



**SUBMISSION BY THE  
MEDICAL LABORATORY SCIENTISTS ASSOCIATION  
TO THE  
PUBLIC SERVICE PAY COMMISSION**

**JANUARY 2017**

# MLSA Submission to the Public Service Pay Commission

January 2017

## 1. Introduction

- 1.1 The Medical Laboratory Scientists Association (MLSA) is the sole trade union representing Medical Scientist grades in the Irish Health Service, representing over 1600 Medical Scientists.
- 1.2 The MLSA strongly believes that medical scientists have suffered a disproportionate level of cuts to their earnings and changes to their work practices compared to other grades in the public sector since the enactment of the first Financial Emergency Measures in the Public Interest Act in 2009. In addition to the pension levy, pay reductions, increment pauses, additional working hours, changes to pension and sick pay arrangements, reduction in pay for new entrants and the recruitment moratorium that were applied across the public sector, medical scientists have also implemented an extended working day of 8am to 8pm with no additional staff and have accepted considerable reductions in payments for on-call testing. A report from the PSA Implementation Body in April 2012 estimated that the annual savings realised amounted to over €7million and noted the “relatively quick timeframe within which the revised arrangements were agreed”.<sup>(1)</sup> Indeed, the contribution of medical scientists to the national recovery has been significant enough to be detailed in a Government Quarterly Report to the Troika.
- 1.2 Now that limited recruitment has recommenced in the health service, these reductions in terms and conditions are having a detrimental impact on the ability of the employer to attract, recruit and retain staff within these important services and to provide sufficient staff to operate emergency on-call services in hospitals across the country.
- 1.3 In line with the other ICTU public service unions, the MLSA is calling for restoration of pre-2010 pay, including working hours, and removal of the pension levy. In addition, the MLSA calls for the following five issues specific to medical scientists to be addressed:
  - Pay parity with Clinical Biochemists
  - Pensionability of on call-earnings.
  - Improvement to On Call Payments
  - Restoration of twilight pay for working 6-8pm
  - Education fund for medical scientists

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<sup>1</sup> Second Progress Report, Public Sector Agreement Implementation Body, June 2012

**2. Pay parity with Biochemists**

- 2.1 In 2001 an Expert Group Report on medical scientist grades <sup>(2)</sup> recommended pay parity with biochemist grades and the development of a unified career structure for scientific staff in diagnostic laboratories. The Expert Group found that “there is a lack of any real difference between the work of Medical Scientists and other scientists who staff laboratories”. Following a recommendation of the Expert Group, pay parity was implemented for a short period following this recommendation but the first Public Service Benchmarking process in 2002 had the effect of breaking that parity by awarding biochemists between 9% and 20% more than Medical Scientists. This was achieved by the PSBB erroneously permitting Biochemists to be linked to Speech and Language Therapist ‘marker grade’ rather than Medical Scientist ‘marker grade’. In 2005, Labour Court recommendation LCR18105 recognised the anomaly created by the benchmarking process and the difficulty it created for the development of a single unified career structure in laboratories but decided against overturning the Benchmarking Body’s recommendations. The second Public Service Benchmarking Body in 2007 again acknowledged the anomaly but did not rectify it; however, it proposed that future developments in the role of medical scientist grades might provide an opportunity to do so. It is worth mentioning that this report also recommended a salary increase of 2.1% for chief medical scientists, which was never awarded.
- 2.2 Sixteen years after the Expert Group recommendation, Medical Scientists continue to do the same work as Biochemists and hold similar qualifications at undergraduate and postgraduate level but receive significantly lower pay, have fewer promotional opportunities and a shorter career structure because unlike biochemists, medical scientists still do not have a top grade or consultant scientist grade. The MLSA and the profession’s academic body, the Academy of Clinical Science and Laboratory Medicine, have recently produced a joint paper on the subject <sup>(3)</sup> and in 2015 the Minister for Health at the time, Leo Varadkar, stated his support in principal for the creation of the grade. The MLSA asserts that the time has come for equal pay for equal work and that this recognised anomaly must be rectified so that the process of developing a unified career structure for scientists in laboratories can be progressed. This will assist greatly in the recruitment and retention of staff to public laboratory services, which are currently experiencing difficulties in recruiting and replacing suitably qualified staff.

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2 Expert Group Report on Medical Laboratory Technician / Technologist Grades, 2001

3 New Horizons: Advanced Practice and Extended Scope of practice for Medical Scientists in Ireland, 2016

**January 2017**

**3. Pensionability of On Call Earnings**

- 3.1 Payment for on-call is currently non-pensionable, which means that many staff retire with a pension that does not reflect their service or their earnings over their working life. The MLSA has been seeking discussions with the HSE and the Department of Health regarding pensionability of on call earnings. An agreement to engage on this matter was informally agreed under the Haddington Road Agreement with the MLSA and with SIPTU on behalf of Radiographers, yet despite repeated requests no progress has been made to date. This matter has become of increasing importance to our members due to the introduction of the Single Public Sector Pension Scheme in 2011, which is based on career average earnings.
- 3.2 To add insult to injury, medical scientists currently pay Pension related deduction (PRD) on these on call earnings that are not reckonable for pension calculations. As an interim measure arising from the delay by the HSE to address the overall issue of pensionability, the MLSA is seeking the immediate removal of the PRD for on call earnings.

**4. Improvement to On Call Payments & Conditions**

- 4.1 Prior to 1st March 2011, emergency on call payments were based mainly on a fee per patient paid outside of routine hours. Following negotiations arising from the Croke Park Agreement, these rates based on activity were replaced with hourly rates of pay, with significant loss of earnings to medical scientists. The implementation of this on call package, in addition to the extra pressures caused by operating extended working day rosters, has led to a significant reduction in the numbers participating on call, which has in turn increased the pressure on the remaining staff providing the service. It has also reduced the attractiveness of medical science as a career choice for new graduates.
- 4.2 The need for diagnostic laboratory services out of hours is increasing year on year with increasing population and activity in the health service. Under the old fee per patient system, there was an incentive on the employer to restrict the tests performed out of hours to emergency tests required for immediate patient management. Now that scientists are paid an hourly rate this incentive to manage demand has disappeared, leading to unnecessary tests being performed by staff who are ever more stretched to provide the service on a 24/7 basis. In order to operate the extended working day, Saturday cover and on call testing, many medical scientists are on multiple rosters within their locations, all of which must be co-ordinated with the routine day to ensure that sufficient staff are available and that rosters are compliant with the European Working Time Directive.
- 4.3 The MLSA believes that it is necessary to review and improve the entire package of reward for on call participation, including payment and improved recovery time for

# MLSA Submission to the Public Service Pay Commission

January 2017

weekend work. This is necessary both to attract medical scientists to the profession and to ensure a sustainable service into the future. Medical scientists are not currently in receipt of allowances such as those received by medical and nursing staff. Consideration should be given to the payment of a pensionable allowance for medical scientists who commit to participate in on-call testing. Such an allowance would recognise the extent of the commitment necessary to provide the service 365 days a year and would help to ensure the participation of increased numbers of medical scientists in the provision of the service.

## 5. Restoration of Twilight Pay between 6-8pm

- 5.1 The premium payment of time and one sixth for public sector workers for hours between 6-8pm, known as twilight pay, was abolished in 2013 by the Haddington Road Agreement for all staff except radiographers. Twilight pay has also since been restored to nurses. The MLSA seeks restoration of twilight pay for medical scientists in recognition of their ongoing operation of the extended working day from 8am to 8pm.

## 6. Establishment of an Education fund for Medical Scientists

- 6.1 Medical scientists do not have access to a dedicated education fund to support them in securing higher qualifications and maintaining their professional competence. Some funding for education used to be available in many workplaces but was withdrawn by most employers during the financial crisis. Medical scientists have always voluntarily embraced the concept of and need for continuous professional development (CPD) and lifelong learning (LLL), to the considerable benefit of the service. In the near future, statutory registration requirements for medical scientists will include mandatory CPD, which will place considerable further onus on medical scientists to participate in further education. The recent joint declaration by European health sector employers and unions<sup>(4)</sup> states that CPD and LLL should be considered as an investment in current and future qualifications and competences of the health workforce instead of as a cost factor. The MLSA calls for the establishment of a dedicated fund to support this professional requirement, in line with what is available for our medical and nursing colleagues.

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<sup>4</sup> HOSPEEM-EPSU Joint Declaration on Continuous Professional Development (CPD) and Life-Long Learning (LLL) for All Health Workers in the EU, November 2016.

# MLSA Submission to the Public Service Pay Commission

January 2017

## 7.0 Conclusion

The MLSA is united with other unions in calling for a restoration of common 2010 pay and conditions for existing staff and new entrants that were eroded by FEMPI legislation and related agreements. In addition, in recognition of the considerable contribution by medical scientists in recent years to the national recovery and of current difficulties with recruitment and retention of medical scientists and provision of on call services, the MLSA calls for the issues of pay parity with biochemists, on call earnings pensionability, increased on call remuneration, restoration of twilight payments and establishment of an education fund to be considered in the determination of future pay for medical scientist grades.