

Submission presented on behalf of SIPTU Health & Social Care Professionals Sector

5th February 2017

This submission seeks to identify the key factors which have negatively impacted on health & social care professionals including, radiographers and radiation therapists since 2009. These factors are having a continued impact on the inability of the employer to attract, recruit and retain staff within these important services. Furthermore, the measures identified have also negatively impacted on the ability of the employer to successfully integrate an extended working day system in most locations due to a lack of resources to provide for same.

The measures identified have all contributed to a considerable reduction in the terms and conditions of radiographers and radiation therapists over the past number of years. In addition, it is argued that the measures identified have resulted in radiographers and radiation therapists suffering a disproportionate level of cuts to their earnings when compared to any comparable grade or service.

- **Labour Market:**

Ireland, as in most developed countries, is suffering from an acute shortage of radiographers and radiation therapists. SIPTU contends that the challenges arising within the public health system arise not only from uncompetitive rates for pay and commitments to further education which are available in the private sector and abroad. Equally, changes to payment method for 'on-call' as introduced in 2012 have resulted in a significant deterioration of commitment from radiographers and radiation therapists willing to perform same.

The changes to payment for on-call services have produced payment of set hourly rates against what was previously a fee per patient model. In addition, specialities such as CT and MRI have seen a significant withdrawal of radiographers willing to train in these areas given that the rates for payment are now standardised across all disciplines of on-call ie: general, theatre, CT, ultrasound, MRI etc.

The net effect has resulted in radiographers being unwilling to work in specialist areas such as CT, MRI given the significant on-call demands which will arise compared with working in the general area for the same rates of payment.

This finding has been supported by the report published by SOLAS entitled '*Expert Group on Future Skills Needs – National Skills Bulletin 2016*'.

Within the report, the Expert Group identified that shortages exist for radiographers (clinical specialists; MRI and CT radiographers) and radiation therapists.¹

Given the challenges arising, SIPTU contends that the following issues should be considered in addressing the shortfall shortage.

- **Restoration of pre-2010 Pay scales:**

In line with other colleagues within the public service, we are calling for the restoration of the pre-2010 pay scales.

- **Removal of the Pension Levy:**

In line with other colleagues within the public service, we are calling for an orderly withdrawal of the pension levy for all public service workers.

- **On-Call Rates:**

On-call rates were paid by 'fee per patient' or 'fee per scannogram' up to the 1st February 2012. These rates were payable for the provision of on-call services from 5pm Mon-Fri and Sat/Sun. In addition, different rates/sessions were paid for services such as general x-ray, CT, Ultrasound or MRI.

As per LCR 20232, which was pursued under the Croke Park Agreement, on-call rates based on activity were replaced by set hourly rates and a payment based on attendance. The Labour Court recommendation was binding under the terms of the PSA.

The implementation of the Labour Court recommendation has caused great unrest within the service. On-call is now not an attractive service to provide and the demands for it are growing.

Radiographers, in particular, can find themselves on multiple rota within their locations. This is in excess of their contracted hours of duty.

The result realised over the past number of years has been a distinct effort from radiographers and radiation therapists to seek to remove themselves from the rigours of the on-call system.

¹ SOLAS 'National Skills Bulletin 2016' – Healthcare Occupations (pg. 105-107)

Radiographers who are rostered for CT find themselves providing an 'off-site' service with only the guarantee of stand-by for payment. In addition, members have complained that they often have to pay more for child care costs than that earned from a night of on-call service.

The change of payment method, and the hourly rates payable, have proved very unpopular with staff and require to be reviewed. SIPTU has conducted a national review of the on-call system in conjunction with the HSE. It has been jointly identified that the system for payment is in need for review owing to the concerns from staff and employers of the difficulty in securing service from radiographers for 24/7 diagnostics.

Action needed: review of hourly rates/stand-by rate system provided by LCR 20232

- **On-Call Commitment:**

Following the revision of on-call payments in February 2012, the issue of a contractual obligation of radiographers and radiation therapists to provide on-call services has been raised. This issue has contributed significantly to unrest within the service due to the unpopularity of participation within the system given the revised rates on offer.

We contend the merit to introduce a payment/allowance for radiographers and radiation therapists who partake in an on-call system to acknowledge the commitment to/demands of the service. Such an allowance would recognise the extent of the commitment afforded to the provision of the service while also ensuring the commitment of the recipient to be rostered within it.

Action needed: we are seeking the introduction of an allowance to recognise the commitment of radiographers and radiation therapists to an on-call system in addition to their core working hours.

- **Staffing Levels:**

The impact of the introduction of the revised hourly rates (LCR 20232/LCR 20545), in addition to a number of issues below, have contributed negatively on the ability of the service positively attract, recruit and retain radiographers/radiation therapists.

In addition to competition from abroad, the public health system is not competitive with the private sector who are using incentives in order to attract

staff. Incentives such as increment progression, signing on bonus or retention bonus are common for the attraction of staff to the private sector.

Action: competitive packages to attract and retain staff are warranted within the public system. Coupled with this, it is imperative that approval is received from the Department of Health to secure additional resources for the employment of these grades.

- **24/7 Working:**

Members have raised their concern at the growing need for radiographers to continue to provide 24/7 working patterns.

Our members believe that there are distinct health & safety concerns for staff who have worked a full working day and are then required to travel in & out of the hospital during the period of on-call (predominantly 5pm-9am). This issue mainly affects radiographers who are required to provide off-site on-call service for CT.

Action: review of patterns of attendance covering 24/7 period to ensure that no health & safety issues or Organisation of Working Time issues are arising.

- **Working Hours:**

Under the terms of the HRA, Health & Social Care Professionals work an extra 2 hours per week on a fulltime basis (37hours). This equates to approximately 94 extra hours per year being worked without payment. The additional hours are deeply unpopular with our members and also have a further negative impact by delaying access to premium earnings. It is also important to state that the level of additional hours worked by health & social care professionals is greater for these categories of staff when compared to most other groups who are covered by the PSA.

Action: restoration of 35hour working week.

- **Allowances (1):**

Health & Social Care Professionals do not receive allowances comparable with colleagues within either nursing or medical disciplines. Routinely, within nursing, allowances are payable noting attainment of qualifications and/or specialist location working. These are not common within health professional grades. For example, radiographers had 1 allowance recognising higher qualifications in ultrasound. This was removed for new beneficiaries as of the Government review in 2012.

As a result, there are no allowances payable currently to radiographers or radiation therapists who were not in receipt of the above allowance as of the 1st February 2012.

The failure of the employer to recognise specialist working areas or the attainment of post-graduate qualifications is having a negative impact on the ability of the service to encourage staff to move into these areas and upskill.

Action: review of allowance provision recognising specialist areas and attainment of post-graduate qualifications must be conducted in order to ensure that health professionals are supported and encouraged to develop as per other comparable grades.

- **Allowances (2):**

Traditionally an allowance (Quarterly Allowance) was payable to radiographers employed by BreastCheck. This service works from mobiles and provides mammograms to women under the national programme for breast cancer awareness. In February 2012, the Department of Finance advised BreastCheck that they must cease paying the allowance to all new entrants.

The allowance is approximately €6000 per annum and is payable in recognition of the off-site service, hours of travel which are unpaid and claims for overtime which would otherwise arise.

Since 2012, a divide has arisen within the service which does not recognise 'equal pay for equal work'. Staff who have been employed since the removal of the allowance have found themselves at a great financial disadvantage and, as a result, recruitment/retention of radiographers has proven more difficult due to the two-tier system of payment in situ.

Action: restoration of quarterly allowance for all radiographers employed within the BreastCheck service.

- **Education Fund:**

There is secured funding stream for funding of post-graduate education for health & social care professionals in the health service. This is unlike nursing and medical which has a central stream which can be drawn down on application. As a result, staff have had to resort to funding their own post graduate education in order to develop in their profession to the benefit of the service.

Action: creation of a central, protected fund, incl. protected paid time off, for the provision of education development of health & social care professionals.

- **Advanced Practice:**

Within the programme for government, stated commitments for the progression of advanced practice are provided for radiographer and radiation therapist professions. Once such opportunity for advanced practice is the introduction of a new grade for advanced practitioner within ultrasound.

This development would enable the sonographer receive greater autonomy and decision making within areas such as reporting. This would directly benefit the service to the patient, reduce costs and waiting times for the completion of reporting demands.

Action: priority required to introduce 'advanced practice' within radiography and radiation therapy as per the stated commitments within the programme for government.

- **Pensionability of On-Call:**

Payment for on-call is currently non-pensionable. This is despite the fact that most staff are compelled to work on multiple on-call rota in addition to their normal weekly contracted hours of duty. As a result, staff generally retire of a pension which is not a true reflection of their service or indeed their earnings over their working life.

Action: We are seeking an examination of the potential to constitute on-call earnings pensionable for the purpose of pension calculation.

- **On-Call Recovery:**

LCR 20232 commits the employer to continue to provide paid time off for radiographers who are called in to provide service post 12am or post 2am. However, LCR 20232 makes a distinction against Friday/Saturday nights which attract lower time off levels than other nights. This has left these night traditionally difficult to fill owing to the fact that a lower level of time off will accrue.

Action: We are seeking a review of the paid time off provided within LCR 20232 to ensure that there is a consistency across all working nights of the week in line with the standard of post 12am/post 2am model.

- **Pay Parity:**

Radiographers and Radiation Therapists do not attract salaries consistent with other professions within the health & social care professional family. The disparity for pay has long been an issue of contention for members within these professions given that they believe their work, education standard and pathway for professional development is not sufficiently recognised.

Action: We are seeking a comparable review of radiographer and radiation therapist professions for the purpose of pay with other comparable professions within the health & social care professional family.