

Irish Medical Organisation AGM 2025

The IMO AGM was held in Killarney in April. It was a successful meeting with high attendance numbers and good participant involvement. The pressing issues facing the delivery of medical care in Ireland were highlighted, discussed, and solutions explored.

Bernard Gloster, HSE CEO gave a presentation followed by a Q&A session. He stated that our healthcare system is evolving and that change is the only constant. The HSE's 3 aims are good patient access, timely implementation, and the maintenance of public confidence. We have the ability to make improvements – the trolley count has reduced 11%, and there is a 5% increase in referrals. It is accepted that flow and access are closely related. The improvement in community care through enhanced GP services has been an important initiative. The social determinants of healthcare were highlighted.

Professional bodies are right to demand more staff to undertake the high volume of work and the new service initiatives. On the other hand, we must properly use the resources that we already have in place. In order to achieve better efficacy and efficiency we need enabling tools. In particular the roll out of electronic healthcare records, the health act, surgical hubs which are already in place in Dublin, Cork, Galway, Waterford, more hospital beds, and an increased number of GP trainees. The NCHDs are very important for the future of healthcare. 90% want to work in Ireland but many feel that their current training and clinical experience doesn't adequately prepare them for their subsequent careers. Hospital consultants and management need to address these shortfalls. The future of healthcare is a partnership of all the different components. Disagreements on how best to navigate this future are inevitable, but they should remain respectful.

In the second part of his contribution, Mr Gloster answered a number of questions from delegates. The first question related to issues around the weekend rostering of consultants. This is a hot topic at present and was also discussed at the national Consultants forum. Mr Gloster stated in his reply that it isn't about Consultants on their own as this would be a waste of money. It is calculated that 10% of other related healthcare staff would also be needed to support and enable the Consultants to undertake their duties.

The second question asked why Consultants are frequently blamed for the trolley count and why other meaningful metrics were not employed by the HSE. The reply was that it is difficult to change the narrative. The trolleys are just part of a system. One needs to look at the admission conversion rates and the discharges. The intention is not to point the finger at any particular group but rather for all of us to combine our efforts to alleviate the problem. There is an acknowledgement that there is a capacity issue. As part of the government capital plan the community beds will be replaced. Up to 4,000 hospital beds are in the programme and

there is a map for their distribution. While there is uncertainty whether this will be sufficient, one has to accept the current capacity of the system.

Another question was related to the work plan for GPs and it was pointed out that there has been a large increase in the number of clinical care programmes. In the reply it was stated that the HSE will sit down and talk about these issues. Over €500 million has been invested in primary care and general practice. There are now 33 clinical programmes.

The Community Health Officers and their pay and strategies was raised. Mr Gloster agreed that we have failed to define what we want from the Community Health Officer services. The processes have been 'hit or miss'. There should be discussions around the building up of this group of doctors and their roles in the community.

The challenges facing GPs working in socially deprived areas was described by a doctor working in such a practice. In particular the access to adolescent services for very vulnerable children was raised. Mr Gloster pointed out that he came from a background of child protection. We are seeing some improvements but the pathways are confusing. There should be a single, agreed, effective pathway for access for these children.

The meeting was informed that every day we have NCHDs working illegal hours. Moreover, concerns were raised about protecting NCHDs and addressing these work-related breaches. Mr Gloster stated that this is a recurrent problem. The issues are not solely due to the employers. More on its own will not work. We need more and something else. It was acknowledged that NCHD's rosters need to be constructed more efficiently within the hospital systems.

In a related NCHD question, it was stated that female NCHDs don't feel supported at work when they are pregnant. They find it difficult to navigate around their clinical duties and their pregnancy. Some doctors delay starting a family because these challenges. In reply, Mr Gloster emphasised that there should support and workforce planning for doctors who are pregnant, and that this is extremely important. 50% of the NCHD workforce are women.

Susan Clyne who chaired the session commented that this was the second year that the HSE CEO had participated in a Q&A and that it was very well received.

Dr Anne Dee is the new incoming president of the IMO. In her opening address she pointed out that there have been 5 previous women presidents. Dr Dee stated that she hopes to inspire future generations of female doctors. She thanked the support of her husband and family in getting to this point in her career. She described her medical path firstly as a GP and then into public health. She pointed to several challenges facing doctors: The working environment for NCHDs needs to be improved; Consultants remain under high pressure during their working day, and it is a simplistic argument to suggest that they are a disproportionately responsible for the shortfalls in the delivery of healthcare. The challenges faced by overseas doctors were raised and it was noted that the IMO continues to support

them. She suggested that we should stop spending money on private care and invest more in the public service. Dr Dee concluded by stating that it will be a busy agenda over the next year.

JFA Murphy
Editor.