

FREQUENTLY ASKED QUESTIONS ON THE LRC PROPOSALS TO ACHIEVE MAXIMUM 24 HOUR SHIFT AND EWTD COMPLIANCE

WHAT DO THESE PROPOSALS DO TO ACHIEVE MAXIMUM 24 HOUR SHIFTS?

These proposals eliminate shifts in excess of 24-hours by 30 November 2013 or earlier where local reorganisation is required, and no later than 14 January 2014 in cases where recruitment is needed. Following this the process facilitates further progress towards EWTD compliance during 2014 so that the acute hospital system will achieve full compliance by 31 December 2014 or earlier. There is recognition that in a very small number of hospitals it may be difficult to achieve max 24 hour shift and these will be dealt with on an exceptional basis.

HOW DO THESE PROPOSALS ACHIEVE EWTD COMPLIANCE?

This is achieved through the local verification process with the full participation of NCHDs in their own work location. Actions are agreed locally to achieve compliance, either by 30 November 2013 or 14 January 2014. The actions are monitored by the National Group (comprising Health Service Management – HSE, Dept. of Health and Dept. of Public Expenditure and Reform - NCHD Committee members and IMO Industrial Relations Unit staff). Failure to meet agreed deadlines will result in a financial sanction being applied to the hospital.

HOW CAN WE BE SURE THE AGREEMENT WILL WORK?

For the first time there are agreed arrangements in place for the IMO and Health Service Management to verify the current status of working hours in each hospital, including the direct input of NCHDs. Hospital management, particularly the CEO/General Manager, are clearly accountable for full implementation.

The actions in each hospital will be reviewed by the national IMO/ Management group to ensure they are achieving their objectives and successfully implementing maximum 24 hour shifts. Where the agreed actions are not achieved sanctions **automatically** apply which withhold money from the hospital until they achieve compliance.

WHAT IS DIFFERENT THIS TIME TO ACHIEVE A SUCCESSFUL OUTCOME?

There are a number of differences in these proposals that will ensure that a change to working hours will be achieved. These include;

- a. The arrangements in place have been agreed between the IMO and Health Service Management under the auspices of the Labour Relations Commission
- b. The actual status of working hours will be verified by a joint IMO/HSE independent process
- c. The introduction of a time and attendance system to record all hours worked in each hospital
- d. Hospital managers will be clearly accountable for implementation with implications for non achievement
- e. The status of working hours will be more transparent when publicly reported on a monthly basis
- f. The actions of each hospital will be agreed with NCHDs and be subject to independent external review joint IMO/HSE process

- g. Hospitals who do not achieve their objectives will be subject to financial and other sanctions for non achievement

IS THE 30% CONSULTANTS PAY REDUCTION DEALT WITH?

Yes. While the dispute on EWTD was about hours worked it is clear that the 30% pay reduction has a bearing on the ability of the health system to retain and recruit doctors. The campaign has given the issue greater momentum. The definition of 'new entrant' Consultant will be considered at a LRC conciliation conference. The two tier workforce will be considered at the LRC on 20 November 2013 following a discussion on that matter at the Health Service National Joint Council on 7 October 2013.

Within the proposal there is clarity on the Haddington Road Agreement (HRA) where there is provision to review the current NCHD career structure with the aim of further developing career and training pathways from Intern to Consultant / Specialist level. This process has already commenced. It also provides that agreed outcomes which support the achievement of EWTD compliance will be prioritised for implementation in the course of 2014, or earlier where possible.

WILL FULL IMPLEMENTATION OF EWTD IMPACT ON TRAINING TIME?

NO. There is a provision within existing arrangement to allow for paid training time which is not classified as working time. Within the proposals there is provision for the parties to the agreement to engage with the post graduate training bodies on arrangements which will be needed for adequate training time by speciality and grade. This action is to be completed by 31 December 2013

HOW DOES THE VERIFICATION PROCESS WORK?

The verification process has been underway as part of the process since 19 September 2013 and is scheduled to be completed by 1 November 2013. It has proved to be robust and effective in establishing the actual working hours and related issues in each location. The meeting is usually held on site with members of a local group of NCHDs, hospital CEO/Clinical Director, Director of Nursing, Manpower Manager, and IMO industrial relations staff. Also in attendance are senior HSE Corporate Managers including the National Director of Acute Hospitals, National Director HR, senior clinicians as well as a senior representative from the Department of Health. The key to success is the involvement of NCHDs and the commitment of HSE senior management to make the necessary changes.

There is also a national group which oversees verification and implementation and is made up of IMO NCHD Committee members, IMO IR staff, senior HSE corporate managers including the National Director of Acute Hospitals, National Director HR, senior clinicians as well as a representatives from the Department of Health.

There are provisions in the proposal that in cases where the hospital fails to achieve agreed goals and sanctions are to be applied that the LRC will conduct meetings locally within 10 days . They can require appropriate representation to be available to address outstanding issues.

WILL CHANGES IN ROSTER TIME MEAN I WILL HAVE TO WORK NIGHTS AND WILL I BE PAID?

In many cases rosters have been worked in such a way that NCHDS may need to work a week of nights. This can be the effective solution to make a roster work, meet service needs, NCHD needs and ensure a sufficient amount of training time. It is important to note that this can only be introduced with the agreement of the relevant NCHDs. It is the view of the IMO that these hours should be paid at the night hour rate. This issue has been referred to the Labour Court on 26 November 2013 for decision.

HOW CAN WE BE SURE THAT NCHD INTERESTS ARE PROPERLY INVOLVED IN THIS PROCESS?

There is NCHD involvement at each level and stage of this process to ensure that all matters of interest to NCHDs are represented and addressed. At the national level representation is through the IMO NCHD committee and locally in each location by IMO NCHD reps and other relevant NCHDs. A new role of Lead NCHD is to be appointed in hospitals aligned with the Clinical Directorate structure to provide for a formal link between NCHDs and hospital management. The lead NCHD role is to be subject to further discussion between the IMO and health service management.

WHAT HAPPENS IF THE HOSPITAL MANAGEMENT DOES NOT IMPLEMENT THE AGREED ACTIONS?

The proposals include arrangements to withhold €15 million from the hospital budget to be withheld in cases where they fail to implement agreed actions by the specified time. This is activated as soon as a deadline is missed and is reported by the hospital/ EWTD verification group on a monthly basis. Funds will continue to be withheld until the hospital has become compliant with the agreed actions. The use of the funds withheld as sanction from any hospital will be reported to the national group on a three monthly basis. This sanction money can only be used for EWTD compliance projects and proposals that are agreed at the national level.

WHAT ARE THE PROVISIONS FOR HEALTH AND SAFETY IN THE PROPOSALS?

The employer is committed to providing a safe working environment. In a very small number of cases where 24 hour shifts may be delayed issues of a safe service may apply. These cases will be referred to the national group who will deal with outstanding issues. The national group may secure external advice to assess any matter of health and safety on staff issues or matters of patient care.