

Employer Submission to the Public Service Pay Commission: Radiographers, Dental, Ambulance Staff & Psychologists.

Executive Summary

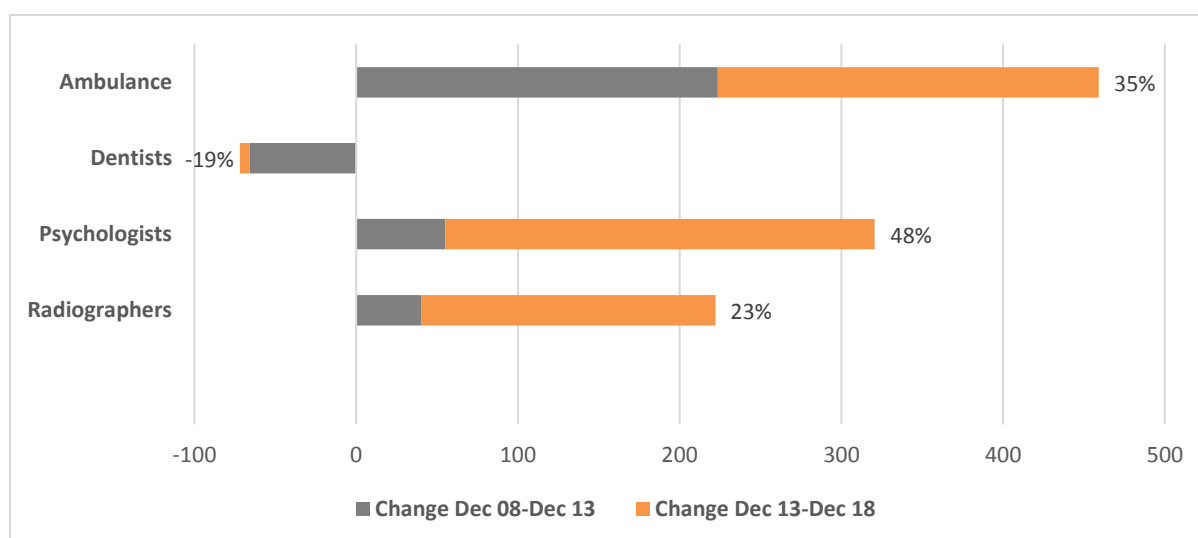
In three of the four groups under examination numbers have increased steadily since 2008, showing little evidence of generalised recruitment and retention difficulties.

In relation to Dentistry, although turnover rates are low, recruitment to this staff group was not prioritised during the crisis in favour of front line areas. Since 2013 numbers have continued to decline in advance of a policy shift towards external contractor service provision which was announced as part of the new Oral Health policy in 2019.

Table 1: Ten Year Changes by Staff Group December 2008 – December 2018

	Dec 2008	Dec 2013	Dec 2018	Total Change Dec 08-Dec 18	% Change Dec 08-Dec18
Radiographers	985	1,025	1,207	222	23%
Psychologists	664	719	985	321	48%
Dentists	387	322	315	-72	-19%
Ambulance	1,323	1,546	1,782	459	35%

Figure 1: Changes in Staff Group, December 2008 – 2013 and December 2013 – 2018



Radiographers, Ambulance Staff and Psychologist Staff Groups

- Overall, numbers in three of the four staff groups have increased significantly over the last ten years.
- Numbers have increased for Ambulance by 459 WTE's (35%), Psychologists by 321 WTE's (48%) and Radiographers by 222 WTE's (23%).
- It is noteworthy that these grades increased their numbers in the crisis period of 2008 to 2013 when overall Health numbers reduced by 12,532 or 11%.
- Turnover rates for each of the staff groups in 2018 are low:

Table 2: Turnover Rates including and excluding Retirement 2018

Staff Group	Turnover 2018 (incl. Retirements)	Turnover 2018 (excl. Retirements)
Dentists	2.3%	1.3%
Ambulance	2.5%	2.2%
Psychologists	5%	4.4%
Radiographers	7%	6.6%

- According to the IBEC 2018 Turnover Report, the average employee turnover rate in the wider economy for 2017 was 9%.
- Examining data on competitions run from 2013-2018 show that there was on average 2.5 candidates interviewed per place on panel within these three Staff Groups.
- The significant increases in numbers, based on the ability to fill panels and low Turnover rates, suggests little evidence of recruitment and retention difficulties at an aggregate level.

Dental Staff Group

- Overall the numbers in the Dentist staff group have declined by 72 WTE between December 2008 and December 2018.
- Turnover rates in 2018 are low at 2.3% including retirements and 1.3% excluding retirements.
- There are a total of nearly 2 candidates for every 1 panel position for Dentistry staff group competitions.
- Continued decline in numbers post recruitment moratorium, in the context of a 14,574 or 14.1% increase in numbers in the health service, is due to the prioritisation of frontline staff recruitment in advance of a shift to contractor service delivery in this area.

1. Psychologist Staff Group

Summary

- Psychologist grades are up 321 WTE or 48% since 2008.
- Based on HBS recruitment data, from 2013-2018 there were 1,403 candidates panelled from a pool of 1,947, an average ratio of 1.4 applicants per panel place.
- Turnover rate for the Psychologist Staff Group in 2018 was 5% including retirements or 4.4% excluding retirements
- Given the increase in numbers, successful recruitment and low turnover rates there is no evidence of generalised recruitment and retention difficulties.

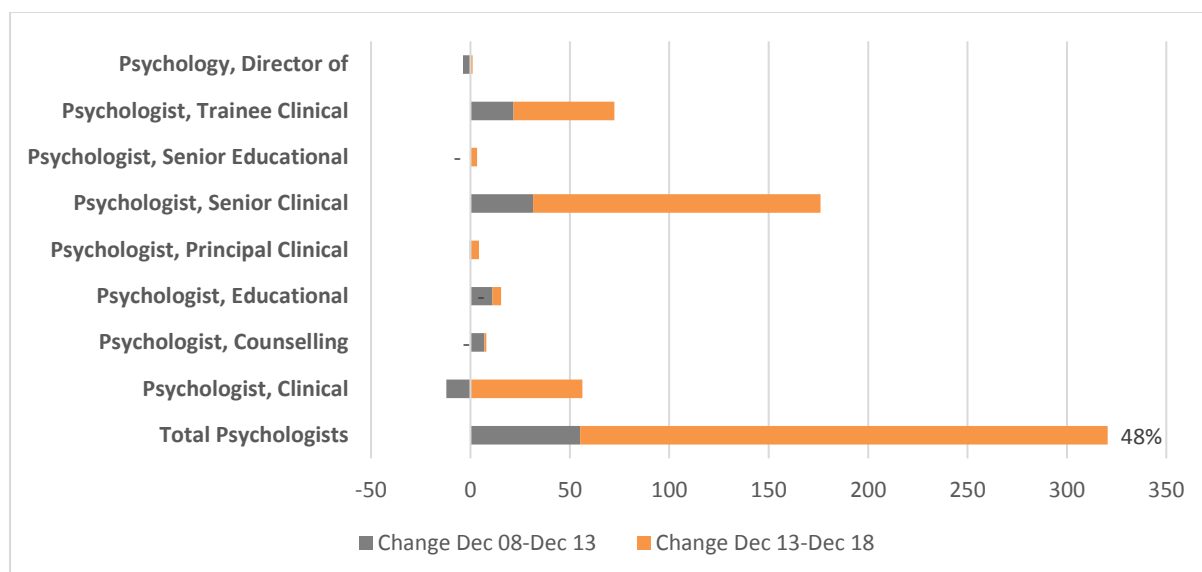
Recruitment and Retention

As of December 2018 employment for Psychologists stood at 985 WTEs. This represents a 20 WTE increase on December 2017 and a 321 WTE or 48% increase on December 2008.

Table 3: Psychologist Staff Group by Grade 2008-2018

Staff Category/ Staff group	Dec 2008	Dec 2013	Dec 2018	Total Change Dec 08-18	% Change Dec 08-18
Total Psychologists	664	719	985	321	48%
Psychologist, Clinical	233	221	277	44	19%
Psychologist, Counselling		7	8	8	-
Psychologist, Educational		11	15	15	-
Psychologist, Principal Clinical	68	68	72	4	6%
Psychologist, Senior Clinical	261	293	437	176	67%
Psychologist, Senior Educational			3	3	-
Psychologist, Trainee Clinical	98	120	171	72	74%
Psychology, Director of	4		1	- 3	-73%

Figure 2: Changes in Psychologist Staff Group by Sub Grade 2008-2018



In 2018 the turnover rate for the Psychologist Staff Group was 5% including retirements or 4.4% excluding retirements. This is low compared to the latest available turnover rates for the wider economy which averaged 9% in 2017. In addition the retention rate of maintaining newly qualified clinical psychology graduates from the funded training programmes is very high (> 90%),

80% of all psychologists have permanent contracts (88% of basic grade); however, the employment of trainees is a relevant factor as 17% on staff are in training posts. When these staff are excluded the number in permanent posts rises to 94.5%. The ratio of males to females is 1:4.37.

There were four competitions run in 2018 through the National Recruitment Service (NRS) with 373 candidates - 12.5% of candidates were not panelled. 397 candidates were panelled with some candidates being panelled multiple times for vacancies in different geographical areas. There were 119 posts filled in 2018 and there are 13 NRS campaigns underway. There are 18 posts at offer stage with a further 28 posts accepted pending clearance. 29 posts have been put on hold for various reasons such as the service reviewing the vacancy or incomplete approval documentation. The service was expecting to fill 223 posts in 2018. 16 posts have been unable to be filled. Nine posts are unable to be filled for Psychologist staff grade and seven posts for Senior Psychologists.

Recruitment in this area is competitive with TUSLA, the National Educational Psychology Service (NEPS) and the Prison Services taking from the same pool of staff.

Between 2013 and 2018 for the statutory side of the HSE, recruitment data from HBS shows that 1,403 candidates were placed on a panel from an interview pool of 1,947. This equates to an average 1.4 candidates interviewed per place on panel. Actual applications would have been higher prior to shortlisting for interview.

Table 4: Competitions conducted by HBS 2013-2018

Year	Grade	Interviewed	Panel	Ratio
2013	Psychologist, Clinical	141	100	1.4
2013	Psychologist, Principal Clinical	3	1	3.0
2015	Psychologist, Clinical	125	94	1.3
2015	Psychologist, Principal Clinical	21	15	1.4
2016	Psychologist, Clinical	323	220	1.5
2016	Psychologist, Principal Clinical	19	10	1.9
2016	Psychologist, Senior Clinical	3	1	3.0
2017	Psychologist, Clinical	141	80	1.8
2017	Psychologist, Principal Clinical	9	3	3.0
2017	Psychologist, Senior Clinical	422	253	1.7
2017	(blank)	367	229	1.6
2018	Psychologist, Clinical	149	105	1.4
2018	Psychologist, Principal Clinical	19	8	2.4
2018	Psychologist, Senior Clinical	205	284	0.7
Total		1,947	1,403	1.4

While the number of publically employed psychologists continues to grow strongly this should be seen in the context of increasing service demand.

National policies such as “A Vision For Change”, legislative requirements such as the Disability act and Assessment of Need as well as Good Practice Guidelines of treatment of a wide variety of conditions all call for increased public access to professional Psychology services.

It should also be noted that the majority of the workforce are female at 81% and there is increased vacancies due to Maternity Leave, Parental leave, and more flexible working arrangements such as shorter working time or indeed part-time employment.

The Department of Health and the HSE responded to the service needs by implementing the recommendations of the Joint Review 2002 which brought the annual intake into Clinical psychology training to 50 per year from 2016. The current average annual intake over the last three cohorts is 55 HSE funded trainees. There are currently 171 trainee clinical psychologists a 74% increase on December 2008.

In addition, following the Psychology Eligibility Review of May 2016 the recruitment of Professional Psychologists from other applied areas of psychology such as Counselling and Educational Psychology disciplines has increased as many of the positions in the HSE are now open to Clinical, Counselling and Educational Psychology.

The issues of Recruitment can be summarised as follows:

1. The main supply of Clinical Psychologists is from five university Graduate programmes accredited by Psychological Society of Ireland who have core placements in Child, Disability and Adult services and who have as their central purpose to be trained to work in the Irish Health service. These Trainee Psychologists are funded by the HSE and have a three-year pay back condition to the HSE once they have completed training. While the current target for trainee recruitment is currently being exceeded this may need to be reviewed in light of service demands.
2. The supply of counselling psychologists and Educational Psychologists from graduate programmes is limited as these programmes are self-funded programmes and have no payback requirement to the HSE. This is reflected by the reduction in numbers in the year of 2018 for educational psychologists with a drop of 7 WTEs of a cohort of 22 WTEs. However Counselling Psychologists showed an increase of 3 WTEs.
3. It can be difficult to attract new graduates to some geographical areas e.g. North West and South West.
4. Newly qualified graduates from the funded Clinical psychology training programmes are available to be employed from early September each year, however due to delays in processing employment for them through the Health Business Services (HBS) as new employees take up staff grade posts there is a significant loss to the system, where they may fall out of contract and as a result their requirement to pay back to the HSE is not enforceable.

5. The current Pilot “Mental Health in Primary Care for Children” has introduced, on a pilot basis, the grade of the Assistant Psychologist into the system and this introductory grade does provide a very good supply of well-educated and experienced workforce for professional psychology programmes.

In recent times, Psychology in mental health services have been successful in attracting staff to the area despite the fact that up until September 2016 there was no local Psychology training scheme. In the main staff were attracted to posts for three reasons:

- (1) Staff were from a particular area and sought employment closer to home
- (2) Staff who graduated from a university in a particular region were placed on placement in a different region and thus took a post in this area post qualification.
- (3) Staff were attracted to a particular area as it was offering good governance structures, clear line reporting and supervision structures, CPD, service-based research and the potential to contribute to teaching on the Masters in Applied Psychology Programme (MAAP) in UCC and more recently the Doctor of Clinical Psychology Programme in UCC.

In terms of retention the key issues are as follows:

1. The changing role of the Psychology Professional.
2. The age profile and gender of successful candidates can also pose problems for service continuation. Maternity leave is an obvious issue for the service with a predominantly female workforce.

As services continue to develop with the expansion of Mental Health of Intellectual Disability (MHID), Psychiatry of Old Age (POA) and other specialist services such as Early Intervention in Psychosis (EIP) and Eating Disorders teams, it is expected that there will be more promotional opportunities for staff grade psychologists who wish to advance their careers. The service has offered opportunities for continued professional growth for newly qualified clinicians through CPD, research and teaching opportunities. CPD has been funded by external grants from the Heads of Psychology Services group/ Health & Social Care Professions (HSCP) training and development and through income generated by the department contributing to teaching on the Masters in Applied Psychology (MAAP). The service continues to look at opportunities for staff to gain this wider experience to garner commitment to working in the locality.

Efforts have been made to make the service attractive to young professionals' keen to continue to build their experience. There have been greater challenges in filling vacancies that are more remote from Cork city, with particular challenges in filling vacancies historically in Kerry. This may have been in part due to geography, lower existing staffing levels and lack of clear governance structure in the management of the Mental Health Psychology service in Kerry. Since November 2018, Kerry is now promoted as a work location highlighting the quality of life benefits while also benefiting from the recent linkages with the University College Cork.

The establishment of the Doctor of Psychology training scheme has made Cork a more attractive location for early career psychologists to work and train. There are currently 25 trainees registered on the programme, with 8 graduates taking up staff grade posts from September 2018. It is hoped that the majority of these graduates will opt to remain in the area. However, there is currently no guarantee given that qualified trainees are deemed to have fulfilled a commitment to pay back their time once the work in the public service in Ireland, be it HSE, Section 38 or state funded service such as Department of Justice or Education (Prisons or National Education psychology Service). It is the expectation of the service that this establishment should address historical shortages in these areas.

2. Ambulance Staff Group

Summary

- Ambulance grades are up 459 WTE or 35% since 2008.
- Based on HBS recruitment data, from 2013-2018 there were 1,539 candidates who were panelled from a pool of 7,086 interviewed, this equates to an average 4.6 candidates interviewed per place on panel.
- Turnover rate in 2018 was 2.5% including retirements or 2.2% excluding retirements.
- Given the increase in numbers, successful recruitment and low turnover rates there is no evidence of generalised recruitment and retention difficulties.

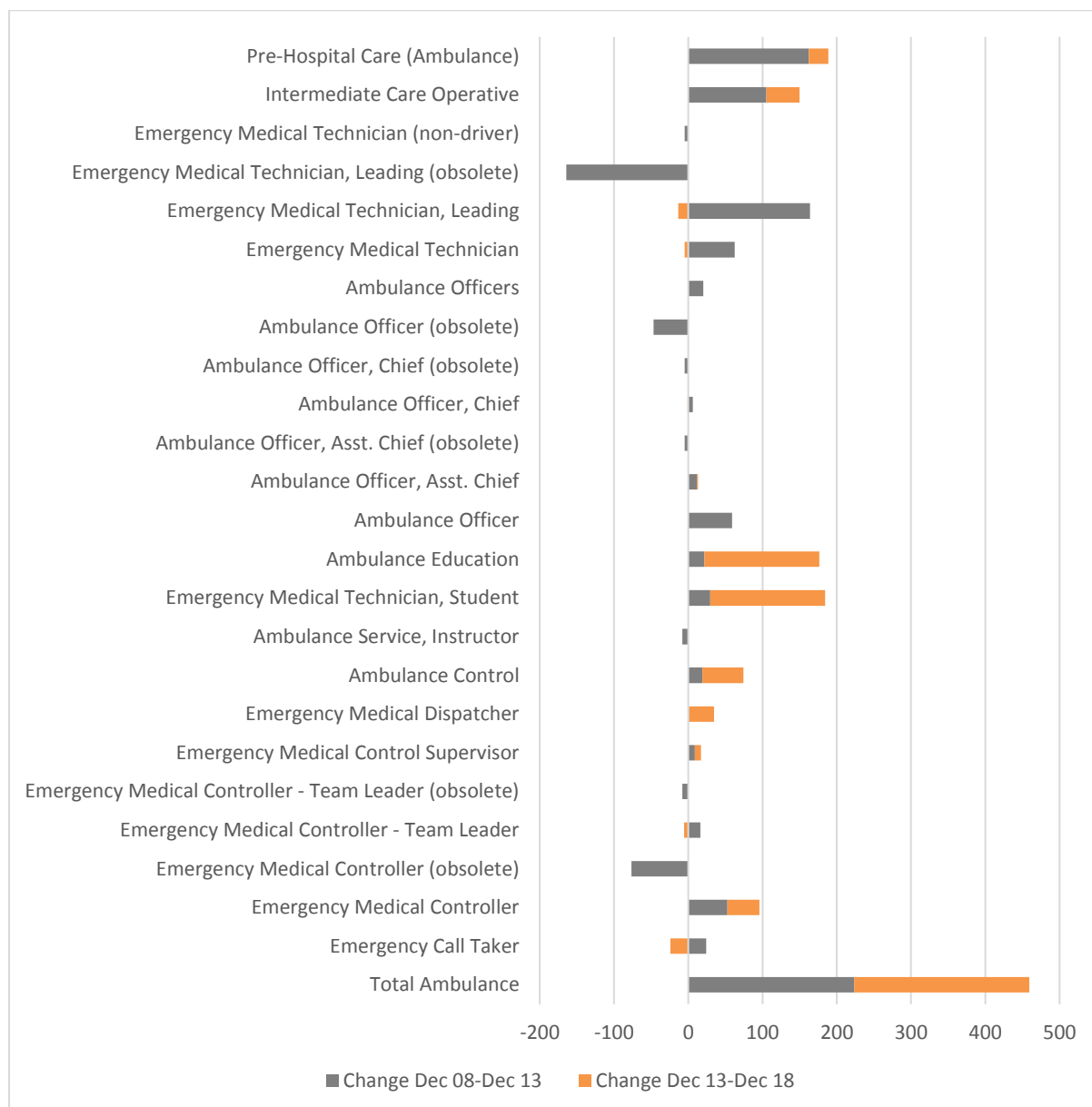
Recruitment and Retention

Ambulance staff are subdivided into four classifications for reporting purposes i.e. Ambulance Control; Ambulance Education, Ambulance Officers & Pre-Hospital Care (EMTs). Overall December 2018 employment stands at 1,782 WTE representing a 37 WTE increase (2.1%) on December 2017 and a 459 WTE (34.7%) increase on Dec 2008 (10 years).

Table 5: Changes in Ambulance Staff Group by Sub Grade 2008-2018

Staff Category/ Staff group	Dec-08	Dec-13	Dec-18	Total Change Dec 08-18	% Change Dec 08-18
Total Ambulance	1,323	1,546	1,782	459	35%
Emergency Call Taker		24		-	-
Emergency Medical Controller		53	96	96	-
Emergency Medical Controller (obsolete)	76			-76	-100%
Emergency Medical Controller - Team Leader		16	11	11	-
Emergency Medical Controller - Team Leader (obsolete)	8			- 8	-100%
Emergency Medical Control Supervisor		9	17	17	-
Emergency Medical Dispatcher		1	35	35	-
Ambulance Control	84	103	158	74	88%
Ambulance Service, Instructor	8			-8	-100%
Emergency Medical Technician, Student		30	184	184	-
Ambulance Education	8	30	184	176	2205%
Ambulance Officer		59	59	59	-
Ambulance Officer, Asst. Chief		12	13	13	-
Ambulance Officer, Asst. Chief (obsolete)	5			-5	-100%
Ambulance Officer, Chief		6	5	5	-
Ambulance Officer, Chief (obsolete)	5			-5	-100%
Ambulance Officer (obsolete)	47			-47	-100%
Ambulance Officers	57	77	77	20	35%
Emergency Medical Technician	1,004	1,067	1,062	57	6%
Emergency Medical Technician, Leading		164	150	150	-
Emergency Medical Technician, Leading (obsolete)	164			-164	-100%
Emergency Medical Technician (non-driver)	5			-5	-100%
Intermediate Care Operative	0	105	150	150	-
Pre-Hospital Care (Ambulance)	1,174	1,336	1,362	189	16%

Figure 3: Changes in Ambulance Staff Group 2008-2018



Overall 89% of all ambulance staff have permanent contracts, with 0% of trainees on permanent contract; however the figure rises to 100% for Control, and 99% for Officers and EMTs. The ratio of males to females is 1:0.3.

Shortage of the grades of qualified Leading Emergency Medical Technicians and Emergency Medical Technicians within Ireland: only two main training routes for Paramedics in Ireland - National Ambulance Service or Dublin Fire Brigade. The majority of people who trained through NAS are already employed by them.

- Applicants for the *Intermediate Care Operative* campaign must hold a full unendorsed class C1 driving licence. This requires quite a large financial commitment from applicants with no promise of obtaining employment at the outcome. The applicant pool is greatly reduced due to the lack of a C1 driving licence.
- Applicants for the *Intermediate Care Operative* campaign are required to hold an EMT qualification. This entails a large time and financial commitment from applicants.
- The number of intermediate care operatives has increased by 150 WTE since 2008. Between 2015 and 2018 452 individuals were interviewed for intermediate care operatives by HBS recruit, and 262 were panelled, a ratio of 1.7 interviewees to panel placements.
- Applicants for the Student Paramedic Programme must also hold a full unendorsed class C1 driving licence. This requires quite a large financial commitment from applicants with no promise of obtaining employment at the outcome. The applicant pool is greatly reduced due to the lack of a C1 driving licence. However, to proceed without it would mean NAS are committing to a two-year training programme for each successful applicant with no guarantee of having an employable Paramedic at the end of it.
- As the *Student Paramedic Training* Programme is run in conjunction with UCD, applicants must meet certain educational requirements in order to comply with the colleges' admissions policy. The vast majority of our applicant pool do not meet this element of the eligibility criteria. Currently no entry route for applicants who do not hold a Leaving Certificate.
- The number of Emergency Medical Technician Students has increased by 184 WTE over the period 2008-2018. Between 2013 and 2018 a total of 2,265 candidates were interviewed for Emergency Medical Technician Student and 557 were placed on a panel, a ratio of 4 applicants for each panel place.
- Successful candidates appointed as an *Emergency Call Taker* will be based in one of two of the Command and Control Centres - Tallaght, Dublin or Ballyshannon, Co Donegal. This limits our applicant pool to these locations and surrounding areas.
- All applicants are required to undergo testing on Clinical Practice Guidelines and Paramedic Medication Formulary. The pass rate for these tests must be set at 80% in order to ensure compliance with PHECC (Pre-Hospital Emergency Care Council) Guidelines. Difficult to obtain, particular for overseas applicants or those who are not currently working as a Paramedic in Ireland.

For the National Ambulance Service there were 11 competitions in 2018 with 809 candidates and 331 panelled. The panel was for ALL regions with the exception of five panelled for DML.

There were 289 posts filled in 2018 and 18 campaigns still underway. There are three posts at offer stage with a further 80 posts accepted pending clearance. 78 posts have been put on hold primarily due to funded workforce planning restrictions due to WTE limit and movement of these posts into 2019 workforce limit. 17 posts are unable to be filled due to normal recruitment challenges based on large panels. Once a panel exists beyond 12 months it can be difficult to fill as panelled candidates' situations have changed. Two data analysts and two nursing control posts proved difficult to fill due to specific requirements.

Table 6: Ambulance Staff Group Competitions conducted by HBS 2013-2018

Year	Grade	Interviewed	Panel	Ratio
2013	Ambulance Officer, Chief	7	1	7.0
2013	Emergency Call Taker	970	92	10.5
2013	Emergency Medical Control Supervisor	32	7	4.6
2013	Emergency Medical Dispatcher	940	53	17.7
2013	Emergency Medical Technician, Student	458	161	2.8
2014	Emergency Call Taker	17	13	1.3
2014	Emergency Medical Control Supervisor	18	5	3.6
2014	Emergency Medical Dispatcher	41	26	1.6
2014	Emergency Medical Technician	27	14	1.9
2015	Emergency Call Taker	784	90	8.7
2015	Emergency Medical Control Supervisor	20	12	1.7
2015	General Manager	19	5	3.8
2015	Grade VII	11	2	5.5
2015	Grade VIII	12	2	6.0
2015	Intermediate Care Operative	133	66	2.0
2016	Emergency Call Taker	254	42	6.0
2016	Emergency Medical Dispatcher	24	21	1.1
2016	Emergency Medical Technician, Student	936	194	4.8
2017	Ambulance Officer	29	20	1.5
2017	Clinical Nurse Manager 2	3	1	3.0
2017	Emergency Call Taker	402	37	10.9
2017	Emergency Medical Technician	16	11	1.5
2017	Emergency Medical Technician, Student	871	202	4.3
2017	Grade VI	34	7	4.9
2017	Grade VII	6	3	2.0
2017	Grade VIII	17	6	2.8
2017	Intermediate Care Operative	190	116	1.6
2017	Staff Nurse - General	4	2	2.0
2018	Emergency Call Taker	223	33	6.8
2018	Emergency Medical Dispatcher	24	17	1.4
2018	Emergency Medical Technician, Leading	359	182	2.0
2018	Grade V	39	7	5.6
2018	Grade VII	12	1	12.0
2018	Grade VIII	19	3	6.3
2018	Intermediate Care Operative	129	80	1.6
2018	Staff Nurse - General	6	5	1.2
Total		7086	1539	4.6

3. Radiographers Staff Group

Summary

- Radiographer grades are up 222 WTE or 23% since 2008.
- Based on HBS recruitment data, from 2013-2018 there were 756 candidates who were panelled from a pool of 1,067 interviewed, this equates to an average 1.4 candidates interviewed per place on panel.
- Turnover rate for the Radiographer Staff Group in 2018 was 7% including retirements or 6.6% excluding retirements
- Given the increase in numbers, successful recruitment and low turnover rates there is no evidence of generalised recruitment and retention difficulties.

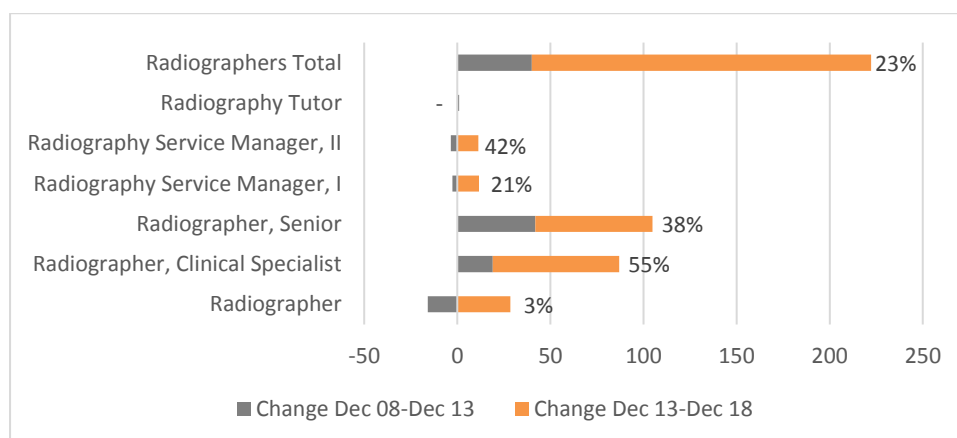
Recruitment and Retention

December 2018 employment stands at 1,207 WTE (1,357 headcount) representing a 44 WTE (+3.8%) increase on December 2017 and a 222 WTE (+22.6%) increase on Dec 2008 (10 years). 94% of all radiographers have permanent contracts (88% of basic grade). The ratio of males to females is 1:4.54. Staff turnover is calculated annually as the proportion of leavers to the average headcount for the year. The 2018 turnover rate is 7% (YTD Oct); 2017 turnover rate was 8.3% (2016: 9%).

Table 7: Changes in Radiographer Staff Group by Sub Grade 2008-2018

Staff Category/ Staff group	Dec-08	Dec-13	Dec-18	Total Change Dec 08-18	% Change Dec 08-18
Radiographer	488	472	501	13	3%
Radiographer, Clinical Specialist	157	176	244	87	55%
Radiographer, Senior	278	320	382	105	38%
Radiography Service Manager, I	43	41	52	9	21%
Radiography Service Manager, II	19	15	26	8	42%
Radiography Tutor	-	1	1	1	-
Radiographers Total	985	1,025	1,207	222	23%

Figure 4: Changes in Radiographer Staff Group 2008-2018



For Radiographers there were 20 competitions and a total of 94 candidates with 80 panelled. These statistics relates to NRS activity. NRS complete approximately 50% of the recruitment for radiographers with the remaining being completed locally by Hospital groups.

Table 8: Radiographer Staff Group Competitions conducted by HBS 2013-2018

Year	Grade	Interviewed	Panel	Ratio
2012	Radiographer, Senior	10	10	1.0
2012	Radiography Service Manager, I	1	1	1.0
2013	Radiographer	162	127	1.3
2013	Radiographer, Clinical Specialist	10	6	1.7
2013	Radiographer, Senior	32	25	1.3
2013	Radiography Service Manager, I	17	10	1.7
2014	Radiographer, Clinical Specialist	30	22	1.4
2014	Radiographer, Senior	2	2	1.0
2014	Radiography Service Manager, I	7	2	3.5
2014	Radiography Service Manager, II	8	3	2.7
2015	Radiographer, Clinical Specialist	13	6	2.2
2015	Radiographer, Senior	23	16	1.4
2015	Radiography Service Manager, II	5	4	1.3
2018	Radiographer	188	121	1.6
2018	Radiographer, Clinical Specialist	32	22	1.5
2018	Radiographer, Senior	98	80	1.2
2018	Radiography Service Manager, I	34	18	1.9
2018	Radiography Tutor	4	3	1.3
2019	Radiographer	177	122	1.5
2019	Radiographer, Clinical Specialist	53	38	1.4
2019	Radiographer, Senior	128	99	1.3
2019	Radiography Service Manager, I	28	17	1.6
2019	Radiography Service Manager, II	5	2	2.5
Total		1,067	756	1.4

There were 36 posts filled in 2018 and 22 campaigns still underway. There are 27 posts at offer stage with a further 19 posts accepted pending clearance. 11 posts have been put on hold. 13 posts are unable to be filled by NRS for a variety of reasons such as the service relooking at the vacancy, industrial issues related to location of posts and incomplete approval documentation.

There has been a general increase in recruitment for radiographers across the HGs and Corporate services. This is reflected in an increase in staffing levels of +44 WTEs since December 2017.

There remains a historical issue in terms of recruiting sonographers, due to lack of trainees available, however SSWG have piloted a programme with UCC that has yielded positive outcomes.

While the overall growth in radiographers over the last ten years suggests no generalised recruitment and retention difficulty, a number of specific concerns have been raised including those listed below:

1. The on-call “fee per patient” that was paid until 1st February 2012 was replaced by set hourly rates and a payment based on attendance as recommended by the Labour Court (LCR20232). This flat rate is paid for different services as general x-ray, CT, Ultrasound or MRI. Specialist Radiographers in CT and Nuclear Medicine can also receive €456 p.a. based on qualifications.
2. Staff are leaving busy specialties to work in less complex areas. This is said to contribute to shortages in CT radiographers and sonographers.
3. Recruitment into Model 3 hospitals can be challenging. Radiographers prefer the support of colleagues in Model 4 hospitals.
4. Only UCD produces radiographers. In the most recent year, there was significant attrition with only 40 students progressing from the 58 starting the course.
5. No central education fund to allow radiographers remain professionally up-to-date unlike nursing and medical which has a central stream which can be drawn on application.
6. Lone working radiographers is not a safe practice or consistent with recommended staffing levels of the professional body Irish Institute of Radiography and Radiation Therapy (IIRRT).
7. Recruitment delays are leading to radiographers taking positions in the private sector when panelled.
8. Career development through Advanced Practice. There has been stalled progress for advanced practice within the radiography and radiation therapy profession.

It should be noted that supporting data for these concerns is currently unavailable but in response to The National Radiography Review Group has been formed to consider Retention and recruitment, TOIL, Advanced practices, Sharing of resources between locations, Over prescribing, Rostering, Management role, Assignment to specialist areas, Support services.

4. Dental Staff Group

Summary

- Dental grades are down 72 WTE or 19% since 2008.
- Based on HBS recruitment data, from 2013-2018 there were 280 candidates who were panelled from a pool of 532 interviewed, this equates to an average 1.9 candidates interviewed per place on panel.
- Turnover rate for the Dental Staff Group in 2018 was 2.3% including retirements or 1.3% excluding retirements.
- In the context of the ability to successfully recruit and the low turnover rates, the continued decline in numbers represents a funding decision that has been taken in advance of the policy shift to professional contractor service delivery in this area.

Recruitment and Retention

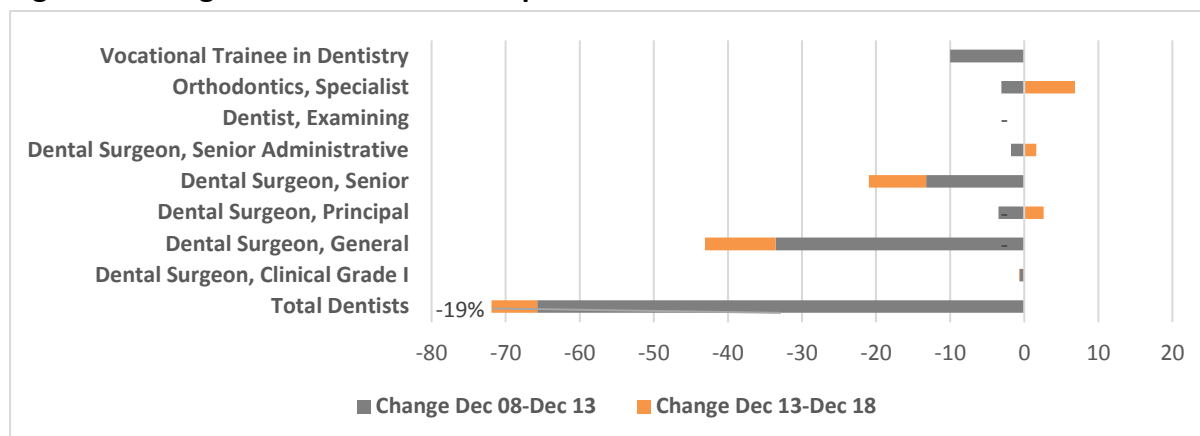
Dentistry is primarily a service provided within the CHO areas rather than the acute hospital division. Therefore, most of the staffing of 315 WTE, with the exception of 7 WTEs, is in the CHOs.

As at December 2018, employment of Dentists stands at 315 WTE (410 headcount). This represents a +3 WTE (0.9%) increase on December 2017 but a 72 WTE decrease on Dec 2008 (10 years).

Table 9: Changes in Dental Staff Group by Sub Grade 2008-2018

Staff Category/ Staff group	Dec-08	Dec-13	Dec-18	Total Change Dec 08-18	% Change Dec 08-18
Total Dentists	387	322	315	-72	-19%
Dental Surgeon, Clinical Grade I	1	1	1	-1	-53%
Dental Surgeon, General	214	181	171	-43	-
Dental Surgeon, Principal	33	29	32	-1	-
Dental Surgeon, Senior	68	55	47	-21	-31%
Dental Surgeon, Senior Administrative	19	18	19	-0	-1%
Dentist, Examining				-	-
Orthodontics, Specialist	41	38	45	4	9%
Vocational Trainee in Dentistry	10			-10	-100%

Figure 5: Changes in Dentist Staff Group 2008-2018



90% of all dentists have permanent contracts (77% of the General grade). The ratio of males to females is 1:2.8.

There have been fifteen competitions in 2018 candidates with 130 of these candidates being panelled. The panels were created as follows: Area 1 Donegal- 1; Area 3 Clare – 5; Area 5 Carlow/Kilkenny – 32; Area 6 Dublin SE/Wicklow – 41; Area 8 Meath – 22; Area 9 Dublin North – 29.

Table 10: HBS Dental Competitions 2013-2018

Year	Grades	Candidates	Panels	Ratio
2013	Dental Nurse	26	14	1.9
	Dental Surgeon, Senior	5	4	1.3
2014	Dental Nurse	22	22	1.0
	Dental Surgeon, General	86	28	3.1
2015	Dental Nurse	66	30	2.2
	Dental Nurse, Senior	8	4	2.0
	Dental Surgeon, General	66	43	1.5
2016	Dental Surgeon, Senior	19	3	6.3
	Dental Hygienist	9	5	1.8
	Dental Nurse	57	36	1.6
	Dental Surgeon, General	29	17	1.7
2017	Dental Surgeon, Principal	5	2	2.5
	Dental Surgeon, Senior	10	3	3.3
	Dental Surgeon, Senior Administrative	2	1	2.0
	Dental Hygienist	30	26	1.2
	Dental Nurse, Senior	53	22	2.4
2018	Dental Surgeon, General	9	6	1.5
	Dental Surgeon, Principal	10	2	5.0
	Dental Surgeon, Senior		4	0.0
	Dental Surgeon, Senior Administrative	20	8	2.5
	Dental Hygienist	15	12	1.3
Total	Dental Nurse	63	43	1.5
	Dental Surgeon, General	72	49	1.5
	Dental Surgeon, Senior	20	10	2.0
	Dental Surgeon, Senior Administrative	26	15	1.7
	Total	728	409	1.8

There were 20 posts filled by the NRS in 2018 and currently there are 11 campaigns underway. There are 10 posts at offer stage with a further five posts accepted pending clearance. Seven posts have been put on hold by NRS for a variety of reasons such as the service relooking at the vacancy, industrial issues related to location of posts and incomplete approval documentation. Five posts are unable to be filled due to no successful applicants. Three of the posts unable to be filled are for General Dental Surgeons and the remaining two posts are Dental Nurses, which are required to operate the service.

- The service has seen an improvement in the recruitment and retention of dentists across a number of CHOs.
- However, other areas of the health service have been prioritised by the HSE for funding to recruit and promote staff.
- Recruitment process through NRS remains slow and is a challenge to sustain the new incumbents' interest in post in this competitive market.
- The lack of promotional opportunities is challenging and can impede staff retention. However, working hour flexibility has seen an increase in number of women taking part-time positions due to family commitments.
- Remoteness of some locations/ vacancies has failed to attract interest in Kerry and West Cork.
- Financial support for training could be more consistent across geographical area.
- The recruitment embargo blocked some senior posts in particular CHOs. This has resulted in a disparate number of senior posts across counties.
- New skills introduced to the system from new recruits is crucial for the development of the service.
- Counties with an older age staff profile of dentists makes it harder to support on-call arrangements.
- Referrals for General anaesthetics extraction list growing.
- HSE has been unable to recruit special needs dentists particularly in Dublin South City. Special needs reviews have been cancelled in some areas due to lack of staff. This is cited as a gap in service provision.