determination of reward for participating in the management function be made available to Consultants which would take into account the opportunity costs borne by Consultants in participating in management.
superannuation

98/C23 That the IMO demands that specific provisions be put in place to off-set the superannuation disadvantages for Consultants associated with devoting significant commitment to involvement in management at hospital level.

97/C03 That the IMO endorses the current Consultant Common Contract and calls for it to form the cornerstone of the IMO approach to any Review negotiations.

97/C04 That the IMO endorses the principle that payment for work done should be paramount in any revised proposals arising from the Review of the Common Consultant Contract.

97/C05 That the IMO rejects the recommendation of the Review Body to abolish one of the existing Common Contract options and calls for appropriate negotiations to update the salary scales for all existing contract types.

97/C06 The IMO demands the retention of the category of Consultants contracted as geographical wholtime without fees and calls for appropriate negotiations to update the salary scales for all existing contract types.

97/C07 That the IMO demands that the full interests of retired Consultants (present and future), be defended and promoted in any revision of the Consultant Common Contract.

96/C01 That the IMO enter negotiations with the Department of Health in order to finalise the current cycle in the Common Contract Review.

96/C02 That the IMO seek to ensure that time and resources for Consultant CME be properly catered for.

96/C03 That the IMO continues to oppose the principle of open commitment in return for fixed payment and believes that reward for out-of-hours service should reflect work done.

96/C04 The IMO deplores the present mistaken attitude of hospital management that its duty is to fail to honour the Consultants' Common Contract and all other agreements for as long as it can get away with it and if possible permanently.

95/C06 That the IMO arrange urgent discussions with the Department of Health to implement the full payment of outstanding monies i.e. unclaimed 'C' factor, onerous duty fund, CME fund, due to Consultants since the commencement of the Revised Consultants Contract.

95/C10 That the IMO considers that 'B' factor payments and car allowance should be included in any future Revised Consultant Contract.

93/C10 That the IMO demands the immediate appointment of a Chairperson of the Review Body on Higher Remuneration in the Public Sector.

93/C11 That the IMO deplores the unilateral breach of the Revised Common Contract by the Department of Finance in blocking the process agreed for the resolution of outstanding items identified in that contract.

93/C12 That the IMO support the efforts of the Consultant Committee to process outstanding contractual matters through the Labour Court in the absence of a functioning Review Body.

93/C13 That the IMO demands that a recommendation be made in respect of the 'C' factor claim currently lodged by the IMO with the Labour Court and that such a recommendation be implemented.

92/13 In regard to review of remuneration that the IMO:

- a. regret the delay in implementing contracts revised on the basis of recommendations of the Review Body;
- b. support the framing, lodging, negotiating and accepting of proposals in line with IMO policy through Review Body arrangements;
- c. that payment be sought on the basis of work performed, i.e. resources of time, skill, experience applied in the provision of services and open-ended arrangements for open-ended commitment. All options shall be considered including specific distinctive arrangements for individual specialties;
- d. notes that a report is due from the Review Body in June 1992 and directs the IMO to take the measures necessary to attain delivery on expected date.

92/14 In regard to contract matters, that the IMO:

- a. ensure that all Consultants are offered valid revised contracts
- b. urge that contract arrangements for holder of Academic appointments be speedily put in place
- c. support payments additional to the basic remuneration for Consultants for services that exceed or are not covered by the standard structured commitments of posts
- d. reiterate that full-time contracts and posts be for exceptional and particular circumstances and that the general contracts and posts be of the "existing wholetime" and "part-time" categories
- e. consider that remuneration for contracts designated by the Review Body as "retained" should contain an identifiable retention fee element
- f. support and facilitate the development of clinical audit and insists that arrangements required to support it be provided at the level of each hospital
- g. promote the concept of annual practice plans as proposed by the Review Body and now part of Revised Consultant Contracts and, recognising the difficulties hospitals have in providing resources to implement these plans, urges that these be developed on an agreed phased basis

- h. noting the failure of hospital authorities to respond to the onus placed on them by the Review Body to improve hospital management by producing arrangements designed to permit Consultants to collaborate in management, now urges the implementation of pilot arrangements described in the Memorandum annexed to revised contracts

proceed through the Review Body to seek:

- a. compensation for the change in patient eligibility in relation to the PESP that Consultants' out of hours commitments be fully remunerated
Consultant salaries be revised in relation to increases awarded to higher civil servants under the Review Body process
- b. direct that submissions to the Review Body support improvements in all current categories of contract
- c. supports, where appropriate, obtaining judicial review of decisions of employing authorities that breach terms of Consultants' contracts relating to locums

98/C08 That the IMO ensures that the limits of either time or payment or both, in respect of out-of-hours services be removed by 1999 or else, that sufficient Consultants be provided so that services can be delivered within individual contract limits.

92/17a That the IMO deplores the present policy of the Western Health Board, in defiance of the Common Contract, of refusing to pay subsistence to doctors travelling to peripheral clinics in the Western Health Board region.

92/17d That the outstanding cases of the Interpretation Committee be first on the agenda for the Grievance Committee which should be established immediately.

90/38 That the IMO endorses the decision of Council to enter into negotiations with the Department of Health on the revision of the Common Contract in light of the Gleeson Report.

90/39 That the IMO negotiating team for the Common Contract review may meet and consult with the IHCA team prior to and after meetings with the Department of Health.

90/42 That the IMO instruct the negotiators on Consultant affairs to consider all Consultants in their negotiation, including the special needs of Academics, Clinical Directors, RMS, Medical Directors of hospitals and retired Consultants, to ensure their needs are dealt with.

90/43 That the IMO seeks, where appropriate, judicial review of the decisions of employing authorities that breach terms of Consultants relating to locum cover and to non-payment of contracted commitment.

90/44 That the Consultants contract be improved in line with the proposals in the Gleeson Report.

90/45 That rest day entitlement be retained and implemented.

90/47 That locums be provided for annual (and other) leave.

89/85 That eligibility of patients be determined accurately in order to identify service provided under the Common Contract.

89/86 That the limitations on 'B' and 'C' factors be removed.

89/88 That the excess hours of service per week provided under the 'A' factor be remunerated accordingly.

89/89 That the Common Contract be implemented in full, e.g. in respect of holidays, locums, rest days and sabbatical leave.

89/92 That the IMO re-open negotiations for the creation of a new common selection procedure for Consultants holding the Common Contract.

89/94 That the IMO considers that full-time contracts for Consultants should be reserved for exceptional circumstances and in general would not be in the best interest of Consultant services.

89/95 The IMO notes the unsatisfactory situation in regard to recruitment and maintenance of the establishment of Consultant posts. Correction of the many factors that operate to create this situation should be urgently undertaken.

89/96 That the IMO considers that remuneration for services to Category I and Category II patients should not be adversely influenced because of the potential of Consultants to earn other professional income.

86/C01 That the Consultants Common Contract be renegotiated.

86/C04 That measures be taken to ensure that no Consultant positions be filled on a permanent basis until a Common Selection Procedure agreeable to the IMO is implemented.

Coroner's Act

00/C16 That the Coroners Act should contain provision for:

- a. retainers for consultants providing a significant necropsy service which should be pensionable
- b. payment for expenses for visits to scenes
- c. a suitable fee for secretarial services

Eligibility for Free Services

90/48 That eligibility for free Consultant services be accurately assessed in all hospitals.

86/C06 That the IMO notes that changes in financial levels set for eligibility for hospital services do not relate to published official economic change indices.

Emergency Services

98/C07 That the IMO considers the process designed by the Review Body for providing for public emergency services is not compatible with the 24 hour response service

86/C03 Noting that the contract of employment arrangement by which hospitals meet their obligation to provide emergency services expires when its limits are reached, the IMO advise hospitals of the need to make arrangements outside the contract for such services.

Employment Ceilings

06/C04 The IMO Consultant Committee supports the HSE in its opposition to the employment ceiling in the health services which inflates cost and impedes efficient and effective service development and reports the scandalous waste of resources to the Comptroller and Auditor General.

Enterprise Liability

03/C03 That this AGM will debate our grave concern regarding developments in professional indemnity, including the issue of tail cover.

03/C04 This AGM expresses its concern at the implications for patient care, arising from proposed changes in the provision of medical-liability insurance for hospital consultants and

strongly asserts that such insurance provision should be provided separately from their health service employers, so that consultants can unreservedly advocate for their patients.

02/32 That any arrangements for Enterprise Liability shall provide for all situations where a claimant chooses to take an action against an individual member of the staff of an enterprise, for alleged injury associated with delivery of care. The action shall be considered to be against the enterprise and shall be defended by the enterprise.

Equal Pay

03/C06 That the IMO should pursue a policy of equal pay for equal work for consultants in all locations.

Insurance Payments

01/C02 That third party payments systems for professional services (statutory or voluntary insurance plans) properly value services providing personal care (evaluation and management service) to individual patients and that the item of a follow-up visit provides the basic index item for such systems.

Medical Indemnity

05/C05 The IMO will continue to endorse negotiating settlement to the medical indemnity crisis.

Mental Health Tribunal

06/C05 The IMO demands that the Mental Health Commission review, within one year, the operation of the Mental Health Tribunals and their effects on the process, the rights of patients and the rights of consultant psychiatrists.

On Call Services

00/C08 That consultants over 50 years of age in acute specialties cannot be expected to provide first on call service under any circumstances.

Paediatric Subspecialties

06/C06 In light of the emergence of specialties within paediatric medicine the IMO requests the Medical Council to formally recognise these as independent specialties.

Part-time Posts

08/C04 The IMO calls on the HSE to pro-actively support increased numbers of Consultant posts filled on a part-time basis in order to meet the increasing demand for family-friendly working.

08/C05 The IMO calls on the HSE to put all reasonable measures in place to facilitate consultants working for a stated number of agreed hours in moving to part time working on a short term or permanent basis and would welcome a broad range of flexible contract options to best match the configuration of hospitals.

Patient Care

07/C03 The IMO recommends that explicit hospital accreditation standards must apply regarding the nature and level of general support for Consultants in delivering and assuring the quality of care.

04/C05 That each patient is entitled to a designated consultant who accepts continuing responsibility for that patient's care.

Pay Review Body

06/C03 This meeting deplores the selective implementation of the recommendations of the Pay Review Body by the Department of Finance and directs the incoming Consultant Committee to pursue this matter.

Pension Issues

06/C07 That the IMO will undertake a review of the administration of AVC arrangements at the time of retirement of Consultants and to ask the management committee to act on these findings.

Quality Consultant Service

01/C09 The IMO supports a move to a "Quality Consultant Service" rather than out of hours availability on call.

Re-certification

95/C09 That the IMO Consultants reject the notion of re-certification for Consultants.

Recruitment

01/C22 The IMO calls for the harmonisation of recruitment procedures between voluntary hospitals and public service appointments.

01/C23 The IMO is opposed to devolving recruitment responsibility from the LAC to the Health Boards.

01/C24 The IMO calls on the LAC to accept that the hospital to which consultant appointments are being made has the right of consultant representation on the interview board.

01/C25 The IMO calls on the LAC to ensure that all advertisements for consultant posts indicate that Job Sharing Applications are welcome and to immediately set up procedures by which such applications can be accepted and processed.

Referrals

10/05 The IMO supports the referral system from General Practice to Hospital Consultants in public and/or private practice as this is in the best interests of patients.

89/75

(a) That the IMO restates its opposition to the unprofessional practice of Consultants accepting direct referral from solicitors.

(b) That the IMO abhors the acceptance by Consultants of non-medical referrals.

Retired Consultants

01/C11 That the IMO ensures that a legally binding agreement is signed ensuring that retired consultants pensions increase at the same rate as the pay of consultants in post even if at some time in the future these consultants are persuaded to agree to changes in hours, flexibility, commitments, rosters, work practices or anything else to obtain a pay rise.

00/C12 The IMO calls on the Minister for Health & Children to ensure that all retired consultants receive arrears with interest and improved pension payments as agreed by the Department of Health & Children and the Department of Finance.

00/C10 The IMO demands that the Department of Health & children now seriously consider and negotiate the matter of early retirement for consultants equivalent to that available to Health Board Psychiatric Consultants.

00/C11 That reckoning of service for calculation of pension entitlements take full account of rest days and B factor payments.

97/C07 That the IMO demands that the full interests of retired Consultants (present and future), be defended and promoted in any revision of the Consultant Common Contract.

97/C08 That the IMO insist that compensatory payments must be made to Consultants retired since 1992 for lump-sum and pension deficiencies that have arisen on foot of delays in establishing the Review Body on Higher Remuneration in the Public Sector.

Salary Review

05/04 IMO consultants deplore the failure of the Department of Finance to ensure that the salary review process for consultants took place in 2004 as scheduled.

Secretarial Support

96/C06 The IMO demands that each public hospital Consultant be assigned appropriate, experienced secretarial support.

Specialty Development

01/C20 That health service planners should identify and plan for adequate development and financing of "Cinderella" specialties within the hospital service.

01/C21 The IMO proposes that Paediatric Cardiology be recognised by the Medical Council as an independent separate paediatric specialty.

Specialist Services

04/C09 The IMO demands that people in Ireland have equal and freely available access to tertiary-level specialist services irrespective of their place of residence.

04/C10 The IMO insists that the Department of Health & Children informs the public that access to specialist services in Ireland is effectively rationed.

Temporary/Locum Consultants

03/C01 The IMO insists that Health Boards comply with the stipulations of Comhairle na nOspideal that the future creation of long-term temporary consultant posts cease forthwith, that the practice of creating non-approved, non-permanent consultant posts is also ended, and such posts are advertised and filled in a permanent capacity.

01/11 Given that there are a significant number of doctors in the Irish Health System who are serving as consultants in non-permanent consultant posts and that these doctors have proved themselves to be equally competent as compared to their permanent colleagues, the IMO proposes that their services be acknowledged, appreciated and rewarded and calls for discussions in relation to making such appointments permanent.

00/C13 The IMO recommends to the Medical Council that consultant psychiatrists in long-term temporary positions prior to 1996 be included on the Specialist Register provided they possess evidence training equivalent to that which was the accepted standard of training for a consultant appointed prior to 1996.

00/C14 The IMO calls on Comhairle na nOspideal and the Eastern Health Board to regularise the employment situation of the long term temporary consultants in the Eastern Health Board.

00/C19 The IMO demands that proper and full locum cover must be provided for all consultant annual, CME and accumulated rest day leave.

99/C01 That the IMO calls on the Department of Health & Children and Comhairle na hOspideal to ensure that new appointments of temporary consultants should not be for periods in excess of one year.

99/C02 That the IMO calls on the Department of Health & Children and Comhairle na hOspideal to regularise the employment situation of consultants in long term temporary posts.

95/25 The IMO demands that all employing authorities provide full expenses including registration fees, medical protection, travel, accommodation, etc., to locum consultants.

93/C01 That the IMO serve notice on the Department of Health that it will take a militant stance in respect of the continuation of temporary Consultant posts.

93/C02 That the Consultant Committee pursue the issue of rights for locum and temporary Consultants, especially relating to superannuation entitlements, and that similar arrangements to those applying to NCHDs be applied to such Consultants.

93/C03 That IMO Consultants reiterate their opposition to the practise of utilising long-term locums and temporary Consultants and call on the incoming Consultant committee to pursue this issue with Comhairle, the Health Boards and the Health Spokespersons of all Dail political parties.

93/C04 That the IMO call on Comhairle na hOspideal to ensure that full and accurate information in respect of numbers of locum, temporary and sessional Consultant posts be constantly updated.

Working Hours

94/C06 That the IMO obtain clarification of the legal status of the EU Directive on the 48 hour week as it relates to Consultants.

93/C17 That the IMO demands that Consultants' service commitments be reduced or locums provided to facilitate each Consultant in availing of eight rest days per month.

93/C18 That the IMO ensure a consistent application of contractual entitlements to rest days and locum availability.

92/41 That the IMO seeks to ensure that breaches of the 65 hour week be remedied without delay.

89/104 That the IMO expresses its concern about the delays between hospital management and the Department of Health in agreeing the financial allocations required to fully implement the 65 hour week.

CONTINUING MEDICAL EDUCATION / CONTINUING PROFESSIONAL DEVELOPMENT

06/G20 That the IMO demands dedicated ring-fenced funding from central government to finance in-service CME and CPD activity during normal working hours.

01/01 The essence of implementing appropriate CME/CPD/Competence Assurance systems in Ireland is that they are driven by the commitment to facilitate the professional development of the individual doctor by participating in properly funded CME/CPD so as to ensure that s/he can provide optimum quality medical care throughout their career.

01/01 It is the policy of the IMO that Continuing Medical Education and maintenance of competence is; a moral and ethical responsibility for all doctors; basically a voluntary responsibility and doctors should be encouraged and facilitated by all appropriate mechanisms to fulfil this ethical obligation.

99/C14 That the IMO demands that the Department of Health and Children provide the additional financial resources necessary for locum cover to be made available for Continuing Medical Education.

97/G25 That the Group Leaders in CME schemes be entitled to claim for a half day study leave for preparatory work prior to each CME meeting.

92/46 That the IMO requests the Post Graduate Medical and Dental Board, Comhairle na hOspideal and the Department of Health to facilitate improvements in continuing medical education for all doctors.

Consultants

09/C08 The IMO calls on the HSE to recognise the importance of Continuing Medical Education and Continuing Professional Development (CME & CPD) to the future quality of service provision and to protect its funding.

08/C07 The IMO supports the introduction of practice plans which enable Consultants to meet their ethical obligations to engage in continuing medical education, audit, teaching and research.

00/C18 In addition to leave for societies and clinical meetings a minimum of one weeks CME leave with full locum cover per six months must be provided for all consultant staff.

95/C07 That the IMO believes that there is a professional obligation on all Consultants to participate in CME and that employing authorities should facilitate and fund this activity. Participation in CME must, however, be on a voluntary basis.

95/C08 That the IMO should encourage the efforts of all organisations involved in the provision of CME for Consultants and ensure that all Consultants have equal access to CME.

93/C19 That the IMO support all Consultant members' entitlements to CME irrespective of any conditions which management may seek to attach to such payments.

GPs

10G24 This meeting calls on the relevant authorities to ensure that continuing medical education be cost neutral to GPs.

NCHDs

95/N05 That all doctors in training be supplied with contracts which include provision for continued education as is the case with Senior Registrar contracts.

Public Health Doctors

03/P07 The IMO calls on the Department of Health and Children to increase the Continuing Medical Education entitlement of Public Health Doctors which has been set at €635 since 1994.

98/G27 That the IMO adopts the policy of in-service training for General Practitioners, and undertake negotiations to achieve implementation of this policy.

98/G42 That the IMO energetically supports the right of non-GMS GPs, including Locum and Sessional GPs, to be paid Study Leave payments for C.M.E. in accordance with ICGP Policy.

94/P5 That the IMO will seek to ensure that resources are provided to enable all AMOs and SAMOs to pursue public health qualifications so as to allow them to compete for all senior public health posts.

CONTRACEPTION

93/02 That the IMO call on the Government to introduce legislation allowing for the sale of condoms through vending machines.

92/09 That condoms be available for all who are sexually active.

CRISIS RESPONSE/EMERGENCY PLANNING

10/06 The IMO calls on the HSE to have an emergency plan for transport and accommodation in respect of frontline HSE staff during periods of major incidents, emergencies and extreme weather conditions so as to ensure patient care is maintained.

03/76 That the IMO assures the public that all emergencies whether SARS related or related to meningitis or other serious infectious diseases are and will continue to be dealt with by public health doctors in a fully professional manner.

03/60 The IMO congratulates the Department of Agriculture in its response to the foot and mouth crisis and views with extreme concern the failure of the Minister for Health and Children to respond in like manner to threats to human health.

DATA PROTECTION

10/07 The IMO calls on the Minister for Justice, Equality and Law Reform, and the Medical Council to engage with the IMO so as to review current data protection legislation and its impact on effective patient care and confidentiality.

DEPRIVED / DISADVANTAGED AREAS

06/G27 That the Minister for Health & Children acknowledges the high level of deprivation in North Dublin, as evidenced by 25% of the national RAPID area being situated in North Dublin and provide adequate funding to address this problem

97/G15 That doctors in practice in areas of severe urban deprivation are provided with sufficient support to facilitate quality care and that "ring-fenced" funding is provided in this regard.

97/G17 That the IMO negotiate the funding of specific security measures to protect doctors and patients attending GP surgeries in disadvantaged areas.

92/22 That due financial recognition should be given to the extra insurance, security and maintenance costs incurred by General Practitioners based in deprived urban areas.

89/13 The IMO should ensure the provision of a practice allowance for GMS GPs working in deprived urban areas.

DEVELOPMENT OF DEGREE COURSES

01/13 That the IMO demands additional funding of universities, for the development of degree courses in social work, clinical psychology, speech and language therapy, child psychiatric nursing, with the objective of increasing both the quality and quantity of such disciplines.

DISABILITY BENEFIT

95/G09 That the IMO negotiates eligibility for Department of Social Welfare Disability Benefit for all doctors.

DISABLED PERSONS

08/55 The IMO demands that the HSE, the Department of Health & Children and the Department of Education & Science co-operate with the health and teaching professions to create a national implementation process for the introduction of recommendations of the Disability Act and Education of People with Special Education Needs Act in a standardised manner across the country.

08/56 The IMO calls on the HSE to immediately address the deficits and inadequacies in diagnostic and treatment services for children with disabilities.

08/57 The IMO calls on the HSE, the Department of Health & Children and the Department of Finance to publish the costs associated with the implementation of the Disability Act and to guarantee ring-fenced funding for the lifetime of the implementation.

08/58 The IMO calls on the Department of Finance to increase the tax relief for families of people with disabilities.

08/59 The IMO calls on the HSE to address the evolving inequality which has arisen because of the interpretation, by the HSE, of the needs assessment process under the Disability Act 2004.

02/06 That the IMO urge the Department of Health & Children to review the current service provision for those with mild mental handicap and mental illness.

00/58 The IMO calls on the Government to urgently address the inadequacy of care assistance and tax relief provided by the State for the disabled and the mentally handicapped.

95/16 That the Department of Finance be asked to widen the categories of disability eligible for tax concessions on vehicles.

89/64 The IMO demands that the Minister for Health provides an immediate expansion of extended care facilities for young chronically disabled patients.

Primary Care for Mentally & Physically Handicapped

00/G35 The IMO urges this Government to negotiate a new deal with general practice to provide a comprehensive service free at the point of access for both the mentally and physically disabled of this country regardless of parents' income.

DISEASE SURVEILLANCE / NOTIFICATION

97/12 The IMO condemns the Minister for Health for his failure to provide a National Disease Surveillance Centre.

95/29 The IMO calls on the Minister for Health to establish a Communicable Disease Centre as outlined in the Hickey Report in light of the public and professional concern about TB, Meningitis, Measles and other infectious diseases.

94/42 That the IMO calls for the setting up of a National Communicable Disease Surveillance Centre.

89/112 Notification of communicable diseases is inadequate for the control of infectious diseases. There is a need for a broader based, more scientific surveillance system of communicable diseases to keep pace with such things as modern mass production of food, rapid international travel, the association of certain viruses with malignancy, etc. The IMO recommends setting up such a surveillance system using information sources and expertise not utilised in a cohesive manner in the past.

DISTRICT MEDICAL OFFICERS

10/G27 This meeting calls on the IMO to lodge a claim for the implementation of the salary agreed for District Hospital Medical Officers in 2008.

99/G24 That the notional increase in DMOs salary which was agreed to facilitate an increase in pensions for DMOs now be accepted and a real increase be paid to doctors being paid DMO salaries in recognition of particularly disadvantaged practices.

98/G46 That the IMO shall in each year publish in writing at or shortly before the Annual General Meeting, a report on the pensions of the Former District Medical Officers.

97/G29 That the IMO negotiate positively on the issue of pension rights denied to temporary District Medical Officers.

97/G30 That the IMO insist that the daily locum allowance for former DMOs is insufficient to employ locums at recommended IMO rates and should be increased to current rates applying to GMS Doctors.

93/G03 That the IMO request that the daily rate of locum allowance of DMOs should be the same rate as for the 96 days, as negotiated under the new contract, and should not be regulated by the number of registered patients, or by the entitlements of a rural practice allowance.

86/G24 That the IMO renegotiate with the Department of Health permanent contracts for District Hospital Medical Officers.

DOCTOR-PATIENT RELATIONSHIP

90/22 That the IMO supports the primacy of the patient/doctor relationship and seeks to strengthen it.

90/23 That the IMO safeguards the patient/doctor relationship which recognises the right of the practitioner to set his own fees with his patient, including if he so wishes to agree with his patient to accept assignment of third party benefit as settlement of fees.

DOMICILIARY CARE ALLOWANCE AND MOBILITY ALLOWANCE

07/P01 The IMO opposes the transfer of the medical assessment for the Domiciliary Care Allowance and Mobility Allowance Schemes to the Department of Social & Family Affairs.

DRUGS

Drug Costs

10/62 The IMO calls on the Minister for Health & Children to implement the IMO's proposal to reduce the State's drug costs.

93/G05 That the IMO recognises that savings in respect of National Drug Budgets would be best achieved through a broad policy involving all specialty groups.

Drugs Reserve

03/20 That this AGM expresses its concern at the continued decrease in the supply of essential licensed medications and that the Department of Health & Children undertake immediate discussions with the pharmaceutical industry to ensure the continuing provision of licenced medicines required for essential treatments.

03/19 That the Government ensure a strategic national reserve of essential drugs.

00/15 That the IMO call on the Minister for Health & Children to introduce the necessary legislation which would ensure the ongoing availability of important licenses medical products.

Poisoning

01/15 In order to reduce the high level of paracetamol poisoning in Ireland, the Irish Medicines Board Conditions for the Supply and Sale of Paracetamol from Non Pharmacy Outlets (1997) should be given legislative backing. Paracetamol poisoning is now the most common cause of hospital admission from poisoning and it has increased by 27% since 1993.

00/12 In an effort to reduce the prevalence of accidental poisoning in young children the IMO calls for a mandatory requirement for medicines to be dispensed in child resistant containers.

Sale of Prescription Medicines

00/13 That the Department of Health, following consultation with the IMO, produce a public information bulletin on the change in the method of sale of heretofore prescription only products.

00/14 That the IMO Council prepares a statement for consideration by the World Medical Association on the ethical obligations and dilemmas for doctors in relation to Internet purchase of prescription medicines.

Therapeutic Bulletin

06/G28 That the IMO would campaign for the return of the distribution of the Drugs and Therapeutic Bulletin by the HSE.

EMERGENCY MOTIONS

03/75 That this AGM condemns the lack of progress by the Department of Health and Children in resolving the PHD dispute, regrets the lost opportunity presented to the Minister by his attendance at this AGM and deplors the threat made to the posts of nine identifiable members of this organisation.

03/N05 The NCHD Committee would like to extend their support to the Public Health Doctors during their current dispute. We are disgusted and disappointed by the inflammatory comments made by the Minister for Health and Children yesterday about the dispute and we would consider various options to us to see how we can extend practical support to our Public Health colleagues during their current protracted dispute.

03/G39 That the IMO demands the immediate payment with interest of outstanding monies owing to GPs under the PPF agreement.

ENVIRONMENTAL ISSUES

10/43 The IMO fully supports the World Medical Association Declaration on Health & Climate Change (2009) and calls on the Government to make it a priority for 2010 and beyond.

09/11 That this organisation urges the Department of Health & Children and the HSE to commence immediately taking the necessary steps to attain a climate neutral health service in the interests of saving lives, national economic security and to maintain global solidarity.

09/12 That the IMO call on the Department of the Environment to install carbon monoxide detectors and inspect gas boilers or oil burners in domestic dwellings to ensure that are compliant with EU safety regulations in view of recent tragic deaths attributed to carbon monoxide poisoning.

08/42 In recognition of the impact of climate change on the health and survival of people in all areas of the world, and in particular in poorer areas, this AGM encourages health professionals and the institutions they work in to reduce their carbon footprint as a matter of urgency, and furthermore calls on the Department of Health & Children and the HSE to give due consideration to the carbon footprint of all aspects of the health services with a view to achieving a 70% reduction by 2050.

07/27 That the IMO asks the Minister for Health and the Irish Government to urge the World Health Organisation (WHO) to rescind those aspects of the accord of 1959 between them and the International Atomic Energy Authority (IAEA) which effectively prohibits them from publishing health impacts from nuclear energy generation.

07/29 This AGM recommends that the recommendation of the Joint Committee on Communications, Marine and Natural Resources on 'Non-ionising radiation from mobile phone handsets and masts' be implemented.

06/29 Given that the World Health Organisation and the World Bank have both independently issued figures recently indicating that at least one third of all human illness worldwide is directly related to adverse environmental conditions, the IMO urges medical schools and other third level health educational institutions to establish modules in their curricula on “EcoHealth”.

06/30 The IMO views with concern the inadequate development of Health Impact Assessments as proposed by the National Health Strategy, particularly in relation to the pending introduction of incineration and the increasing availability of GM foods in Ireland, and urges the Department of Health & Children to fulfill its obligations as stated.

05/25 That, in light of ongoing uncertainty and in view of accumulating evidence, in vivo and in-vitro, of discernible effects on structure and function of tissues resulting from non-ionising radiation, that this Organisation; urges the Government to restrict the use of cell phones by children and prohibits the erection of cell phone base station transmitters on or near schools.

04/27 This organisation urges the Irish Government to ensure that the Regulation proposed by the EU Commission (June 2003) to permit the ratification of the Stockholm Convention (May 2001) relating to environmental contamination by Persisting Organic Pollutants (POPs – the Dirty Dozen) by the Council and the European Parliament, is adopted during the period of the Irish EU Presidency.

04/28 In view of the proven accumulation of synthetic chemicals in humans and of their known toxic effects, the IMO urges the Government to progress the EUs REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) proposals of October 2003 with the utmost urgency and expediency.

04/29 In view of the fact that climate change has been described as the most pressing environmental problem facing the world in 2004, and accepting the serious associated health implications, and acknowledging that Ireland is second last in the EU in terms of achieving its targets in terms of reducing greenhouse gas emissions (currently running at 20% above target) the IMO demands that the Irish government takes some meaningful steps to ensure that we will achieve our agreed targets by 2010.

04/30 In view of the absolute necessity for an adequate supply of pure water for the maintenance of health, the IMO urges the Government to make a serious commitment, including ring-fenced funding, to ensure that the EU Water Framework Directive (WFD) is implemented fully and correctly in accordance with the decreed timescale and in full consultation with all parties, as per the Directive.

03/12 The IMO calls on the Health Boards to institute and fully resource correct transportation of hazardous substances in accordance with recent E.U. Directives.

03/13 That this organisation urges the Government to ratify the Stockholm Convention on the elimination of Persistent Organic Pollutants (POPS) so as to help to protect the health of the Irish people.

03/14 The official policy of this organisation is that Mercury should be phased out in general, and especially in medical use, in view of its toxicity and accumulation in the global environment.

02/26 In view of the well documented links between climate change and health, this meeting requests that the Minister for the Environment appoint a medical doctor to the interdepartmental National Climate Change strategy team.

02/27 That the Irish government convene bi-lateral meetings with Government representatives from other countries affected and concerned about nuclear activities at Sellafield, including MOX

and that a coalition of such countries campaign collectively to persuade customer countries of BNFL to dry store nuclear waste and cease reprocessing.

01/27 That the IMO requests that local authorities and the EPA ensure that the practice of spreading slurry on land be strictly controlled in the interests of public health.

01/28 That the IMO urges that all dumping including animal and chemical waste be notified to the public in the form of a prior notice in the local media.

01/29 The IMO congratulates those who concluded the recent successful negotiations on Persisting Organic Pollutants (POPs) in Johannesburg under the auspices of the United National Environmental Program (UNEP) and requests the Irish Government to ratify the agreement, due to be signed in Stockholm in May 2001 and to use its good offices to encourage other governments to do likewise.

01/30 The IMO requests the Minister for Health & Children to establish a register of the epidemiological details of diseases in Ireland thought to be due to chemical and pesticide exposure.

01/31 In view of the absence of any epidemiological studies detailing the effects of genetically engineered foods on human health, this AGM requests that the Minister for Health & Children provide funding for the establishment of a group to establish the implications of genetically modified foods.

01/32 In view of the increasing concerns regarding the possible adverse health effects from microwave radiations the IMO requests the Minister for the Environment to require that a health warning, relating to these possible adverse health effects, particularly for those under eighteen years of age, be issued with all mobile phones.

00/47 This organisation fully supports and endorses the attempts currently being made by the international community under the auspices of WHO and the UN to minimise and ultimately to eliminate Persistent Organic Pollutants (POPs) in the environment globally, and demands that the Irish Government does likewise.

00/48 That the IMO requests the Department of Health & Children to undertake research into the levels of fluoride in body tissue in the Irish population, bearing in mind that in addition to the dose received from the fluoridated water supply, an unspecified amount is also received via toothpaste, mouthwash and other products.

00/49 That the IMO deplores the failure of the Irish Government to develop a fully integrated user friendly and environmentally national transport system which would reduce the use of private cars in this country and demands that steps be taken to address the situation.

99/01 That the IMO adds its name to the signatories supporting Abolition 2000, a global coalition working for an international convention against nuclear weapons.

99/02 In recognition of the fact that environmental pollution, inequality and other social problems are having a serious negative impact on the health of the Irish population this AGM urges health professionals, politicians, state agencies and the government to endorse a more precautionary and preventive approach to health care.

99/03 In consideration of the existence in all ecosystems including our food, and in all of us, of a burden of persistent organic pollutants (POPs), often at or near levels to be toxic, in support of the United Nations Environmental Programme (UNEP) and the International POP elimination Network (IPEN), this AGM demands that the government initiate, with the utmost urgency, the phasing out of the production and or the release to the environment of these chemicals,

particularly the twelve nominated chemicals currently targeted by the above organisation in conjunction with the international community.

98/11 That the IMO calls for a ban on the use of aerosol deodorants and cosmetics in public changing rooms.

98/07 That the IMO recognise that there is now significant serious contamination of the biosphere by persistent synthetic chemicals which have the potential to adversely affect the health of human populations globally, both now and in the future. Consequently, to try to protect present and future generations, the IMO strongly urges the Government and the Minister for Health to introduce and enforce measures to minimise further contamination, especially the uncontrolled use of industrial and domestic biocides, and to use their international contacts to encourage the same, particularly in the Third World.

96/28 That the IMO urge the Government to make every effort to stabilise carbon dioxide levels with immediate effect and to take a positive position on further reductions at the 1997 Inter-Governmental Conference.

89/65 That Ireland should not be used as a site for the disposal of toxic waste.

89/66 That the IMO strive for a greater concern towards environmental issues that affect the health of our population.

ETHICS

96/30 That the IMO will defend the rights of its members to refuse to undertake, or refer patients for any procedure or treatment to which the member has a conscientious objection. Furthermore, the IMO pledges its support, in so far as is practicable, to members of the paramedical and nursing professions who refuse involvement in procedures or treatments to which they have a conscientious objection.

96/31 The IMO rejects pre-natal genetic testing for non-treatable disorders or gender selection. Such testing is discriminatory and constitutes a threat to the life of the unborn patient.

96/32 The IMO affirms that the freezing of embryos is inconsistent with the medical profession's long-held tradition of respect for human life at all stages of development.

94/13 That in view of recent comments by members of the medical profession, the IMO reaffirms the right of all citizens to medical care.

93/28 That the IMO endorses the time-honoured principle of respect for all human life, born and unborn, weak and strong, without regard for race, nationality, religion, political, parentage or social standing.

93/29 That the IMO rejects abortion.

92/10 That the IMO reaffirms its opposition to euthanasia.

EUROPEAN ISSUES

10/09 The IMO stresses the importance of ensuring credible parity of standards of Specialist Certification, in a Europe which espouses the free movement of doctors.

10/10 The IMO recognises and supports the need for strong representation of Irish doctors at European level and supports the development of cost effective and efficient representation by the European Medical Associations.

EUROPEAN WORKING TIME DIRECTIVE

06/N08 The IMO calls for the implementation of the European Working Time Directive with protections for NCHDs as regards training and earning.

04/N01 That the IMO asks the HSEA to carry out an impact study of the effects of any proposed new rostering arrangements on the health and well being of NCHDs.

04/N02 That this AGM calls on employers, that if new rostering arrangements are to be brought in, to comply with the EWTD and in line with the Government policy on Partnership, that it should be done with mutual consultation so that it will have an improved effect on the continuity of patient care and NCHD training.

04/N03 This meeting calls on the IMO to seek from employers that all future new rostering arrangements should also reflect the training needs of all NCHDs and are mutually agreed.

04/N04 That any new rostering arrangements must take into account the training needs of NCHDs that are in part-time/flexible training programmes.

04/N05 This meeting calls on the IMO to seek the monitoring of NCHD hours on the basis of diary keeping exercise post EWTD phase 1.

04/N06 This meeting calls on the IMO to seek pay protection for NCHDs while negotiating new work patterns with the employers in compliance with the EWTD.

04/N07 This meeting calls on the IMO to reject any attempts by the employers to put NCHDs on call off site to become compliant with the EWTD without considering the level of clinical cover available to patients and NCHD training needs and response time.

04/N08 This AGM calls on the Minister for Health & Children to instruct employers that any proposed new rostering arrangements take into account well established family friendly policies.

04/N09 This meeting calls on employers to agree to rosters which will allow for continuity of patient care and adequate patient hand-over time.

04/G18 This meeting calls on the IMO to examine the implications of the European Working Time Directive on GPs who have a GMS contract and those who are engaged as medical officers to welfare homes, district hospitals etc.

04/56 This meeting calls on the IMO to resist any proposal from employers to bring in changes which would dilute the level of clinical cover available to patients as it would compromise the standard of their care.

00/39 That the IMO ensure that all doctors, regardless of specialty group, are covered by the European Working Time Directive and are not required to work hours in excess of those specified in the Directive.

99/N09 That the IMO call on the Department of Health and Children to address the implications of the proposed EU legislative changes for NCHD training (98/0318) and indicate how they intend to put them into practice in the context of the time frame outlined by the Commissioner.

EU PATIENTS

98/G48 That the IMO seeks an equitable professional fee for EU visitors.

97/G51 That the IMO recognise the right of a European visitor with an E11 form to see a non-GMS doctor on the same terms as a GMS doctor.

EXCHANGE PROGRAMMES

95/53 That the IMO support ongoing initiatives to provide for exchange programmes for medical practitioners based in both the Republic of Ireland and Northern Ireland.

EXTENDED CARE FACILITIES

03/38 That the IMO demand that the Department of Health and Children and the Health Boards urgently address the current huge shortfall in extended care facilities. This is central to addressing the perpetual crisis in acute hospital care and the lack of acute hospital beds.

FAMILY PLANNING

94/35 That the IMO support the availability of a comprehensive family planning service for GMS patients by a GP of their choice and that such services be paid for as special items of service.

FIXED TERM CONTRACTS

04/57 That the IMO welcomes the introduction of the Fixed Term Contract Act 2003 for the benefit of doctors not in training and will monitor the implementation of the Act to ensure that it is not misused by employers.

FOLIC ACID

05/44 The IMO calls on the Department of Health and Children to legislate urgently for the fortification of certain foods with folic acid

98/30 That the IMO request the Minister for Health and Children to introduce as a matter of urgency, a public information campaign on the benefits of folic acid.

FORENSIC MEDICAL SERVICE

08/83 The IMO calls on the Minister for Justice, Equality & Law Reform to engage positively with the IMO on the establishment of a structured Forensic Medical Service in conjunction with An Garda Síochána in line with the proposal made by the IMO to the Department of Justice, Equality & Law Reform in June 2007.

07/35 IMO calls upon Departments of Justice and Finance to support and allocate sufficient resources to develop a national forensic and legal medical service in the country.

03/61 That the IMO would actively pursue the setting up of a national network of police surgeons.

01/G33 That the Department of Justice appoint a Police Doctor in each division and pay GPs appropriately, and provide adequate facilities and resources.

GENERAL MEDICAL SERVICE

07/G10 This AGM proposes that, if future GMS earning of doctors are to continue to be published, this be done detailing the numbers of doctors in the practice, the total list size and the number of staff employed.

07/G12 In view of the increasing incidence of violence/intimidation, both physical and verbal, by a minority of patients against GPs and their staff, the IMO calls on the HSE to simplify and speed up the mechanism for removing patients from a GMS panel and for it to take direct responsibility for the provision of medical care to these individuals.

01/G03 That any arrangement for the provision of healthcare to any group be subject to national ballot prior to acceptance.

99/G01 That the maximum allowance for GPs be available to doctors with lists of 900 patients and pro rata.

- 98/G21** That the IMO negotiates a salary option for GMS GPs
- 98/G18** That the IMO explore with the relevant authorities the possibility of allowing the senior nurse on duty in sheltered hostels in the Psychiatric Services, to be permitted to sub-divide drug packs in respect of week-end discharges of GMS patients from those hostels.
- 97/G13** That the IMO advises that all assistants or sessional workers doing GMS work notify their Health Board.
- 97/G15** That all General Practitioners be allowed to dispense.
- 97/G16** That national flexible disbursement of GMS drugs savings be developed.
- 96/G01** That the IMO negotiate a salaried option for GMS doctors.
- 96/G16** That the IMO demand that the Department of Health enter into national negotiations with the IMO on the delivery of fully-funded family planning and women's health services in a general practice setting.
- 93/25** That the IMO calls for the inclusion of cervical screening as a special item in the GMS.
- 92/21a** That capitation should only be related to a 33 hour week.
- 92/25** That the IMO demands immediate agreement on the implementation of the Arbitrator's Award.
- 90/67** That the IMO deplors the current chaotic state regarding entry to general practice; it calls on the IMO to expedite the delivery of an equitable system of entry to general practice.
- 90/69** That the IMO abhors the alteration of death benefit of the GMS contract and demands that a minimum death benefit be introduced.
- 90/70** That the IMO call upon the Department of Health to accept responsibility for the cost of drugs in the GMS.
- 90/71** That the IMO should immediately seek to negotiate a basic minimum capitation fee of not less than £30 per annum without altering the demographic and geographic increased capitation fees paid for other patients.
- 89/16** That the IMO should take urgent action to stem the rising tide of bureaucracy and red tape associated with the new contract.
- 89/21** That the list of special items as presently constituted is inadequate and needs to be dramatically expanded in its range of items.
- 89/22** That the fees for special services are inadequate and need to be properly upgraded.
- 89/27** If the IMO decides to persist with the capitation system then all future negotiations should be on the basis of a 35 hour working week.
- 86/G16** That the IMO considers the present format of the GMS and that this should not be changed or altered without the consent by referendum of participating doctors in the General Medical Service.

Annual Leave

07/G08 This AGM proposes that the option of pooling GMS payments for leave entitlements be made available to group practices as happens currently with practices supports and subsidies.

07/G09 That all GPs with GMS contracts should be entitled to six weeks paid annual leave.

01/G12 That GPs in the GMS be entitled to six weeks annual leave regardless of panel size.

06/G09 That all GMS doctors receive their annual leave entitlements under a simplified system, thereby ending the current multiple form filling bureaucratic process.

99/G10 That the maximum holiday leave for GMS doctors be extended from 5 to 6 weeks.

Disciplinary / Investigation Procedures

86/G07 That the IMO requests an urgent review with the Department of Health of the disciplinary procedures of doctors in the GMS.

86/G22 That before a doctor be referred to an investigation group and appeal committee cognisance be taken of his referral rates to hospital, cost per panel patient and prescribing costs, and that investigation not be based solely on a doctor's computerised visiting rates.

Expansion of GMS/New Patients

01/G01 In the absence of adequate and satisfactory negotiation, the members of the IMO will not accept any new GMS patients unless their medical cards are granted as a result of mean testing.

01/G02 That the IMO by all lawful means resist any un-negotiated age related extension of the medical card scheme.

00/G07 That the IMO resist free whole population single payer schemes for general practice services.

00/G08 That the IMO extend an invitation to the Irish College of General Practitioners to form a joint committee with the purpose of formulating a design for an inclusive national GP service, whether wholly exchequer based or part insured based, equal in privilege and equal in access to all; this design to be proposed to the Government of the day.

00/G09 The IMO urges that the GMS scheme be extended to all persons who earn less than the national industrial wage.

00/G10 The IMO urges that the GMS scheme be maximised under present agreement to the 40% of the population on lowest income.

00/G11 The IMO recognises the financial hardship of, and disincentive to, the excluded population of the GMS eligibility margins to access primary care as needed.

00/G12 That the IMO calls on the Department of Health & Children to restore the medical card eligibility to the more needy members of society.

00/G13 That, given the experience of the inclusion of patients over 70 in the GMS, no agreement will be reached in relation to the possible expansion of the GMS to include children under five before negotiation on the increased workload takes place.

00/G14 That all discretionary medical cards be remunerated at a level which reflects the additional workload involved and noted by the appropriate issuing body and that all further discretionary medical cards be premium rated and budget neutral.

00/G15 In relation to new patients joining the GMS, particularly those who are eligible for a short period of time i.e. 3 – 6 months, this meeting proposes that the IMO seek:

- a. registration fee
- b. minimum period for which an individual can get a medical card
- c. transfer notes to a new doctor

00/G16 This meeting calls for a revision of the distance code in the Choice of Doctor Scheme in relation to new patients to reflect the real distance from GP surgeries and in taking on these patients GPs should be able to provide out of hours cover.

99/G06 That any available additional resources to expand the GMS should be targeted at those in most financial need.

89/58 The large number of low income families who suffer hardship as a result of not being able to afford medical care due to the unreasonable eligibility levels in the GMS is a source of grave concern.

GMS Contract & PCRS

10/G08 This meeting calls on the IMO to negotiate with the HSE so as to ensure that the real costs of providing services to GMS patients are identified and reimbursed to General Practitioners.

10/G09 This meeting calls on the IMO to engage with the HSE to promote rational, cost effective medical practice.

10/G10 This meeting calls on the HSE to urgently engage with the IMO and negotiate shared care protocols in the area of chronic disease management for all GMS patients and that general practice be properly resourced by the PCRS in this regard.

10/G11 This meeting calls on the PCRS to engage with the IMO to review the special items of service list so as to ensure it reflects the actuality of service provision in modern general practice i.e. Audiometry, Spirometry, Joint Injections and Blood Pressure Monitoring.

10/G13 The IMO will strongly resist any attempt by the PCRS to unilaterally change the terms of the GMS Contract including contractual provisions in relation to STCs.

10/G14 The IMO demands that the PCRS provide to doctors details of all payments made to them for services provided under the GMS and other publicly funded schemes.

10/G15 The IMO demands that GP queries to the PCRS regarding payments and allowances be addressed promptly and that GPs be provided with a clear and comprehensive response.

09/G01 The IMO deplores the deliberate policy of the Minister for Health & Children, the HSE and the Department of Health in using the Competition Authority as a means of failing to negotiate a new GP contract and in doing so seriously damaging the health service.

08/G02 This AGM deplores the lack of progress by the HSE in negotiating the GMS Contract Review and urges the HSE and the Minister for Health & Children to actively re-engage with the IMO.

07/G05 The IMO calls on the HSE to immediately produce a draft contract for negotiation for the delivery of GMS and publicly funded General Practitioner services.

07/G06 The IMO calls on the HSE to introduce a job-sharing option in the GMS in any new GMS contract.

07/G07 That the IMO negotiate a new GMS contract that allows for job share or list share arrangements within the GMS.

06/G02 The GP Committee calls for a rapid conclusion with the necessary funding of the review of the GMS and other publicly funded contracts.

06/G03 The GP Committee calls on the HSE and the Department of Health and Children to be inclusive in the negotiations with the IMO on behalf of their members, to encourage maximum participation in any new contracts that emerge.

06/G04 In order to retain our experienced GPs and to reflect the changes in modern society, we propose that the IMO make flexible contracts part of all future negotiations.

06/G05 That the IMO negotiates a new GMS contract that caters for the part-time General Practitioner such that he / she can exist and practice as an independent practitioner within the GMS Scheme and which confers the same responsibilities and rights as those enjoyed by their full-time GMS contracting colleagues.

05/G01 As it is not possible for GPs to provide adequate care for ill patients discharged to nursing homes or extended care facilities under the current contract provisions, these provisions require urgent attention in terms of contract negotiations.

05/G06 That the IMO demands that when Principals are applying for Assistants in the GMS under the GMS Contract, that the full weighted panel size should apply.

04/G02 When the issue of Benchmarking has been resolved, this meeting calls for a renegotiation of the GMS Contract to include as a priority the following issues:

- a. GP Working Week,
- b. Special Items of Service,
- c. STCs,
- d. Warfarin Clinics,
- e. Annual Leave Entitlements,
- f. Chronic Illness Management,
- g. Payment Systems
- h. GP Education

03/G12 That the IMO should negotiate a new General Practitioner contract.

90/50 That the IMO deplores the failure of the Health Boards and the Department of Health to honour in full the 1989 GMS contract and that no concessions be made by the IMO in regard to prescribing until all items agreed in the 1989 contract are fully honoured.

90/51 That in relation to the GP contract review negotiations, the IMO rejects any proposed linkage between GPs fees and the cost of drugs in the GMS.

90/55 That the IMO propose that the IMO give notice of withdrawal from the present GMS contract at the earliest date under the contract.

90/56 That the IMO give notice of intention to the Department of Health of its intention to withdraw from the GMS scheme at the earliest possible date unless the current review is satisfactorily concluded and the contract properly implemented.

GMS Fees/Grants/Allowances

08/G01 This meeting calls for all GMS allowances, including medical indemnity refunds, in future, to be calculated on a maximum (including over 70s patients) weighted panel size of 1000, with

special provision made for those practices with high demand patients such as a large number of asylum seekers.

05/G05 That the IMO should negotiate an appropriate fee for domiciliary visits in normal day hours.

03/G15 That immediate payment of fees due on Nursing Home patients in the GMS based on the population that was alive in July 2001 be paid and for those who were admitted to a nursing Home since that date.

03/G16 That the IMO negotiate a capitation fee for patients in community nursing homes equal to that payable for patients in private nursing homes.

03/G11 That the IMO seek to negotiate a similar fee that applies to the new over 70s scheme for all over 70s.

00/G01 That the Department of Health & Children:

- a. increase all GMS allowances to reflect the current market value of employing GP locums, practice nurses and secretaries.
- b. pay the maximum allowances on the national average list size.

00/G02 That the IMO regards the existing arrangements for the provision of medical services to GMS patients in nursing homes as entirely unsatisfactory and demand that they be the subject of an early renegotiation.

00/G03 That the existing schedule of 'special fees' be radically revised to reflect current market practice.

00/G04 That the practice nurse support grant be increased to reflect the national pay agreement for nurses as it applied to the public sector.

00/G05 That a new Practice Manager Grant be sought for group practices.

00/G06 That realistic locum fees be negotiated in the GMS contract in line with current rates.

99/G05 That the fee for attending a case conference be increased to the same level as the fee for attending a medico-legal consultation with a barrister.

92/31 That the IMO demands realistic fees for the full range of special procedures.

GMS Administration

05/G03 That the administration of the GMS be simplified by providing an integrated seamless, real time electronic database, made available to all GPs.

03/G20 That GPs should have ready access to all data relating to their patient panel held by the GMSPB when required.

GMS Entry

06/G08 That the IMO negotiates increased access to the GMS Scheme for the establishing of General Practitioners.

98/G43 That the IMO should prepare and present to the members of the Organisation and subsequently publish, a concrete set of proposals on Entry to the GMS by 1.10.98

97/G11 That current GMS Capitation fees are inadequate to provide a quality service to patients and requests the IMO to

- (a) Negotiate an increase in all bands but especially for 0-4, 5-15 year olds;
- (b) Negotiate new bands of 65-75, 75-85 and 85 and over with increased fees for each, and
- (c) modify distance codes.

97/G12 That the IMO ensures Health Boards apply the policy of fair but controlled entry to the GMS scheme, so that aspirants to a career in general practice have the prospect of a viable future when caring for GMS patients.

94/G03 That the IMO ensures that:

- (1) any proposals arising from the review of the GMS contract are unambiguous,
- (2) that there is no room for misinterpretation of the contract,
- (3) that the provisions of the GMS contract be uniformly applied by each Health Board.

94/G07 That all Health Board payments due to GPs be paid within 30 days of submission of claims.

92/24 That payments should be retrospective from the date of signing up of new patients.

92/27 That

- (a) house calls should be on a fee per item basis for payment;
- (b) payment for non-medical elements in the GMS such as notes for work, housing medical, medical reports and certificates be paid for.

92/30 That the IMO pursue realistic out-of-hours payments in the GMS and that these be independently costed.

92/32 That the IMO demands that the expenses associated with the provision of service in the GMS be independently costed and agreed.

92/33 That the IMO demand that provision for permanent health insurance be included in any revised GMS contract.

90/65 That in future the IMO will get all items cost accounted before agreeing to any fee per item. Furthermore, existing fee structures will be cost accounted to determine if they meet the basic requirements of paying for capital outlay, running expenses, time commitment and provision of adequate remuneration.

90/68 That the IMO should consider the interests of its members and start negotiations forthwith and stop the anomaly whereby GPs and NCHDs cannot gain access to the GMS except through advertised posts.

86/G08 That minimum qualifications for entry to the GMS be renegotiated.

86/G21 That the IMO negotiate a realistic increase in the locum allowance payable to doctors in the GMS.

GMS Lists

09/G05 Given that the average GMS list size has dropped in the past 10 years the IMO demands that practice allowances and subsidies be appropriately gauged according to these new lower list sizes and also take recognition of the increased demands placed on general practice.

05/G04 As GMS panel sizes continue to fall that the method of calculation of subsidies for employing nurses and secretaries/managers should be altered to reflect national average panel size.

00/G18 That the IMO GP Committee investigate options for the succession/disposal of GMS lists and produce a report to the GP Committee before the AGM of 2001.

96/41 That no GMS list should be suppressed without prior consultation with the IMO.

95/49 That the IMO will freeze the disbanding of all GMS lists, until a format for consultation with excluded GPs is arrived at which will take into account their views on the viability of such a list.

94/G16 That the IMO should press for a re-alignment of age structure of GMS doctors in order to facilitate the handing over of existing GMS lists to younger GPs.

90/66 The IMO notes with regret that the IMO policy of non-suppression of GMS lists throughout the country is being flouted, and it calls on the IMO to implement its own policy.

GMS Posts

05/G07 That the points system in interviews for GMS posts be reviewed.

03/G24 That the IMO will support the establishment of part-time GMS posts without the onerous on-call commitment.

GMS Review Fund

98/G41 That, following recent major changes in the Terms and Conditions of the GMS Contract holders, the GP Committee urgently reviews the Pay and Conditions of all GP sub-contractors with a view to passing on an equally proportionate amount of these increased benefits to the GP sub-contractors.

93/G04 That the IMO request that the names of all General Practitioners who did not subscribe to the GMS Review Fund be published and/or read out at local branch meetings.

92/29 That the IMO demand that the new GMS contract realistically acknowledges the hours worked by the average General Practitioner.

GMS Superannuation Scheme

03/G17 That the IMO seeks a comprehensive review of the GMS Superannuation Scheme.

GMS Sick Leave

03/G18 That the IMO negotiate with the Department of Health and Children that the Department will pay locum costs for doctors on sick leave.

Indicative Drug Budgeting Scheme (IDTS)

08/G03 This meeting deplores the loss of funding provided through the IDTS towards development and practice premises i.e. infrastructure and as result there is a total lack of current investment in individual general practice development.

04/G22 That the IMO calls on the Department of Health and Children to review the Indicative Drug Budget Scheme with particular regard to budget neutral drugs.

03/G22 That the Indicative Drug Budgeting Scheme be maintained until a suitable alternative is in place.

01/G06 Monies accrued under the Indicative Drug Budget Scheme shall be available to reimburse all certified practice expenses.

99/G09 That the inequitable way in which high cost patients negatively affects doctors' grants, under the indicative drug budgeting scheme should be changed.

98/G23 That the IMO acknowledges that indicative drug budgeting alone is not capable of funding the future of GP provided services.

Medical Defence

98/G20 That the IMO insists that the Department of Health be responsible for the payment of Medical Defence fees, for GMS doctors and GMS locum doctors.

National Council

93/G01 That the IMO call for the immediate establishment of the National Council as set out in the GMS agreement.

Out of Hours

01/G13 That the IMO negotiates an improved “on call” fee in addition to Out of Hours services.

01/G14 That the GMS contract be renegotiated with Out of Hours cover to be Health Board responsibility.

99/G15 That out-of-hours consultations be included in the list of special items and attract an appropriate fee.

99/G22 That the GP committee produces equitable guidelines on the formation and operation of GP “out-of-hours” rotas which take into account the widely varying total list sizes and the number of doctors in the participating practices.

98/G14 That consultations to patients claiming GMS eligibility should be paid as out-of-hours consultation on STC.

98/G28 That it should be IMO policy that no GP has an out-of-hours rota less than 1:4

98/G29 That all special claims related to temporary residents and emergency patients be standardised to the May 1997 out-of-hours agreement.

98/G30 In order to ensure quality service to our patients that the IMO agree that GPs personally should not be expected to provide a 24 hour service, 7 days a week commitment.

98/G31 That the IMO proposes that GPs working in a 1:2 rota or more onerous rotas be released of their contractual obligation to provide cover for their practice outside the standard core working week.

98/43 That all IMO members support the payment of any out of hours work performed by General Practitioner Registrars on a similar basis to that which applies to Hospital Registrars.

92/21b That the IMO, in the interest of patient care define and pursue in negotiations, the concept of a maximum working week for General Practitioners.

92/23 That agreed independent assessors cost the provision of out-of-hours services on a commercial basis.

90/53 That payment for out of hours work within the GMS contract be from 6pm to 8am Monday to Friday and for all work done on Saturday and Sunday.

89/01 That at the time of our first review of the new GP contract the IMO renegotiate the working week. That “out of hours” payments apply to all work done outside 9 o'clock, Monday to Friday.

Patient information

98/G07 That the IMO asks the Department of Health to scrap the new GMS “smart” card.

97/G09 That Health Board systems with regard to the GMS are standardised throughout all Health Boards, so that General Practitioners receiving scant infrequent information about their GMS patient status, along with suffering costly delays in processing GMS applications, such as occur in the Mid Western Health Board, can obtain the detailed monthly GMS status reports produced for GPs in other Health Board regions.

92/26 That all Health Boards provide the patient’s name, age, address, payment distance, on each monthly computer printout.

89/43 That Health Boards inform GPs as to why patients are losing their medical cards (not eligible; failure to reapply; etc.).

Payment/reimbursements

04/G03 In light of the IMO and the Public Accounts Committee concerns, the IMO demands a clear and transparent payment system in the GMS.

04/G04 That progress in relation to transparency and accountability in the GMS has been less than satisfactory and the IMO demands immediate action.

01/G08 That the IMO renegotiate the payment rates of the GMS to reflect the real costs of providing services in the GMS.

98/G05 That the IMO insists that allowances for all ancillary staff should be paid by the GMS Payments Board one month in advance and monthly thereafter.

97/G18 That the IMO seek reimbursement for holiday/sick and study leave under the GMS to reflect the real cost of same.

97/G19 That the list size on which allowances for practice nursing and practice secretary are calculated be changed to the national average list size of 780 from the existing notional list size of 1500. We propose that the IMO put this as a priority issue at the next round of negotiations with the Department of Health.

97/G20 That a new allowance for practice manager be created and that a reimbursement for this be calculated on the basis of average list size rather than the notional list size of 1500. We propose that the IMO put this as a priority issue at the next round of negotiations with the Department of Health.

97/G21 That allowances for all ancillary staff should be paid by the GMS Payments Board one month in advance and monthly thereafter rather than the current arrangements of three months in arrears.

97/G31 The IMO demand that reimbursement of expenses for employment of practice nurse and secretary should be based on actual list size rather than on bands of 100 patients.

97/G32 That the IMO negotiate that GMS Payments Board Subsidies for practice nurses and practice secretaries/managers be paid monthly with GMS salary cheques rather than three monthly in arrears, as at present.

97/G45 That the IMO examine the benefits of payment of peppercorn rent by GP tenants of Health Board premises.

95/G01 That the IMO seek rent reimbursement for all GMS doctors who provide their own practice premises for GMS patients.

95/G10 That the IMO pursues a policy that a Partnership/Group Practice Allowance be introduced for GMS GPs.

92/19 That holiday pay should be paid without the need for verification.

92/20 That in the case of sick leave, study leave, or holiday pay, the claim form should be transferred to the Payments Board directly from the Health Board for payment.

92/34 That the IMO demand full reimbursement for all staff necessarily employed in the GMS - nurses, secretaries, etc.

89/03 That any possibility of the withdrawal of funding for secretarial and nursing costs, by the Department, be removed. That circular 5/89 be amended to ensure that such payments continue.

Pension Contributions/Funds

01/G11 That all GMS income be subject to pension contribution – not only basic capitation fees.

97/G14 That the IMO should take steps to ensure that pension provisions to widows and orphans are adequate, and that regular independent reviews of the GMS pension scheme are carried out.

93/G06 That the IMO demand that the Department of Health makes good the shortfall in the GMS pensions fund (circa £300,000) as a result of delays in implementing the 1989 GMS agreement.

89/32 That the GMS pension fund under the new contract be now established to avoid further loss of investment income without prejudice to continuing negotiations for exemption from both income and withholding taxes on the state contributions to the fund.

Practice Management

03/G09 That the IMO should ensure that the issue of subvention of Practice Manager positions ascend the list of priorities in negotiations with the Department of Health and Children.

03/G10 That an administration charge should be paid, either as a percentage or as a practice manager grant for the GMS, given the increasing complexity of running a modern GMS list.

98/G03 That a new allowance for practice manager be created and that reimbursement for this be calculated on the basis of average list size rather than the notional list size of 1,500. We propose that the IMO argue this is a priority issue at the next round of negotiations with the Department.

98/G26 That the IMO recognises the need for urgent development of practice management in general practices, in order to maximise quality care to patients.

98/G01& 02 That the IMO direct the GP Committee of the IMO to provide a range of policy options with a view to extending primary care cover to some or all of the population.

97/G10 That on the death of a practitioner in the GMS the Health Board would be responsible for the running costs of that practice until the appointment of a principal.

95/G39 That the IMO calls on the Department of Health to introduce a system that will enable and encourage GPs to retire at the age of 60.

95/G40 That the IMO and Department of Health agree incentives that will encourage GMS GPs to retire prior to their seventieth birthday.

Practice Premises

06/G07 That the IMO negotiates appropriate resources for the funding of physical infrastructure under all public medical contracts to practices serving state patients.

03/G01 That the primary responsibility for providing practice premises for GMS doctors should lie with the Health Boards.

03/G02 Where GMS doctors provide practice premises from their own resources the Health Boards should pay rent to the Doctors concerned.

03/G03 That a percentage of the actual cost of providing services to GMS patients from private surgery premises including rent and rates be funded by the health board to GMS doctors.

Prevention and Screening Services

08/G14 This meeting calls on the HSE to recognise and resource GPs providing prevention and screening services to GMS patients.

Special Type Consultations (STCs)

09/G15 That the IMO engage with the PCRS to support the acceptance of submission of summary STC electronic claims for payment to facilitate processing by the PCRS and improve efficiency overall.

99/G14 That the special STC fee payable for temporary residents should be increased to existing levels.

98/G08 That the IMO demand that the Department of Health have a new look at the special type consultation forms as the present list of 12 types of consultations are out of date and totally inappropriate. The new types of consultations should be extended to the new range of services provided by the GPs.

98/G15 That the IMO demands an extension of the STC to include such items as cervical screening.

86/G17 That all specialist consultations be initiated through the General Practitioner.

Warfarin Services

08/G08 The IMO calls on the Minister for Health & Children to negotiate the provision of a standard National Warfarin Service in the community.

03/G04 That the IMO negotiate payment in full for the provision of Warfarin services recognising the workload involved in the provision of such a service and that the question of continued provision of this service by GPs will be considered following negotiations.

03/G05 That the IMO seek full remuneration for all GPs that participated in the 2001/2002 Warfarin Pilot Project.

GENERAL PRACTICE

10/05 The IMO supports the referral system from General Practice to Hospital Consultants in public and/or private practice as this is in the best interests of patients.

09/G11 The IMO demands the protection of General Practice against the plans to divert ever increasing workloads from the hospital sector without appropriate corresponding resources.

05/G08 That the GP Committee be asked to examine various forms of fund holding as it applies to General Practice.

05/G16 That this meeting debates IMO policy which supports the autonomy and independence of General Practice which is not on sale or for sale.

03/G25 Further to recent workload studies in General Practice this branch calls on the IMO to urgently negotiate appropriate funding to enable General Practitioners to maintain services.

98/G12 That the IMO negotiate paid compassionate leave for GMS doctors when there is a death in the family.

98/G17 That the IMO develop a Manpower plan that will enable Health Boards to honour their contractual obligations by have a Fail Safe Mechanism in place for ensuring locum cover after the first seven days of doctors illness, as is specifically stated in the GMS Contract.

98/G22 That the IMO defines the acceptable case workload of the GP.

98/G24 That the IMO, after consultation with the ICGP, should prepare and present to the members, and subsequently publish a comprehensive plan for the overall development of general practice for presentation to the AGM of the IMO in 1999.

98/G25 That the IMO demands a national patient register but only as an integral part of the overall development of general practice.

97/G06 That the IMO seeks to have leave arrangements substantially improved.

96/44 The IMO deplors the idea that General Practitioners should be set up in Health Board clinics purporting to provide specialist services ordinarily provided by hospital Consultants.

92/36 That specific health promotional material be developed jointly with General Practitioners for use/display in General Practitioners' surgeries.

89/10 That there be appropriate renegotiation by the IMO on terms and conditions for doctors who are involved in "new" GP work, that is work not traditionally done by General Practitioners.

86/G05 That the IMO adopt the guidelines for assistants in general practice as circulated at the 1985 AGM.

86/G23 That the IMO look into the discrimination against single-handed GPs working in areas where group practice is not feasible, as regards the payment of rent for Health Board premises.

86/G24 That in the matter of Health Board premises a fresh specialist legal opinion should be sought on the following proposals for negotiation:

- (a) There should be a standard payment on all Health Board areas.
- (b) All premises must be brought to an agreed standard of sanitation, decor and equipment including phone before any payment.
- (c) Maintenance of the premises is the responsibility of the Health Board.
- (d) Public liability insurance is the responsibility of the Health Board.
- (e) There should be no retrospective payments.
- (f) Procedures for the closure of non-viable health centres and for the change to doctor's own premises should be sought.

Access to Diagnostics

09/G10 The IMO demands that GPs nationally should have improved, agreed and structured access to improved diagnostics such as US, CT and MRI.

06/G06 That the IMO requests that in any new GMS contract patients should be entitled to a minimum defined level of access to outpatients and diagnostic services.

06/G29 The GP Committee calls on the Minister for Health & Children to deregulate access to diagnostics for general practitioners, covered by the VHI, to ensure best value for patient and the health service.

05/G02 That the Minister for Health and Children take immediate steps to ensure that a minimum standard of diagnostic service be available to all patients.

Administration

04/G24 That the IMO advises all GPs to consider the administrative and overhead issues involved in the transferring of files and other records from one GP to another.

Anticoagulation Services

01/G37 That the IMO demand provision of appropriate resources to fund anticoagulation control / monitoring in general practice for those practices that choose to do it.

Cervical Screening

10/G25 This meeting calls on the Minister for Health to use her good offices to request the National Cancer Screening Service to allow opportunistic smear taking for high risk patients, under the cervical screening programme.

09/G13 This meeting in the interests of best practice, demand as a matter of urgency the NCSS set up a tracked courier service for collection of smears from GP Surgeries

06/G21 The GP Committee calls on the HSE to institute a national cervical screening programme based in General Practice immediately.

04/G21 That the IMO deplores the lack of access to and implementation of cervical screening programmes which are available in some but not all health board areas and calls for the immediate rolling out of a national cervical screening programme.

93/25 That the IMO calls for the inclusion of cervical screening as a special item in the GMS.

Clinical Directors

10G32 This IMO calls on the HSE to appoint a network of Clinical Directors for general practice to mirror the hospital based clinical directorates.

Clinical Protocols

04/G23 That the IMO advise all GPs, for medico-legal reasons, to treat a telephone consultation as a normal consultation in respect of notes, administration etc.

97/G42 That the IMO ensures that a satisfactory fee be negotiated for GPs for all clinical protocols.

Data Confidentiality

01/G38 That any statistical clinical data generated in general practice be the property of that practitioner and any arrangement for information transfer be the subject of national negotiations.

Development of General Practice

06/G22 The IMO calls on the HSE and the Department of Health and Children to publish its strategy and funding commitments for General Practice infrastructural development, taking into account existing services and enhancements in any new GMS contract.

06/G23 The IMO calls on the Government to provide funding and / or and equivalent-to-cost rent scheme to facilitate the infrastructural development of General Practice.

06/G25 As GPs are major stakeholders in primary care teams, in that primary care teams are built on their existing practices, GPs must have pivotal roles in the primary care team. They should also, that is the GPs, have a significant input into the appointment of the Project Manager of the Primary Care Team. The doctor must lead by example and be absolutely respectful of other primary care team members.

06/G26 This meeting calls for all IT costs (set-up and running costs) be fully reimbursed at actual market rates.

Free GP Service

99/G25 That the IMO does not negotiate any single payer system of remuneration for general practice.

GP Co-ops

09/G02 The IMO states that GP Co Ops nationally provide an urgent out of hours GP service and will not accept new roles such as pre hospital emergency care and back up for nurse led minor surgery.

06/G15 That out-of-hours services as provided through the Co-op be paid a national, realistic rate and/or other equivalent appropriate arrangements as negotiated by the IMO.

05/G11 That the IMO supports the development of a contract to facilitate the ongoing provision and resourcing of private out-of-hours care.

05/ G12 That the IMO should encourage and facilitate the strategic country-wide roll-out of co-ops to provide out of hours cover for GPs and in this context to negotiate income and conditions for GPs working for co-ops. In addition to press for lifting of the embargo on recruitment in the public service in order to deploy funds and equipment already allocated for the extension of co-ops.

05/G13 That the IMO strive for a co-op out-of-hours contract, with income and conditions that reflect the nature of a premium out of hours service delivered by doctors in a primary care setting.

04/G08 This meeting calls for the immediate negotiation of a national and uniform out of hours system in order to eliminate anomalies that currently exist and to resolve the matter of funding in relation to Red Eye Shifts.

01/G26 That the IMO negotiate funding for co-operatives at a national level.

01/G27 That the IMO formulate within 12 months a comprehensive national policy document on the development and funding of co-ops.

99/G16 That the IMO actively supports and encourages the introduction of GP co-operatives for out-of-hours cover.

99/G18 That the IMO adopts a national policy to promote co-ops in each region.

99/G19 That the IMO actively promote and encourage the development of general practitioner co-operatives for out-of-hours work throughout Ireland.

99/G20 That the IMO vigorously pursue the introduction of GP co-ops on a national basis.

99/G21 That the GP committee of the IMO produce within 60 days of the 1999 AGM a position paper on the nation-wide introduction of a variety of GP co-operatives to cover "out-of-hours" work.

Health Board

03/G26 That there should be standardisation across Health Board areas in the disbursement of Health Board drugs budget funds.

01/G31 That GPs attending Health Board meetings (including case conferences) be paid rates equivalent to legal rate guidelines, plus locum expenses.

Hospital Admission Protocols

10/G19 This meeting calls for hospital admission guidelines and discharge guidelines, as they relate to GPs, to be evaluated and agreed at national level by the IMO.

Information Technology/Computerisation in General Practice

99/G That the IMO insists that the Department of Health & Children negotiate national criteria for the implementation of computerisation in general practice.

98/G39 That the IMO on behalf of its members through the GP Committee investigates the costs of all aspects of computing in general practice and negotiate with the Department of Health on ways of meeting them.

98/G40 That the IMO deplores the fact that no central negotiations on Computerisation in General Practice have taken place and requests that negotiations take place on this issue.

97/G44 That the IMO seek for single computer packages to be purchased for GPs nation-wide.

97/G24 That the IMO ensure negotiated agreed national criteria be in place before any GP signs up for data transfer to their local Health Board in regard to the Health Strategy (1994) target for GP computerisation by 1998.

96/G05 That the IMO support the computerisation of all general practice, both GMS and the private sector.

96/G07 That the IMO seeks funding from Health Boards for the computerisation of all general practice, both GMS and private sector.

95/G06 That the IMO recommends one Software Package as standard for GMS GPs.

Locums

10/G16 This meeting calls on the IMO to continue to make representations to the Revenue Commissioners and the Ministers for Finance, Health & Children in respect of the tax treatment of short term locums and sessional doctors and the adverse consequences this will have on the provision of general practitioner services.

08/G09 This meeting calls on the HSE to provide an emergency locum service for GPs who need to take sick leave at short notice.

06/G10 That GMS locum and sick leave payments be made at actual market rates.

99/G04 That the responsibility to provide locum cover be that of the relevant health board where locums are required to cover single handed practices for holiday and/or sick leave.

99/G08 That the GP committee negotiates an increase of the Daily GMS Locum allowance to a minimum of £200.

GP Manpower

10/G28 The IMO deplors the failure of the HSE to genuinely engage in the ever increasing manpower crisis and demands that it provide adequate resources for the training of more GPs.

08/G05 This meeting calls on both the IMO and the Minister for Health & Children to publicly declare the current and rapidly worsening national GP manpower shortage a National Emergency.

08/G06 The meeting urges the urgent addressing of the manpower shortage in general practice.

04/G11 In view of the increasing age and isolation of rural practitioners we urge that significant incentives be provided for young doctors to be attracted to the work.

04/G12 The IMO calls on the Department of Health & Children and Health Boards to ensure that where GP retirement is foreseen/planned, arrangements are made to accommodate a seamless and smooth transition in the interest of patient care.

04/G13 That in the event of an unforeseen withdrawal of GP services, through sudden illness or death, that a protocol be determined to cover areas of difficulty and that prompt advertising of the vacancy take place.

03/G32 That in view of the current manpower crisis in General Practice, the IMO, in conjunction with the ICGP, undertake a professional assessment of the manpower needs to be met over the next ten years and beyond.

03/G33 This AGM calls on the IMO to urgently negotiate a GP retention plan to maintain General Practitioner services in areas of deprivation

GP Representation & Negotiating Issues

10/G01 The IMO calls on the Taoiseach to facilitate an early enactment of the proposed amendment to Section 4 of the Competition Act as provided for in the government undertaking following discussions in relation to the provision of medical card services to the Over 70s.

10/G02 The IMO calls on the HSE to honour Government policy as outlined in the Government's undertaking to amend Section 4 of the Competition Act and engage with the IMO on matters relating to the GMS and all other publicly funded state schemes.

10/G03 This meeting maintains the right of the IMO, the representative body for general practitioners in Ireland, to represent its members on all matters relating to the GMS and other publicly funded state schemes.

10/G04 This meeting calls on the HSE to stop the policy of non negotiation with the IMO and engage in constructive dialogue with the profession in medical matters of national importance.

10/G05 The North East Branch of the IMO deplors the unwillingness of the HSE to negotiate with the IMO relating to changes in work practices within primary care. All negotiations should take place through the IMO.

07/G14 The IMO calls on the HSE to resource IMO General Practitioner representatives to participate on the Local Health Office Partnership Implementation Committees established to oversee the reform of the Primary, Community and Continuing Care services.

07/G15 This AGM demands that there be proper GP representation at all levels of the Teamwork process.

Mental Health Act

10/G26 This IMO calls on the Mental Health Commission to review the role of the GP in terms of medico-legal implications as they pertain to the Mental Health Act and additionally review the cost implications for GPs in respect of the Mental Health Act.

Mother & Child Scheme

04/G6 This meeting calls for the immediate review and renegotiation of the Mother & Child Scheme as provided for in the 1998 Contract Agreement.

01/G29 The IMO urges the Minister for Health & Children to extend and resource the Baby Friendly Initiative in the community.

98/G37 That the IMO conclude negotiations on the Mother & Child Scheme by May 1999 and failing this, that the Executive may take whatever action necessary.

98/G38 That the IMO demands that negotiations on the Mother & Child Scheme be brought to a successful conclusion and that this Organisation condemns the Department of Health for dragging on this important issue.
superannuation

Non-GMS GPs

99/G31 That the GP committee endorses that the "Fund for General Practice" be available to all GPs in established practice, both GMS doctors with private practice and private GPs without a GMS practice.

99/G32 That the IMO should continuously review its methods of operations and structures so that it is sensitive to the working arrangements of all its members.

89/15 The IMO should continue to support those GPs who have stayed outside the new contract.

GP Out-of-Hours

10/G30 The IMO warns the HSE that any attempt to reduce support to GP out-of-hours services may lead to a reduction in service and as a consequence an increase in hospital workload.

09/G14 That the IMO negotiate national out of hours arrangements that are equitable and accessible to all GPs at least on a par to that negotiated for North Dublin GPs.

08/G07 This meeting calls for a uniform national urgent out of hours agreement for GP services to be negotiated, the terms of which should be at least on a par with the deal previously brokered by the IMO in North County Dublin.

03/G27 The IMO calls for the fulfilment of the Government pledges to make fully funded Out-of-Hours services available to all patients before the end of 2003.

03/G28 That doctors who are not in co-ops be given funding for smaller local initiatives.

03/G29 That the IMO deplores the inadequate funding of GP co-operatives.

03/G30 That prioritisation, recognition and financial resourcing of out-of-hours cover in rural areas where there are shortages of GP numbers and large areas of coverage be adopted as a matter of urgency.

03/G31 That the IMO recommends that OOH Co-Ops charge a registration fee for non-GMS patients.

01/G25 That the IMO endorses the principle of adequate resourcing of out of hours initiatives, to ensure a quality service to patients, is provided and maintained.

Parking Discs

01/G34 That this branch requests the IMO to ask Dublin Corporation and other civic authorities to provide practising family doctors on-call in urban areas with parking discs and to permit such doctors to use bus lanes.

Patient Registration

06/18 This meeting calls on the Department of Health and Children to implement and fund Universal general Practitioner Patient Registration.

Practice Grants

97/G37 That the IMO seeks additional funding for a basic practice allowance to encourage partnerships.

92/35 That the IMO seek realistic grants for practice development.

98/G04 That the IMO agrees that, where GMS GP practice grants for staff have not been fully utilised that they be re-directed towards hiring of appropriate alternative staff.

89/05 That the IMO tolerate no further delays in the introduction of the repeat prescription facility.

Prescriptions Charges

10/G18 This meeting calls on the PCRS to ensure that dispensing GPs are not burdened with the administrative requirements of collecting money in respect of the 50c charge per item on GMS prescriptions.

10/G33 The IMO objects to the Government decision to introduce a charge of 50c per item on GMS prescriptions.

Primary Care Strategy

10/53 In light of the HSE's "Preferred Hospital System" which plans to cut in-patient beds from 11,660 to 8,834 by 2021, the IMO condemns the HSE for failing to implement physical, as opposed to virtual, primary care teams.

09/G03 This meeting seeks clarification of the actual situation of the 40 primary care teams planned for the North East as promised in 2007.

09/G07 The IMO calls for tax incentive scheme for the development of Primary Care Centres.

09/G12 The IMO calls on the Minister of Health and Children to make the services of primary care teams available to the whole population.

08/G11 The IMO GP Committee deplores the lack of urgency in the nationwide delivery of Primary Care Teams and the lack of funding being provided for their roll out by the HSE.

07/G01 The IMO calls on the HSE to operate a transparent and fair system for the selection of practices participating in Primary Care Teams.

07/G02 The IMO calls on the HSE to roll out the Primary Care Teams within a compressed timeframe to ensure equity of access to services for all citizens.

07/G03 The IMO opposes the introduction of un-negotiated new workload through the Primary Care Teams.

07/G04 The IMO calls on the HSE to resource the infrastructure required for the implementation of the Primary Care Strategy and the rollout of Primary Care Teams.

04/G10 The IMO deplors the lack of investment in primary care; this is a direct contributor to the current manpower crisis and low levels of morale.

04/G09 That this AGM condemns the abject failure to fund and implement the Primary Care Strategy.

Retirement

08/G04 That the expertise of retiring GPs should be retained within the Health Service by facilitating and incentivising them to have the option of a phased retirement between the ages of 65 and 70 years.

06/G19 That the IMO would devise and adopt clear policies on exit mechanisms for retiring GPs to reflect adequately the needs of both outgoing and incoming practitioners.

01/G07 That the IMO negotiate an early retirement formulae for all GPs.

98/G44 That the IMO produce a policy document facilitating retirement from 55 years of age upwards.

Rural Practice

06/G11 That isolated single handed rural GPs and all island doctors, with no prospect of ever joining a rota arrangement due to their geographic isolation, should have their leave entitlements and locum expenses fully covered by the HSE.

06/G12 That isolated single handed rural GPs and all island doctors with no prospect of ever joining a rota arrangement due to their geographic isolation, should be regarded as a special category in the negotiation of a new GMS contract.

01/G32 That the IMO supports the provision in rural communities of an adequately resourced, accessible, quality general practitioner and primary care service.

00/G19 That rural practice allowance be increased in view of the continuing depopulation of rural Ireland which has resulted in a real decline in rural practice income when compared to our urban colleagues.

00/G20 That single handed rural GPs be exempt from their contractual obligation to provide out of hours cover while we await the satisfactory resolution of a contract which demands 24 hour cover/365 days a year.

86/G01 That the IMO is totally opposed to any change in the present system where certain GMS doctors may dispense medicine to rural patients.

Service Developments

99/G39 That the IMO GP membership are eager to promote service developments in general practice but insist the Department of Health & Children negotiate on the principle of "new money for new work" in all cases.

Specialist Services

07/G13 The IMO calls on the HSE to facilitate and support the provision of new specialist services within General Practice.

Specimen Sample Collection

09/G09 The IMO demands a HSE funded daily collection of laboratory specimens for GP's nationally and the electronic delivery of results by return.

07/G17 This AGM calls on the HSE to immediately provide a daily collection of specimen samples from each practice along with local laboratory analysis and full timely electronic transfer of results to individual practices.

05/G09 That a courier service for laboratory specimen delivery and laboratory material supply to GP surgeries and the collection of clinical waste be funded and implemented nationally without delay.

Telephone Consultations

04/G23 That the IMO advises all GPs, for medico-legal reasons, to treat a telephone consultation as a normal consultation in respect of notes, administration etc

Urban Doctors

98/G32 That the IMO demands appropriate allowances for urban doctors

GP Fees / Payments

10/G20 This meeting calls for a fee to be negotiated for reporting adverse affects of medications to reflect the costs associated with the reporting process.

06/G17 That all requests for information regarding GMS and State services applications and renewals, be forwarded by the relevant agency directly to the GP, marked private and confidential, and the work involved be remunerated accordingly.

04/G24 That the IMO advises all GPs to consider the administrative and overhead issues involved in the transferring of files and other records from one GP to another.

03/G14 That the IMO negotiate realistic fees for special services including cervical smears, Implanon, leg dressings, joint injections, audiometry, spirometry, 24 hour A.B.P., anticoagulation testing to reflect the actual enhanced services provided in general practice.

Fee structures

04/G01 That the IMO condemns the Department of Health & Children for its failure to include GPs in benchmarking as agreed in July 2001 and warns that failure to resolve this impasse will lead to all necessary and appropriate action by the IMO GP Committee.

03/G35 That Benchmarking for GPs be honoured by the Department of Health and Children as agreed.

94/G15 That the IMO exhorts all its GP members to set realistic fee structures for medical services provided to patients.

GMS payment cheques

04/G03 In light of the IMO and the Public Accounts Committee concerns, the IMO demands a clear and transparent payment system in the GMS.

04/G04 That progress in relation to transparency and accountability in the GMS has been less than satisfactory and the IMO demands immediate action.

98/G06 That the IMO demands that all payment cheques to General Practitioners be accompanied by a remittance advice detailing the names of patients for which each doctor is paid.

97/G7 That the IMO should ensure prompt payment of GMS cheques on the 15th of each month, as specified in the GMS contract.

97/G8 That the IMO propose that all GP Income from the GMS be superannuable.

89/38 That an appropriate fee be paid for furnishing of medical referee's reports.

Psychiatric assessment

97/G26 That the IMO demand that a realistic fee be negotiated for the services of a General Practitioner involved in determining the appropriateness of committing a "person of unsound mind" to a psychiatric hospital.

State and semi-state bodies

04/G25 This meeting calls for insurance companies, with immediate effect, to implement protocols in respect of PMAs so that satisfactory written explanations are given to clients who experience loading on insurance cover as this is not a matter for communication by the GP insurance companies advise clients of potential consequences of health issues that apply to PMAs.

04/G26 This meeting calls for insurance companies to pay for all PMAs before they are handed over by the GP.

03/G36 That this AGM endorses the decision taken by An Post/Eircom doctors in the recent ballot.

97/G49

a) That negotiations on an updated fee structure [for services provided at the request of An Post and Telecom] begin in 1997 with the objective of having same in place by 1st July 1998.

b) That confidential medical information on application forms for free services be sent to named medical officer only.

95/G11 That the IMO re-negotiates fees for Medical Examinations from the state and semi-state bodies, from the current derisory fee of £18 to £35 (as with the Insurance Companies).

95/12 That the extra £5 fee for PMAs which include a questionnaire should be extended to cover additional information provided under "special features".

94/G04 That the IMO seek adequate professional fees for services provided at the request of Telecom Eireann, the ESB and other semi-state bodies.

93/G02 That the IMO demand that a realistic professional fee be paid for services provided by General Practitioners to state sponsored bodies.

89/39a That the fees payable and conditions relating to CIE and An Post Medical Officers be increased to a scale comparable with the new GMS contract.

Transfer of Services to Primary Care

10/G22 The IMO demands that the HSE stop its continued closure of acute local hospital services and demands that the HSE acknowledge the concerns of GPs nationally that patient care is being compromised by this plan.

10/G23 This meeting calls on the HSE to provide resources to General Practice so as to ensure patients are treated and managed in the most appropriate setting.

06/G14 Any work transferred from secondary to primary care must be matched by a simultaneous transfer of funding.

Vaccine Delivery Service

09/G08 The IMO demands an improved vaccine delivery service that adequately reflects the needs of general practice.

99/G23 That the IMO campaigns for an adequately resourced scheme and appropriate fees to provide the pneumococcal and flu vaccines to all recognised at risk patients in General Practice.

Working Hours

97/G35 That the IMO ensure that GMS Practitioners are contracted to work a maximum of a 48 hour week, in conjunction with recent EU Legislation.

97/G38 That the IMO proposes that GPs working one in two or more onerous rotas be relieved of their contractual obligation to provide cover for their practice outside the standard core working week.

97/G39 In order to normalise working conditions for General Practitioners and their families, this Organisation urges all GPs to accommodate surgeries between 9am to 5pm Monday to Friday. All consultations occurring outside these hours should be by appointment only.

96/G03 That the IMO propose that a 39-40 hour week for GMS GPs be implemented as a matter of urgency, and that consultations outside of Health Board office hours be considered “out-of-hours” and remunerated accordingly.

96/G04 That the IMO immediately pursue a re-categorisation of out-of-hours work in the GMS to reflect a core commitment of 39 hours.

GP SUB COMMITTEE

00/G23 That the IMO forms a sub-committee of the GP committee with equal representation from both GMS GPs and non GMS GPs to examine and produce guidelines on all the various situations in which non GMS doctors are employed by their GMS GP colleagues.

GP TRAINEES

09/46 The IMO calls for the recognition of the previous clinical experience of GP Trainees thus allowing them to become GPs in a shorter time frame.

09/47 This meeting calls on the HSE to meet with the IMO to determine the role and responsibilities of GP Trainees during the period they are working in General Practice.

08/G10 The IMO GP Committee deplores the failure of the HSE to expand the number of GP training places and calls on the HSE to immediately reverse this decision in light of the GP manpower emergency.

03/G37 That Benchmarking for GPs be honoured by the Department of Health and Children as agreed.

00/N17 That the IMO seek to end the abuse of 3rd year GP registrars whereby the Health Boards fail to pay these doctors for any overtime despite many unpaid nights on call.

00/N18 That the IMO Secretariat seek legal advice on the legality of enforcing specialist GP trainees to work unpaid overtime or on-call services and act on such advice.

93/N03 That the IMO immediately open discussions with the Department of Health with a view to reaching formal agreement on a Uniform Contract for GP Trainees.

GP UNITS

09/G04 The IMO seeks to clarify the true role and representative nature of GP Unit Doctors.

00/G22 That the IMO insists that

1. GP Unit exists in each health board area with the remit of fostering and supporting general practice in the region
2. the IMO objects strongly to the changing of GP Units to new Primary Care Departments in health boards

99/G03 That in the event of the absence of a GP unit doctor the position should be filled immediately or failing that a locum tenens should be appointed.

96/G02 That GP Units would have equal regard for all General Practitioners.

94/G05 That the activities of the GP units should reflect the original job description and should not concentrate solely on the single issues of Indicative Drug Budgets.

94/24 That the IMO open discussions with alternative health insurers to provide a better scheme of benefits for subscribers.

93/G07 That the IMO urge that a uniform approach to the setting up and management of GP Units be adopted by the Health Boards.

GOVERNMENT HEALTH REFORM PROGRAMME

04/G20 This meeting deplores the failure of the Health Services Reform Programme to address the impending manpower crisis in general practice and demands that the Government commit the required funding to the training of the required number of GPs.

04/G19 That the IMO instructs its GP members not to undertake any extra work arising from the downgrading of services in acute hospitals without full and proper consultation and a pre-arranged remuneration and insurance package, negotiated nationally by the IMO package.

04/G10 The IMO deplores the lack of investment in primary care; this is a direct contributor to the current manpower crisis and low levels of morale.

04/31 That in the event of the Government Health Reform Programme being implement, this AGM calls on the Government to ensure that:

1. medical services presently available will not be removed before new parallel services are in full operation
2. there will be the recommended increase in medical personnel
3. there will be the recommended increase in bed capacity
4. the required investment in primary care takes place
5. the development of ambulance and paramedical services take place,
6. there be a patient impact study completed and an audit of health outcomes

04/32 That as the Mid West is a pilot site for the Hanly Report, this AGM calls for an increase of 300 extra in-patient beds at the Dooradoyle site, before the pilot proceeds, if Limerick is to accommodate the in-patients from Ennis, Nenagh and St. John's hospital.

04/33 That this meeting believes that services that are efficient and cost-effective in local hospitals be encouraged and expanded.

04/35 That the IMO deplores the inadequate investment in both consultant numbers and financial resources in the regional hospitals and how this is affecting access to the health services to patients served by these regional hospitals.

04/38 That the IMO calls on the Department of Health & Children to implement the change in the NCHD: Consultant ratio without decreasing the numbers of NCHDs but by increasing the numbers of consultants and leaving the existing network of acute hospitals substantially intact.

04/39 That the IMO calls upon the government to ring-fence funding for extra consultant posts in four years time so that the bodies responsible for the training of future consultants will have the confidence to create more specialist registrar posts now and that the Government fund the upgrading of registrar and SHO posts to create them.

04/40 That the IMO calls upon the Government to increase the number of places on GP Training Schemes.

04/41 This meeting calls for the democratic deficit in the Prospectus Reform of Health Boards to be addressed.

GOVERNMENT STRATEGIES

04/42 The IMO calls on the Department of Health & Children to publish immediately the long delayed (since 2001) Health Information Strategy so that Health Service Executive and the workers in the health sector have an indication of the level of commitment of the government to better health data and can jointly begin the process of improving the public health service.

04/43 The IMO is alarmed at the factors that are acting as obstacles to the pilot implementation of the primary care strategy e.g. staff ceiling preventing the filling of 3 of 9 primary care team posts in the SWAHB.

HARASSMENT

98/50 That the IMO call on the Department of Health to ensure the provision of clear cut structures and procedures relating to intimidation or harassment of workers within the Health Services.

HEALTH AND SAFETY

02/36 This meeting calls for legislation forcing airlines to adhere to a minimum amount of leg room between seats on all flights and that it should be specified on the airline ticket.

97/N01 That the IMO condemn the exclusion of NCHDs from health and welfare legislation.

96/37 That the IMO actively pursue the implementation of the Health and Safety Act 1994 in relation to all hospital doctors.

96/N03 That the IMO seek immediate implementation of the Health and Safety Act 1994 which obliges the employer to take preventative and protective measures to adjust temporarily the working conditions and/or hours of pregnant NCHDs and NCHDs who have recently given birth, and if necessary to provide alternative work so as to avoid NCHDs being obliged to perform night work.

HEARING PROTECTION

92/06 That the importance of wearing appropriate hearing protection at work be again highlighted.

89/46 That the noise levels to which young people are exposed in discos present a serious health hazard to hearing and that there should be monitoring and control of such noise levels.

89/47 That the IMO suggest that public health legislation is required to control noise levels in some public places.

HEALTHCARE MANAGEMENT

99/20 That the IMO call for a permanent and independent body to audit the quality of healthcare management.

HEALTH BOARDS

02/29 The IMO considers the division of the EHB into three health boards has increased the problems identified in the Health Strategy Consultative Forum (Health Strategy Pg 53), of “separate entity” management mentality resulting in a further inability of the profession to apply best practice medicine.

01/12 The IMO condemns the introduction of complaints procedures into health boards without consultation with the IMO.

99/28 That the IMO deplores the lack of adequate facilities, space and privacy for general hospital patients in the MWHB area.

HEALTH EDUCATION

07/36 This meeting calls on the HSE to set up a model to examine the quality of education and training in accordance with the HSE’s present position on education and training of all doctors employed by the HSE and to publish reports on a regular basis.

92/07 That the unique potential of the workplace as a forum for health education be fully availed of.

HEALTH INEQUALITIES/ INCOME DISTRIBUTION

10/16 The IMO calls on the Chief Medical Officer of the Department of Health and Children to publish an annual report on health inequalities.

00/42 In view of the major effect that a decline in the share of national income going to the poorest has on their physical and mental health, this AGM deplores the adverse trend in income distribution in Ireland over the last ten years and urges the Government to work to reverse this.

94/16 In view of the stated comments on equity from the Minister for Health, the IMO calls on the Central Statistics Office to publish mortality data analysed by socio-economic groupings.

HEALTH INFORMATION BILL

10/15 The IMO calls on the Government to publish a health information bill as a matter of urgency.

HIQA

10/11 The IMO calls upon HIQA to develop a national evidence based policy for the administration of first doses of intravenous medications.

10/12 The IMO calls upon HIQA to develop standard vaccination guidelines for all patients who require long term iatrogenic immunosuppression in line with current evidence and best practice.

HEALTH INSURANCE

08/87 In light of Government policy on co-location, the IMO seeks the implementation of a policy of national universal health insurance for hospital and outpatient services, the State purchasing insurance for individuals unable to afford it in an equitable manner.

08/74 This AGM calls on the Minister for Health & Children to oblige the VHI and other insurance companies to reimburse public hospitals for the total cost of care as they do for private hospitals.

06/G29 The GP Committee calls on the Minister for Health & Children to deregulate access to diagnostics for general practitioners, covered by the VHI, to ensure best value for patient and the health service.

05/G14 That all private health insurance providers recognise General Practice as a specialty on a par with other specialties, and reimburse GPs for treatment on an equal basis.

98/16 That the IMO condemn the restrictive nature of the schedule of benefits currently operated by VHI and BUPA in respect of older subscribers.

98/17 That the IMO insist that charges levied on patients for choosing amenity accommodation and services in hospitals, should properly reflect the marginal costs involved over and above that required in respect of the provision of a public bed.

98/19 That the IMO demand that VHI funds assigned in respect of the ageing provisions, be utilised to provide proper benefit arrangements for elderly subscribers.

98/20 That the IMO note the gross disparity for in-patient benefit from VHI between the hospital and the clinician and believes that this actively inhibits the maximising of resources.

98/18 That the IMO supports the continued arrangements for private health insurance costs to be allowable against personal income tax and that in the event of such tax relief being removed, that a standard condition of service for all employees would be a requirement to make employers responsible for making such contributions.

98/15 That the IMO recognises that the lack of benefit and arrangements for the costs of care on an out-patient basis encourages subscribers to seek the maximum duration of in-patient care and as such is a structured inefficiency in the private health insurance system which requires urgent attention.

96/13 That the IMO supports the right of private patients to retain full freedom of choice in regard to both doctor and hospital when availing of benefits from health insurance agencies.

94/23 That the IMO urge the Minister for Health to take measures to prevent misleading advertising by competing health insurance companies.

94/26 That the IMO urge that the Health Insurance Act incorporates provisions to allow respect for the personal patient doctor relationship and allow free choice of hospital and doctors.

94/27 The IMO urge the Minister for Health to ensure that proposed benefit schedules for the cost of professional services of the mandatory basic plan shall accurately reflect the professional work of each service provided.

94/28 The IMO urge that in the proposed Health Insurance Act, the Minister for Health should ensure that a basic plan provides comprehensive and equal access for all age groups in respect of in-patient and out-patient care for all acute illnesses at all hospitals.

94/33 That the IMO urge that the Minister for Health ensures that any equalisation payments from health insurance companies be on the basis of actual payout.

92/15 In regard to healthcare insurance, that the IMO:

1. Support the concept of community rating in healthcare insurance
2. Consider that community rating involves positive recognition that the elderly have special needs and make particular demands on their doctors and requires that matching explicit benefit arrangements be provided for the elderly

3. Noting the many anomalies in the VHI benefits for professional services, urge members of the IMO who may choose to agree for a term to accept assignments of VHI benefit as full settlement, to require the VHI to provide benefit levels that match with the resources of time, skill, experience and risk involved in each service
4. Note the stated VHI intention to utilise the research findings of the Harvard Study on Professional Services in evaluating its benefit schedules and urges that the IMO pursues a comprehensive agreement on valuation of professional services with the VHI and failing satisfactory agreement advocates that members cease to accept assignment of benefit as settlement in full for fees

94/25 That the IMO urge that the proposed Health Insurance Act incorporate provisions, including monitoring of case mix in both public and private hospitals to identify “cherry picking” and risk avoidance by insurance companies, especially in relation to services for the elderly.

94/30 That all services delivered in rendering palliative care be identified in health insurance benefit schedules and be comparably valued to other specialist services.

94/32 That the IMO believe that community rating requires that if a subscription is equally levied, benefit too should be equally available and internal rationing of services including marginalisation of the needs of the elderly are not compatible with plans claiming community rating.

94/34 That given the proposed removal of tax relief on health insurance subscriptions, the IMO call for the just price for the amenity accommodation in public hospitals to be set at the marginal cost over and above that applicable to a public bed.

93/07 That the IMO agree that public hospital charges for private patients should be governed by the true excess of value over and above public accommodation in the same institution, ensuring that patients are not double charged through tax contributions and private fees.

89/47 The IMO does not accept the principle of significant differentials in the reimbursements of patients by health insurance bodies for consultations with medical practitioners.

HEALTH POLICY

09/02 The IMO has no confidence in the Government’s current health policy.

07/70 The IMO calls on the HSE to fully resource the competence assurance programme proposed under the Medical Practitioners Bill 2007 and to ensure that all competence assurance activity takes place during the normal working week.

04/44 The IMO endorses the view that health policy should be developed by the Department of Health and Children, in consultation with clinicians, health professionals and patients, rather than by the Department of Finance.

04/45 The IMO supports future developments of health policy and services by assessing the clinical needs of society and auditing health outcomes.

HEALTH REPORTS

03/40 That the IMO in approaching the complex changes and issues arising from the many Health Service Reports will adhere to the following principles:

1. Focus on patient care will be maintained
2. Needs of each speciality will be respected
3. Decision on acceptability of agreements will be made by each speciality group
4. Payment for work done
5. No open ended agreements of commitments for fixed remuneration
6. Any schedule or service will reflect the resource provided by the Consultant

7. Protected time will be provided for educations, research etc
8. Participation in management service and other non-clinical services will be properly priced

03/41 The IMO calls on the Minister for Finance to ask the Minister for Health and Children to publish the Health Information Strategy in the interests of achieving value for money.

03/42 That the Value for Money Report be endorsed by this house and that it is now clear that the value for money resides in the professionals delivery of care.

03/43 In light of the proposed restructuring of the health services, the IMO calls on the Minister for Health and Children to actively engage in constructive dialogue with the healthcare professionals and management in order to ensure a workable solution to the problems faced by the health services.

03/45 The IMO condemns the manner of leaking of policy documents by the Department of Health and Children in advance of formal publication.

03/G34 That the IMO will review its participation in any capacity with the Primary Care Strategy on an ongoing basis.

03/09 The IMO calls on the Department of Health and Children to give a comprehensive update on all strategies published since 1996.

03/10 The IMO view with grave concern the lack of implementation of the Mental Health goals expressed in the National Health Strategy and urge that reasonable operational timeframes are set out to achieve the aspirations expressed.

03/11 The IMO condemns the Minister for Finance for failing to implement the national health strategy, Quality and Fairness - A Health Service for You and the Primary Care Strategy, A New Direction.

HEALTH SERVICE

08/77 That this Organisation re-iterates its support for the principle of access to health services based only on medical need and not on a patients ability to pay.

07/56 The IMO calls on the HSE to ensure that patient care standards and the provision of medical care to patients are not compromised by the establishment of performance targets or because of any budgetary provisions or policy of the HSE in purchasing services.

04/G10 The IMO deplores the lack of investment in primary care; this is a direct contributor to the current manpower crisis and low levels of morale.

98/06 That the IMO call upon the Department of Health to invest a substantially greater proportion of additional investment in primary care and health preventive services.

98/C24 That the IMO recognise that the PESP agreement provided for two classes of elective admission at the request of the social partners and in doing so provided a new basis for funding hospital services, accordingly in future, any changes to those provisions will undermine the agreed basis for the remunerative provisions of the Consultant Contract.

95/03 That the IMO calls on the Government to commit specific funding for the realisation of targets outlined in the health strategy.

94/45 The IMO considers that the resources expended in obtaining basic care outside the state would give better long term value if utilised to improve services in public hospitals.

94/46 That the non pay provisions of the first PESP that committed resources to specific improvements in the Health Service be implemented.

89/59 That the IMO protests against the present round of ill-administered and ill-planned health cutbacks that have seriously damaged patient care.

86/15 That the IMO promote alternative arrangements for funding the curative element of the health services.

86/G33 That the IMO Council seek an outline plan with pricing for the development of primary medical care in this country from the Department of Health.

86/C07 That the IMO deplores the change in function and methods of operation of Comhairle na hOspideal.

86/03 In relation to cutbacks in hospital medical services and staff, that the IMO, though not opposed to cutbacks per se, resists strongly cutbacks in hospital medical services to their patients and the catchment area that the hospital serves, unless similar and satisfactory medical services for the same patients and catchment area are substituted.

86/04 That the IMO deplores the increased hardship being suffered by patients because of some cutbacks in the health services.

HEALTH SERVICES IN THE NORTH EAST

09/60 The IMO deplores the current level of provision of hospital care in the North East.

06/41 The IMO condemns the continuing haphazard re-structuring of the region's hospital services and the consequent deleterious effects on patients' health outcomes and proposes that consideration be given to developing a new tertiary referral hospital in a centrally located green-field site to compliment current local services.

06/42 In view of the tragic events in the North Eastern region, the IMO demands that no services should be withdrawn or health facilities closed until an improved service has been resourced and is in place and available to patients.

HEALTH SERVICE NATIONAL PARTNERSHIP FORUM

08/N22 This meeting calls upon the HSNPF to explore ways to involve NCHDs in partnership meetings.

HEALTH SERVICE STRATEGIC PLANNING AND DEVELOPMENT

02/08 That this AGM supports the development of palliative medicine as a speciality within the acute hospital sector, with equal status with other specialities.

02/09 That a fully funded system of transport for critically ill patients should be organised and implemented throughout the country.

02/10 That for the development of the Irish Health Services there is a requirement for quality modern management systems.

02/11 That all hospitals, regardless of size or location, which are expected to provide acute general services to the public, be appropriately resourced so as to enable them to deliver that service.

02/12 The IMO calls on the Minister for Health & Children to ensure that there is a CT scanner available in all acute hospitals so that all stroke patients have access to treatment in a specialised stroke unit.

02/13 The IMO urge the Department of Health & Children to immediately upgrade the hyperbaric chamber in UCHG.

02/14 This meeting calls for the introduction and adequate resourcing of a fully trained paramedic service throughout Ireland.

02/15 This meeting calls for the introduction and adequate resourcing of a HEMS service in Ireland

02/38 That the IMO urges the Department of Health & Children to activate rollout of the National Breast Screening Programme (Breastcheck) nationwide by the end of this year.

02/39 That the IMO request that the Department of Health & Children, having accepted the Report on the Development of Symptomatic Breast Services, now demonstrates its commitment by immediately providing full funding, as promised more than two years ago for the establishment of specialist breast units in order to reduce the inordinately high mortality from breast cancer in Ireland.

02/40 That this meeting decries the non provision of breast screening in the Laois/Offaly area, a designated pilot area, despite constant advertising of availability.

01/68 In view of the results of the IMO Benchmark Study which shows that all doctors experience the health services to be chronically under-funded the IMO calls for the establishment of a National Forum, including all stakeholder groups, to develop a health funding strategy. Such a Forum to also have the role of monitoring and implementing the agreed strategic plans within agreed timetables.

01/69 The IMO requests the Minister for Health & Children to establish a National Think Tank to study and make recommendations on Health Services as a whole rather than piecemeal.

98/04 That the IMO welcome the plans to develop additional centres for cardiac procedures and notes the need for associated measures to support equitable acute access to those centres, especially to alleviate the suffering of those patients in other hospitals where, in any cases, medical care is failing to reverse the effects of acute coronary thrombosis where emergency transfers are required - this AGM considers that appropriate transfer arrangements need to be provided as part of such developments.

98/01 That the IMO strongly condemn successive Governments, Ministers for Health and the Department of Health for their failure to provide an up-to-date comprehensive medium to long-term Strategic Plan for the Irish Hospital Services.

98/02 That the IMO call on the Minister for Health to appoint an Expert Committee for the purpose of drawing up a Strategic Plan for the Irish hospital services which will comprehensively address the needs for acute services, rehabilitation services and long-term care services.

98/03 That the IMO support the concept of developing appropriate equipped trauma centres in Ireland.

HEALTH SERVICE WORKERS

00/01 That the IMO believes that poor morale amongst health service staff fundamentally affects patient care and calls on the Department of Health & Children and the Health Boards to

take steps to remedy this by investing in initiatives to improve the physical, psychological and social well being of the health service worker.

HEALTH STRATEGY

05/45 The IMO calls on the Department of Health and Children to implement Action Number 1 of the Health Strategy that "Health Impact Assessments to be carried out on all new government policies without delay".

HEPATITIS C VIRUS

06/05 The IMO calls on the HSE to make assessment, investigation and treatment for Hepatitis C available to all those infected, based on clinical need.

06/06 The IMO calls on the HSE to make unspent money, left over from the €10 million allocated in 2005, to those infected with Hepatitis C through State negligence, available for the development of the necessary services for others infected with Hepatitis C.

05/03 The IMO calls on the Department of Health and Children to provide specific funding to the Health Service Executive so that equitable provision of health services for hepatitis C sufferers can be provided to all on the basis of medical need.

94/39 That Hepatitis C be added to the schedule of occupational acquired diseases for health care workers that are covered by the Occupational Injuries Act.

94/44 While welcoming the decision of the Minister for Health to make available free care to patients infected with Hepatitis C virus, this AGM asks that appropriate funding be made available at primary and hospital level to deliver that care over and above the agreed allocation for health spending.

HIGHER REVIEW BODY

05/60 The IMO calls on the Department of Finance to bring forward the set-up of the Higher Review Body to 2005 with provision for appropriate retrospection of payments for Consultants, and Directors and Specialists in Public Health Medicine.

HOME CARE PACKAGES

10/13 The IMO calls on the HSE to urgently introduce formal quality control of home care services of people with disability and for older people.

09/G06 The IMO deplores the lack of consultation by the HSE with GPs in the setting up of Home Care Packages and Early Discharge Programmes.

07/25 The IMO calls on the HSE to ensure the provision of fully resourced community services for older people who want to stay in their own home before introducing the new criteria which will limit eligibility for public funded nursing home care.

HOMELESS SERVICES

10/14 The IMO calls on the Department of the Environment to ensure secure washing facilities are provided in all major towns and cities for use by homeless people.

HOSPITAL AND HEALTH SERVICE MANAGEMENT

94/C03 That the IMO urge the Minister for Health to actively pursue the recommendations to improve management of acute hospitals emanating from the Gleeson Review Body Report.

93/C15 That the IMO urge the Southern Health Board to undertake realistic discussions with Consultants in Cork Regional Hospital so that agreement can be reached on a suitable pilot scheme for Consultant involvement in management in that hospital.

93/C16 That the IMO approach the Department of Health to seek funding for the organisation of regional management courses for Consultants so that such courses will be realistically available to all Consultants.

89/70 That we as a profession express our extreme disquiet at the continuing lack of consultation with our profession by health management.

89/93 That the IMO consider that proper arrangements are required for the organisation of medical work within hospitals and urges the IMO to initiate moves to achieve this end.

86/28 That the IMO request [details of] the salaries, expenses and allowances paid to all Health Board personnel in order that valid comparisons can be made with doctors' salaries.

HOSPITAL FUNDING & ADMINISTRATION

94/43 The IMO calls on the Department of Health to give extra funding to contain the problems of misuse of drugs [and] to make every effort to minimise, if not eradicate, this problem.

94/44 While welcoming the decision of the Minister for Health to make available free care to patients infected with Hepatitis C virus, the IMO ask that appropriate funding be made available at primary and hospital level to deliver that care over and above the agreed allocation for health spending.

HOSPITAL SERVICES

09/58 This meeting calls on the HSE not to reduce acute surgical and medical services at the Mid West Regional Hospitals in Ennis and Nenagh until adequate alternative personnel and infrastructure are in place for a safe and acceptable provision of acute services to the affected areas as recommended by the Teamwork Implementation Report for the Mid West Region.

09/59 The IMO demands that the Minister for Health & Children stops the present plans for centralisation of acute hospital services given the fact that no safe and accessible alternatives are being provided.

09/60 The IMO deplores the current level of provision of hospital care in the North East.

09/C07 The IMO calls on the HSE to ensure that it continues to provide the full range of pathological services within the state recognising the importance of the pathologist in multidisciplinary evaluation of illness and treatment planning.

07/58 That this meeting welcomes the endorsement by the Taoiseach, the Minister for Health & Children and the CEO of the HSE of the policy adopted in 2006 by the IMO requiring that no service should be removed from an acute hospital until an enhanced alternative is provided and functioning and calls on them to act accordingly.

07/61 The IMO demands the provision of appropriate helipads in major hospital settings.

07/62 In light of the continuing crisis in our health care system with its most evident failure being evident in the North Dublin's casualty departments, this meeting calls on the HSE to designate North Dublin the black spot in the Minister's "national emergency", with consequent and immediate funding.

07/64 That this AGM calls on the Minister for Health & Children to adopt and publish a national standard for emergency ambulance transfer to hospital times.

07/44 The IMO calls on the HSE to implement a co-ordinated and properly resourced plan in relation to hospital acquired infections including addressing such issues as systematic screening programs, isolation rooms, overcrowding, consultant-led infectious disease teams and education.

07/45 In view of the increasing prevalence of hospital acquired infections, the IMO demands that all acute hospitals have immediate and adequate access to consultant microbiology advice and ancillary services.

07/46 The IMO demands that the HSE recognise that overcrowding and excessive bed occupancy rates contribute significantly to the incidence of cross infection in hospitals.

07/47 The design of any new co-located private or new public hospitals should specify full measures to control and eliminate MRSA infection.

06/54 IMO calls on the HSE to help address the emergency admissions crisis by resourcing clinically led innovations in facilitating direct admission to a hospital bed.

06/55 The IMO deplores the reduction of per capita public hospital beds since the publication of the Health Strategy in 2001.

06/56 The IMO calls on the Department of Health & Children and the HSE to cease arguing about the precise number of patients on trolleys and instead ensure that no patient should remain on a trolley following the clinical decision to admit.

06/57 The IMO demands that the HSE no longer permit the back of an ambulance to be treated as equivalent to an A&E department, an intensive care unit or a hospital.

06/58 The IMO is opposed to the use of public hospital sites for the development of private hospitals.

06/59 That the IMO believes that, particularly in view of the contribution of the Exchequer through tax relief, expansion in private hospital capacity should be regulated based on proven needs, and the ability of the health providers to meet this need.

06/60 The IMO demands that the Minister for Finance ensure that the State receive equity in private hospitals in return for public capital investment in the form of tax relief.

06/61 The IMO calls on the Minister for Finance to regulate the provision of service for patients in private hospitals that have been developed with taxpayers funds through tax relief, both infrastructural and through private health insurance to ensure equity of care for all citizens using those facilities.

06/62 The IMO calls on the HSE to initiate and promote access to tasty and healthy food for all patients, staff and visitors in every hospital in the State.

06/63 The right of a General Practitioner to continue to refer his/her patient to the hospital, which they both deem most appropriate, must not be interfered with.

05/19 That the IMO remains to be seriously concerned about the lack of bed capacity in the public hospital service and supports immediate efforts at addressing the problem

05/20 That the IMO demands that the Health and Safety Authority, HSE, the Minister for Health and Children and the Health Information and Quality Authority carry out an impact study on the effects of admissions to trolleys in hospital emergency departments as opposed to admission to

ward bed with an emphasis on current treatment outcomes, long term outcomes, readmission rates to hospital and access to diagnostic investigations during their hospital stay.

05/21 That this meeting calls on the Health and Safety Authority to immediately investigate hospitals which are over crowded with an emphasis on; ensuring that safety standards do not slip during periods of overcrowding looking at machinery and equipment for which there does not seem to be an appropriate storage area and which are left in corridors with patients, and power supply leads to equipment which are draped along corridor floors leading to a risk of falls

04/C05 That each patient is entitled to a designated consultant who accepts continuing responsibility for that patients' care.

04/01 That the IMO calls upon the Government to immediately fund the reopening of closed wards and closed beds in view of the A&E crisis due to chronic bed shortage.

04/02 That the IMO calls upon the comptroller & auditor general to investigate the reported blocking of acute hospital beds due to the failure of some health authorities to fund the transfer of patients to less expensive nursing home accommodation when their doctors have decided that they are fit for transfer.

04/03 That this AGM calls for a Direct Admissions Policy to be put in place nationally to allow GPs to access medical and surgical care for their patients thus avoiding prolonged delays at casualty departments.

04/04 The IMO demands that a national formalised system of retrieval and inter-hospital transfer be developed and resourced to allow equal access to specialist care.

04/05 That the IMO demands that neuro-surgical services be resourced in order to enable them to perform as a true tertiary care.

03/04 That the IMO strongly deplores the failure of the Department of Health and Children to fund the staffing and equipment of the new Radiotherapy facility just built in University College Hospital, Galway.

03/05 This AGM demands that any decision regarding the delivery of acute health services should be evidenced based

03/06 That this AGM expresses concern on the standard of patient care arising from the failure of hospitals and Health Boards to ensure proper staffing and resources are in place to enable a newly appointed consultant to discharge their professional responsibilities.

03/08 That the IMO believes that patients should be attended to and treated in settings which:

1. Preserve their Dignity
2. Allow Privacy
3. Enable doctors to treat patients in a suitably professional manner

01/51 That the IMO should not allow successive governments to shy away from politically sensitive decisions that are necessary to rationalise the Irish Health care system. Most notably this country cannot sustain the number of smaller peripheral hospitals which have 24 hour open door access to medical and surgical emergencies in the absence of full staffing and investigative resources. The idea of winning/losing general elections must be taken away from necessary decisions.

01/52 Regionalisation of A&E Services will lead to alteration of local hospital facilities and services and the public should be consulted and informed in advance of such proposals.

01/53 The IMO insists that there is an urgent need for increased provision of more acute and rehabilitation facilities and beds in Irish general hospitals.

01/54 The IMO calls on the Minister for Health & Children to immediately increase the national bed complement reflecting the reductions in the 1980's, the increase in the population and the changes in demography.

01/56 The IMO calls on all health boards/authorities to establish stroke units in line with the best evidence available.

01/57 The IMO calls on the Minister for Health & Children to establish a structured approach to a state wide comprehensive rehabilitation service, and also to address the immediate crises in acute hospital bed supply to ensure a safer environment for patient care.

01/58 This meeting calls on the Department of Health & Children to publish minimum NCHD staffing numbers guidelines for hospitals and departments and that if staffing levels drop below these guidelines that in the interest of patient safety no more acute activity should take place in that hospital/department until staffing levels are brought above the minimum level.

01/59 To facilitate the introduction of the NCHD 48 hour week, absolute transference of non medical duties must commence immediately. Further every hospital must begin to provide 24 hour phlebotomy/ECG services and employ adequate numbers of ward clerks so that form filling/appointment making/chart finding/ result chasing etc. is transferred away from medical decision makers.

98/05 That the IMO recommend a national standard for inter-hospital patient transfers.

89/79 That hospitals which have been rendered non-viable by last year's cutbacks be restored to full working capacity, or else closed.

89/63 That where it exists the Organisation abhors the present inequality of access to hospital care due to shortage of resources.

Hospital Services in North Dublin

08/61 The North Dublin GP Branch is outraged and deplores the lack of dignity and the de-humanizing experience afforded to acutely ill patients in accessing immediate care in North Dublin Hospitals.

08/62 The North Dublin GP Branch demands an independent assessment of the relative under funding of State provided health care in North Dublin. We condemn the continued significant under funding of both primary and secondary care with its most evident consequences being the higher than average morbidity and mortality rates from cancer, cardio-vascular and psychiatric diseases in North Dublin.

08/63 The North Dublin GP Branch condemns the continued logjam of patients waiting for beds in our acute hospitals with the lack of provision of appropriate step down and rehabilitation facilities affecting primarily the most vulnerable in our society.

Equity of access to public hospitals

07/63 That this AGM calls on the Minister for Health & Children to adopt and publish, in accordance with patients' rights and entitlements, national standards for waiting times for patients to endure before being seen in an out-patients department or by the paramedical services after referral by a GP for (i) urgent and (ii) routine appointments, these to apply universally across all HSE regions.

89/80 That the IMO supports the continuation of the treatment of all categories of patients in public hospitals. [That all patients are entitled] to needed care of high quality, and that the access should be universal and timely.

GP Referral

07/59 That the degree of urgency ascribed to patient's problems by GPs be respected by their colleagues in the hospital system.

07/60 That, where appropriate, the standard protocols be agreed and implemented between general practitioners and the hospital system.

Out-patient and Day Care Services

89/90 That the IMO note the extensive transfer of care from an in-patient to out-patient and day care basis and is concerned that suitable facilities for such care are not available. That the IMO draw up guidelines that ensure patients receive at least the minimum of general care and respect that is required if this method of providing services is to be acceptable.

Teaching Hospitals.

00/53 The IMO calls for a national standard in respect of teaching hospitals and posts accredited to those hospitals.

HSE CUTBACKS

09/49 This meeting calls on the HSE to outline how it will maintain a safe level of services to patients in light of the astronomical budget cutbacks in health.

09/50 This meeting abhors the decision by the Minister for Health & Children not to make available the HPV Vaccine to all 12 year olds as it is an abrogation of the States responsibility to its children and the meeting demands the decision be overturned.

09/51 That the IMO deplores the detrimental effect of recent HSE cutbacks on patient health and warns the public on adverse outcomes.

08/72 The IMO demands that the HSE Service Plan targets for acute hospitals must be based on a realistic assessment of the likely number of patients who will require treatment; the budgets must then be allocated accordingly, rather than targets being artificially lowered to fit the budget allocated.

HSE BOARD & TRANSPARENCY

10/71 The IMO calls on the Government, in the interest of transparency and accountability, to amend the necessary legislation, so that all proposed non-elected members of the HSE Board, would be required to appear before and gain approval of the Joint Oireachtas Committee on Health and Children prior to taking up position.

08/64 This AGM believes that the Board of the HSE should hold its meetings in public, in the interest of democratic accountability for the spending of public money, and calls on the Minister for Health & Children and the Oireachtas Health Committee to ensure that this change takes place.

07/55 The IMO deplores the centralisation of authority and lack of transparency in decision making at the highest levels within the HSE and calls on the HSE to agree with the IMO a decision making process founded on principles of partnership and recognising the need for constructive and meaningful engagement with the medical profession.

06/27 The IMO deplores the fact that the creation of the HSE has been allowed to result in an increase in bureaucracy and a reduction in transparency and accountability with distancing of policy development from patients

HOSPITAL TRANSFORMATION PROGRAMME

10/C04 Given the problems observed in the hospitals in the North-East and uncertainty regarding the outcome to date in the Mid West, this AGM calls on the Minister for Health and the Board of the HSE to postpone re-configuration of HSE hospitals in the South.

09/52 The IMO calls on the HSE to ensure appropriate resourcing of any service change imposed by the current transformation programme.

09/53 This Organisation calls on the Department of Health & Children and the HSE to engage in a meaningful partnership approach with this organisation regarding the hospital transformation programme and primary care strategy.

08/13 The IMO demands that the Minister for Health & Children ensures that all existing services such as Breast Cancer Surgery and Colorectal Surgery are retained in Mayo General Hospital and Sligo Regional Hospital until it can be proved that better outcomes can be achieved by their provision elsewhere. All of the general practitioners and consultants in the Western Region have full confidence in the standards of excellence already provided to their patients and the community and to cease providing these services would be a retrograde step and standards of care would be reduced to the community.

08/14 The IMO calls on the Government, the Minister for Health & Children and the HSE to retain secondary health care facilities in general hospitals until there is a better proven alternative available.

08/15 The IMO calls on the HSE to enhance present acute consultant led Accident & Emergency services at Mallow General Hospital for the health and safety of patients of the region.

08/16 This AGM deplores both the HSE's ongoing delay in announcing the site of the new North Eastern Regional Hospital and also its continuing attempts to downgrade current local hospital services.

HUMAN RIGHTS

96/33 That the IMO, as the representative body for all doctors in Ireland, add its voice of condemnation of the many human rights violations occurring world-wide and that the IMO take all necessary steps to give effect to the motion.

IMMIGRANTS

06/46 The IMO calls on the HSE to introduce a systematic approach to the access and delivery of health care to immigrants living in Ireland.

Interpretation Service

00/41 That the IMO requests that the Department of Health & Children make available a readily accessible interpretation service for all those in need of medical care.

IMMUNISATION/VACCINATIONS

10/P06 This AGM urgently requests that the Department of Health & Children and the HSE acknowledge the need for adequately resourced mass vaccination teams & IT systems for the HPV Vaccination Programme and any other future mass vaccination requirements.

09/P05 This meeting demands that the Minister for Health & Children, the HSE and the Department of Health & Children immediately resource the HPV Vaccination Programme. We also request that the HSE prioritise an MMR programme that is adequately planned for and resourced and has a sound scientific base.

09/G08 The IMO demands an improved vaccine delivery service that adequately reflects the needs of general practice.

07/30 That vaccination against oncogenic HPV be introduced immediately.

04/G07 The IMO condemns the failure of the Department of Health & Children to address the workload issues associated with primary immunisations following the completion of the workload study and calls for immediate negotiation in respect of this scheme.

03/66 That parents or guardians be paid a financial bonus if their children have completed their immunisation programme on schedule.

01/40 That sufficient resources be provided to ensure all vaccines including boosters, can be administered in General Practice and where patients haven't been vaccinated by their GP, that their immunisation records are made available to the GP.

01/43 In view of the success of the flu and pneumonia vaccination schemes these vaccinations be made available free to the total population at risk, where the evidence supports it.

01/44 The IMO urgently seeks a single national computer database for records and claims for the Childhood Vaccination Scheme and the implementation of an effective and comprehensive national information system for all immunisation.

01/45 The IMO calls on the Minister for Health and Children to introduce, within a year, a properly resourced and structured Childhood Immunisation Programme that is evidence based.

00/20 The IMO calls on the Department of Health & Children to make available influenza and pneumococcal vaccination free of charge and in an equitable manner to those in need and to ensure that the implementation programmes are properly resourced.

00/21 The IMO calls on the Department of Health & Children to publish it's plans to deal with an influenza pandemic should it occur.

00/22 The IMO recommends that parents of pre-school children be paid incrementally as their children reach immunisation milestones and that an additional bonus be paid if immunisation programme is completed by the child's second birthday.

00/G24 That the IMO criticise the Minister and the Department of Health & Children for their negligence in not providing sufficient resources for preventative immunisation programmes.

00/G25 That negotiations begin forthwith to ensure that adequate resources and organisational arrangements are in place so that GPs can deliver a national flu immunisation campaign in October 2000.

00/G26 In the event of a failure in reaching agreement on the delivery of the Influenza Vaccination this meeting calls for a clear and concise strategy to be developed and implemented by August 2000 and communicated to all general practitioners.

98/23 That the IMO to request the Minister for Health and Children to make pneumococcal vaccine available free to all persons aged 65 and over and to others at high risk of getting pneumococcal infection.

97/06 The IMO calls on the Minister of Health to finance the provision of influenza vaccine to all persons 65 years and over.

97/15 That the IMO should negotiate a scheme for the delivery of booster vaccinations at school going age, as a logical extension of the current vaccination scheme.

96/G08 That the IMO call on all General Practitioners to participate in the delivery of the recently agreed National Immunisation Programme.

95/43 The IMO call on the Minister for Health to defer decisions to set up costly immunisation programmes until structures are in place to effectively deliver these programmes.

98/G36 That the IMO seek an urgent review of the administration of the National Primary Immunisation Childhood Scheme.

95/42 That the Government fulfil its commitment in the Programme for Government to introduce a national childhood primary immunisation programme delivered by General Practitioners.

86/G15 That measles vaccine be freely available to all people who require it.

IMO ORGANISATIONAL ISSUES

06/G01 This meeting wishes to publicly re-affirm that the IMO is the sole body which has a mandate to negotiate terms and conditions for Irish General practitioners.

98/13 That the IMO seek to develop an improved representation for minority or specific groups within the Organisation and especially non - EU doctors.

98/14 That the IMO call on Council and the Specialty Committees of the IMO to consider the proposition of a 5 year rule and/or other mechanisms that would ensure rotation of membership in elections to the National Craft Committees of the IMO, Council and sub-committees of Council.

98/G49 That congratulations be extended by the IMO on a job well done to the Chief Executive of the IMO in respect of the recent PCW Agreement.

98/G50 That the IMO congratulate the Chief Executive, Mr George McNeice and his team on the recent GMS negotiations.

97/25 That the IMO notify its members in writing, within 28 days of the end of the AGM, of the results of all motions brought before the AGM.

96/10 That the IMO recommend that each agenda of Craft Committee and Council contain the items "Reports and Motions from Regional Meetings".

96/11 That the IMO recommend that each motion from regional meetings discussed be responded to in writing by the President of the IMO to the Secretary of the Regional Branch and that each motion from regional meetings be responded to in writing by the Chairman of the appropriate craft committee.

96/12 That the IMO suitably remunerate committee members for attending meetings of craft committees to the level of out-of-pocket expenses.

96/36 That the IMO, as the representative body for all doctors in Ireland, actively pursue the resolution of all reported cases of intimidation, as such cases undermine the professional relationship between medical colleges.

95/45 That the IMO introduce a sub-committee whose sole function would be to address the employment prospects of excluded GPs and look at options to include modes of entry to the GMS.

- 94/03** That reasonable expenses be paid for attendance at craft sub-committees.
- 94/04** That the motions regarding expenditure, passed at the EGM of December 1991, implementing the agreed rules for craft groups, be put into effect.
- 94/05** That the incoming Council implement new regional representatives structures which will include at least one joint regional meeting per annum involving each of the craft representatives.
- 94/06** That the incoming Council of the IMO immediately undertakes to implement effective regional and local branch structures.
- 94/07** That the IMO, pending re-arrangement of the system of local representation, urgently re-institute dead branches and revive failing ones. The IMO will also expeditiously review the branch system and make any changes which may seem to be required.
- 94/08** That the IMO pursue the establishment of proper regional craft committees.
- 94/09** That the resuscitation of IMO branches be urgently undertaken.
- 93/C22** That the IMO demand an active recruitment campaign aimed at Consultants who are not currently members of the IMO.
- 93/C23** That a National Consultants Meeting be held annually during the AGM of the IMO, at which meeting broad policy objectives would be set for the following year.
- 93/C24** That each area Health Board Consultant group be invited annually to nominate up to four delegates to attend the AGM of the IMO.
- 92/05** That the IMO:
1. support the craft committees co-opting additional members as may be required to attain their goals; this should be notified to Council
 2. urge that craft committees hold occasional conjoint meetings with scientific specialty bodies to facilitate the development of relevant agenda.
- 91/04** That any stipend to be determined by Council for the President shall not exceed the limit proposed in the Craig Gardner report.
- 90/01** That any re-organisation of the IMO should have an active and effective PR strategy.
- 90/05** That having regard to patients' interests, the IMO members support one another in both a personal and professional capacity.
- 90/12** That the IMO recognise the fact that [the IMO] is a trade union and asserts the fundamental right to withdraw services if so decided.
- 90/13** That the IMO reiterates its legal rights as a registered trade union to discuss or negotiate now and at any time with any relevant body without interference from any outside body or preconditions imposed by the Department of Health.
- 90/18** That the IMO Council and Secretariat do all in its power at future Council elections to ensure that all branch members receive their voting papers.
- 89/60** That the Secretary General of the IMO be ex officio involved in all negotiations.
- 89/67** That the IMO issue regular policy documents in all areas.

89/83 That the IMO support the concept of a single, unified medical organisation to represent all members of the medical profession.

89/118 That motions emanating from Council relating to the structure of the IMO and involving a change of rule should be debated and passed at two consecutive AGMs before submission as a change of rule.

86/17 That all motions from Branches to Council shall appear on the agenda for Council meetings.

86/18 That Standing Committees keep minutes of their meetings which shall be circulated to members of Council, and Chairmen and Secretaries of Branches.

86/19 That Council meetings receive an executive summary of ongoing activity.

86/20 That reports of committees presented at Council shall concentrate on matters which require Council decisions or have policy implications.

86/24 That Council considers weekend meetings for sub-committees or one to two day long meetings to allow for detailed discussions on matters of importance to members.

86/31 That the IMO feels that the opinion column in the Irish Medical News should be signed.

86/33 That smoking at each and every IMO meeting be and is prohibited.

86/46 That the IMO suggest that the strength of craft representation on Council be examined.

86/53 That the IMO reiterates the right of its members to take official industrial action and its abhorrence of any intimidation by other members of the Organisation or of the medical profession of any members taking part in such action.

86/N03 That the IMO offer to all doctors qualifying in June of each year their first six months of membership of the IMO (i.e. July to December) free upon signing a direct debit form effective from the following January.

INDUSTRIAL ACTION AND REPRESENTATION

02/30 The IMO insist that, in IR negotiations and documents, the word “flexible” in relation to work hours and practices be used only to indicate employee choice or gain in family friendly hours of work. Work required outside the normal 9 – 5, Mon-Fri working week will be termed “extended tours”, “shift work” or “anti social hours” as relevant.

02/31 That the IMO insists that no change is made to the pension entitlements, especially the added years clause for present and future doctors working in the public service.

97/N02 That the IMO use every available means, including industrial action, to implement the 1997 Contract and Agreement at hospital level.

96/50 That the IMO endorse the call of the IMO NCHD Committee seeking maximum support from their Consultant colleagues in relation to all industrial disputes, in particular those disputes that involve the maintenance of patient care.

96/N04 That the IMO fully opposes any efforts to restrict the right of NCHDs to engage in industrial action.

INFECTIOUS DISEASES

04/50 That the Department of Health and Children should urgently develop a national strategy and necessary arrangements for health protection to include a national strategy for the control and management of infectious diseases.

03/65 The IMO calls on the Government to put in place an out of hour system to deal with the control and management of infectious disease as already exists in Northern Ireland.

03/P04 The IMO calls on the Department of Health & Children to put in place an adequately resourced out-of-hours public health response for the control and management of infectious diseases, whether due to naturally occurring infections or bio-terrorism and environmental incidents, as required for the protection of the health of the Irish people and as already exists in Northern Ireland.

00/52 That the IMO condemn the tardiness of the Department of Health & Children in implementing a comprehensive compensation and retraining package for doctors who may contract infectious blood borne diseases in the course of their work.

98/36 That the IMO requests the Minister for Health and Children to introduce as a matter of urgency, a properly resourced out-of-hours service for the management and control of infectious diseases, with particular reference to the management and control of meningitis.

97/07 The IMO condemns the failure of the report of the working group on bacterial meningitis and related conditions to recognise the cost implications of providing for a proper out of hours service for the management of meningitis and related conditions.

95/06 The IMO demands a comprehensive mechanism to:

- (a) Reduce the risk to health care workers from infectious disease during the course of their employment;
- (b) Adequately compensate health care workers who contract infectious diseases during the course of their employment.

Testing For Infectious Diseases

00/N31 That the IMO reiterates its adversity to enforcing NCHDs to provide a Hep B/C status in posts subsequent to initial employment or to provide a serum sample to a hospital on employment so that they may subsequently obtain same.

00/N32 The NCHD Committee seeks to clarify from the department of Health and children the career progression of any doctor who develop an occupational disease contracted in the course of their work.

97/35 The IMO demands that prior to the introduction of any policy in relation to infectious diseases the agreement of the medical profession must be obtained as well as agreement reached with the profession on compensation mechanisms for doctors who contract such diseases in the course of their employment.

97/36 Until such time as adequate compensation, medical care and retraining are provided to doctors who test positive for infectious diseases, doctors should not be obliged to provide evidence of infectious status.

97/37 That the IMO support and defend any doctor who refuses to co-operate with the provision of evidence of their infectious status until adequate compensation, medical care and retraining are made available for those who may test positive.

97/38 That the IMO support the use of industrial action to protect those doctors who are discriminated against by employers through complying with the IMO directive on mandatory testing for Hepatitis B.

97/39 That the IMO enter into full negotiations with the Department of Health on all issues surrounding mandatory health tests for doctors and opposes the unilateral imposition of such tests in the interim before a comprehensive agreement is concluded.

INFORMATION TECHNOLOGY

10/08 The IMO calls on the HSE to develop a national secure electronic communication system to be used by doctors which would facilitate the storage of medical records and tests using a unique patient identifier. Such a system would enable an integrated approach to the care of individual patients.

09/27 This meeting calls on the Data Commissioner to facilitate the use of PPS Numbers to be used as a unique computer ID number for electronic medical records on a national basis.

06/26 The IMO calls on the HSE to ensure 24 hour internet access in or at close proximity to A&E Departments in every hospital in order to assist in the decision making process, diagnosis and management of acutely ill patients.

05/22 That the IMO deplors the lack of a co-ordinated ICT Policy in the health services.

05/23 This meeting calls on the HSE, hospital managers and IT departments to provide unrestricted internet access to all clinicians and to ensure that the access is available for all periods when staff are rostered for work.

05/24 This meeting calls on the Department of Health and Children to make available on an unrestricted basis to all doctors an extended electronic library of journals, textbooks and other resources to improve the supply of up to date information allowing for quality decision making in medical practice.

04/G17 That the IMO support the concept of a uniform IT Interlinkage between all branches of the health services (primary, secondary and health boards) including standardised stationery for all claims.

00/N40 That the IMO notes the increasing requirement for NCHDs to participate in audit and research and calls upon the government to provide adequate funding for:

1. networking in all hospital areas
2. 24 hour internet access for evidence based medicine
3. teleconference facilities in all training hospitals
4. all NCHDs to be provided with the opportunity of obtaining the ECDL standard in IT training.

99/12 That the IMO demands consultation and the introduction of a user friendly system of multi-media information technology nationally in order to allow medical staff equal access to educational, clinical, financial and management information.

99/G That the IMO insists that the Department of Health & Children negotiate national criteria for the implementation of computerisation in general practice.

98/G39 That the IMO on behalf of its members through the GP Committee investigates the costs of all aspects of computing in general practice and negotiate with the Department of Health on ways of meeting them.

98/G40 That the IMO deplors the fact that no central negotiations on Computerisation in General Practice have taken place and requests that negotiations take place on this issue.

97/G44 That the IMO seek for single computer packages to be purchased for GPs nation-wide.

97/G24 That the IMO ensure negotiated agreed national criteria be in place before any GP signs up for data transfer to their local Health Board in regard to the Health Strategy (1994) target for GP computerisation by 1998.

96/G05 That the IMO support the computerisation of all general practice, both GMS and the private sector.

96/G07 That the IMO seeks funding from Health Boards for the computerisation of all general practice, both GMS and private sector.

95/G06 That the IMO recommends one Software Package as standard for GMS GPs.

INTERNATIONAL AFFAIRS

Apartheid

89/55 That the IMO adopt as policy that its members should not break the world educational embargo against apartheid by lecturing in South Africa.

Third World affairs

89/56 That the IMO must take a greater interest in Third World affairs, continue our representation on the ICTU Third World sub-committee and fully affiliate to this committee.

Issues for Developing and Low Income Countries

10/44 The IMO urges the Irish Government and the EU to ensure that EU intellectual property policy is not in conflict with its development objectives and that the EU support research and development so as to meet the needs of people in developing countries.

10/45 The IMO supports the "Patent Pool" initiative of UNITAID to make new medicines available in patient-adapted form, at lower prices, for low and middle income countries.

08/33 This AGM calls upon the Irish Government to support at National, EU and International level, grant funding for research on poverty related, tropical and neglected diseases, the results of which should have a direct and immediate benefit to the communities concerned.

08/34 The IMO calls on the Department of Health & Children and the HSE to facilitate and support experienced healthcare professionals in sharing their expertise in this country and overseas, for the benefit of low income countries.

08/35 The IMO calls on the Colleges and Committees of Higher Professional Training and the HSE to facilitate incorporation of work experience in low income countries in the training of Irish healthcare professionals.

08/36 This AGM calls upon the Irish Government to support the right of low income countries to safeguard access to life saving medicines for their citizens, by implementing as needed the provisions of the Doha Agreement of the World Trade Organisation including parallel importation and compulsory licensing where required.

08/37 This AGM calls upon the pharmaceutical industry, the Irish Government and the EU to continue to explore alternatives to the patent system to promote and reward innovation in such a manner as to maximise global health gain.

08/38 We call upon the Irish Government to use its influence at EU and World Trade Organisation level to ensure that EU policy maximises the availability of medicines at affordable prices in the developing world.

Haiti

10/01 The IMO recognises and congratulates the Irish doctors who participate in the ongoing humanitarian effort in Haiti.

Middle East

09/31 This National Meeting expresses its support to the Minister for Foreign Affairs in relation to his strong statements concerning the bombing of civilian population in Gaza and calls for an end to the blockade of Gaza in breach of UN resolutions

09/32 The IMO condemns the use of indiscriminate bombing and weaponry in built up civilian areas by Israel in its attempts to halt illegal rocketing of its citizens by Hamas

IRISH MEDICAL JOURNAL

92/04 That IMO, recognising the importance of scientific medical journals to the profession, continue to publish the Irish Medical Journal as a service to the profession, if necessary assigning an identifiable element of subscription income for this purpose.

ISQua

08/12 The IMO welcomes the ISQua Secretariat to its new home in Ireland.

LIFESTYLE ISSUES

09/24 The IMO calls on all TDs and Senators, with a specific brief for health matters, irrespective of party political allegiance, to take a much more proactive approach in dealing with key lifestyle factors that cause much of the preventable morbidity and mortality experienced by our population.

09/25 The IMO calls on the Minister for Health and Children to integrate strategies on preventing and tackling chronic disease in an over-riding lifestyle policy.

09/26 The IMO calls on the Minister for Health and Children to ring-fence funding for healthy lifestyle promotion in order to prevent chronic disease

LONG TERM ILLNESS SCHEME

10/59 This AGM calls for an urgent extension and review of the Long Term Illness Scheme in order that a transparent criteria of eligibility can be defined which more accurately reflects patient needs.

05/02 The IMO calls for a review of the Long Term Illness Scheme to ensure that it is equitable and provided on a means tested basis.

MANPOWER / STAFFING LEVELS

10/72 The IMO calls on the Department of Health & Children and the HSE to confirm that the targets set in the report of the National Task Force on Medical Staffing have not and will not be met and calls on the Department of Health and Children to engage with the IMO to discuss reachable targets in this regard.

10/73 The IMO condemns the Department of Health & Children and the HSE for the selective implementation of the Hanley, Buttimer and Fottrell Reports in such a way that it has led to a mass emigration of highly trained doctors.

10/74 The IMO demands that the Department of Health & Children and the HSE address the significant imbalance in the NCHD:Consultant ratio in Irish hospitals which was recognised in the Tierney Report (1993) as leading to "career bottlenecks" and "an excess of medical trainees".

10/75 This meeting calls upon the Minister for Health to explain the reason why, almost a decade after the publication of the Hanly Report, there is no apparent connection between the

numbers of doctors undertaking higher specialist training and the current and future workforce requirements in the Irish health service.

09/43 The IMO calls on the Minister for Health & the Department of Health & Children to produce, publish and implement a final report on medical manpower, undergraduate and post graduate training which consolidates recommendations from previous reports including the Buttimer, Hanley and Fottrell reports.

09/44 The IMO calls on the HSE to ensure safe staffing levels in our hospitals and to recognise the provision of locums for short and medium term absences is crucial in this regard.

08/C08 The IMO calls for an annual report to be published by the HSE to identify progress in moving towards the stated Government target of 1,500 (WTE) additional consultants being appointed.

08/86 This AGM calls on the Minister for Health and Children and Minister for Finance to raise the health service employment ceiling.

07/51 This meeting rejects the concept of supernumerary doctors being recruited to fill service posts and calls for all doctor posts in the Irish health service to be funded and salaried as per Agreement with IMO.

07/52 The IMO demands that the HSE immediately review and reform its policy on the staff employment ceiling. The policy is impeding recruitment and replacement of medical and paramedical personnel and has a negative effect on patient care.

07/53 The IMO calls on the HSE to urgently implement a national transfer policy for staff.

04/C08 The IMO demand an explanation for the ongoing failure to advertise and fill temporary or acting clinical director posts which are cost neutral but a potential opportunity to foster good strategic planning and development for mental health services.

04/C01 This meeting calls for insurance companies to pay for all PMAs before they are handed over by the GP.

02/17 That any further reduction in NCHD working hours need to be matched by a commensurate increase in consultant staffing levels.

02/18 That the IMO explain to Government, training bodies, doctors and the public the desirability that the numbers of specialist registrar training posts in each specialty match the number of consultant posts in each specialty, both retirement and new, likely to become available at or soon after completion of the trainees training, so as to avoid unemployed fully trained doctors on the one hand and unfilled consultant posts on the other. This will often necessitate the creation of posts often just for the tenure of one doctor and forward planning of at least four years as regards the creation of new posts once the current appalling shortage of consultant posts has been filled.

02/19 In view of the fact that many attendees at A&E Departments are neither accidents nor emergencies, the IMO explains to the Government that to control the "casualty crisis" it should immediately advertise for new consultant posts in both medical and surgical specialties who will be able to see non emergency patients quickly in the outpatient department. Additional pathologists and radiologists also to be appointed to deal with the extra workload this will produce, along with the building of extra outpatient capacity.

01/N05 The IMO condemns hospitals which flagrantly abuse NCHDs by "employing them" as supernumeraries and calls on the hospitals to regularise their position as a matter of urgency.

01/N06 The IMO condemns the unsafe practice of NCHDs covering multiple sites while on call and calls for urgent revisiting of such arrangements and simplification of the overtime arrangements for such doctors in the meantime and the answer does not lie in increasing NCHD numbers.

00/31 That the establishment of a comprehensive consultant based service would be of benefit to patients, doctors and government, the IMO therefore demands that the Minister for Health & Children develop and implement a specific policy to this end.

00/32 That the IMO is seriously concerned about the career situation for Specialist Registrars and demands an urgent, funded, co-ordinated program of consultant expansion.

00/33 The IMO insists that the Government does not create a new category of consultant without the agreement of both the National Consultant & NCHD Committees of the IMO and in the event of the Government introducing this category without this agreement, the IMO immediately calls a ballot of consultant and NCHD members for industrial action.

00/34 The IMO propose that negotiations on future manpower requirements recognise the increasing numbers of doctors requiring flexible training and safe working hours to continue in the practice of medicine.

00/35 The IMO insist that the manpower crisis cannot be resolved by placing an increasing workload on current medical staff and that urgent action by the Department of Health and Children and the Medical Council including a sizable increase in hospital Consultant posts is essential to prevent hospitals from having to reduce services or close before July 1st 2000.

00/36 That the IMO, representing all disciplines in medicine, deplores the continued working of 1:3, 1:2 and sometimes 1:1 rotas for NCHDs and all medical staff and believes that excessive workload puts patients lives in jeopardy and the lives of doctors and their families

00/37 In light of the recent combination of a plethora of suitably qualified applicants for an A&E consultant post and the dearth of applicants for most Senior House Officer A&E posts the IMO requests the Government to appoint this year sufficient numbers of A&E consultants to prevent the States' A&E Departments from closing.

00/38 The IMO deplores the continued creation of new managerial posts in Community Care Schemes without providing sufficient professional staff to provide services to the public.

00/C01 The IMO accepts as policy that doctors who are presently qualified to apply for consultant posts should not be excluded from doing so following future negotiations on Manpower.

00/C02 The IMO requests the Government to appoint more anaesthetists, radiologists and pathologists as it appoints more clinicians so that the clinicians can function efficiently.

00/C03 The IMO requests that as the recent Supreme Court Judgement implies that family doctors should be able to get an urgent consultation neurological opinion the Government accedes to the request of the Irish Consultant Neurologists Association to increase the number of consultant neurologists to seventeen this year.

00/C04 The IMO requests the Government to appoint this year sufficient consultant urologists to provide a urological service for the State bearing in mind the difficulty in finding locum cover means that the present skeleton service cannot cope when a consultant is on leave.

00/C05 That Comhairle na nOspideal should fulfill its function by deciding the number of consultant posts for each specialty required on an independent basis and the IMO demands a meeting with Comhairle na nOspideal to ensure that it fulfils its function.

00/C06 The IMO calls on the Minister for Health, as a matter of urgency, to have implemented the SMART Report recommendations for Mayo General Hospital Laboratory Services which recommendations included:

1. medical laboratory personnel to meet the needs current at the time
2. appointment of a histopathologist and a microbiologist

00/C07 That the IMO requests the Government to implement this year the Report of Comhairle na nOspideal on Dermatological Services published in July 1988.

99/C07 That the IMO calls on the Department of Health & Children and Comhairle na hOspideal to increase the number of consultant posts by approx. 800 in order to achieve adequate consultant staffing levels.

99/C08 That the IMO utterly opposes the continued use of 1:1 and 1:2 rosters for consultants.

99/C09 That the IMO demands that single handed consultant posts cease to exist and that extra posts be implemented in all areas where such posts existed.

99/C10 That the IMO call on Comhairle na hOspideal to provide greater numbers of permanent part time and job sharing consultant posts.

98/45 That the IMO view, with grave concern, the potential for a large reduction in non-EU doctors available to work in Irish hospitals and calls for active negotiations with a view to addressing the service implications for remaining NCHDs, Consultants and, most importantly, patients.

98/47 That the IMO take active steps to ensure that no recruitment is undertaken to a proposed A&E staff doctor grade until full consultation with all relevant parties has been completed and contractual terms and conditions of service have been agreed nationally.

98/C21 That the IMO unequivocally oppose the creation of single-handed Consultant posts and demands that, where single-handed posts currently exist in hospitals, that additional consultants be appointed to the hospital in the specialty.

97/24 That the numbers of Consultants be increased in line with the Comhairle na hOspideal proposals, prior to any examination of existing medical staffing structures in acute hospitals.

96/15 The IMO deplores the failure of the Government to appoint a significant number of Consultants enabling a start to be made on fulfilling the recommendations of the Tierney Report.

96/17 The IMO asserts that all Accident and Emergency Departments in Ireland should be staffed by Accident and Emergency Consultants.

96/18 The IMO condemn the continued appointment of Sessional Consultants as a substitute for properly structured permanent Consultant posts.

96/39 That a comprehensive manpower study be undertaken between the IMO and the Department of Health prior to any manpower decisions with respect to primary and secondary care.

95/19 That the IMO demands that a suitable number of Medical Officers be in attendance at all major events, e.g. sporting, concerts, etc.

95/57 That the IMO press for the further expansion of medical manpower in Ireland especially at qualified specialist level.

95/56 That the IMO negotiate, as a minimum, the implementation of the Comhairle na hOspideal recommendations for the expansion of the Consultant grade as a matter of urgency.

94/21 That the IMO urges the Tierney Manpower Group to commission an independent professional review of hospital work practice before making final recommendations concerning total Consultant and NCHD manpower requirements.

94/22 That the IMO oppose the proposed reduction in NCHD numbers as outlined in the Tierney Manpower Report.

93/08 That in the light of the report of the Ministerial Working Group on Medical Manpower, the IMO will publish a detailed response to that report.

93/09 That the IMO oppose any attempt to introduce a sub-Consultant grade in the Health Service.

92/44 That the IMO fully supports the setting up by the Minister for Health of the Working Group on Medical Manpower and strongly urges that the Organisation be fully consulted and involved in all aspects of the decision-making process on manpower issues.

90/24 That all maternity units should have paediatricians with at least two Consultant Paediatricians to provide 24 hour cover.

90/62 That the IMO should advise the Department of Health that there is a shortage of NCHDs in Ireland which amounts to a manpower crisis which, if not addressed, may lead to a serious danger to the Irish public as a result.

90/63 That the IMO should advise the Department of Health that the lack of funding for and organisation of postgraduate research and training in Ireland is a major contributing factor to the current NCHD manpower crisis.

89/52 That the IMO recognise the importance of job sharing and encourage increased availability and feasibility of job sharing positions.

89/87 That the numbers of practising Consultants be increased by one third.

MANPOWER FORUM REPORT

01/60 The IMO calls on the Department of Health & Children to ensure full and effective provision of paramedical and administrative support services, prior to any restructuring of current medical work practices to ensure that sufficient personnel are available to enable safe and efficient implementation of the Manpower Forum Report.

01/61 The IMO calls on the Minister for Health & Children and on Comhairle na nOspideal to publish the Manpower Forum Report forthwith and to continue the expansion of the number of consultant posts following the publication of that Report.

01/62 The IMO demands that the Department of Health & Children engage in a public education campaign with regard to any proposed changes in healthcare provision, and calls on the Training & Professional Bodies to meet with the IMO to address changes in training and work practices which may arise from the publication of the Manpower Forum Report and the Joint Steering Group Report on the implementation of a 48 hour week for NCHDs.

01/C17 That the National meeting of the IMO Consultants views the Manpower Forum Report as a flawed document.

01/C18 That IMO Consultants will not involve themselves with any Pilot Projects following the Manpower Forum Report unless the consultants are involved in the formulation of the individual projects.

MATERNITY RIGHTS

00/54 That the IMO feels that all doctors working on short-term contracts should be granted the same maternity rights as doctors and other health service employees on permanent long-term contracts.

MEDICAL ACCIDENTS

00/56 That the calls on the IMO to enter negotiations with the Department of Health & Children to introduce alternative forms of compensation for medical accidents.

00/57 The IMO calls on the Irish Government to address the issue of the undefined limitation period within which negligence actions can be taken particularly against medical practitioners.

MEDICAL AID SCHEME

03/63 That the IMO calls on the Health Boards to set up Medical Aid schemes such as the Garda, Prison Officer, ESB, Telecom schemes to cover health care of employees, GPs, and their families.

MEDICAL CARDS

10/G17 This meeting deplores the systemic failure of the centralisation of medical card applications which has resulted in difficulties for patients and GPs and calls for enforceable deadlines to be put in place for the approval of medical cards following receipt of relevant documentation.

07/48 The IMO calls on the Government to fulfil its undertaking in the Programme for Government 2002 to deliver 200,000 additional full medical cards.

07/49 The IMO calls on the Government to immediately honour its commitment to provide 200,000 doctor-only medical cards.

07/G11 This AGM calls on the HSE to cease issuing medical card numbers without also issuing the actual medical card as the Primary Care Reimbursement Service do not recognise any claim before the actual card has been issued.

06/G13 This meeting calls on the HSE to expedite applications for all medical cards.

04/G15 That a national register of valid medical cards be set up and made accessible to GPs, Pharmacists, Co-Ops and hospital casualty departments, 24 hours a day/7 days a week, to eliminate the ongoing difficulties currently being experienced by service providers with invalid cards. The information available should be comprehensive and should include own doctor code.

04/G16 This AGM demands from the Health Boards (and the institutions that will replace them) full transparency and equality in all cases, when medical cards are issued to patients above the persons current medical card income limits.

04/48 The IMO calls on the Government to satisfy their promise to the public on increasing eligibility to the medical card scheme and delivering on the 200,000 additional medical cards on a means-tested basis as promised.

03/G21 That the plastic medical card be reviewed to include unique identifier along with the patients GMS number and expiry date and their GPs name and GMS number and the patient is informed that some services are not available on same.

02/34 The IMO calls for an immediate trebling of the income eligibility limits for the GMS so as to ensure adequate medical care for the poorer elements of society.

98/G11 That the IMO demand that Medical Cards not be reviewed before their date of renewal.

97/G46 That all medical cards issued on any basis other than means be treated as a fee per item service basis, along the lines of a Hepatitis C card.

86/G32 that medical card holder must be entitled to the same drugs and dressings and appliances free of charge outside hospital as within.

86/20 That GPs be given six weeks notice of the imminent cancellation of a patient's medical card.

MEDICAL CARD ELIGIBILITY

10/58 The IMO calls on the Government to ensure that the right to a medical card previously granted to all persons Over 70 be restored immediately to all persons Over 80 on the grounds that they are vulnerable on medical, social and financial grounds.

03/68 That the IMO request the Department of Health & Children to issue 250,000 new medical cards as promised during the last election and strives to return the GMS cover to the lower 40% of population as defined by income.

01/73 The IMO opposes the extension of the GMS other than an increase in income eligibility.

01/75 Rather than giving a free service irrespective of need to over 70s and under 5 year olds, that the Department of Health & Children address the real hardship of those marginally above GMS Eligibility Limits.

01/76 That income limits for medical cards be substantially increased in order that cases of genuine hardship be catered for and that the anomaly of the minimum wage disqualifying a person from having a medical card be rectified.

01/77 That this AGM demands from the Department of Health & Children that medical cards be issued solely on the basis of patients means.

01/79 The IMO proposes that income eligibility for medical cards shall be no less than the minimum wage.

MEDICAL CHARTER

03/18 That the IMO insist that the Department of Health and Children endorse the Charter for Medical Professionalism published in 2002.

MEDICAL COUNCIL (SEE ALSO SPECIALIST REGISTER)

10/70 The IMO calls on the Government, in the interest of transparency and accountability, to amend the necessary legislation so that all proposed non-elected members of the Medical Council would be required to appear before and gain approval of the Oireachtas Joint Committee on Health & Children prior to taking up position.

10/02 All patients receiving advice, treatment, or a diagnosis in Ireland from doctors outside the state deserve that those doctors be registered by the Irish Medical Council.

10/03 While welcoming the fact that doctor's addresses are no longer published on the Medical Council website, the IMO calls on the Government and the Minister for Health & Children to amend legislation to ensure that only a doctor's practice address may be published and that their home addresses are confidential.

10/04 The IMO calls upon the Minister for Health & Children and the Medical Council to meet with the IMO to seek solutions to address the unforeseen consequences arising from the Medical Practitioners Act 2007 and the restrictions placed upon doctors registered on the Training Register.

10/05 The IMO supports the referral system from General Practice to Hospital Consultants in public and/or private practice as this is in the best interests of patients.

09/36 The IMO demands that the Irish Medical Council, in the interest of safety, revise their policy on publishing doctors addresses so as to allow doctors to choose to publicly publish their practice address while allowing their correspondence address to remain confidential.

09/37 To reassert the authority of the Oireachtas and to prevent the threat to the independence of the Medical Council in maintaining its role as the guardian of the traditional high standard of Irish doctors in the practice of medicine, the IMO requests the Government to rescind 8a(i)(ii) of the Medical Practitioners Act 2007 which states:

The Minister may by order

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

08/85 That the IMO notes that the Medical Council will judge the actions of medical practitioners acting in management roles according to the Council's code of patient related standards for professional behaviour.

07/66 The IMO objects to a majority lay membership of the Medical Council as proposed in the Medical Practitioners Bill 2007.

07/67 The number of ministerial appointees on the Medical Council, as proposed in the Medical Practitioners Bill 2007, is excessive and not in the interest of quality health care.

07/68 The IMO will oppose attempts by the Government and the HSE to subvert the autonomy of the medical profession, including the right to self regulation.

07/69 That the IMO supports the proposed adoption at CPME (Comité Permanent Des Médecins Européens) of a resolution urging all national medical associations to be aware of planned governmental policies in several countries to subvert the autonomy of the medical profession in Europe.

06/39 The IMO whilst welcoming significant lay membership of the Medical Council, opposes majority lay membership as proposed by the Minister for Health & Children. Majority lay membership abolishes self-regulation and de-professionalises the profession and it does not better protect patients.

06/40 The IMO views with concern the proposal by the Minister for Health & Children to have a lay majority in the Medical Council and will take whatever steps are necessary to oppose the implementation of this proposal.

05/P13 That the IMO negotiate with the Medical Council as a matter of urgency to expedite the inclusion of Public Health Doctors onto the Irish Medical Council Specialist Register under the Grandfather Clause those public health doctors who were appointed permanent officers on or

before December 31st 1996 and all other Senior Area Medical Officers/Area Medical Officers who were de facto permanent.

03/69 The IMO calls for significant medical representation on the Medical Council to ensure that the lay representation does not exceed 20%.

03/70 The IMO insist that all temporary registered doctors who are subject of legislation passed in 2002 be granted full registration by the Medical Council without delay maintaining the spirit of the legislation.

02/20 That the IMO request the Medical Council to fulfil its statutory role by informing the public of the advances, limitations and risks of current medical knowledge and practice, thus encouraging the development of an equal partnership of trust and understanding between patient and doctor.

02/21 This AGM calls on the IMO to be proactive in ensuring that no doctor currently engaged in independent medical practice, is disenfranchised by the introduction of specialty registers by the Medical Council in 2003.

01/09 That the Medical Council in seeking to ensure quality of medical practice should promote self-motivating "internal" methodologies rather than compliance based on "external" ones.

01/10 This meeting calls on the Medical Council to provide written guidelines to hospitals in relation to the granting of certificates of experience for provisionally registered doctors. Specifically this meeting calls for guidelines in respect of doctors who have taken periods of sick leave during their provisional registration year and we call upon the Council to publish their guidelines to doctors also.

00/06 The IMO recommends that the number of lay members of the Medical Council be increased without reducing the current number of medical members.

00/07 The IMO calls on the Minister for Health & Children to introduce legislation which ensures that at least 50% of the membership of the Medical Council, Comhairle na nOispideal and the Postgraduate Medical & Dental Board and all Health Boards are elected to these bodies by their medical/dental peers with guaranteed representation from trained doctors and doctors in training and enables these bodies to function in an autonomous manner free from political interference.

00/08 The IMO requests that the Medical Council of Ireland recognises the PLAB as a suitable qualification for practice in Ireland.

00/09 The IMO condemns any fee for non EU graduates to sit the Medical Council exam and insists that it is made possible within the next month for the examination to be held in centres abroad in order to facilitate applications from non EU graduates with limited finances and to prevent the imminent collapse of the Irish hospital medical services.

99/19 That the IMO calls on the medical council to give doctors three months rather than the three weeks at present to reply to allegations of misconduct.

98/29 That the IMO calls on the Medical Council to develop a policy relating to the issue of Living Wills.

97/23 The IMO deplores the publication of untested accusations made to Medical Council.

97/G28 That the IMO produce an information document for members on the new Medical Council Specialist Register, its implications for Irish Doctors and the Irish Health Care System.

90/58 That the IMO calls on the Minister for Health to review the funding of the Medical Council, particularly in view of the fact that it performs an essential public service regulating standards of medical practice.

90/59 That the IMO lobby the Minister for Health to alter the relevant Acts of the Oireachtas relating to the Medical Council to allow it to operate effectively and economically and that the retention fee only increase in line with inflation in the interim.

86/29 That the IMO declares that it is displeased with the lack of courtesy afforded in the hallway of the Medical Council, and that further it deplores the refusal to accept cash [in payment of fees].

MEDICAL OFFICERS

97/G01 That the IMO abhor the current terms and conditions for Medical Officers at District Hospitals and instructs the IMO to commence and conclude at an early date negotiations in relation to substantial improvements in terms and conditions currently on offer to Medical Officers at District Hospitals.

96/G10 That the IMO secretariat negotiates revised pay and conditions for part-time Medical Officers to District Hospitals and Country Homes.

96/G11 That the IMO secretariat negotiate permanent positions for all part-time Medical Officers to District Hospitals and County Homes.

MEDICAL PRACTITIONERS ACT

10/C01 This national consultants meetings calls for the Medical Practitioners Act to be amended to include the requirement for Irish registration for Doctors outside the state supplying medical services to this State.

08/84 The IMO calls for significant additional resources to be made available to all doctors to meet their legal obligations to engage in competence assurance systems arising from the implementation of the Medical Practitioners Act, 2007.

MEDICAL INDEMNITY

04/C02 The IMO deplores the introduction of the Clinical Indemnity Scheme without agreement in breach of the terms of the Common Contract.

04/C03 In view of the imposition of enterprise liability the IMO requests:
the Government to forbid hospital administrators or their agents from destroying old hospital records as patients can sue consultants successfully many years after a surgical operation or other treatment if they can convince the court that they were unaware to the damage the operation or treatment produced until many years later and
that the Government sign a legally binding agreement to cover all costs of cases not covered by enterprise liability in which records have been destroyed or lost and
that the Government sign a legally binding agreement to accept any civil or criminal responsibility for any mishap to patients which may occur from the destruction or loss of hospital records

03/G38 That the maximum refund of medical indemnity premium be paid when a weighted panel size reaches 1200 GMS patients.

03/N03 That the IMO calls on the Department of Health and Children to ensure that the legal advice service introduced under the clinical indemnity scheme for NCHDs be extended to encompass inquiries and reviews established by Health Boards.

01/05 In view of the results of the IMO Benchmark Study which reveals that 77% of doctors are concerned with the issued of medical indemnity the IMO calls for the establishment of a Review

Group with representatives of the medical and legal profession, patient/consumer and government interests to review the current legal system and make recommendations in relation to Tort Reform.

98/42 That the IMO oppose the introduction of any revised medical indemnity scheme without the expenses of the IMO.

86/37 That the IMO negotiate immediately with all hospital managements complete reimbursement of medical insurance fees for all its members working in hospitals.

86/39 That the IMO enter into immediate negotiations with the MDU and the MPS to discuss their rates, differential rates and the services which they provide.

86/45 That the IMO regret the increasing trend towards legal action for negligence against the medical profession, and the consequent changes in medical practices and in the cost of health care.

GPs

01/G35 The proportion of medical indemnity insurance premium refunded should be the same for GPs as for consultants i.e. a minimum of 80%.

89/02 That at the time of the first review, the IMO negotiate reimbursement of medical defence fees for General Practitioner members.

89/11b That the IMO continue to use its resources to ensure that GPs have a fair medical indemnity scheme.

86/35 That the Health Boards should be obliged to pay the medical defence fees of GMS doctors.

NCHDs

99/N10 That the IMO NCHD committee call on the Department of Health & Children to disband the discredited NCHD indemnity scheme and replace it with an adequate comprehensive scheme. The IMO NCHD committee deplores the NCHD requirement to seek supplementary insurance to cover current inadequacies.

86/36 That medical defence fees for NCHDs be reimbursed at six-monthly intervals by employing Health Boards.

Medical Insurance Schemes

86/38 That the IMO investigate the feasibility of advising NCHD members not to contribute to medical insurance schemes.

Public Health Doctors

92/18

(a) That the manner of the reimbursement of the cost of medical defence subscriptions for Public Health Doctors, as outlined in the Department of Health circular dated 19/12/91 to Health Board CEOs, in which it is indicated that the reimbursement be liable to income tax and PRSI reductions, is blatantly unjust and unacceptable;

(b) That the IMO demand that this abuse of the recommendation contained in Arbitration Report no. 131 be rejected and that the IMO instruct is Public Health Doctor members to withhold medical defence payments pending a satisfactory outcome to this dispute.

89/107 That Health Boards pay medical defence fees of doctors in Community Medicine.

86/40 That full-time Public Health Medical Officers should be reimbursed for medical defence fees.

86/43 That the IMO expedite negotiations with the Department of Health with regard to payment by the Health Boards of the medical defence insurance premiums of community care doctors.

MEDICAL SCHOOLS (Also Entry to)

10/48 The IMO calls on the Department of Health & Children, the Department of Education and other relevant bodies to increase the number of specialist posts so as to match the number of medical graduates and that such planning be in line with the long term manpower requirements for the Irish health services.

10/49 The IMO reiterates its opposition to the HPAT exam and calls on the Minister for Education and the CAO to publish any implications the introduction of the HPAT exam has had in respect of those candidates who were successful in their applications to study medicine.

10/50 The IMO calls on the Department of Health & Children, the Department of Finance, Irish Medical Council and other relevant bodies to investigate the branding of private HPAT courses as PreMed Courses.

10/51 If the HPAT exam system is to continue the IMO calls on the Minister for Education to ensure that the exam is scheduled earlier in the school year and in a wider range of centres around the country so as not to disadvantage any group of students.

10/52 The IMO, noting recent reports from the ESRI and the Competition Authority, calls on the HSE to immediately introduce a fast-track two year GP training programme for those with appropriate prior experience, as agreed with the ICGP in 2008.

09/42 The IMO Consultant Committee condemns any attempts by the HSE to withdraw funding for the training and education of NCHDs.

09/P06 This meeting calls on the HSE to commit seriously and adequately to supporting and funding training for all doctors.

09/38 The IMO calls on the Department of Education to rescind the decision to burden leaving cert students, who wish to study medicine, with an additional aptitude exam.

06/48 The IMO demands that the Department of Education adequately resource medical school places.

06/49 The IMO insists that the Department of Education ensure that entry into medical school should be based on fair and transparent criteria and not limited by ability to pay or country of origin.

05/47 This meeting calls on the Ministers for Health and Education, the Higher Education Authority and the training bodies to urgently increase both the number of places for EEC students in medical schools and also the number of places on the higher training schemes to ensure there is a supply of trained doctors to fill future expansion plans.

02/22 That the IMO calls on the Higher Education Authority to increase the number of places for school leavers wishing to study medicine.

MEDICAL GRADUATES

09/39 The IMO calls on the Department of Health & Children, the HSE and Department of Education to guarantee that each graduate of Irish medical schools will be provided with a paid

intern placement in order to allow them to complete the requirements for registration with the Medical Council.

09/40 The IMO calls on the HSE to develop transparent mechanisms on entry into the medical workforce of EU graduates of EU medical schools.

09/41 The IMO calls on the HSE to develop a comprehensive induction programme to facilitate entry of graduates of non-national medical schools who are to commence working in the Irish medical workforce

07/54 This meeting calls on the Minister for Health and Children and the HSE Board to ensure there are funded intern posts available for all graduates of Irish medical schools who wish to work as an intern in Ireland.

01/N14 The IMO will no longer tolerate the universities neglect of final medical students which is adding to the current NCHD crisis. This meeting calls on each university to acknowledge their responsibility to ensure that all graduates of Irish medical schools have the opportunity to take up a paid internship in Ireland and appoint an individual to supervise this, which would go some way to addressing the current worsening NCHD staffing crisis.

MEDICO-LEGAL FEES

98/G47 That the IMO rejects the scale of fees for medico-legal work and court attendances negotiated between the IHCA and the Irish Insurance Federation.

97/G27 That the fees payable to GPs for reports, court attendance and stand-by-fee in Family Law Cases be similar to the minimum recommended IMO schedule for civil cases.

95/51 That the IMO address the issue of court attendance at the request of Garda Síochána, and negotiate a realistic fee for such attendance with the Department of Justice.

92/12 That the IMO:

- (a) Direct the Council of the IMO to issue instructions to its members not to attend Court in civil actions on an understanding, explicit or implicit, of no win/no fee;
- (b) Direct the Council of the IMO to refer the question of no win/no fee Court attendance by doctors to the Medical Council for its direction with regard to professional ethics;
- (c) Direct the IMO to confer with the Incorporated Law Society in order to establish a mechanism for the prompt payment of doctors who attend Court in civil cases, irrespective of the outcome.

89/72 That the IMO negotiate a common scale of fees for medico-legal work with the FII, Incorporated Law Society and the office of the Chief State Solicitor.

MEDICO-LEGAL ISSUES

98/28 That the IMO enter into negotiations with the Department of Justice, Equality and Law Reform regarding the establishment, professional training and appointment, of a national network of designated Garda doctors to provide forensic medical services.

89/62 That the IMO follow recent Medical Defence Union advice on informing health administrators in writing of reduced liability for patient care if resources or staffing are inadequate.

89/71 That the code of practice existing between the Incorporated Law Society and the IMO should include the following understanding:

A solicitor requiring the opinion of a Consultant/hospital doctor with respect to a client's problem, about which the client has previously consulted with his/her GP:

- (a) should request a report from the GP;
- (b) should request the GP to make the referral directly;
- (c) should not refer clients directly to Consultant hospital doctors.

MENTAL HEALTH

10/21 The IMO calls on the Government to debate and enact the Mental Capacity & Guardianship Bill at the earliest possible date in order to end the legal contradictions that currently apply.

10/22 The IMO calls on the Minister for Health & Children and the HSE to end the current post-code lottery which currently exists and in its place roll out dedicated old age psychiatry services throughout the country.

10/23 The IMO calls on the Minister for Communications and the Minister for Health & Children, in conjunction with the relevant stakeholders, to develop national media guidelines in respect of reporting on an individual's mental health issues.

10/24 The IMO demands clarification from the Minister for Finance & the Minister for Health on whether the €42m promised by Minister Moloney in January 2009 and the €43m "new money" promised by Minister Lenihan in December 2009 for Mental Health service development are the same or different financial undertakings.

10/25 The IMO seeks clarification from the Minister for Health and Children as to when the monies promised to implement *A Vision for Change* will be released and report on their allocation in a timely fashion.

10/26 The IMO supports the retention of ECT as a treatment option for severe depression that is resistant to other therapies.

10/27 The IMO seeks the restoration to the Mental Health services by the HSE the €24m allocated to the implementation of *A Vision for Change* it purloined in 2007/2008 and diverted from the psychiatric services.

10/28 The IMO deplores the reduction of staff numbers in the Mental Health services and seeks a statement from the Minister for Health on this change in direction from that espoused in *A Vision for Change* that recommends an increase in staffing of 1800 people over the 7-10 years of implementation of this policy.

09/03 This meeting calls on the Minister for Health & Children and the Minister State with special responsibility for Children to issue a statement of confidence in the implementation of the Child Care Act 1991 (Section 8).

09/04 This meeting calls on the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to issue a statement as to why a consistent nation-wide position in relation to the Health Act 1970 (section 59) on the issue of issuing free medication for those with psychiatric disorders is not in place.

09/06 This meeting calls on the HSE to set up a specific Mental Health Directorate – in keeping with the recommendations of *A Vision for Change*.

09/07 This meeting demands that the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to clearly indicate the specific time frame for the implementation of *A Vision for Change*.

09/08 This meeting calls on the Minister for Health & Children and the Minister for State with special responsibility for Equality, Disability & Mental Health to realistically fund early intervention in psychosis pilot projects and to issue a statement on the national roll out of such programme that have an evidence base of good clinical outcomes for people.

08/02 The IMO deplors the lack of progress in implementing A Vision for Change and calls on the Minister for Health & Children and the HSE to replace rhetoric with actions in this regard.

08/03 The IMO condemns the cavalier failure of the HSE to preserve and ring-fence the resources arising from the sale of the psychiatric services' lands. Furthermore the essential re-modernisation of services in line with our National Mental Health Policy can occur and we call on the Taoiseach and the Minister for Health & Children to condemn this activity and to act swiftly to reverse such diversion of monies.

08/04 The IMO welcomes the introduction of the Mental Health Act 2001 but condemns the Minister for Health & Children for sanctioning the diversion of funding from service provision to fund this legislation.

08/05 The IMO draws attention to the inordinate length of time in accessing assisted admission facilities under the Mental Health Act 2001 and calls on the HSE and the Mental Health Commission to work jointly to remedy this.

08/06 The IMO draws attention to the plight of those who need long term supported accommodation and calls on the Department of Health & Children and the Department of the Environment to make good this deficiency.

08/07 The IMO draws attention to the petty discrimination in terms of Nursing Home access of hospitalised elderly people who are mentally ill and who have to wait inordinate periods of time to access appropriate residential care and calls on the HSE to rectify this as a matter of urgency.

08/08 The IMO deplors the casual dismantling of community based secure facilities within the psychiatric services before alternatives have been developed and calls on the Minister for Health & Children to halt this and to provide safe working environments for staff in keeping with Health & Safety legal obligations.

07/37 The IMO calls on the Minister for Health & Children to oversee the timely implementation of our national mental health policy A Vision for Change and that she publishes timelines by which various aspects of this policy will have been put into practice.

07/38 The IMO draws attention to the diversion of new (services) development money away from patient services in mental health in the 2007 Budget and demands that the Minister for Health & Children restores this to its rightful purpose.

07/39 The IMO deplors the fact that a mere €1.8 million has been allocated to new adult mental health service developments in 2007 and demands that the Minister for Health & Children confirm that this level of service development is in keeping with national mental health policy.

07/40 The IMO deplors the fact that a mere 24WTE have been assigned to enable adult mental health service developments in 2007 and demands that the Minister for Health & Children confirm that this level of service development is in keeping with national mental health policy.

07/41 The IMO deplors the reduction in service to voluntary users of the mental health services brought about by the introduction of the Mental Health Act 2001 without proper resourcing, and demands that the Minister for Health & Children remedy this without delay.

07/42 The IMO demands that the Minister for Health clarify her intention in relation to the provision of mental health services for adolescents and declare the timeframe within which this will be equitably available.

06/08 The IMO deplors the inequitable distribution of resources, both human and financial, in the mental health services and demands that the HSE rectify this.

06/09 The IMO calls on the Mental Health Commission to ensure that the judiciary which will adjudicate on applications for detention of children in mental health facilities, under the Mental Health Act 2001, in the District Court has training and knowledge of the psychiatric and psychological issues of children.

06/10 The IMO calls on the Government to review the provisions of the Mental Health Act 2001 in regard to children to ensure that children have the same provisions under the Act as are afforded to adults by having an automatic review of their detention under the Act, as will be afforded to adults.

06/11 The IMO calls on the Department of Health & Children to ensure, as a matter of supreme urgency, that dedicated inpatient child and adolescent beds, under the care of trained consultant child and adolescent psychiatrists are available when the Mental Health Act 2001 becomes live.

06/12 The IMO insists that the HSE provide 200 child and adolescent psychiatric beds as previously recommended by the Department of Health & Children and ignore the recent recommendation of only 100 beds.

06/13 The IMO insists that the HSE does not allow the closure and selling off of psychiatric hospitals and lands until appropriate community services are in place as recommended by the Expert Group on Mental Health Services.

06/14 The IMO insists that the Department of Health & Children ring fence the monies released through the sale of psychiatric hospitals for the development of mental health services.

05/04 The IMO calls on the Department of Health and Children to ensure that local mental health services are sufficiently resourced to facilitate the enactment of Part 2 of the Mental Health Act 2001, thereby avoiding a cut in mental health services to voluntary patients

05/05 The IMO deplors the reduction in publicly funded Child and Adolescent inpatient beds in recent years and calls on the Department of Health and Children to follow the lead of the private sector in addressing this.

05/06 The IMO demands action from the Department of Health and Children in securing the continuing financial support crucial to the development of information technology systems in the mental health systems.

05/07 The IMO calls on the Department of Health and Children to listen to service users and professionals, and thus withdraw from the plan unveiled by the Minister for Justice to have the Central Mental Hospital relocate to the proposed prison complex in North County Dublin.

05/08 The IMO calls on the Department of Health and Children to recognise the benefits of developing early intervention by introducing treatment programmes for the 1,300 young Irish people who will develop psychotic disorders this year.

05/40 The IMO calls on the Department of Health and Children to implement its own policy on Adolescent Mental Health by resourcing adequate mental health teams for this purpose.

05/41 The IMO seeks to redress the 19 fold disparity in per capita funding for mental health services by employing health economic parameters rather than historic factors in budget allocation.

05/42 The IMO calls on the Department of Health and Children to adopt an evidence-based approach to mental health service resourcing and thus shift resources to where they have the maximum proven benefit.

05/43 The IMO calls on the Department of Health and Children to review their classifying of residential rehabilitation units as “categories of institutions” which has a consequent negative impact on dynamic rehabilitation endeavours.

04/07 The IMO supports the proactive thrust of early intervention in the matter of serious mental illness and urges the Department of Health to pilot endeavours aimed at reducing the secondary handicaps from psychotic disorders.

04/08 The IMO urges the roll out of the remainder of the provisions of the Mental Health Act 2001, which has been stalled because of insufficient resources.

04/09 The IMO urges the Department of Health and Children to actively consider the opportunity presented by the proposed health reforms to develop dedicated regional services for adolescents, eating disorders, learning disabilities, forensic services etc.

04/10 The IMO urges the Department of Health and Children to take the huge increase in population size (as reflected in additional Dáil representation) in certain parts of the country into account when allocating funding for mental health services.

04/11 This organisation deplors the lack of safe community forensic mental health services for those discharged from the National Forensic Hospital, Dundrum.

04/12 This organisation demands the proper resource allocation to ensure that the considerable psychological trauma and attendant psychiatric disability experienced by some refugees and asylum seekers is appropriately and humanely dealt with.

04/13 This organisation demands that the proceeds of current disposable assets of the mental health services i.e. lands and buildings, be reinvested in the chronically poorly resourced mental health services to ensure necessary modernisation and development

04/14 The IMO supports the development and commissioning of psychiatric units in regional hospitals but deplors the delay in these being opened and the tendency to use premises instead for non-mental health purposes.

03/31 The IMO reiterate its position calling for a review of the policy of sectorisation which applies only in the Mental Health Services but which disqualifies those that are of no fixed abode or homeless from being eligible to access comprehensive mental health care

03/33 The IMO urges the Department of Health and Children to develop and fund multidisciplinary psychiatric services for individuals with Learning Disability, as this vulnerable group presently do not have equitable access to the specialist psychiatric services they require.

03/34 The IMO abhors the attempted slashing of funding for the training of clinical psychologists and requests a further increase in funding for the training and appointment of clinical psychologists given the government’s history of lip service to the fundamental ideal of multidisciplinary teams in the Mental Health Services.

03/35 The IMO disagrees with the transfer of Forensic Psychiatric patients directly from the courts to ill resourced psychiatric units in general hospitals or any other psychiatric unit without first hearing evidence from the treating consultant psychiatrist.

03/21 The IMO deplors the absence of consultation with psychiatrists in the framing of the Criminal Law (Insanity) Bill 2002, thereby giving no meaningful opportunity to contribute to a Bill that will have profound implications for psychiatric practice, and calls for the Departments of

Health and Justice to engage with professionals and their representative organisations on the passage of this legislation.

03/22 The IMO refute the statement in the Explanatory and Financial Memorandum of the Criminal Law (Insanity) Bill that states, "It is not anticipated that the proposals in the bill will have significant financial or staffing implications" and challenges the Departments of Health and Justice to guarantee that the passage of the bill will have no detrimental impact on the present under funded mental health service.

03/23 The IMO demands an immediate review of the current insignificant and totally inadequate provision of dedicated inpatient facilities for adolescents with psychiatric illness that has led to the shameful situation whereby adolescents are admitted inappropriately to adult psychiatric hospitals and units.

03/24 The IMO demand that the Department of health and Children provide for the establishment and adequate resourcing of inpatient child psychiatric facilities for young children who are currently being deprived of necessary treatment due to the absence of such facilities and staff.

03/25 The IMO calls for the Department of Health and Children to provide day hospital programmes for young children and adolescents in the Child and Adolescent Psychiatric services throughout the country. As these only exist in the ERHA and WHB and represent gross inequity in service provision.

03/26 The IMO demands that specialist forensic adolescent services be developed to address the needs of psychiatrically disturbed offending adolescents.

03/27 The IMO demands that the current practice of employing temporary Clinical Directors in Psychiatry cease, and that such temporary posts are advertised and filled on a permanent or fixed term basis.

03/28 The IMO welcomes the establishment of the Mental Health Commission and calls for the immediate resourcing of this body to ensure the prompt implementation of the Mental Health Act 2001.

03/29 The IMO insists that the new Mental Health Inspectorate be broadly based, staffed by senior consultant psychiatrists, and be representative of all consultant psychiatrists and their specialties and also of General Practitioners and the public.

02/05 That the IMO urge the Department of Health & Children to develop and implement proactive strategies to prevent the mentally ill from becoming homeless by i) active residential rehabilitation programmes and (ii) relevant day rehabilitation programmes.

02/07 That the IMO calls on the Department of Health & Children to provide full financial, manpower and training resources to ensure the full implementation of the Mental Health Act 2001.

02/04 That this AGM believes there are insufficient supported residential places for adults with chronic psychiatric problems and that adequate funding for this should be provided in each health board area.

01/C05 The IMO propose the funding and establishment of comprehensive multidisciplinary teams to support both existing and future new Consultant Psychiatrists posts.

01/C06 That the IMO propose an increase in general and specialist consultant psychiatrist posts.

01/C08 The IMO propose that the Department of Health & Children provide funding for Counsellors and Therapists in all Psychiatric Sectors and that suitable facilities and materials be provided for them.

01/47 The IMO calls on the Minister for Health & Children to properly fund the psychiatric services so that there are sufficient beds to provide a safe and effective service for children, adolescents and adults in all Health Boards.

01/81 That the Government policy of sectorisation in psychiatry is reviewed as this can be stigmatising to patients and disallow them the freedom of choice afforded to patients with non mental health problems.

00/50 That the Council of the IMO make representations to the Department of Health & Children to stop the railroading of public psychiatric patients to assigned clinics and to assigned hospitals.

00/04 The IMO insists that hospital stay alone is an unsuitable tool to monitor the practice of an institution or any individual doctor.

99/07 That the IMO seeks all party support, in the national government, for an immediate amendment to the Mental Health Act 1945 which would provide any medical practitioner involved in the compulsory admission of a patient under the terms of the present Act, with a realistic fee for such work.

99/08 That the IMO negotiate a realistic fee following the implementation of the proposed new Mental health Act.

98/21 That the IMO pursue with maximum speed the implementation of an agreed protocol for dealing with requests for compulsory admission of patients under the Mental Health Act and to secure appropriate remuneration for dealing with such requests.

96/43 That the IMO recommends that the Minister for Health co-ordinates without delay a national plan to meet the needs of the 12 to 18 year old age group for in-patient and out-patient psychiatric services at local level.

MERCURY

08/39 That the IMO, in view of the serious accumulation of mercury in the environment including our food chain, requests the Government and the Department of Health & Children to urgently; prohibit further sale of mercury thermometers in all retail outlets and arrange a comprehensive and carefully monitored collection and disposal of all mercury thermometers and sphygmomanometers from all health care facilities in line with current international actions.

METHADONE SCHEME

07/G16 This meeting agrees that the IMO will aggressively pursue implementation of aspects of Level 1 and 2 GP Contracts for Care of Patients under the Methadone Protocol Scheme that have not been implemented since the agreement of that contract in January 2003. Including practice nurse allowances, study leave and the provision of monthly itemised accounts detailing fees paid in respect of each patient treated.

MONITORING PROCEDURES

00/04 This AGM insists that hospital stay alone is an unsuitable tool to monitor the practice of an institution or any individual doctor.

NATIONAL HEALTH FORUM

09/63 The IMO calls on the Government to set up a National Health Forum to initiate honest and frank debate on the future health policy agenda and in the interim the current piecemeal, backdoor privatisation of services without consultation should be halted.

NATIONAL HEALTH ISSUES

07/31 The IMO calls for implementation of the principles contained in the report of Justice Harding Clark no later than October 1st 2007 and on the basis of full and proper consultation with the IMO.

07/32 The IMO demands that the HSE endorse the EU COST (Committee of Science and Technology) B14 Programme Report regarding hyperbaric medicine.

00/19 The IMO condemns the failure of successive Ministers for Health to develop and adequately fund health care for Irish males.

00/23 That the IMO calls on the Department of Health & Children to develop a detailed plan for health and social services to complement the (draft) National Development Plan 2000 – 2006.

NATIONAL SYSTEM OF ELECTRONIC MEDICAL RECORDS

10/08 The IMO calls on the HSE to develop a national secure electronic communication system to be used by doctors which would facilitate the storage of medical records and tests using a unique patient identifier. Such a system would enable an integrated approach to the care of individual patients.

09/27 This meeting calls on the Data Commissioner to facilitate the use of PPS Numbers to be used as a unique computer ID number for electronic medical records on a national basis.

00/10 The IMO calls on the Department of Health & Children to ensure that health records are maintained in an acceptable format on a permanent basis for all patients at its expense.

NATIONAL TREATMENT PURCHASE FUND

09/15 The IMO calls on the Treatment Purchase Fund to offer inpatient detoxification for those on low income.

08/C12 The National Consultants Meeting calls on the Minister for Health & Children to ensure that the NTPF is subject to HIQA.

06/47 The IMO is bewildered by the increase in funding given to the National Treatment Purchase Fund without a corresponding increase in output and calls on the Public Accounts Committee to investigate this practice.

04/49 The IMO believes that the National Treatment Purchase Fund is an inadequate response to the lack of strategic planning for and funding of bed capacity in our public hospitals.

03/39 The IMO, other than in an emergency situation condemns the referral of patients outside the State as part of the National Treatment Purchase Fund at a time when hospital staff are being 'let go' or not replaced and Public Hospitals wards have not been opened, have been closed or are about to be closed.

NON-CONSULTANT HOSPITAL DOCTORS

09/N14 We encourage doctors in training to reflect on the cost that routine patient care incurs on the health system with particular reference to:

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

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

05/N05 This meeting calls on hospital managers to open libraries in hospitals during the periods when NCHDs are working on site at the hospital.

05/N06 That the IMO calls on the HSE to implement family friendly working for NCHDs by ensuring that crèche facilities are provided and reserved for the children of NCHDs and further that the crèches operate during NCHD working hours.

05/N13 That this meeting demands that the Medical Council issue guidance to Interns specifically and not just to hospital management regarding:

1. appropriate medical experiences during the intern year
2. intern supervision
3. in-house supervision for interns
4. interns covering emergency departments
5. interns covering ICU wards
6. interns accompanying patients in ambulances
7. annual leave for interns

02/23 The IMO calls on the Minister for Health & Children to reserve a number of places on Comhairle na nOspideal for NCHDs nominated by the IMO in view of Comhairle na nOspideal's involvement in SpR and Senior Registrar training.

00/N42 That the IMO calls on the IMO to submit the next agreement on pay, training and conditions to a ballot of NCHD members prior to acceptance.

98/N04 That the IMO should recognise that the progress achieved in the dispute over medical indemnity in 1992 has been eroded and effectively lost by the wholly inadequate structure of the current indemnity scheme, and therefore should negotiate for an all inclusive scheme.

92/39 That the IMO condemn as unjustified the medical defence fee increases announced by the medical defence bodies for NCHDs for 1992.

90/61 That the IMO publish a list of hospitals where rostered hours are not paid for at monthly intervals in the Irish Medical News.

90/64 That the IMO demand the presence of NCHDs at hospital management board meetings and committees as a right.

86/N13 That the IMO deplore the fact that the Council for Post Graduate Medical and Dental Education was and is only advisory and demands that it be given powers to publicise and penalise hospitals who ignore the importance of post-graduate education and research.

Accommodation/Residences

10/N19 The IMO calls on the HSE to engage with the IMO to review and update the required standards for hospital residences.

10/N20 The IMO calls on the HSE to mandate medical manpower managers to conduct and publish an annual report on medical residences in their hospitals.

08/N28 This meeting calls on the HSE to ensure minimum levels of hygiene and comfort are maintained in hospital residences.

08/N29 This meeting calls upon the HSE to ensure that all hospital residences have a minimum standard of security.

07/N16 That the IMO would write to the Minister for Health and Children enquiring as to the status of the scheme to refurbish NCHDs' hospital residences which her predecessors committed to in the Dáil in May 2000.

01/N01 This meeting condemns the state of hospital residences nationwide and implores the Minister to bring these up to acceptable standards without delay.

00/N36 That the IMO calls for the introduction of a national standard in respect of:

1. accommodation
2. catering
3. doctors residences'
4. failure by individual hospitals to reach and maintain that standard result in financial penalties imposed on that hospital

00/N37 That the IMO calls for financial compensation for the extra costs incurred by junior doctors where hospitals fail to provide adequate out of hours catering.

00/N38 That the IMO urge hospitals to provide safe supervised toll free parking within close proximity to emergency areas for on-call and resident staff.

00/N39 That the IMO insist that all hospitals provide adequate fire precautions and personal security arrangements to protect all resident staff and insist in the interests of patients and doctor's safety that that hospitals residences be part of the main building and further calls upon the IMO to ensure that hospital residences are inspected on a regular basis and that substandard premises be reported to health and safety officers.

98/N05 That the IMO supports the need for the provision of acceptable accommodation, both on-call within the main hospital building and on-site residence within the hospital confines, and the 24 hour availability of foodstuff for NCHDs whilst on call.

90/101 That the IMO meet with training bodies (RCPI, RCSI, ICGP) with a view to establishing the guidelines of the Royal College of Psychiatrists on medical residences as part of the criteria for recognition of training hospitals.

90/102 That the minimum standards of medical residences of the Royal College of Psychiatrists be adopted as the minimum acceptable standards of the IMO for residences.

Australian Protocol

00/N15 That the IMO believes that:

1. Doctors resident in hospital whilst on-call are more likely to be called to patients than colleagues on-call from home and therefore
2. Doctors required to be resident on-call should receive additional remuneration to doctors on-call from home and
3. Reaffirms it's commitment to achieve the Australian Protocol

00/N16 That the NCHD Committee reaffirms its commitment to negotiate the Australian protocol guidelines as developed by previous NCHD committees

Buttimer Report

07/N15 This meeting calls on the HSE to urgently fund and implement the provisions of the Buttimer Report.

Car Insurance

08/N20 This meeting calls upon the HSE to refund NCHDs who are required to drive for work purposes the premium excess on their car insurance.

Hours & Pay

08/N02 The IMO regrets that the HSE has rejected proposals for extended working hours and other work practice changes by Consultants in Mullingar General Hospital on a pilot basis as part of the National Implementation Group project to enable legally compliant working hours for NCHDs.

08/N06 The IMO calls on the Taoiseach and the Minister for Health & Children to intervene immediately to ensure that the working hours of NCHDs be reduced to ensure the Government, Department of Health & Children and the HSE are compliant with the Organisation of the Working Time Act 1997.

08/N07 The IMO deplores the embargo on recruitment of NCHDs in the health service and calls on the HSE to lift this embargo with immediate effect in order to assist in the reduction of NCHD working hours.

08/N23 This meeting calls upon the IMO to seek additional NCHD points beyond the current maximum in pay scales.

08/N26 This meeting calls on the HSE to ensure payment to all Senior Registrars for acting up.

00/N01 That the IMO calls on the Department of Health & Children to recognise the worsening NCHD staffing crisis and urges for the introduction and implementation of long overdue reforms for the benefit of the service to patients and the health of young doctors before hospitals are forced to close in July 2000.

00/N02 That the IMO abhors the practice where hospitals “cap” payments at 65 hours and calls on the Health Boards, the HSEA and the Department of Health & Children to explain in detail the mechanism for payments for all hours worked.

00/N03 That NCHD overtime pay reflect the time spent within the hospital of a qualified doctor and pay be increased as a minimum above the proposed minimum wage and that pay be increased in accordance with the premium rates as sought by the NCHD committee.

00/N04 That the IMO condemns the Government for not accepting its responsibility to deal with reducing junior doctors excessive hours of work and making no progress on the matter in the time frame from the previous discussions on the original working time directive of 1993.

00/N05 That the IMO believes that it is ludicrous for doctors to accept half pay for working anti-social hours and calls on the IMO not to accept any rates of pay which are lower for overtime hours than they are for standard hours, and further calls on the IMO to negotiate realistic overtime rates on a par with other health service workers at the same percentage rates.

00/N06 That the IMO highlight to the public the derisory rates of pay for junior doctors overtime work.

00/N07 That the IMO deplores the failure of many hospitals to honour contractual obligations to pay for hours worked and calls upon the NCHD Committee to reiterate its commitment to pursue fully all cases of non payment and adopt a low threshold to progress all cases through statutory mechanism and take legal action where possible and calls upon the IMO to circularise members with a simple memorandum outlining how they may use the mechanisms of the Labour Relations Commission in order to seek redress as individuals

00/N09 That the IMO calls for an immediate end to overtime payments below time per hour in favour of overtime payments in line with all other healthcare workers.

00/N10 That the IMO calls for an investigation of the pros and cons of the current Beaumont Pilot Pay Scheme when compared with a fully implemented NCHD contract.

00/N11 That the IMO demand an immediate stop to the continuation of 1:3 or less rotas for all call which are clearly in breach of contract.

00/N12 That the IMO deplores the situation where it is less expensive to employ an NCHD after 39 hours.

00/N13 That the IMO demands that the number of consecutive hours for which a Doctor on acute call may be rostered be limited to a maximum of sixteen and that doctors not be rostered until a period of eight hours has passed.

Interns

10/N21 This AGM calls upon the Medical Council, the Medical Schools and the HSE to engage with the IMO in communicating with medical students to clarify for them the forthcoming changes to the structure of the intern year.

08/N19 This meeting calls upon the HSE to increase the number of intern places to take into account all graduating medical students and the need to have an intern place available to them.

Locum/Leave Arrangements

08/N25 This meeting calls on the HSE to ensure NCHDs contractual locum entitlements are honoured by employers.

05/N15 This meeting calls on the Health and Safety Authority to investigate hospitals who are overworking their employees by not employing replacement doctors (locums) during periods of absence forcing remaining NCHDs to work even longer hours with concomitant risks to public health and safety.

05/N16 That this meeting calls for a national policy in respect of the procurement of locums for all leave periods as per the NCHD Contract 2000, 1997 etc., with particular emphasis on:
When absences occur at short notice ensuring that local arrangements are in place, which are empowered to find replacements for absent doctors, at times when manpower managers/medical administrators/personnel managers or roster organisers are not present, and specifically at night, on weekends and during public holidays.

04/N16 This meeting calls on the HSEA to honour its contractual commitments and provide locum cover for all NCHD leave periods.

01/N15 The IMO reaffirms its position that locums should be provided for all leave periods and deplores the practice of hospitals which force NCHDs to cross cover prior to taking leave, resulting in costly increased hours in the period immediately before and after their leave. This meeting calls for the Department of Health and the HSEA to implement all NCHD agreements current and previous particularly in respect to the provision of locum cover and on all the hospitals to ensure that adequate locum cover is sought at the beginning of every six-month cycle.

00/N24 That the IMO demands the proper payment of locum rates to all doctors while covering colleagues whilst on leave

Medical Manpower Manager

01/N04 The IMO deplores the fact that the Medical Manpower Manager positions were not advertised until 6 months after the new NCHD contract and demands that those taking up those posts issue guidelines to hospitals under their jurisdiction as a matter of urgency in respect to making a claim for training allowances.

On Call Overtime / Unrostered Hours

10/N17 This meeting calls on the HSE to develop a national policy pertaining to the bleeping & otherwise contacting of NCHDs out of hours as such a policy could reduce the amount of overtime that is currently necessary.

08/N24 This meeting calls on the HSE to ensure that hospital management cease from issuing memos to the effect that unrostered overtime pay is being cut, without appropriate consultation with the IMO.

05/N11 That the IMO calls on the HSE to carry out an impact study on the effects of proposed new rostering arrangements on patient safety and on NCHD health and well being also.

99/N03 That the IMO negotiate a premium rate of overtime for all NCHD's working rostered duty 'on-call' within the hospitals, as distinct to on-call from home, with reference to previous Labour Court recommendations.

99/N04 That the IMO negotiate future NCHD contracts with the prerequisite understanding that all rostered duty on-call within a hospital is clearly defined as working time as defined in EU Commission proposal 98/0318.

99/N05 That the IMO negotiate the introduction of the Australian Model of on-call overtime payments for NCHDs on-call from home.

99/N6 That the IMO recognise the failure of current mechanism to adequately address the payment of unrostered hours and to seek an independent arbitrator to structure a new mechanism.

99/N07 That the IMO call on the Department of Health & Children to discontinue current the ludicrous on call payment structures and to replace them with rates that are relevant to technological and service demands of the new millennium.

Pension Rights

06/N09 The right of non-EU NCHDs to collect their pension contributions when they want to leave the State should be restored. They should not have to wait until the age of 65 to receive this amount. The IMO should urge the Department of Finance to deal with this issue.

06/N10 In regard to the Public Service Superannuation Act 2004 we call on the Department of Finance to support the view of the IMO that all doctors, who had commenced employment prior to April 1st 2004, including interns who commenced in July 2003, and doctors who commenced their training in earlier years but who have since secured placements abroad, to further their training, cannot be regarded as new entrants. In addition the same should apply to those currently in the system who may break service to further their training abroad or who, having completed training, are awaiting a consultant appointment.

Post Details/Job Advertisements

01/N02 The IMO reiterates that NCHDs should receive a copy of: a) Contract b) Rostered hours c) Duties d) sites to be covered e) Pay Scales and Overtime Rates f) Training information prior to being asked to accept a post and should only accept the post conditional on the above being acceptable to the IMO as per the NCHD 2000 Agreement. This meeting calls on the Minister to implement same urgently to prevent further exodus of doctors.

00/N03 Every NCHD post should be defined as a training post and advertised as either "Training Post" or "Service Post". In the case of a training post the person should be allocated a training number and this number be used for future accreditation purposes.

00/N41 The IMO demands that all applicants for NCHD posts receive, before interview, details concerning:

- a. Job title
- b. Contractual hours to be worked
- c. Overnight hospital duty to be worked
- d. Ancillary backup e.g. phlebotomy, secretarial, chemotherapy, nursing etc.
- e. On-call accommodation and servicing arrangements
- f. Level of on-site medical supervision
- g. Education and training facilities
- h. Locum provision for leave/sickness
- i. Confirmation or note of SAC/Medical Council accreditation for training

Pregnancy, Maternity Leave and Family Friendly Policies

10/N08 The IMO calls on the Postgraduate Training Bodies and the HSE to fully support NCHDs when they become pregnant, support necessary changes to their rostering and allow them to continue aspects of their training whilst on maternity leave to expedite their training and to adopt a proactive, sympathetic approach to NCHDs who have children.

10/N09 The IMO calls on the Post Graduate Training bodies and the HSE to recognise the massive social, family and personal disruption that often results from training as a NCHD in Ireland. The IMO calls on these parties to incorporate a more sympathetic approach to the geographical placement of married NCHDs and couples, especially when NCHDs have children.

08/N05 The IMO calls on the HSE to recognise the significant health and safety issues for pregnant NCHDs and to immediately implement policy to limit working hours.

07/N09 This meeting calls for the introduction of NCHD friendly policies related to maternity leave and that maternity issues should be negotiated with the training bodies by the IMO to ensure that NCHDs do not become disadvantaged professionally by becoming pregnant.

07/N10 This AGM calls on the HSE to provide a family friendly environment for NCHD training.

06/12 The IMO calls on the HSE to ensure that all pregnant NCHDs are reviewed by an occupational health physician early in pregnancy to determine which components of their work are not suitable in pregnancy.

05/N12 That the IMO calls on the Health and Safety Authority to immediately carry out a health impact study on the effects of working prolonged shifts and night work on pregnancy outcomes among NCHDs with particular emphasis on prenatal and maternal morbidity and mortality.

92/40 That the IMO strongly protests to the Department of Health that maternity leave entitlements for NCHDs are disregarded in several Health Board areas and that it ensures that action is taken in this area.

Removal expenses

86/N04 That the IMO adopt and implement the current BMA rates as regards NCHD removal expenses.

Hospital Facilities

00/N36 That the IMO calls for the introduction of a national standard in respect of:

5. accommodation
6. catering
7. doctors residences'
8. failure by individual hospitals to reach and maintain that standard result in financial penalties imposed on that hospital

00/N37 That the IMO calls for financial compensation for the extra costs incurred by junior doctors where hospitals fail to provide adequate out of hours catering.

00/N38 That the IMO urge hospitals to provide safe supervised toll free parking within close proximity to emergency areas for on-call and resident staff.

00/N39 That the IMO insist that all hospitals provide adequate fire precautions and personal security arrangements to protect all resident staff and insist in the interests of patients and doctor's safety that that hospitals residences be part of the main building and further calls upon the IMO to ensure that hospital residences are inspected on a regular basis and that substandard premises be reported to health and safety officers.

90/101 That the IMO meet with training bodies (RCPI, RCSI, ICGP) with a view to establishing the guidelines of the Royal College of Psychiatrists on medical residences as part of the criteria for recognition of training hospitals.

90/102 That the minimum standards of medical residences of the Royal College of Psychiatrists be adopted as the minimum acceptable standards of the IMO for residences.

Role of NCHD

10/N01 This meeting calls on the HSE in conjunction with the IMO to:

- a) define clearly the roles which an NCHD should perform and not perform in a hospital and
- b) subsequent to this provide sufficient resources to prevent NCHDs from engaging in non-clinical activities which are a poor use of time and resources."

Senior Resident

05/N13 This meeting calls for the formal establishment within hospital management structures of the Senior Resident position as discussed in the LRC previously and that this position should be funded and supported.

Sub-Consultant Grade

01/63 The IMO condemns the proposal in the Fine Gael Health Policy to introduce a sub consultant grade and reaffirms its opposition in name and form to the concept of such a grade and rejects out of hand the suggestion that NCHDs would want such a grade.

99/N01 That the IMO reaffirm its rejection of the proposal of a sub-consultant grade in name and in form as it will lead to a lowering of standards and instead propose that 800 new consultant posts be approved.

Specialist Registrars/Registration

10/N18 This AGM calls upon the Medical Council to, as a matter of urgency, clarify the registration status of Higher Specialist Trainees on out of programme years, undertaking research posts & in less than full time training posts.

01/07 The IMO insists that all doctors who have insufficient higher professional training for specialist registration be facilitated to obtain the additional training required for specialist registration and if necessary to achieve this and to conform with the relevant EC Directives, the IMO acquire the services of an Expert in European Law.

00/08 That the IMO agrees that doctors working successfully in a specialist post or equivalent for a long period, with substantial experience in the area of their interest, should have their experience and service recognised by the relevant bodies and must be admitted on the specialist register.

00/N19 That the IMO notes and questions the tardiness of the HSEA in negotiating the Specialist Registrar contract and calls for a ballot for industrial action if a new contract is not agreed as a matter of urgency.

00/N20 That the IMO prepare a comprehensive advice/information pack for specialist registrars seeking consultant appointments and circulate same to the specialist registrar members in the 4th year of their higher specialist training.

00/N21 That the IMO urge the postgraduate colleges to structure the SpR schemes to the needs of the individual trainee.

00/N22 That the IMO is seriously concerned about the career situation for specialist registrars and the IMO demands of the department of Health and Children that it urgently find a coordinated programme of consultant expansion and that all permanent posts be filled by open competition in order to avert a Health Service staffing crisis by 1st July 2000

99/N11 That the IMO NCHD Committee condemn the approach to specialist registrar training whereby training large numbers of trainees with no hope of ever getting a permanent job in that speciality.

98/N01 That all IMO members request that any doctors who take up the post of Specialist Registrar should do so on the basis of the terms and conditions of each post being agreed with the organisation.

Training Issues

10/N10 This meeting calls upon the training bodies to implement a national strategy to direct and support research undertaken by Higher Specialist Trainees to meet the needs of patients, the healthcare system and trainees themselves.

10/N11 This meeting welcomes initiatives such as the Fixed Term Training Appointment which enables NCHDs not participating in Higher Specialist Training to achieve competence assurance and certification under the auspices of a training body.

10/N12 The IMO calls on the Post Graduate Medical Education and Training Committee of the HSE to commission and publish a survey of all the higher specialist trainees who have participated on the Higher Specialist Training Programme to assess:

- a) How many undertook further additional training abroad
- b) How many, having completed further additional training, remained abroad

10/N13 The IMO calls on the HSE and the post graduate training bodies to reorganise the recruitment to and organisation of higher specialist training schemes so as to give each entrant on to such schemes a realistic possibility of permanent employment at the end of training, thus ending the current mass emigration of trained specialist doctors.

10/N14 While the IMO acknowledges progress in this area to date the IMO calls on the HSE to ensure a national e-library, as an important aid to NCHD training is accessible by all NCHDS. The library content should be agreed with the IMO and the training bodies.

10/N15 The IMO calls on the HSE to guarantee funding of educational materials & equipment (eg. Books, Journals) from the personal development fund for NCHDs.

10/N16 Following the removal of the entitlement to purchase a laptop computer and medical software from the training grant for NCHDs, the IMO calls upon the Revenue Commissioners to make provision for the purchase of such items by NCHDs to be tax deductible.

09/N01 In order to reduce costs and ease administration the IMO calls on the HSE to establish a centralised national office for the administration and payment of NCHD's training fund.

09/N02 The IMO calls on the post graduate medical training bodies to meet with the IMO to consider issues regarding NCHD training.

09/N03 The IMO notes that the HSE/DOHC were forward thinking in introducing the training fund for NCHDs in 2000 however the IMO condemns the HSE/DOHC for not increasing the individualised monetary amount of this fund since 2000 in line with medical inflation or with the increases in fees associated with training in the 21st Century

09/N04 The IMO calls on the HSE to update on a regular basis the Higher Degree and Diploma Allowance list to ensure all qualifications that are eligible for this payment are included and that this updated list is circulated to hospital management

09/N05 The IMO calls on the HSE to establish and agree a National Internet, Email, Resource and Internal Communication policy for hospitals and further to ensure equity of NCHD access to the internet, email and library resources.

08/N08 The IMO calls on the Department of Health & Children and the HSE to ensure that the development of the Irish hospital sector is not to the detriment of NCHD training.

08/N09 The IMO calls on the HSE to make available flexible, and part time training options to NCHDs in order to make NCHD work a more family friendly working environment.

08/N10 The IMO calls on the HSE and the Department of Health & Children to implement immediately the full provisions of the Buttimer (MET) Report in order to safeguard the training of NCHDs in the Irish system.

08/N11 This meeting calls upon the HSE to increase the NCHD Training Grant in line with inflation and national pay agreements.

08/N12 This meeting calls upon the HSE to use modern technology to administer the NCHD Training Grant in a transparent manner.

08/N13 This meeting calls upon the HSE to separate and allocate the NCHD Training Grant from the overall hospital budget.

08/N14 The IMO calls on the HSE and the ICGP to offer alternative methods of GP training to NCHDs. There is now an immediate need to train more GPs to address the shortfall predicted in GP numbers across the country.

08/N15 The IMO calls for the immediate expansion of GP Training posts to accommodate the large numbers of NCHDs looking to pursue a career in General Practice. This meeting deplores the recent decision of the HSE to cap posts and prevent further expansion of the training schemes.

08/N16 This meeting calls upon the HSE to ensure that all NCHDs receive their full entitlement of study leave and exam leave.

07/N01 This meeting calls on manpower managers to ensure that all training environments have appropriate office space and IT support so that senior registrars and specialist registrars can complete the non-clinical side of their training.

07/N02 This meeting calls on HSE hospitals to ensure that SPRs and Senior Registrars can avail of the full entitlements of their contract and that there is adequate funding to pay for both the clinical and non-clinical aspects of their training.

07/N03 That this AGM calls on the training bodies to ensure that trainees in clinical environments have unrestricted 24 hour access to training materials available on the internet.

07/N04 This meeting calls for an increase in the NCHD training grant to take account of the increases in examination and course fees charged by education bodies.

07/N05 This meeting calls on the HSE to increase the level of funding for flexible trainees to ensure that sufficient opportunities exist to allow all who choose to train in this manner can do so.

07/N06 That the IMO commence negotiations with the employers, the Department of Health and the Royal Colleges on the provision of training contracts for NCHDs.

07/N07 That the HSE appoint a Directorate of Postgraduate Training in each hospital to ensure that ongoing training is a real part of each NCHD's working week. That this post be provided with appropriate funding.

07/N19 This meeting calls on the Government to adequately finance postgraduate medical education in Ireland.

06/N01 The NCHD Committee calls on the HSE to appoint post-graduate education administrators to every hospital to assist with organising bleep free seminars / courses / tutorials leading up to post-graduate professional examinations.

06/N02 The NCHD Committee calls on the HSE to provide specific funding for consultants to formally teach NCHD trainees on a regular basis within each hospital.

06/N03 The IMO NCHD Committee calls on the specialty training bodies and the HSE to increase substantially the availability of flexible training posts.

06/N04 The IMO NCHD Committee calls on the HSE to insist that training bodies include an analysis of likely consultant manpower needs when submitting new SpR / SR posts for consideration.

06/N05 The IMO calls for payment for compulsory introductory "Intern Induction Sessions" which falls outside the formal commencement of employment.

06/N06 The IMO calls for a fair, transparent and timely agreed procedures in regard to decisions on the NCHD Training Grant at hospital level.

06/N07 The IMO calls for the agreed NCHD training Grant to be significantly increased given the new fees NCHDs must now pay in respect of basic and higher specialist training programmes.

05/N01 That the IMO calls on consultant supervisors, roster organisers and manpower managers to accept that the appropriateness of NCHD study leave should be decided on by considering the NCHDs overall career plan and that study leave does not necessarily have to be for an examination related to the current specialty but relevant to that NCHDs educational needs.

05/N02 That the IMO demands that the NCHD training grant be increased to reflect the substantial increases in the costs of courses and exams that have occurred over recent years and calls on the HSE to fund such increases to educate our future specialists.

05/N03 That the IMO insists the HSE provides enhanced funding to increase the availability of flexible training as an option for all NCHDs who consider this mode of training.

05/N04 That this meeting calls on the HSE, hospitals, training bodies and other interested parties to ensure that family friendly working extends to NCHDs on training schemes.

04/N10 We call on the Minister for Health & Children to immediately proceed with the NCHD training recommendations made by the MET Group in the Hanly Report.

04/N11 This meeting calls on the Minister for Health & Children to establish an independent Central Training Authority with fund-holding powers as was initially proposed by the MET Group of the Hanly Task Force on Medical Manpower.

04/N12 This meeting calls on the Minister for Health & Children to establish independent deaneries in consultation with appropriate training bodies to oversee the training of NCHDs. These deaneries should be able to achieve a balance between service demands and the training needs of NCHDs.

04/N13 This meeting calls on the IMO to make every possible effort to resist any attempts by employers to draw up EWTD compliant rosters that decrease the training opportunities for NCHDs.

04/N14 This meeting calls on the HSEA to ensure that all future NCHD posts be fully accredited training posts and lead to specialist certification. Specialist certification should be granted on completion of competency based training and assessment.

02/24 The IMO calls on the Minister for Health & Children to adopt the proposals by the PGMDB to enhance its role and incorporate the proposals in the new Medical Practitioners Act.

01/N07 The IMO supports the call by the ATI (Anaesthetists in Training in Ireland) on the PGMDB to fund and support the following areas of postgraduate training in need of reform: a) use of IT in training b) lack of guaranteed protected non clinical teaching and training time c) lack of funding for personal and professional development courses d) lack of commitment to research and academic pursuits e) lack of specific tutors in hospital departments.

01/N08 The IMO calls on the officers of the National Specialty Training bodies to meet with each other and the IMO to form a consensus with regard to specialist registrar training requirements with specific attention to protected training and research time in order to maintain standards equivalent to those of other EU countries.

01/N09 The IMO calls on the IMO to condemn the failure of the Department of Health & Children and the HSEA to implement a Specialist Registrars Contract, despite the Training Bodies having fully embraced the concept of Specialist Registrar Training and despite two years of negotiations by the IMO.

01/N10 The IMO condemns the situation where specialist registrars on training schemes who are occupying research posts cannot avail of the new training grant even though they are still on the national training program. The IMO calls upon the Minister to rectify the situation as a matter of urgency or face avoidable emigration of highly trained doctors.

01/N11 The IMO argue that individual hospitals not adhering to the recent NCHD agreement or failing to provide cover for protected study time in every working week be financially penalised and publicly named.

01/N12 The IMO demand that the training colleges overhaul archaic exam procedures intended only to swell their coffers and play an active role in ongoing postgraduate training and education outside Dublin.

01/N13 That the IMO actively seek the appointment of a Directorate of Postgraduate Training to each hospital in order to ensure that ongoing training becomes a real part of each NCHDs working week.

00/N25 That the IMO believes that –

1. an agreed period of study leave should be a mandatory part of all NCHD contracts and training agreements
2. trainees study leave should be documented by the postgraduate deans
3. failure to meet minimum targets should lead to a critical appraisal of the post, trainer and trainee
4. all expenses incurred and documented on study leave must be fully funded by hospitals and not the individual trainees
5. all NCHDs should be equitably funded for study leave

00/N26 That the IMO acknowledges the Medical Council action on training standards and resources of many NCHD posts throughout the country and taking steps to secure the confidence of NCHDs in training posts.

00/N27 That in view of the imminent changes in the pattern of staffing the IMO calls for the introduction of a definitive system of part-time training for each specialty which would be freely available to all training grade doctors.

00/N28 That the IMO believes that NCHDs in teaching hospitals should receive adequate, regular and expert teaching/tuition.

00/N29 That the IMO believes that NCHDs should be involved and fully informed on decisions relating to training and their career prospects.

00/N30 That the IMO calls upon the Government to fully fund and support ATLS and ACLS training for all interested NCHDs and further condemns delayed payment of inadequate subsidies by hospitals who don't feel that patients deserve trained doctors

98/48 That the IMO call on the relevant bodies with an interest in Specialist Training to establish a National Authority to oversee the implementation and provide guidance to the various Specialist Training Programmes.

98/49 That the IMO demand that protected education time should be an integral part of all NCHD posts, given that such posts are training posts.

97/N04 That the IMO demand that negotiations commence with the employers, the Department of Health and the Royal Colleges on the provision of training contracts for NCHDs.

96/09 That the IMO urge the Government to implement without delay the recommendations of the Special Education Review Committee.

94/19 That the IMO support the policy of having a module on child abuse and rape as part of the National Vocational Training Scheme for General Practitioners.

94/20 That any major reassessment of the role of NCHDs and Consultants should include the provision of protected time for the purpose of Postgraduate Medical Education and Continuing Medical Education.

94/41 That the IMO call on the Government to properly finance Postgraduate Medical Education.

89/103 In view of the minimal level of training research in NCHD posts and the ensuing high level of emigration that the IMO should meet with the training bodies to improve this situation.

86/N09 That the IMO negotiate a disturbance allowance and a scale of expenses for NCHDs travelling abroad for post-graduate training.

86/N10 That the IMO deplore the high element of service worked by NCHDs and the low priority given to training.

86/N11 That the IMO deplore the high cost to the individual NCHD of post-graduate education, e.g. books, journals, subscriptions and examination fees, and particularly the fact that none of these are tax deductible to doctors in training.

86/N12 That the IMO seek immediate negotiations to provide NCHDs with payment of notional overtime during study leave.

86/N14 That the IMO encourage all NCHD members to seek reimbursement from their employers for course, exam and other fees incurred in post-graduate education and research.

86/N15 That the IMO deplore the fact that no course is run for NCHDs who undertake the difficult and thankless task of casualty officer (often with little or no supervision) normally at the very start of their career.

Work Description

04/N15 This meeting calls on the Minister for Health & Children to immediately implement the recommendations of Hanly 1 dealing with non clinical duties, removing these non-clinical duties can decrease the workload of NCHDs.

89/99 That the IMO should become involved in the drawing up of a “work description” for NCHDs, varying appropriately for different specialties, and become involved more prominently in the propagation of information to NCHDs through circularisation and publication.

NCHD Contract And Agreement

10/N02 The IMO calls on the HSE and all HSE funded agencies and all other employers of NCHDs to honour contractual entitlements to educational leave for all NCHDs.

10/N03 The IMO calls on the HSE, and all HSE funded agencies and all other employers of NCHDs to ensure equity of application of contractual terms and conditions.

10/N04 Following agreement on a new NCHD Contract this meeting supports the process by which all NCHD overtime hours are paid and calls on the HSE and all its hospital staff to ensure that payment is made as per the terms of the new contract.

10/N05 The IMO condemns all hospitals who breach the Payment of Wages Act in relation to NCHDs and calls for all such breaches to be investigated with due haste.

10/N06 The IMO calls on the Department of Enterprise and Employment and the HSE to investigate any reported instance of a failure to correctly pay NCHDs according to the terms of the NCHD Contract.

10/N07 The IMO calls upon the HSE, in view of the ongoing difficulties of NCHDs to be correctly paid for hours worked, to introduce a timely local transparent mechanism to resolve such disputes.

09/N06 The IMO condemns the reintroduction of doctors not being paid for hours worked and seeks a commitment from the HSE and hospitals to pay their wages in full and on time.

09/N07 The IMO demands that the HSE/DOHC demonstrate where the £1 million (or euro equivalent) annual travel and subsistence fund introduced with the NCHD contract in 2000 has been spent.

09/N08 This meeting condemns the practices in some health agencies where time sheets duly authorised are altered after they have been submitted by administration staff and further condemns the unauthorised deductions from Wages that arise as a consequence.

09/N09 This meeting calls for urgent discussions under the auspices of the LRC in relation to the non-payment of unrostered overtime to NCHDs.

09/N10 In light of the recurring problems regarding the ongoing implementation of agreed NCHD policies and procedures the IMO calls on the HSE to establish an NCHD Forum between the IMO and the HSE which will consist of regular scheduled meetings with the aim of ensuring optimum adherence to NCHD agreements nationwide.

09/N11 This meeting calls upon the IMO to seek an extension of the registrar pay scale beyond the 6th point, in line with other public service pay scales such as Gardai, Nurses and Teachers.

08/N27 This meeting calls on the HSE to ensure that hospital management cease from the practice of threatening NCHDs with withdrawing offers of employment unless they submit occupational health forms, which have not been agreed with the IMO.

07/N11 This meeting condemns the HSE for not fulfilling its obligations with respect to NCHD contracts of employment.

07/N12 This meeting rejects any suggestion of 5/7 working practice until the necessary educational, structural and practical deficiencies are addressed and until there are sufficient trainers available to ensure that no NCHD is disadvantaged by such changes.

07/N13 This meeting calls on the HSE to compensate NCHDs fully for costs incurred in rotation schemes of employment and to provide to NCHDs the scheme currently offered to other HSE employees thus ensuring that NCHDs are not disadvantaged financially or practically in the rotations as part of their employment.

05/N07 That this meeting calls on the HSE to honour contracts entered into in good faith.

05/N08 This meeting calls on the HSE to settle all old bills now as the due dates have passed.

05/N09 This AGM calls on the Minister for Health and Children and the HSE to ensure that all NCHDs derive all entitlements due to them under the terms of their contracts and that a mechanism be set up to investigate claims where this is not so.

04/N17 In an era of rising litigation and concerns for patient safety it is outrageous that interns who are provisionally registered, are allowed to be the only doctor on site in some acute hospitals at night. This meeting calls on the Medical Council to immediately investigate such practices and to issue guidance to the relevant hospitals and further we call on the Minister to ensure that no provisionally registered doctor is allowed to work in such circumstances in the interest of patient safety.

04/N18 This meeting calls on the IMO to seek guarantees from employers that interns who are provisionally registered will not be asked to perform tasks and make clinical decisions without adequate in-house supervision.

99/N02 That the IMO demand that the HSEA and the Department of Health & Children negotiate with the IMO before changing any element of the NCHD contract before June 1999.

98/N03 As part of the next NCHD contract review in 1999 it should be the IMO policy that all overtime be paid at premium rates and in particular Sunday's, public holidays, and overtime in excess of 65 hours be paid at double time.

97/N02 That the IMO use every available means, including industrial action, to implement the 1997 Contract and Agreement at hospital level.

96/N01 That the IMO support the exclusion of non-medical duties from the routine work of NCHDs.

96/N02 That The IMO insist that that revised contracts for NCHDs including the mechanism for dealing with unrostered overtime, be finalised with the Department of Health and employer bodies and implemented from July 1996.

95/N05 That all doctors in training be supplied with contracts which include provision for continued education as is the case with Senior Registrar contracts.

94/N05 That the IMO request that any negotiations on a revised NCHD contract must include the phasing out of routine non-medical duties carried out by NCHDs.

93/N02 That the IMO endorse a ban on NCHDs undertaking non-medical duties as part of the commitment.

93/N04 That the IMO demand that Interns no longer be obliged to work in casualty departments except under direct supervision of a senior doctor.

93/N05 That the IMO support the NCHD Committee in seeking an immediate revision of the NCHD Contract.

86/N08 That payment for each hour spent on call by NCHDs within hospitals should be [paid at] greater than the basic hourly rate.

Contracts of Indefinite Duration

09/N13 The IMO recognises the large number of NCHDs who have now acquired contracts of indefinite duration and accept the need to engage with the HSE, on behalf of this group, for:

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

08/N21 This meeting calls on the IMO to negotiate secured training and an enhanced contract and pay scale for NCHDs who hold contracts of indefinite duration (permanent post).

07/N17 We call upon IMO to negotiate enhanced terms and conditions, pay increase with length of service increments and working conditions for NCHDs on contract of indefinite duration.

07/N18 We call upon the IMO to urgently negotiate a proper career structure with continuing medical education and training support for NCHDs working on contract of indefinite duration.

NCHDs in Co-Located Hospitals

10/N22 The NCHD Committee of the IMO calls on the HSE not to proceed with the inequitable healthcare provision and promotion of a profit-driven private healthcare service that would be created by co-location and instead provide healthcare aligned with the social healthcare ideals of the majority of doctors and citizens of Ireland.

08/N01 The IMO calls on the HSE to guarantee that all NCHDs employed under service level agreements between the HSE and the managers of the co-located facilities are employed in accordance with the terms and conditions of the agreed NCHD Contract.

08/N02 The IMO calls on the HSE to guarantee that all NCHDs employed under service level agreements between the HSE and the managers of the co-located facilities will have parity of pension rights.

08/N03 The IMO calls on the Minister for Health & Children and the HSE to guarantee that NCHD positions, under any service level agreement with the providers in proposed co-located hospitals, will be approved by the relevant training body.

08/N04 The IMO calls on the HSE to integrate NCHD training into any plans for the development of the proposed co-located hospitals.

Working Hours

95/N01 That the IMO negotiate as a priority the implementation of EU Directive 93/104 for all NCHDs and endorse the Coshape report on unrostered hours.

95/N02 That in the light of the findings of the joint hospital study on unrostered hour the IMO call for the immediate abolition of “long weekend” rosters in acute specialties in the interest of both doctors and patients alike.

95/N03 That the IMO call for the taking of a compulsory rest day by NCHDs immediately following a weekend on call.

94/N02 That the IMO continue to campaign at national and European levels for a specific European Directive on working hours for doctors in training.

94/N03 That any national or EU provision in respect of working hours for NCHDs specifically prohibit working more than 24 hours at one stretch.

93/N01 That the IMO deplores the continued breaches of the 65 hour week and calls on the Department of Health to agree to reactivate the relevant Monitoring Committee of the Labour Court to investigate such breaches.

NON-EU GRADUATES

08/N17 This meeting calls on the HSE to collaborate with the Department of Justice, Equality and Law Reform to ensure that the relatives of non-EU doctors receive priority in having visas issued for visiting family members.

08/N18 This meeting calls upon the Department of Health & Children to ensure, in collaboration with the Department of Justice, Equality and Law Reform, that NCHDs can avail of the Green Card system.

07/N14 This meeting calls on the Department of Justice, Equality and Law Reform to introduce a scheme for long term multiple visas for families of NCHDs.

04/G05 The IMO condemns the failure of the Department of Health & Children to address the workload issues associated with non EU nationals following completion of the workload study.

98/N02 That the NCHD Committee calls on the Department of Justice to put in place a meaningful structure to positively address the visa difficulties being faced by Non-EU Doctors working in the State.

95/47 That the IMO oppose the introduction of any discriminatory foreign language test.

95/48 That temporary registration of fully competent doctors is discriminatory and should be abolished.

93/16 That the IMO calls on the Minister for Justice to grant an amnesty for all non-EU doctors and their families who have had visa difficulties over the past two years.

90/57 That the IMO consider the financial charge levied by the Medical Council in respect of the examination for registration of foreign graduates represents a penal obstacle.

90/59 That the IMO shall seek to ensure that non-EC graduates encounter no costs in temporarily registering themselves other than the level of fees paid by other Irish doctors.

89/57 That the IMO expresses its dismay (a) at the general treatment that the Medical Council gives to our foreign graduate colleagues, and (b) at the proposed new rules for full registration for foreign graduate Irish citizens.

86/N06 That the IMO deplore the present high rates for examination of degrees and registration of foreign doctors in this country.

86/N07 That the IMO enter into immediate negotiations with the Medical Council to achieve a lowering of the present rates for initial examination of degrees and registration and temporary registration of foreign doctors.

NOTIFIABLE DISEASES

04/G14 The IMO demands there be a realistic fee for the reporting of notifiable diseases.

NUCLEAR SAFETY / TESTING / RADIATION

02/27 That the Irish government convene bi-lateral meetings with Government representatives from other countries affected and concerned about nuclear activities at Sellafield, including MOX and that a coalition of such countries campaign collectively to persuade customer countries of BNFL to dry store nuclear waste and cease reprocessing.

97/08 That the IMO demand that all measures are in place, in all Health Boards to ensure the immediate distribution of iodine in the event of a nuclear accident.

97/09 That the IMO recognise the central role played by the WHO in initiating and helping to bring to a successful conclusion, the campaign to have nuclear weapons declared illegal by the International Court of Justice, in line with the Abolition 2000 petition, which is to establish an international treaty by the year 2000 to completely abolish nuclear weapons world-wide, and agrees to add its name to the petition.

96/34 In this, the year of the 51st anniversary of Hiroshima and Nagasaki, the IMO condemn the decision of the French Government to resume nuclear testing, and the continued testing of nuclear weapons by the Chinese Government as a danger to public health.

95/17 That the IMO calls on the Government to make every effort to force the closure of Sellafield.

95/18 That the Irish Government use every means at their disposal to put pressure on the British Government to close Sellafield without delay.

95/20 That the IMO call on the Government to establish an independent monitoring system for non-ionising radiation in Ireland.

86/02 That we are concerned about the inadequate monitoring and correlating of information on the health hazards in regard to nuclear radiation.

86/07 That the IMO announce the findings of the special sub-committee on effects of Sellafield discharges on Irish health as soon as possible, as frequency of such discharges are increasing at an alarming rate.

86/08 That the IMO is dissatisfied at the lack of activity and response of the government to the threat of nuclear accidents and continuing radioactive discharge into the Irish sea.

NURSES

93/15 That the IMO expresses its concern at nurse staffing levels throughout hospitals in the country and calls for an expansion in the number of nursing posts.

NURSING HOMES

08/07 The IMO draws attention to the petty discrimination in terms of Nursing Home access of hospitalised elderly people who are mentally ill and who have to wait inordinate periods of time to access appropriate residential care and calls on the HSE to rectify this as a matter of urgency.

08/53 In support of the national policy of facilitating older people to stay in their own homes, every patient considered for residential long term care should have an individualised assessment by a Consultant Geriatrician or Psychiatrist of Old Age so as to maximise remediation of age-related disease and disability and enable consideration of the widest possible range of care options in the community.

08/54 That the IMO calls on the HSE, Department of Health and HIQA to outline the timescale involved for the planned takeover of residential nursing home inspection by HIQA.

07/21 The IMO insists that the Government must not wash its hands of its responsibility to provide public nursing home care for older people.

07/22 The IMO resolves that the needs assessment of those requiring long-term care be undertaken by an appropriate medical doctor, informed by other professional opinions, and must be independent of the funding of long-term care places.

07/23 That the IMO ask the HSE to fully outline its plan for Nursing Home Inspection Teams both in 2007 and before the setting up of Social Services Inspectorate.

07/24 The IMO calls on the HSE and HIQA to quickly introduce an inspectorate working to uniform standards that will help ensure the highest quality of care for older people in nursing homes and recommends the adoption of the internationally validated Minimum Data Set (MDS) incorporating the Resident Assessment Instrument (RAI) as the most appropriate assessment tool for this purpose.

07/P02 The IMO calls on the HSE to formalise and remunerate the out of hours commitment of medical members of the Nursing Home Inspection Teams.

06/02 The IMO calls on the HSE to ensure that standards of nursing home care are maintained at the highest level in terms of bed capacity, staffing levels and training, access to necessary services, and attention to dignity and privacy.

06/03 The IMO calls on the HSE to strengthen the 1990 Nursing Homes Act by including specific criteria for each article, following comprehensive discussion at national level by a committee including all those involved in actual nursing homes inspections.

Nursing Home Regulations

10/G31 This meeting calls on the IMO to ensure that the new HIQA regulations pertaining to patient care in private nursing homes is the responsibility of the nursing homes to comply with and fund accordingly.

NURSING HOME SUPPORT SCHEME/FAIR DEAL SCHEME

10/79 The IMO calls on the Minister for Health and Children to review implementation processes and equity on Nursing Home Support Scheme for patients.

10/80 This AGM regrets that the effect of the pricing of public longstay units under the “Nursing Home Support Scheme” scheme has been to reduce access to public units for many elderly and disabled patients who would benefit from the more intensive nursing and therapy support than is available in the private sector.

10/81 This AGM deplores the ongoing closure of public long-stay beds as a result of staffing difficulties created by the recruitment embargo and by the pricing of these units as a result of “Nursing Home Support Scheme”.

10/C02 IMO Consultants note the practical difficulties for hospitals and for patients created by the complexity of the “Fair Deal” Nursing Home Support Scheme and call on the government to amend the legislation.

07/26 The IMO expresses its concern to the Minister for Health and Children and the Equality Authority that the different methods of funding nursing home care and care in the home are inequitable and the inequity is perpetuated in the fair deal proposal.

NURSE PRESCRIBING

08/60 The IMO calls on the Department of Health & Children and the HSE to consult with the IMO with regard to any initiatives on nurse prescribing.

OBESITY

10/66 The IMO calls on the Minister for Health & Children to implement a parental education campaign aimed at tackling the growing crisis of childhood obesity.

08/09 The IMO calls on the Taoiseach to establish without further delay the cross departmental group to implement the recommendations of the 2005 Report of the National Taskforce on Obesity.

07/50 The IMO calls on the Department of Health & Children and the HSE to provide funding for exercise prescription for both preventative and therapeutic clinical indications.

06/45 The IMO calls on the HSE to actively pursue the provision of adequate and safe sporting facilities for children in national schools.

05/09 In light of the dual epidemics of obesity and diabetes affecting our population, the IMO request that the Ministers for Health and Children and Education show leadership by directing that all soft drink and snack food dispensers be forthwith removed from all State owned health and educational facilities and replaced by “Healthy Options” type beverage and food dispensers.

05/10 In light of the obesity crisis the IMO calls on the Ministers for Health and Children and Education to immediately ban all school tours to beverage and confectionery producing facilities.

05/11 The IMO calls on the Government to implement the recommendations of the National Task Force on Obesity within four months of publication of the report.

05/12 The IMO calls on the Minister for Education to ensure more dedicated class time in schools for education on nutrition and healthy lifestyles.

05/13 The IMO calls on the Minister for Education to urgently address the issue of school insurance which is limiting exercise opportunity for children and to ensure that Physical Education takes place on a daily basis in schools.

05/14 The IMO calls on the Government to ban all advertising of fast food before the 9pm watershed on TV and Radio.

05/15 The IMO calls on the Government and Minister for Sport to create safe outdoor environments for people to exercise in and promote a healthy lifestyle in all major population centres.

05/16 The IMO calls on the Department of Finance to examine tax incentives and/or subsidies for gym, exercise and sports club membership to encourage greater participation in exercise

04/51 The IMO calls on the Department of Education & Science to review the primary school curriculum so as to promote physical education as a means of tackling the problem of obesity in childhood.

04/52 The IMO calls on the Government to publish a national strategy on obesity without delay.

Food Labeling

86/34 That labelling to denote nutritional content be mandatory on all processed foods, and that it would indicate amounts contained of total fats, polyunsaturated fats, salt, sugar and fibre.

OBLIGATION TO NOTIFY DEPARTMENT OF JUSTICE

99/30 That the IMO rejects any attempts by the Government to introduce legislation which will oblige workers in the public sector (including doctors) to notify the Department of Justice, Equality and Law reform of applicants for these services (including medical care) who do not have appropriate documentation with regard to citizenship and residency. Such legislation would place an onus on doctors to inquire of patients as to their status in this regard and to pass on this information to the Department of Justice.

OCCUPATIONAL HEALTH

99/26 That the IMO calls on Health Boards to establish Occupational Health Departments staffed by doctors suitably trained in that discipline.

95/05 The IMO call on the Department of Health to issue clear instructions to employing authorities in the health sector as to the steps that should be taken to protect patients and staff from hepatitis B.

95/07 That the IMO demand a properly structured occupational health service for all health care workers.

89/81 That adequate education be given in all training programmes for health care workers to reduce the possibility of acquiring infection with HIV in the course of their work.

OCCUPATIONAL INJURIES AND SICKNESS SCHEME

07/N08 This meeting calls on the HSE to introduce an occupational injuries and sickness scheme specifically taking into account the potential requirements for NCHDs to initiate a career change.

OPTICAL AND DENTAL BENEFIT

10/20 The IMO deplors the removal of optical and dental benefit in the Government's 2010 Budget as this will have adverse affects on optical and dental health

ORGAN PROCUREMENT SERVICE

10/65 The IMO congratulates the Organ Procurement Service for outstanding achievement in relation to organ donation and transplantation in 2009 and calls on the Department of Health & Children to provide adequate resources to allow the relevant services to expand to meet the needs of the population.

OUTSOURCING

09/33 This meeting criticises the blatant neglect exercised by the Department of Health & Children in awarding the laboratory contract which supports the National Cervical Screening Service to an outside agency in another jurisdiction purely on economic grounds and the meeting demands that the decision be reversed.

PALLIATIVE CARE

06/32 That this AGM endorses the importance of the acute hospital in the provision of integrated palliative care services to patients in partnership with community health services. In so doing this AGM calls for expanding the role of the palliative medicine consultants and their teams in the acute hospital sector.

PATIENT REGISTRATION

01/67 The IMO calls for a fully resourced national Patient Registration to be introduced forthwith.

99/G36 That the IMO supports an adequately resourced whole population system of patient registration based in general practice.

94/G14 That the IMO examine the issue of patient registration in general practice.

PATIENTS CHARTER

96/07 While welcoming the concept of a Patients Charter the IMO recommend that the present Charter be revised in consultation with relevant professional and consumer groups and re-introduced with the necessary resources provided for its implementation.

94/08 That the IMO call on the Minister for Health to establish and administer a Patients Charter for the elderly.

PENSIONS

08/51 That the IMO establishes the pension arrangements that apply for holders of Term Public Sector Appointments eg. Secretary General

08/52 That the IMO seeks the support of the Irish Congress of Trade Unions to ensure that the National Pay Agreement protects the pensions of its members.

99/G34 That the IMO negotiate an increased pensions benefit for all doctors over 50.

98/G45 That the IMO immediately demand a change in the current restrictive policy of regarding AVCs, in order to assist doctors in achieving adequate pension funding.

97/G22 That the IMO demand that GPs be offered a realistic pension for early retirement.

97/G23 That the IMO propose that all special fees and items of service paid to GPs be pensionable.

93/30 That the IMO be pro-active in monitoring the performance of the AVC scheme.

PROGRAMME FOR SOCIAL AND ECONOMIC PROGRESS (PESP)

92/16 In regard to PESP and hospital services that the IMO:

- a. note that many firm commitments given in relation to the implementation of PESP have not been honoured
- b. urge that hospitals now consult with their medical staff prior to the planned designation of beds and arrangements for access to inpatient and outpatient services
- c. urge the IMO to ensure that the undertaking given, that bed resources provided for both public patients and for private patients will not be less than provided in 1990, will be honoured
- d. note that the predicted adverse effects on the private practice of some specialties is occurring and that the arrangements agreed to provide compensation in this eventuality be activated

PHARMACEUTICALS/PHARMACEUTICAL INDUSTRY

10/46 The IMO calls for increased regulation of Health Information Campaigns directed at the public via the media where such campaigns are funded by the pharmaceutical industry.

10/47 In order to limit pharmaceutical industry influence on doctor prescribing this meeting supports the provision of appropriate, non directional, educational material on new therapies for doctors

01/G39 That the IMO request the Pharmaceutical Industry to provide data sheets and promotional information to computerised GPs via the Internet but not by e-mail.

90/16 That it is IMO policy that doctors are totally opposed to double visiting by representatives of drug companies.

86/25 That the IMO deplores the conduct of certain chemists in dispensing scheduled drugs across the counter without a prescription and requests that the IMO take up the matter with the Pharmaceutical Society.

PILOT SCHEME ASSESSMENT

03/59 The IMO calls on the Department of Health to assess all future pilot schemes within a defined period of time and if shown to be successful for them to be implemented promptly for all.

PRACTICE PLANS

93/C20 That the IMO makes representations to the Department of Health and employing authorities urging early implementation of practice plans.

93/C21 That the IMO deplores the attempt by the Department of Health to make provision of resources to hospitals contingent upon implementation of practice plans.

PRESCRIBING & DISPENSING

06/33 The IMO calls on the Department of Health & Children and the HSE to ensure that the separation of the prescribing and dispensing of drugs to patients be maintained as per the ethical guidelines from the Medical Council.

PRISON POLICY

07/33 That the IMO urge the HSE to develop and implement national protocol for the treatment of prisoners in hospital in accordance with Medical Council guidelines of the 1975 Toyko World Medical Association Statement.

98/38 That the IMO requests the Government, in view of the high proportion of prisoners addicted to opiates, the overcrowding in Irish prisons and the consequent very high risk of transmission of blood-borne infections in Irish prisons, to transfer responsibility for prison health policy from the Department of Justice to the Department of Health and Children as a matter of urgency.

PREGNANCY

89/51 That the IMO encourages the increased availability of information concerning the implication of Diethyl Stilboestrol use in pregnancy.

PREVENTIVE MEDICAL SERVICES

08/47 This AGM recognises the importance of preventive medical services and calls on all Public Health Doctors in the Departments of Community Health and Population Health and on all GPs, to enhance co-operation between the specialties so that services can be delivered in a cohesive, sustainable and integrated way.

PROFESSIONAL GRADES

06/50 That in order to meet patient need, the IMO explores the feasibility of introducing a career grade of trained medical practitioner in the public hospital system to compliment the consultant grade. Such practitioners must, should they so wish, be free to train to advance by open competition to consultant grade.

06/52 That the IMO opposes the autonomous practice of medicine by Advanced Nurse Practitioners.

PSYCHIATRY POSTS

01/C05 The IMO propose the funding and establishment of comprehensive multidisciplinary teams to support both existing and future new Consultant Psychiatrists posts.

01/C06 That the IMO propose an increase in general and specialist consultant psychiatrist posts.

01/C07 The IMO expresses concern regarding the change in job descriptions of the Chief Nursing Officer Post in the psychiatric service as it contravenes the proposed new Mental Treatment Act.

01/C08 The IMO propose that the Department of Health & Children provide funding for Counsellors and Therapists in all Psychiatric Sectors and that suitable facilities and materials be provided for them.

01/C03 That the IMO proposes that all psychiatrists, especially RMS/Clinical Directors, be given remuneration, resources and secretarial support to enable them to carry out the extra administrative duties in the proposed New Mental Health Bill.

01/C04 The IMO propose that the Department of Health & Children set out the responsibilities of the Clinical Director/Consultant Psychiatrist for the care and treatment of patients in a catchment area service.

PUBLIC HEALTH AGREEMENT (1994)

05/P06 The IMO insists that the reporting relationship for Senior Medical Officers in Departments of Community Health be implemented in accordance with the Public Health Doctors Agreement, July 2003.

99/P01 That the IMO calls on the Health Boards and the Department of Health & Children to progress the review of the 1994 Memorandum of Agreement for Public Health Doctors without further delay.

99/P02 That the IMO calls on the Health Boards and the Department of Health & Children to implement the outstanding issues in the 1994 memorandum of Agreement for Public Health Doctors without further delay.

99/P03 That the IMO Public Health Doctor Committee take whatever steps are required in order to ensure the full implementation of the 1994 Memorandum of Agreement for Public Health Doctors without further delay.

98/P01 That the IMO calls on the Health Boards and the Department of Health and Children to implement all outstanding issues in the 1994 memorandum of Agreement for Public Health Doctors without further delay.

98/P02 That the IMO instructs the Public Health Doctors Committee to take whatever steps are required in order to ensure the full implementation of the 1994 Memorandum of Agreement for Public Health Doctors without further delay.

97/P01 That the IMO arrange a ballot of all Public Health Doctor members in order to ascertain their support or otherwise for a strike, as a result of the continuing failure on the part of the Minister for Health and the Health Board Chief Executive Officers to implement the October 1994, memorandum of agreement.

96/P01 The IMO demands the immediate implementation of all elements of the agreement reached between the IMO and the Department of Health in October 1994.

96/P02 The IMO calls on the Department of Health to set up the review of public health as agreed.

95/P02 That this meeting condemns the failure by the Department of Health to comply with the October 1994 agreement on the advertisement and filling of specialist posts and urges the IMO to take whatever action is necessary to ensure that this element of the agreement is implemented.

PUBLIC HEALTH DOCTORS

08/P01 The IMO calls on the HSE to ensure that public health doctors working in the community are provided with a suitable working environment whereby;

1. offices are not overcrowded
2. doctors have access to internet and email facilities
3. sufficient storage units are provided
4. medical examination rooms are private, soundproof, properly ventilated and heated and have an examination couch and hand washing facilities.

08/P05 The IMO calls on the HSE to review its decision to abolish all vacancies existing on 31st December 2007, including community medical posts which are required to provide critical frontline services.

05/P02 That the IMO requests the HSE to deliver resources necessary to support the development of the Departments of Community Health.

05/P07 That the IMO will not agree to any change in reporting relationships, responsibilities or work practices without negotiation and agreement with Public Health Doctors.

05/P08 That the IMO insists that the HSE agree similar conditions for the existing Directors of Public Health as have been agreed for other Directors of Corporate Services at Health Board Management Teams, existing on establishment day.

05/P10 That part-time community care and public health doctors are paid their CME arrears in full (i.e. €1,500 per year) with effect from 1st July 1999.

04/P03 The IMO calls upon the Department of Health and Children and the HSEA to implement the Public Health Doctor Settlement Agreement without delay.

03/P01 The IMO calls on the Department of Health and Children to immediately implement the Brennan Review of Public Health which reported in April 2002.

01/P03 The IMO calls on the Department of Health and Children to ensure that the Public Health Review and any negotiations resulting from the review are completed by Sept 2001.

93/P04 That the IMO support the key role of Public Health Doctors in environmental health issues and health promotion.

89/110 The Department of Health and Health Boards have downgraded the status of public health in recent years. They have abrogated their responsibilities leading to risk to the public at large. This is at a time when the effect of public health issues such as food, hygiene, and food poisoning, AIDS, air pollution, has reached massive proportions. The IMO recommends that the Department of Health and Health Boards accept the modern concept of public health and give it the status necessary for the implementation of strategies in relation to the health of the population.

89/111 Public health must have authority commensurate with its responsibility and accountability.

86/P01 That the medical profession who has a role in preventive medicine are concerned at the recent developments in their exclusion from and under-representation on national committees and advisory bodies dealing with health.

Acting Up Allowance

94/P04 That the IMO undertakes immediate action to seek the restructuring of acting up allowances so that the full salary is payable to Public Health Doctors after a defined period of time.

Area Medical Officers (AMOs)/ Senior Medical Officers (SMOs)

10/P01 That the IMO would use intensify its efforts to support the restructuring of AMO/SMO grades and abolish the present anomaly whereby doctors doing similar work are paid at different pay scales.

10/P02 This meeting calls on the HSE to press on the Department of Finance to have the remaining AMOs paid the same rate as their SMO colleagues. Both grades fulfill the same function in the community medical services.

09/P01 That the IMO continue to urgently pursue and achieve the upgrading of remaining Area Medical Officers to Senior Medical Officer status without delay.

09/P02 That the pay anomaly which now exists between long standing AMOs and SMOs appointed since 2005 which is currently before the LRC would be pursued by the IMO.

08/P07 That the IMO intensify its efforts to have the long service and experience of long serving AMOs recognised by automatic upgrading to SMOs on a once off basis.

07/P03 That the IMO prioritise and intensify its efforts to have the long service and experience of Area Medical Officers recognised by upgrading to Senior Medical Officer status.

06/P03 That the IMO intensifies its efforts to have the long service and experience of Area Medical Officers recognized by automatic transfer to Senior Medical Officer status.

05/P11 That the IMO insist that the filling of vacant AMO posts with SMO posts would proceed without delay.

05/P12 The IMO calls for the salaries attached to any upgrading of AMO posts to be applied to retired AMOs.

04/P02 That the IMO calls on the health boards to discontinue the process of recruitment of Area Medical Officers immediately.

96/P03 That the title "Area Medical Officer" be replaced by the title "Public Health Doctor".

89/106 That the appointment of "temporary AMOs" be discontinued; that the temporary posts be made permanent.

Annual Leave

05/P09 That the IMO continue to seek equalization of annual leave entitlements for community care and public health doctors to the benefit of their members.

03/P06 The IMO calls on the Department of Health & Children and the Health Service Employers Agency to standardise, at the highest level, the annual leave entitlement of Public Health Doctors across the health services.

94/P03 That the IMO seek to have annual leave standardised across all of the Health Boards while protecting the existing individual arrangements of Public Health Doctors.

Benchmarking

10/P05 This meeting calls on the HSE to press the Department of Finance to honour payment of the Benchmarking award to community health doctors. This is an acknowledgement of the trojan work carried out by community health doctors in the H1N1 mass vaccination centres and schools during the swine flu pandemic.

Career Structure / Public Health Medicine appointments

05/P01 The IMO calls on the HSE to ensure that the Medical Officer of Health function be assigned to public health doctors with appropriate training.

05/P03 The IMO calls on the HSE to increase the numbers of senior doctors in Community Health to cope with increased demand and expansion of services.

05/P05 The IMO enter into immediate negotiations for the posts of AMO to be automatically upgraded to SMOs on a once-off basis.

01/P01 The IMO calls on the ERHA to appoint on a permanent basis a Director of Public Health centrally within a Department of Public Health.

01/P02 The IMO re-iterates its demand for the appointment of a Director of Public Health and the establishment of a Department of Public Health to each of the area boards in the ERHA.

93/P01 That the IMO demands that any new structure for Public Health Doctors include Area Medical Officers and that both career and salary structures for AMOs be linked directly with Director of Public Health.

93/P05 That the IMO demands the urgent implementation of a proper structure for Public Health Medicine and deplores the persistent inaction on the appointment of Directors of Community Care/Medical Officers of Health since 1986 when all permanent posts were frozen.

89/105 That the abolition by stealth of the post of Director of Community Care and MOH be condemned and reversed.

DPHs

06/P04 That the IMO negotiates similar conditions for permanent DPHs as were successfully negotiated by IMPACT for other permanent senior management team members on the establishment of the HSE.

Forum on Community Medicine/Health

09/P03 This meeting requests the HSE to establish as promised the Forum on Community Medicine.

08/P02 The IMO calls on the HSE to immediately establish the Forum on Community Health as previously agreed.

Insurance

99/P5 That the IMO executive ensures that Public Health Doctors are fully insured for all aspects of their work as agreed. To this end we recommend that the IMO should be a party to negotiations prior to the awarding of a medical insurance contract to any insurance company.

HSEA Negotiations

03/P02 The IMO deplores the inability of the Health Service Employers Agency to manage the Public Health Doctor negotiations.

Leave Entitlements

10/P04 IMO doctors in Community Medicine call on the HSE to allow access to the full study leave entitlement provided for medical officers in Circulars 10/71 and 146/72. The omission of these study leave entitlements from the HSE terms and conditions of employment document should be so amended.

06/P09 The IMO requests the HSE to ensure that the same level of leave entitlements for public health doctors obtain throughout the HSE regions at the higher level.

LHO Health Centres

06/P07 The IMO requests the HSE to upgrade and improve the facilities in LHO Health Centres where AMOs carry out clinics for children, older people and people with disability.

Medical Defence

92/18 (a) That the manner of the reimbursement of the cost of medical defence subscriptions for Public Health Doctors, as outlined in the Department of Health circular dated 19/12/91 to Health Board CEOs, in which it is indicated that the reimbursement be liable to income tax and PRSI reductions, is blatantly unjust and unacceptable;

(b) That the IMO demand that this abuse of the recommendation contained in Arbitration Report no. 131 be reject and that the IMO instruct is Public Health Doctor members to withhold medical defence payments pending a satisfactory outcome to this dispute.

89/107 That Health Boards pay medical defence fees of doctors in Community Medicine.

Out-of-Hours Service

06/P01 The IMO calls on the Government and the HSE to rewrite the Health Service Emergency Plan to take account of the absence of an out-of-hours public health medical emergency service.

06/P02 The IMO calls on the HSE to establish a properly resourced safe out-of hours system by public health specialists and directors to respond to avian influenza and other public health emergencies without delay.

05/P04 The IMO calls on the Departments of Health and Children and Finance to immediately furnish proposals with a view to reaching agreement for a properly funded structured interim out-of-hours service

04/P01 That the IMO requests Mr David Byrne, EU Commissioner, to call on the Irish Government to implement a 24 hour emergency public health medicine out-of-hours response without delay.

01/P04 The IMO calls for public health doctors to be appropriately paid for out of hours work.

Parity with Consultants

03/P05 The IMO requests that Specialists in Public Health Medicine and Directors of Public Health have parity with Consultant colleagues, as is the case in Northern Ireland and the rest of the United Kingdom.

Principal Medical Officers

09/P04 This meeting requests the HSE to address the reporting relationships for Principal Medical Officers.

08/P03 The IMO calls on the HSE and the Department of Health & Children to acknowledge the pivotal and valuable role played by the Principal Medical Officers in the development of PCCC services and to demonstrate this recognition by including PMOs on strategic planning and review groups.

Reforms

06/P08 The IMO calls on the HSE to put in place an agreed reform structure for Public Health Medicine without delay.

Reporting Relationships

09/P04 This meeting requests the HSE to address the reporting relationships for Principal Medical Officers.

08/P04 The IMO calls on the HSE to satisfactorily formalise an agreed reporting relationship of PMOs within the HSE structure.

06/P05 The IMO calls on the HSE to satisfactorily formalize the reporting relationships of Principal Medical Officers, Senior Medical Officers and Area Medical Officers.

05/P07 That the IMO will not agree to any change in reporting relationships, responsibilities or work practices without negotiation and agreement with Public Health Doctors.

Specialist Register

06/P06 That the IMO recommends entry onto the Specialist Register of the Faculty of Public Health Medicine of those public health doctors employed in a permanent capacity prior to January 1997 on a grandfather clause (de-facto permanent).

05/P13 That the IMO negotiate with the Medical Council as a matter of urgency to expedite the inclusion of Public Health Doctors onto the Irish Medical Council Specialist Register under the Grandfather Clause those public health doctors who were appointed permanent officers on or before December 31st 1996 and all other Senior Area Medical Officers/Area Medical Officers who were de facto permanent.

PUBLIC HEALTH ISSUES

04/G14 The IMO demands there be a realistic fee for the reporting of notifiable diseases.

02/16 In light of the considerable excess morbidity and mortality that men suffer the IMO calls for the establishment of a statutory body for men akin to the Womens Health Council.

00/P01 The IMO calls on the Minister for Health & Children to provide the necessary support and impetus to ensure that the Public Health Review is completed before the end of 2000.

00/P02 The IMO calls on the Department of Health & Children and the Health Boards to take sufficient interest in Public Health Medicine so as to ensure that the Public Health Review is completed before the end of 2000.

00/P03 The IMO calls on the Health Boards to fill all SAMO and AMO posts forthwith and calls on the Eastern Regional Health Authority to fill the post of Director of Public Health forthwith.

00/P04 The IMO calls for the setting up of Public Health Departments in each of the Eastern Regional Area Boards.

99/13 That the IMO calls on the Government to establish a Ministry of State for Public Health.

99/14 That the IMO calls on the Minister for Health & Children to publish a report outlining the health of the nation prior to the end of this millennium.

99/16 That the IMO calls for Hepatitis C to be included in its own right as a statutory notifiable disease.

99/17 That the IMO requests that any decision about introducing universal Hepatitis B vaccination should be based on sound scientific evidence.

90/19 That the IMO welcome the publication of the Working Party Report on Community Medicine and Public Health and insists that adequate resources be made available by the Department of Health for implementation of agreed elements of the report.

90/20 That in negotiations on the terms of the Working Party on Community Medicine and Public Health the reporting relationship of the post of Senior Area Medical Officer to District Public Health Director must be strengthened.

90/21 In view of the acknowledgement of the importance of public health in the Ministerial Working Party Report on Community Medicine and Public Health, that medical schools outside of Dublin restore to former levels undergraduate teaching of the discipline.

Department of Public Health

94/P01 That the IMO calls on the Minister for Health to introduce a Department of Public Health in each Health Board as a matter of urgency.

94/P02 That no new vaccination schemes be introduced until the Department of Public Health Medicine is set up.

93/P07 That this meeting asks the IMO to emphasise to the Department of Health the importance of the scientific assessment of health needs for effective service planning and urges the Health Board to set up Departments of Public Health Medicine to carry out this function.

RABIES

94/01 That the IMO view with dismay the certainty that if the long-standing quarantine of imported animals such as cats and dogs is abandoned, rabies will spread from continental Europe to this island and the adjacent one.

RACISM

01/64 In view of the results of the IMO Benchmark Study which shows that up to 15% of doctors are experiencing racism in the workplace the IMO calls on the Department of Health & Children to immediately support a Cultural Diversity Programme at health board and hospital level.

REFUGEES AND ASYLUM SEEKERS

10/17 This meeting calls on the HSE to review and revise the document "Communicable Disease Screening for Asylum Seekers 2004" in line with international best practice with input from all stakeholders including asylum seekers, community health doctors, general practitioners and public health doctors.

10/18 The IMO calls on the Department of Justice, Equality and Law Reform to streamline the application process for political asylum and that the IMO condemns prolonged accommodation for asylum seekers in direct provision centres as this leads to deterioration in the health and well being of the asylum seekers.

10/P03 That the IMO would support the work of Departments of Community Health in continuing to provide screening services for asylum seekers and that vacant posts in the service be filled.

09/30 That the IMO would support provision of health screening to asylum seekers within the remit of social inclusion and that this screening would be provided by Community Health Doctors.

08/43 This meeting calls on the Minister for Justice, Equality & Law Reform and the Minister of State of Integration to review the rights of asylum seekers to work or attend courses as the current system is a cause of considerable additional distress among asylum seekers.

08/44 This meeting calls on the Minister for Justice, Equality & Law Reform and the Minister of State for Integration to review procedures surrounding application for citizenship as the current system is prolonged and a cause of considerable additional distress among applicants. The system should be brought in line with that operated in other developed countries.

08/P06 That the IMO fully supports the ongoing services of doctors in community health working with asylum seekers and recognises the essential work done by these doctors; that the full roll out of services nationally is endorsed, with vacant posts being immediately filled, and an assurance is sought from the HSE that this service will not be eroded or depleted.

08/P08 This meeting proposes that preventive medical services for asylum seekers and refugees remain with the Department of Community Health, in order to ensure the provision of a holistic service to the target population living in reception, accommodation centres and in the community thereby promoting the uptake of health screening and vaccination services and providing a linkage with Public Health, GPs and psychological services.

07/P04 That the IMO recognises the pivotal role that community health doctors play in the care of asylum seekers and recommends the establishment of a national forum of community health doctors working in this area, in order to support this work.

04/12 This organisation demands the proper resource allocation to ensure that the considerable psychological trauma and attendant psychiatric disability experienced by some refugees and asylum seekers is appropriately and humanely dealt with.

97/42 That the IMO calls on the government to support the efforts of the "Refugee Council of Ireland".

RELIGIOUS FESTIVALS

09/48 We call upon the IMO to explore with the HSE a workable solution to accommodate our multi cultural, multi denominational health service workforce with respect to periods off for religious holidays.

RENDITION

06/38 The IMO calls on the Irish Government to deplore explicitly the practice of detainee rendition by the United States government through Irish airports and airspace and take all possible measures to ensure that this practice ceases.

REPORTS

08/48 The IMO asks the Minister for Health & Children to acknowledge the United Kingdom's National Confidential Enquiry into Patient Outcome and Death (2007) publication, "Trauma: Who Cares? (ISBN 0-0530240-8-4) and in doing so calls on the Minister for Health & Children to urgently lead a task force to implement similar recommendations in the Irish health service.

RESISTANCE TO ANTIMICROBIAL DRUGS

97/43 In relation to the WMA Statement on resistance to antimicrobial drugs (10.120) the IMO calls on the Irish Government, through its Department of Health to educate the public on the appropriate and safe use of antimicrobial agents and increase the awareness of the problem of antimicrobial resistance.

(i) That the IMO urge the Irish Government to ensure the requirement that antimicrobial agents are only available through prescriptions by licensed medical and veterinary professionals remains.

(ii) The IMO encourage medical schools and medical CME programmes to educate physicians about appropriate use of antimicrobial agents.

(iii) That the IMO encourage the Irish Government to restrict the use of antimicrobial agents as feed additives for animals destined for human consumption.

RETIREMENT

00/03 The IMO calls on the Department of Health & Children to ensure that all doctors employed by the Health Boards are treated in an equitable manner in relation to pensions and early retirement

95/41 The IMO supports the concept of early retirement for all doctors.

90/49 That the IMO identify areas of dissatisfaction and uncertainty and actively negotiate just and equitable security for retirement.

REVIEW BODY

03/C07 That this AGM condemns the failure of the Department of Health and Children and the HSEA to fully implement the term of the Report No. 38 of the Review Body on Higher Remuneration in the public sector in a timely manner.

99/C11 That the IMO no longer agrees that the review body for higher remuneration in the public service is an appropriate means of assessing consultant salary and conditions.

RISK MANAGEMENT

03/58 That the IMO believes that Risk Management is an essential part of medical training and that systems of risk management should include medically qualified personnel.

ROAD SAFETY / DRIVING REGULATIONS

10/29 The IMO calls on all local authorities to introduce a speed limit of 30kph in all urban and residential areas.

10/30 The IMO calls on the Government to enact the proposed legislation to reduce the legal drink driving limit without delay.

10/31 The IMO calls on the Government to implement legislation for the mandatory testing for alcohol and other substances of all drivers in injury crashes without delay.

10/32 The IMO calls on the Government to introduce legislation to ensure that all persons guilty of drink driving go for mandatory assessment & are offered rehabilitation.

09/17 The IMO calls on the Minister for Transport to immediately reduce the drink driving limit to 50mg%.

09/18 The IMO calls on the Government to introduce legislation to allow for mandatory drug and alcohol screening from drivers in any crash where there is a person injured or killed.

08/17 The IMO calls on the Road Safety Authority to establish a structure so that timely epidemiological analysis of road crashes can be carried out.

08/18 The IMO calls on the Department of Health & Children to legislate to introduce a "Don't Drink and Drive" Warning Label on all alcohol products.

08/19 The IMO deplores the decision not to reduce the permitted blood alcohol level in the Government's road safety strategy.

07/04 The IMO calls on the Government to introduce a graduated licensing system for new drivers.

07/05 The IMO calls on all state agencies to cease providing to their employees car kits for mobile phones.

07/06 In view of the increase in drug driving the IMO calls for the introduction of field impairment testing to detect drivers driving under the influence of drugs.

07/07 The IMO calls on the Government to reduce the legal limit of alcohol for driving to 20mg/100ml blood for all drivers.

07/08 The IMO proposes that a public education and awareness programme to include night time visibility is launched to reduce pedestrian carnage on roads at night.

06/07 The IMO condemns the Government for failing to reduce the number of deaths on the roads.

05/53 The IMO calls for a reduction of the speed limits in housing estates and within defined distances around schools to be reduced to 30 kph.

05/54 Given that the increased risk of death to a pedestrian knocked down by an SUV (as compared to a car) increases by 73% for a compact SUV and 155% for a large SUV, the IMO calls on the Department of Transport to mandate that all SUVs carry a very visible sticker outlining this risk to potential purchasers and the national roads authority should specifically monitor accident rates, injuries and fatalities associated with SUVs.

04/53 As studies in Scandinavia and Australia have shown that medical screening of older drivers is associated with higher death rates among older people, the IMO recommends that this screening should cease in the Republic of Ireland immediately.

04/54 As current Guidance on Medical Fitness to Drive from the Department of Transport is inadequate, the IMO calls on the Department of Transport to set up a medical advisory panel to develop comprehensive Guidelines on Medical Fitness to Drive which are then regularly updated.

03/15 The IMO commends the Government and the Department of the Environment for the successful introduction of the Penalty Points System and ask for its implementation in a manner that will facilitate the emergency services.

03/17 In light of the warnings issued by the Chairman of the National Safety Council to the Government over the habitual breaking of the speed limits by their Ministerial cars, the IMO calls on the Taoiseach to ensure that a continuously audited tachometer is installed in his and all Ministerial cars.

03/74 That the IMO calls on the Department of the Environment to clarify the function of the hard shoulder on Roadways and communicate the information widely to the general public and the Gardaí so that it is correctly used

02/48 In light of the available evidence of the dangers involved, the IMO calls on the Government to ban the use of mobile phones whilst driving, with the exception of those who provide emergency services.

01/21 The IMO calls on the Government to introduce legislation to make it mandatory for all cyclists to wear protective headgear.

01/22 The IMO calls on the Government to introduce a maximum speed limit of 20 mph (32 kph) in built up areas and housing estates.

01/23 The IMO condemns the Government for failing to support the European Union in their attempts to reduce the permitted level of blood alcohol whilst driving to 50mg%.

- 01/24**
- a) That the relevant authorities should thoroughly review the strategy on road traffic accident prevention given the persistent high and unacceptable level of road traffic injury in Ireland.
 - b) That legislation should be introduced in Ireland to ensure seat belts are fitted and worn in buses, including minibuses.
 - c) That legal blood alcohol limit for driving should be reduced from 80mg/100ml to 50mg/100ml.
 - d) That consideration should be given to reducing speed limits in housing estates and other secondary roads in residential areas to 20 miles per hour as this approach has been successful in other countries in reducing road traffic injury.
 - e) That in the issuing of a driving licence there should be an implied consent for random breath testing for alcohol levels.

01/25 The IMO proposes that the NRA should be encouraged to develop motorways between all the major population centres in the interest of road safety and that non dual-carriageway roads have passing lanes at regular intervals of five miles.

01/26 That the IMO urges the banning of "Bull Bars" from all vehicles on the public highways.

00/24 The IMO calls for the immediate introduction of a points system for infringements of the road traffic legislation in respect of alcohol, speed and seat belt wearing.

00/25 The IMO calls on the Gardaí to enforce legislation on the use of seat belts and that the Government support the Gardaí with the necessary resources to do so.

00/26 The IMO calls for the introduction of random testing of drivers for alcohol and other mood altering drugs and substances.

00/27 The IMO calls on local authorities to ensure that road edges in rural areas are adequately marked.

00/28 The IMO calls on the Government to proactively support the European Commission's Initiative to reduce the legal limit of detectable alcohol in the blood from 80mg% to 50mg%.

99/09 That the IMO meets with the relevant departments so that legislation can be brought forward making it illegal for a person to walk on an unlit roadside during the hours of darkness without some form of reflective clothing.

99/10 In view of the continuing high level of road traffic accidents the IMO demands that the Garda Síochána are given the required resources to implement the 'Road to Safety' strategy.

99/11 That the IMO calls for local Authorities to construct ramps and chicanes on all roads in housing estates under their control in order to reduce the number and the severity of road traffic accidents in these areas.

98/41 That the IMO consider that medical testing in respect of driving licences for over 70s should only cover 12 month periods.

98/10 That the IMO call for legislation mandating the provision and use of seat belts in buses.

97/05 In the light of recent evidence suggesting a link between car phones and road traffic accidents, the IMO calls on the Minister of the Environment to draw up specific and effective regulations governing the use of car phones.

95/09 The IMO supports the "drink drive" legislation as introduced by Minister Michael Smith.

95/10 The IMO call on the Minister for Justice to make available sufficient funds to enable the gardaí to implement the legislation with regard to speeding and thereby reduce the number of injuries and deaths on the road.

95/11 That the IMO request the Department of the Environment to introduce a practical medical evaluation of a person's ability to drive.

95/12 That the IMO request the Department of the Environment to standardise requirements to drive for persons suffering from any of the conditions on their list of disabilities and diseases form (D311/D305).

95/13 The IMO requests the Department of the Environment to amend section B of the D305 application form for Issue and Renewal of Driving Licence.

95/14 That the IMO request that adequate and immediate funding be made available to the Irish Wheelchair Association to ensure the continuation of the driving/assessment tuition service, and that a government department take responsibility for this funding.

ROLE OF THE DOCTOR

05/48 The IMO supports the primacy of the doctor in the clinical care of patients and calls on the Medical Council to protect standards of patient care by resisting attempts to de-professionalize the practice of medicine in Ireland.

05/49 That, conscious of its obligation to maintain standards, the IMO affirms that the practice of the science and art of the diagnosis and treatment of human disease is the practice of the

profession of medicine. Others who wish to thus practice should be facilitated to enter the profession by the development of both "Physician Assistant" and Graduate Medical School programmes.

05/50 In order to respect the dignity of patients and to maintain standards of personal patient care, the IMO calls upon the Minister for Health and Children and An Bord Altranais to urgently examine the introduction of a new health care professional category of "Licenced Practical Nurse.

05/51 That the IMO be proactive in legislative advocacy and should partner the training colleges and specialty societies in informing legislators, health care purchasers, the media and the public about the particular skills, knowledge and training of doctors and their unique role and responsibility in terms of patient care.

05/52 That should non medical clinicians practice medicine independently of medical practitioners, they be required to carry the same level of malpractice insurance as members of the medical profession.

RURAL HEALTH / PRACTICE

95/23 That the IMO agrees that local services be maintained and improved to prevent further depopulation of rural areas.

94/17 That all necessary steps be taken to preserve and support rural structures including the maintenance of proper standards of medical care in Ireland.

94/G08 That the IMO insist that full support be given to rural doctors in recognition of their valuable role in the Health Service.

95/24 That Rural Dispensary Doctors be recognised for the valuable service they provide in Ireland.

95/G07 That the IMO negotiate a salary option for rural GMS doctors.

95/G08 That the Rural Practice Allowance be superannuable.

89/09 That the IMO ensure the maintenance of the rural dispensing scheme for rural practitioners and that the fees be renegotiated to a level more in line with the pharmacists' fees.

86/G02 That in future negotiations, this Organisation move to have extra benefits granted to isolated rural practitioners in the GMS with a view to securing better working conditions for these doctors.

SECURITY

09/57 The IMO calls on the HSE to guarantee that each emergency department, and other appropriate clinical environments, are provided with appropriate secure facilities to minimise risk of physical injury to medical staff and patients.

02/25 The IMO calls on hospital authorities to provide secure parking facilities for hospital staff overnight and have reserved car park spaces adjacent to emergency areas for those staff who are likely to be called in to deal with emergencies.

00/55 That this meeting is seriously concerned about the level of security for all staff, patients and visitors in hospitals around the country.

96/35 That the IMO insist that hospital administration upgrade security in and around doctors' residences, especially where there have been repeated robberies and where there is a risk of

attacks at night. This would include the use of video cameras and increased presence of security personnel.

89/40 That the Government donate resources to protect doctors during night calls.

90/30 That the Department of Health, the Department of Social Welfare, GMS Payments Board, Health Boards and hospitals provide free post and free phone services for official business.

On Call Provisions

01/65 The IMO calls for all hospitals to implement safe procedures for coming to and from work outside of normal hours for doctors on call from home, particularly in respect of secure parking facilities and access to and from same.

SEXUAL ABUSE / RAPE

02/37 The IMO calls on the Department of Health and Children and the Department of Justice to introduce, at regional centres around the country, adequate facilities for the examination of victims of alleged sexual assault and the provision of proper training for those medical practitioners and nurses performing such examinations.

94/40 That the IMO call on the Minister for Justice to provide separate legal representation for victims of rape and sexual abuse as a matter of urgency.

SEXUAL HEALTH

07/34 That the HSE be urged to develop and promote sexually transmitted disease clinics on a regional basis in view of the present epidemic.

05/46 The IMO calls on the Department of Health and Children to develop a comprehensive strategy for the promotion of sexual health in Ireland.

SOCIAL WELFARE

93/10 That the IMO urge the Government to remove any provisions of current social welfare legislation which discriminates against widowers.

90/28 That the IMO enter into discussions with the Department of Social Welfare in order that (i) a realistic fee for certification be negotiated; (ii) each participating doctor be given an itemised quarterly statement detailing the precise type of fees being paid.

90/27 That the IMO enters into negotiations with Bord Telecom to restore General Practitioners to top priority status for telephone repairs.

Social Welfare Certificates

95/G4 That the IMO actively pursue negotiation for a realistic fee for Social Welfare Certificates.

95/G05 That the IMO enter into negotiations with the Department of Social Welfare to agree a realistic fee for Social Welfare Certificates.

94/G09 That the IMO seek increased payments for the issuing of Social Welfare Disability Certificates.

SPECIALIST CERTIFICATION

93/1 That the IMO request that all relevant bodies should address the issue of specialist certification as a matter of urgency.

SPECIALTY COMMITTEES

91/01 That the IMO instruct Council to grant each specialty group the maximum degree of autonomy, consistent with the objectives of the Organisation, to address and finalise all issues relevant to that group.

91/02 That the IMO accept that it is not contrary to the objectives of the Organisation for specialty groups to publicly adopt differing policies on the same issues.

91/03 That the IMO instruct Council and the Management Committee to make the funds of the Organisation available to each specialty group in a manner consistent with the objectives of the Organisation and in a manner which reflects the total contribution of each group to those funds on an annual basis.

SPORT

03/48 The IMO calls on the Department of Health & Children to sponsor the All Ireland Hurling Championship.

STROKE SERVICES

10/54 The IMO calls on the Minister for Health & Children to publish the full report and recommendations of the Cardiovascular Review Group together with a detailed implementation plan.

10/55 The IMO calls on the Minister for Health & Children and the HSE to ensure that all hospitals receiving acute stroke patients have proper resources, individually and as part of a stroke network partnership, for a pathway of care that includes acute stroke unit care, 24/7 stroke thrombolysis, full multidisciplinary team stroke rehabilitation with adequate specialist geriatric medicine, neurology and rehabilitation medicine input.

10/56 Stroke can be prevented and the IMO calls on the Minister for Health and the HSE to ensure that all patients with a Transient Ischaemic Attack have access to same day rapid assessment clinics, at their local hospital or as part of a stroke network partnership, with specialist geriatric, neurology and vascular surgery input with supportive diagnostics.

10/57 Stroke can be prevented or its affects ameliorated with timely intervention and the IMO calls on the Minister for Health & Children and the HSE to support an awareness programme, in conjunction with the Irish Heart Foundation Council on Stroke, to increase public knowledge about the symptoms and signs of stroke.

09/54 Given the findings of INASC in 2008 the IMO calls on the Minister for Health & Children and the HSE to immediately implement Acute Stroke Unit Care in all hospitals receiving stroke patients.

09/55 Given that the Irish National Audit of stroke care showed that most multidisciplinary teams were incomplete, the IMO urges the HSE and the Department of Health & Children to ensure full multidisciplinary teams for Geriatric, Neurology, Rehabilitation, Vascular Surgery, Neuro-Radiology medicine services and other clinical services as appropriate in treating stroke patients.

08/10 This AGM calls on the Minister for Health & Children and the Board of the HSE to lift the recruitment ceiling to allow for the development of a stroke unit in every general hospital admitting stroke patients.

08/11 This AGM believes that thrombolysis for acute stroke must be developed in such a way that geography does not exclude patients from treatment.

SUICIDE PREVENTION

09/09 The IMO calls on the DOHC and the HSE to fully implement the recommendations detailed in *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014* and the *Report of the Joint Oireachtas Sub-Committee on the High Level of Suicide in Irish Society*.

09/10 The IMO deplors the inadequate funding for suicide prevention services and calls on the DOHC to deliver sufficient funding for *Reach Out: The National Strategy for Action on Suicide Prevention 2005-2014*.

08/01 The IMO deplors the recent halving of funding for suicide prevention services. In light of the severe cutbacks which are already affecting the delivery of services to vulnerable groups, it is imperative that the Department of Health & Children protect the funding for the Suicide Prevention Strategy.

07/01 The IMO calls on the Taoiseach to issue a statement on the accuracy of our national suicide rates.

07/02 The IMO calls on the Taoiseach to bring a concerted inter Departmental response to bear on addressing the national high rates of suicide, and demands that he resource this accordingly.

07/03 The IMO calls on the Taoiseach to bring a concerted inter Departmental response to bear on addressing the national high rates of suicide and demands that he state when we can expect a 20% reduction in these rates.

SUSTAINABLE DEVELOPMENT

96/21 The IMO calls on the Government and the Dail cross-party Committee on Sustainable Development to investigate the health and quality of life improvement which can be expected when an integrated strategy for sustainable development is adopted in Ireland.

TAX / BUSINESS AFFAIRS

95/28 That the IMO continues to regard the withholding tax issue as a top priority.

94/G13 That the IMO deplore the inequities of the withholding tax and supports the taking of legal action in respect of altering the method of assessment to a current year basis.

93/G08 That the IMO reinvigorate the campaign to remedy the iniquitous effects of the withholding tax on payments from the GMS.

90/06 That Retention Tax be deducted only from the professional fees due to doctors.

90/07 That the IMO continue every effort to combat the inequity of Retention Tax. The IMO will commit itself to achieving these aims:

- (i) the abolition of Retention Tax on expenses;
- (ii) the crediting of the tax withheld against the liability due in the year in which the tax is withheld;
- (iii) the automatic and immediate repayment of tax withheld in excess of the agreed liability.

90/08 That the IMO deplore the continuing hardship of the Retention Tax both personally to doctors and in retarding development in general practice.

90/09 That the IMO use membership of ICTU to redress injustice to members of affiliated unions, with special reference to the Retention Tax.

90/10 That the IMO pursues a campaign to inform public representatives of the detrimental effects of the Retention Tax on the provision of services and on general practice.

89/06

(a) That the IMO ensure that retention tax does not apply to expense elements of a doctor's payments, including payments for secretarial and nursing staff.

(b) That the IMO oppose the illegal taxation of expenses, as exemplified by taxation of payments for secretarial, nursing and locum expenses.

(c) That the IMO should immediately take effective action on the retention tax issue.

(d) The IMO should oppose the imposition of retention tax on GMS expenses and on the GMS pension.

[That the IMO oppose the application of retention tax to expense elements of a doctor's payments, including payments for secretarial, nursing and locum expenses, and the GMS pension.]

TERMINALLY ILL PATIENTS

97/G50 That the IMO recognise the right of the terminally-ill patient to stay with their own doctor. This would be facilitated by the issuing of a special treatment card.

TOBACCO/SMOKING (see also ADVERTISING & SPONSORSHIP)

10/34 The IMO calls on the Minister for Finance to adequately resource the Revenue Commissioners to tackle tobacco smuggling.

10/38 The IMO calls on the Minister for the Environment to introduce an environmental tax on tobacco products to be paid by the Tobacco Industry.

10/39 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the next budget and all other tobacco products pro rata.

09/21 The IMO congratulates the management and staff at St Vincent's Hospital Elm Park Dublin for making their campus smoke-free, and calls on all health sector organizations to follow the leadership shown by making their respective campus smoke-free.

09/22 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2010 budget and all other tobacco products pro rata.

09/23 The IMO calls on the Minister for Health and Children to bring forward legislation to enable the introduction of graphic warning labels on all tobacco product

08/27 The IMO calls on the Minister for Finance to increase the price of a packet of 20 cigarettes by €2 in the next Budget and all other tobacco products pro rata.

08/28 The IMO calls on the Irish Congress of Trade Unions to outline its position on the introduction of a consumer price index that excludes tobacco products for the purpose of pay negotiations.

08/29 The IMO calls on the Minister for Health & Children to outline a timeframe for the implementation for all remaining sections of the Public Health Tobacco Acts (2002-2004).

08/30 The IMO calls on the Minister for Health & Children to outline a timeframe for the introduction of graphic warning labels on all tobacco products packaging.

08/31 The IMO calls on the Minister for Health & Children to extend the legislation on protecting people from passive smoking to include children in cars.

08/32 The IMO calls on the Minister for Health & Children to extend legislation on smoke free work places to include all work places not covered by the legislation and in particular the workplaces in the psychiatric sector.

07/10 The IMO calls on Government to implement all remaining sections of the Public Health Tobacco Acts (2002-2004).

07/11 The IMO calls on the Social Partners to support the introduction of a consumer price index that excludes tobacco products for the purpose of pay negotiations.

07/12 The IMO calls on Government to introduce legislation which will facilitate the introduction of reduced ignition propensity cigarettes.

07/13 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2008 budget and all other tobacco products pro rata.

07/14 The IMO calls on the Government to include graphic warning labels on all tobacco product packaging without further delay.

06/24 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2007 Budget and all other tobacco products pro rata.

06/25 IMO calls on the Minister for Health & Children to request the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2007 Budget and all other tobacco products pro rata.

05/31 The IMO calls on the Government to ratify the World Health Organisation's Framework Convention on Tobacco Control as a matter of urgency.

05/32 The IMO calls on all sports organisations to ensure that all sports arenas/stadia are smoke free.

05/33 The IMO calls on the Minister for Finance to increase the price of a packet of twenty cigarettes by €2 at the 2006 Budget and all other tobacco products pro rata.

04/18 The IMO calls on the Minister for Health & Children to ratify the Framework Convention on tobacco control as a matter of urgency.

04/19 the IMO calls on the Minister for Finance to raise the price of cigarettes by €2 in the next budget and all other tobacco products pro rata.

03/56 The IMO congratulates the Minister for Health and Children on his stance on tobacco and calls on him to resist pressure from vested interests, especially the hospitality industry, and to implement the ban on smoking in all work places.

03/57 The IMO calls on the Minister for Health and Children to initiate a health education campaign outlining the harmful effects of passive smoking, so as to facilitate the implementation of the proposed ban on smoking in all work places

02/45 The IMO calls on the Minister for Health & Children to immediately introduce regulations to prohibit smoking in all work places, enclosed public places and outdoor concert and sports arenas.

02/46 The IMO calls on the Minister for Health & Children to ensure that the proposed new National Stadium is designated as a smoke free area.

02/47 This meeting calls on the IMO to encourage the Government and the social partners to use a Consumer Price Index that excludes tobacco products for the purpose of pay negotiations.

01/16 That the IMO condemns the Minister for Finance for failing to increase the tax on cigarettes in his last Budget.

01/17 The IMO calls on the Minister for Health & Children to publish the long awaited new Tobacco Bill.

00/43 The IMO calls on health boards to help those of their employees, who smoke tobacco products and who wish to quit smoking, by the provision of nicotine replacement therapy, counselling and support as necessary.

00/44 The IMO calls on the Irish Congress of Trade Unions, in negotiations on pay, to use the Consumer Price Index (CPI) calculation that excludes the price of tobacco products.

00/45 The IMO deplores the fact that health care workers cannot work in a smoke free environment.

00/46 That the IMO calls for the complete ban on smoking in hospitals be enforced.

99/32 That the IMO call for Nicotine Replacement Therapy to be removed from the Poisons Register.

99/33 Given the efficacy of Nicotine Replacement Therapy which can double the success rate in quitting smoking, the IMO call for Nicotine Replacement Therapy to be made available free to smokers with medical cards as part of a structured smoking cessation programme.

99/34 That the IMO is disappointed with the paltry rise in the price of tobacco products in the last budget and calls on the Government to adopt a policy which would see tobacco prices rise annually by at least 5% above the rate of inflation.

98/32 That the IMO calls upon the IMO to adopts the World Medical Association statement on Health Hazards of Tobacco products

98/35 That the IMO calls upon the IMO to request the Taoiseach and his Government to ban all sales of duty free tobacco products in Ireland, and on board passenger transport to and from Ireland as a matter of urgency.

97/01 The IMO calls on the Minister of Health to clarify why reference to government fiscal policies, previously outlined in "Shaping a healthier future" were omitted as a means of reducing the incidence of smoking, in the recently published document "Cancer services in Ireland: A National Strategy."

97/02 The IMO calls on the Minister of Finance to remove tobacco products from the consumer price index.

96/03 The IMO congratulate the Minister for Health for introducing further legislative controls on involuntary smoking, however, the IMO asks the Minister to extend those controls to the workplace as a matter of urgency.

96/04 The IMO call on the Government to place a priority on achieving a total tobacco advertising ban throughout the European Community during its Presidency of the European Union.

95/30 In light of the available evidence on the harmful effects of environmental tobacco smoke, the IMO calls on the Minister for Health to introduce new legislation to extend the restrictions on smoking in the workplace.

95/31 The IMO calls on the Minister for Health to take the necessary steps to ensure that the law prohibiting the sale of tobacco to children is implemented.

94/37 That a more active approach be taken to the implementation of the regulation of smoking in public places, especially health care settings.

94/38 That the meeting welcomes the ban on smoking in aircraft.

93/20 That the IMO deplore the failure in the recent budget to apply a substantial increase to the price of cigarettes.

93/21 That the IMO call on the Management Committee of the IMO in consultation with the staff of the IMO to implement a phased no-smoking policy in IMO House.

93/22 That the IMO demand that all IMO meetings be non-smoking.

89/45 That the government ban smoking in all public places.

TRANSPORT OF PATIENTS

99/23 That the IMO demand an independent audit of the system of emergency transport of critically ill patients.

99/24 That the IMO call on the Department of Health to ensure that personal accident insurance cover is automatically granted to all doctors involved in the transport of patients.

99/25 That the Council of the IMO seek legal opinion in regard to the adequacy or inadequacy of insurance cover for doctors, accompanying patients in ambulances, aeroplanes, helicopters and other forms of transport and then advise its members accordingly in regard to the provision of this service.

94/02 That the IMO supports the establishment of a helicopter medical emergency service.

TUBERCULOSIS

06/01 The IMO calls on the HSE to ensure that sufficient resources are made available for the management of Tuberculosis cases to be carried out in accordance with the recommendations of the 1996 Working Party on TB.

05/17 The IMO calls on the HSE to ensure that sufficient resources are made available for the management of tuberculosis patients to be carried out in accordance with the 1996 Working Party Report on Tuberculosis.

05/18 The IMO calls on the HSE to ensure the safe transfer of public health aspects of the tuberculosis service to Departments of Public Health.

UNIVERSAL HEALTH SYSTEMS

10/67 The IMO calls on the Government to outline its position in relation to Universal Health Systems and to ensure that any proposed Universal Health System espouses the principles of equity and fairness as outlined in the IMO Principles for Universal Health.

10/68 The IMO, in the interest of natural justice, supports and promotes the introduction of a universal health care system free at the point of contact.

10/69 The IMO calls on the Government and the Department of Health & Children to explore the implementation of a universal health insurance scheme in order to ensure more equitable access to healthcare.

VOLUNTARY HEALTH INSURANCE (See HEALTH INSURANCE also)

00/G41 That any proposal from the VHI must be on the basis of the core working week i.e Monday - Friday, 9am to 5pm and that a briefing document be produced on all aspects of the VHI proposals for a GP lead primary care cover including the impact of such proposals in relation to IT, Administration and ancillary costs and that a national convention and national ballot be undertaken prior to acceptance or rejection of any arrangement.

97/C02 That the IMO mandate the Consultant Committee to hold regular (minimum quarterly) meetings of the IMO/VHI Forum so as to facilitate real progress on issues of mutual interest.

96/14 That the IMO deplore the failure of the VHI to increase the allowable amount for consultation in proportion to the yearly exemption limits and calls on the VHI to end the pretence of their interest in the out-patient scheme for their subscribers and be more sensitive to the needs of subscribers in the future.

96/G15 That the IMO redouble its efforts to oppose aspects of the VHI schedule introduced in 1995 which discriminates against patients treated by General Practitioners.

95/35 That the IMO condemns the recent moves by VHI which effectively undermine its out-patient benefit scheme.

95/36 That the IMO agree that the perpetuation of unbalanced and inequitable schedules of benefit is undermining the credibility of VHI as a health insurer worthy of support.

95/37 That the VHI should, at a minimum, offer a range of benefits equal to those offered by the public health service.

95/38 That given its established view of medical practice, the IMO AGM agrees that VHI, as at present constituted, is not a suitable body to which to accede to the role of developer of private medicine.

95/C01 The IMO expresses grave concern in respect of the ethics and legality of VHI's dual system of benefits to subscribers in respect of Consultant services.

95/C02 That the IMO considers that the VHI's system of negotiating fees without Consultants has been a failure and requires urgent restructuring.

95/C03 That the VHI's system of payments to Consultants should be designed to encourage, where appropriate, out-patient rather than in-patient care.

95/C04 That the invitation of the VHI to compensate for medical inflation by increasing the volume of services to subscribers is irresponsible.

94/29 Noting the decision of the relevant members of the VHI board to consign the work of the review group on the schedule of benefits to the "dustbin of history" and to take on themselves alone the fixing of the range and level of benefits for services, this AGM of the IMO has no confidence in the capacity of those board members to serve the equitable needs of subscribers; reject, as invalid, such a method for setting benefit levels; and calls on the Minister for Health to replace this flawed management structure.

94/C05 That the IMO should invite each Consultant member participating in the VHI Total Cover Scheme to write a letter of resignation from the scheme and forward it to the IMO on the strict understanding that the IMO keep such letters in its possession and not submit them to VHI without authorisation of a national meeting of Consultant members.

94/G10 That the IMO urgently seek the implementation of a wider range of GP procedures available to patients who subscribe to the VHI scheme.

93/03 That the IMO calls on the Government to introduce a new Health Insurance Act to replace the VHI Act 1956.

93/04 That the IMO seek agreement for a fee to be paid to doctors for completing all VHI claim forms.

93/05 That the IMO take the view that the VHI policy of capping payments in respect of private beds and its failure to adequately cover professional fees is an infringement of the rights of subscribers and amounts to rationing of private medical care which is an abuse of its monopoly in this country.

93/06 That the IMO inform the public that VHI capping of private hospitals will undermine the future ability of such hospitals to deliver not only state-of-the-art care but also adequate volumes of standard medical and surgical services.

93/C05 That the IMO recommends that VHI subscribers be given details of the full cost of services provided by Consultants whether they are participating Consultants or not.

93/C06 That the IMO endorse the recent decision of the IMO Consultant Committee that the IMO as an organisation not enter into agreement with VHI on the basis of its schedule as presently constructed.

93/C07 That the IMO Consultant Committee reserves the right to negotiate with VHI in relation to improvements in the benefit schedule and other items of concern to Consultant members.

93/C08 That in all future negotiations with VHI the Consultant Committee of the IMO reserves the right to nominate its own representatives irrespective of whether they have signed individual participating agreements.

93/C09 That the IMO supports the right of patients to make individual agreements with their Consultant about whether or not VHI benefit will be accepted as settlement for the Consultants Fee: VHI should facilitate such patient/doctor choice.

92/17b That the IMO abhors the VHI's persistent breach in its signed contractual agreement with providers (operative from 1 March, 1991) from August 1991 onwards, after initially adhering to its agreement, and its unilateral alteration of its ground rules and schedule for providers in defiance of a legally contractually binding agreement which was supposed to run until 18 March, 1993, but which the VHI pretends it can alter at a fortnight's notice on 1 March 1992, in an effort to give a veneer of respectability to the breaches in the agreement which started in August 1991. The IMO further abhors the insistence of the VHI that its preferred providers give the VHI 60 days notice before withdrawal from the agreement but purports to be able to withdraw with 14 days notice from an agreement from which it has no legal right to withdraw for another year.

92/C17 That the IMO condemns the VHI's practice of covering patients differently for the same procedure depending on whether their doctor is participating or not.

90/32 That the IMO issue a public statement explaining our position on the current relationship between VHI benefits and Consultant fees and stating our reasons for dissatisfaction in regard to discussion with the VHI.

90/33 That the IMO ensures that the VHI continues arrangements for practitioners wishing to have a direct contact for services relationship with their patients.

90/36 That the IMO expresses its deep concern at the VHI's unilateral change to the schedule of surgical procedures and requests their immediate re-implementation.

90/34 That the IMO encourage the VHI to allow adequate benefit to their subscribers for assignments as per the Finance Act 1988 in settlement of professional fees

90/31 That the IMO is gravely disappointed at the repeated failure of VHI to present a specific response to IMO proposals concerning the long overdue revised schedule of benefits

90/17 That the IMO propose that patients joining the VHI should have a pre-acceptance form equivalent to a PMA completed by their GPs.

89/97 That the IMO notes the failure of the fee per units of the VHI benefit arrangements to progress in line with the needs of subscribers.

89/98 That the IMO reaffirms the following motions of the 1998 AGM in relation to the VHI:

- (a) That the IMO is seriously concerned at the operation of the Retention Tax on VHI payments.
- (b) Noting the VHI management to have failed to make arrangements to provide adequate and up-to-date treatment benefit for their subscribers, that the IMO takes steps to bring this to the attention of all subscribers and keeps them informed of the facts of the situation by all appropriate health education and other means.
- (c) That the IMO calls on the government to reduce the level of room charges in public hospitals.
- (d) That the IMO provides a choice of health insurance for its members.

VIOLENCE

Family Violence

97/44 (i) In relation to the WMA Declaration on Family Violence (10.140) the IMO recommends that physicians adopt the following guidelines:

- (a) All physicians should receive adequate training in the medical, sociological, psychological and preventative aspects of all types of family violence. This would include medical school training in the general principles, speciality-specific information during residency training, and continuing medical education about family violence. Trainees must receive adequate training in the role of gender, power, and other issues of family dynamics in contributing to family violence.
- b) Physicians should know how to take an appropriate and culturally sensitive history of current and past victimisation.
- c) Physicians should routinely consider and be sensitive to signs indicating the need for further evaluations about current or past victimisations as part of their general health screen or in response to suggestive clinical findings.
- d) Physicians should be encouraged to provide pocket cards, booklets, videotapes and/or other educational materials in reception rooms and emergency departments to offer patients general information about family violence as well as to inform them about local help and services.
- e) Physicians should be aware of social, community and other services of use to victims of violence and refer to these routinely.
- f) Physicians should be acutely aware of the need for maintaining confidentiality in cases of family violence, as well as being knowledgeable about adequate case documentation and any local or national reporting requirements.
- g) Physicians should be encouraged to participate in co-ordinated community activities which seek to reduce the amount and impact of family violence.
- h) Physicians should be encouraged to develop non-judgmental attitudes towards those involved in family violence so their ability to influence victims, survivors and perpetrators is enhanced. For example, the behaviour should be judged but not the person.
- ii) The IMO encourage the co-ordination of action against family violence and suggests to the Management Committee that it arrange a one day seminar on this subject with the relevant agencies as participants.
- iii) That the IMO encourage research to understand the prevalence, risk factors, outcomes, and optimal care for victims of family violence.

Violence against women

96/08 That the IMO recommend that in order to ascertain the level of violence against women in Ireland, all Garda stations be asked to maintain a record of all domestic violence calls, including repeat calls, action taken, follow-up and outcome and that central statistics be produced annually.

93/11 That the IMO agree that violence against women in the home should be dealt with under the law in the same manner as violence committed in the street.

Violence against the elderly

89/78 That the IMO is concerned about increasing violence against elderly people.

WAITING LISTS

01/G36 That GPs receive details of waiting lists for all specialties in all hospitals at three monthly intervals to specify waiting times to out patients appointments and to procedures.

00/17 The IMO calls on the Department of Health & Children to identify medical conditions that are of low priority and where waiting periods for outpatient hospital appointments are likely to be lengthy to so inform the patient.

00/18 The IMO deplores the current practice of not including patients who are waiting less than 3 months for hospital treatment in the compilation of waiting list statistics, and that the Department of Health and Children, when publishing its waiting list statistics, also includes details of all patients who are awaiting out patient services and appointments.

99/21 That the IMO calls on the Minister for Health & Children to adhere to his original plan to discontinue the waiting list initiative.

94/G11 That the GP sub-committee of the IMO require, on behalf of GPs, that the Health Boards provide monthly waiting lists for all their public patients.

WARD CLOSURES

99/18 That the policy of utilisation of ward or theatre closures for the purpose of budgetary control be abandoned forthwith.

WARFARIN SERVICES

09/35 The IMO calls on the Government to adequately and properly fund the provision of Warfarin testing services either in hospital or primary care settings throughout the country.

08/G08 The IMO calls on the Minister for Health & Children to negotiate the provision of a standard National Warfarin Service in the community.

WASTE

08/40 In view of the hazards to health associated with landfill and incineration this AGM proposes that the HSE actively pursues policies to reduce, reuse and recycle with stated targets in all HSE facilities.

08/41 That this AGM supports the establishment of registers of known relevant baseline data in the vicinity of new incinerators and landfill sites and, in addition, that active ongoing health surveillance systems, including bio-monitoring, be undertaken in these areas in order to detect changes in the incidence of sentinel diseases and the levels of bio toxins in the population. That this motion also recommends an appraisal of international best-practice evidence on the issue.

WEAPONS (Their relation to Life & Health)

97/45

- i) The IMO urges the Irish Government to co-operate with the collection of such data as are necessary for establishing objective criteria which would measure the effects of current and future weapons and which could be used to stop the development, manufacture, sale and use of weapons.
- ii) That the IMO supports research into the global public health effects of weapons use and publicity from such research to ensure both the public and governments are aware of the long term health consequences of weapons on non combatant individuals and populations.

WITHDRAWAL OF ACCREDITATION

03/47 The IMO calls for the planning and resourcing by the Department of Health for the potential deficit to patients by the withdrawal of accreditation from A&E NCHD posts in some hospitals.

WOMEN IN MEDICINE

92/45 That the IMO expresses its concern at the poor career prospects for women in Irish Medicine.