

## **Developments following engagement at LRC regarding Medical Grades**

The background to this outline includes understanding of the shape of planned legislation and specifically the provision that such legislation will not apply where a collective agreement exists.

Based on a collective agreement being finalised with the Irish Medical Organisation representing medical doctors in the public health system, the following is the position on all matters which have been dealt with as part of the current LRC process. The provisions that follow, if accepted, will form an amendment to the PSA agreement 2010-2014 which will now be extended until June 2016. The developments on pay and related matters which arose during engagements at the Commission in recent weeks now form part of this Agreement.

### **Pay Measures**

The following pay measures will apply, in addition to any central measures in relation to higher pay and increments:

- **Overtime (Monday-Saturday)**

For those on salaries of up to €35,000 (inclusive of allowances in the nature of pay), overtime will be paid at time and a half at the first point of the appropriate scale;

For those on salaries (inclusive of allowances in the nature of pay) of €35,000 or greater, overtime will be paid at the rate of time and a quarter at the individual's scale point.

- **Sundays & Public Holiday Payment**

All hours worked on Sundays and public holidays will continue to attract payment at double time.

- **New entrant consultants**

Regard will be had by the Minister for Public Expenditure and Reform, in the application of the further reduction under the legislation to be enacted by the Oireachtas in respect of remuneration over €65,000 p.a., to the exceptional circumstances that relate to the 30% reduction in salary applied to new entrant consultants from October 2012, and the substantial inequity that would thereby arise.

### **Working Week**

The contracted weekly hours of NCHDs will continue 39 hours gross (37 net). The divisor for the calculation of overtime will be 39.

### **Achievement of compliance with EWTD**

A range of savings have been identified arising from EWTD implementation for NCHDs in 2013. These will support the transition to full EWTD compliance by the target date of end-2014 as identified by management. The savings rely on changes to NCHD rosters and work patterns, implementation of the National Standards for reducing NCHD hours, in line with the interim deadlines for the staged implementation of EWTD submitted to the European Commission, greater use of Consultant teams, introduction of electronic rostering and time-recording systems and task reallocation while ensuring protected training time.

Management is committed to the introduction as soon as possible on all hospital sites of electronic systems for the recording of NCHD hours and will ensure that NCHDs are paid for all approved overtime hours worked in line with NCHD Contract 2010.

Noting the above, the IMO confirms its full co-operation with the ongoing EWTD implementation process.

### **Medical/Nursing interface**

A joint site-based review is currently taking place to assess the potential for task transfer of four specified tasks from NCHDs to nurses/Midwives. Management have agreed to revert to the LRC on or about 29<sup>th</sup> May 2013 for further discussions with the IMO and nursing unions in relation to how savings can be applied. For clarity – any savings agreed as accruing from this initiative will be applied to the terms and conditions of the members of the relevant Unions. The IMO, INMO and SIPTU nursing have agreed that the transfer of any further identified and agreed duties will be measured separately for savings. As above any resulting savings will be applied to the terms and conditions of the members of the relevant unions through negotiations.

### **Retention of graduates of Irish Medical Schools**

The parties have committed to review the current Public Health & Community Medicine, NCHD and Consultant career structure with the aim of further developing the career and training pathways from Intern to Consultant / Specialist level. This will take account of service needs, training and service posts, the health reform programme, the urgent requirement to reduce NCHD working hours and developments in relation to EU legislation. The overall objective is the retention of graduates of Irish Medical Schools within the public

health system and the attraction back to Ireland of such graduates - where they have left previously. The Management side and the IMO will begin the process by June 2013.

### **Education Allowance**

There will be immediate engagement between the parties in relation to administration of the education allowance for NCHDs, to include in particular a focus on an appropriate level of choice for the doctor in relation to the educational activities pursued and HSE funded.

### **Redeployment**

The guideline redeployment distance will continue to be 45 km from the current work location or the home address, whichever is the shorter commute. Regard will also be had to reasonable commute time (i.e. as per the existing Public Service Agreement 2010-2014).