IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation

Annual Report 2024

Leading
Delivering
Protecting
HEALTHCARE

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.

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

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2024/2025

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Dr Rachel McNamara

Dr Ide NicDhonncha

Mr Ronan Nolan
Non Exec Director

Prof Matthew Sadlier

Mr Niall Saul
Non Exec Director

President's Report

On behalf of IMO Council, I have great pleasure in presenting the IMO Annual Report to members.

Dr Denis McCauley
President

This Report demonstrates the breadth of work undertaken by the IMO across industrial relations, member services, policy and advocacy. As the Trade Union representing all doctors in Ireland we are committed to delivering for our members in relation to contractual issues, improving working environments and presenting solution focused policies in an effort to convince Government to properly invest in our public health services so as to meet the ever increasing needs of patients and enable doctors to do the job for which we have trained.

Over the past year, there has been a growing tendency by the political system and the HSE to blame doctors for long waiting lists, overcrowded emergency departments, and the lack of access to healthcare services. In reality, these issues stem from chronic underfunding, the absence of a properly resourced medical workforce plan, and minimal investment in hospital beds. This has led to a healthcare system that, at best, is barely holding steady—and is more likely to deteriorate in the years to come. While we hear about record health budgets, the truth is that until the Government undertakes a realistic assessment of the population's healthcare needs and allocates resources accordingly, we will remain trapped in this cycle.

For patients, the situation is extremely difficult. Those who are acutely ill often endure long, distressing waits on trolleys in Emergency Departments—simply because there are no available beds. They face unacceptable delays in accessing care within our acute hospital system, from outpatient appointments and diagnostic tests to surgical procedures. At the same time, GP practices are operating at full capacity, leaving patients waiting for routine care. As doctors, we continue to do our best in an increasingly challenging environment.

What we need is meaningful support from the Government—not finger-pointing. We are hardly going to encourage our younger doctors to stay in the system or persuade specialists back to Ireland with this strategy.

For the IMO, our responsibility is twofold: to proactively propose solutions and to challenge inaccurate narratives about the systemic issues that are the root cause of the problems within our services – lack of capacity and an inadequate number of doctors to deliver care to the population which has not only increased rapidly in recent years but has a growing demographic of older persons who need more complex care.

This Report outlines the significant work we have carried out over the past year to that end, including our Budget Submission, presentations to the Oireachtas Health Committee, ongoing engagement with the HSE and significant levels of interaction with national broadcast and print media.

Government must tackle the huge deficit in the capacity of our health system – no amount of doctors "reporting for duty" can mitigate against the shortfall of 5,000 acute beds.

The focus of our AGM this year was around the theme of "Valuing Patients by Valuing Doctors" where one of the key panel discussions centred on the growing efforts to undermine, rather than support, the role of the doctor. While it is widely acknowledged that there is a global shortage of qualified medical professionals, the solution cannot be to delegate core medical responsibilities to individuals with significantly less training or clinical expertise. The UK's experience with the widespread employment of Physician Associates should be a cautionary example for both the Department of Health and the HSE. While these professionals may have a defined place within the healthcare system, their role must be clearly scoped and must not erode the essential and unique role of doctors.

Dr John Cannon and Dr Denis McCauley

There is a better path forward. We need to invest in expanding undergraduate medical education, provide stronger support for Graduate Entry Medical Students, improve working conditions, and implement targeted recruitment and retention strategies. Our goal should be to fully fund a workforce plan that will meet, at a minimum, the OECD average for the number of specialists per capita—ensuring that our health service is safe, sustainable, and staffed appropriately.

Detailed in this Report are also the AGM sessions on the impact of AI on healthcare delivery where the consensus was that AI should be viewed as a support tool rather than a replacement for trained medical professionals. For many of us working in the Irish health system AI is not part of our reality as we continue to navigate an environment where we are yet to have a fully integrated healthcare record for patients. Our session on the very negative impacts of social media on the mental health of our young people garnered significant attention – and we are heartened that many voices and organisations have joined our call for significant limitations on the availability of smartphones to children and meaningful legislative action to address this.

The current medico-legal environment is making the practice of medicine increasingly difficult. In October 2024, the IMO hosted a seminar on the medico-legal landscape in Ireland, where the general consensus was clear: the system is not fit for purpose and urgently requires reform—for the benefit of patients, doctors, and the healthcare system as a whole. Medicine is not an exact science. Adverse outcomes do not always result from avoidable errors, and an element of risk is inherent in all clinical practice. While doctors are expected to follow best practice guidelines, we do not always work in environments that enable best practice care. The existing system, built around an adversarial model, must be replaced with one that is fair, transparent, and supportive of continuous improvement in patient care.

As a trade union, the core mission of the Irish Medical Organisation is to represent our members—to improve their working conditions, negotiate fair and sustainable contracts, ensure those contracts are honoured, and to provide strong, consistent support throughout every stage of a doctor's career.

The IMO remain a critical support in the working lives of doctors. We operate in a system where political discourse too often seeks to deflect blame onto the medical profession, where employers routinely fail to meet contractual obligations, and where healthcare is still viewed by some as a cost centre, or as some Government Departments view it – a black hole, rather than as an essential investment in the wellbeing of our population and the long-term strength of our economy.

The strength of the IMO lies in our breadth and unity. We represent all doctors—from their first day as interns to their final day in practice. Each specialty group—NCHDs, Consultants, General Practitioners, and Public and Community Health doctors—faces their own distinct priorities in terms of industrial relations issues. Yet together, we share a common purpose: to advocate for a health system that values its workforce and delivers for its patients. That collective perspective gives the IMO a unique understanding of the whole of the health system and enhances our ability to represent our members in negotiations.

Dr Denis McCauley

This Annual Report outlines the significant work carried out over the past year by our National Specialty Committees and the IMO Secretariat in advancing these goals. While significant gains have been made across the specialty groups in recent years the past year has been particularly challenging as we deal with the hugely negative impact of the HSE Pay and Numbers Strategy. It is beyond ironic that, where we have a growing population, increased health needs that require more complex care, long waiting lists, illegal and unsafe working hours and inadequate staffing levels, the Government chooses to impose a recruitment freeze – which is really what the Pay and Numbers Strategy is.

This has led to a situation where our NCHDs are working excessive hours way beyond legal limits, our consultants are being appointed with inadequate team supports – both medical and administrative, our community services are decimated with almost 20% vacancy rates, our newly formed public health teams are not supported by MDT members and our GPs are struggling to get referrals for patients throughout the system. At the same time, the system wishes to expand to a seven day service. In principle the IMO supports the delivery of healthcare over the whole of the week but realistically this will not be achieved by spreading an understaffed medical workforce across more days. In times like this one of the key roles of the Trade Union is to bring the voice of reality to a table of ideologists.

The IMO is a strong, united and powerful voice for doctors and I want to acknowledge and thank all the IMO Officers, Specialty Committee Chairs and Committee members for their unwavering support and dedication and hard work which is evidenced in this Report. I would also like to thank the staff in IMO House who support us each and every day.

Most importantly I would like to thank each and every doctor who is a member of the IMO, for your continued trust, support and solidarity.

Dr Denis McCauley
President

Mr Mark Brennock, Ms Susan Clyne, Mr Bernard Gloster and Dr Denis McCauley

1 Consultants

Prof Matthew Sadlier
Chair

Consultant Committee **2024/2025**

Prof Matthew Sadlier - *Chair*
Prof Ronan Collins
Dr Lisa Cunningham
Dr John Duddy
Prof Trevor Duffy
Dr Peadar Gilligan
Dr Eoin Kelly
Dr Clive Kilgallen
Dr John MacFarlane
Dr Gerard Markey
Dr Michael Molloy
Dr Martin Mulroy
Dr Sorcha Ni Loingsigh
Prof Naishadh Patil
Prof Anthony O'Connor
Dr Aisling Snow

The Irish Medical Organisation (IMO) position is that the new public-only consultants' contract will not, in and of itself, solve the chronic problems the health service is facing, and the Government can only expect to see meaningful improvements if it also addresses myriad, long-standing issues that have blighted the service for years.

The National Consultants Committee has been engaging in a number of key areas including:

- Monitoring the implementation of the Public Only Consultant Contract and consultant appointments
- Engagement with political system, HSE and media on Consultant Productivity Reports, Capacity and Workforce issues, Pay and Numbers Strategy
- Negotiations with HSE on new provisions under CME and arrangements regarding the Innovation Fund
- IMO position on role of Physician Associates

Public Only Consultant Contract

2024 saw the first full year of the Public Only Consultant Contract (POCC) being in place. The contract was implemented in March 2023 and all new appointments from that date are on the POCC, while all existing consultants in post were offered the opportunity to transition to the terms of the POCC.

- At the end of 2024 the HSE reported the total number of Consultants employed to be 4,601, being an increase of just over 300 from the end of 2023.
- As of December 2024, there were 2,729 Consultants on the POCC, with 713 of these being new appointments and 2,016 being existing Consultants who applied to transfer across to the new contract.
- 60% of the consultant workforce are on the POCC Contract

While the increase in the consultant workforce is to be welcomed, Ireland remains significantly behind OECD averages across all specialties and the position of the IMO is that the consultant workforce needs to be rapidly expanded so as to ensure there are sufficient consultants to meet the needs of the population and the demographics of the population.

Employment by Grade Group DEC 2024	WTE DEC 2019	WTE DEC 2022	WTE DEC 2023(1)	WTE NOV 2024	WTE DEC 2024
Overall	119,813	137,745	145,985	148,111	148,268
Consultant Anaesthesia	407	453	490	532	533
Consultant Dentistry	17	19	22	23	23
Consultant Emergency Medicine	108	156	185	205	206
Consultant Intensive Care Medicine	16	23	26	28	28
Consultant Medicine	829	1,099	1,229	1,366	1,371
Consultant Obstetrics & Gynaecology	161	178	199	206	205
Consultant Paediatrics	197	238	260	283	284
Consultant Pathology	259	297	311	343	341
Consultant Psychiatry	407	449	488	510	515
Consultant Radiology	295	320	353	375	377
Consultant Surgery	553	638	684	716	720
Consultants	3,250	3,869	4,246	4,586	4,601

Consultant Productivity

In April 2024 the Chief Operations Officer of the HSE issued correspondence to the chief executives of hospitals and community healthcare organisations, outlining its concern over whether these institutions are deriving the "necessary benefits" from the new consultant contracts. The letter stated that "in particular, weekend and extended day working arrangements in the above settings needs to be demonstrated". The IMO responded as follows:

- It is not realistic to infer that the health service will see tangible benefits if consultants are consistently rostered outside 'normal' working hours.
- There are hundreds of consultant posts that remain vacant or filled on a temporary basis, and the consultants in our system are working at maximum capacity. There is no room for manoeuvre unless major investment for more doctors and more beds, along with significant structural reform and realignment, are provided.
- While welcoming ongoing recruitment to consultant posts the IMO position is that to make a difference in terms of the patient journey, the consultant must be enabled with clinic times, theatre times and access to all other services.

The IMO met with HSE Senior Management on foot of that correspondence and outlined the serious concerns of the consultant workforce where there are persistent and systemic issues that hamper the delivery of safe patient care.

In July 2024 the Department of Health issued a report on Health Service Productivity – Data and Insights. The IMO responded that while it was important to collect data, a further examination was required in order to understand the factors influencing productivity and the measures that need to be put in place to improve the situation. Prof Sadlier, Chair of IMO Consultant Committee noted that this kind of blanket approach of comparing hospital sites is of little value in terms of understanding what is happening at individual hospital level given the multiple factors that are influencing the numbers such as consultant access to clinics, level of MDT supports across all sites; patient treatment complexity and case mix; urgent vs non-urgent care; and access to diagnostics, beds and theatres which may mean that patients are making repeat visits to manage their conditions while awaiting in-patient care.

Mr Fran McGrath and Dr Eoin Kelly

Prof Matthew Sadlier, Dr Peadar Gilligan and Dr Rachel McNamara at the Oireachtas Health Committee

The IMO noted correspondence from the HSE in June 2024 which acknowledges that key factors affecting productivity are not considered in the data. It said that "there are a number of reasons why there will be variances [in productivity] between hospitals, within clinical specialties. These include the delivery of care through multidisciplinary teams; different types of consultant outpatient work; and greater in-patient demands."

Throughout the remainder of the year and into 2025 there were consistent references by the political system and HSE to extended working days for consultants and the IMO made a number of statements and media appearances to ensure a wider understanding of the capacity and workforce deficits within the system.

Capacity and Workforce Issues

The IMO Budget Submission 2025 focused on the very significant investment required to address the capacity issue particularly in the context of acute bed capacity. IMO Recommendations included:

- Increase the number of new inpatient beds from 3,438 to 5,000 under the Acute Hospital Bed Capacity Expansion Plan to meet the needs of our growing and ageing population
- Ensure sufficient capital funding and planning to support the expansion of acute inpatient beds in full and on time
- Develop and implement an adjacent plan to increase psychiatric inpatient beds to meet population needs
- Health care planning must include a detailed assessment of diagnostics, radiology and laboratory service requirements across acute and community care to meet current and future demands
- Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages

In the context of the serious deficits in the consultant workforce the IMO called for Government to frontload consultant appointments – based on current population 5,600 consultants are required to ensure a consultant delivered health service. IMO recommendations included:

- Update the current and future medical workforce requirements taking into account: predicted geographical and demographic changes in population, new clinical programmes and models of care
- Workforce planning should be based on Whole Time Equivalents (to take into account part-time working) and predictable attrition rates
- Develop and fund a comprehensive medical workforce plan with actions laid out to: increase the number of consultants and training posts in line workforce requirements

HSE Recruitment Freeze and Pay & Numbers Strategy

While Consultants were specifically excluded from the October 2023 recruitment freeze they were significantly impacted in terms of vacancies of support teams that were not filled and the ongoing restraint in terms of recruiting any additional staff. Notwithstanding that approval was in place for the recruitment of a defined number of consultant posts the introduction of a further 3 stage processe under the Pay and Numbers Strategy meant that an already lengthy consultant recruitment process was exacerbated by the additional levels of approval required and the time involved in processing those appointments.

Prof Matthew Sadlier

The IMO continues to seek removal of the pay and numbers strategy, an appropriate workforce plan, and for staffing to be determined by need rather than by artificial ceilings, arrived at by reference to previously already inadequate staffing levels. Additionally the IMO has sought engagement with the HSE on the approval process and the difficulties it is causing within the system.

POCC Innovation fund

Under the Public Only Consultant Contract there was provision for the introduction of an innovation fund of €8,000 available to Consultants to seek approval for projects/ equipment/research which would be beneficial to the service. This could be pooled with colleagues and increased with funding from the Consultants CME allocation.

The IMO recorded webinars in conjunction with the HSE Spark Programme to advise on the availability of this funding, to deal with queries and to encourage members who are interested in this area to consider applying.

Towards the end of 2024 there were specific issues around this approvals and transfer of funding being a difficulty. We engaged with the Spark programme in the HSE, and these issues were addressed, with there being provision for the funding not to be lost due to these delays.

While the fund envisaged that it could be used towards the recruitment of researchers, this was initially impacted by the Recruitment Freeze and subsequently by the Pay and Numbers Strategy but we have continued to seek a solution to allow for this wider use of the funding.

Consultant CME

The 2008 Consultant Contract and the POCC both provide for Consultant CME funding, €3,000 for those on the 2008 Contract and €12,000 for those on the POCC.

The HSE undertook a review of this policy towards the end of 2024 and the IMO submitted a number of specific requests for development, including:

- Increase in the sums allowable for laptops, desktops and tablets
- Flexibility around items which can be claimed, including textbooks and journals which are not available in the Consultants' location or through HSE land
- Allow courses and conferences which are in the areas of leadership and communication
- Allowing for greater flexibility around funding being carried over, particularly if you have a course or event in mind which the consultant wanted to keep funding for

The HSE ultimately issued a circular which provided for some of the above. Specifically, an increase of €2,000 for laptops, desktop and tablets and allowed for greater flexibility around textbooks and journals and also expansion of the types of qualifying educational activities.

They have not allowed any carryover in the arrangements, and the IMO will continue to engage around this, to allow consultants to better maximize their entitlements.

Physician Associates

Transfer of tasks from doctors to other healthcare professionals, including Physician Associates, should only take place where there is evidence of improvement to quality of care and never a substitute for the employment and training of highly trained medical specialists.

The IMO engaged with the HSE on this issue and it was agreed that, pending agreement on the scope and role of PAs, all further recruitment to the role would be paused. In particular the IMO raised concerns around;

The UK Experience: While the adoption of the PA grade in the United Kingdom was aimed at supporting doctors, the UK experience has been rife with challenges and risks to patient safety. In a survey of over 18,000 doctors, the BMA found that the vast majority of doctors

reported that PAs were a risk to patient safety, patients were unaware of the differences between doctors and PAs, and doctors were often concerned that PAs were working beyond their competence. Furthermore, doctors reported an increase in their workload and a decrease in training opportunities since the adoption of the PA grade.

Scope of Practice and Patient Safety Issues: The undefined and unregulated scope of practice raises concerns about the potential of PAs to work beyond their training competence and provide unsafe care within a multidisciplinary team. The title of "Physician Associate" has led to confusion for both patients and medical professionals and PAs are often mistaken for fully qualified doctors. As a result, the role is often expanded beyond what is safe in other jurisdictions.

Governance and Workload for Specialists: The stated intention of employing PAs is to free up specialists for more complex work, although the document envisages that PA supervision will diminish over time, the supervision of PAs by consultants and GPs raises issues of governance and workload by taking away from valuable clinical time and adding in significant levels of clinical responsibility. Consultants and GPs have typically overseen the training of NCHDs who have had rigorous medical training. As the required level of supervision for PAs in Ireland is not known, it would be unsafe for GPs and consultants to oversee PAs as there is uncertainty around the foundation upon which skills development can be safely facilitated.

Impact on Medical Training and NCHDs: Given the current significant deficits in medical workforce numbers, particularly in regard to hospital specialists and GPs, there are already extreme pressures in delivering high quality training to trainees.

Regulation: At present, there is an absence of a clear regulatory framework for PA's. This poses risks to maintaining the professional standards and accountability within the multidisciplinary teams. In the absence of a statutory regulatory framework for PAs, it is difficult to see how the employment of PAs in Ireland can proceed.

Consultant Salary

Under the Public Service Agreement 2024 – 2026, there was 3 pay increases applied in 2024. These were as follows:

- 1st January 2024 – 2.25% or €1,125 (whichever was greater)
- 1st June 2024 – 1%
- 1st October 2024 – 1% or €500 (whichever was greater)

As with other recent pay increases, there were delays in the implementation of these increases, depending on location, but these payments were made by the end of the year and were backdated to the applicable dates above. For Consultants these would have also led to increases in the B and C factor payments, which cover the on-call responsibilities.

Standard Fund Threshold

The IMO, along with a number of other groups made a submission to the review of the Standard Fund Threshold.

The limits in place were leading to many of our Consultants' members being in excess of the limit and many Consultants deciding to retire from the Public Service due to the impact of the limit and the penalties in place.

The review concluded in September 2024 and recommended the following increases to the threshold commencing in 2026

- 2026 - €2.2 million
- 2027 - €2.4 million
- 2028 - €2.6 million
- 2029 - €2.8 million

Prof Anthony O'Connor

2 Non-Consultant Hospital Doctors

Dr Rachel McNamara
Chair

NCHD Committee **2024/2025**

Dr Rachel McNamara - *Chair*
Dr Syeda Amna Azim
Dr Megan Connolly Bree
Dr Aidan Coffey
Dr Brian Doyle
Dr Laura Finnegan
Dr Aine Harris
Dr Holly Keating
Dr Muhammad Khan
Dr Sean Maher
Dr Georgia Merron
Dr Domhnall McGlacken Byrne
Dr Brian Murphy
Dr Muhammad Mustafa
Dr Blessing Obasi
Dr Brian O'Mahony
Dr Richard Prendiville
Dr Sophie van der Putten
Dr Niamh Vaughan

Throughout 2024 the work of the IMO and the National NCHD Committee was focused on:

- Securing additional increases over and above the terms of Public Service Pay Agreements
- Monitoring and implementing the terms of the IMO NCHD Agreement
- Verification of working hours and sanctions
- Engagement and developing positions for negotiations on new NCHD Contract
- HSE Recruitment Freeze/Pay and Numbers Strategy

Additional Increases and Public Service Pay Agreement

Following a decision by IMO Council on pay funds available under the previous public service agreement (Building Momentum) – the IMO secured an additional 1.64% pay increase backdated to 1st February 2022 for all NCHDs.

The decision by IMO Council represented the solidarity of the IMO as a Trade Union in protecting and enhancing the conditions of those on the lower pay scales.

This new rate then formed the baseline for all payments under the current public service pay agreement as detailed below:

- 1st March 2024 – general round increase of 1.5% (or €750 whichever is the greater)
- 1st October 2024 – general round increase of 2%
- 1st March 2025 - general round increase of 1%
- 1st August 2025 - general round increase of 1.5% (or €750 whichever is the greater)
- 1st February 2026 – general round increase of 1.5%

Dr Holly Keating, Dr Brian O'Mahony, Dr Laura Finnegan, Dr Rachel McNamara and Dr Brian Doyle, HSE Offices

Monitoring and Implementing the terms of the IMO NCHD Agreement

The key terms of the IMO NCHD Agreement (effective January 2023) were:

- Rostering Rules, which limits the number of consecutive days NCHDs can work, a bar on consecutive weekend working and a limit of two 24 hour shifts in any fortnight
- Mandatory and Compensatory Rest which guarantees rest (over and above scheduled rest periods) and compensation in form of payment for unused compensatory rest days
- Verification of Working Hours and Penalty System where hours exceed the legal working limits. The sanctions applied to hospitals are to benefit the NCHDs through wellbeing initiatives, rest facilities and a fund for medical students from a disadvantaged background
- Measures to address emergency tax – the Temporary Recoverable Payment to mitigate this tax burden
- Guaranteed 10 days study leave, while retaining entitlement of up to 18 with added protections for those doing gateway examinations
- Expansion of the claimable items under Relocation Expenses as well as a doubling of funding
- Expansion of the TSS and an increase in funding for all grades

Despite clear guidance to all hospital sites on the terms of the IMO NCHD Agreement we continued to receive requests from a high volume of NCHDs requiring assistance from NCHDS@IMO. Persistent breaches were taking place around rostering rules, payment of compensatory rest, payment of overtime, ongoing issues with Emergency Tax and issues around leave. While dealing with and resolving each individual/site query and ensuring NCHDs could avail of the benefits of the agreement we also gathered a national picture as to the level of contractual breaches.

Ms Susan Clyne, IMO Chief Executive Officer

In February 2024 the IMO launched the '30 Second Survey' campaign. The focus of the campaign, which ran over 4 weeks was on working hours, mandatory/compensatory rest, payment matters, provision of locums, leave arrangements and training supports.

The IMO also launched the 'Report a Breach' campaign and a series of site visits in early 2024, alongside the '30 Second Survey' campaign where we had thousands of interactions with NCHD members around the country.

Results of the **'30 Second Survey'** found:

- **83%** of NCHDs routinely worked more than 48 hours per week in the previous 3 months
- **38%** of NCHDs are working more than 10 consecutive days and not receiving compensatory rest of compensatory pay
- **30%** of NCHDs are working more than 10 consecutive days and receiving additional rest of compensatory pay
- **65%** of NCHDs were unable to avail of the 10 days study leave due to rota gaps and staffing issues
- **51%** of NCHDs are still having their overtime calculated on a 4 week reference period, rather than a 2 week reference period
- **75%** of NCHDs either strongly disagree or disagree with the statement that they feel valued, respected and supported by their employer
- **70%** of NCHDs either strongly disagree or disagree with the statement that they are satisfied with their work life balance
- **87%** of NCHDs strongly agree with the statement that excessive hours, poor supports and challenging working hours are significant contributing factors to high levels of emigration. A further 11% of NCHDs agree with this statement

Dr Rachel McNamara

These findings led to the IMO initiating a series of intensive engagement with the HSE and we sought the direct interventions of HSE national officials in resolving issues at local sites.

While this engagement has seen some improvement in the application by individual hospitals there remains much work to be done and the IMO is consistently monitoring the situation, as, despite these advancements, implementation remained inconsistent across hospital sites nationwide, and persistent issues continued to arise, necessitating significant IMO representation at both national and local levels. From the outset of 2024, the IMO made it clear to the HSE that meaningful engagement in NCHD contract talks could only proceed if the HSE first addressed the ongoing systemic issues.

As part of the Agreement, the HSE committed to the implementation of a national payroll system, along with electronic time recording/clock in systems. While a report on the introduction of a payroll system was commissioned by the HSE there has been no progress on the issue of a centralised pay system and recording/clock in systems, while in some sites, are not standardised. While the Temporary Recoverable Payment has addressed some of the issues relating to the deduction of Emergency Tax it is not a sustainable solution for NCHDs and the IMO.

Verification of Working Hours and Sanctions

In 2024, the IMO engaged significantly to strengthen the Verifications and Sanctions process, which formed part of the IMO NCHD Agreement .

The IMO was represented on the National OWTA Group which held meetings throughout 2024. Despite the processes and detailed requirements for the verification of working hours at local level and the threat of sanctions, little or no progress was made in this area. The process has been hampered by the lack of data coming from individual hospitals and regions. While agreement was reached on sanctioning sites for non compliance on the provision of data this was not pursued by the HSE and the IMO are insisting this be followed through so as data can be validated and mitigating action can be taken at those sites which are persistently breaching OWTA. The HSE themselves state that up to 800 additional posts are required to meet its obligations for legal working hours on current rostering arrangements.

As part of this process the IMO, through the t National OWTA Group meetings. On 4th October 2024, held a meeting with the

Regional Executive Officers (REOs) where we reiterated:

- The legal requirements under the OWTA and the terms of the IMO NCHD Agreement
- That sanctions should apply in respect of both breaches of the Agreement and the non-provision of required information
- The REOs pushed back citing the HSE Pay and Numbers Strategy and various resourcing constraints

On foot of this meeting the REOs were advised by the HSE at national level that all data is to be supplied so that progress can be made in this area. While we hope that all the required data will be gathered and validated we are sceptical as to the commitment of the HSE in this regard and may be forced to take other actions to ensure NCHDs are protected. The IMO and National NCHD Committee are examining all options in this regard.

Negotiations on NCHD Contract

Much of the work of the IMO in 2024 was in advance of upcoming NCHD contract negotiations, with a view to strengthen the IMO NCHD Agreement in the system, which provides a platform for further progression.

The priority areas for negotiation include:

- Working hours and rostering
- Structure of training, including costs involved
- Challenges for doctors working in non-acute settings
- Specific challenges for international doctors

A negotiating team has been nominated to undertake these talks on behalf of the Committee.

Further to a meeting between the HSE and the IMO of the 28th September, the IMO and NCHD Committee continue to prepare and agree position papers ahead of formal contract negotiations. The IMO and HSE met on 26th November 2024 where priority areas were put forward by both the IMO and HSE, and formal meeting dates were agreed for early 2025.

HSE Recruitment Freeze/Pay and Numbers Strategy

The recruitment freeze, initially implemented in October 2023 progressed and was gradually expanded to include most grades in HSE. The recruitment freeze ultimately became the Pay and Numbers Strategy in July of 2024 after it was agreed by the HSE, Department of Health and Department of Public Expenditure. The Agreement of this strategy meant that the recruitment freeze, which encompassed NCHDs who were not on approved training schemes, instituted in October had been replaced by this strategy.

- Each Regional Area, National Function and HSE Centre will be allocated a ceiling up to which they can recruit, and within that ceiling each will be allowed to prioritise posts for recruitment

The IMO's key objections to the strategy related to the crisis in the medical workforce where NCHDs remain challenged with working in a system where there are too few doctors to meet patient demand and provide care in a timely and safe manner.

The IMO engaged with colleagues in other health unions during 2024 and in particular warned the HSE of the issues related to the impact on NCHD working hours which will inevitably increase without the required targeted recruitment of NCHDs to enable NCHDs to work safe and legal hours

At the time of writing this report there has been further engagement by the IMO, and other healthcare trade unions, on this issue, under the auspices of the Workplace Relations Commission.

OTHER ISSUES

National Taskforce on NCHD Workforce

The National Taskforce on NCHD Workforce, which was established by the Minister for Health during the negotiations leading up to the December 2022 IMO Agreement issued its final report on 7th February 2024. The final report set out forty four recommendations under five priority action areas:

1. Work Life Balance and the Working Week
2. The Working Environment
3. Education and Training
4. Information and Communications Technology
5. Workforce Configuration

While the IMO has given a guarded welcome to the recommendations of the NCHD Taskforce Plan there are significant issues around how aspirational those recommendations are in the absence of ring fenced funding. This is an issue the IMO will raise within the context of the NCHD Contract negotiations.

Development of IMO Lead Network

The IMO established the IMO Lead Network, comprising of 44 NCHDs equally distributed across hospital sites in Ireland. NCHDs were invited to express interest in becoming an IMO Lead, resulting in strong engagement from membership. In this role, IMO Leads serve as the primary point of contact for the IMO Member Advisory Unit, acting as a liaison between the IMO and NCHDs at their respective hospital sites. They also help keep colleagues informed about national and local issues relevant to the IMO's work. Additionally, Leads play a key role in facilitating IMO site visits for NCHDs.

Members of the IMO NCHD Committee

As part of their responsibilities, IMO Leads assist with merchandise campaigns by distributing materials such as posters, guidance notes, lanyards, bottles and stationery as provided by the IMO. They are also invited to attend IMO Lead webinars, which provide updates on industrial relations matters and provides relevant training for raising site matters.

Communication between the IMO and the Lead Network primarily takes place via WhatsApp, ensuring real-time updates, quick responses from Leads, and efficient distribution of Member Advisory guidance emails. This platform has proven to be a valuable resource, contributing to increased engagement and referrals of non-members to the IMO through their designated site IMO Leads.

Ms Niamh Sweeney, Dr Domhnall McGlacken Byrne and Dr Rachel McNamara

3 General Practitioners

Prof Tadhg Crowley
Chair

GP Committee **2024/2025**

Prof Tadhg Crowley - *Chair*
Dr Aideen Brides
Dr Austin Byrne
Dr Martin Daly
(April - November 2024)
Dr Sumi Dunne
Dr Conor Geaney
Dr Rukshan Goonewardena
Dr Trish Horgan
Dr Michael Kelleher
Dr Denis McCauley
Dr Padraig McGarry
Dr Shane McKeogh
Dr Niall MacNamara
Dr Knut Moe
Dr Amy Morgan
Dr Mark Murphy
Dr Diarmuid Murray
(joined February 2025)
Dr Madeleine Ní Dhálaigh
Dr Pascal O'Dea
Dr Brian O Doherty
Dr Mait O Faolain
Dr Mike Thompson
Prof Ray Walley

The key issues for the IMO and its GP members in 2024 encompassed:

- The significant and ongoing issues around GP capacity to meet ever increasing demands and manage the care of an ageing patient demographic
- Ever increasing attempts for GPs to undertake additional workload with no agreed resource
- Engaging on the ambitions of the HSE in terms of IT development – digitisation – introduction of Patient App
- Monitoring the implementation of the IMO GP Agreements and New Agreements
- Strategic Review

GP Capacity and Un-resourced Workload

The significant growth in population, coupled with the ageing demographic and associated healthcare needs has placed huge pressure on GP services and the capacity of individual GP practices. Despite submissions and advocacy of the IMO successive Governments failed to plan appropriately for the GP workforce and the changing aspirations of future GPs. While acknowledging that training places were increased in 2024 it will be some time before that will positively impact on capacity within the system. In successive Budget Submissions the IMO has called for specific and ring fenced funding to assist and support new GPs in establishing or entering practices so that we can begin to address the significant shortage within the GP workforce.

While agreeing in principle to the ambitions of a GP service that is free at the point of access to the population we consistently reiterated the position that such an ambitious aspiration required detailed planning to take into account milestones around capacity and workforce.

Coupled with the pressures of increased demand and population growth GPs are experiencing ever increasing demands for additional and un-resourced work from the secondary care system and arising from new clinical programmes.

At the IMO AGM National GP Meeting the IMO presented on the impact of such workload on the sustainability of General Practice and passed a motion confirming the IMO position that:

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.

Following our AGM the IMO has undertaken engagement with the HSE in respect of new programmes and the requirement for funding for same.

Digitisation, IT Developments and HSE Patient App

MEDLIS/eOrdering Systems

As part of the 2019 GP Agreement, the IMO had agreed to the roll out of the MedLis system for lab ordering in General Practice. The original system has now been greatly modified as sought by the IMO. The initial system was a separate system which required the GP to leave their own Practice Management System and enter into another system to order bloods before returning to their own system.

The IMO have engaged with the HSE to ensure that the system is integrated into GP Practice Management Systems. We also ensured that there is no requirement to provide a dedicated emergency phone number for the labs and the contact can be entered as the Out of Hours Service outside of normal hours. Additionally, there is no requirement for GPs to input clinical details but the facility remains for GPs who may need to provide additional information.

The system went live in Beaumont in August 2024 and is expected to go live in Waterford and Galway early in 2025. Later in the year Cork, Kerry and Limerick are expected to come on stream with the Mater, St. James and St. Vincents expected go live in 2026.

E-Prescribing

The IMO now have regular engagement with the HSE ePrescribing team. The roll out of ePrescribing was agreed as part of the IMO 2019 GP Agreement. While a form of ePrescribing is currently undertaken, insofar as GPs email prescriptions through Healthmail to the relevant pharmacy, the full ePrescribing solution is envisaged to allow a prescription to be uploaded to the cloud and would allow full sight of the list of medications over a period of, for example, six months.

The IMO are working with the HSE to ensure that this solution is appropriate for GPs and does not entail further additional workload.

HSE Patient App

The IMO are engaging with the HSE in relation to the development of the HSE Patient App.

Under the terms of the 2019 IMO GP Agreement only certain fields of data are agreed for transfer from GP systems. While such data was envisaged for a Summary Care Record the HSE have decided that limited data will be available for patients via the HSE Patient App. These data sets are limited to:

Subject of Care, Health Condition(s), Medication prescribed, Allergies, Procedures and Vaccinations.

The IMO agreement is that such information should be pulled from the GP practice management system and not require an action from the GP to push such information out each time there is an update on same.

The IMO sought and received written assurances from the HSE that GPs are not obliged to interact with the app, it will not form part of an GP/Patient consultation, nor will it be used as a communication tool between GP and the Patient or between GP and other HSE systems/sectors. The IMO aim is to minimise any workload attaching to this development and ensure that it works in a manner which does not place an additional burden on GPs and also allows them to have clarity and notice around which areas of the PMS data would be taken from.

A limited version of the Patient App has been launched and further developments are expected throughout 2025 however at all times there must be engagement with the IMO in terms of any development that may impact on GPs.

Members of the IMO GP Committee

Implementation of terms of IMO GP Agreement(s) and New GP Agreements

Chronic Disease Management

The Structured CDM Programme Phase 3 including enhancement of the Prevention Programme to include all GMS/DVC card holders with hypertension over 18 years, and all women (cardholders and private patients) over 18 years who had Gestational Diabetes Mellitus or Pre-Eclampsia in a pregnancy since January 2023 went live from January 2024.

Women diagnosed with Gestational Diabetes Mellitus or Pre-Eclampsia since January 2023 who subsequently develop Diabetes are eligible for registration on the treatment arm of the programme. In addition, Phase 3 allowed for the inclusion of HAA cardholders as eligible for registration on the CDM Programme and this also went live in January 2024.

Enhancements/modifications to CDM IT system

A number of enhancement and modifications were made to the CDM IT system during 2024 and these were arising from the 2023 agreement. A number of these were to allow for new developments including hypertension stage 1 and gestational diabetes and pre-eclampsia in the prevention programme, the inclusion of HAA cardholders (who were previously ineligible) and fields which were to improve the usability of the software for users. The changes were divided into three sections and were implemented over two phases in 2024. The three sections were CDM programme enhancements, streamlining/consolidation of current software and additional CDM software functionality. A summary of the changes under each heading are set out below:

CDM Programme Enhancements - 8 Items

Treatment Programme Annual Review: Add - How many ED attendances related to their chronic disease (not admitted) / Unscheduled Admissions within last 12 months - based on patient recall
Treatment Programme Annual Review: Add - How many COPD / Asthma exacerbations requiring treatment or antibiotics or steroids within last 12 months - based on patient recall
Inclusion of Hypertension Stage 1 in the CDM Prevention Programme
Inclusion of Gestational Diabetes & pre-eclampsia in the CDM Prevention Programme
Inclusion of HAA Cardholders as eligible for registration
Care Plan to be streamlined / updated
Addition of a Data Field to retire a patient from the CDM Programme with associated message to the CDR to update patient records. To include a transfer to nursing home/opt out or death of the patient
Diabetic patients only - Insert-[Is the patient registered in the RetinaScreen? Yes/no]

Streamlining / Consolidation of Current CDM Software - 17 items

Non HDL Cholesterol - auto calculate from the software
Add Hyperlink to relevant CD Clinical Guidelines to the ICGP Landing Page & insert the hyperlink at the top of each review
Amend the HBA1C Data Field to ensure the value captured from the Lab result is the mmol/mol value as opposed to % value
In the "Outcome from OCF Review" Data Field in the existing OCF Dataset - add Asthma and COPD to the drop down list of Conditions "Diagnosed with a Chronic Disease - Register on Treatment Programme"
Removal of BNP Data Field from existing CDM Programme Datasets and retaining current NTproBNP data field
Remove the foot check for diabetic at an interim review
Implementation of current IHI field included in CDM Datasets
Change the FBC to a non-mandatory field for Asthma
Addition of "New Diagnosis" prompt field at the beginning of each CDM Treatment Programme Review
Remove ECG date - change to [Has there been an ECG since the last review? yes/no]
Remove ECHO date - change to [Has there been an echo since the last review? Yes/no]
Remove Spirometry date- to be [Has there been a Spirometry since the last review? Yes/no]
Information button on diagnostic criteria for Pre Diabetes
Raised LDL Cholesterol-Ensure that the [Not available] option is available across all the GP Vendor systems
Pneumococcal vaccine not auto populating at present
CHADSVasc score should save after first visit - currently have to enter details every time
Autopopulation of baseline details in system from CDM for height, weight, BMI, Blood Pressure working for some fields. From baseline details into CDM is working for height weight BMI but not for BP From CDM into baseline details not working for any system

Additional CDM Software Functionality - 5 Items

Add functionality to enable the CDM notes to be converted to PDF and to enable the export of CDM data
Development of the Web checker to facilitate Patient Movement between GP's in order to maintain patients on the correct care pathway on the CDM Treatment Programme
Develop a patient recall functionality across all the GP vendor systems to identify a patient is enrolled in the CDM Programme
Develop a finder type functionality to search for a set list of codes for patients who are not already on the CDM Programme
Develop functionality to enable a GP to amend patient enrolment errors

Pension Contributions for CDM Preventative Programme

An issue was identified with the CDM Preventative Programme pension contribution where superannuation was not calculated and allocated to your pension provider under this programme.

Following discussions with the IMO, the HSE resolved this issue and applied superannuation from December 2024. Retrospective pension contributions were to be made in January 2025 with the HSE to issue further correspondence to all GPs affected in 2025 with the relevant details/amounts at which point GPs will be given the option of contributing the retrospective 5% superannuation contribution (to November 2024) should they wish to do so.

Expansion of Universal Contraceptive Scheme

The Universal contraceptive Scheme was originally negotiated by the IMO in 2022. During the negotiations on the IMO GP Agreement 2023 we were successful in agreeing an expansion of the scheme to cover women up to age 44 who have a medical card but are not covered by the universal scheme (i.e. those aged 36 and over) such that the services and the fees payable for GMS/ DVC patients are the same as the fees applicable under the universal scheme albeit limited to one consult per annum. Further expansions were agreed from January 1st 2024 to all women aged 17 to 31 (i.e. up to day before 32nd birthday) regardless of eligibility and again in July 2024 whereby all women aged 17-35 (i.e. up to day before 36th birthday) can avail of the service by their GP.

In the context of our Budget Submissions and in recognition of the success of this programme for Women's Health we are advocating for funding from Government to expand this programme to a comprehensive Women's Health Programme including menopause care.

Support Grants for GP Practice Staff

Over the course of the past year and arising from the terms of the IMO GP Agreement 2024 whereby enhanced supports for practice staff were agreed, the IMO has been engaging on behalf of members in terms of accessing and utilising the full extent of the grants available.

Primary Childhood Immunisation Programme

The IMO agreed to changes to the Primary Childhood Immunisation Programme and negotiated an increase in fees for the programme, applicable from the 30th September 2024.

A completed schedule of Primary Childhood Immunisations now attracts a fee of € 311.59, an increase of €30 on the previous €281.59 fee for the completed schedule. This is an increase of 10.65%.

In addition to the above there the following fees also apply:

- €37.78 Once off registration fee
- €60.63 Bonus payment per fully vaccinated child where the GP concerned has administered all of the vaccines due under the first four visits to at least 95% of the registered children of that GP who have reached their second birthday in that year.

The changes to the schedule are set out below:

- 2 and 4 month visits remain the same
- Meningococcal C vaccine removed from 6 month visit
- Varicella vaccine added to 12 month visit
- Combined Hib/Men C vaccine removed from 13 month visit and replaced by stand alone Men C and additional 6 in 1 vaccine at same visit

MMR Booster Campaign

The IMO agreed the terms for an MMR Booster campaign with the HSE in March of 2024. GPs were asked to concentrate specifically on those age 2-17 but could also vaccinate any patient who is not fully vaccinated. Those aged under 2 were paid at the normal fee of €36.03 as such immunisations remained part of the Primary Childhood Immunisation Schedule and be eligible for the bonus payment on that schedule where applicable. For all other patients the IMO agreed an enhanced fee which included the €36.03 plus an additional €6 administration fee per vaccine.

IMO Winter Surge Agreements

For January and February 2024, the IMO negotiated a Winter Surge Agreement whereby GPs could claim in surgery OOH STC, regardless of whether the Co-op is on during the following hours:

- Monday to Friday 8am to 9am and 5pm to 7pm
- Saturday morning 9am to 1pm.

For the 2024 /25 Winter Surge period the IMO negotiated further enhancements to that Agreement whereby the above payments of in surgery OOH STCs would be applicable during the hours agreed and in addition a Activity Based Grant would be paid to all GPs who participated as follows:

- Each GP who claimed 30-59 STCs were entitled to a grant of €500
- Each GP who claimed 60-89 STCs were entitled to a grant of €900
- Each GP who claimed 90-129 STCs were entitled to a grant of €1,300
- Each GP who claimed more than 120 STCs were entitled to a grant of €1,800.

Almost 70% of GP Practices participated in the Winter Surge Programme and a significant number of additional patient consultations took place over the period.

Deprivation Grant

The IMO reached agreement with the HSE in July 2024 that all those who were previously in receipt of the allowance will receive it again in 2024 but thereafter a new system will be put in place which may result in some current recipients losing the allowance as well as some who are not currently in receipt becoming entitled to the allowance. The HSE are to give notice of this in writing to all those affected and to provide certainty of funding over the next number of years.

Covid and Flu Immunisation Campaigns

The IMO continued throughout 2024 to engage with the HSE and advise members in relation to both the Spring Covid Booster programme and the Autumn/Winter Covid Flu Booster programme.

The IMO have worked over the last number of years to improve and refine, the ordering and delivery process for vaccines and the claiming process which is now fully integrated into the GP Practice Management Systems. The IMO engage with the HSE prior to the launch of each campaign to ensure there that GP requirements are met and communicate to our members the details for each new campaign.

General Practice continues to deliver the majority of vaccines in both categories. The LAIV vaccine for children is also being offered by a number of GPs through local arrangements with schools.

Rural General Practice

District Medical Officers (DMOs)

The IMO secured agreement in relation to the remaining DMO salary holders. These are GPs working in remote rural areas, who hold a rural practice allowance and also a DMO salary or portion of same. Without these supports these practices would be unviable. The DMO salary had been left unaltered for almost two decades and the IMO secured an increase in the DMO salary from circa €72,000 to €90,000 with such increase effective from 1st January 2024. Where occupational pensions exist, these will be honoured and where arrangements exist such that 5% (GP) and 10% (HSE) contributions are made into the GMS pension fund these will also continue to be honoured. In relation to occupational pensions it is noted that upon retirement such pensions continue to receive the public service pay increases.

The arrangements which apply to this cohort will be subject to three yearly review between the HSE and IMO, the next such review to occur in January 2028.

There will be no further use of the District Medical Officer grade and the IMO and HSE agreed to amend section 10.4 of the 2023 agreement to reflect this.

Dr Sarah Barry

Dr Aideen Brides

Annual Leave for Single Handed GPs in receipt of the Rural Practice Allowance

The IMO have continued to work on this element of the 2023 agreement in 2024 and hope to finalise same in early 2025. It is proposed that all single handed GPs in receipt of an RPA would be able to secure locum cover through the new service. GPs would through their relationship manager book the relevant period of leave, giving adequate notice and the HSE would guarantee a locum for those dates. The GP would pay for the locum. This is intended to address the issue which has arisen whereby single handed practitioners in remote rural areas were having difficulty taking annual leave to the inability to source locums.

Rural Practice Support Framework

The IMO are working on changes to the Rural Practice Support Framework and have also sought engagement with the HSE on the Framework which is now due for renegotiation.

Strategic Review of General Practice

While agreeing to participate in the Department of Health/HSE Strategic Review of General Practice, the IMO position is that any recommendations or changes arising from such a review will require negotiation with the IMO in the context of GP Contractual arrangements.

The National GP Committee has spent considerable time developing positions around the various themes of the review and recognises that any outcome must address the very significant challenges facing GPs today and meet the aspirations of the GPs of the future in terms of contractual arrangements.

There was no progress on this issue during 2024 however we do expect engagement to commence in 2025.

GP Partnership Revenue Issue

The IMO were made aware of a significant issue regarding proposed changes by the Revenue Commissioners to the treatment of GMS income whereby all monies from the GMS contract were personal to holder and PSWT on same must be paid by the contract holder and could not be assigned.

The IMO engaged extensively with the Department of Health, the HSE and the political system and outlined the very significant issues for GPs and the impact on the operation of the GMS should this proposal be introduced. Additionally, on behalf of our GP members we engaged the services of a Senior Counsel with expertise in tax law and set out a detailed position to the Revenue Commissioners on all aspects of the Revenue position as it applies to both partnerships and employed doctors with a GMS list.

Following the issuing of correspondence, an amendment was tabled to the Tax Consolidation Act which would allow the sharing of GMS income within a partnership of GPs. This amendment took effect from the 1st January 2024.

While the amendment does not resolve the position with regard to employed doctors with a GMS list and restructuring will be required where such arrangements are in place it does, negate the worst consequences of the Revenue position and allows practices working in group structures to continue to work as previously and Section 1008A ensures that, on the making of a joint election by a GP and a medical partnership in which he or she is a partner, amounts paid to, or for the benefit of, the GP by the HSE in respect of GMS and ancillary public services may be treated as income of the medical partnership from 1st January 2024.

4 Public and Community Health

Dr Íde Nic Dhonncha
Chair

Public and Community Health Committee **2024/2025**

Dr Íde Nic Dhonncha - *Chair*
Dr Helena Allen
Dr Gillian Chambers
Dr Catherine Colohan
Dr Niall Conroy
Dr Anne Dee
Dr Darina Fahey
Dr Phil Fitzgerald
Dr Sieneke Hakvoort
Dr Liam Holland
Dr Barbara Hynes
Dr Howard Johnson
Dr Ciara Kelly
Dr Ina Kelly
Dr Karla Kyne
Dr Mai Mannix
Dr Mary O'Mahony
Dr Alice Quinn
Dr Joe Quinn

In 2024 the IMO Public & Community Health Committee had a number of issues to deal with. The committee which currently meet separately as a community medicine grouping and public health medicine grouping have made significant advances in relation to some grades and continue to work to improve terms and conditions for all doctors, in particular the AMO and SMO grade, in the grouping.

Area Medical Officer Issue

In 2024 the IMO was able to settle the longstanding claim for equality between Area Medical Officers and Senior Medical Officers.

As part of the Building momentum public service pay agreement the IMO had sought to utilize the sectoral bargaining process to address the long running issue.

There had been an ongoing dispute regarding the agreement, where the Department of Public Expenditure and Reform had sought to resile from previous positions taken by the State. The IMO refused to accept a lesser proposal than equality for the AMOs and referred the matter through the disputes procedure of Building Momentum and ultimately onwards to the Labour Court.

In late 2023 the IMO was successful in the Labour Court regarding our interpretation of the sectoral bargaining clause in the agreement.

At the start of 2024 the IMO pushed for the implementation of the agreement, given the delays caused by the dispute. The agreement was provided for implementation in February 2022, and it was now 2 years post this date.

A circular was finally agreed and issued in March 2024. As per the IMO email to members in March:

- With effect from 1st February 2022 any individual on the Area Medical Officer scale will be moved to the same point of the Senior Area Medical Officer scale and this will be fully backdated.
- Given the service of AMOs we would expect everyone affected to be placed on the top point of the SAMO scale.

Dr Anne Dee and Dr Joe Quinn

- This change in 2022 is from a salary of €84,045 to a salary of €99,062. All the Public Sector increases will continue to apply and the current top point of the scale is €106,682.
- For a full time AMO moving to the top point of the scale the gross arrears would be over €30,000.
- The CME allowance is increased from €1,500 to €2,750 for all SMOs and PMOs and this is also backdated to February 2022.

These payments were processed during the summer.

SMO and PMO Conditions

The IMO has also been focussed on the conditions for SMOs (both in public and community health medicine) and PMOs within the HSE. We have sought to address these terms and conditions through a number of routes.

The ability to deliver the service has been impacted by the recruitment freeze, the pay and numbers strategy and the fact that terms and conditions are no longer competitive.

The IMO has highlighted the impact of the recruitment freeze and pay and numbers on many occasions and continue to push for greater flexibility in the policy. In relation to the terms and conditions, the IMO wrote to both the current and past Minister for Health regarding same and noting the Community Ophthalmic Physician increase but the response on this has not been favourable to date.

The IMO are again in dispute with the HSE, Department of Health and Department of Public Expenditure and Reform on the clause and in particular the make up of the bargaining unit and further work will be undertaken on this in 2025.

In Public Health Medicine the SMO role is vital to the proper functioning of Public Health work and systems. Such doctors are key enablers in the proposed Multi Disciplinary Workforce to be led by a relevant Consultant in Public Health Medicine.

Despite this, as in Community Health Medicine the terms and conditions attaching to the role are not attractive relative to other medical positions. This has and will continue to have an impact on recruitment and retention to the role until addressed.

In 2024 the IMO were successful in negotiating an increased CME allowance for such doctors with such increase backdated to February 2022 under the sectoral bargaining process. This increased the CME allowance from €1,500 to €2,750.

The IMO hope to build further on this in 2025 including utilising mechanisms under the new Public Service Pay Agreement.

Recruitment Freeze and Pay and Numbers Strategy

As outlined above the recruitment freeze and its continuation under the Pay and Numbers Strategy has been disproportionately impactful on Community Health. Due to the small numbers on the teams the inability to recruit individuals has made conditions worse for the other members on the teams and had the impact of making the posts less attractive when there is a post to fill.

An IMO survey on this showed that waiting lists were increasing, vaccinations were taking longer, and SMOs were considering leaving their posts due to this. Many SMOs were reluctant to take leave as they didn't want to leave their teams further short staffed which contributes to increasing burnout and unexpected absences.

Dr Ina Kelly

2 PMO posts were also vacant at the end of 2024 and despite being approved posts there was a slowness in filling them. This left the SMO in these areas distant from national engagement around clinical policy, which often is communicated through the PMO group. The IMO have engaged with the HSE and insisted that these vacant PMO posts be filled.

Salary Increases

The Public Services Committee of ICTU (of which the IMO is a member) engaged in negotiations on a successor agreement to Building Momentum. Those negotiations concluded in February 2024 and the agreement was passed by ballot of IMO members in March 2024. Members have received the following increases in 2024.

1. A general round increase in annualised basic salary for all public servants of 2.25% or €1,125, whichever is greater, on 1 January 2024
2. A general round increase in annualised basic salary for all public servants of 1% on 1 June 2024.
3. A general round increase in annualised basic salary for all public servants of 1% or €500, whichever is greater, on 1 October 2024.

Further increases are due in March 2025 (2%) and August 2025 (1%) with two further increases of 1% each in 2026. The agreement is due to expire in July 2026.

Implementation of IMO 2021 Agreement on Public Health Medicine

For many years Specialists in Public Health Medicine, despite having the same specialist training as other consultants and being on the specialist register were not seen as the equal of their hospital based colleagues. That has now been rectified and while an important achievement, the agreement should only be seen as a first step for Public Health Medicine and continued increases in staffing and resources will be required into the future.

The IMO have been engaging with the HSE on a monthly basis since the agreement to ensure that it is implemented in full. The IMO also ensured through the agreement that Public Health Consultants would have the option to move to any new consultant contract. This was an important and prescient clause, which was hard fought for. The state had initially sought that there would be a Public Health Consultant contract which would be separate from the standard consultant contract. They had also sought that there would be only eleven consultant leadership posts with the rest remaining at SPHM level.

Thankfully the IMO were successful in negotiating the clause to allow for transition to any new consultant contract and all CPHMs are now on the POCC 23 contract.

Under the agreement, the phasing of consultant posts was to be as follows:

- 34 Posts by June 2022
- 30 Posts by June 2023
- 20 Posts by December 2023

All posts barring some small exceptions have now been advertised and filled, with some posts being re-advertised now due to movement within the speciality were a consultant moves from a post established in the one of the initial phases to a post advertised in the third phase.

There are two posts outstanding, namely the CPHM posts in National Quality and Patient Standards Directorate. One in Clinical Audit and one in Quality Improvement. These posts are on hold and may be repurposed by the HSE due to the current reorganisation of functions arising from the move to the regional structure. While the IMO accepts that the domain in which posts are placed is a matter for the HSE, we will not accept anything less than the full complement of posts as outlined in the agreement and we trust that these posts will be repurposed and filled in 2025.

We will continue to work with the HSE in 2025 on the agreement and beyond the agreement each domain and area can seek approval for consultant posts in the same manner as that which applies within the hospital sector.

On Call Obligation

The consultant contract does bring with it an on call obligation. For such obligation, there is a B Factor On Call Allowance which is paid to all consultants. Additionally a reformed public heath out of hours was one of the issues set out in the IMO Agreement on Public Health Reform.

The HSE have made the decision that Health Protection Call would be covered by all consultants regardless of domain and whether they are national or regional.

The IMO insisted throughout the long negotiations with the HSE and Department that Public Health Consultants must have the same contractual underpinning as all other consultants and this allowed Public Health to move to the POCC 23 when same became available. With the contract however, as well as entitlements come obligations and one of these obligations is an on call liability.

It is recognised that SMOs are not obliged to participate in out of hours rotas and this has been confirmed and agreed between the IMO and the HSE.

Achievements and Challenges

The last number of years have seen some significant achievements for the Community and Public Health Medicine Committee including resolving two long running issues namely, the Area Medical Officer equality issue and the establishment of the grade of Consultant in Public Health Medicine and the creation of 86 posts under this grade.

However, real and significant challenges remain particularly with regard to the SMO and PMO grades and this must be a priority for the Public & Community Health Medicine Committee in the coming years.

It is important as always that members engage through the union in order to ensure that we can best represent the many and diverse groups within the Community and Public Health Medicine grouping.

5 Public Sector Agreements

Date	Salary Increase	Effect of increase on notional €50,000
October 2021	1% increase or €500 whichever is the greater	€50,500
February 2022	3% pay increase	€52,015
October 2022	1% increase or €500 whichever is the greater	€52,535
March 2023	2% increase	€53,586
October 2023	1.5% or €750 whichever is the greater	€54,390
January 2024	2.25% increase or €1,125 whichever is greater	€55,613
June 2024	1% pay increase	€56,169
October 2024	1% increase or €500 whichever is the greater	€56,731
March 2025	2% increase or €1,000 whichever is the greater	€57,865
August 2025	1% increase	€58,444
February 2026	1% increase or €500 whichever is the greater	€59,028
June 2026	1% increase	€59,620

The IMO, as the trade union representing the medical profession, is a member of the Public Services Committee (PSC) of the Irish Congress of Trade Unions (ICTU) which negotiates public service agreements with Government.

Under the last two agreements, *Building Momentum October 2021 to December 2024 and Public Services Agreement Jan 2024 – June 2026*, there were a series of staged pay increases as detailed in the table below. The cumulative increase from October 2021 to June 2026 will be 19.24%.

In addition to the above there are specific arrangements under each of the past two agreements which enables the IMO to pursue specific claims for members from an identified funding mechanism.

Building Momentum-Sectoral Bargaining

Building Momentum covered the period January 2021 to January 2022 with an extension agreed to January 2024. Under section 2 of the previous Public Service Pay Agreement- "Building Momentum" a sectoral bargaining fund was established to allow for outstanding adjudications, commitments, recommendations, awards and claims within the terms of the Fund.

The fund equated to 1% of the medical pay bill at that time which equated to roughly €10 million.

While this clause was to have been implemented by February 2022, it was not until 2024 following protracted negotiations, a WRC conciliation and ultimately a Labour Court case that matters were finalised and a circular from the HSE and Department.

Under sectoral bargaining the IMO achieved the following:

- Settled longstanding claim and process for equalisation of the Area Medical Officer (AMO) grade with the Senior Medical Officer (SMO) grade. Increase paid in 2024 and backdated to February 2022. This meant the salary in February 2024 for an AMO was €106,682. This had been just over €84,000 in February 2022. For a full time AMO moving to the top point of the scale the gross arrears were over €30,000.
- Ensured implementation of the Devine Report recommendations on Community Ophthalmic Physician (COP) pay- Salary as of 1st February 2022 was increased to €129,240. Increase of over 30% from the top point at that time which was €99,062. Increase paid in 2024 and backdated to February 2022.
- Partly resolved issue of the Occupational Health Physician grade and pay which had been raised on numerous occasions with the HSE and the Department of Health, on a collective and on an individual basis, including some utilisation of the industrial relations machinery of the State and was previously the subject of a report by the Hay Group in 2010. The sectoral bargaining claims resulted in Occupational Health Physicians to move from a four points scale commencing at €134,933 and ending at €140,914 to a 6 point scale commencing at €161,553 and ending at €187,402.
- As the final part of the sectoral bargaining claim a general round pay increase of 1.64% was paid to all NCHDs in 2024 with such increase backdated to 1st February 2022.

Public Services Agreement 2024-2026-Local Bargaining

Under the latest public sector pay agreement a fund was established for local bargaining. This equated to 1% of the total pay bill in the lifetime of the agreement and a further 2% in any successor public sector pay agreement. The clause states:

Employers and trade unions/associations may negotiate additional changes in rates of pay and/or conditions of employment up to a maximum of 3% of the basic pay cost, inclusive of allowances in the nature of pay, of the particular grade, group or category of employee or bargaining unit. This may include proposals involving changes in structures, work practices or other conditions of service.

The first step under the agreement is agreeing the composition of the bargaining unit with the state. The IMO have sought that all doctors comprise one bargaining unit as had been the case with sectoral bargaining. The State side have not agreed to same and instead are insisting that consultants comprise one bargaining unit and all other doctors comprise a further bargaining unit.

This is not acceptable to the IMO and the matter is in dispute between the parties. In 2025 the IMO commenced engagement under the dispute mechanisms of the Public Service Agreement to resolve this issue.

6 IMO Member Supports

The Member Advisory Unit (MAU) is the primary point of contact for many members, providing advice, support and representation to members throughout their careers. This covers contractual advice, rights and entitlements, representation in internal processes and in third parties as required.

Our team of dedicated professional was expanded this year to allow us to offer the best representation possible to our members.

nchds@imo.ie - NCHDs

We had over 8,000 new queries from NCHD members throughout the year. Much of our engagement focused on the continued implementation of the 2022 NCHD agreement. We also had to assist and engage with members in relation to the continuation of the recruitment freeze into 2023, which ultimately became the Pay and Numbers Strategy.

The main contractual issues for NCHDs in 2024 related to:

- Rostering concerns mainly relating to the later provision of the roster, access to mandatory and compensatory rest (or payment in lieu of same) and the continued pressure members felt to cover vacancies especially in context of the recruitment freeze and Pay and Numbers strategy
- Payments Issues relating to the Temporary Recoverable Payment, emergency tax, non payment of overtime and delays in payments both for salary and other entitlements such as TSS, CCERs, relocation expenses. We carried out point of scale reviews to ensure there was correct incremental progression for NCHDs. We continued to advocate for payment of notional overtime and encouraged NCHDs to claim the Flat Rate Expenses from Revenue
- Training Support Schemes concerns in relation to limitations in accessing these entitlements in a timely manner. NCHDs continued to required advocacy to access their minimum 10 days of educational leave in 6 months
- We continued to represent members in individual cases such as grievances, disciplinaries and Dignity at Work cases
- Access to leave such as annual leave, educational leave, sick leave and maternity leave remained a key area of engagement. Representation was also required with employers and schemes in terms of time to be repaid following maternity leave absence

Our Advisory Team:

- Facilitated over 25 hospital visits during 2024, meeting with NCHDs and addressing site and individual issues raised at these meetings
- Developed the IMO Lead Network which has established a meaningful Lead Network and contact person within hospital sites. This includes webinars with our Lead Network updating them of IR issues
- Partook in formal Intern Induction in July, visiting 10 intern inductions across 2 weeks
- Facilitated a number of webinars on contractual rights and understanding the IMO NCHD Agreement & NCHD contract
- Offered a service to review payslips and timesheets to ensure NCHDs received the correct pay

gpissues@imo.ie - GPs

We continued to deal with significant level of queries from GPs with the unit receiving over 7000 queries in 2024.

The most common areas of support for GPs were:

- The implementation of the GP Agreement 2023
- Engagements with the HSE and PCRS in relation to payments and payment arrears
- Eligibility & payments under national contracts and agreements
- In early 2024, we provided support in relation to the change of taxation rules for GPs in Partnerships which ultimately was resolved by amendments to the Tax Consolidation Act

We also provided advice and guidance in relation to:

- Practice Support Subsidies – reviews and assistance in maximizing these especially in context of enhanced arrangements brought by the GP Agreement 2023
- HR issues and managing practice staff
- Succession planning and retirement
- The 2024 Winter Surge Arrangements

consultants@imo.ie - Consultants

We received over 2000 queries from consultant members in 2024. Much of our engagement with our consultant membership base was in relation the implementation of the Public Only Consultant Contract.

Much of the consultant queries related to:

- The POCC23 and contract reviews, as well as 1:1 meetings to discuss the POCC23 and individual circumstance
- POCC23 workplans and the implementation of the rostering rules
- Rostering and on-call issues
- External work and the winddown of private practice
- Personal cases such as grievances and disciplinaries as well as payment reviews

We also provided advice and guidance in relation to:

- B factor & C factor payments and encouraging consultant members to submit their claims
- Consultant meetings were facilitated with groups and departments to address local site issues
- CME entitlements & the introduction of the Innovation fund for POCC23 contract holders
- Pension entitlements

publichealth@imo.ie - Public Health

communityhealth@imo.ie - Community Health

We received over 300 queries from Public and Community Health members during 2024.

Much of the queries from our Public & Community Health members related to:

- The provision and continued roll out of the POCC23
- The on-call liability associated with the POCC23
- Securing an arrangement for Area Medical Officers and back payment in line with Sectoral Bargaining Arrangements

We also provided guidance and assistance in relation to:

- The implementation of the Public Pay Agreement
- Securing an increase in CME allowance for SMOs and PMOs

7 Policy and Advocacy

IMO Pre-Budget Submission 2025

The IMO Pre-Budget Submission 2025 focused on need to invest in capacity and workforce so as to ensure our health services can meet the increasing levels of demand and enable doctors to deliver care in a timely manner.

Key IMO Recommendations:

Health Service Funding: Health service funding both capital and operational must be based on a comprehensive assessment of current and future population needs ensuring timely and equitable access to care

Health Service Capacity: Increase the number of new inpatient beds from 3,438 to 5,000 under the Acute Hospital Bed Capacity Expansion Plan and to provide sufficient funding to support the delivery of acute beds in full and on time. Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages to support timely discharge of patients from hospital to the community.

Medical Workforce Planning: Update the current and 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 parttime working) and predictable attrition rates.

- Develop and fund a comprehensive medical workforce plan with actions laid out to increase the number of consultants and training posts in line workforce requirements. (The NCHD Taskforce recommended a target ratio of 110 consultants per 100,000 of the population and an increase the number of NCHD postgraduate training posts to a minimum of 5,800-6,000)
- Address ongoing challenges in recruitment and retention through increased training places, resourcing and implementing the recommendations of the NCHD Taskforce, ensuring all consultants appointed have appropriate access to supports.

Improve and Enhance Services in General Practice and the Community: The strength of the independent GP contractor model was highlighted with calls for targeted measures to support newly qualified GPs. Building on the success of the Chronic Disease Management Programmes in General Practice, the IMO called for their expansion on a universal basis to all patients with specified chronic conditions over 18 years old and investment in comprehensive women's health programme that supports women over their lifetime.

Public Health Campaigns: The IMO called for investment in public health campaigns to tackle the ills of social media and vaccine hesitancy.

Climate Change Adaptation and Mitigation: The IMO called for ring-fenced funding to be provided to ensure that effective sustainability and adaptation actions laid out in the HSE Climate Health Strategy are implemented in full.

Medical Negligence and Tort Reform: While legal provisions have been made to support reforms regarding pre action protocols, case management rules, and greater use of periodic payment orders, on-going barriers preventing the acceleration of these key reforms must be identified and addressed.

IMO Position on Physician Associates

The role of Physician Associates was part of the IMO AGM 2024 programme where issues were raised in respect to the UK experience and it was agreed that the scope of the role needs to be clearly defined in the interest of patient safety.

The IMO engaged with the HSE on draft guidelines in respect of the role of PA. In the context of that engagement the HSE agreed to the IMO request that all further recruitment to the role of PA would be paused pending agreement on the scope of the role. The IMO made a detailed submission to the HSE on the issue highlighting;

The UK Experience: While the adoption of the PA grade in the United Kingdom was aimed at supporting doctors, the UK experience has been rife with challenges and risks to patient safety. In a survey of over 18,000 doctors, the BMA found that the vast majority of doctors reported that PA's were a risk to patient safety, patients were unaware of the differences between doctors and PAs, and doctors were often concerned that PAs were working beyond their competence. Furthermore, doctors reported an increase in their workload and a decrease in training opportunities since the adoption of the PA grade.

Scope of Practice and Patient Safety: The undefined and unregulated scope of practice raises concerns about the potential of PAs to work beyond their training competence and provide unsafe care within a multidisciplinary team. The title of "Physician Associate" has led to confusion for both patients and medical professionals and PAs are often mistaken for fully qualified doctors. As a result, the role can be expanded beyond what is safe in other jurisdictions.

Governance and Workload for Specialists: The stated intention of employing PAs is to free up specialists for more complex work. Although the document envisages that PA supervision will diminish over time, the supervision of PAs by consultants and GPs raises issues of governance and workload by taking away from valuable clinical time and adding in significant levels of clinical responsibility. Consultants and GPs have typically overseen the training of NCHDs who have had rigorous medical training. As the required level of supervision for PAs in Ireland is not known, it would be unsafe for GPs and consultants to oversee PAs as there is uncertainty around the foundation upon which skills development can be safely facilitated.

Impact on Medical Training and NCHDs: Given the current significant deficits in medical workforce numbers, particularly in regard to hospital specialists and GPs, there are already extreme pressures in delivering high quality training to trainees.

Regulation: At present, there is an absence of a clear regulatory framework for PA's. This poses risks to maintaining professional standards and accountability within the multidisciplinary team. In the absence of a statutory regulatory framework for PAs, it is difficult to see how the employment of PAs in Ireland can proceed. As a result, the IMO is seeking further engagement with the HSE with regard to the Role of Physician Associate and the Draft Guidance Document.

IMO Position on Social Media and the Protection of Children and Young People

Following our AGM 2024 Session on *The Dark Side of Social Media* the IMO was invited to make a submission to the Oireachtas Committee on Children, Equality, Disability, Integration and Youth on the Protection of Children on the use of Artificial Intelligence.

The IMO highlighted the increasing body of evidence which demonstrates the negative impact of Social Media on the mental health and well-being, particularly of young people, and concerns around the algorithms employed by social media companies that target young people with harmful content. Specifically, some of the factors that lead to poor mental health and well-being among children and young people include easy access to content that leads to self-harm, suicidal ideation, and eating disorders. Moreover, social media sites provide a platform where children are susceptible to cyber-bulling.

Although social media can be largely negative for users, particularly children, research has shown that it can be extremely difficult for users to reduce their use despite wanting to. Users commonly report experiences in their usage that mirror addiction including withdrawal symptoms when they are unable to access social media.

The negative effects of social media on children in Ireland is particularly of concern as the My World 2 Survey of Youth Mental Health in Ireland surveyed over 10,000 adolescents between the ages of 12-19 in 2019. The results of the survey found that over 96% of adolescents reported having a social media profile or account. Moreover, one-third (34%) of adolescents reported spending more than three hours online per day, whereas 29% reported spending 2-3 hours online a day. Compared to the survey results in 2012, the rates of severe and very severe anxiety as well as severe and very severe depression nearly doubled among adolescents.

The IMO asserts that the current legislation does not go far enough and further action is needed. IMO recommendations include:

- a ban on Smartphone use by pupils within all primary schools in Ireland.
- to develop and implement a well-funded public health strategy, modelled on the successful "tobacco free" policies to combat social media addiction, use and harm.
- in light of the case taken by 42 US Attorneys General against Meta for their product's detrimental effect upon youth mental health the IMO called for the Government to investigate the allegations and publish opinion on whether a similar case should be taken in Ireland.

IMO Engagement with Oireachtas Health Committee

Situation in University Hospital Limerick

In April, the IMO met with the Oireachtas Health Committee in University Hospital Limerick (UHL) to discuss the particular overcrowding issues affecting the hospital there. While acknowledging that overcrowding in EDs nationwide is a manifestation of the lack of bed capacity in the hospitals, the position of UHL is particularly severe due to;

- The reconfiguration of services in 2009 did not deliver on the increased capacity needed in UHL following the closure of Ennis and Nenagh hospitals. The capacity was not sufficient to meet the needs of the population then and in the intervening years the rapid growth in population and significant growth in the elderly population has made the situation in Limerick even worse.
- Sufficient planning for and investment in medical workforce has not kept pace with the needs of the region
- Over crowding of Emergency Departments has been proven to compromise care, delay time to antibiotics for patients suffering with sepsis, delay interventions for patients suffering heart attacks and strokes, delay the delivery of pain relief, delay ambulance turnaround time and increase risk of infection. It is known to be associated with preventable death in patients attending Emergency Departments.

The IMO stressed that to blame doctors or other healthcare staff for problems that have been directly caused by decades of under investment, by successive governments, is leading to even lower morale. Short term measures in response are not going to solve the problem. Recognised and evidence based solutions are required to address this persistent problem including:

- Timely access to ward beds for patients which requires the delivery of an adequate number of beds in UHL and across the system
- Set time limits for patients to be cared for in the Emergency Department and resource the achievement of those targets i.e. the appropriate resourcing of the 'Six Hour Target' from time of arrival to admission to a ward bed or discharge from the ED
- Ensure appropriate staffing levels for population numbers including medical and other health professions with access to the necessary timely resources to support the team meeting the needs of the patient.

Issues relating to the Employment of Consultants and NCHDs

In May, the IMO was invited to meet with the Oireachtas Committee on Health to discuss issues relating to the Employment of Consultants and NCHDS including take-up and operation of the new-public only consultant contract, training and working hours of NCHDs and the effect of the Moratorium on Recruitment. The IMO was represented by Ms Susan Clyne, CEO, IMO, Professor Matthew Sadlier, Chair IMO Consultant Committee, Dr Rachel McNamara, Chair IMO NCHD Committee, Dr Peadar Gilligan, IMO Consultant Committee and Ms Vanessa Hetherington, Assistant Director, Policy and International Affairs.

Representatives spoke to the committee on a range of issues including workforce shortages, capacity issues including bed capacity and other infrastructure deficits.

The IMO highlighted the lack of basic supports to enable consultants to do their job and that it is not unusual for a consultant to be appointed with no admin support, no office, no team members, insufficient or no clinic times, no theatre time and challenges in accessing diagnostics. Nor is it realistic to infer that the health service will see tangible benefits if consultants are consistently rostered outside 'normal' working hours. This rostering arrangement can only properly work if all other support staff and resources are in place and services are equally accessible outside normal working hours.

In relation to NCHDs the IMO highlighted ongoing non-compliance with the Organisation of Working Time Act as well as ongoing issues of burn out and the impact on patient safety. The IMO reminded the Committee that in 2022 an NCHD strike was averted by virtue of an agreement reached between the IMO, the Department of Health and the HSE. The main objective of this agreement was to reduce working hours, guarantee rest and improve the work/life balance of NCHDs. However, on almost every metric that agreement is not being implemented in full and emigration of NCHDs continues to increase.

There are almost 9,000 NCHDs in the public health system and we rely heavily on International doctors (doctors who graduated outside of Ireland) who fill 80% of non-training NCHD Service posts. These doctors, who have made Ireland their home and without whom the health system could not function, are not treated equitably in terms of career progression. They too leave the system, disillusioned with working conditions and the lack of training and career opportunities.

The IMO called for a targeted recruitment and retention programme to address the very significant shortages across all specialist services.

8 International Affairs

Prof Ray Walley
Chair

International Affairs Committee **2024/2025**

Prof Ray Walley (*Chair*)
CPME and UEMO

Dr Ina Kelly
CPME

Dr Clive Kilgallen
UEMS

Prof Naishidh Patil
UEMS

Dr Michael Kelleher
UEMO

Dr Syeda Amna Azim
EJD

The IMO represents the medical profession in Ireland across a number of European Medical Associations and the World Medical Association. We ensure that the voice of Irish doctors is heard on policy and legislative proposals and other matters affecting medical profession in Europe and worldwide.

CPME - Standing Committee of European Doctors (CPME)

The IMO is represented at CPME by Dr Ray Walley (1st Vice-President of CPME) and Dr Ina Kelly (Chair, CPME Working Groups on Climate Change and Healthy Living). Dr Ray Walley was elected as Treasurer at the 2024 Board elections.

In April, Dr Walley gave a presentation on behalf of CPME to the Chief Veterinary Officers of the EU on workforce shortages and telemedicine. In November, Dr Walley also represented CPME members in a panel discussion at a seminar entitled ***Innovative Technologies in Healthcare: AI and beyond*** in Budapest organised by The Hungarian Presidency of the Council of the European Union. In May, Dr Kelly represented CPME members at a webinar organised by the European Commission, EU Health Policy Platform entitled ***Climate Action – The Role of the Healthcare Sector.***

CPME Policies

CPME Statement on Electronic Health Record (EHR) Systems included recommendations that EHR systems must be designed in a user-friendly way to support healthcare professionals in their tasks and reduce current administrative work. The EHR should promote trust, transparency and collaboration between patients and healthcare providers. Existing national access and coding protocols need to be taken into account.

CPME Statement on the Independence of the Medical Profession highlights the increasing challenges to the independence of the medical profession faced across Europe from Government and financial actors and reaffirms that clinical independence and professional autonomy is key to high quality healthcare.

Dr Syeda Amna Azim

CPME Policy on Quality of Basic Medical Education reiterates the need to maintain high standards in medical education and that workforce shortages and free movement of professionals within Europe should not be used as an excuse to lower standards.

CPME Policy on Commercial Determinants of Health emphasizes the negative impact of certain commercial activities on health and the poor regulation of certain industries and products, and calls on policy makers to put health policy first and make the health choice the easy choice.

CPME Policy on Deployment of Artificial Intelligence in Healthcare points to the low uptake of AI in healthcare and makes a number of recommendations to ensure trust and promote higher uptake of AI in healthcare.

EJD – European Junior Doctors

The IMO is represented at EJD by Dr Syeda Amna Azim

Statements and Policies

EJD Policy on Climate Emergency highlights the repercussions of climate change on population health and morbidity as well as the contribution of health systems to carbon emissions.

EJD advocates for the following strategic actions:

- Advancing the European Green Deal and integrating a One Health approach across all policies
- Incorporating global health and climate change content into medical education at all levels.
- Preparation of the health workforce for the pressure climate change will exert on healthcare systems by increased and improved funding, planning, and capacity enhancement.
- Allocating resources towards implementing measures that enhance the sustainability and efficiency of healthcare systems.

From Mandate to Motivation: Transforming Junior Doctors' Retention Strategies in Europe raises concerns about recent trends in Europe to adopt measures to forcibly allocate junior doctors to underserved areas – also known as Medical Desserts or requiring doctors to work in the hospital or region where they have trained. EJD highlight the rights of EU citizens and their families to move freely within the EU and call for Governments to adopt incentives for doctors to work in underserved areas.

UEMS – European Union of Medical Specialists

The IMO is represented at UEMS Council by Professor Naishadh Patil, and Dr Clive Kilgallen who continued to engage with Irish delegates to the UEMS Bodies including the UEMS Sections, Multi-disciplinary Joint Committees and Thematic Federations. In 2024, Professor Patil was elected Vice Chair of the Working Group on Post-graduate Training and following a proposal from the IMO to set up a Working Group to support Ukrainian doctors, Dr Kilgallen was elected Chair of the Working Group.

European Training Requirements

Documents presented and adopted by Council in 2024 included the following European Training Requirements (ETRs) and Professional Development Modules.

- ETR for the Specialty of Emergency Medicine
- ETR for the Specialty of Ophthalmology
- ETR for the Specialty of Orthopaedics and Traumatology
- ETR for the Specialty of Plastic, Reconstructive, and Aesthetic Surgery
- ETR for the Competency Rare Neurological Diseases

- Professional Development Module in Pain Medicine for Anaesthesiologists

In 2024, UEMS created a new section on Sports Medicine. Significant digital investment was made by UEMS this year including investment in a new website and a new EACCME platform which can be viewed at www.uems.eu.

UEMO European Union of General Practitioners

The IMO delegation for 2024 was Dr Ray Walley, Dr Michael Kelleher and IMO President Dr Denis McCauley.

There was significant debate over UEMO's EABCPD Project to accredit CME/CPD events in General Practice. In March UEMO entered into an agreement with UEMS to use the EACCME platform. After significant work on the UEMO's EABCPD platform over the years it was agreed to put the project on hold pending review of the UEMO/UEMS- EACCME agreement.

Policies and Statements

UEMO Statements on Physician Assistants urges governments to pass legislation prohibiting Physician Assistants/Physician Associates from assessing and managing undifferentiated patients.

UEMO Statement on GPs working in Prisons in the UK which calls for the need to promote safer and healthier working environments for GP's working in prisons, which includes the need for governments to ensure appropriate funding for prison healthcare and general practice in prison.

UEMO -UEMS Joint meeting

UEMO and UEMS held a joint autumn meeting in Brussels, on 18 and 19 October on;

Recognition of General practice/Family Medicine as a European Specialty under Directive 2005/36/EC. Dr Ray Walley highlighted how the current OECD and Eurostat classification of general medical practitioners as it pertains to Ireland includes both GP specialists and those on the General Register giving the impression that Ireland has significantly more GPs per population than exist. This data is generally presented at EU level suggesting Ireland has a significantly higher number of GPs compared to other EU Member States even though OECD do now provide some breakdown of the data.

Threats to the Medical Profession and Physician Assistants. This session discussed the threats to the medical profession where, because of the shortage of medical professionals, Physician Assistants, ANPs, Pharmacists and Physiotherapists are increasingly taking on role normally undertaken by doctors. The participants stressed the importance of the central role of medical doctors in the diagnosis, treatment and coordination of multidisciplinary care. Dr Clive Kilgallen, IMO highlighted that there are currently approx. 60 PAs working in Ireland and that the IMO is engaging with the HSE on the role and cope of practice of PAs within the system.

WMA

IMO President Dr Denis McCauley attended the WMA GA in Helsinki from the 16-19th October 2024.

Dr Philip Ashok (President Elect) from Malaysia was inaugurated as President for 2024-2025 and took over from outgoing President, Dr Lujain AlQodmani from Kuwait while Dr Jacqueline Kitulu from Kenya was elected as President for 2025-2026.

The General Assembly adopted new policies and policy revisions, reflecting the latest consensus from the medical profession worldwide. Policies included:

- WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Participants (revised)
- WMA Declaration of Kigali on the Ethical Use of Medical Technology (revised)
- WMA Declaration on Prevention and Reduction of Air Pollution to Improve Air Quality
- WMA Statement on Assisted Reproductive Technologies (revised)
- WMA Statement on Epidemics and Pandemics (revised)
- WMA Statement on Human Papillomavirus Vaccination (revised)
- WMA Resolution on Anti-LGBTQ Legislation
- WMA Resolution on Organ Donation in Prisoners
- WMA Resolution on Plastics and Health

- WMA Resolution on the Protection of Healthcare in Israel and Gaza

Policies reaffirmed by the 226th Council Session, Seoul, April 2024 and the 227th Council Session, Helsinki, October 2024:

- WMA Declaration of Hong Kong on the Abuse of Older People (with minor revision)
- WMA Guidelines on Promotional Mass Media Appearance by Physicians (with minor revision)
- WMA Statement on Adolescent Suicide (with minor revision)
- WMA Statement on Non-Discrimination in Professional Membership and Activities of Physicians (with minor revision)
- WMA Resolution on the Revocation of WHO Guidelines on Opioid Use (with minor revision)
- WMA Resolution in Support of an International Day of the Medical Profession
- WMA Resolution in support of the Turkish Medical Association (with minor revision)

9 IMO Annual General Meeting 2024

The 2024 AGM was attended by almost 300 delegates and in addition to the National Specialty Meetings there was a comprehensive programme of Panel Discussions and Hot Topics sessions. The meeting was addressed by Minister for Health, Mr Stephen Donnelly TD and HSE CEO, Mr Bernard Gloster.

The following is a summary of the panel discussions and the Hot Topics sessions. Details of the status of all the motions debated at the AGM can be found at www.imo.ie

Panel Discussions

Artificial Intelligence – Impact on Healthcare

Moderator: Dr Austin Byrne, GP, Waterford

Panellists: Professor Barry O'Sullivan, Director of the Insight Centre for Data Analytics at University College Cork. Professor Patricia Maguire, Professor of Biochemistry at University College Dublin. Dr. Conor Judge, Consultant Nephrologist at Saolta University Health Care Group and Senior Lecturer in Applied Clinical Data Analytics at the University of Galway.

The discussions focused on the evolving role of AI in healthcare with a strong emphasise on the fact that AI technology is not advanced enough to replace the essential core skills of human interaction when delivering patient care.

Professor O'Sullivan presented an analysis of AI's current capabilities in healthcare. He highlighted several instances where AI applications have not met expectations, underscoring the technology's limitations. Emphasising the necessity for rigorous validation, he cautioned against over reliance on AI without substantial evidence of its efficacy and safety.

Professor Maguire presented an innovative project that leverages AI to diagnose and assess the risk of pre-eclampsia in pregnant women. This initiative, implemented across Dublin maternity hospitals, utilizes advanced algorithms on patient data, facilitating early detection and intervention. The project's success was internationally recognised, earning a place among UNESCO's top 30 projects worldwide that use AI to address sustainable development goals.

Dr Conor Judge focused on the integration of AI into clinical practice. He stressed the importance of conducting comprehensive clinical trials to validate AI applications before their widespread adoption. Dr. Judge pointed out the disparity between the abundance of AI-related research publications and the relatively few AI devices that have received approval from regulatory bodies such as the FDA. He cited an example of an autonomous medical device designed for chest X-rays, which operates independently when no abnormalities are detected but involves a physician's expertise when issues arise. This approach supports the need for a balanced approach to AI technology so as to ensure the technology supports rather than suppliants medical professionals.

IMO Members at AGM 2024

Collectively, the panellists concurred that while AI holds significant promise for automating administrative tasks and enhancing certain aspects of healthcare delivery, it is not a substitute for the nuanced decision-making and empathetic patient interactions that define the medical profession.

Valuing the Role and Expertise of the Doctor

Moderator: Ms Ingrid Miley, BL

Panellists: Dr. Peadar Gilligan: Consultant in Emergency Medicine at Beaumont Hospital. Professor Gaye Cunnane: Consultant Rheumatologist and Director of Health and Wellbeing at the Royal College of Physicians of Ireland. Dr. Kitty Mohan, Consultant in Communicable Disease Control and British Medical Association Committee member. Professor Tadhg Crowley, Chair of the IMO General Practitioner Committee and GP based in Kilkenny.

This discussion focused on whether the health service is properly supporting and resourcing doctors to do the role for which they are trained. The session also examined the patient safety issues associated with undermining the role of the doctor and assigning medical tasks to other healthcare professionals. All panellists spoke to the lengthy training pathway for doctors from medical school, through basic training and higher specialist training which needs to be undertaken before a doctor can become a specialist in their particular area. Dr Peadar Gilligan reminded the audience that a diagnostician requires a very significant breadth of knowledge and experience.

Dr Kitty Mohan spoke of the UK experience where increasing numbers of Physician Associates (PAs) have been employed in the NHS and who are increasingly doing medical tasks which do not reflect their training or experience. PAs have been introduced in the UK as a way of mitigating a pronounced fall off in doctor numbers but there are growing issues around patient safety and the scope of the role of the PA.

Results of a UK study of 18,000 doctors and 2,000 patients was presented in which:

- 87% of doctors said the way PAs work was always or sometimes a risk to patients.
- Less than 20% of doctors said that the employment of PAs had reduced their workload.
- Over half of patients had not heard of PAs
- Just over 3% of doctors said they felt having PAs enhanced their training opportunities

Professor Cunnane agreed that the title and scope of the role of PA needed to be defined with Physician Assistant being preferable to Associate and spoke of how that patients should have clear and accurate information about who was treating them.

In relation to the role of pharmacists Prof Crowley spoke to the particular skillset of pharmacists and the valuable support they could offer in the context of medicine management within a GP setting, however he cautioned against the expansion of the role into areas which require medical training and expertise.

IMO Members at AGM 2024

The panel agreed that the Irish health system as currently resourced and structured does not help the doctor provide optimal care to patients particularly where we have significant bed capacity and workforce deficits. The response from those who determine health service funding should be to invest in the medical workforce rather than seeking to undermine the role of the doctor.

The Dark Side of Social Media

Moderator: Ms Ingrid Miley, BL

Panellists: Prof Matthew Sadlier, Consultant Psychiatrist and Chair of IMO Consultant Committee. Professor Debbie Ging, Professor of Digital Media, Dublin city university. Ms Clare Daly, Solicitor and Board Member of CyberSafe Kids.

This session focused on the growing evidence around the harmful effects of social media, particularly among young people and in relation to mental health issues. The panellists exposed the shocking reality of some social media platforms, their harmful algorithms and the overall effect on children and adolescents.

Professor Matthew Sadlier presented on the association between social media usage and heightened rates of anxiety, depression and suicide ideation in adolescents. The problem is far more pronounced amongst girls in terms of the mental health problems. He spoke for the urgent need for social media to be recognised as a public health risk and the introduction of legislative measures around minimum age. Prof Sadlier referenced several studies on social media usage and noted that there is widespread agreement that excessive social media use (more than an hour a day) has negative effects.

He pointed to the fact that the US surgeon general has issued a public health advisory regarding social media and that 42 attorneys-general in the US have taken a case against Facebook parent Meta – a rare show of bipartisan support.

Prof Debbie Ging said that social media has changed the way we live and think and that, worryingly, the technologies are not neutral but are disposed to manipulation. This has had a monumental impact on young people; she outlined how widespread access to violent pornography had changed young people's attitudes to sex, with a major rise in intimate partner abuse among young people.

She spoke of the impact of 'manfluencers' such as Andrew Tate and their red pill philosophy, namely that the world is stacked in favour of women and minorities and that men are the victims. She explained how these extreme views are exacerbated by the negative algorithmic patterns of social media platforms.

Ms Clare Daly stated that a third of all online users are children, and the online world's risks and harms often outpace regulatory change.

She referenced a CyberSafeKids survey conducted in Ireland which suggested that 95% of 8 to 12-year-olds own their own smartphone, and 45% of 10-year-olds use a smartphone in their bedrooms. Shockingly, a quarter of 6-year-olds have their own smartphone.

Ms Susan Clyne, IMO Chief Executive Officer

The panellists highlighted how a combination of the perpetuation of harmful content, the aim to keep eyes on screen, and the nature of online communication have led to a perfect storm of negativity for young people. Professor Sadlier said that social media was leading to an "explosion of distress and creating broken people".

Hot Topics Sessions

Understanding Obesity

Professor O'Shea, Consultant Endocrinologist and National Clinical Lead for Obesity

Professor O'Shea spoke of the need to recognise and treat obesity as a chronic disease and the that the old mantra of "eat less, move more" can no longer be applied to the treatment of obesity. He stated that fie of the seven determinants of obesity are outside of a person's control and that obesity was linked to over two hundred diseases. Professor O'Shea described how obesity had doubled in the last 30 years and that the marketing in shops and supermarkets had become particularly sophisticated e.g. ice creams marketed to five year-olds are always placed at their eye level. Prof O'Shea spoke of the new drugs available and the roll out of future drug treatments which will be offer patients up to 20% weight loss. The session included a Q&A.

Tackling Falling Vaccine Rates

Dr Paddy Kelly, GP and Clinical Lead Immunisations

Dr Kelly outlined how there had been a significant fall in the uptake of childhood vaccinations in the past five years, with massive regional variation in rates. There is global context for this trend – as he noted a 3,000% increase in measles in Europe and central Asia this year compared to the same period in 2023.

IMO Members at AGM 2024

Dr Zach Johnson

Dr Kelly encouraged those dealings with vaccine- hesitant patients to get an understanding of a patient's feeling on vaccines, ask open- ended questions, provide reassurance, and acknowledge their feelings without feeling obliged to agree with them. Always leave the door open to those who are sceptical.

Alcohol – Is the Cost Too High?

Dr Mary O'Mahony, Consultant in Public Health Medicine

Dr O'Mahony examined the impact that alcohol has on society and pointing to the fact that Ireland has the third highest level of foetal alcohol spectrum disorder globally. In Ireland over half of people drink harmfully and one in seven have an alcohol disorder – two out of three people who die in Ireland of alcohol related causes are under 65 and around 1,000 others diagnosed each year in Ireland are caused by alcohol.

She said that among the alcohol-related policies that actually work are minimum unit pricing, drink driving measures and the restriction of availability, while some non-effective policies are school-based education and public information campaigns. She said that these shocking statistics had to be viewed in the context of the proposed introduction of the Sale of Alcohol Bill, which would extend licensing hours and, as a result, drive alcohol consumption and harm. Dr O'Mahony called for a health impact assessment on this Bill and said that there is a public health imperative to reduce our alcohol per capita rate.

10 IMO Seminar on the Medico-legal Environment in Ireland

Doctors from a wide range of specialties gathered in Dublin's Radisson Blu Royal Hotel for an informative seminar on the medical negligence system in Ireland on Thursday, September 19th.

The presentations were varied and the panel discussion generated much debate, but the general consensus was that the system is not fit for purpose and needs to change for the good of patients, doctors and the health system as a whole.

Prof Matthew Sadlier, Chair of the Consultants' Committee, took on the role of MC for the evening, and first introduced Eimear Spain, Professor of Health Law at the University of Limerick. Her presentation focused on the patient and family experience of medical negligence actions, and her survey findings painted a grim picture of an overly adversarial and inhumane system.

Prof Spain outlined the reasons that patients and their families went to court, explaining that many were reluctant but felt they had no option, and were driven by a desire to understand what had happened. Some patients felt that litigation was the only way to get an apology for what had happened and hoped that it may prevent recurrence in the future.

Prof Matthew Sadlier

Some had no option but to pursue compensation through the courts in order to continue treatment and care, in particular those who went through a catastrophic injury at birth. While others saw receiving financial reward as a form of justice having gone through a traumatic event.

Prof Spain outlined several negative impacts arising from the litigation process, including re-traumatisation, arrested healing after the initial traumatic event, and the financial stress of taking a case. Tellingly, one patient described the process of litigation as being worse than the actual event itself.

Prof Spain outlined a number of systemic issues which caused harm, including the adversarial nature of the system, an unsatisfactory mediation process, the perceived lack of independence of expert witnesses, and lengthy delays.

GP Dr Martin Daly described the system from a doctor's perspective, and also recounted his own traumatic experience of being sued as a younger doctor. He identified Ireland as an outlier among other European countries due to the adversarial nature of our medical negligence system, the length of time it takes to settle on average, and the huge costs of claims.

Prof Matthew Sadlier, Prof Eimear Spain, Dr Martin Daly, Dr Clara Forrest, Prof Noirín Russell and Dr Denis McCauley

He explained that our medical negligence system gives rise to second victim syndrome, whereby the patient is the first victim, and the doctor is the second. He outlined the psychological and emotional toll a claim can take on a doctor, stating that while some recover and use the experience as a positive, others have been driven from the profession as a result.

Dr Daly said claims can lead to anxiety, stress, disillusionment and depression, and because of their standing in the community, GPs are particularly vulnerable. He said that too often individual doctors were the target while the system remains unaccountable. This leads to "defensive medicine" – which is identifiable by over-caution, over-referral, over-investigation, over-prescribing, and over-treatment.

He said that for some patients, symptoms take time to develop and, in many cases, the best option is to offer no more than reassurance and ongoing monitoring. However, according to Dr Daly, doctors are "sitting ducks" in that environment.

He said that pre-action protocols and early and full disclosure of information were key, along with early investigation of circumstances and proportionality to allow the court to come to its own conclusions.

Dr Clara Forrest, SHO, Cork University Hospital, outlined that 4,000 outstanding claims would cost €4.15 billion, an astronomical figure that the health system can scarcely afford.

She informed the audience that the average length of claims in Ireland was 1,500 days, which itself is having a big impact on the recruitment and retention of doctors. She warned that defensive medicine had permeated medical practice at a systemic level.

Among Dr Forrest's recommendations were a practical guide to the system for both doctors and management to learn from the litigation process; the full examination and data collection of previous claims including no-harm and near-miss cases as well as adverse events; a dissemination of learnings and subsequent recommendations at both a local and national level; an evaluation of the implementation of recommendations; and the convening of a citizens' assembly on the matter.

Noirín Russell, Professor of Obstetrics and Gynaecology at UCC and Clinical Director of CervicalCheck, used her presentation to outline the limitations of the current system with respect to the cervical cancer screening programme.

She emphasised that an adverse event is not always due to an avoidable error – for example, she said that of the approximately 250 women diagnosed with cervical cancer every year in Ireland, roughly 30 are diagnosed after a previous negative screening test. This is usually due to the limitations of screening tests and rarely due to human error. Since population based screening is a balance between harm and benefit, every cancer screening programme will have a small number of false negative results.

Dr Denis McCauley, Prof Eimear Spain, Dr Clara Forrest, Dr Martin Daly, Prof Noirín Russell

When patients experience an unexpected adverse outcome they need support and care, regardless of whether the outcome was due to error or not Russell said. Patients want answers and explanations, and the current adversarial system does not allow for those questions to be answered by their clinician. “This is harming patients and harming doctors.”

Prof Russell stated that the rushed disclosure of the results of retrospective cancer reviews in 2018 caused harm for both patients and doctors. Patients described the process as confusing, traumatising, difficult to understand with inadequate communication. She reiterated that care and respect, transparency and clarity need to be present at all steps of a patient journey – non-negotiables which have informed a new way for the screening service.

In the new Patient requested cervical screening review process, there is a dedicated point of contact in the service for the patient from the first contact, early face-to-face meetings where patients can discuss their questions with clinical staff.

These staff have the clinical skillset to prepare patients for what the results of the review might be, Importantly they can also provide early a reassurance for the patient that review results have no impact on treatment or prognosis. Prof Russell spoke of the need to explain that each screening test is s a component of a pathway of care and stressed the importance of giving the patient factual information every step of the way.

IMO President Dr Denis McCauley, a GP and Coroner in Co Donegal, examined two pieces of legislation which have been introduced recently: personal injuries guidelines in the Judicial Council Act 2019, and the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. And the review of the expert group in relation to potential tort reform in the area of medical negligence.

The new guidelines in the Judicial Council Act determine what payment should be given for particular injuries, with the recalculation of damages predominantly downwards. The Patient Safety Act introduced mandatory open disclosure for serious patient safety incidents, which complements existing voluntary open disclosure for incidents including near misses and no-harm events.

The Act aims to enable learnings from serious incidents when they arise, and non-compliance can lead to fines of up to €5,000. Dr McCauley stated that the Act's aim, of ensuring information given in disclosure meetings is not used against the doctor at a later date, is flawed in that the actual discussion under the act is protected but the information given can be used to frame a medical negligence claim.

He proposed that specialist courts should be established to deal with medical negligence cases and stated that it was critically important that the judiciary sitting at the specialist court should have some degree of medical education and understanding as to how the system works.

Dr McCauley presented that the new acts and the upcoming implementation of the review process does not materially affect the damage that medical legal practice is having on the practice of medicine. The medicolegal litigation process may be more efficient and the doctor will give disclosure when an event happens will do so in the knowledge that ultimately they may have to defend that in a tort based civil claim. Ultimately these reforms will probably not prevent patients from taking claims and will not prevent doctors from practising a medicolegal type of practice which will be bad for patients, doctors and the health system generally.

He proposed the introduction of a no-fault system in Ireland, drawing on the experience of New Zealand where Dr McCauley stated that in the absence of an adversarial system, doctors actually helped patients with claims and as a result, were able to practice in a full and proper way, eliminating the need for "defensive medicine".

Afterwards, a panel discussion focused on the benefits and drawbacks of a no-fault system, the role and importance of the National Incident Management System (NIMS), the need for satisfactory communication for patients, and the impact that our current system is having on recruitment of younger doctors.

In closing, Dr Forrest made the interesting observation that while we have best practice guidelines in Ireland, doctors do not work in best-practice environments making best use of their time. Until the system as a whole is addressed, we will be playing catch-up.

Doolin Memorial Lecture 2024

Delivered by Dr Leo Varadkar, Saturday, Dec 7, 2024 at RCSI, York Street, Dublin
Lecture Title: Health Care Challenges

Prof Matthew Sadlier, IMO Consultant Committee Chair, introduced Dr Leo Varadkar who during his political career has been Minister for Transport, Tourism, and Sport (2011-2014), Minister for Health (2014-2016), Minister for Social Protection (2016-2017), Taoiseach (2017-2020) and (2022-2024).

Dr. Varadkar began by briefly summarising his career to date. He worked for 7 years as a GP, 17 years as a TD and was Fine Gael party leader for 7 years.

He congratulated the two doctors who were elected to Dáil following the recent general election- Dr. Jack Chambers and Dr. Martin Daly. He paid tribute to the outgoing Minister for Health Stephen Donnelly and what he had achieved during his 5 years in office but unfortunately he wasn't re-elected.

Dr. Varadkar stated that if we don't measure, we can't improve. He illustrated this point on a number of occasions throughout his lecture bench-marking Ireland's performance against other EU member countries. He developed a number of themes in relation to healthcare in Ireland – progress over the last 20 years, the statistics, policy deliveries and policy forecasts.

Mr Leo Varadkar, Prof Matthew Sadlier and Dr Anne Dee

There has been considerable progress in healthcare: life expectancy has improved; the 30-day mortality following admission to hospital after myocardial infarction or stroke has reduced; the hip fracture management for patients over 65 years is more effective with better outcomes, and suicide rates in Ireland are now below the EU average. There are, however, unmet needs for medical and dental examinations.

Health and socialcare now accounts for 13.2% of total employment. The number of practising doctors has increased in recent years. In 2013 there were 9,000 doctors and dentists employed in the public health service and in 2024 there are 14,000. We now have 3.9 doctors per 1,000 population which is just above the EU average, and is more than in the UK and Australia. As we achieve the correct complement of doctors the next step is to explore in detail whether we have the right doctors in the right place doing the right thing.

Dr. Varadkar addressed the issue of nursing and nurse numbers. The nursing complement has increased from 31,478 (2013) to 43,949 (2024). He acknowledged the major contribution provided by overseas nurses who account for half of the nursing workforce. He hoped, however, that this heavy dependency on foreign staff would improve over time.

He discussed the issue of nurses pay which does not compare favourably with other countries and lags behind other sectors of the health service.

The HSCP (health and social care professional) numbers have increased from 10,267 (2013) to 16,260 (2024). These professionals add considerably to the skill-mix in both the hospitals and the community.

Dr. Varadkar predicts that the rapid growth in the healthcare workforce which we have witnessed in recent years will now slow down and start to level off, as the overall numbers working in the health service are now deemed to be comparable with other EU countries.

Mr Leo Varadkar

Health expenditure in Ireland is €4,200 per capita. This is above the EU average and is the same as France. Our gross healthcare budget has increased from €12.5 billion (2016) to €22.8 billion (2024).

A number of capital projects have been undertaken or commenced in recent years. These include the National Children's Hospital, the National Rehabilitation Hospital Dun Laoghaire, the Central Mental Hospital Portrane, and the planned National Maternity Hospital move to St Vincent's. He pointed out however that the pipeline of hospital replacement is currently not happening fast enough and our old hospital structures are an obstacle to the delivery of efficient medical care.

The other challenge is that we do not have a sufficient number of hospital beds. Ireland closed too many beds in the 1980s. Currently we have 2.9 beds per 1000 population, which is below the EU average of 4.7 beds per 1000 population. Ireland needs to increase its hospital bed capacity.

One of the consequences of too few beds is that it is the only route by which patients can get into hospital is through the ED. This creates a bottle-neck for many hospitals.

He showed data that demonstrated that young students interest in a career in healthcare has decreased in recent years. This is in part related to the country' full employment and many other competing opportunities. On the positive side our healthcare workforce remains relatively young.

Alcohol consumption in Ireland has decreased between 2010 and 2022. It is now within the EU average. Another positive is the reduced cigarette smoking rates. The proportion of 15-19 year olds who smoke is now down to 7%. The emerging threat, however, is the increased vaping use, Ireland having the 4th highest rates for vaping in the EU.

In the final section of the lecture Dr. Varadkar looked toward the future and what he felt will happen in the forthcoming years. The health budget will grow more slowly. There will be a greater emphasis on the effective use of staff rather than an increase in numbers. Skill-mix needs further development. There is further room for pay, conditions, and staff well-being.

Capital investment will continue to grow. This will create opportunities for greater capacity and clinical effectiveness. The advances in technology - AI, Bot Doctor, and the new treatment modalities are very promising. He illustrated this point in relation to Hepatitis C which is now a curable disease. The surge in new medical devices, many from Ireland, is very exciting.

Medical negligence remains a major challenge for the health service. The current adversarial tort system has a chilling effect on doctors who have been involved in lawsuits. Doctors in this country are not more negligent than doctors in other countries. Mishaps occur in all healthcare systems. The IMO has been asking for a no-fault system, however, he feels that at present the political system will balk at this type of reform.

Dr. Varadkar's lecture was very well received by the full auditorium, most of which were practising frontline doctors, who found it interesting to get such an incisive and honest insight into how the delivery of healthcare is perceived from the political perspective. The presentation also provided a picture of the direction of health planning in future years.

JFA Murphy
Editor IMJ

11 Communications Statistics

24,255 FOLLOWERS **@IMO_IRL**

2,488 FOLLOWERS ON **FACEBOOK**

https://www.facebook.com/IMONCHDs

3,759 FOLLOWERS ON **INSTAGRAM**

@imo_nchds

52 POSTS AND **86 STORIES** THIS YEAR

82,000 USERS VISITED OUR **WEBSITE**

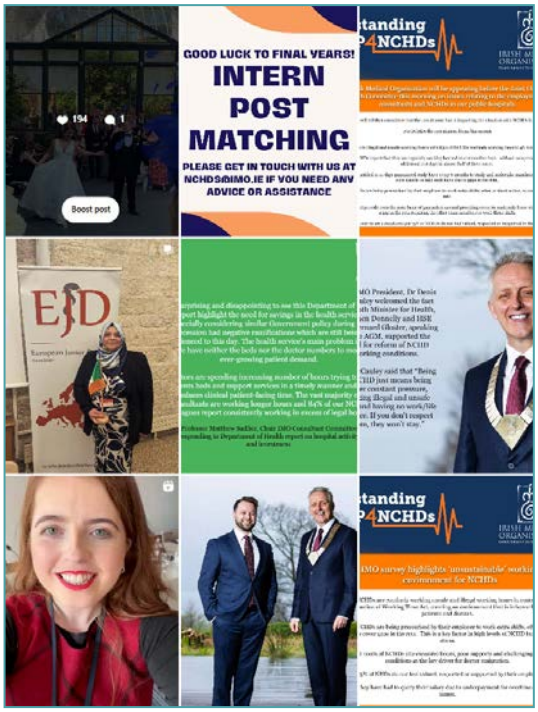
334,000 PAGE VIEWS ON **IMO.IE**

IMO in the Media

The IMO released 21 statements which covered a whole range of topics including the proposed ban on smartphones among young people, responding to the consultant productivity report, the need for reform to retain our NCHDs, concerns over the capacity crisis concerns over the chronic capacity crisis across our health service and the HSE's recruitment freeze.

"The results of our survey were disappointing but not at all surprising. Among the findings were that three-quarters of NCHDs do not feel valued, respected and supported by their employer; over eight in ten say they have routinely worked over 48 hours a week in the past three months; and three-quarters are unsatisfied with the work-life balance their current role offers them."

Dr Rachel McNamara, IMO NCHD Chair



"We need to fund the health service according to demand and our future needs which are predictable. Our population is ageing, and treatment is becoming more complex – if we continue to underestimate the resources needed at Budget time we will be condemned to repeating this process again next year".

Dr Denis McCauley, IMO President

"Public Health Consultants are trained to be able to bring a unique blend of clinical and public health expertise. However, in order to fully flourish it is essential that SMO vacancies are made attractive and filled and that full multi disciplinary teams are available to all Consultants in Public Health Medicine."

Dr Anne Dee

"Our chronic shortage of bed capacity and the ongoing recruitment freeze have resulted in ever-lengthening waiting list numbers which in many cases are resulting in poor patient outcomes".

Prof Matthew Sadlier, IMO Consultant Chair

"There's very little in place to help new and establishing GPs. Being single-handed GP is a difficult place to be currently – particularly in rural areas, you're isolated. So, I think that's something we need to look at in terms of saying, 'Right, how can we help rural and single-handed GPs to set up and practice?'"

Prof Tadhg Crowley, IMO GP Chair

Doctors urge ban on 'destructive' smartphone use by children under age of 16

Government should declare smartphone and social media use by the young as public health emergency, says Irish Medical Organisation

Plan to provide 1,500 new hospital beds 'too few and too slow' - IMO

Patients cannot be treated by non-medics to fill gaps caused by doctors' shortage, new IMO leader warns

Medical staff 'burned out' by relentless demands - IMO

Medical staff are being insulted, demoralised and burned out by the relentless demands of the public health service, an Oireachtas committee has...

News • 22 May 24

Report reveals up to 30% of Irish-trained GPs emigrate each year

Budget 2025: Healthcare system facing 'escalating crises' says Irish Medical Organisation

Recruitment embargo in HSE 'inconceivable' and more doctors needed, IMO to tell politicians

Politicians will be told how hospital doctors and consultants are leaving work feeling "demoralised and frustrated".

12 The IMJ Annual Report 2024

The Irish Medical Journal (IMJ), is a monthly clinical and medical journal published by the Irish Medical Organisation. As one of the leading medical publications in Ireland, it seeks to keep the profession in Ireland informed through scientific research, review articles and updates on contemporary clinical practice.

The IMJ received more than two hundred and sixty submissions in 2024, this encompasses more than eighty peer reviewed articles, ten editorial commentaries and more than thirty letters to the Editor.

A recurring topic of interest this year in the IMJ is the recreational use of nitrous oxide among adolescents and young adults. February's edition saw the publication of "Frostbite injuries from recreational nitrous oxide use'. Murphy et al. describe 7 cases of skin loss due to the liquified nitric oxide spilling on the user's skin. In the April edition of the journal, Keady and Torreggiani wrote on 'the role of medical imaging in the investigation of nitrous oxide toxicity'. The recreational use of nitrous oxide among adolescents and young adults is a growing concern. It renders B12 functionally inert leading to demyelination and gliosis of the central and peripheral nervous system. Prompt early diagnosis and treatment is critically important.

The paper 'Paraquat poisoning following the introduction of the European Union ban' written by Cassidy et al. in August was a observational national population study on human cases of paraquat poisoning. In the period 1999-2007 prior to the ban there were 95 cases of paraquat poisoning (70 intentional, 25 accidental) with 33 fatalities. Following the ban, in the period 2008-2022, there were 11 cases with 4 fatalities. The findings confirm the effectiveness of this global health measure.

Ali & O'Neill et al. in 'RSV burden on Ireland's tertiary children's hospitals: an in-depth winter 2023/2024 review' published in December illustrated the impact of this annual epidemic. During the winter there were 869 RSV cases — 712 ward admissions and 157 ICU admissions. There was a 61% reduction in elective surgeries. It will be instructive to compare with this current winter when all newborn infants were offered Nirsevimab, RSV prophylaxis.

Joyce et al. in 'Anti-NMDA receptor encephalitis presenting as aseptic meningitis' published in February describe an important cause of reversible encephalitis that responds to methylprednisolone and IV immunoglobulins. The clinical presentation consists of a significant change in behaviour and cognitive manifestations.

In May, Higgins et al. explored another important issue in 'Characteristics of sarcoidosis-associated pulmonary hypertension at the national pulmonary hypertension unit', and describe a clinically important complication of sarcoidosis. It affects 5.7 -28.3% of patients. The mean interval before onset is 15 years.

Harhen et al. in 'Pregnancy outcomes of Ukrainian displaced women in Dublin' reported in the June edition that there was a high demand for interpreters. Only 11 of 56 women spoke adequate English. A history of psychiatric problems was encountered in 4 women. The neonatal outcomes were good with just 5 infants requiring a SCBU admission.

In October, McNally et al. wrote on the issue of cancer screening programmes. In 'Development and implementation of a colorectal cancer screening programme for patients with cystic fibrosis', the authors state that colorectal cancer is 5-10 times more common in CF patients. In their colonoscopy series, the adenoma detection rate was 28.6% and there 1 case with an advanced polyp.

The IMJ continues to publish Abstracts from the proceedings of general medical conferences across the country, as well as a variety of national reports. In October, the Student Essay Competition asked medical students studying in Ireland to explore the topic "Will advancements in technology make me a better doctor?" The journal received submissions of a very high standards from medical students across the country, and the winner was Ellen Ni Chinseallaigh (UCC), 2nd place Alex Raducan (UCD) and 3rd place Jason Dowling (UCD). The winning essay explored the importance of blending technology with in-patient care, and its ability to see the patient behind the illness.

With a monthly circulation of more than 10,000 readers, the IMJ is Ireland's most established open access medical journal, and provides an invaluable forum for research, education and debate.

JFA Murphy
Editor IMJ

IMJ
Official Journal of the Irish Medical Organisation

13 IMO Financial Services

Board Members **2024/2025**

Prof Ray Walley
Chairperson

Dr Brian O'Doherty
Non-Executive Director (appointed Feb 2024)

Ms Mary Hutch
Independent Non-Executive Director

Mr James Brophy
Independent Non-Executive Director

Mr Willie Holmes
Independent Non-Executive Director

IMO FINANCIAL SERVICES

IMO Financial Services, a wholly owned subsidiary of the Irish Medical Organisation, specialises in providing financial solutions to the medical profession. IMO Financial Services is regulated by The Central Bank of Ireland.

Our Commitment to Members

For over 30 years, IMO Financial Services (IMOFS) has dedicated its business to the financial well-being of doctors and their families. Our objective is to be there every step of the way along a doctor's career from graduation through to retirement and beyond. We have an in-depth knowledge of a doctor's career and how financial needs and priorities shift throughout one's career.

Connecting with our Members

IMO Financial Services looks after approximately 3,500 clients, mainly doctors, spouses and practice staff.

A big part of IMOFS' engagement with doctors is to establish a financial plan. A financial plan is a comprehensive and strategic plan that outlines a doctor's financial goals and steps needed to achieve those goals over a specified period. IMO Financial Services guides doctors through the process and ensures that the plan is tailored to the doctor's needs and goals.

In 2024, IMO Financial Services conducted over 1,500 individual financial planning consultations and assisted doctors with their financial portfolio across protection, pensions, mortgage and savings products.

Standard Fund Threshold

IMOFS collaborated with the IMO on developing a submission for the Standard Fund Threshold (SFT). Following submissions from various stakeholders, changes were proposed in the report of the Independent Examination of the Standard Fund Threshold (SFT), led by de Buitléir. The Finance Bill 2024 included a small number of Dr Buitléir recommendations which will have impacts on our members' pension pots.

Educating Members on Financial Matters

IMOFS hosted webinars on topics of particular interest to doctors. Over 900 members attended our webinars in 2024.

Know your HSE benefits

Relevant to all hospital doctors who wanted to know more about their HSE benefits and when they should enhance privately. The IMO provided an overview of recent NCHD salary changes as well as incremental credit rules.

Pension Auto-Enrolment

In view of the new auto-enrolment pension savings scheme being introduced by the Government, this webinar provided advice and tips to employers who do not already have an employee pension scheme in place.

Doctors returning from overseas

The webinar was a joint collaboration between IMOFS and the IMO and it was specifically designed for overseas doctors planning to return back to Ireland. It touched on various topics such as recent developments in relation to NCHD & Consultant Contracts, tax implications and HSE benefits as well as other financial considerations.

Autumn Financial Planning

The focus of the autumn webinar was on pension tax-savings tips for employed and self-employed doctors including NCHDs, GPs and Consultants.

Retired Doctors

The webinar focused on inheritance planning, changes in State Pension and the importance of financial advice whilst in retirement.

Group Schemes

IMO Financial Services operates a range of schemes for IMO members including group life, income protection and GMS pension protection. The IMO established protection products which have been created with the financial needs of the medical profession in mind.

We offer bespoke group income protection that aligns to the HSE sick pay arrangements for both HSE employees and GMS contract holders. We also offer a product that uniquely protects the GPs GMS Superannuation funding and agreed with HSE that the payment for this product could be completed via deduction from the PCRS. Finally, a death-in-service protection product taking advantage of income tax relief opportunities for some members was also devised.

IMO's group schemes have a combined membership of just under 2,000.

Claims

To date the combined scheme has paid over €43m in benefits to over 240 doctors providing them and their families with financial support at times of illness, disability or death.

1. Death Benefits

Since inception, ca €20.5m has been paid to 73 families.

2. Income Protection Benefit

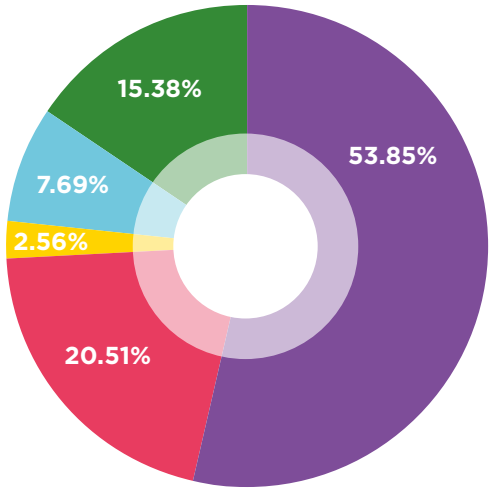
To date, the IMO income protection scheme has paid out over €19m in benefits to 131 doctors.

3. GMS Pension Protection

42 doctors received over €3.5m in payments to protect their GMS pension expectation at retirement.

Most common disability benefit claims are:

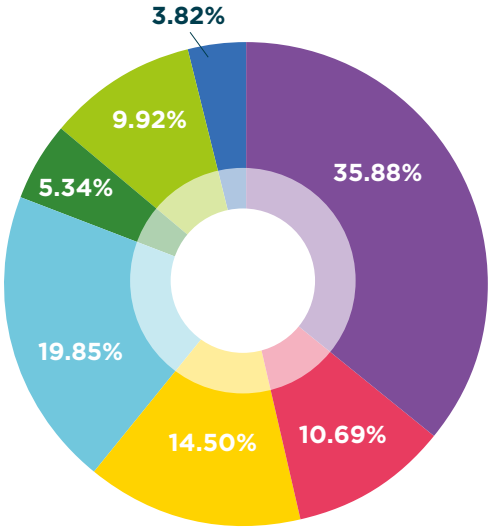
Group Life Claims



- Cancer
- Cardiac
- Respiratory
- Accidental
- Other

(Source: Zurich, 12/2024)

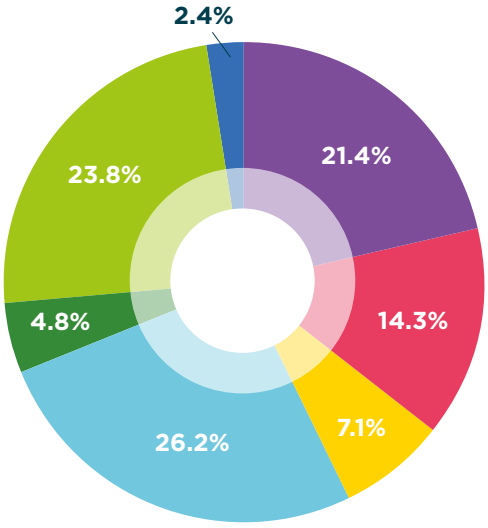
Income Protection Claims



- Cancer
- Heart/Blood Related
- Musculoskeletal
- Mental Health
- Other
- Neurological/Brain
- Gastrointestinal

(Source: Zurich, 12/2024)

GMS Pension Protection Claims



- Cancer
- Heart/Blood Related
- Musculoskeletal
- Mental Health
- Other
- Neurological/Brain
- Gastrointestinal

(Source: Zurich, 12/2024)

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