



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO AGM 2024

Valuing Patients
by Valuing Doctors

Thursday 4th -
Saturday 6th April
2024

Europe Hotel,
Killarney

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

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



10 Fitzwilliam Place, Dublin 2

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Welcome Message

Dear Delegates and Guests



Welcome to the 2024 IMO Annual General Meeting.

The theme of our AGM is ***Valuing Patients by Valuing Doctors.***

We, as doctors, want to deliver the best possible care to our patients. As a nation we must and can do better in retaining, recruiting and supporting doctors in our health services which will enable us to achieve better health outcomes for our patients.

Our AGM Programme incorporates discussions on the role of the doctor, the impact AI may have in healthcare, the negative impact of social media on our mental and physical health and a range of hot topics on issues around vaccination rates, obesity treatments and health impacts of policy around alcohol. Our National Specialty Meetings are a vital forum for each specialty group to debate and formulate policy objectives for their own groups and reflect the issues that affect them on a daily basis.

The unique value of the IMO is that we represent each and every doctor, across all specialties and all healthcare settings, enabling us to develop real policy solutions for the improvement of our health services. With a rapidly increasing population requiring our care, it is critical that Government listen to us and engage with us in the development of what we all want – a health service that delivers for patients and a system that values doctors and all those who care for our patients.

Our Annual General Meeting is the key event in the IMO calendar and we extend a very special thanks to our sponsors for their support in offering this programme of events to our delegates. In particular we acknowledge and thank our main sponsor, Zurich, who continue to be a key supporter of IMO and IMO Financial Services.

We have a busy few days ahead with meetings, debates and time with colleagues. I look forward to meeting with you at the AGM and as always our IMO Team are on hand to assist you in any way we can.

Yours sincerely,

**Dr Denis McCauley,
IMO President**

Special thanks to our Sponsors



Annual General Meeting Programme

Approved for 8 CPD points

4 April
Thursday

5.30pm	Opening Session	Minutes; Annual Report 2023; Report of Treasurer; Results of Elections, Deceased Members
6.00pm	Dr John Cannon, Outgoing President's Address and Handing Over of Chain of Office	
6.15pm	Panel Discussion Artificial Intelligence – Impact on Healthcare Delivery	Chaired by Dr Austin Byrne, GP Waterford
	Guest speakers:	Dr Conor Judge, Consultant Nephrologist and Senior lecturer in Applied Clinical Data Analytics at the University of Galway. Professor Patricia Maguire, Professor of Biochemistry, UCD and Director of UCD Institute of Discovery Professor Barry O'Sullivan, Director, Insight Centre for Data Analytics, School of Computer Science & IT, University College Cork
8.30pm	Buffet Supper for Delegates and Guests	

5 April
Friday

8.00am	AGM Golf Competition	
11.00am	Hot Topic 1 Prevention and Treatment of Obesity	Speaker: Professor Donal O'Shea, Consultant Endocrinologist and National Clinical Lead for Obesity, HSE
11.40am	Hot Topic 2 Tackling Falling Vaccine Rates	Speaker: Dr Paddy Kelly, Clinical Lead, Immunisations, ICGP
12.20pm	Hot Topic 3 Alcohol – Is the cost too high?	Speaker: Dr Mary T O'Mahony, Consultant in Public Health Medicine
1pm	Lunch	
2.00pm	Address by the Minister for Health, Mr Stephen Donnelly TD	
2.30pm	Panel Discussion Valuing the Role and Expertise of the Doctor	Chaired by Ms Ingrid Miley, BL
	Panellists:	Dr Peadar Gilligan, Consultant in Emergency Medicine, Beaumont Hospital Professor Gaye Cunnane, Consultant Rheumatologist and Director of Health and Wellbeing at the RCPI Dr Kitty Mohan, Consultant in Communicable Disease Control and Chair BMA International Committee Prof Tadhg Crowley, GP Kilkenny, Chair IMO GP Committee
4pm	Tea/Coffee Break	
4.15pm	General Motions Session 1	
5.30pm	Financial Services Seminar Strategies for Pension and Investment Planning	Mr Fran McGrath, Sales & Business Development Manager, IMO Financial Services Mr Richard Temperley, Head of Investment Development, Zurich Life Assurance

9.00am - 11.00am	National GP Meeting National Consultant Meeting National NCHD Meeting National Public Health and Community Health Meeting	
11.00am	Tea/Coffee Break	
11.15am	Address by Mr Bernard Gloster, Chief Executive Officer, HSE	
11.45am	General Motions Session 2	
1.30pm	Lunch	
2.30pm	Panel Discussion The Dark Side of Social Media Panellists:	Chaired by Ms Ingrid Miley, BL Professor Matthew Sadlier, Consultant Psychiatrist and Clinical Director, Dublin North, Chair IMO Consultant Committee Professor Debbie Ging, Professor of Digital Media and Gender, DCU School of Communications Ms Clare Daly, Solicitor, Data Protection Practitioner, and member of Board of Directors CyberSafeKids
4.30pm	IMO Council Meeting	
7.30pm	Address by Dr Denis McCauley, Incoming President of IMO	
8pm	Cocktail Reception and Gala Banquet	

SOCIAL PROGRAMME

Thursday 4th April	8.30pm	Buffet Supper
Friday 5th April	8.00am	Golf Competition Killeen Course, Killarney Golf & Fishing Club
Saturday 6th April	7.30pm	Incoming President's Address followed by Drinks Reception & Gala Banquet

CHILDREN'S PROGRAMME

Kids Club* Ages 3-7	Friday 5th and Saturday 6th April 9.30am – 5.30pm	The Kids Club will keep your children entertained and active with a fully supervised programme of fun and games. Activities include games, arts & crafts, singing, storytelling and movies. Lunch will be provided each day for participants. *children must be potty trained to attend.
Junior Camp Ages 8-18	Friday 5th and Saturday 6th April 9.30am - 5:30pm and 7.30pm - 10.30pm	The Junior Camp offers a range of sporting and fun activities within a fully supervised programme. Activities will include a range of team sport activities, swimming, games and an off-site outing. Lunch will be provided each day for participants.

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4 April Thursday - 6.15pm

Artificial Intelligence – Impact on Healthcare Delivery

There has been significant hype and discussion around Artificial Intelligence (AI) and its potential to revolutionise many aspects of our lives including healthcare. This session will focus on benefits and limits of AI, its use in healthcare delivery and requirements for legislation.



Dr Conor Judge

Consultant Nephrologist and Senior Lecturer in Applied Clinical Data Analytics

Conor completed his PhD in the Health Research Board (HRB) Clinical Research Facility Galway and the Translational Medical Device Lab through the Wellcome Trust Health Research Board Irish Clinical Academic Training (ICAT) Programme and went on to complete a research and clinical fellowship in epidemiology and nephrology at McMaster University, Ontario, Canada from 2020 to 2022 funded through the HSE Dr. Richard Stevens Fellowship. Most recently, Dr. Judge has been awarded the Health Research Board's Clinician Scientist Fellowships (CSF) 2023 scheme, worth €700,000, with a research project on 'An artificial intelligence approach to improving blood pressure treatment' which will address the significant care gap in hypertension management.



Professor Patricia Maguire

Professor of Biochemistry and Director of the UCD Institute of Discovery

Patricia Maguire is Professor of Biochemistry at UCD School of Biomolecular and Biomedical Science. She is also Director of the UCD Institute for Discovery, a major cross-disciplinary research institute in UCD, which builds and cultivates interdisciplinary connections in emerging areas of research aligned to the UN Sustainable Development Goals. Patricia's research interests are focused on combining her world-leading expertise in platelet biology together with Artificial Intelligence to aid in the diagnosis and further understanding of inflammatory diseases including Preeclampsia, Multiple Sclerosis, Venous ThromboEmbolicism and COVID-19. Campaigns include 'AI for good', 'Plotting the Future', 'Cybersecurity' and 'Data for Healthcare'.



Professor Barry O'Sullivan, FAAI, FAAIA, EurAI, FIAE, FICS, MRIA

Director, Insight Centre for Data Analytics, School of Computer Science & IT, University College Cork

Prof Barry O'Sullivan is an award-winning academic working in the fields of artificial intelligence, constraint programming, operations research, AI/data ethics, and public policy. He contributes to several global Track II AI diplomacy efforts at the interface of military, defence, intelligence, and AI. He was Vice Chair of the European Commission High-Level Expert Group on AI and is a member of the Digital Group at the Institute of International and European Affairs (IIEA).

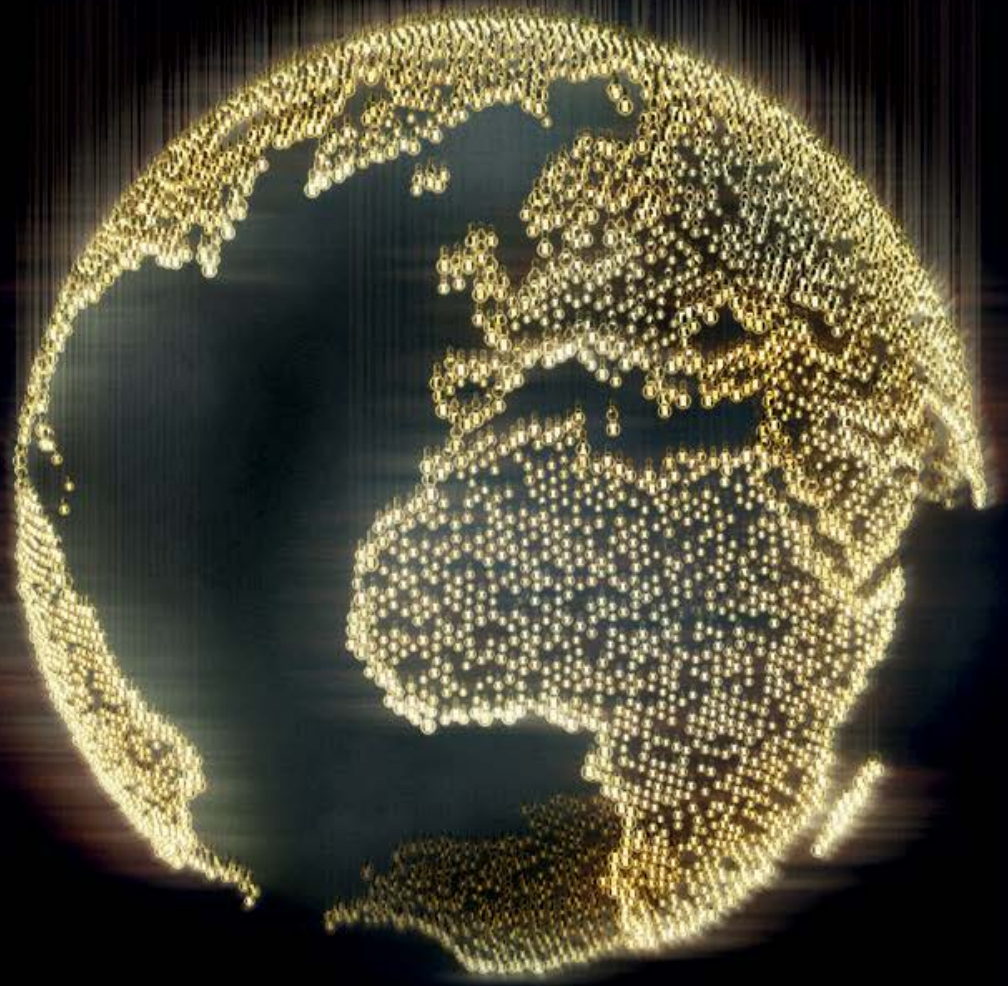
Chaired by:



Dr Austin Byrne

GP, Waterford, and IMO GP Committee Member

Dr Austin Byrne is a partner in Tramore Medical Clinic, a modern GP practice in Tramore, Co Waterford. He is a member of the IMO GP committee. Originally from Dublin, he graduated from Trinity College Dublin in 2003. He completed his medical membership exams in 2006 and graduated from the South East GP training programme in 2010. He is involved in undergraduate medical training.



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5 April Friday - 2.00pm

Valuing the Role and Expertise of the Doctor

Doctors are key to the delivery of quality, safe healthcare. They apply their unique scientific knowledge and clinical skills for the diagnosis and treatment of patients. In this session our speakers discuss the value of medicine and the need to respect the expertise of doctors in the delivery of the highest standard of medical care.



Dr Peadar Gilligan

*Consultant in Emergency Medicine,
Beaumont Hospital*

Dr Peadar Gilligan is a Consultant in Emergency Medicine at Beaumont Hospital, Dublin, IMO

Consultant Committee Member and past President of the IMO (2018/19). Dr Peadar Gilligan qualified from University College Dublin in 1992 with an honours degree. He undertook general medical training in Beaumont Hospital and Letterkenny General Hospital. He is a specialist in Emergency Medicine and subspecialist in Paediatric Emergency Medicine. He holds membership of the Royal College of Physicians in both the United Kingdom and Ireland in adult and paediatric medicine. He is a Fellow of the College of Emergency Medicine and holds Diplomas in Child Health and Immediate Medical Care. He was awarded Gold Medals in Paediatrics from University College Dublin and in Immediate Medical Care from the BASICs Group of the Royal College of Surgeons in Edinburgh. He holds Masters Degrees in Medical Education from Sheffield University and in Public Health from University College Dublin.



Professor Gaye Cunnane

*Consultant Rheumatologist and
Director of Health and Wellbeing at
the RCPI*

Professor Gaye Cunnane is a consultant rheumatologist at St James's Hospital and a clinical professor of rheumatology at Trinity College Dublin. After completing medical school at Trinity College Dublin, Professor Cunnane undertook her intern and senior house officer (SHO) training at St James's Hospital and its affiliated sites. She then specialised in general internal medicine and rheumatology, spending four years at St Vincent's University Hospital before completing her clinical and research training at the University of California, San Francisco, USA. Her PhD, examining early prognostic markers in inflammatory arthritis, involved laboratory training in the UK, the Netherlands, Sweden and Switzerland. Professor Cunnane spent eighteen months as senior lecturer/ consultant in rheumatology at the University of Leeds, after which she moved to Dublin to take up her current post. She was the national specialty director for rheumatology training in Ireland from 2005–2012, programme director for Basic Specialist Training with the Royal College of Physicians of Ireland (RCPI) and concurrently, director of postgraduate education at St James's Hospital from 2009–2017. She is a past president of the Irish Society for Rheumatology and Director of Health and Well-being at the RCPI.

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Dr Kitty Mohan

Consultant in Communicable Disease Control and Chair BMA International Committee

Dr Kitty Mohan is a Consultant in Communicable Disease Control based in London and Oxford. A medical doctor by background, she completed Public Health training in London in March 2018 and was awarded a PhD in Epidemiology from King's College London in 2016. She is the Chair of the International Committee at the British Medical Association (BMA). From 2018-2020, Kitty was President of the European Junior Doctor Association, which represents the interests of 300,000 junior doctors across Europe. She was a member of BMA Council from 2013-18, has previously been Director of the BMA, and was joint lead negotiator for junior doctor contract negotiations whilst Co-chair of the Junior Doctors Committee between 2013 and 2015.



Prof Tadhg Crowley

GP, Kilkenny, and Chair IMO GP Committee

Prof Tadhg Crowley is a GP partner in Kilkenny and has worked in the practice since 1997. He trained in UCD and completed his general practice training on the mid-western scheme. He became an associate clinical professor with UCD in 2020. After completing his general practice training he completed post graduate diplomas in paediatrics, psychiatry and in occupational medicine in London. He is a qualified commercial mediator. He also has done post graduate training in concussion with UPMC in Pittsburgh over the last 2 years. He has worked with the Kilkenny hurling team since 2001 as team doctor. His current clinical areas of interest are sports medicine in the community, concussion active management, occupational health and commercial mediation. He is the current chair of the IMO GP Committee.

Chaired by:



Ms Ingrid Miley

Barrister and former Industry and Employment Correspondent for RTÉ News.

Ingrid Miley spent most of her career employed as a journalist for RTÉ, the public service broadcaster of the Republic of Ireland. From 2002 until her retirement in 2021, she held the specialist position of Industry and Employment Correspondent for RTÉ News. In this capacity she covered issues related to employment and the economy ranging from public service pay negotiations, strikes, redundancies, interaction with social welfare issues, and the implications of the recent shift to remote working during the pandemic. She delivered coverage across multiple media strands, including television and radio news, the RTÉ website and social media.

Since her retirement from RTÉ, Ms. Miley has been practicing as a barrister with a specialist interest in employment law. She holds an Honours degree in French and German Language and Literature from Trinity College Dublin, a Master's degree in French Translation and Linguistics from the University of New Brunswick in Canada, and a Barrister at Law Degree from the Kings Inns in Dublin.



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6 April Saturday - 2.30pm

The Dark Side of Social Media



Professor Matthew Sadlier

Consultant Psychiatrist and Clinical Director, Dublin North, and Chair IMO Consultant Committee

Professor Sadlier is a graduate of UCD who after training in General Medicine and General Practice, he went on to complete higher specialist training in both General Adult Psychiatry and Psychiatry of Old Age. He is a Past President (2013-2014) of the Irish Medical Organisation and current Chair of the IMO Consultant Committee. Currently, he is a consultant in Old Age Liaison Psychiatry in Mater Misericordiae University Hospital and Connolly Hospital.



Ms Clare Daly

Solicitor, Data protection Practitioner, and Board of Directors CyberSafeKids

Clare Daly is a solicitor with over 20 years experience in the legal sector with an expertise in child protection and data protection, with a particular focus on children's data rights. Clare is on the Board of Directors of CyberSafeKids and lecturer in child law in UCC.



Professor Debbie Ging

Professor of Digital Media and Gender, DCU School of Communications

Debbie Ging is Professor of Digital Media and Gender in the School of Communications at Dublin City University (DCU). She teaches and researches on gender, sexuality and digital media, with a focus on digital hate, online anti-feminist men's rights politics, the incel subculture and radicalisation of boys and men into male supremacist ideologies. Her research also addresses youth experiences of gender-based and sexual abuse online and educational interventions to tackle this issue. Debbie is Ireland Corresponding Editor of the Journal Men and Masculinities and is a member of the Editorial Board of New Media and Society. She is also a member of the National Anti-Bullying Research and Resource Centre and of the Institute for Future Media, Democracy and Society (FuJo).

Chaired by: Ms Ingrid Miley, BL

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5 April Friday

Hot Topic 1

Friday 5 April

11.00am

Prevention and Treatment of Obesity



Professor Donal O'Shea

Consultant Endocrinologist and National Clinical Lead for Obesity, HSE

Qualified from University College Dublin in 1989 and then moved to Hammersmith Hospital in London. Completed research with Professor Sir Stephen Bloom on how the brain controls appetite. Moved to current position in 1999 establishing 2 hospital based multidisciplinary treatment teams for the management of adult obesity and gender dysphoria. Is a member of the Department of Health Policy group on obesity and chaired a group carrying out a health impact assessment on the potential benefits and harms of a tax on sugar sweetened drinks. Has presented the EU Ministers for Health and the Director General of the WHO on the importance of prevention of childhood obesity. Has specific research interests in obesity and gender and has published over 250 research papers. He is currently the National Lead for management of obesity with the Health Service Executive.

Hot Topic 2

Friday 5 April

11.40am

Tackling Falling Vaccine Rates

Dr Paddy Kelly

GP, Kildare, and Clinical Lead Immunisations, ICGP

Dr Paddy Kelly graduated from UCD and completed specialist training in general practice. He has an interest in sports and exercise medicine and remote and offshore medicine. During the Covid-19 pandemic he was the clinical lead of the Waterford Mass Vaccination Centre and performed vaccinations for housebound patients in CHO 7. He was appointed as the inaugural HSE/ICGP clinical lead for immunisations in 2022 and is the ICGP representative on the National Immunisation Advisory Committee (NIAC). He is presently working as a GP in Kildare, and is a former member of the IMO NCHD committee from circa 2008-2014.

Hot Topic 2

Friday 5 April

12.20pm

Alcohol – Is the cost too high?



Dr Mary T O'Mahony

Consultant in Public Health Medicine

Based in HSE RHA-SW (Cork and Kerry), Mary T O'Mahony is the national public health clinical lead for the prevention of Foetal Alcohol Spectrum Disorders (FASD) working with the HSE Alcohol Programme. She is Chair of the national multidisciplinary FASD Expert Advisory Group, and a member of the HSE Alcohol Programme Implementation Group. Research interests include: documentation of prenatal alcohol exposure, Neurodevelopmental Disorder – PAE (DSM-5), alcohol related birth defect, needs assessment. The Executive Management Team of the HSE, and the Quality and Safety Committee of the HSE Board approved a five-year plan towards the prevention of FASD in Sept 2022.

General Motions - Session 1

5 April Friday

3.45pm

GAZA

1. The IMO recognises the dire circumstances of the healthcare system, medical teams and civilian population in Gaza and calls on the Irish Government, the European Commission and the European Parliament to use all diplomatic and financial avenues available to support all relevant agencies on the ground in the provision of healthcare, including the reinstatement and augmentation of funding to UNWRA

Proposer: IMO Council

Medical Council

2. The IMO calls on the Medical Council to reverse its decision to remove Intensive Care Medicine and Pain Medicine from the CSCST in Anaesthesiology, given the actual role of consultant anaesthesiologists under the Model of Care for Anaesthesia in Ireland, and given the immediate implications for patient safety and ICU service provision.

Proposers: IMO Consultant Committee and IMO NCHD Committee

3. The IMO call on the Medical Council to engage in wider consultation on the Ethical Guidelines so as to ensure a focus on clinical ethics in any amendments and to proactively engage on any significant changes that will impact on the clinical practice of the profession.

Proposer: Prof Des O'Neill
Seconder: Dr Pascal O'Dea

Long Covid

4. The IMO calls on the Department of Health, the Department of Public Expenditure and Reform and the HSE to rescind its decision to stop payments to healthcare workers under the Long Covid Scheme and to immediately engage with the relevant Trade Unions to put in place appropriate long term arrangements for those workers.

Proposer: IMO Council

5. The IMO calls on the HSE and Department of Health to fund and staff increased clinical care and research for post Covid syndrome, which continues to have a detrimental effect on individual patients and on society as a whole.

Proposer: IMO Consultants Committee

Graduate Entry Medical Students

6. Recognising the urgent need to train and retain more doctors in Ireland, the IMO calls on the Minister for Health and Minister for Further and Higher Education to abolish fees in excess of undergraduate medical student fees for Graduate Entry Medical students. The current system is a barrier to ensuring students from all socio-economic backgrounds can avail of this pathway and adds a huge debt burden to medical students at the end of their studies.

Proposer: IMO Council

HPAT

7. The IMO calls upon the Minister for Higher Education to end the failed experiment that is HPAT and instead to look at more effective ways of broadening access to medical school places

Proposer IMO Council

Climate and Environment

8. Effective climate action is urgent and of critical importance for our current and future populations. We call on the government to implement effective sustainability and adaptation actions and to improve their Climate Action Plans to achieve this.

Proposer: Dr Ina Kelly
Seconder: Dr Anne Dee

5 April Friday

3.45pm

9. The Healthy Ireland framework will end next year. The IMO calls for a review of its impact in terms of addressing the determinants of health. We urge government to examine how poor health is influenced by corporate entities and the commercial determinants of health, whose profits are significantly dependent on the consumption of products with negative health impacts.

Proposer: Dr Anne Dee
Seconder: Dr Ina Kelly

10. The IMO calls on the Government to ensure that all Government Departments carry out and publish comprehensive and meaningful Health Impact Assessments, as recommended by the World Health Organisation when developing policies or major projects so as to improve and protect the health of our citizens. In particular HIAs should be meaningfully considered in the context of air pollution, environmental hazards and the social detriments of health.

Proposer: Dr Ina Kelly
Seconder: Dr Anne Dee

11. Doctors are expected to have very high standards and be accountable for any negative effect on health that might occur under their care. Considering the wider determinants of health, which are outside of doctors' control, are responsible for most illness, those who make decisions that may adversely affect the health and well-being of people should be expected to have similar high standards in terms of ethical training, and accountability. The IMO calls on Government to reflect these standards in their decision making.

Proposer: Dr Ina Kelly
Seconder: Dr Anne Dee

12. Recognising the detrimental impact on physical and mental health arising from homelessness and inappropriate housing, the IMO calls on the Government to ensure that all efforts are made to secure safe housing for the most vulnerable in our society and in particular the homeless and those seeking international protection.

Proposer: Dr Ina Kelly
Seconder: Dr Anne Dee

Gambling

13. In the interest of the health and wellbeing of our citizens, this meeting calls on the Government to ban gambling advertising from television, radio, cinemas, magazines, social media, websites, newspapers and in public spaces.

Proposer: Prof Ray Walley
Seconder: Dr Denis McCauley

14. Given the devastating impacts of gambling, and the growth in online gambling, this meeting calls on the Government to impose mandatory deposit limits on personal gambling accounts, which can only be increased after robust customer safety checks.

Proposer: Prof Ray Walley
Seconder: Dr Denis McCauley

HSE Recruitment Freeze

15. The IMO call on the HSE to immediately lift the recruitment embargo on medical grades as it poses a serious risk to patient safety at a time when we have increased demand and one of the lowest doctor:patient ratios in the OECD.

Proposer: IMO Council

Capacity and Workforce Planning

16. Our population continues to grow and will likely reach 5.5 million by 2028, the minimum requirements of 2,600 beds identified in the 2018 Health Service Capacity Review were never and will never be enough. We need an urgent medium term plan to increase acute hospital bed capacity by 5000 beds to meet current and future needs front-loaded with 1,600 beds in 2024

Proposer: IMO Consultant Committee

General Motions - Session 1

5 April Friday

3.45pm

17. The IMO calls on the Department of Health and the HSE to update the future medical workforce requirements taking into account :

- predicted geographical and demographic changes in population
- new clinical programmes and models of care
- strategic requirements such as laid out in Sláintecare
- demand should be based on Whole Time Equivalents (to take into account part-time working and predictable attrition rates).

The IMO further calls on Government to develop a plan with associated resources to implement the medical workforce requirements.

Proposer IMO Council

Investment in Digitalisation of Health Services

18. E-health and digitalisation of the health services holds the promise of enhancing patient safety, quality and integration of care. The IMO calls on the Department of Health to provide an economic evaluation of the Health Information Bill and to allocate sufficient resources for the roll out of digitalised health service.

Proposer: IMO Council

6 April Saturday

11.45am

Social Media

19. The IMO calls on the Department of Education to institute a ban (from the start of the next school year) on Smartphone use by pupils within all primary schools in Ireland.

Proposer: Prof Matthew Sadlier

Seconder: Dr John Cannon

20. The IMO calls on the Department of Health, in light of the US Surgeon General's Advisory on "Social Media and Youth Mental Health", to urgently develop a well-funded public health strategy modelled on successful "tobacco free" policies to combat social media addiction, use and harm.

Proposer: Prof Matthew Sadlier

Seconder: Dr John Cannon

21. The IMO calls on the Attorney General and Department of Justice in light of the case taken by 42 US Attorneys General against Meta for their product's detrimental effect upon youth mental health to urgently investigate the allegations and publish opinion on whether a similar case should be taken in Ireland.

Proposer: Prof Matthew Sadlier

Seconder: Prof Ray Walley

Mental Health Services

22. Recognising that prisons are not a suitable environment to treat people with serious mental disorders this meeting calls for;

- Rapid pathways for those who require an acute psychiatric bed in NFMHSH
- Increased staffing of psychiatrists and mental health professionals in prisons
- Provision of comprehensive addiction services within prisons
- Increased support for those to access care on release

Proposer: Dr Sohail Rasool

Seconder: Dr Mohsin Moola

23. Given that no medical body was consulted in the development of "Sharing the Vision" The IMO calls on the Minister for Health to urgently intervene and commission a review, independent of the HSE Management and Clinical Leads, of the current dispersed community based model of the delivery of Psychiatric Services and further calls for that review to prioritise the views of Consultant Psychiatrists and General Practitioners.

Proposers: IMO Consultant Committee and IMO GP Committee

24. The IMO calls on the Minister for Health to directly intervene and end the current age discrimination and set a clear plan to develop Old Age Psychiatry Services both in and out of hospitals to ensure that each is seen by their age specific specialists.

Proposers: IMO Consultant Committee and IMO GP Committee

25. This meeting calls on the Department of Health to urgently resource the CAMHs service to ensure that the correct staffing levels and appropriate structures are in place to ensure equitable and timely access for patients.

Proposer Dr Martin Daly

Seconder Dr Madeleine Ní Dhálaigh

26. The IMO calls on the Minister for Health to immediately ensure that every Level 3 and 4 Hospital Emergency Department has access to on-site consultant lead psychiatric services.

Proposer: IMO Consultant Committee

Physician Assistants/Associates

27. The IMO call on the Department of Health and the HSE to engage with the IMO and other stakeholders in regard to establishing a clear and definitive role for the grade of Physician Assistant/Associate appropriate to their level of training.

Proposer: IMO Council

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6 April Saturday

11.45am

28. The IMO call on the Department of Health and the HSE to engage with the IMO and other stakeholders in relation to the governance and reporting relationships attached to the grade of Physician Assistants/Associates and their role within the context of multidisciplinary teams.

Proposer: IMO Council

29. The IMO call on the HSE to issue instructions to all HSE funded healthcare settings advising that Physician Assistants/Associates cannot be used to cover doctors shifts or included on medical rotas.

Proposer: IMO Council

30. The IMO calls on the Minister for Health and the Government to confirm that the Medical Council will remain solely a body to register and accredit Registered Medical Practitioners and that any new health profession (such as Physician Assistants) will be accredited by different avenues.

Proposer: IMO Council

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6 April Saturday

9am – 11am

Consultant Contract

1. The consultant committee calls on the HSE and Dept of Health to clearly and categorically state their support for protected time, and its recognition in job planning, in the consultant contract, particularly in light of the recommendations of the National Taskforce on the NCHD workforce.

Proposer: IMO Consultant Committee

2. Noting that the Public Only Consultant Contract provides for rosters over extended hours and days, the IMO calls on the HSE and the Department of Health to ensure that, in line with the Rostering Principles, any amendments to work plans over the extended period must ensure that there are sufficient medical and allied health services available at that time and that such changes will not negatively impact on services at other times.

Proposer: IMO Consultant Committee

3. The IMO calls on the Minister for Health and the HSE to publicly acknowledge that consultants, on all types of contract, currently provide 24/7 care through the provision of on-call commitments.

Proposer: IMO Consultant Committee

4. This meeting calls on the HSE to ensure that every consultant is provided with sufficient resources, including capacity and support staff, so as to enable them to do their work and deliver timely care to patients.

Proposer: IMO Consultant Committee

Capacity

5. This meeting calls on the Government to publish a rapid expansion plan, with ring fenced funding, to increase acute bed, theatre and diagnostic capacity in our public health services. Failure to invest in capacity causes harm to patients and staff, and will continue to manifest in:

- Long waiting lists for care
- Dangerous overcrowding in Emergency Departments
- Difficulties in recruiting staff to our public health services

Proposer: IMO Consultant Committee

HSE Recruitment Freeze

6. The IMO calls upon the HSE to rescind the Recruitment Freeze which represents a serious threat to patient care. At a time when the labour market for health workers has never been more competitive, and WHO estimates a projected shortfall of 10 million health workers by 2030, it is all the more absurd that the HSE has decided that a recruitment embargo is a reasonable policy.

Proposer: IMO Consultant Committee

National Treatment Purchase Fund

7. The IMO calls upon the Minister for Health and NTPF to ensure that all outsourced work at consultant level is carried out by doctors registered on the specialist register of the Irish Medical Council and that such care is in line with National Models of Care and provides for MDT follow up rather than a single episode of care.

Proposer: IMO Consultant Committee

8. The IMO calls upon HIQA to investigate the current arrangements around outsourcing of patients on waiting list to private operators to ensure that the safety of the entirety of the patient journey is considered, rather than single episodes of care.

Proposer: IMO Consultant Committee

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6 April Saturday

9am – 11am

National Ambulance Service

9. IMO calls on National Ambulance Service to develop appropriate bypass protocols for patients with acute psychiatric needs to ensure such patients are conveyed to emergency departments which have acute psychiatric on call services, ensuring that patient is brought to right service first time and avoiding requirement for secondary transfers. We further call on the NAS to ensure requests from Emergency Departments to transfer patients from ED to appropriate psychiatric services are facilitated.

Proposer: IMO Consultant Committee

Services for Older Persons

10. The IMO calls on the Minister for Health to directly intervene and end the current age discrimination in hospital based psychiatric services and develop in-house Psychiatry of Old Age Liaison Services that operate along same lines as their General Adult Services and ensure that Psychiatry of Old Age (which is a recognised specialty by the Medical Council) are integrated into all models of care involving older adults, to ensure that each person in hospital is seen by their age specific specialists.

Proposer: IMO Consultant Committee

11. The IMO calls on the Minister for Health and the HSE to set standards for transitional care units for older adults to ensure that they can provide rehabilitation as per international and national standards to prevent the loss of function that can accompany older adults' admissions to hospitals.

Proposer: Prof Desmond O'Neill
Seconder: Dr Sarah Coveney

Clinical Services

12. Welcoming the women's health action plan 2022-2023 the IMO encourages the Dept of Health to ensure a holistic view of women's health is taken and that appropriate resourcing and investment is made to ensure the distinct needs of women are addressed across all disciplines of healthcare and not just those traditionally associated with the term women's health.

Proposer: IMO Consultant Committee

13. The IMO calls upon the HSE to develop a national strategy to provide appropriate multidisciplinary care across the country for patients with functional gastrointestinal disease with specific emphasis on dietary therapies.

Proposer: IMO Consultant Committee

Expansion of Undergraduate Medical Training

14. The IMO calls on the Government to establish a cross departmental group to plan for and fund the appropriate number of undergraduate medical training places so as to ensure that our future medical workforce needs are met.

Proposer: IMO Consultant Committee



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National Public Health and Community Health Doctors Meeting

6 April Saturday

9am – 11am

PMOs and SMOs

1. This meeting calls on the HSE and Department of Health to recognise the specific challenges facing the PMO and SMO grade (in both public and community health) and to address the discrepancy in salary that has arisen between these roles and other medical roles as a result of the non-implementation of the 2010 benchmarking award.

Proposer: Public Health Committee

2. This meeting calls on the HSE and Department of Health to conduct a review of the SMO role with a view to improving the terms and conditions, career pathway and training opportunities associated with the role.

Proposer: Public Health Committee

Workforce Numbers

3. This meeting call on the HSE to proceed with recruitment into Community Health Departments to enable teams deliver their vital work in various areas including child development checks and the running of school vaccination programmes.

Proposer: Community Health Committee

4. This meeting call on the HSE to undertake an urgent review of the staffing in Community Health Departments to ensure that there are sufficient staff to deliver services given the increasing population and changing workloads.

Proposer: Community Health Committee

Public Health Reform Process

5. This meeting calls on the HSE to continue the implementation of the Public Health Reform process and welcomes the progress made to date with regard to the 84 consultant in public health medicine posts agreed with the IMO.

6. This meeting notes the importance of appropriately renumeration senior clinical leadership roles. We call on the HSE to apply the Clinical Directors Allowance to the National Director of Public Health and Area Directors of Public Health in recognition of the role as senior clinical leaders providing management, governance and accountability responsibilities in line with the Clinical Director model, working across all domains of Public Health and to ensure future retention and succession planning for these posts.

Proposer: Public Health Committee

HSE Recruitment Freeze

7. In order for CPHMs in health Improvement/Intelligence and Health Service Improvement to effectively perform their duties they need a full team in place. These teams are multidisciplinary in nature. They have not been put in place at regional or national level, leaving many new CPHMs struggling to perform their function. Some of these posts are also caught up in the recruitment ban. This meeting calls on the HSE to ensure rapid filling of all posts within multi-disciplinary teams supporting CPHMs.

Disabled Drivers and Passengers Tax Relief Scheme

8. This meeting calls on the implementation of reforms regarding the Disabled Drivers & Passengers Tax Relief Scheme (Primary Medical Certificate) to ensure that applicants who require the support of the scheme can maintain their independence through the use of specifically adapted vehicles.

Proposer: Community Health Committee

AMO Issues

9. This meeting welcomes the resolution of the long-standing Area Medical Officer issue through the bargaining unit process under Building Momentum. Given the significant delays which have been involved so far in this process and the long history of this dispute, this meeting calls on the HSE to implement the new terms without delay.

Proposer: Community Health Committee

National NCHD Meeting

6 April Saturday

9am – 11am

HSE Recruitment Freeze

1. This meeting calls on the HSE to immediately rescind the recruitment freeze on NCHDs in non-training posts, so as to ensure that the integrity of the 2022 NCHD Agreement is upheld. This is essential, particularly in regard to the acknowledged need for targeted recruitment of NCHDs to ensure the HSE are meeting their legal obligations in respect of working hours.

Proposer: IMO NCHD Committee

IMO NCHD Agreement 2022

2. This meeting condemns the HSE for its failure to ensure the terms of the NCHD Agreement 2022 are being fully upheld and implemented across all sites. We call on the HSE to proactively audit all sites in relation to the implementation of agreed contractual terms including:
 - Working Hours and Rostering Rules
 - Provision of guaranteed Study Leave
 - Payment for all hours worked
 - Payment for compensatory rest and relocation expenses

Proposer: IMO NCHD Committee

National Taskforce on NCHD Workforce

3. This meeting gives a guarded welcome to the Report of the National Taskforce on NCHDs and calls on the Minister for Health and the HSE to publish a fully funded implementation plan and to engage with IMO on same, so as to address the ongoing crisis of emigration, burnout and stress amongst NCHDs due to poor working conditions.

Proposer: IMO NCHD Committee

Work Life Balance

4. The IMO #standingUP4NCHDs campaign identified Working Hours as the key barrier to NCHDs being enabled to achieve a healthy Work Life Balance. Both the National Taskforce on NCHDs and the Medical Council Workforce Intelligence Report support this evidence. Given that 77% of NCHDs continue to routinely work in excess of the legal limit of 48 hours per week, the IMO calls on the Minister for Health and the HSE to publicly confirm that this practice will cease and that the terms of the NCHD Agreement 2022 will be upheld across all HSE and HSE funded healthcare sites.

Proposer: IMO NCHD Committee

5. Recognising the demographic of the NCHD workforce this meeting calls on the Department of Health and the HSE to engage with the IMO on improving and enhancing flexible arrangements for NCHDs; so that a greater work-life and family life balance can be achieved.

Proposer: IMO NCHD Committee

Childcare

6. This meeting calls on the HSE to acknowledge the failure to support the provision of onsite childcare or to resource off site childcare to support their staff, including NCHDs, who are contractually obliged to work long and unsocial hours when childcare provision is not available. For those NCHDs who geographically rotate multiple times in their training programme the situation is even more difficult. We call on the HSE and the Department of Health to develop a comprehensive, funded plan to address this issue.

Proposer: IMO NCHD Committee

New NCHD Contract

7. This meeting calls on the HSE and the Department of Health to immediately engage with the IMO on a new NCHD Contract with a focus on:
- Contractual issues around the structure and costs of training
 - Improvements in working hours and enhanced rostering arrangements
 - Addressing specific challenges faced by International Doctors
 - Specific challenges for NCHDs in non-acute settings
 - Measures to improve work life balance and family friendly policies

Proposer: IMO NCHD Committee

Physician Assistants/Associates

8. This meeting calls on the HSE and postgraduate training bodies, to engage with the IMO so as to ensure that any development of the role of physician associates/assistants does not compromise the training and competency attainment of general and specialist doctors in training (through the traditional or alternative pathway).

Proposer: IMO NCHD Committee

9. This meeting calls on the HSE and the Minister for Health to guarantee that;
- a) No NCHD post will be suppressed to facilitate the recruitment of PAs
 - b) PAs will not be rostered as part of any medical rota

Proposer: IMO NCHD Committee

Valuing and Respecting NCHDs

10. NCHDs represent the largest percentage of the medical workforce; yet over 70% of them do not feel valued, respected or supported by the HSE. This is a key driver for NCHD emigration and the IMO calls on the HSE to recognise the dysfunctional culture within the HSE in relation to NCHDs and to engage with the IMO on implementing meaningful measures to address this.

Proposer: IMO NCHD Committee

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6 April saturday

9am – 11am

Strategic Review

1. The IMO call on the Department of Health to set out a clear timeline for engagement on and completion of The Strategic Review of General Practice so as to enable the commencement of negotiations on new contractual provisions for GPs.

Proposer: IMO GP Committee

Continuity of Care

2. The IMO call on the Department of Health and the HSE to acknowledge the overwhelming evidence that continuity of care through General Practice delivers better health outcomes for patients and to ensure that continuity of care is embedded into all relevant policy decisions so as to avoid the risks associated with fragmented care.

Proposer: IMO GP Committee

Un-resourced Clinical Programmes

3. While acknowledging the HSE funding, through the ICGP, for GP Clinical Leads and the value of that engagement, the IMO opposes the introduction of any clinical programmes in General Practice that are not resourced or negotiated with the IMO. Clinical care programmes, such as those negotiated between the IMO and the HSE, require specific resource allocation and it is unacceptable that significant additional workload would be imposed on GPs without negotiation and resources.

Proposer: IMO GP Committee

Health Information Bill and E Health

4. In the context of the General Scheme of the Health Information Bill the IMO call on the Department of Health to undertake and publish a full economic evaluation of the provisions of the Bill noting the impact it will have in terms of cost, workload and reducing patient facing time. We further call on the Department to provide appropriate funding to resource General Practice in terms of compliance with the multiple requirements of the Bill.

Proposer: IMO GP Committee

5. The IMO calls on the HSE and Department of Health to ensure that all new eHealth initiatives including ePrescribing, Summary Care Record and Shared Care Record is agreed within the context of the 2019 Agreement and has at its core objective of reducing the administrative workload of General Practice and ensure that valuable patient facing time is not compromised.

Proposer: IMO GP Committee

6. Noting the advancements that GPs have funded in terms of IT infrastructure within their practice, the IMO calls on the Department of Health and the HSE to introduce a programme whereby all communication to GPs from secondary care are paperless given the enormous administrative burden being experienced by GPs.

Proposer: Dr Madeleine Ní Dhálaigh
Seconder: Dr Martin Daly

Recruiting and Retaining GP Principals

7. In recognition of the need for more GPs to be enabled and supported in becoming GMS Principals, the IMO calls on the Department of Health and the HSE to engage with the IMO on the funding for a series of measures aimed at encouraging and supporting newly qualified GPs in establishing in practice, along with supporting exiting GP practices to take on new GPs with a view to partnership.

Proposer: IMO GP Committee

Out of Hours

8. The IMO calls on the HSE to engage with the IMO in ensuring that all GPs regardless of location, have an equal and uniform Out of Hours roster. Out of Hours obligations should not be a factor in determining where a GP will set up and a uniform system will help ensure equity for all GPs and increase the viability of lists in more remote areas.

Proposer: IMO GP Committee

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9. The IMO calls on the HSE to fund the full cost of the provision of out of hours services so that GPs, in addition to committing to OOH rotas, are not providing funding for the provision of red eye services.

**Proposer: IMO GP Committee,
Limerick GP Branch**

Rural General Practice

10. This meeting calls on the HSE to work with the IMO in implementing the agreement which will commit the HSE to ensuring GPs in receipt of the RPA have access to locum cover for holiday leave.

Proposer: IMO GP Committee

11. Acknowledging the Agreement reached between the IMO and the HSE on pilot projects for rural practice, the IMO call on the HSE to engage on immediate measures required to support all GPs in receipt of the RPA.

Proposer: IMO GP Committee

12. This meeting calls on the HSE to increase rural practice supports in respect of DMO salaries, Dispensing Fees and the Rural Practice Allowance.

**Proposer: Dr Aonghus Flavin
Secunder: Dr Martin Daly**

13. This meeting calls on the HSE and Department of Health to support novel schemes to allow medical practitioners to better support older people in their communities, including community run continuum of care in long term housing units.

**Proposer: Dr Jerry Cowley
Secunder: Dr Pat Harrold**

Deprivation Funding

14. The IMO calls on the Department of Health and the HSE to engage with the IMO on further enhancing the funding and supports for GPs practicing in high levels of deprivation in light of the overwhelming evidence that patients experiencing deprivation have significant additional health needs.

Proposer: IMO GP Committee

CAHMs

15. The IMO calls on the HSE and the Department of Health to acknowledge the extreme difficulties faced by GPs and their patients in accessing timely and equitable CAHMs services. We call on the HSE and Department of Health to commit to significant additional funding so as to ensure a safe and sustainable service that will meet the increasing demands.

**Proposer: Dr Martin Daly
Secunder: Dr Madeleine Ní Dhálaigh**

GP Access to Secondary Care

16. This meeting expresses deep concern at the underinvestment in our public health services and the effective cut to HSE Budget for 2024 when taking into account current and expected levels of demand on services. While noting that the overwhelming majority of patient presentations are dealt within the confines of General Practice it is imperative that GPs, when needing to refer patients to secondary care, have timely access to that care.

**Proposer: IMO GP Committee
Limerick GP Branch**



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Minutes of Irish Medical Organisation Annual General Meeting 2023

Present:

Dr Clive Kilgallen, President
Dr John Cannon, Incoming President
Dr Denis McCauley, Incoming Vice President
Dr Brian O'Doherty, Hon Treasurer
Dr John MacFarlane, Hon Secretary
and approximately 200 members

Opening Session

Adoption of Standing Orders

On the proposal of Dr Madeleine Ní Dhálaigh and seconded by Dr Mick Molloy the standing orders as published were adopted.

Annual Report and Financial Statements

Dr Brian O'Doherty, Hon Treasurer delivered the Treasurer's Report to the meeting. On the proposal of Prof Matthew Sadlier and seconded by Prof Ray Walley the Annual Report and Consolidated Financial Statements were adopted.

National Specialty Committees

The names of those doctors elected to each of the National Specialty Committees were reported to the meeting.

Deceased Members

The meeting observed a minutes silence as a mark of respect to those members who had died in the previous year

Handing over of Chain of Office

Dr Clive Kilgallen delivered his outgoing President's Address and presented the Chain of Office to Dr John Cannon, Incoming President.

The AGM Programme included Educational Sessions on Medial Workforce Planning; Capacity Deficits and Implications for Patient Care and Healthcare Policy – Following the Evidence.

The AGM Training Sessions were Safety in Clinical Practice; Active Bystander Training and Addressing Your Unconscious Bias.

The meeting was addressed by Minister for Health, Mr Stephen Donnelly, TD and IMO President, Dr John Cannon.

The following motions were debated at the AGM General Motions Sessions and National Specialty Meetings.

Consultant National Meeting

1. This meeting calls on the Department of Health and the HSE to engage further with the IMO to address the significant concerns of consultants and trainees in relation to Rostering, Location and Locum provisions in the new consultant contract.

Status: Carried

2. The IMO calls on the HSE to put in place clear policies across all sites that ensures no new rosters are introduced until there are sufficient consultants and appropriate levels of support staff in place so as to ensure patient safety and enable best practice.

Status: Carried

3. The IMO calls on the HSE to put in place clear policies across all sites that ensures no consultant is forced to take on unsafe levels of workload particularly in circumstances where there are gaps in the workforce due to vacant posts, illness or any other issues.

Status: Carried

Minutes of AGM 2023

4. This meeting calls on the Department of Health and the HSE to ensure that no consultant is pressurised to transfer to the new contract and further that contractual rights under current and existing contracts are fully honoured.

Status: Carried

5. This meeting calls on the HSE and the Department of Health to engage proactively with the IMO to address the significant issues of stress and burnout within the consultant workforce which can be directly attributed to the working environment.

Status: Carried as Amended

Amendment: This meeting calls on the HSE and the Department of Health to engage proactively with the IMO to develop an agreed policy which addresses the significant issues of stress fatigue and burnout within the consultant workforce, which can be directly attributed to the working environment and leads to impacts on patient safety.

6. This meeting calls on the Department of Health and the HSE to undertake an assessment of the impact on patients and staff with the policy of moving mental health services to the community in the context of inadequate medical staffing levels and significant difficulties in recruiting consultants to these posts.

Status: Carried

General Practitioner National Meeting

1. This meeting believes that introducing upwards of 500,000 people into the GMS Scheme will lead to negative consequences for patients and General Practice including:

- Lack of GP capacity to meet inevitable patient demand for appointments
- Replacing cost as a barrier with a new barrier of access
- Worsening waiting times to access GP services
- Displacement of care for the sickest and most vulnerable

Status: Carried

2. While recognising the aspiration of a GP service that is free at the point of access the IMO calls on Government to ensure that any such expansion of care is done so in a planned manner that recognises the capacity milestones that need to be in place and is supported with a new fit for purpose contract.

Status: Carried

3. This meeting expresses concern that the valued and equitable model of GP access for patients, where public and private patients do not face discrimination on the basis of income, will be undermined by the unplanned extension of GP care that is free at the point of access and will drive a two tier system of General Practice.

Status: Carried

4. This meeting calls on the Department of Health and the HSE to recognise the right of an individual GP to determine the patient numbers that their individual practices can safely manage bearing in mind staffing levels, demographics of population, sustainability of service and work/life balance.

Status: Carried

5. This meeting calls on the Department of Health and the HSE to recognise that the current model of GP out of hours is not sustainable and a barrier to recruitment and retention of GPs. The IMO calls for a complete review of the service so as to ensure equity for GPs across the country, with limits on number of rostered hours a GP should undertake in the context of safe practice, fairness and recognition of work/life balance.

Status: Carried

6. The IMO calls on the Department of Health and the HSE to recognise that the GP Out of Hours service is for emergency and acute presentations and is neither funded or staffed to become an extension of normal GP daytime services.

Status: Carried as Amended

Amendment: The IMO calls on the Department of Health and the HSE to recognise that the GP Out of Hours service is for urgent presentations which cannot wait until the next day and is neither funded or staffed to become an extension of normal GP daytime services

7. The IMO calls on the Department of Health and the HSE to fully fund the GP out of hours service and remove the financial burden from individual GPs.

Status: Carried

8. This meeting calls on the Department of Health to immediately extend the Contraceptive Scheme for all women in their reproductive years.

Status: Carried

9. This meeting calls on the HSE and Department of Health to ensure that, as part of a comprehensive Women's Health Programme, a structured menopause care programme is introduced and supported in General Practice so as to enable GPs to dedicate appropriate time and care to women. The vast majority of women will have this care safely and expertly delivered within General Practice without the need to access specialist clinics.

Status: Carried

10. This meeting calls on the Government and HSE for the introduction of a functional, accessible and universal Primary Mental Health Service. Acknowledging that most mental health conditions present to, are contained within, and are effectively care for by General Practice, a funded programme by the HSE should be introduced as soon as possible. Furthermore a model of tiered psychosocial supports around General Practice, which is publicly funded, face to face, evidence based and geographically located in our communities, should be made available, developed by GP experts in conjunction with our secondary care mental health colleagues and primary care psychology colleagues. This model of care should cater for the management of all presentations of psychological distress, anxiety, depression and addiction within General Practice.

Status: Carried

11. This meeting calls on the HSE to urgently address the acute deficits in the Mental Health Service provisions for both Adult Mental Health Service and CAMHs services given the significant problems for GPs encountered by GPs when seeking to refer patients for timely care.

Status: Carried

12. Due to the serious issues with the recruitment and retention of rural general practitioners in the most isolated rural areas and on the offshore islands, this meeting proposes that these single handed practices be supported by a second GP, and become 2 doctor practices, which will be fully funded by the HSE.

Status: Carried

13. This meeting proposes that all GPs in active practice should be invited to join and, with their assent, be accepted for inclusion in sustainable out of hours rotas run by our existing co-ops.

Status: Carried as Amended

Amendment: This meeting proposes that all GPs in active practice should be invited to join and be accepted for inclusion in sustainable out of hours rotas run by our existing co-ops.

14. This meeting proposes that single handed GPs, who are in receipt of a rural practice allowance, be provided with 5 weeks protected annual leave, by locums provided by the HSE. Such a measure would facilitate the retention of the existing cohort of GPs, and assist in the recruitment of newly qualified GPs to these posts, which are acutely in need of such a provision.

Status: Carried

15. This meeting calls on the HSE to guarantee GP Locum cover for all statutory leave including annual leave, sick leave, maternity and paternity leave for rural practitioners in the most isolated rural areas and on the offshore island.

Status: Carried

16. The IMO calls on the HSE and the Department of Health to apply increases in line with Public Sector Pay Agreements for GPs in receipt of DMO salaries going forward and retrospectively. These salaries have been static since the benchmarking pay increases in 2008. All increases should also apply for anyone in receipt of a pension associated with this salary.

Status: Carried

17. This meeting calls on the HSE and PCRS to put in place mechanisms that would facilitate timely and direct payment of annual leave, study leave and sick leave.

Status: Carried

Minutes of AGM 2023

18. The IMO calls on the HSE to extend the referral pathways in Healthlink to include referrals to other healthcare professionals in the Primary Care Team.

Status: Carried

19. The IMO calls on the HSE and Department of Health to increase the level of funding available for individual staff supports given that these levels have not increased in over a decade while associated costs have increased.

Status: Carried

20. This meeting calls on the HSE to support and resource GPs who have retired, or who have just qualified and who may be in a position to provide much needed locum services to daytime General Practice, through the provision of supports for registration, medical indemnity, CPD etc.

Status: Carried

21. This meeting calls on the HSE to appropriately support the costs associated with the provision of GP Locums in practice.

Status: Carried

22. This meeting calls on Government and the HSE to recognise the very significant increased costs in the provision of GP services in the context of inflation and medical inflation and to undertake, with the IMO, a review of all fees and payments.

Status: Carried

23. This meeting calls on the Medical Council to amend the nominating categories for election to the Medical Council so that a stand alone category for General Practitioners on the Specialist Register can be created.

Status: Carried

Public Health and Community Health National Meeting

1. That this meeting supports the case for upgrading of remaining Area Medical Officers (AMOs) to Senior Medical Officers (SMOs), as AMOs carry out the same range of duties as SMOs and SMO is the entry grade in the Community Medical Service.

Status: Carried

2. This meeting calls on the Department of Health, Department of Public Expenditure and Reform and the HSE to proactively engage with the IMO, under the terms of Building Momentum, to resolve the inequitable treatment of Area Medical Officers and resolve this matter in a fair manner.

Status: Carried

3. This IMO calls on the HSE and Department of Health to ensure that the career structure, training and terms and conditions of those working in SMO and PMO roles in Community and Public Health are reviewed and enhanced to ensure that there is an adequate number of doctors to fill current and future vacancies at this grade and in order to maintain essential public and community health medical services.

Status: Carried

4. While commending the work done to date, the IMO calls on the HSE and Department of Health to ensure that the agreement reached between the IMO, Department of Health and HSE on the introduction of the role of Consultant in Public Health Medicine in Ireland is implemented in full and on schedule.

Status: Carried

5. This meeting calls on the HSE to immediately recruit Community Paediatric Psychology posts in every CHO area to deal with the number of unfilled posts and to enhance the service so as to meet the urgent clinical needs of children who require services including those children who require Autistic Spectrum Disorder assessments.

Status: Carried

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

Status: Carried

NCHD National Meeting

1. This meeting calls on the HSE and Department of Health to immediately address the catastrophic lack of adequate family-friendly policies and work-life-balance for the 'modern' NCHD, which includes the need to access less-than-full-time working, flexible training pathways, and security of training location which are notified at least 2 years in advance.

Status: Carried

2. The meeting calls on the HSE and Department of Health to significantly increase the number of approved training posts for NCHDs and to ensure that all NCHDs have a structured pathway to specialist practice.

Status: Carried as Amended

Amendment: The meeting calls on the HSE and Department of Health to significantly increase the number of approved training posts for NCHDs and to ensure that all NCHDs have a structured pathway to specialist practice and the benefits of a training scheme such as security of location and mentorship schemes

3. This meeting recognises the need for fair and equitable access to internship and training schemes for those international doctors who trained in Irish medical schools. Furthermore, it calls on the Department of Health, the HSE and the post-graduate training bodies to allow international doctors who trained outside of Ireland, and who meet the standards and requirements, and who hold stamp 4 status, to apply for higher specialist training .

Status: Carried as Amended

Amendment: This meeting recognises the need for fair and equitable access to internship and training schemes for those international doctors who trained in Irish medical schools. Furthermore, it calls on the Department of Health, the HSE and the post-graduate training bodies to allow international doctors who trained outside of Ireland, and who meet the standards and requirements, and who hold stamp 4 status, to apply for higher specialist training. Recruitment of trainees should be based on open competition, merit and transparency of process

4. This meeting calls on the Government to take measures to relieve the high levels of debt, via tax relief or other mechanisms, for those doctors who were and continue to be compelled to take loans to finance Graduate Entry Medical degrees.

Status: Carried as Amended

Amendment: This meeting calls on the Government to take measures to relieve the high levels of debt, via tax relief for student loans or other mechanisms, for those doctors who were and continue to be compelled to take loans to finance Graduate Entry Medical degrees. Failure to do so fails to address a significant driving force for doctors leaving the country

5. Most NCHDs participate in out-of- hours/ on call work to ensure continuous medical staffing. This work is often the most intense and stressful due to reduced staffing. In many sites, the level of on-call staffing has not increased to reflect increased patient numbers and complexity. This meeting requests hospitals and CHOs review current on-call arrangements so that appropriate staffing is provided, and that such a review be carried out every three years.

Status: Carried as Amended

Amendment: Most NCHDs participate in out-of- hours/ on call work to ensure continuous medical staffing. This work is often the most intense and stressful due to reduced staffing. In many sites, the level of on-call staffing has not increased to reflect increased patient numbers and complexity. This meeting requests hospitals and CHOs review current on-call arrangements so that appropriate staffing is provided, and that such a review be carried out every three years or sooner if required

6. As evidenced by the difficulties for NCHD in receiving agreed public service pay increases in a timely manner and the ongoing disruption to pay when rotating between hospital sites, this meeting calls for full centralisation of payroll in line with the terms of the IMO NCHD Agreement 2022.

Status: Carried as Amended

Minutes of AGM 2023

Amendment: As evidenced by the difficulties for NCHD in receiving agreed public service pay increases in a timely manner and the ongoing disruption to pay when rotating between hospital sites, this meeting calls for full centralisation of payroll in line with the terms of the IMO NCHD Agreement 2022 with transparency of all payments.

7. The meeting recognises that many NCHDs will have a permanent home where their family are based. NCHDs are regularly forced by the employer to rotate temporarily to a new location which frequently necessitates payment of additional rent for a second accommodation. The meeting calls on the government to introduce tax relief on payments for secondary renting arising from such rotations. Despite commitments made in reaching the IMO NCHD Agreement 2022 no proposals have been proposed by Government to address this financial burden for trainees.

Status: Carried

8. This meeting calls on the HSE and Department of Health to ensure that the Verification and Sanctions System for compliance with the Organisation of Working Time Act is designed, with the IMO, so as to ensure employers are obliged to ensure NCHD working hours are reduced and sufficient rest is rostered.

Status: Carried

9. This meeting calls on the HSE and the Department of Health to be proactive in negotiations with the IMO on a new fit for purpose NCHD Contract that reflects the demographic of the NCHD population and addresses the underlying issues leading to high levels of emigration.

Status: Carried

General Motions

1. The CRISIS IN CAPACITY is a direct result of underfunding of our health services for over a decade and calls on Government to significantly increase funding across acute, community and support services that addresses the consequences of a decade of underfunding, increased population and the increased complexity of the health needs of patients.

Status: Carried

2. The IMO condemns successive Governments for their failure to ensure our health services have sufficient numbers of doctors, across all specialties, to meet the health needs of the population. We call on the Department of Health and the HSE to develop and fully fund a comprehensive medical workforce plan that aligns the number of specialists training posts with current and future requirements.

Status: Carried

3. The IMO call on the HSE to introduce exit interviews for all doctors leaving our public health services with a view to identifying and addressing the underlying issues driving high emigration and early retirements.

Status: Carried

4. This meeting calls on Government to acknowledge that dangerously long waiting lists for access to care, Emergency Department crowding and inadequate numbers of doctors in the system are leading to increased mortality and poorer outcomes for patients. We call on the Department of Health and the HSE to put in place systems to record and publish health and safety risk assessments that take into account the known risks associated with under resourcing and under staffing.

Status: Carried

5. This meeting calls on the Department of Health to develop and publish a fully funded plan to increase the number of acute beds in the system by 5000 so as to meet the needs of the population.

Status: Carried as Amended

Amendment: This meeting calls on the Department of Health to develop and publish a fully funded plan which will be implemented by 2028 to increase the number of appropriate acute beds in the public healthcare system by 5000 so as to meet the needs of the entire population.

6. The IMO calls on the HSE to immediately support the removal of known barriers for Gender Equality in Medicine including:
- Introduction of onsite flexible and affordable childcare options in line with expected hours of work
 - Significant improvements in family friendly policies including a review of current training structures
 - Cultural change to reduce gender based discrimination and harassment
 - A new fully funded Shared Parental Leave option for parents

Status: Carried

7. This meeting calls on the HSE and Department of Health to develop a comprehensive and fully funded plan to address the impact of climate change on the health needs of the population and that ensures the sustainable delivery of healthcare services.

Status: Carried as Amended

Amendment: This meeting calls on the HSE and Department of Health to develop and implement a comprehensive and fully funded plan to address the impact of climate change and on the health needs of the population and that ensures the sustainable delivery of healthcare services.

8. This meeting calls for the Department of Health and the HSE to publish a fully funded plan to implement a fully digitalised health service, with integration across primary care, secondary care and community and public health medicine.

Status: Carried as Amended

Amendment: This meeting calls for the Department of Health and the HSE to publish a fully funded plan to implement a fully digitalised health service, with integration across primary care, secondary care and community and public health medicine and with appropriate input from all stakeholders.

9. This meeting supports the positions adopted by the American Medical Association on cannabis which states that the AMA;

- Believes that cannabis is a dangerous drug and as such is a serious public health concern
- Believes that the sale of cannabis for adult use should not be legalized and
- Calls for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents.

Status: Carried

Update on AGM Motions 2023

General Motions 2023

Capacity and Medical Workforce

- 23/01 The Crisis in Capacity is a direct result of underfunding of our health services for over a decade and calls on Government to significantly increase funding across acute, community and support services that addresses the consequences of a decade of underfunding, increased population and the increased complexity of the health needs of patients.
- 23/02 The IMO condemns successive Governments for their failure to ensure our health services have sufficient numbers of doctors, across all specialties, to meet the health needs of the population. We call on the Department of Health and the HSE to develop and fully fund a comprehensive medical workforce plan that aligns the number of specialists training posts with current and future requirements.
- 23/03 The IMO call on the HSE to introduce exit interviews for all doctors leaving our public health services with a view to identifying and addressing the underlying issues driving high emigration and early retirements.
- 23/04 This meeting calls on Government to acknowledge that dangerously long waiting lists for access to care, Emergency Department crowding and inadequate numbers of doctors in the system are leading to increased mortality and poorer outcomes for patients. We call on the Department of Health and the HSE to put in place systems to record and publish health and safety risk assessments that take into account the known risks associated with under resourcing and under staffing.
- 23/05 This meeting calls on the Department of Health to develop and publish a fully funded plan which will be implemented by 2028 to increase the number of appropriate acute beds in the public healthcare system by 5000 so as to meet the needs of the entire population.

Update General motions 23/01- 05:

The IMO Pre Budget Submission focused on issues relating to capacity and medical workforce planning.

IMO recommendations for Budget 2024 included calling for significant investment in Health Service Capacity, including the development and funding of a plan to increase the number of acute beds within the hospital system by 5,000 by 2028 to meet the needs of our growing and ageing population. The submission also called for targeted tax incentives to support GP investment in infrastructure and for an increase in the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages. In relation to Medical Workforce Planning the IMO called for the immediate development of a Medical Workforce plan with actions mapped out over a two-five year period to:

- increase the number of approved consultant posts from approximately 4,200 to 6,000 by 2028
- Increase the number of training posts ensuring alignment with future service requirements and training
- Ensure a sustainable supply of Medical professionals by addressing the multiple challenges in relation to Recruitment and Retention

The IMO circulated the Budget Submission to all members of the Oireachtas and hosted a political briefing event in Dublin for TDs and Senators in October 2023. In addition the IMO issued a number of press statements and contributed to media interviews on the capacity and workforce crisis.

Gender Equality in Medicine

- 23/06 The IMO calls on the HSE to immediately support the removal of known barriers for Gender Equality in Medicine including:
- Introduction of onsite flexible and affordable childcare options in line with expected hours of work
 - Significant improvements in family friendly policies including a review of current training structures
 - Cultural change to reduce gender based discrimination and harassment
 - A new fully funded Shared Parental Leave option for parents

Update:

Following on from the Gender Equality in Medicine conference in February 2023, the IMO continued to lobby for measures to remove the barriers for women in medicine that can affect both earnings and career progression.

The IMO raised the issue of gender equality in medicine at the ICTU biennial delegates conference in Kilkenny, 4-6th of July 2023 and the ICTU Women's conference in Athlone, 7-8th March 2024. IMO motions addressing barriers to gender equality in medicine were unanimously supported by delegates at both conferences. The IMO undertook a number of media briefings on specific gender issues as they affected the medical profession.

Climate Change

23/07 This meeting calls on the HSE and Department of Health to develop and implement a comprehensive and fully funded plan to address the impact of climate change and on the health needs of the population and that ensures the sustainable delivery of healthcare services.

Update:

The IMO continues to work with national and international colleagues in raising awareness of the impact of climate change on health. The IMO is a member of the Irish Climate and Health Alliance, an alliance of public health organisations and advocacy groups from around the island of Ireland, committed to raising awareness about the link between climate change and health and tackling global warming. The IMO also contributed to CPME Policy on Climate Change and Health which highlights the relationship between climate change and health, particularly in the areas of extreme weather events, poor air quality communicable diseases, mental health, health inequalities and food systems and calls for a range of actions from policy makers, and from doctors and the health sector to promote and protect health in the adaptation and mitigation against the effects of climate change as well as to increase efforts to make healthcare delivery more sustainable and climate neutral.

Digitalised Health Service

23/08. This meeting calls for the Department of Health and the HSE to publish a fully funded plan to implement a fully digitalised health service, with integration across primary care, secondary care and community and public health medicine and with appropriate input from all stakeholders.

Update:

The IMO made a detailed submission and met with the Department of Health to discuss the General Scheme of the Health Information Bill which ties in with the European Legislative Proposal for a European Health Data Space. The framework is ambitious and if delivered correctly has the potential to bring considerable benefits to the delivery and planning of health care in Ireland, however the IMO is concerned that the costs will be substantial and there may be a number of unforeseen consequences that may not have been fully considered. In particular the IMO raised the matter of financing and called for a full economic impact assessment to include:

- An assessment of the cost to General Practice of compliance with the multiple requirements in the draft Bill
- A full assessment of the IT Systems and infrastructure requirements across all HSE acute and community services.
- Appropriate resourcing of the HSE in order to establish and maintain the National Register of Summary Care Records including:
- Sufficient resources to guard against errors and discrepancies in clinical records and to ensure that data is valid and up-to date;
- resources and mechanisms to mitigate against data breaches that may arise from both multiple sources of data as well as multiple users.
- Additional resources to support the establishment and functions of the National Health Information Authority.

Update on AGM Motions 2023

Cannabis

9. This meeting supports the positions adopted by the American Medical Association on cannabis which states that the AMA;
 1. Believes that cannabis is a dangerous drug and as such is a serious public health concern
 2. Believes that the sale of cannabis for adult use should not be legalized and
 3. Calls for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents.

Update:

The IMO wrote to the Minister for Health with regard to this motion. The Minister responded that the Government had accepted the views of the working group on the decriminalisation of drugs and that accordingly, there are no plans to decriminalise drugs, including cannabis.

The Minister referred to the report of the Citizens' Assembly on Drug Use which had been established in February 2023 to consider the legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. The Citizen Assembly has now completed its work and published its report and it is anticipated that a special Oireachtas committee will be established to consider the report and the 36 recommendations. The Minister reaffirmed that the Government was committed to a public health approach to drug use.

The IMO also made a substantial contribution to the drafting and agreement of the CPME (Standing Committee of European Doctors) Policy on the Adverse Health Effects of Cannabis which was adopted by the General Assembly in Tallinn, Estonia in November 2023.

Update on NCHD Motions 2023

Training Issues

23/N01 This meeting calls on the HSE and Department of Health to immediately address the catastrophic lack of adequate family-friendly policies and work-life-balance for the 'modern' NCHD, which includes the need to access less-than-full-time working, flexible training pathways, and security of training location which are notified at least 2 years in advance.

23/N02 The meeting calls on the HSE and Department of Health to significantly increase the number of approved training posts for NCHDs and to ensure that all NCHDs have a structured pathway to specialist practice and the benefits of a training scheme such as security of location and mentorship schemes

23/N03 This meeting recognises the need for fair and equitable access to internship and training schemes for those international doctors who trained in Irish medical schools. Furthermore, it calls on the Department of Health, the HSE and the post-graduate training bodies to allow international doctors who trained outside of Ireland, and who meet the standards and requirements, and who hold stamp 4 status, to apply for higher specialist training. Recruitment of trainees should be based on open competition, merit and transparency of process

Update on motions N01 – N03:

Issues relating to training and training supports were a key part of the IMO #standingUP4NCHDs campaign given that training structures have not adapted to meet the needs of NCHDs or taken account of the changing demographic of the NCHD workforce. While some improvements were achieved in the context of the IMO NCHD Agreement, including enhanced relocation allowances, guaranteed study leave and improved training supports, the IMO NCHD Committee has identified significant areas around training that require discussion in the context of upcoming contract negotiations.

The IMO was represented on the NCHD Taskforce and contributed to a number of recommendations in this regard which will need to be funded and implemented.

In the IMO Pre Budget Submission the IMO recommended an increase in the number of training posts ensuring alignment with future service requirements and training and called for equitable access to training and career progression. The IMO continues to campaign and advocate for this cohort of NCHDs who play a vital role in delivering our health services and the National NCHD Committee are committed to pursuing equitable training opportunities, career pathways and supports for our international doctors.

Graduate Entry Medical Student Debt

23/N04 This meeting calls on the Government to take measures to relieve the high levels of debt, via tax relief for student loans or other mechanisms, for those doctors who were and continue to be compelled to take loans to finance Graduate Entry Medical degrees. Failure to do so fails to address a significant driving force for doctors leaving the country

Update:

The IMO has met with Mr Simon Harris, Minister for Further and Higher Education on the issue of GEMs. The IMO has submitted that the excessive fees incurred by GEMs are a barrier to enabling a diverse group of students undertaking a medical career and are leaving students who do take this pathway with high levels of debt upon graduation. Given the significant medical workforce crisis in Ireland, and the need to train more medical students, the IMO position is that GEM students should not have to pay any more than undergraduate medical students so as to address any socio-economic barriers, to ensure that upon graduation the debt burden is reduced and to put in place sustainable measures to address workforce planning. It has been agreed that the Minister will engage further with the IMO on this matter.

On Call Staffing Levels

23/N05 Most NCHDs participate in out-of- hours/ on call work to ensure continuous medical staffing. This work is often the most intense and stressful due to reduced staffing. In many sites, the level of on-call staffing has not increased to reflect increased patient numbers and complexity. This meeting requests hospitals and CHOs review current on-call arrangements so that appropriate staffing is provided, and that such a review be carried out every three years or sooner if required

Update:

A reduction in NCHD working hours, including out of hours and on call work, is the key priority for the IMO so as to ensure all NCHDs are working within safe and legal limits. Progress in this area was achieved in the context of the IMO NCHD Agreement and all parties to that Agreement, including the HSE and Department of Health recognised the need for targeted recruitment of circa 800 NCHDs to address the issue and meet the legislative requirements of the Organisation of Working Time Act. The IMO has also been clear with HSE management that a consequence of the HSE Recruitment Freeze will be to increase the pressure on NCHDs to fill on call rota gaps thus leading to even longer working hours. The IMO are now engaging with the HSE on the Verification and Sanctions process in relation to working hours and are insisting on the gathering of robust, accurate data with targeted recruitment where required. The National NCHD Committee has identified a series of proposals to reduce the burden faced by NCHDs in respect of on-call and intend to bring this matter to negotiations on a new NCHD contract.

Update on AGM Motions 2023

IMO NCHD Agreement 2022

23/N06 As evidenced by the difficulties for NCHD in receiving agreed public service pay increases in a timely manner and the ongoing disruption to pay when rotating between hospital sites, this meeting calls for full centralisation of payroll in line with the terms of the IMO NCHD Agreement 2022 with transparency of all payments.

Update:

The HSE engaged an external consultancy firm to undertake a scoping exercise on the introduction of a centralised pay system for NCHDs. The IMO met with the external consultants and outlined the issues faced by NCHDs with the current fragmented system. Despite repeated requests by the IMO the HSE has yet to provide a copy of the external report. The IMO will continue to pursue this matter. In the context of the payment of national pay rounds the IMO has regularly engaged with the HSE to ensure NCHDs receive such increases in a more timely manner and has continued to object strongly to the inherent system delays faced by NCHDs which a centralised pay system would resolve.

23/N07 The meeting recognises that many NCHDs will have a permanent home where their family are based. NCHDs are regularly forced by the employer to rotate temporarily to a new location which frequently necessitates payment of additional rent for a second accommodation. The meeting calls on the government to introduce tax relief on payments for secondary renting arising from such rotations. Despite commitments made in reaching the IMO NCHD Agreement 2022 no proposals have been proposed by Government to address this financial burden for trainees.

Update:

Despite repeated representations by the IMO in this regard, the Department of Public Expenditure and Reform rejected proposals to mitigate against the costs faced by NCHDs. The IMO also raised this issue at the National NCHD Taskforce and raised awareness of the problems faced by NCHDs rotating in various submissions undertaken by the IMO and through the media.

23/N08 This meeting calls on the HSE and Department of Health to ensure that the Verification and Sanctions System for compliance with the Organisation of Working Time Act is designed, with the IMO, so as to ensure employers are obliged to ensure NCHD working hours are reduced and sufficient rest is rostered.

Update:

The IMO rejected initial proposals from the HSE in relation to the Verification and Sanction process and submitted various amendments to the process so as to ensure that the data gathering process in terms of recording actual working hours are accurate and robust; that the sanctions on sites who breach legal working hour limits are significant and that targeted recruitment to achieve compliance is committed to by the employer. We anticipate that once these issues have been agreed we will be in a position to participate in the process. We continue to highlight the excessive and unsafe working hours endured by NCHDs, made even worse by the HSE recruitment freeze and in February 2024 undertook an extensive survey of NCHDs to gather data on hours and working conditions which demonstrated high levels of non-compliance by the employer.

New NCHD Contract

23/N09 This meeting calls on the HSE and the Department of Health to be proactive in negotiations with the IMO on a new fit for purpose NCHD Contract that reflects the demographic of the NCHD population and addresses the underlying issues leading to high levels of emigration.

Update:

The focus of the IMO National NCHD Committee has been the implementation of the IMO NCHD Agreement which came into effect on 1st January 2023 and preparing for negotiations on a new NCHD Contract. The Committee has undertaken significant work on identifying priority areas for negotiation and preparing position papers. Despite our ongoing dispute with the HSE on the recruitment freeze we have advised the HSE and Department of Health that we expect negotiations on a new NCHD contract to commence without further delay.

Update on GP Motions 2023

Extension of Eligibility for Doctor Visit Cards

23/G01 This meeting believes that introducing upwards of 500,000 people into the GMS Scheme will lead to negative consequences for patients and General Practice including:

- Lack of GP capacity to meet inevitable patient demand for appointments
- Replacing cost as a barrier with a new barrier of access
- Worsening waiting times to access GP services
- Displacement of care for the sickest and most vulnerable

23/G02 While recognising the aspiration of a GP service that is free at the point of access the IMO calls on Government to ensure that any such expansion of care is done so in a planned manner that recognises the capacity milestones that need to be in place and is supported with a new fit for purpose contract.

23/G03 This meeting expresses concern that the valued and equitable model of GP access for patients, where public and private patients do not face discrimination on the basis of income, will be undermined by the unplanned extension of GP care that is free at the point of access and will drive a two tier system of General Practice.

23/G04 This meeting calls on the Department of Health and the HSE to recognise the right of an individual GP to determine the patient numbers that their individual practices can safely manage bearing in mind staffing levels, demographics of population, sustainability of service and work/life balance.

Update on Motions G01 – G04

The IMO, under the Framework Agreement, entered into negotiations with the Department of Health and the HSE in relation to Government policy to extend access to Doctor Visit Cards on the basis of income.

The IMO position was that significant measures would be required to support and enable GPs in this regard. Agreement between the parties was reached in June 2023 including additional capacity supports, increased staff subsidies, introduction of new grade in the GP Practice Team and capitation increases to offset the potential consequences of the additional Doctor Only Visit cards. Within the context of this agreement the IMO ensured that reasonable caps and limits were included with the GMS contract in relation to assignment of patients to GP lists. GPs are also entitled to close their lists to new patients but this must be done for all patients regardless of eligibility.

Out of Hours

23/G05 This meeting calls on the Department of Health and the HSE to recognise that the current model of GP out of hours is not sustainable and a barrier to recruitment and retention of GPs. The IMO calls for a complete review of the service so as to ensure equity for GPs across the country, with limits on number of rostered hours a GP should undertake in the context of safe practice, fairness and recognition of work/life balance.

23/G06 The IMO calls on the Department of Health and the HSE to recognise that the GP Out of Hours service is for urgent presentations which cannot wait until the next day and is neither funded or staffed to become an extension of normal GP daytime services

23/G07 The IMO calls on the Department of Health and the HSE to fully fund the GP out of hours service and remove the financial burden from individual GPs.

Update motions G05, G06 and G07:

In the context of the IMO GP Agreement June 2023 the IMO secured additional resources for OOH services and also ensured they had to option to revert to the pre covid STC arrangement or maintain payment on the basis of the grant system negotiated by the IMO.

The IMO also ensured that the provision of Out of Hours service be included as a defined agenda item for consideration in the GP Strategic Review.

Update on AGM Motions 2023

Women's Health

23/G08 This meeting calls on the Department of Health to immediately extend the Contraceptive Scheme for all women in their reproductive years.

23/G09 This meeting calls on the HSE and Department of Health to ensure that, as part of a comprehensive Women's Health Programme, a structured menopause care programme is introduced and supported in General Practice so as to enable GPs to dedicate appropriate time and care to women. The vast majority of women will have this care safely and expertly delivered within General Practice without the need to access specialist clinics.

Update on Motions G08 and G09:

As part of the IMO GP Agreement 2023 the IMO secured additional funding to extend the Universal Contraceptive Scheme to include all women aged 17-31 and to enhance the fees payable under the GMS Scheme for all women aged 32-44. The Department of Health and the HSE rejected our proposals in relation to a structured menopause care programme in General Practice and the IMO continues to advocate for funding to develop a comprehensive Women's Health Programme.

Mental Health Programmes in General Practice

23/G10 This meeting calls on the Government and HSE for the introduction of a functional, accessible and universal Primary Mental Health Service. Acknowledging that most mental health conditions present to, are contained within, and are effectively care for by General Practice, a funded programme by the HSE should be introduced as soon as possible. Furthermore a model of tiered psychosocial supports around General Practice, which is publicly funded, face to face, evidence based and geographically located in our communities, should be made available, developed by GP experts in conjunction with our secondary care mental health colleagues and primary care psychology colleagues. This model of care should cater for the management of all presentations of psychological distress, anxiety, depression and addiction within General Practice.

Update:

There is currently no resourced model of care for Mental Health within General Practice. A model of care which would allow dedicated resources and time to be given to mental health consultations is necessary. The GP committee have noted this as a matter for consideration in future negotiations.

23/G11 This meeting calls on the HSE to urgently address the acute deficits in the Mental Health Service provisions for both Adult Mental Health Service and CAMHS services given the significant problems for GPs encountered by GPs when seeking to refer patients for timely care.

Update:

The IMO has repeatedly advocated for improved resources and initiatives in both the adult mental health services and CAMHS so as to ensure timely and appropriate access for patients. This matters were raised in the context of IMO submissions, IMO media articles, press statements and media interviews on the chronic deficits in our mental health services. We have also raised the issues as they relate to GP referrals directly with the HSE.

Rural General Practice

23/G12 Due to the serious issues with the recruitment and retention of rural general practitioners in the most isolated rural areas and on the offshore islands, this meeting proposes that these single handed practices be supported by a second GP, and become 2 doctor practices, which will be fully funded by the HSE.

23/G13 This meeting proposes that all GPs in active practice should be invited to join and be accepted for inclusion in sustainable out of hours rotas run by our existing co-ops.

23/G14 This meeting proposes that single handed GPs, who are in receipt of a rural practice allowance, be provided with 5 weeks protected annual leave, by locums provided by the HSE. Such a measure would facilitate the retention of the existing cohort of GPs, and assist in the recruitment of newly qualified GPs to these posts, which are acutely in need of such a provision.

23/G15 This meeting calls on the HSE to guarantee GP Locum cover for all statutory leave including annual leave, sick leave, maternity and paternity leave for rural practitioners in the most isolated rural areas and on the offshore island.

Update:

The 2023 Agreement reached between the IMO provides additional funding for a pilot project to support the provision of GP services in isolated and rural areas and while some progress has been achieved the IMO GP Committee have advocated for and pursued increased supports for those GPs. Recognising the issue of securing locums for annual leave the IMO secured a commitment from the HSE for a pilot initiative aimed at supporting GPs who are in receipt of the Rural Practice Support Framework to source locum cover for approved leave periods. While we have not concluded all the details associated with this initiative engagement is ongoing between the IMO and the HSE. The IMO has attended and presented at the Rural and Island GP Conference and engaged expensively with print and broadcasting features on the issues facing rural GPs. The IMO will engage with the Department of Health Strategic Review on General Practice to further improve the situation for rural GPs and their patients. In relation to Out of Hours the IMO position remains that all GPs should have equitable access to OOH services and should not be burdened with additional costs in this regard.

23/G16 The IMO calls on the HSE and the Department of Health to apply increases in line with Public Sector Pay Agreements for GPs in receipt of DMO salaries going forward and retrospectively. These salaries have been static since the benchmarking pay increases in 2008. All increases should also apply for anyone in receipt of a pension associated with this salary.

Update:

The IMO have sought a number of routes to seek to address the manifest inequality. We continue to actively engage with the HSE on the issue.

PCRS

23/G17 This meeting calls on the HSE and PCRS to put in place mechanisms that would facilitate timely and direct payment of annual leave, study leave and sick leave.

Update:

The IMO had previously sought reform of this system to allow for automatic payment of study leave and annual leave and were unable to obtain agreement from the HSE. There are significant amounts of unclaimed leave each year as the process is cumbersome and unwieldy. The IMO will continue to seek to improve the mechanisms and process for claiming of leave.

Healthlink

23/G18 The IMO calls on the HSE to extend the referral pathways in Healthlink to include referrals to other healthcare professionals in the Primary Care Team.

Update:

The IMO has consistently advocated for the adoption of eHealth measures which can help reduce the burden of administration on GPs and Healthlink adoption was a key element of the 2019 agreement. The expansion of Healthlink to include referrals to other healthcare professionals in the Primary Care Team is an issue on which the IMO will continue to engage with the HSE.

Staffing Supports

23/G19 The IMO calls on the HSE and Department of Health to increase the level of funding available for individual staff supports given that these levels have not increased in over a decade while associated costs have increased.

Update:

Under the IMO Agreement 2023 the IMO secured increased funding for existing practice supports. In addition the IMO secured a new practice capacity subsidy which could be used as for either a General Practice Assistant, Practice Administrator, Practice Manager or Nurse.

Update on AGM Motions 2023

Locums

23/G20 This meeting calls on the HSE to support and resource GPs who have retired, or who have just qualified and who may be in a position to provide much needed locum services to daytime General Practice, through the provision of supports for registration, medical indemnity, CPD etc.

Update:

The IMO have raised this issue with the HSE and requested that they engage with the IMO on an initiative to support those GPs who may be in a position to provide locum services.

23/G21 This meeting calls on the HSE to appropriately support the costs associated with the provision of GP Locums in practice.

Update:

Under the 2019 agreement the IMO secured increased locum contribution for GMS GPs taking maternity leave. However, for other leave, the locum contribution remains at a level below that which existed in 2008. GP Capacity is a key part of the Terms of Reference for the Strategic Review of General Practice being undertaken by the Department of Health and the IMO intend to raise the issue of locum cost and availability within same.

Increased Financial Costs for GP Practices

23/G22 This meeting calls on Government and the HSE to recognise the very significant increased costs in the provision of GP services in the context of inflation and medical inflation and to undertake, with the IMO, a review of all fees and payments.

Update:

Under the 2023 agreement, the IMO secured a 10% increase in capitation for all GMS/DVC patient over aged 6 and under aged 70. Further review of all fees and payments is required.

Medical Council

23/G23 This meeting calls on the Medical Council to amend the nominating categories for election to the Medical Council so that a stand alone category for General Practitioners on the Specialist Register can be created.

Update:

The Medical Council Register is governed by legislation namely the Medical Practitioners Act 2007 which sets out the different registers which the Medical Council must have. Any change to the Registers would require legislative amendment through the Houses of the Oireachtas.

Update on Consultant Motions 2023

New Consultant Contract

- 23/C01 This meeting calls on the Department of Health and the HSE to engage further with the IMO to address the significant concerns of consultants and trainees in relation to Rostering, Location and Locum provisions in the new consultant contract.
- 23/C02 The IMO calls on the HSE to put in place clear policies across all sites that ensures no new rosters are introduced until there are sufficient consultants and appropriate levels of support staff in place so as to ensure patient safety and enable best practice.
- 23/C03 The IMO calls on the HSE to put in place clear policies across all sites that ensures no consultant is forced to take on unsafe levels of workload particularly in circumstances where there are gaps in the workforce due to vacant posts, illness or any other issues.
- 23/C04 This meeting calls on the Department of Health and the HSE to ensure that no consultant is pressurised to transfer to the new contract and further that contractual rights under current and existing contracts are fully honoured.

Update on Motions C01 – C04:

In the context of negotiations on the Public Only Consultant Contract (POCC) the IMO ensured that while all newly appointed consultants would have to take the POCC, all those consultants on existing contracts maintained their rights and entitlements under those contracts and could decide on an individual basis as to whether or not to transfer to the POCC. Post publication of the contract the IMO, on behalf of members engaged with the Department of Health and the HSE in relation to specific issues for Academic Consultants and issues relating to the Transition Arrangements.

The IMO developed a bespoke services for consultant members in early 2023 which gave members the opportunity to receive individual advices on their options and the implications for them in relation to switching to the new contract including work plans and applications for external work. Additionally we offered a review service for those applying for consultant posts in Ireland incorporating advices around rostering principles, work plans and applications for external work.

Notwithstanding the most recent data supplied by the Department of Health in relation to the numbers of consultants now on the POCC there still remains an issue regarding the number of vacant posts within the system, circa 900 and the fact that Ireland has one of the lowest consultant:patient ratios in the OECD. The IMO, in our Pre Budget Submission called for a significant increase in the recruitment of consultants to the public health services. Notwithstanding the fact that consultant appointments are not encompassed by the HSE recruitment freeze the IMO has highlighted the issues facing consultants as a result of the embargo.

Through submissions, media engagement and press statements the IMO has continued to highlight the difficulties in providing an extended service in the context of reduced health service funding, too few consultants and support staff and insufficient capacity to deliver increasing levels of demand.

Stress and Burnout

- 23/C05 This meeting calls on the HSE and the Department of Health to engage proactively with the IMO to develop an agreed policy which addresses the significant issues of stress, fatigue and burnout within the consultant workforce, which can be directly attributed to the working environment and leads to impacts on patient safety.

Update:

The IMO Doctor Wellbeing and Mental Health Survey has been conducted annually for the past three years, and aims to assess and benchmark the wellbeing of doctors in Ireland over time.

Update on AGM Motions 2023

Using the Oldenburg Burnout Inventory for risk of burnout, the survey finds consistently high levels of doctors at risk of burnout amongst the consultant workforce. For example, the self-reported risk of burnout among Consultants has increased from 59.3% (2021) to 69.6% (2022) and to 73.5% (2023).

The IMO Pre Budget Submission recommended proactive workforce planning and increased levels of funded consultant posts so as to reduce the pressures for the medical workforce and ensure working hours are safe, legal and sustainable.

Mental Health Services

23/C06 This meeting calls on the Department of Health and the HSE to undertake an assessment of the impact on patients and staff with the policy of moving mental health services to the community in the context of inadequate medical staffing levels and significant difficulties in recruiting consultants to these posts.

Update:

The IMO has written to the HSE's National Clinical Office for Mental Health seeking that such an assessment be undertaken. The IMO has consistently called for a review of the mental health services given the very significant issues that have arisen since the decision to move services to community settings where it is even more difficult to recruit and retain specialist staff.

Update on Public Health and Community Health Motions 2023

Area Medical Officers

23/P01 That this meeting supports the case for upgrading of remaining Area Medical Officers (AMOs) to Senior Medical Officers (SMOs), as AMOs carry out the same range of duties as SMOs and SMO is the entry grade in the Community Medical Service.

23/P02 This meeting calls on the Department of Health, Department of Public Expenditure and Reform and the HSE to proactively engage with the IMO, under the terms of Building Momentum, to resolve the inequitable treatment of Area Medical Officers and resolve this matter in a fair manner.

Update Motion P01 and P02

IMO Council agreed this as an item to be brought under the Sectoral Bargaining process in the Building Momentum Agreement. Following lengthy negotiations the matter ultimately was referred to the Labour Court by the IMO who recommended in favour of the IMO's position.

A circular has now issued from the Department of Health to the HSE such that all Area Medical Officers are to be moved to the equivalent of the top point of the Senior (Area) Medical Officer grade, and this is effective from the 1st February 2022.

Recruitment

23/P03 This IMO calls on the HSE and Department of Health to ensure that the career structure, training and terms and conditions of those working in SMO and PMO roles in Community and Public Health are reviewed and enhanced to ensure that there is an adequate number of doctors to fill current and future vacancies at this grade and in order to maintain essential public and community health medical services.

Update:

The IMO have engaged with the HSE in an attempt to address this issue. Last year we were successful in having CME allowance for both PMO and SMO grade increased from €1,500 to €2,750. The IMO also intend to examine any possibilities under the Local Bargaining clause in the new Public Service Pay Agreement for this grade, accepting that increases under same are limited in scope.

- 23/P04 While commending the work done to date, the IMO calls on the HSE and Department of Health to ensure that the agreement reached between the IMO, Department of Health and HSE on the introduction of the role of Consultant in Public Health Medicine in Ireland is implemented in full and on schedule.

Update:

The IMO have continued to meet with the National Director of Public Health's office which have now taken over the completion of the Public Health Reform process and nearly all posts have now been advertised with phase one and phase two substantially complete and 10 of 20 phase 3 posts in place.

- 23/P05 This meeting calls on the HSE to immediately recruit Community Paediatric Psychology posts in every CHO area to deal with the number of unfilled posts and to enhance the service as to meet the urgent clinical needs of children who require services including those children who require Autistic Spectrum Disorder assessments.

Update:

The IMO engaged with Community Health Departments throughout the country in meetings to address issues and gaps in service.

We have had regular engagement with HSE Primary Care around staffing issues and levels in departments.

Separately the IMO has objected to the recruitment freeze which was imposed in October, which has further impacted on short-staffed departments.

Continuing Medical Education

- 23/P06 The IMO calls on the HSE to increase CME funding for non-consultant Public Health and Community Health doctors to the same level as that provided for consultants, as all doctors are required by the Medical Practitioners Act 2007, to maintain professional competence and to be enrolled in a professional competence scheme since May 2011 and the costs are essentially the same.

Update:

The IMO secured an increase in CME funding for SMOs, PMOs, and COPS from €1,500 to €2,750 per annum. This increase is backdated to 1st February 2022.

Standing Orders

Interpretation

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

"Session" means the period from the commencement of proceedings each day until the adjournment or from the resumption of proceedings, until last day of the meeting to the conclusion of business.

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

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

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

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

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

Annual General Meeting

2. The AGM shall be for the purpose of transacting the following business:
 - (a) Receiving and considering the report of the President and of the Council on the business of the Organisation;
 - (b) Receiving the financial statements of the Organisation including report of the Auditors;
 - (c) Receiving a report of the Honorary Treasurer;
 - (d) Conducting ballots in considering such resolutions as may be laid before the meeting in accordance with the Rules of the Organisation;
 - (e) Such other business as the Council may deem necessary and appropriate for the AGM.

Rules Of Debate

Procedure for Proposing Motions

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

Time Limits of Speeches

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

Seconding Motions or Amendments

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

Conduct of Speakers

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

Amendments

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

Curtailement of Debate

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

In the event of a proposal to pass to the next business being defeated the Chair shall have the power to permit the proposer of the motion or amendment under the discussion to reply to the debate.

Voting

Provisions Of Rules

16. The Rules provide that:
 1. Those entitled to vote at a General Meeting, are all ordinary members present.
 2. Voting shall ordinarily be by show of hands unless a poll is (before or at the declaration of the result of the show of hands) demanded:
 - (a) by the Chair;
 - (b) by at least twelve (12) ordinary ordinary member present shall be entitled to one vote).
 3. In the case of an equality of votes whether on a show of hands or on a poll, the Chair at the meeting shall be entitled to a second or casting vote.
 4. Votes shall be counted by persons appointed by the Chair for that purpose. No objection shall be made to the validity of any vote except at the meeting or poll at which such votes shall be tendered and every vote not disallowed at such meeting shall be valid.
 5. If a poll is demanded, it shall be taken in such time and in such manner as the Chair shall direct, and the result of the poll shall be deemed to be the resolution of the meeting at which it was demanded. No poll shall be permitted upon any question affecting the Chair of the meeting or any adjournment of the meeting.

Motions with Subsections

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

Two-Thirds Majority

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

Conduct of Meetings

Chair

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

Quorum

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

Withdrawal of Strangers

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

Suspension of Standing Orders

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

Distribution of Papers and Announcements

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

Action on Decisions of General Meetings

Reference to Council

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

Motions not dealt with

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

Chair's Discretion

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

Representatives of the Media

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

Duration of Standing Orders

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



Irish Medical Organisation wishes to acknowledge the support given by Zurich Life for its Annual General Meeting 2024.

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