

The Irish Medical Organisation (IMO) AGM 2023, Crisis in Capacity

The IMO, annual general meeting was held last Thursday in Killarney, running from April 13th-16th. The title of this year's conference was crisis in management. Around this central theme a wide range of pressing issues facing Irish medicine were raised. The items discussed were: medical manpower, capacity deficits in patient care, healthcare policy, the consultant contract, graduate entry medical students, extension of the eligibility for doctor visit cards.

The National Taskforce on the NCHD workforce

An interim report has been published. There are 8,269 NCHDs and 4,152 consultants in Ireland (December 2023). Sixty percent of the NCHDs are in training posts. The Consultant : NCHD ratio is 1:2.2. In the UK and Australia the ratio is 1:1. The interim recommendations are – a standardised first day induction for all NCHDs, an enhanced induction for all international medical graduates, rest and recuperation facilities, shower and changing facilities, available food and drink, medical manpower liaison support, accountable administrators to support NCHD training, and occupational health support.

Also during the conference there was a call for the Government to take measures to provide tax concession measures to relieve the high levels of debt experienced by graduate entry medical students, many of whom have to take out loans.

There should be tax concessions for NCHDs who have to rotate hospitals frequently across the country. These rotations frequently necessitate the payment of an additional rent for a second accommodation.

Exit interviews should be provided with a view to identifying the underlying issues driving the high exit rates.

The consultant's contract

A session was devoted to the new consultant's contract. The IMO ballot found that the majority of doctors were not in favour of it. Major concerns lie with the rostering and location clauses. No new rosters should be introduced until there are sufficient consultant numbers in place. The clause related to the transfer of a consultant to another hospital in the network in exceptional circumstances is a cause of widespread concern. There is uncertainty around what is meant by exceptional circumstances. One participant summed up matters; doctors considering the new contract need the answers to 3 questions – where, when and what. They need certainty about where they will be working, certainty about when they will be working, and certainty about what staff and facilities will be provided to undertake their duties.

During the session there was a call to undertake an assessment of the impact on patients and staff of the policy of moving mental health services to the community in the context of inadequate medical staffing levels and recruitment difficulties.

Doctor visit cards

The meeting believes that the introduction of up to 500,000 doctor visit cards will outstrip GP capacity. Such an expansion should be done in a planned manner. The HSE should recognise the right of a GP to determine the patient numbers that can be safely managed in an individual practice. The cost barrier will be replaced by an access barrier. It will lead to displacement of care for the sickest and most vulnerable.

On a related issue it was pointed out that the GP out-of-hours service is for emergency and acute presentations. It is neither funded or staffed to become an extension of normal GP daytime services.

GP locums

The meeting called on the HSE to appropriately support the costs associated with the provision of GP locums in practice.

It was also proposed that support should be given to resource GPs who have retired or who have just qualified who may be in a position to provide much needed locum services daytime general practice.

Minister Stephen Donnelly's address to the conference

Minister Donnelly began by thanking the medical profession for its outstanding service during the Covid pandemic. He said that the excess mortality due to Covid was 10 times lower than that experienced by the UK.

In relation to recent developments, he said that since the Covid pandemic there have been 1,000 more beds, a 25% increase in ICU capacity, and greater GP access to diagnostics. Last year the waiting list decreased for the first time in 15 years.

There are plans to significantly increase the number of medical student places to the growing needs for more doctors into the future.

He praised the chronic disease management programme that has been undertaken by GPs.

He stated that the extension of GP visit cards will increase GP visits by 20%. He said that the GMS contract will be reviewed.

The working conditions of NCHD need to be improved. The emergency tax imposition at the start of every new rotation will be addressed through a new centralised payroll system. On-site facilities must be improved. Excessive working hours must be avoided. All NCHDs should be in a training scheme.

In the new consultant contract, the rostering principles will not result in unreasonable demands being made on consultants. The work location cannot be changed without the consultant's permission. The requirement to cover another consultant's duties will be limited.

The role played by the public health doctors during the pandemic were highlighted. The number of posts are being increased including public health directors.

Recent developments include free contraception, the removal of hospital charges, and the public funding of IVF treatments. An additional 1500 hospital beds are being sought.

In-coming IMO President Dr John Cannon's inaugural address

He began by acknowledging the great work and achievements of outgoing President Dr Clive Kilgallen.

Dr Cannon stated that he was the 6th NCHD President. He told us that he was a graduate entrant into medicine. He had previously worked in the private sector.

As an NCHD he has a good insight into the challenges being faced his colleagues. He stated that the management structures show disrespect for NCHDs. Overwork leading to fatigue and burnout is common. There are long hours and long days. The system is designed for young, unattached men. It is out of touch with modern basic concepts such as work-life balance.

Little is being done to correct matters. This doesn't happen in the private sector because it is recognised that an organisation's most important asset is its staff. NCHDs are no longer prepared to put up with unattractive training posts. They are 'voting with their feet' and leaving to work in countries with more attractive training schemes.

Work practices are outdated. The lack of technology investment means that many of the day-to-day tasks are burdensome and time-consuming. The vision of NCHDs carrying large volumes of patient notes and lab results still exists in our hospitals.

GPs are faced with increasing workloads. An additional 430,000 additional GP visit cards are being issued. The financial burdens of setting up a practice are increasing. For the first time there are waiting times to see one's GP.

Dr Cannon concluded by saying that the IMO as always will continue to fight on behalf of doctors and their patients.

JFA Murphy
Editor