PUBLIC SERVICE PAY COMMISSION – EMPLOYER SUBMISSION

EXECUTIVE SUMMARY

The employer side welcomes the opportunity to make a submission to the Public Service Pay Commission (PSPC). This submission is made in the context of the findings of the Commission's first report and Section 3 of the Public Service Stability Agreement 2018-2020.

The body of the submission presents an analysis of available macro-level statistical data including that provided by the health sector employers in response to the request from the PSPC in respect of:

(1) Nursing and Midwifery;

(2) Non Consultant Hospital Doctors; and

(3) Consultants in the health sector.

Detailed micro-level data has proved difficult to collect from hospitals. Accordingly, Appendix 1 provides more qualitative perspectives from the health sector on certain challenges being faced in localised or specialised areas.

Finally, it should be noted, that the over €1.1bn committed through the Public Service Stability Agreement and the Public Service Pay and Pensions Act for the unwinding of the financial emergency legislation represent a significant level of investment in public service pay which will deliver increases for the three groups identified.

Nursing & Midwifery Findings

- Since 2011, an estimated 10,000 nurses and midwives have been recruited who currently remain within the Staff Nurse and Staff Midwife grades.
- While numbers did reduce during the crisis, this was partially offset by changes to work practices and the greater use of agency staff.
- Following the application of a public service wide moratorium on staff numbers by 2013, staffing levels in the health sector were at their lowest level.
- Since 2013 there has been strong growth in the number of nurses and midwives directly employed in the Health sector, and engaged on an agency basis (+3,148).
- Current nursing, midwifery and health care assistant staff resourcing is equivalent to 44,301 WTE, up 5.7% on 2007 levels.
- This growth has been broad based with all Hospital Groups and 88% of hospitals increasing nursing and midwifery staffing since 2013.
- Continued reliance on agency staffing to fill gaps is a concern from quality of care and cost perspectives. While there will always be a need for a certain level of agency working, The Public Service Stability Agreement 2018-2020 commits to efforts to

minimise the use of agency as far as possible and practicable. This is also a feature of the HSE National Service Plan for 2018.

- Productivity improvements under collective agreement (Haddington Road hours) have added the equivalent of 1,415 Whole Time Equivalent Nurses.
- Between 2014 and 2017 the total number of applications recorded by the independent Nursing and Midwifery Board of Ireland have more than doubled.
- Applications to the register from the United Kingdom have increased 148%.
- Numbers of nurses and midwives requesting a Certificate of Current Professional Status from the NMBI, which allows for practice abroad, have halved.
- HSE turnover statistics for nursing and midwifery (which are inflated by inter hospital movements) record overall turnover rates of 6.8% including retirements or 5% excluding retirements. These are considerably lower than available turnover statistics from the UK (15%), New Zealand (44.3%), US (26.8%), Canada (19.9%) and Australia (15.1%) and lower than the average rates more broadly in the Irish economy.
- Supply of applicants to nursing and midwifery courses are high with just under 5,500 first preference applications to the CAO in 2018 or a ratio of 2.9 applicants per degree place.
- Number of nursing and midwifery degree places have expanded by 17% and have been filled. This will result in +60 nurses in 3 years, and a further +200 nurses in 4 years.
- Structural changes in the area of nursing and midwifery have delivered a 54% increase in the number of senior specialist nurses and midwives. Since 2007 there has also been a doubling in the number of health care assistants who provide support in the delivery of health care.
- The starting salary for a nurse and midwife is €30,178 (following the IR agreement on incremental credit) rising on average by €6,000 to €36,214 when relevant allowances and premium payments are included.
- This compares favourably with other areas of graduate recruitment to the public service (where starting salaries are in the region of €30,000) and wage rates in the wider economy, with the average starting salary for a graduate entering the labour market in 2016/17 reported as €28,554 with 40% of the 2016 cohort command salaries of less than €25,000.
- An estimated 83% of nurses and midwives are currently on basic salaries (excluding allowances) of over €40,000.
- The average pay of a Staff nurse including allowances and premium payments is €54,744.
- An extensive series of recruitment and retention initiatives have been, or are being, undertaken in the Health sector to, for example, improve pay for student nurses, starting pay for staff nurses and restore allowances:
    - Community allowance for mental health nurses
    - Midwifery Qualification (PHN)
    - Registered general nurse in the community

- Nurse co-ordinator allowance
- Specialist Co-ordinator allowance (nurse tutors)
- Nurses assigned to occupational therapy

- Ireland has a comparatively high number of nurses and midwives internationally and on average nurses and midwives are comparatively well remunerated.

Non Consultant Hospital Doctor Findings

- Overall the number of Non Consultant Hospital Doctors has increased by 1,400 or 29% on 2007 levels.
- NCHDs were also subject to the public service wide moratorium on recruitment.
- All categories of NCHDs (Interns, Registrars, Senior House Officers, Senior Registrars and Specialist Registrars) have increased by between 20% and 40% since 2007.
- All hospital groups have recorded increases in the numbers of NCHDs since 2007.
- At an individual hospital level, almost 80% of hospitals have increased the number of NCHDs relative to 2007.
- Over the past decade first preference CAO applications for medicine increased by 36% between 2008 and 2010. Since 2013 the rate has dropped off but has largely stabilised at above 3,200 since 2014.
- Numbers of Honours Graduates in Medicine has increased by 71% in the last 5 years.
- Pay for NCHDs depends on experience but on average an NCHD earns a basic salary of approx. €57,379 with estimated overtime and premium payments of €18,244 giving a total average remuneration of €75,623.
- The Department of Health's estimates for 2018 show that 71% of NCHDs are in grades with a basic starting salary of between €43,462 and €65,143 per year, not including overtime and premium payments.
- The HSE has engaged in a number of recruitment and retention initiatives for NCHDs including restoring the Living Out Allowance worth €3,193 per annum.

Consultant Findings

- Consultant posts have increased by 1,020 since 2008, a 47% increase to 3,189.
- Consultants were exempted from the moratorium.
- A further 834 replacement posts were filled giving an actual recruitment figure of 1,854.
- There are 30 consultant specialisms that account for 70% of the total number of consultants, each of these specialist areas have recorded increases ranging between 11% (Anaesthesia, Psychiatry) and 80% (Emergency, Dermatology, Neurology) since 2007

- All Hospital Groups have increased the number of consultants since 2007.
- At an individual hospital level 77% of hospitals have a higher number of consultants in 2017 compared to 2007.
- As consultant recruitment draws in part from the existing pool of NCHDs the 29% increase in NCHD numbers, coupled with continued high levels of applications to study medicine, suggest a strong underlying supply. However, of the NCHD pool doctors in non-training service posts cannot become consultants.
- Turnover rates for consultants at 7.8% including retirements and 6.6% excluding retirements appear normal.
- A total of 127 consultants are working in specialist areas without being registered on the Specialist Division of the Medical Register.
- Based on an averaging of the overall estimated pay costs for the consultant cohort, a consultant is expected to earn an estimated basic salary of €170,259 per annum in 2018 with an additional €18,129 in allowances for a total of €188,388.
- The HSE has taken a number of initiatives to support the recruitment and retention of consultants including
    - Increasing the salary scales for new entrants and allowing incremental credit up to max of scale
    - Introduction of family-friendly flexible working for consultants

Clearly, the pay position of all three groups as reflected in this submission falls to be further improved over the coming years in line with the provisions of the Public Service Stability Agreement 2018-2020 and the Public Service Pay and Pensions Act, 2017.

SECTION 1: CONTEXT

This Section provides an overview of the current economic and fiscal backdrop against which the Commission's deliberations are taking place.

The table below sets out the level of pre-committed expenditure in 2019, in the region of €2.5 billion to €2.6 billion. This already represents an increase of 4.2% year-on-year. Evident from the table is the strong commitment the Government has made through the PSSA to unwinding the emergency legislation.

Table 1: 2019 Pre-Committed Expenditure

Already Committed	2019
Demographics	**414**
Health	*124*
Education	*49*
Social Protection	*241*
PSSA	**370**
Health	*130*
Education	*133*
Other	*107*
Carryover costs	**294**
Capital – National Development Plan	**1,477**
Total	**2,555**

Deficit

The General Government deficit in 2018 is currently projected to be €0.78 billion or over €2 million per day. This clearly implies that the current level of public expenditure is not fully supported by our revenue.

Debt

The debt ratio remains at around 97 per cent of GNI* which suggests that the capacity of the economy to absorb any shock is highly limited1.

[1] Given the distortions in our GDP level, modified GNI (GNI*) is a more appropriate alternative measure of economic activity in Ireland which inter alia strips out the various distortions that arise from the multinational

Risk to the Economic Outlook

While the economic recovery is nearing completion, considerable vulnerabilities remain both domestically and internationally. Internationally, the level of uncertainty is elevated. Reflecting this, the Department of Finance considers the medium-term risks to the macroeconomic outlook to be firmly titled to the downside. Examples of domestic and international risks include:

- **Overheating.** With the labour market approaching full employment, there is potential for overheating pressures to emerge. This is particularly so given that the labour intensive construction sector will need to continue to expand rapidly to meet unmet housing demand.

- **Housing/Competitiveness.** As a small open economy, Ireland's business model is geared towards export-led growth which is sensitive to competitiveness developments. In this regard, overheating pressures are a concern. In addition, the current supply constraints in the housing sector can adversely impact on competitiveness by restricting the mobility of labour and increasing wage expectations.

- **Concentrated production base.** Ireland's highly concentrated industrial base represents another recurring risk facing the economy. As a result, output and employment are exposed to firm and sector-specific shocks.

- **Protectionism**. Ireland's export growth model is dependent on world trade so that any increase in protectionism could have a potentially detrimental impact on living standards. Recent measures by certain countries have increased the risk of protectionist policies taking hold which has the potential to derail the global recovery.

- **Policy Uncertainty in the US.** While time will be needed to analyse what the full implications of US tax reform for Ireland and the rest of the world will be, it remains a considerable risk given the importance of US multinationals operating here.

- **Brexit**. The outcome of EU-UK negotiations remain highly uncertain. An outcome which resulted in a WTO -type arrangement would have a particularly detrimental impact on Irish-UK trade. This risk could materialise in the short run if a transitional arrangement cannot be agreed.

sector. As such, this represents a better measure of actual economic activity taking place in Ireland. Measured on this basis,

Demand for Healthcare

The recruitment and retention of nurses, midwives, NCHDs and consultants has to be considered in the context of future demand for healthcare.

There is now a fully funded bed capacity review (Health Capacity Review 2018) which will see an extra 2,600 beds created in our hospitals in the coming years and 4,500 more community beds.

As outlined in the Capacity Review, demand is expected to grow significantly across the primary, acute and social care settings in the next 15 years. The key findings of the report are as follows:

The system is operating at or above capacity across most services, and demand will grow significantly over the period to 2031.

If key reforms and productivity measures are implemented, the following additional capacity will be required by 2031:

- nearly 2,600 extra acute hospital beds
- 48% increase in Primary Care workforce
- 13,000 extra residential care beds (older persons services) and
- 120% increase in homecare.

The findings of this report are broadly consistent with a separate analysis of future demand for healthcare undertaken by the ESRI last year. The Capacity Review will inform future investment and policy decisions and was a key influence in the Government's decision to commit €10.9 billion in capital investment to health under the National Development Plan. There are obvious implications for workforce demands over the coming years.

The Capacity Review also identifies that reform of current service delivery arrangements is essential if we are to effectively address the significant projected increase in health care demand. The Government is finalising its response to the Sláintecare Report which sets out a programme of major health reform. Just like the report itself the response will highlight the need for more integrated and responsive service delivery centred on the needs of patients. Achieving this goal can be expected to have very significant implications for the organisation and management of health services in the period ahead, and this includes implications for work practices.

It is also worth noting that the Minister for Health recently published "A Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Settings in Adult Hospitals in Ireland". This sets out the staffing requirements and skill mix needed to achieve the best outcomes for patients. The next step is for the HSE to develop a national implementation plan, beginning with incremental implementation across the hospitals.

SECTION 2: NURSES & MIDWIVES

Key Points

- Since 2011, an estimated 10,000 nurses and midwives have been recruited who currently remain within the Staff Nurse and Staff Midwife grades.
- While numbers did reduce during the crisis, this was partially offset by changes to work practices and the greater use of agency staff.
- Since 2013, there has been strong growth in the number of nurses and midwives directly employed in the Health sector, and engaged on an agency basis (+3,148).
- Following the application of a public service-wide recruitment moratorium, staffing levels were at their lowest in 2013.
- Current nursing, midwifery and health care assistant staff resourcing is equivalent to 44,301 WTE, up 5.7% on 2007 levels.
- This growth has been broad based with all Hospital Groups and 88% of hospitals increasing nursing and midwifery staffing since 2013.
- Continued reliance on agency staffing to fill gaps is a concern from quality of care and cost perspectives. While there will always be a need for a certain level of agency working, the Public Service Stability Agreement 2018-2020 commits to efforts to minimise the use of agency as far as possible and practicable. This is also a feature of the HSE National Service Plan for 2018.
- Productivity improvements under collective agreement (Haddington Road hours) have added the equivalent of 1,415 Whole Time Equivalent Nurses.
- Between 2014 and 2017, the total number of applications recorded by the independent Nursing and Midwifery Board of Ireland have more than doubled.
- Applications to the register from the United Kingdom have increased 148%.
- Numbers of nurses and midwives requesting a Certificate of Current Professional Status from the NMBI, which allows for practice abroad, have halved.
- HSE turnover statistics for nursing and midwifery (which are inflated by inter hospital movements) record overall turnover rates of 6.8% including retirements or 5% excluding retirements. These are considerably lower than available turnover statistics from the UK (15%), New Zealand (44.3%), US (26.8%), Canada (19.9%) and Australia (15.1%) and lower than the average rates more broadly in the Irish economy.
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- Number of nursing and midwifery degree places have expanded by 17% and have been filled. This will result in +60 nurses in 3 years, and a further +200 nurses in 4 years.
- Structural changes in the area of nursing and midwifery have delivered a 54% increase in the number of senior specialist nurses and midwives. Since 2007 there has also been a

doubling in the number of health care assistants who provide support in the delivery of health care.

- The starting salary for a nurse and midwife is €30,178 (following the IR agreement on incremental credit) rising on average by €6,000 to €36,214 when relevant allowances and premium payments are included.
- This compares favourably with other areas of graduate recruitment to the public service (where starting salaries are in the region of €30,000) and wage rates in the wider economy, with the average starting salary for a graduate entering the labour market in 2016/17 reported as €28,554 with 40% of the 2016 cohort command salaries of less than €25,000.
- An estimated 83% of nurses and midwives are currently on basic salaries (excluding allowances) of over €40,000.
- The average pay of a Staff nurse including allowances and premium payments is €54,744.
- An extensive series of recruitment and retention initiatives have been, or are being, undertaken in the Health sector to, for example, improve pay for student nurses, starting pay for staff nurses and restore allowances:
    - Community allowance for mental health nurses,
    - Midwifery Qualification (PHN)
    - Registered general nurse in the community
    - Nurse co-ordinator allowance
    - Specialist Co-ordinator allowance (nurse tutors)
    - Nurses assigned to occupational therapy
- Ireland has a comparatively high number of nurses and midwives internationally and on average nurses and midwives are comparatively well remunerated.

Nursing and Midwifery Changes in Overall Numbers

Table 2. Changes in Nursing Staffing levels Pre-Crisis to Present

	2007	2013	2017
Nurses	39,006	33,768	36,777
Estimated Additional HRA Hours FTE	-	649*	1,415
Estimated Agency Nurses	761	1,268	1,400
Health Care Assistant	2,132	2,829	4,709
Total Nurses	39,767	35,685	39,592
Total Nurses + Health Care Assistants	41,899	38,514	44,301

*Additional Hours introduced July 2013

Change in Numbers 2007-2013

Between 2007 and 2013 there was a drop of 5,328 Whole Time Equivalent (WTE) number of nurses and midwives employed in the Health Sector.

This was partially offset by increases in:

- Additional hours worked under the Haddington Road Agreement (+649 WTE)
- Agency nursing staff (+507 WTE) although this is not good from the perspective of quality of care or cost.
- Health Care Assistants (+697 WTE) to support the ongoing professionalisation of nursing.

The net effect therefore was a reduction of 3,385 WTE in the resourcing level of nurses, midwives and health care assistants WTE in the Irish public health system.

Change in Numbers 2014-2017

Following the moratorium on recruitment, since 2013 there has been a considerable increase in the level of resourcing and capacity of the health sector:

- HSE nurses (+3,009 WTE)
- Additional hours worked under the Haddington Road Agreement (+765 WTE)
- Agency nursing staff (+132 WTE)
- Health Care Assistants (+1,880 WTE)

In total, there are an estimated resourcing level equivalent to 44,301 nurses, midwives and health care assistants WTE in the Irish public health system.

This is an increase of 5,786 on the equivalent 2013 figure and an additional 2,402 on the equivalent 2007 figure.

Importantly, this represents just the additional numbers employed within the system. Actual recruitment has been much higher in order to cover leavers and retirements "below the line".

Based on data collected from the HSE as part of the report on the "Examination of Remaining Salary Scale Issues in Respect of Post January 2011 Recruits at Entry Grades[2]" an estimated 9,863 nurses have been hired post 2011 and remain in the nursing grade.

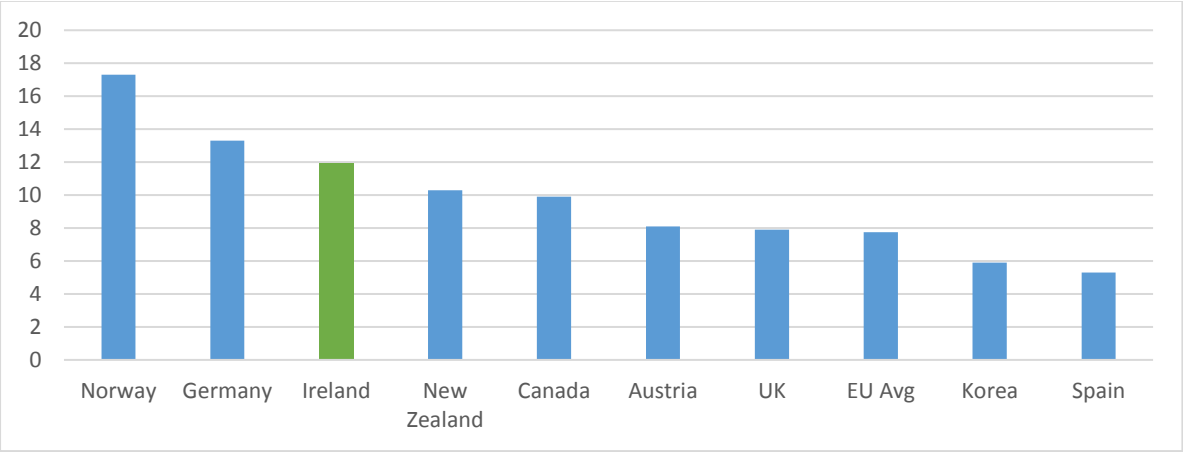
As outlined above, continued reliance on agency staffing to fill gaps is a concern from quality of care and cost perspectives.

International Comparison

Ireland has a relatively high number of nurses and midwives per capita, by international standards, exceeding that of Canada, New Zealand, the UK and the EU average according to OECD data.

[2] http://www.per.gov.ie/wp-content/uploads/Report-to-Oireachtas-on-New-Entrant-Salary-Scale-Issues.pdf

Figure 1: Nurses per 1,000 Population

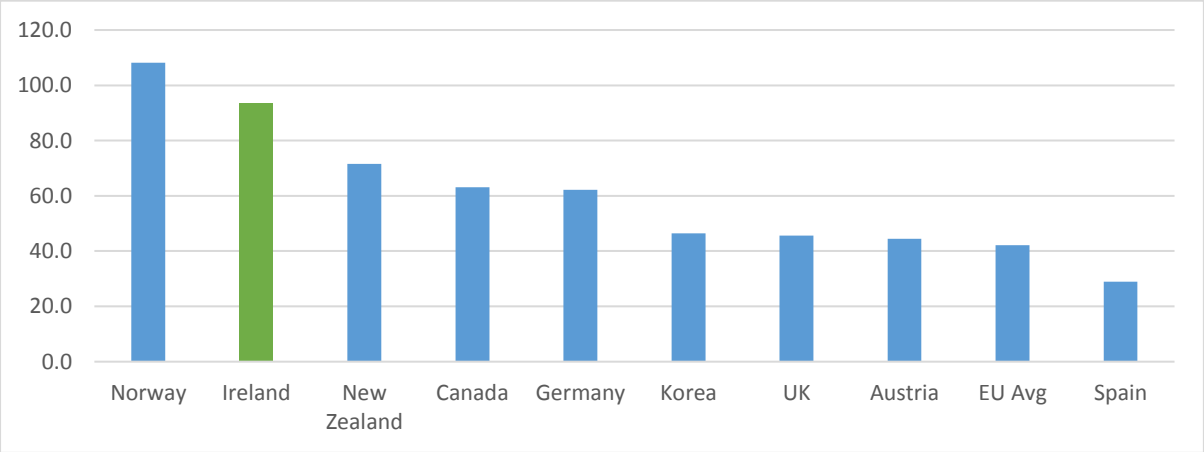


Source: OECD

Given Ireland's relatively young population compared to countries like Germany, it would be expected that the level of resourcing required per head of population would be lower. When the age of the population is accounted for in Figure 4, it shows that level of nursing in Ireland is even higher than the headline data would suggest.

However, international comparisons should be treated with caution. The OECD statistics on nurses include those employed in public and private settings, and also those working in the health sector as managers, educators, researchers etc.

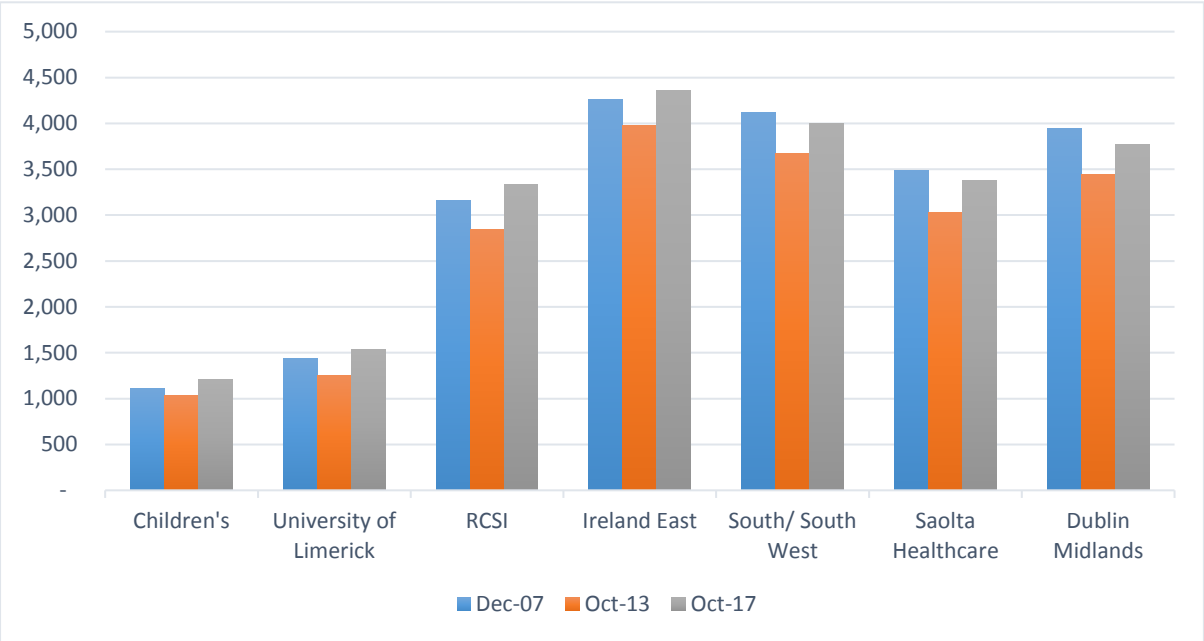
Figure 2: Nurses per 1,000 population over 65



Source: OECD

Nursing and Midwifery Changes in Numbers by Grade and Hospital

Figure 3: Nursing Staff by Hospital Group (WTE)

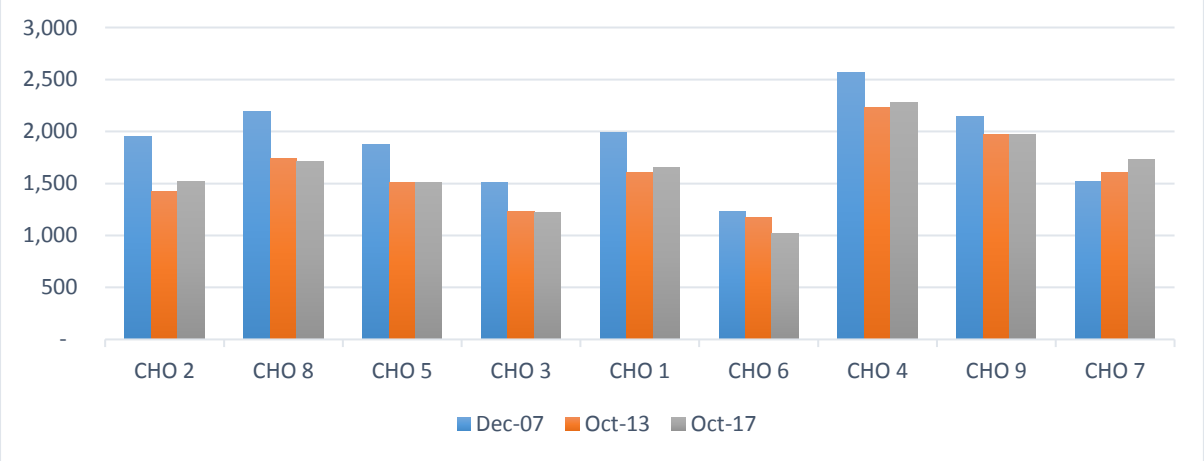


Source: HSE Data

All Hospital Groups have increased overall nursing and midwifery numbers since 2013 within a range from 9% - 23%. IEHG, UL, RCSI and Children's Groups are all above 2007 Nursing Staff levels.

For Community Healthcare Organisations (CHOs), 5 of the 9 organisations have increased nursing staff since 2013. However, all except CHO 7 remain below 2007 levels.

Figure 4: Nursing Staff by CHO (WTE)



Source: HSE Data

As can be seen in the data that has been submitted by the health sector to the Pay Commission, when nursing staffing is examined at an individual hospital level, the following picture emerges:

- 20 of the 49 Hospitals listed have increased nursing staff numbers since 2007.
- 43 of the 49 Hospitals listed have increased nursing staff numbers since 2013.

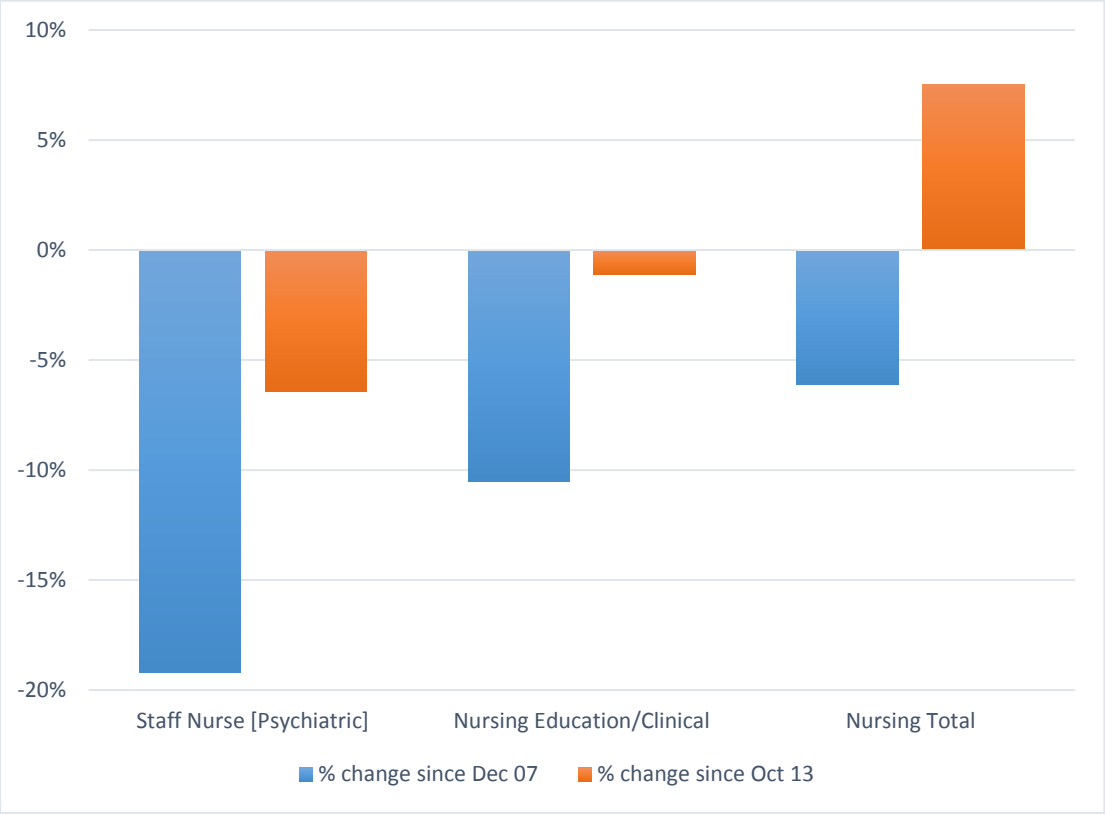
Numbers of nurses and midwives has on average increased by 9% across all hospitals since 2013.

At a grade level, since 2013, 14 of the total 18 nursing and midwifery grades have increased numbers through recruitment.

Only 3: Psychiatric; Nursing Education/Clinical; and Other Nursing Midwifery have decreased numbers from both 2007 and 2013.

Staff nurse (Intellectual Disability) is unique in that the numbers are up on 2007 levels (41%), but have declined by 4% since 2013.

Figure 5: Nursing Grades that have declined post 2013



Source: HSE Data

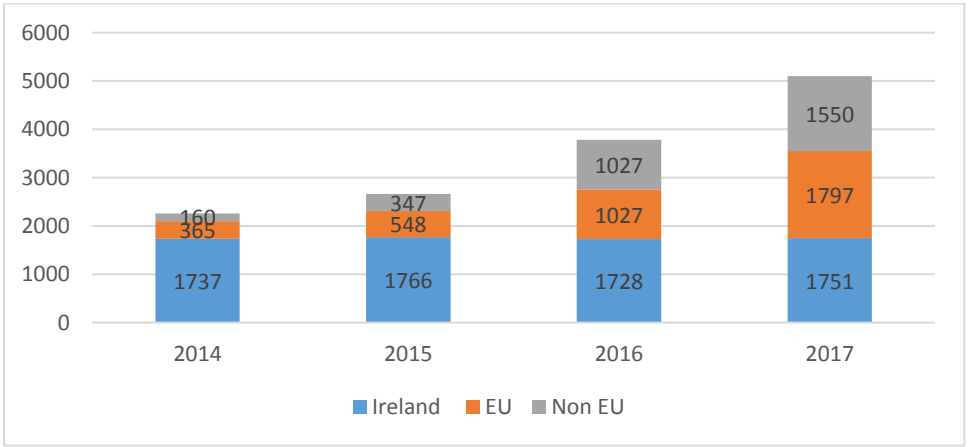
Nursing and Midwifery Inflows and Outflows

Nursing Inflows

Having examined the overall numbers employed in the Irish public health system and from a historic and international comparative perspective, this section will proceed to detail the supply of nurses and midwives. It will show that applications are high relative to available third level places and that third level places have been increased and have been filled.

- The supply of nurses and midwives into the Irish health service predominantly comes from two sources; 1) undergraduate education programmes and; 2) international recruitment. Additional channels, such as attracting those nurses and midwives that may have lapsed registrations, to return to nursing and midwifery practice for example, are extremely small in number.
- Available evidence, corroborated across a range of sources as detailed below, suggests that nursing and midwifery in Ireland remains competitive both domestically and internationally.
- In the first instances, the Nursing and Midwifery Board of Ireland (NMBI) is the independent statutory organisation which regulates the nursing and midwifery professions in Ireland. Among their core functions is the maintenance of a register of nurses and midwives permitted to practice in Ireland. Applications to join this registry, evaluated by the NMBI, provides authoritative data on the overall supply of nurses.
- Figure 4 below, provides detailed data on the numbers of PINs (Personal Identification Numbers) issued to applicants from 2014-2017. PIN is used rather than number of registrations, as nurses can hold more than one registration as they may be registered in more than one division of the register, for example general and midwifery.
- Figures include both private and public sector but the trend is clear. Between 2014 and 2017 the total number of applications has more than doubled.

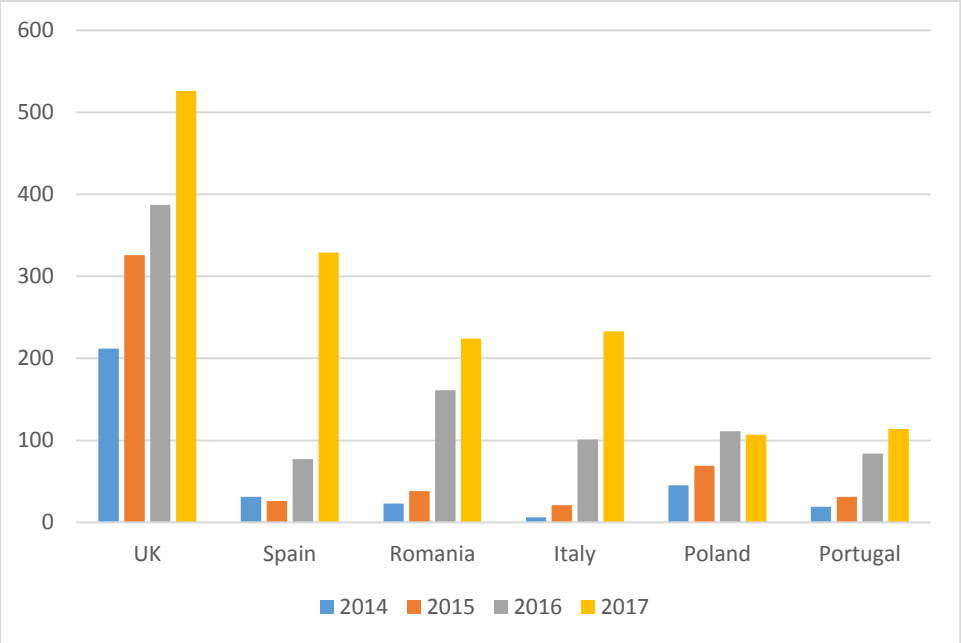
Figure 6: NMBI PIN Count 2014-2017



Source: NMBI

- Applications from Ireland have remained static, and would appear to track the domestic output from the Third Level sector detailed below.
- There have, however, been significant increases in EU and Non EU nurses and midwives, particularly in the years 2016 and 2017.
- Disaggregation of the EU applications in Figure 5 below provides further insight. Of note is the sustained increase in registrations from UK nurses and midwives, some of whom may indeed be Irish citizens, trained in the UK health system. This is particularly evident in 2017. This may be a reflection of a possible future pattern as Brexit negotiations continue. The Nursing and Midwifery Council in the UK continue to report a decline in the numbers joining the register coinciding with an increase in the numbers leaving the register. The Health Foundation in June 2017 reported a 96% decline in the numbers of EU nurses registering with the council since July 2016.

Figure 7: NMBI PIN EU Country PIN Count



Source: NMBI

- As pointed out above, the number of Irish applications to register have remained largely static and appear correlated with the supply of nurses and midwives from Third Level. Undergraduate nursing and midwifery education programmes are provided by 13 Higher Education Institutes nationally. In order to increase nursing and midwifery supply, in both 2016 and 2017 there has been substantial increases in the undergraduate provision as outlined in Table 3 below. This will result in an additional 60 nurses in 3 years' time, with a further additional 200 nurses in the next 4 years, with a total net effect of 260 (17%) additional nurses and midwives over this period

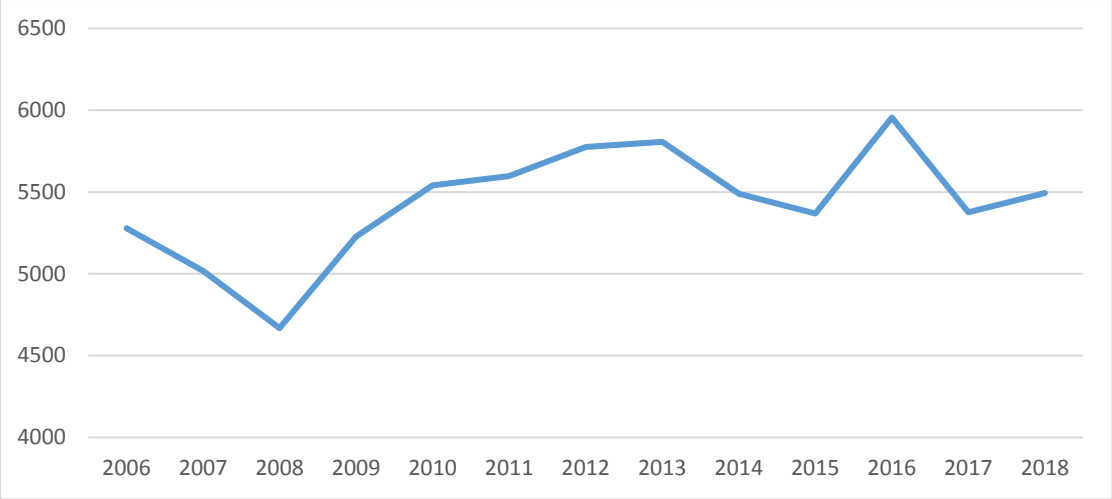
Table 3. Nursing & Midwifery Undergraduate Supply

	2015	2016	2017	Change 2015-2017	%
Integrated Gen & Child	100	100	140	40	40%
General	860	860	920	60	7%
Mental Health	290	350	420	130	45%
ID	180	180	210	30	17%
Midwifery	140	140	140	0	0%
Total	1570	1630	1830	260	17%

Source:

- As an indication of continued demand to enter the nursing and midwifery professions, the total of 1,830 places were filled in 2017. Within the overall total, the number of sponsored places has increased to 30, an increase of 20 places on previous years. The sponsored places provide the opportunity for healthcare assistants to avail of sponsorship to undertake the nursing and midwifery undergraduate programmes. This assists in widening the pipeline into a registered nursing and midwifery career from within the existing health workforce.
- The continued attractiveness of nursing and midwifery is further evidenced by the stable pattern of CAO first preference applications to NFQ Level 8 nursing courses, with an average of 5,430 applications over the last 12 years.
- In general, a successful graduate of a Level 8 nursing course is qualified to register with the NMBI and practice as a nurse within the Irish health system.
- The overall steady level of demand for places in these courses, as shown by the number of first preference applications, over the last decade indicates a strong demand in second level students to pursue a career in nursing.
- A total of 5,376 first preference applicants in 2017 for a total of 1,830 places on undergraduate courses, or 2.9 applications per place is indicative of strong demand to enter the profession.
- Nursing remains an attractive profession. It is a highly exportable skill, with Irish-trained nurses and midwives much sought after internationally.

Figure 8: CAO 1st Preference Applications for Nursing and Midwifery



Source: CAO Applicant Statistics

- In addition, there are four further education programmes, at post graduate level, that allow for entry to the NMBI register. There have been further increases in these programmes, in relation to Public Health Nursing. These are;
    - Post Graduate Diploma in Public Health Nursing – 108 sponsored placed in 2016, increased to 140 places in 2017 with progressive increase over the years 2017-2019 to 160 places;
    - Post Graduate Diploma in Children's Nursing – 85 places annually;
    - Post Graduate Diploma in Midwifery – 101 places annually.
    - Higher Diploma in Mental Health Nursing – 40 places annually (this programme was reintroduced in January 2017).

All of the above point to increasing supply of nurses to the Irish public health system and are indicative of the continued interest and attractiveness of nursing as a career.

International Recruitment

There is a multi-pronged approach to international recruitment, with multiple initiatives, including the 'Bring them home Campaign', focused on attracting Irish trained nurses and midwives back to Ireland in keeping with the WHO Global Code (2010) . In addition, there are national HSE tenders in place to support the ethical recruitment of international nurses and midwives, again to support the stabilisation of the workforce, through supply. While international recruitment is a supply chain, in the context of overall recruitment it is of note that this supply chain is very costly, with associated costs including at a minimum; NMBI registration paid for by the employer, clinical adaptation, international recruitment agency costs, clinical facilitation and associated subsistence costs. Clinical supervision for adaptees, which in addition to trainee supervision requirements is also an additional element in overseas recruitment.

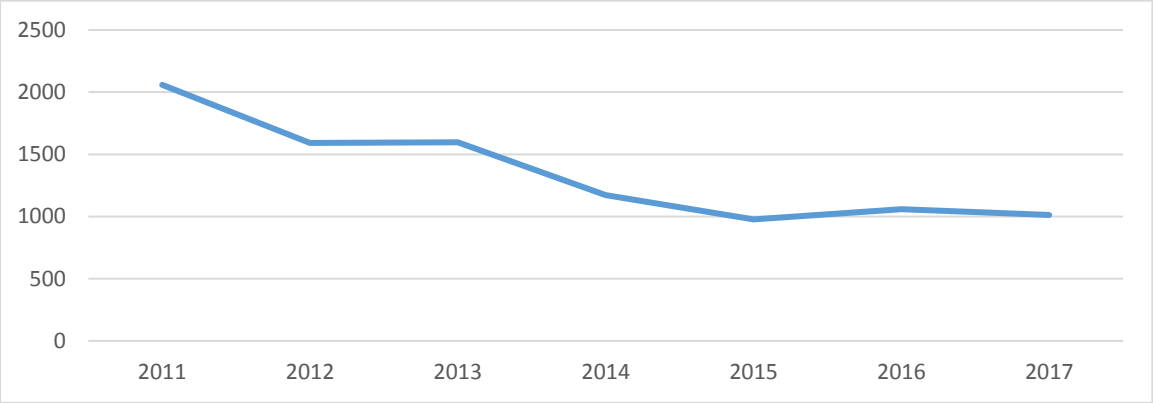
The total number of nurses and midwives recruited through these routes both Irish and international nurses and midwives for 2017 (Jan to November) is 703.

Nursing Outflows

Nursing and midwifery outflows can be examined in two ways, through requests for Certificates of Current Professional Status (CCPS) and actual exit data recorded centrally by the HSE.

Irish trained nurses and midwives require a CCPS certificate to certify their competency to work in other jurisdictions. As such a request to the Nursing Midwifery Board of Ireland for a CCPS can be understood as an expressed intention to emigrate. Currently data is not available on whether these intentions are acted upon but the CCPS can be considered indicative. Figure 7 shows a sizable reduction in the numbers of Certificate of Current Professional Status (CCPS) requests made to the NMBI between 2011 and 2017 which fell by 51%. Since 2015 the number of such requests has stabilised.

Figure 9: NMBI Verification Requests by Nurses and Midwives 2011-2017



Source: NMBI

The other primary source of data on nursing and midwifery outflows is HSE turnover statistics which have been centrally recorded in 2016. Before that, turnover statistics were compiled at the hospital level. As can be seen below, whether retirements are included or excluded, overall nursing turnover at 6.8% (included) or 5% (excluded) is low and well within normal parameters.

Table 4. Nursing Turnover 2016-2017 (excluding students)

Turnover	Nurse Manager	Nurse Specialist	Staff Nurse	Public Health Nurse	Nursing (other)	Nursing (total)
2016	5.7%	3.4%	7.7%	3.3%	5.6%	8.2%
2017	6.3%	4.3%	7.3%	3.1%	4.7%	6.8%

Table 5. Nursing Turnover 2016-2017 (excluding retirements and students)

Turnover Excl. Retirees	Nurse Manager	Nurse Specialist	Staff Nurse	Public Health Nurse	Nursing (other)	Nursing (total)
2016	2.9%	1.8%	6.4%	1.5%	3.9%	5.3%
2017	3.4%	2.5%	5.9%	1.4%	2.9%	5.0%

Source: HSE Data

By international comparison, the Irish nursing and midwifery turnover rate is substantially lower overall, with the average nurse/midwife turnover rate in the UK reported as increasing from 12.3% in 2012-2013 to 15% in 2016-2017.

A 2014 academic publication in the Journal of Advanced Nursing, which compares nurse turnover rates and costs from four studies in four countries (US, Canada, Australia, New Zealand) that have used the same costing methodology; the original Nursing Turnover Cost Calculation Methodology. It finds that despite using the same methodology, turnover rates also varied significantly across countries with the highest rate reported in New Zealand (44.3%) followed by the US (26.8%), Canada (19.9%)and Australia (15.1%)[3]. All are considerably higher than the turnover rates pertaining to Irish hospitals.

Domestic research from IBEC, using data from 423 companies and 72,207 employees found the average Employee Turnover Rates in 2016 to be 7.17%, with an upper quartile rate of 10.91%4. Again the HSE data shows hospital staff turnover rates below this average.

It is important to also view workforce movement within particular staff nurse divisions. This reveals additional complexities in light of recruitment and retention. This is explained further in Appendix 1.

The area of midwives is a particular challenge, in the context of the National Maternity Strategy which places substantial emphasis on the delivery of safe care through appropriate resourcing,

[3] Duffield C. M., Roche M. A., Homer C. A., Buchan J. & Dimitrelis S. A comparative review of nurse turnover rates and costs across countries. Journal of Advanced Nursing 70(12), 2703–2712. doi: 10.1111/jan.12483, 2014
[4] IBEC. (2017) IBEC Employee Turnover Report 2017.

with an increasing number of midwives required to deliver on implementation. Further detail is provided in Appendix 1.

Nursing and Midwifery Structural Changes

Nursing and midwifery has undergone profound structural changes since 1998– transitioning to an all graduate profession with defined clinical, managerial and educational career pathways.

Educational and practice developments have further widened the scope of professional practice, enabling nurses and midwives to practice at the top of their professional licence.

A particular case in point related to this change is the Agreement on Transfer of Tasks Nursing/Medical (2016) which arose from a collective agreement and provided for a review to take place to assess the potential for the transfer of four specified tasks from junior hospital doctors to nurses/midwives in acute hospitals. The tasks are:

1. Phlebotomy;
2. Intravenous cannulation;
3. First dose IV medication; and
4. Delegated discharge.

The collective agreement provided that any savings agreed as accruing from this transfer would be applied to the terms and conditions of the members of the relevant unions. The outcome to this process resulted in the accrued savings from efficiency gains identified being translated into a Nursing-Medical Interface Payment. The cost savings were linked to the quantum of savings derived from the abolition of the previously termed 'twilight payments' and payment, effective from 1 January 2016, is made to nurses working between 6pm and 8pm.

A national implementation verification group (NIVG), was set up to verify progress in relation to the transfer of these tasks from medical to nursing staff, with the tasks then becoming shared between the two professions. The final report that issued from the NIVG verifying that the tasks identified are now part of nursing duties for those who have completed training and form part of their scope of practice.

The process of extending this payment to nurses is currently underway in the Social Care area (Older People and Intellectual Disability) where appropriate tasks have been identified and payment commenced from 1st July 2017, with the retrospective payment (1st September 2016 to 30th June 2017) due to be paid following the second and final verification from the NIVG due in July 2018.

The process of extending the payment to nurses in the Mental Health Directorate is also underway. Discussions have taken place to identify appropriate tasks. Further clarifications are required between the parties and this is expected to conclude by 30th April 2018.

While this approach to task transfer had its origins in a collective agreement concluded following significant reductions in remuneration, in general it is essential for the operational efficiency of the health service that all staff operate at the top of their scope of practice and that

flexibility in doing so is not subject to collective agreement contingent on additional remuneration.

Change in Composition

Over the last decade, nursing and midwifery staff profiles have transformed. This is reflected in a pronounced compositional shift towards senior and specialist positions.

Since 2007, numbers of Advanced Nurse Practitioners, Clinical Nurse Specialist and Senior Staff Nurses have increased by 2,552 or 54% to 7,298. These grades now represent 20% of the nursing workforce, up from a combined 12% in 2007.

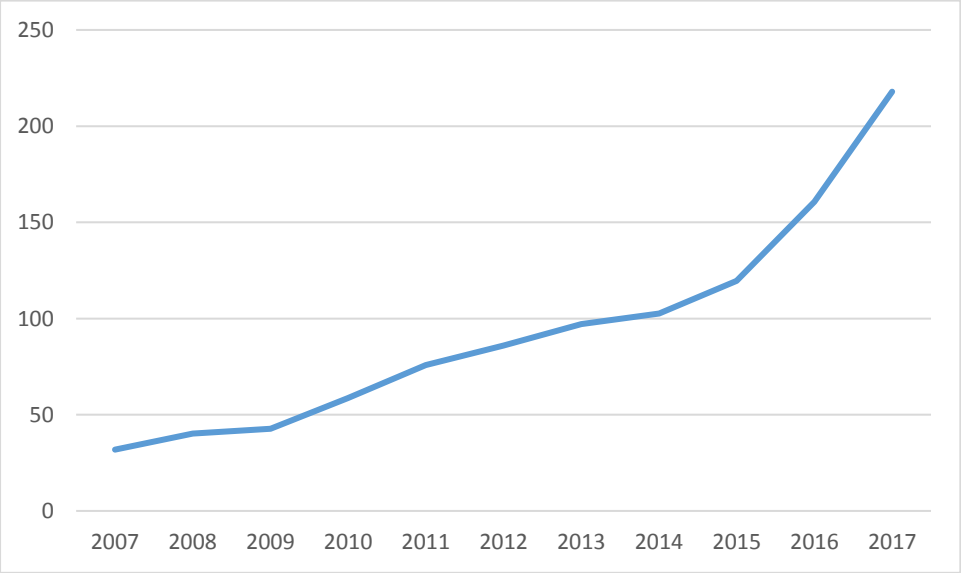
It should be noted however that Senior Staff Nurse status is automatically acquired after a specified period as a Staff Nurse; there are no additional duties or responsibilities attaching to these posts but it does support staff retention.

There are challenges also in the reporting of Clinical Nurse/Midwife Specialist posts as there may be some confusion with the Clinical Nurse Manager 2 post which is paid at the same level. Data provided by the HSE office, which approves CNS/CMS post holders, notes that since October 2014, a total of 307 post holders were approved, 301 of whom have been retained.

While the trend is moving in the right direction, the slow pace of growth in Advanced Nursing and Midwifery Practitioners is being targeted specifically. The policy aim is to grow the ANP/AMP workforce to a critical mass of 700 WTE in the short term.

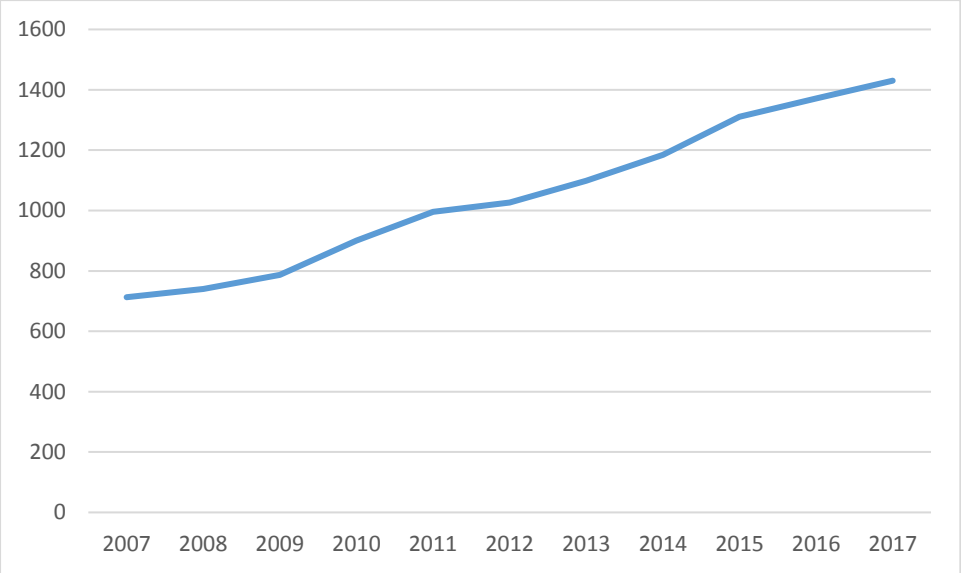
An added benefit of the increase in senior and specialist roles is that it provides defined career pathways for nurses and midwives in a managerial or clinical setting, acting as another retention incentive. Appendix 1 provides additional information concerning developments in specialist/advanced posts, and clinical leadership.

Figure 10: Numbers of Advanced Nurse Practitioners



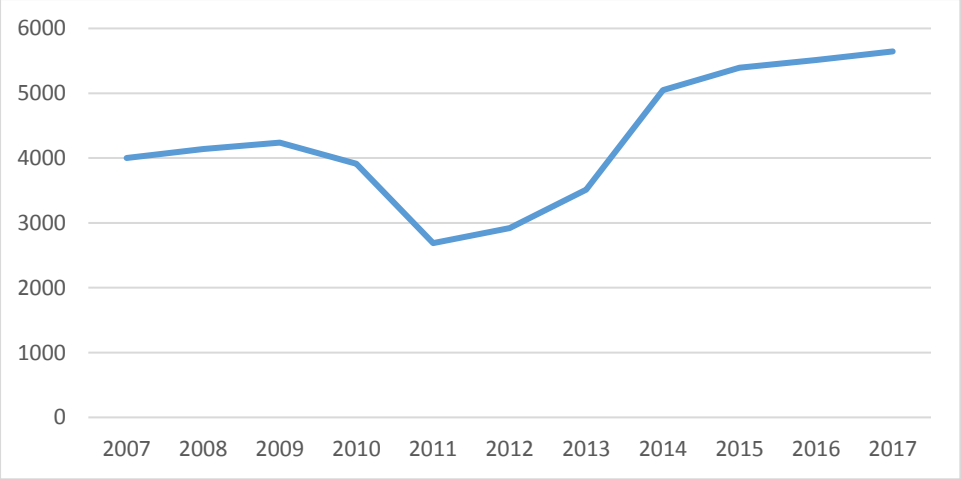
Source: DPER Administrative Data

Figure 11: Numbers of Clinical Nurse Specialist



Source: DPER Administrative Data

Figure 12: Number of Senior Staff Nurses



Source: DPER Administrative Data

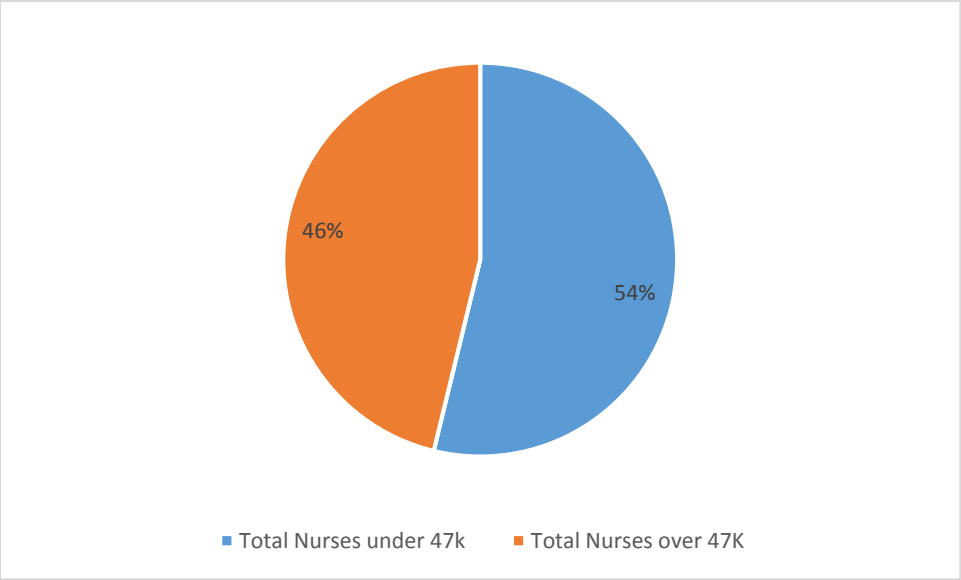
Nursing and Midwifery Pay

The current pay and conditions offered to nurses in the nursing and midwifery professions remain competitive to domestic undergraduates and international staff. A number of points are worth noting in this regard:

Starting salary. The first point on the Staff Nurse scale is €28,768. However, since 2016, a 9 month incremental credit has also been applied to new entrants and retrospectively to those who entered between the years 2011-2015. This gives a new entrant nurse or midwife in their first year an effective annual salary of €30,178. In addition to this basic salary, the HSE estimates that on average starting nurses and midwives earn an additional 20% of their basic salary in allowances and premium payments, which would increase the average gross salary for a new entrant nurse to €36,214. This compares favourably with other areas of graduate recruitment to the public service (where starting salaries are in the region of €30,000) and wage rates in the wider economy, with the average starting salary for a graduate entering the labour market in 2016/17 reported as €28,554[5] with 40% of the 2016 cohort commanding salaries of less than €25,000[6].

Career Advancement. A career in nursing also provides considerable scope for career progression from the entry level Staff Nurse grade. This is evidenced by the fact that, as of Q4 2017, 46% of the nursing cohort were in grades where the basic salary scale started above €47,000 (PPC rate), not including additional premium payments or allowances.

Figure 13: Breakdown of Nursing Cohort over/under €47,000 Basic Starting Salary



Source: DPER administrative data

The vast majority of the 54% on a basic salary of less than €47,000 are those at the Staff Nurse grade. Central data is held on Staff Nurses working in Statutory Agencies. Examination of the distribution of these Staff Nurses on the incremental salary scale reveals that 6,680 out of a total 9,547 or 70% are on salaries of over €40,000. On the basis of this distribution, applied to Staff Nurses in the Voluntary Sector and combined with the 46% of nurses and midwives detailed above, it is estimated that a total of 83% of Nurses are on basic salaries of over €40,000.

[5] GradIreland, GRADUATE SALARY & GRADUATE RECRUITMENT TRENDS SURVEY, 2017

[6] HEA, What do Graduates do? The class of 2016, 2018

Importantly, this reflects the basic starting salary and does not account for allowances and incremental progression. Nurses who remain at the Staff Nurse grade have considerable scope to earn a competitive level of remuneration throughout their career, with the average staff nurse estimated to earn an annual salary of €54,744 which is 44% higher than the average industrial wage.

Table 6: Total Salary Estimates for Staff Nurse and 'Average' Nurse 1/1/2018

	Basic Salary	Premium Pay and Allowances	Total Salary
Starting Staff Nurse	30,178.31	6,035.66	36,213.98
Average Staff Nurse	43,480.50	11,264.00	54,744.50
Max of Scale Staff Nurse	45,248.00	11,264.00	56,512.00
Senior Staff Nurse (automatic promotion)	47,423.54	11,284.30	58,707.84

Source: HSE Data

The payment of allowances to nursing staff is not only confined to the Staff Nurse Grade and is widespread throughout the nursing cohort as a whole with 13,564 individual allowances being paid in Q4 2017. In general, these allowances are intended to incentivise nursing staff working in particular service areas or who have gained desired specialist qualifications. The Specialist Qualification Allowance and the Specialist Qualification Allowance (Midwifery) for example amount to €2,791 per annum and are paid to a combined total of 5,660 nursing staff (15% of the total cohort) working in specialist areas with the relevant professional qualifications.

Nursing staff working in more challenging service areas such as Emergency Departments, Theatre/Operating Rooms etc. are also incentivised through allowances such as the Location Allowance which amounts to €1,858 paid to 5,191 nurses per Q4 2017 data. Mental Health Nurses also receive a Community Allowance of €5,449 per annum.

Full details of nursing allowances can be found in Appendix 2.

New Entrant Basic Pay – International Pay Comparisons

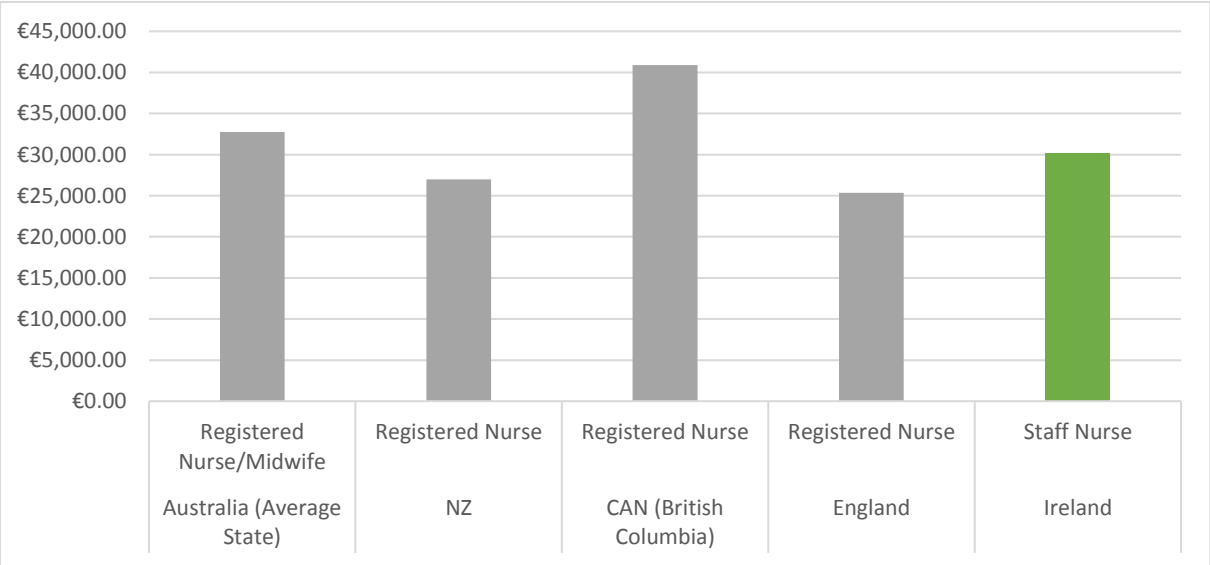
Figure 14 below shows the current starting salary for a new entrant Staff Nurse in Ireland compared to the equivalent starting salary in Australia[7] (salary average for 8 States), New

7 https://healthtimes.com.au/hub/nursing-careers/6/guidance/nc1/what-do-nurses-earn/605/

Zealand[8], Canada[9] (salary for British Columbia) and England[10] adjusted to reflect 2017 PPP rates in Irish Euros. This shows that salary of a Staff Nurse in Ireland rate is competitive.

At €30,178 the Irish starting salary is higher on a PPP basis than both New Zealand and England, while it is €2,563 less than the starting basic salary for an equivalent role in Australia.

Figure 14: PPP Adjusted Starting Basic Salaries for 'Registered Nurses'



Average Nursing Pay International Comparison (inclusive of salary allowances and premia)

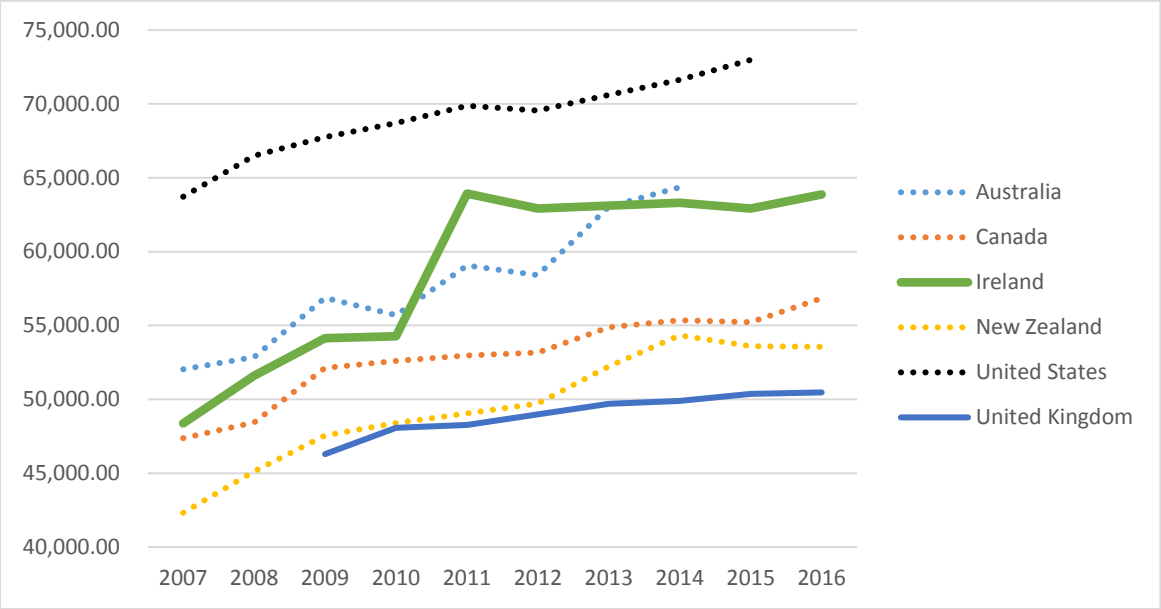
OECD data from 2007 to 2016 provides data to situate the average pay of a nurse in Ireland in an internationally comparable context inclusive of salary allowances and premia. This again shows that Ireland is highly competitive. Expressed in purchasing power parity (PPP) since 2011, average remuneration in Ireland including allowances and premia has been higher than in Canada, Australia, the UK and New Zealand.

8 http://careers.adhb.govt.nz/LinkClick.aspx?fileticket=puMNR4q%2F%2FVI%3D&tabid=127

9 http://www.viha.ca/NR/rdonlyres/D516B968-CA74-447F-ACF7-77A9E3DE6B2B/0/BC_nurses_salary_benefits.pdf

10 https://www.rcn.org.uk/employment-and-pay/nhs-pay-scales-2017-18

Figure 15: OECD Gross Nursing Pay (including Allowances and Premiums) US$ PPP



Source: OECD Databank

It can be expected that these competitive pay rates will continue to drive positive levels of recruitment of nurses, both Irish-trained and from abroad into the Irish health system, particularly in light of the ongoing improvements to pay rates under the PSSA.

Nursing and Midwifery Recruitment and Retention Initiatives

A number of recruitment and retention initiatives, have been or are being implemented since 2015 as the economy has improved and resources have allowed.

These include various cost-increasing measures at a time when no cost-increasing claims by trade unions or employees for improvements in pay or conditions of employment were to be made or processed during the various public service agreements (HRA/LRA/PSSA). Such pay-related initiatives for nurses include:

Pay Increase for Student Nurses (2016)

Student Nurses participating in the 4th year rostered clinical placement were, since 2013, paid in accordance with the trainee rates specified in the National Minimum Wage Act. The rates on 1 January 2016 were €6.86 per hour for the first 12 weeks of placement, €7.32 per hour for the second 12 weeks and €8.24 per hour for the third 12 weeks (a total of €10,493 for the 36 weeks), excluding premium payments. A Chairman's note under the Lansdowne Road Agreement provided that the D/Health and HSE would consider the extent to which the issues of pay during the student nurse's fourth year placement and incremental credit had a bearing on Nurse/Midwifery recruitment and retention. Following intensive engagement between the D/Health, HSE and the Nursing Unions under an independent facilitator, the Minister for Public Expenditure and Reform approved a pay increase on 19th February 2016 for the 36 week placement to 70% of the minimum of the Staff Nurse salary scale (i.e. the student would now

earn €13,268, an increase of 26%, or €9.45 per hour for the entire 36 week period). This pay increase took effect from 1 March 2016.

Incremental Credit for Student Nurses (2016)

Incremental credit for the 36 week clinical placement undertaken by 4th year student nurses was abolished by the then Government in December 2010 as part of a range of measures aimed at reducing the public service pay bill.

Following consideration of a submission made on behalf of the Nursing representative bodies - the INMO, the PNA and SIPTU Nursing - and the Department of Health and the HSE, the Minister for Public Expenditure and Reform sanctioned on 19th February 2016 the recognition of the 36 week placement as qualifying for incremental credit for students on placement in 2016 and into the future. The award of recognition for this 36-week placement was later (10th October 2016) extended to the 2011-2015 group of nurse/midwifery graduates as it was accepted by the Minister for Public Expenditure and Reform that the issue of incremental credit along with the other recruitment and retention measures put in place by the Department of Health were part of an overall offering aimed at attracting a greater number of nurses to make their career in the public health system.

International Staff Nurse Recruitment Campaign (2015)

The HSE launched an International Staff Nurse Recruitment Campaign in 2015 which focused on attracting nurses and midwives back from the UK to jobs in Ireland. There was initially a particular emphasis on targeting Irish Nurses who had left Ireland in the last few years and wanted to return home. Approval was given in July 2015 for such nurses to be offered a pilot relocation package of up to €1,500 in vouched removal/relocation expenses including the cost of flights, subject to Revenue guidelines on allowable removal expenses, as well as paying nursing registration costs with the NMBI and funded post graduate education.

As part of the March 2017 agreement between Nursing/Midwifery unions and the HSE, it was agreed to expand the "Bring them Home" campaign and develop other initiatives to attract nurses beyond the U.K to take up employment in the Irish Public Health Service. The "Bring Them Home Campaign" recruited 703 Irish and International nurses and midwives from Jan to Nov 2017. A payment of €1,500 could be processed and drawn down at local employer level as expenses following a robust application process, which includes a commitment by the nurse to remain in the employment for a period of 12 months. Additionally, there is, as part of the nursing/midwifery agreement, provision for the payment of an additional €1,500, after a period of 12 months employment with the employer, and subject to a commitment to remain in that employment for a further period of 12 months. This latter arrangement applies in respect of nurses recruited from overseas since April 7th 2017. Accordingly, the international recruitment campaign is ongoing and a relocation package of up to €3,000 is available to nurses who return from overseas.

Restoration of the Community allowance for Mental Health nurses (2016)

In order to incentivise psychiatric nurses to work in the community it was agreed to restore the allowance at a set rate of €5,449 for all eligible psychiatric nursing grades. Restoration of the Community Allowance was subject to the implementation of productivity measures and an independently chaired verification process.

Emergency Department Agreement (2015/2016)

A package of proposals agreed with the INMO and SIPTU under the WRC Agreement of 11th January 2016 (and the WRC proposals of 14th December 2015) includes, inter alia a measure to attract and retain ED staff - €1,500 contribution towards further education for new entrants from date of signing a permanent contract.

Derogation from normal pay policy rules for psychiatric nurses re-employed in the public health service (2016)

A derogation has been provided for mental health nurse retirees who return to work for the HSE. It was agreed that rehired mental health nurse retirees could return at an incremental point of remuneration up to the long service increment (LSI) on the mental health nurse salary scale depending on relevant service, subject to normal abatement rules.

Recruitment and Retention Agreement (2017)

Agreement was reached between management (HSE, D/Health and D/PER) and unions (INMO, SIPTU) under the auspices of the Workplace Relations Commission on 4 March 2017 to a range of recruitment and retention initiatives. A commitment was given in these discussions that the restoration of certain allowances to new entrant nurses and midwives, which had been abolished under the review of allowances in 2012 (similar to the community allowance referred to above), would be positively considered in the pay negotiations leading to a new Public Service Agreement. Subsequent to the negotiations on a new Public Service Stability Agreement (PSSA) 2018 – 2020), the following allowances were restored for post-2012 new entrant nurses, with effect from 1 July 2017:-

- Midwifery Qualification (PHN)
- Registered general nurse in the community
- Nurse co-ordinator allowance
- Specialist Co-ordinator allowance (nurse tutors)
- Nurses assigned to occupational therapy

The Bring Them Home Campaign was also extended as noted above.

Furthermore, the derogation from normal pay policy rules for psychiatric nurses re-employed in the public health service (2016) as set out above was extended to rehired nurses and midwives. It was agreed that nurses and midwives who return to work, following retirement, will be entitled to return at the incremental point they were on when they left the system. With regard to personnel who retired at a higher grade (CNM2, ADON etc.), if they return to work at the grade occupied at the time of retirement, they will be paid at the incremental point of the scale they were on at the time of retirement. However, if returning at a lower grade (e.g. Staff Nurse), they will be remunerated at the maximum point of this lower grade.

Other recruitment and retention measures (non-pay) which have been taken include the following:-

Emergency Department Agreement (2015/2016) – Working Conditions

The package of proposals agreed with INMO and SIPTU at the WRC included:

- Escalation Policy – where notification is given to the joint chairs of the ED Taskforce
- Time back in lieu of lunch – 2 days in 2016 and 2 days in 2017
- Group Wide Executive Forum with participation of the Group CEO, Group Director of Nursing, Group Clinical Director and plus other senior Group senior management.
- Hospital Level Forum
- Health and Safety measures to identify risks
- Attracting and retaining ED staff - €1,500 contribution towards further education (as mentioned above)
- Recruitment of specific ED posts (CNM1's, CNM2's for admitted patients, ADON for the ED)

Implementation of the ED agreement is being progressed through an ED National Implementation Group with nominees representing Acute Hospitals Division HSE, National HR HSE, Department of Health, INMO and SIPTU. To date 107 of the 114.5 CNM1 uplifts have been filled. 94 vacancies have been filled although new vacancies continue to arise. 64 of the 123 additional ED admitted/boarded patient posts have been filled.

PNA/SIPTU Mental Health Nursing WRC Agreement, 16th August 2016

In addition to the restoration of the Community allowance and the derogation from normal pay policy rules for rehired retired psychiatric nurses the package of proposals agreed at the WRC with PNA and SIPTU were implemented as follows:

1. An additional 60 Psychiatric Nurse training places were provided in 2016 and 70 additional places in 2017 bringing the total to 420.
2. 40 Postgraduate places were made available to nurses from other disciplines to train as psychiatric nurses commencing in January 2017.
3. A scoping exercise to be completed into the feasibility of training other health science graduates as Psychiatric Nurses.
4. Current employees to be encouraged to provide additional hours at a pay rate based on their personal hourly rate.
5. All temporary nurses and all 2017/18 graduates to be offered permanent posts.
6. A Working Group will be set up immediately to report before the end of the year on the implementation of 24/7 Home Based Crisis Services Pilot Projects in 2017.
7. The HSE to provide an additional 3 Advanced Nurse Practitioner Posts in each CHO Area and one in the Forensic Services, i.e. an additional 28 ANPs on top of those currently in place.
8. The bureaucratic process of recruiting nurses which has taken as long as 4 months before a request for a post to be filled is passed to National Recruitment Services is guaranteed not to exceed 28 days.
9. The management of the Serious Physical Assault Scheme has been reviewed to ensure the assaulted nurse's full pay is maintained and his/her Sick Pay entitlements protected.
10. Nurses working part-time hours will be able to increase their working hours without obstacles or objection.
11. An implementation group agreed between the parties will oversee implementation of this agreement.

Recruitment and Retention Agreement (2017)

In addition to the pay measures already referred to above, the package of measures agreed include the following initiatives:-

- **Additional nursing posts**. As part of the Nursing Recruitment and Retention Agreement with the INMO and SIPTU the HSE agreed to appoint 1,224 additional nurses and midwives in 2017. Efforts to fill posts continue but there are particular challenges in midwifery for example as outlined above.[11].

[11] The HSE is finalising the report setting out progress on implementation of the Agreement as at end December 2017. Indications are that there has been significant growth in the appointment of nurses and midwives in the final months of the year with 942 WTE of the 1,224 posts filled (including student nurses). The first two months of 2018 have seen an increase of over 1,000 WTE in nursing numbers. The vast majority of the January and February intake is made up of student nurses which represents the normal means of entering the nursing profession. It should be noted that, from January 2018, changes have been made to the reporting of WTE numbers in the public health service in order to better align HR and Finance data when planning, reporting and monitoring performance. Pre-Registration Student Nurses, who were previously reported as 0.5 WTE are now reported as 1 WTE, in line with other staffing categories. Without this change in reporting methodology, increases in overall nursing numbers would be approximately 500 WTEs for the first two months of the year.

- **Permanent contracts for Student Nurses to be offered to all graduating nurses and midwives within a Hospital Group or CHO**. The HSE has appointed 763 (72%) of the 1,055 nursing graduates in autumn 2017. The HSE has committed to offering the 2018 graduates permanent posts and work is in train in this regard.

- **Additional undergraduate places.** In 2017, an additional 130 nursing undergraduate places were made available in the nursing degree programme. Also, 1,421 Irish trained nurses and midwives undertook the internship programme. This programme is a requirement for first time registration with the Nursing and Midwifery Board of Ireland (NMBI). This will ensure a growing supply of graduates in the years ahead.

- **The introduction of a pre-retirement initiative for nurses and midwives** whereby nurses/midwives in full time permanent positions aged 55 years or over may apply to work on a 0.5 WTE job-sharing basis for a maximum of 5 years prior to retirement. Superannuation benefits will be calculated on the basis of actual service plus a maximum of 2.5 years in respect of the pre-retirement job-sharing period, subject to an overall maximum of 40 years' service. The pilot scheme is limited to a maximum of 250 in each of the two years of the pilot phase. So far, 37 employees have taken up the offer.

- **Additional promotion posts: Advanced Nurse Practitioners:** The Agreement sought to increase the number of ANP's by 120. A group of 120 ANP's were selected and commenced their course on 23rd October 2017. This number is included in the 1,224 posts mentioned in the first bullet above.

- **Upgrade of 127 existing staff nurses to new CNM1 posts** (these are not included in the 1,224 posts mentioned above),

- **Career Break Scheme** to be offered to new graduates after one year's full service so that they may take a career break and return to Ireland rather than resigning for travel purposes.

- **Sponsorship Programme:** Increased sponsorships were provided for Post Registration Public Health Nursing (PHN) education to 140 in total, in line with the Agreement.

- Commitment to ensuring all nurses and midwives have a Personal Professional Development Plan to support professional development needs.

Other recruitment and retention initiatives have also been taken recently to recruit and retain nurses, including the following:-

New Year New Career Campaign

The HSE ran a series of recruitment events and attended overseas recruitment fairs throughout 2017. An annual programme of recruitment campaigns has been streamlined for example the Christmas "New Year New Career" campaign. These campaigns are promoted using social

media and advertising in airports to attract nurses nationally and internationally. A targeted social media campaign ran from 18th December 2017 to 4th February 2018 with 625 nurse respondents.

Other recruitment initiatives

In addition to the international recruitment campaigns the HSE's National Recruitment Service continues to operate rolling nursing recruitment campaigns and the National Director of HR delegated authority to the Directors of Nursing/Directors of Public Health Nursing to allow them to recruit for funded posts. A separate validation exercise is being undertaken to identify specialist nurses in the system. A working group has been established to develop a national transfer panel for nurses.

Retention Group

A working group was established with representatives of the hospital groups and Office of Nursing Midwifery Services Director. The aim of the group is to improve on-boarding, induction to ultimately improve morale and retention rates.

Centres of Nursing and Midwifery Education Provision

The Office of the Nursing and Midwifery Services Director (ONMSD) primary focus is on the strategic development of optimum person centred Nursing care, and leadership through support for excellence and innovation building capacity in nursing to enhance care and service delivery. This is achieved regionally through Nursing and Midwifery Planning and Development Units (NMPDU), Regional Centres for Nursing and Midwifery Education (RCNME) and the Leadership and Innovation Centre for Nursing and Midwifery (NLIC).
In 2017 a total of 3,843 programmes (including some mandatory courses) were delivered to 28,027 nurses, 1,914 midwives and some other grades (e.g. HCA's) by RCNME as part of Corporate Learning Development. Under the stewardship of the ONMSD the National Leadership and Innovation Centre for Nursing and Midwifery (NLIC) will continue to provide bespoke leadership programmes for nurses and midwives and a number of programmes are planned in 2018. Education programmes relative to the transfer of tasks are also available through the Centres for Nursing and Midwifery Education.

SECTION 3: NON CONSULTANT HOSPITAL DOCTORS

Key Points

- Overall the number of Non Consultant Hospital Doctors has increased by 1,400 or 29% on 2007 levels.
- NCHDs were also subject to the public service wide moratorium on recruitment.
- All categories of NCHDs (Interns, Registrars, Senior House Officers, Senior Registrars and Specialist Registrars) have increased by between 20% and 40% since 2007.
- All hospital groups have recorded increases in the numbers of NCHDs since 2007.
- At an individual hospital level, almost 80% of hospitals have increased the number of NCHDs relative to 2007.
- Over the past decade, first preference CAO applications for medicine increased by 36% between 2008 and 2010. Since 2013, the rate has dropped off but has largely stabilised at above 3,200 since 2014.
- Numbers of Honours Graduates in Medicine has increased by 71% in the last 5 years.
- Pay for NCHDs depends on experience but, on average, an NCHD earns a basic salary of approx. €57,379 with estimated overtime and premium payments of €18,244, giving a total average remuneration of €75,623.
- The Department of Health's estimates for 2018 show that 71% of NCHDs are in grades with a basic starting salary of between €43,462 and €65,143 per year, not including overtime and premium payments.
- The HSE has engaged in a number of recruitment and retention initiatives for NCHDs including restoring the Living Out Allowance worth €3,193 per annum.

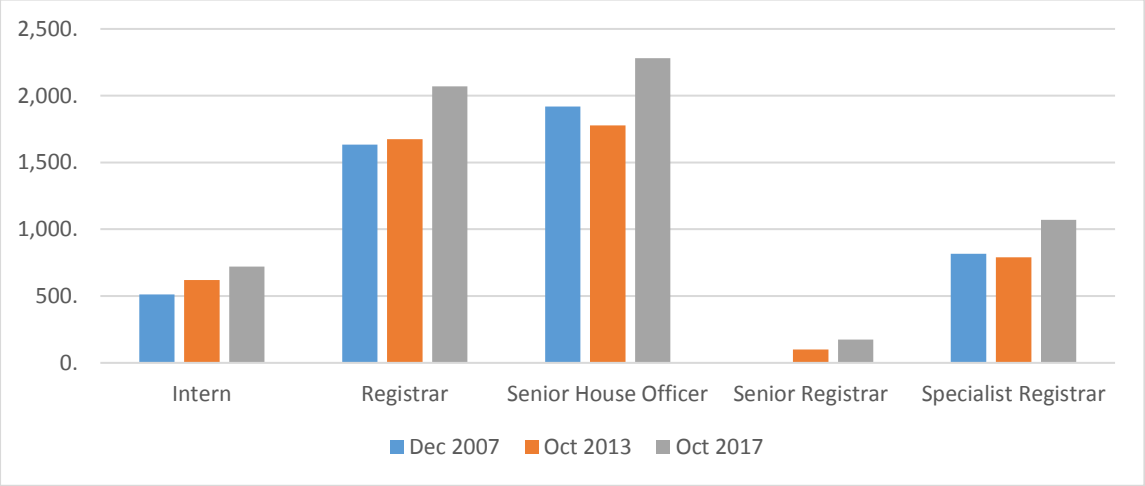
Change in Overall Numbers 2007 - 2017

The equivalent of 6,317 whole time Non-Consultant Hospital Doctors (NCHDs) were employed in the Irish public health system as of October 2017. This is an increase of over 1,400 (29%) on the December 2007 figure of 4,881. The HSE and specific hospitals have put an enormous effort into increasing the NCHD workforce in the context of growing service pressures and the requirement to progress compliance with the provisions of the European Working Time Directive.

Change in Numbers by Grade and Hospital

NCHDs are sub-divided into five categories: Interns, Registrars, Senior House Officers, Senior Registrars and Specialist Registrars. Over the timeframe specified, the level of employment in each of these categories has increased over the past decade of the order of 20-40%.

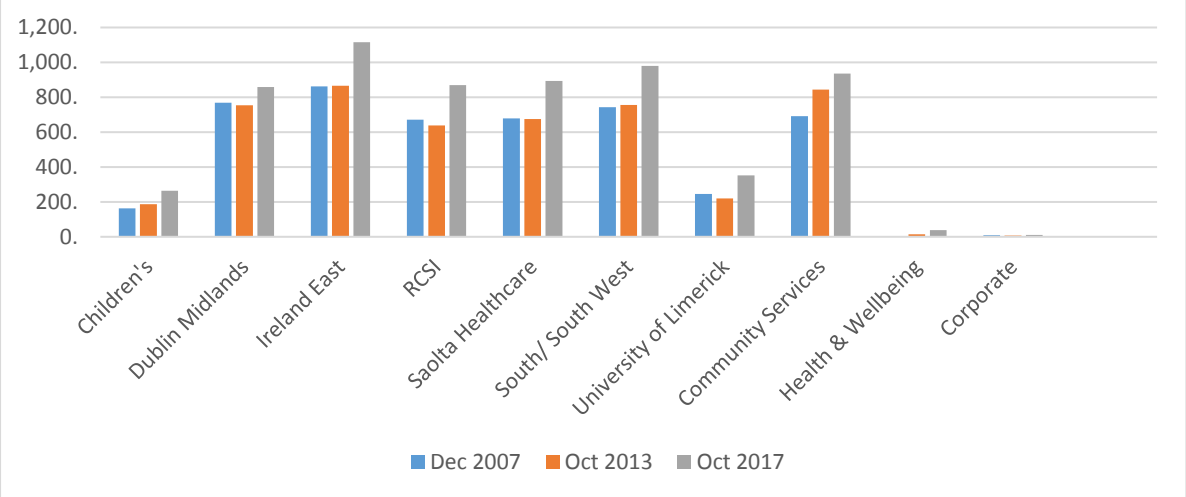
Figure 16: NCHDs by Grade



Source: HSE Data

When looked at on a hospital group basis, the increased NCHD employment is reflected across the board with all hospital groups reporting an increase in NCHDs since 2007. The smallest proportional increase is in the Dublin Midlands Hospital Group at 12% with the highest rate of increase occurring in the Children's Hospital Group, up over 60%.

Figure 17: NCHDs by Hospital



Source: HSE Data

Further, in the data supplied by the health sector to the Pay Commission, the increased NCHD employment is generally reflected across individual hospitals with almost 80% of hospitals reporting more NCHDs employed in 2017 than 2007. The one large hospital reporting a fall in the number of NCHDs is Tallaght (reflected in the smallest proportion increase in the Dublin Midlands Hospital Group).

A number of smaller hospitals report lower figures for NCHDs in 2017 than 2007.

Non Consultant Hospital Doctors Inflows and Outflows

Inflows

Irish Trained Doctors

Undergraduate education programmes are a critical source of supply of Non-Consultant Hospital Doctors into the Irish health service.

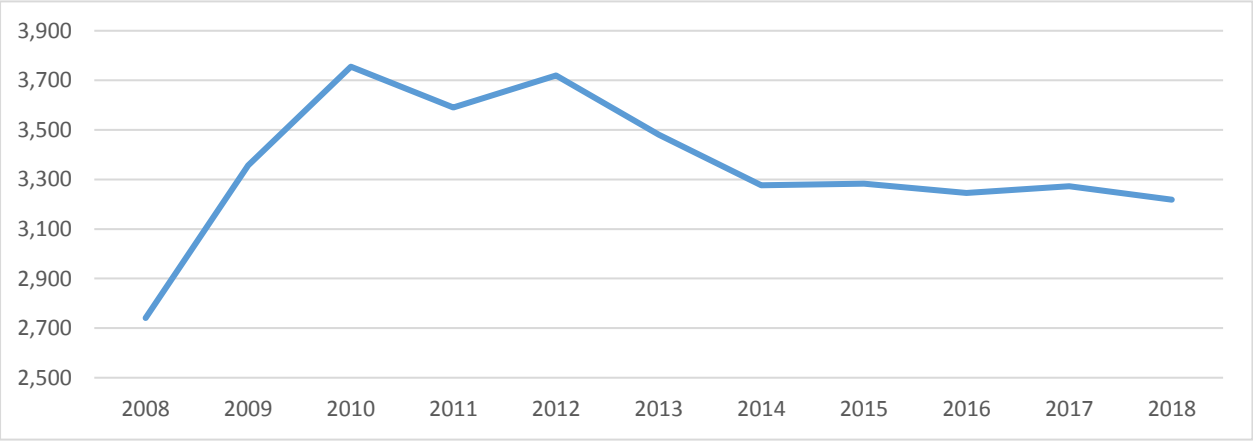
With regard to the supply stream of Irish trained doctors the two most salient data sets available to gauge levels of supply are:

- applicants to the Central Applications Office for medicine courses per year; and
- Honours Graduates from NCQ Level 8 medicine courses.

The levels of CAO 1st preferences can be seen as an indicator of the general attractiveness of the medical profession to students.

Over the past decade the rate of medicine first preferences rose by 36% between 2008 and 2010. Since 2013 the rate has dropped off but has largely stabilised at above 3,200 since 2014. This level of interest in medicine courses is an indication that there is ongoing consistent demand from 2nd level students to enter the medical profession.

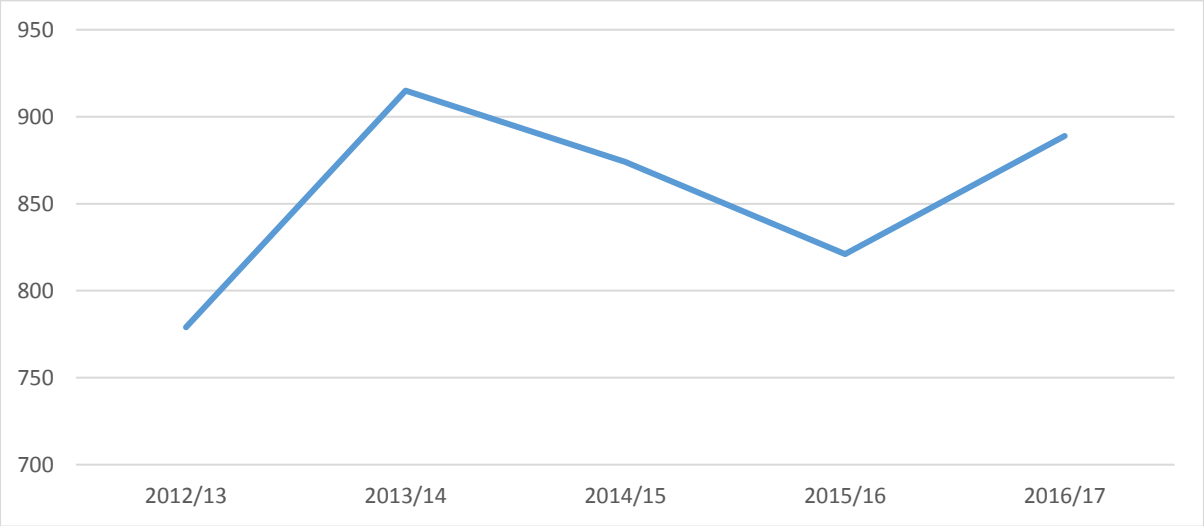
Figure 18: CAO 1st Preferences for Medicine



Source: www.cao.ie

In 2016 there were 3,246 first preference applicants compared to the 889 new entrants accepted to undergraduate medicine courses[12] showing a rate of 3.6 applications per place.

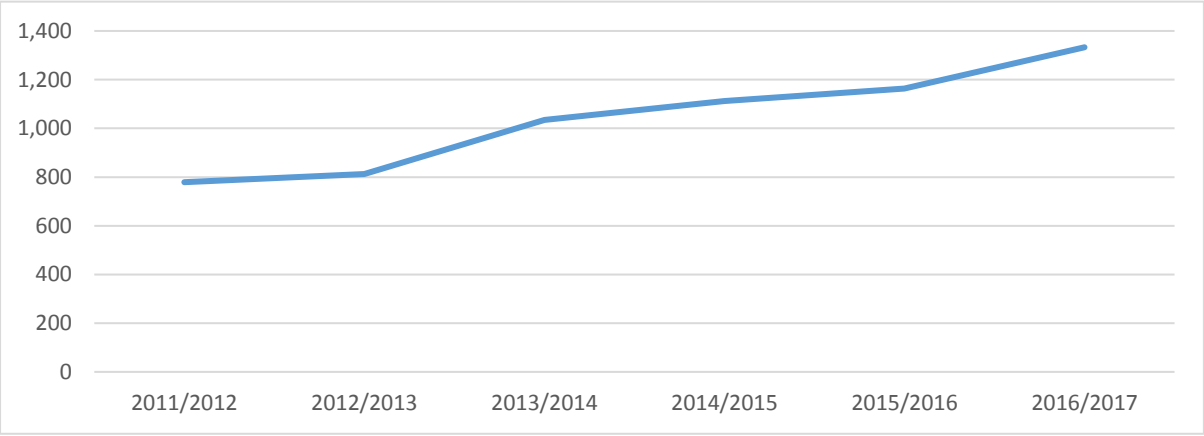
Figure 19: New Entrants to Undergraduate Medicine



Source: www.hea.ie

The growth in the levels of potential supply into the NCHD workforce is also shown in the Higher Education Authority's data on the number of Honours Graduates in Medicine since 2011/2012 which has shown strong and consistent growth, increasing by 71% within the last five years.

Figure 20: HEA: Honours Graduates in Medicine



Source: www.hea.ie

[12] Higher Education Authority Statistics – www.hea.ie

When considered together, the consistent level of interest by 2nd level students in pursuing a career in Medicine and the strong growth in graduation rates for NCQ Level 8 Medicine courses show a strong pool to recruit NCHDs from.

Non-Training 'Service' Posts

There has been a significant increase in the number of doctors trained outside Ireland. The HSE advise that practically all of the increase in NCHD numbers is in posts that are not designated as training posts, rather they are service posts, that are typically filled by doctors from abroad who are then outside of the training framework. See Appendix 1 for further information on this topic.

Outflows

HSE data collection of turnover rates is not usable with respect to NCHDs as rotations from a particular hospital are currently reported as a "leaving" incident. As such the turnover rates are artificially elevated reflecting the rotational nature of NCHD training rather than outflows per se

Pay of NCHDs

An analysis of estimated NCHD base pay and overtime costs for 2018, based on the basic salary levels and average estimated overtime costs for NCHD grades at the scale midpoint, show that graduate entry Intern grade, which offers both a competitive base and total salary for a graduate entrant.

The subsequent transition to the Senior House Officer scale and the additional premium payments provides the average NCHD the opportunity to earn in excess of €67,000 within 5 years of entering the workforce. The Department of Health's estimates for 2018 show that 71% of the 6,038 NCHDs working within the HSE are composed of Senior House Officer or Registrar grades, which means a sizable majority of the cohort are earning a salary between €43,462 and €65,143 per year, not including overtime and premium payments.

Factoring in these payments, we see from the table below that average NCHD pay is €75,623 with further improvements scheduled under PSSA.

Table 7. NCHD Pay

Grade	Midpoint of Salary Scale	Average Overtime Costs	Average total salary at Midpoint
Intern	€36,492	€11,696	€48,188
Senior House Officer	€51,032	€16,356	€67,388
Registrar	€59,528	€22,895	€82,423
Senior Registrar	€72,337	€6,955	€79,292
Specialist Registrar	€67,508	€12,982	€80,490
Average NCHD	€57,379	€18,244	€75,623

Source: D/Health data

Non Consultant Hospital Doctors Recruitment and Retention Initiatives

Living Out Allowance

Given the necessity to make savings in the public service pay bill, a review of allowances across the public service was undertaken in 2012 by the Department of Public Expenditure and Reform in conjunction with line Departments. Following consideration between February and September 2012, the Living Out Allowance was confirmed as an allowance that should be abolished for new entrants.

The Living Out Allowance (€3,193 per annum) was a 'standard' part of the Non – Consultant Hospital Doctor (NCHD) contract up to February 2012 for the majority of NCHDs - Interns, Senior House Officers and Registrars. It was abolished for new entrants with effect from February 2012. The rent allowance (€4,000 per annum) for Gardaí was abolished at the same time.

Agreement was reached with the IMO in February 2017 on the restoration of the Living Out Allowance for NCHDs from 1 July 2017. This agreement was made in the context of the settlement of a High Court case taken by the IMO and took account of developments in the wider public service with regard to the restoration of the rent allowance to other public service groups (including Gardaí).

In the case of NCHDs, the allowance has been incorporated into their basic annual pay (It had previously been incorporated into the basic pay of senior grade NCHDs (Senior and Specialist Registrars) and was not therefore abolished for these grades in 2012.)

Strategic Approach to Medical Recruitment and Retention

In the context of the HSE's strategic approach to medical recruitment and retention and the implementation of the HSE's statutory responsibilities under the Health Act 2004 and the Medical Practitioners Act 2007, the HSE Human Resources (HSE HR) Division established 'National Doctors Training & Planning' (NDTP) incorporating (i) Medical Education and Training, (ii) Medical Workforce Planning and (iii) the Consultant Post Approval Process in November 2014. NDTP is responsible for delivery of the HSE's statutory remit.

The combined objective of the three core functions of NDTP is to ensure that, at all times, the Irish health service is provided with the appropriate number of specialists, who possess the required skills and competencies to deliver high quality and safe care, and whose training is matched to the model of healthcare delivery in Ireland, regardless of location.

The drivers and influencers of NDTP policy and decision-making are diverse and include national health policy, national clinical programmes, demographic changes, evolving health service structures, retention of doctors, the 'MacCraith Report' (Strategic Review of Medical Training and Career Structure 2014), HSE strategies and frameworks, and key stakeholder engagements regarding training for doctors. The NDTP has been very successful in implementing measures proposed by the MacCraith Group that it has had direct control over.

The NDTP Strategic Plan contains six strategic objectives which, when delivered over the lifetime of the strategy, will result in a series of outcomes that will benefit patients. The six strategic objectives are as follows:

- Develop a shared vision amongst all stakeholders of the future of doctor training and consultant post requirements in Ireland
- The role, responsibilities and added value of NDTP is understood by all key stakeholders
- Trainee and specialist/consultant numbers, specialty and skill-set are aligned with current and future service requirements
- NDTP objectives and operations are supported by, and aligned with, key HSE divisions
- Productive engagement mechanisms and relationships exist with stakeholders
- NDTP is fit for purpose and capable of delivering on its objectives

It is anticipated that the following outcomes will materialise and become embedded as progress is made in the delivery of the strategic objectives outlined above:

- A shared approach to future doctor training and consultant post requirements for the Irish health service exists and is understood, leading to a combined and focused effort by all stakeholders;
- The training provided to doctors is appropriate, adaptive and capable of responding to the changing needs of the patient and the health service;

- Ireland's medical workforce is increasingly aligned with the needs of the Irish health system;
- Doctors' experience of both training and work is consistently positive regardless of location;
- Morale amongst all doctors – NCHDs, trainees, GPs, specialists and consultants - has improved, resulting in better outcomes for patients;
- Doctors trained in Ireland remain and work in Ireland in the long term;
- Medical training in Ireland is increasingly highly regarded internationally;
- NDTP investment in doctors' training is delivering value for money;
- An established workforce plan / framework is shaping appropriate medical education and training and the employment of all doctors in the health service;
- Consultant posts are filled in a timely manner resulting in a reduced reliance on locums, which in turn is providing better training and patient experiences throughout the Irish health service;
- There is equity of access to quality services and better out comes for patients, regardless of where they live;
- High quality data is enabling and informing decision-making and career planning for the medical workforce.

As regards specialist training posts required by the health service, the ultimate aim of postgraduate medical specialist training in Ireland is to provide the future medical workforce required by the Irish health service. Satisfactory completion of training facilitates entry to the relevant specialist division(s) of the Register of Medical Practitioners maintained by the Medical Council. Strategic planning of medical trainee numbers is needed to ensure that both current specialist workforce requirements and future projected needs are met. The Quantitative Tool for Workforce Planning in Healthcare: FAS Report (2009) has informed trainee numbers in the past. As medical workforce planning is now part of the function of the HSE-NDTP unit, a more focussed approach to the link between training and workforce projections is now being used. Proposals from the HSE to the Medical Council regarding the number and type of posts required for intern and specialist training in Ireland must meet the following criteria:

- Each post must be incorporated into a formal training structure under the auspices of one of the Intern Training Networks or recognised postgraduate training bodies
- Each post must be part of a programme approved by the Medical Council for the purposes of intern or specialist medical training
- Each post must have clear, pre-defined, progression-based learning objectives which the trainee must acquire during the time spent in post
- Each post must have a designated educational trainer who is on the appropriate specialist register
- The progress of each trainee must be assessed by the designated educational trainer using pre-defined learning objectives, and must be subject to external validation.

In recent years the HSE has progressed a range of measures which support NCHD (and Consultant) recruitment. Undoubtedly one of the most positive developments in the past 4 years has been the reduction in NCHD working hours. We have now reached a position where typically 97% of NCHDs do not work shifts in excess of 24 hours and nearly 85% are compliant with the 48 hour maximum average working week provided for in the European Working Time Directive.

Many of the measures emerged from the recommendations of the 'Strategic Review of Medical Training and Career Structures' (McCraith Reports). They include:

- Protecting training time for trainees and trainers;
- Development/roll-out of an implementation plan for non-core task allocation
- Training scheme durations to be reviewed, where necessary;
- Greater predictability at the outset of training schemes;
- More flexible approaches/options during training;
- Addressing the paperwork burden associated with rotations;
- Roll out by HSE/hospital management of measures to improve communication including the NCHD Lead initiative;
- Re-designing/modernising the current multi-step consultant appointment process;
- Addressing the limited career structures/pathways for doctors in service posts and public/community health doctors.

Many of the above, which comprehend recruitment and retention measures, have either been fully implemented or are currently the subject of substantial progress. For example, the following have been progressed:

- From July 2015, a significant proportion of training programmes for the different specialties, including anaesthesia, surgery emergency medicine and psychiatry, offer streamlined postgraduate training and a number have removed the need for a gap year in their training programmes, thereby reducing the training period required to become a Consultant;
- Introduction of a National Electronic Record system for NCHDs which securely consolidates documentation associated with NCHD recruitment online, accessible to the NCHD and health employers. Approximately 5,500 of 5,700 NCHDs are registered on the NER currently, eliminating the requirement for paper documentation in the recruitment process;
- Reduction in working hours, changes to rosters, introduction of protected training time and other measures as part of EWTD implementation;
- Increased salary scales for new entrant Consultants were agreed and implemented with effect from 1 September 2014;
- The HSE invests more than €25m in medical education and training each year. More than 60% of NCHD posts are now part of structured training programmes, as compared to less than 40% for the decade to 2008. The HSE pays for structured training and pays for professional development programmes for NCHDs not in structured training.

Particular challenges remain in a number of areas such as protected training time, the allocation of non-core tasks, the cost of mandatory training to support trainee progression and the position of doctors in training posts. For example, doctors in service posts do not hold contracts that are suited to their posts, the NCHD contract being generic. The HSE and the Department of Health are anxious to develop appropriate contracts that would support retention of these doctors on a longer term-basis. However there are significant policy considerations in relation to doing so given the overall approach is to increase the proportion of consultants in the system. The number of these doctors has increased by over 1,000 in recent years to support service delivery and progression of EWTD compliance.

The NDTP Annual Assessment of NCHD posts for 2016-2017, noting significant progress with each training year, identified the further roll-out of the National Employment Record (NER), the introduction of additional specialty training posts in the national postgraduate training programmes, the bedding-in of the new streamlined training programmes and the further development of structured IMG Training Programmes as key developments in this period. It also noted that the major areas which continue to require concerted attention include:

Training posts

- The need to keep pace with the higher numbers of exchequer-funded CAO graduates by increasing capacity at internship and training level;
- The need to eliminate bottle-necks in progression through the training pathway;
- The need to identify sufficient suitable training posts for key specialties such as neurology;
- The need to promote certain specialties for recruitment
- The need to match training numbers to medical workforce projections

Non-training posts

- The need for a review of the non-training role as recommended in the MacCraith report;
- The need for a central control mechanism to regulate numbers and location;
- The need for the introduction of a new permanent doctor grade to replace the short-term contractual nature of non-training posts;
- The need to address the reversal of the ratio of NCHDs to consultants;
- The need to adhere to the WHO Global Code on the International Recruitment of Health Personnel and reduce our over-dependence on International Medical Graduates (IMGs);

SECTION 4: CONSULTANTS

Key Points

- Consultant posts have increased by 1,020 since 2008, a 47% increase to 3,189.
- Consultants were exempted from the recruitment moratorium.
- A further 845 replacement posts were filled giving an actual recruitment figure of 1,854.
- There are 30 consultant specialisms that account for 70% of the total number of consultants, each of these specialist areas have recorded increases ranging between 11% (Anaesthesia, Psychiatry) and 80% (Emergency, Dermatology, Neurology) since 2007
- All Hospital Groups and 77% of hospitals increased the number of consultants since 2007.
- As consultant recruitment draws from the existing pool of NCHDs the 29% increase in NCHD numbers, coupled with continued high levels of applications to study medicine, suggest a strong underlying supply. However, of the NCHD pool, service doctors cannot become consultants.
- Turnover rates for consultants at 7.8% including retirements and 6.6% excluding retirements appear normal.
- A total of 127 consultants are working in specialist areas without being registered on the Specialist Division of the Medical Register.
- Based on an averaging of the overall estimated pay costs for the consultant cohort, a consultant is expected to earn an estimated basic salary of €170,259 per annum in 2018 with an additional €18,129 in allowances for a total of €188,388.
- The HSE has taken a number of initiatives to support the recruitment and retention of consultants including
    - Increasing the salary scales for new entrants and allowing incremental credit up to max of scale
    - Introduction of family-friendly flexible working for consultants

Consultants Changes in Overall Numbers 2008-2017

As of December 2017, there were 3,189 approved permanent Consultant posts and approximately 2,900 WTE Consultants in employment – a difference accounted for by both part-time posts and vacant posts. Consultant posts have increased by 1,020 since 2008, a 47% increase. This increase does not include replacement posts, which comprise about 45% of Consultant posts progressed in the period. This means that the HSE created 834 replacement posts in addition to the 1,020 additional posts for a total of 1,854 Consultant posts over the past decade. These increases must also be considered in the context of Government policy since the Hanley Report, (2002) that we move to a consultant delivered service where the number of

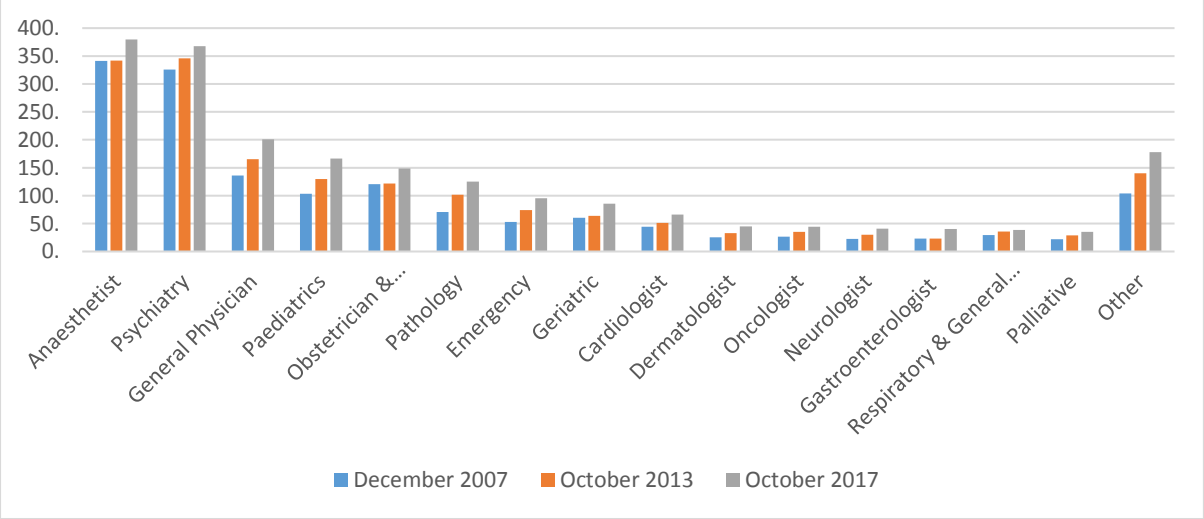
consultants would grow significantly and the number of NCHDs reduce. This remains a challenge.

Consultants Change in Numbers by Speciality and Hospital 2007 - 2017

Based on the more detailed data requested by the Pay Commission, for the period December 2007 to October 2017 the equivalent of almost 3,000 Consultants (2,968) were employed in the Irish public health system as of October 2017. This is an increase of one third on the December 2007 figure of 2,234.

In the data provided, almost seventy percent of consultants are assigned to one of 30 speciality area (e.g. Anaesthesia, Psychiatry etc.) and the remaining thirty percent are not assigned to a speciality area. In all 30 of the speciality areas identified, there has been an increase in the level of consultant employment of between 11% (Anaesthesia, Psychiatry) and 80% (Emergency, Dermatology, Neurology) since 2007. There has been an increase of one quarter in the number of WTE consultants without an assigned speciality.

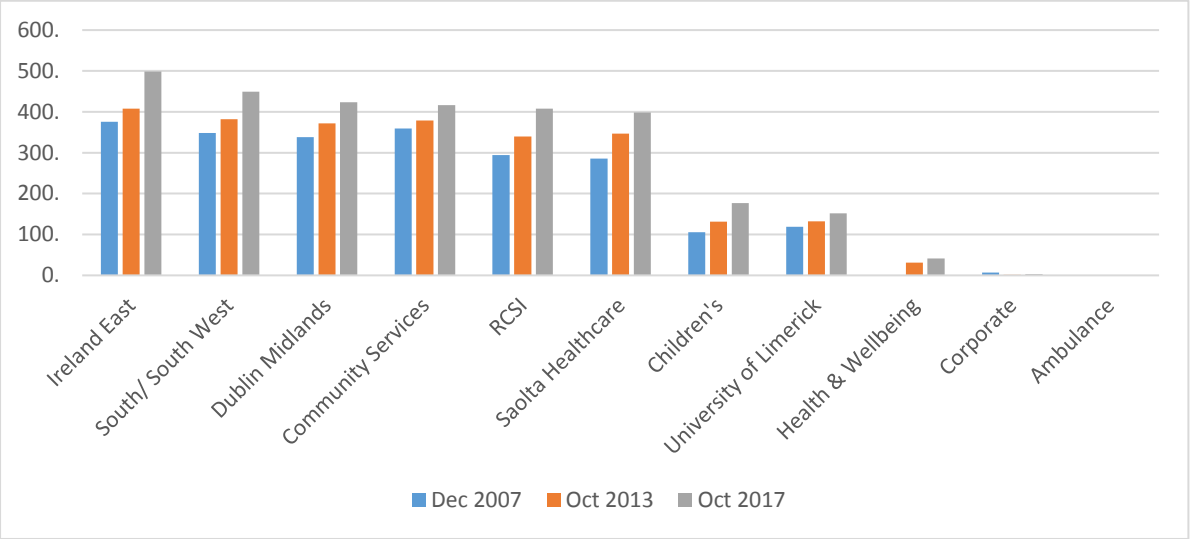
Figure 21: Consultant Employment (WTE) by Speciality (Top 15 Specialities & Other)



Source: HSE Data

The increased level of employment of consultants can be seen across each Hospital Group. These have seen proportional employment increases of between 16% (Community Services i.e. Community Healthcare Organisations) and 68% in the Children's Hospital Group.

Figure 22: Consultants by Hospital Group (WTE)



Source: HSE Data

Again the general increase in Consultants employed is reflected at the individual hospital level where 77% of hospitals report a higher level of consultant employment in 2017 than 2007 (not shown). The largest proportional increases are typically in the larger hospitals although Tallaght reports a notably lower increase of 10%. A number of smaller hospitals report lower figures for Consultants in 2017 than 2007. Again, this appears to reflect the re-configuration of services within hospital groups focusing resources in larger hospitals.

Three of the nine Community Healthcare Organisations (CHOs) report static or lower levels of consultant employment in 2017 compared to 2007, while increases in employment of up to 38% are reported in others. Data is currently unavailable to explain this level of variation within CHOs.

Consultants Inflows and Outflows

Inflows

As Consultant positions are drawn, in the first instance, from the pool of NCHDs, the 29% increase in the number of NCHD's and the continued attractiveness of medicine as an undergraduate degree course shows a strong underlying supply base. However, it should be noted that NCHDs who are service doctors are not eligible to become consultants.

Outflows

The primary source of data on outflows from the consultant cohort is HSE turnover statistics which have been centrally recorded in 2016. Before that turnover statistics were compiled at the hospital level. As can be seen below, whether retirements are included or excluded, overall consultant turnover at 7.8% (included) or 6.6% (excluded) is trending downwards.

Although based on just two data points it is instructive that the turnover rate has declined year-on-year.

Similarly to turnover data reported for nurses these figures include intra health movements from one hospital to another so the real exit rate would be lower.

Again it should be noted that this level of turnover is normal in the context of the Irish Labour Market. Domestic research from IBEC, using data from 423 companies and 72,207 employees found the average Employee Turnover Rates in 2016 to be 7.17%, with an upper quartile rate of 10.91%.

Table 8: Consultant Turnover Rates 2016-2017

Turnover	Consultants	Consultants excl. retirees
2016	8.8%	7.7%
2017	7.8%	6.6%

Source: HSE data

Consultants not on the Specialist Division of the Medical Register

A total of 127 consultants are employed by the HSE who are working in specialist areas without being registered on the Specialist Division of the Medical Register. Most of these appointments appear to have arisen due to local recruitment difficulties and are in specialties which experience recruitment difficulties. (See also Appendix 1)

Consultant Pay

Consultants who work in the public health system contract to do so under three separate contracts and remuneration rates for their salary scales are affected if they contracted to join after the 1st of October 2012.

Despite the complexity of the pay mechanisms for consultants, an analysis of Department of Health pay estimates for 2018 gives an overview of the cohort as whole and the experience of recent entrants.

Of the 3,189 consultants currently serving 44% are employed on Contract B under the pre 1/10/2012 terms. The average basic pay in 2018 for a consultant in this situation is estimated at €176,849 with an additional average of €18,129 in allowances for an estimated total of €194,978.

Furthermore, based on an averaging of the overall estimated pay costs for the consultant cohort as a whole the average consultant is expected to earn a basic salary of €170,259 per annum in 2018 with an additional €18,129 in allowances for a total of €188.388 in total for the year.

With regards to more recent entrants, for example a post 2012 consultant on a B contract will earn an estimated €161,803 over the course of 2018. This figure includes an average allowance rate for new entrants adjusted to exclude rates for Clinical Directors.

It should be noted however that over 500 consultants are taking legal action against the State and HSE for breach of contract in relation to non-payment of the full terms of the 2008 Consultant Contract. A case involving 10 lead plaintiffs is due to commence on 30th May 2018.

Table 9: Consultant Pay

Contract Group Average	Average Basic	Average Allowances	Average Total Salary
Contract A: New Entrants since 1/10/2012	€158,935	€16,844	€175,779
Contract B: New Entrants since 1/10/2012	€144,959	€16,844	€161,803
Contract C: New Entrants since 1/10/2012	€123,583	€16,844	€140,427
Average Consultant total cohort	€170,259	€18,129	€188,388
Contract B pre 1/10/2012	€176,849	€18,129	€194,978

Consultant Recruitment and Retention Initiatives

Salary Scale

The salary scales for new entrant Consultants were reduced by 30% in October 2012. The MacCraith Working Group, which was established by the Minister for Health in July 2013 to carry out a strategic review of medical training and career structure, recommended in its second interim report in April 2014 *that the relevant parties commence, as a matter of urgency, a focussed timetabled IR engagement of short duration to address the barrier caused by the variation in rates of remuneration between new entrant Consultants and their established peers that have emerged since 2012. It further recommended that the relevant parties explore options, within existing contractual arrangements, to advance a more differentiated Consultant career structure.* Discussions took place during 2014 under the auspices of the Labour Relations Commission between the IMO, the HSE, the Department of Health and the Department of Public Expenditure and Reform. Following protracted negotiations, the IMO balloted their members on an LRC Agreement dated 7th January 2015 which contained proposals for revised payscales for new Consultants in addition to a new career structure and performance management system. While the payscales for new Consultants have more incremental points than those for previous postholders, the Agreement provides for incremental credit to be given up to the 6th point of a 9-point salary scale, depending on qualifications and

experience. Furthermore, similar to other grades across the public service, there is provision for new entrants to come in up to the maximum point on scale in exceptional circumstances. The latter cases require the approval of the Department of Public Expenditure and Reform, which has been given in certain cases where exceptional circumstances exist.

Interim increased pay rates for 'new entrant' Academic Consultants were subsequently agreed in April 2017 and were implemented in July 2017 retrospectively to November 2016.

Strategic Approach to Medical Recruitment and Retention

In the context of the HSE's strategic approach to medical recruitment and retention and the implementation of the HSE's statutory responsibilities under the Health Act 2004 and the Medical Practitioners Act 2007, the HSE Human Resources (HSE HR) Division established 'National Doctors Training & Planning' (NDTP) incorporating (i) Medical Education and Training, (ii) Medical Workforce Planning and (iii) the Consultant Post Approval Process in November 2014. NDTP is responsible for delivery of the HSE's statutory remit.

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- A shared approach to future doctor training and consultant post requirements for the Irish health service exists and is understood, leading to a combined and focused effort by all stakeholders;
- The training provided to doctors is appropriate, adaptive and capable of responding to the changing needs of the patient and the health service;
- Ireland's medical workforce is increasingly aligned with the needs of the Irish health system;
- Doctors' experience of both training and work is consistently positive regardless of location;
- Morale amongst all doctors – NCHDs, trainees, GPs, specialists and consultants - has improved, resulting in better outcomes for patients;
- Doctors trained in Ireland remain and work in Ireland in the long term;
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- Consultant posts are filled in a timely manner resulting in a reduced reliance on locums, which in turn is providing better training and patient experiences throughout the Irish health service;
- There is equity of access to quality services and better out comes for patients, regardless of where they live;
- High quality data is enabling and informing decision-making and career planning for the medical workforce.

Recruitment and Retention initiatives (non-pay)

In recent years, the HSE has progressed a range of measures which support Consultant recruitment. Many of these measures emerged from the recommendations of the 'Strategic Review of Medical Training and Career Structures' (McCraith Reports). They include:

- Family-friendly flexible working for consultants;
- Improving supports for newly appointed consultants, including an individualised induction programme for consultants on appointment, and a system of work planning for them;
- Improving clarity around availability of consultant posts by specialty/location;
- Modernisation of the multi-step consultant appointment process;
- Personal development/work planning system developed for consultants.

APPENDIX 1: Recruitment and Retention Challenges in the Health Sector

This Appendix provides additional perspectives from the health sector on recruitment and retention challenges across the grades referenced in this submission.

Nurses and Midwives

In Section 2 above it is identified that there have been reductions in staff nurse numbers in mental health and in nursing education/clinical grades.

Staff Nurses and Midwives

An analysis of workforce movement shows reductions particularly in 2016 and 2017 in three staff nurse divisions; staff midwives, intellectual disability and mental health, notwithstanding ongoing recruitment and retention initiatives.

Table 1.0 Staff Nurse/Midwife WTE Change at Dec 2014, 2015, 2016, 2017

Staff Nurse/Midwife Category	Dec-14	Dec-15	WTE Change Year on Year	Dec-16	WTE Change Year on Year	Dec-17	WTE Change Year on Year
Staff Midwives	1384	1464	80	1460	-3	1445	-15
Staff Nurse [Intellectual Disability]	1772	1783	12	1729	-54	1707	-22
Staff Nurse [Mental Health]	3160	3237	76	3185	-51	3147	-38

Mental health nursing is showing a consistent decline, with the further challenge of sourcing international supply with few countries preparing mental health nurses at undergraduate level, with subsequent limited results through international recruitment campaigns. Adding to the supply challenge is the eligibility of some mental health nurses to retire at 55, with 45% of the current mental health nursing workforce eligible to retire in the next 10 years.

The National Maternity Strategy places substantial emphasis on the delivery of safe care through appropriate resourcing, whereby an increasing number of midwives are required to deliver on its implementation. The Final Report of the HSE Midwifery Workforce Planning Project (2016) identified a deficit of 149.07 WTE when the midwifery workforce figures stood at 1,414 WTE (April 2016). The March 2018 figures stand at 1,430 WTE showing a further decrease of 15WTE from the reported position in December 2017. This indicates a current shortage of a minimum of 140WTE, notwithstanding the developments planned under the Maternity Strategy. This shows substantial challenges to not only grow this workforce but indeed to maintain levels.

Overview of Recruitment Challenges

Perspectives provided by the Group Directors of Nursing, from a sample of hospital groups, provide a certain overview of some of the ongoing challenges. For example:

- Dublin Mid Leinster Hospital Group Director of Nursing and Midwifery has identified challenges to recruitment and retention for both general medical and surgical areas, followed by Emergency Departments and Midwifery. This is across the hospital group with latest figures showing challenges to fill at a minimum 56 medical and surgical nursing posts, 52 specialist posts across ED, ICU, Theatre and CCU, and 39 Midwifery/ Special Care Baby Unit posts at a minimum;

- Similarly, the RCSI Group Director of Nursing is reporting challenges to the recruitment of general and specialist skills, with reported recruitment demand level at a minimum of 158 WTE specialist skills requirement, with a further 98 WTE posts required for developments in 2018, for which specialist nursing skills will be required to open additional HDU beds. Of this 67 are for ICU, Theatre and ED;

- Saolta Hospital Group Director of Nursing is similarly reporting substantial challenges in the recruitment and retention of nurses from a variety of settings notably general medical and surgical, and those with specialist skills, ED, ICU, Theatre and Special Care Baby Units. The group advised that theatre nurses are predominantly sourced through international recruitment, with vacancies across all areas. Galway University Hospital is reporting a minimum of 50 vacancies consistently, with an ICU bed recently closed due to a deficit of specialist nurses. In the other hospitals across the group, nurse and midwife vacancies range from 20-40 per hospital. In locations like Portiuncula Hospital for example it is reported that there are particular difficulties attributable to geographic location;

- Likewise, the Children's Hospital Group is reporting particular challenges in recruiting registered children's nurses, with the requirement for over 50 children's nursing posts as at February 2018;

- The Group Director of Nursing in the SSW hospital group has identified that on their last census the nursing vacancies across the hospital group totalled in excess of 200 positions, ranging from medical and surgical to specialist locations such as ICU, operating theatre and ED;

- The Clinical Care Programmes are also reporting significant challenges requiring international recruitment supply channels, for example the Critical Care Programme is reporting a minimum vacancy level of 102 staff nurse posts (excluding Nurse Managers and Clinical Supports);

- Substantial challenges to supply are evident in mental health nursing. According to the ONMSD, a number of mental health services particularly in the Eastern region carry significant vacancy levels up to 23%. One mental health service in CHO 8 reports a 34.5WTE vacancy level across all Clinical Nurse Manager and Staff Nurse grades. One Child and Adolescent Mental Health Service (CAMHS) inpatient service in Dublin reported the necessity to close one of its inpatient units for at least 4 months in 2017 (reopened in October). Likewise the CAMHS service in Cork reports challenges in filling staff nurse and CNS vacancies despite ongoing attempts at recruitment. In the Midlands and West these

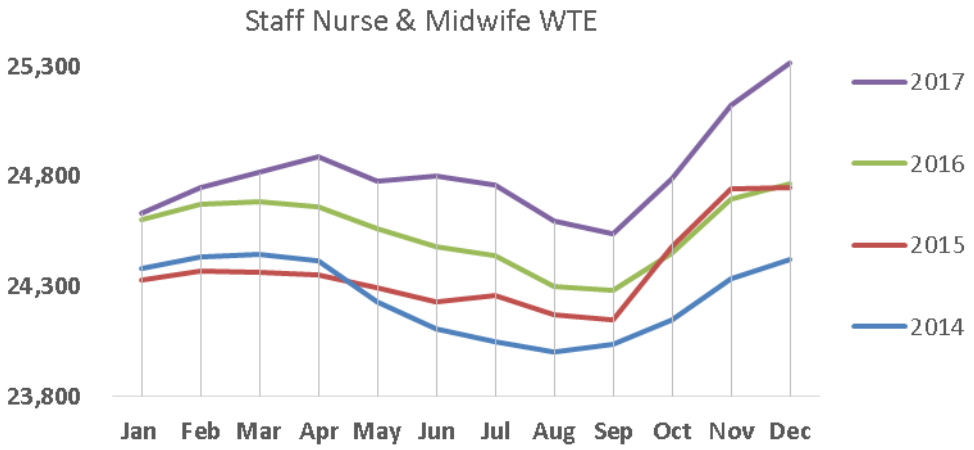
services along with CHO 3 report challenges in filling vacancies particularly in nurse manager grades and in Clinical Nurse Specialist posts.

The HSE Integrated Workforce Planning Unit, in collaboration with key internal stakeholders, led a recruitment awareness drive - the New Year New Career campaign - over the Christmas/New Year period in 2017. The main aim of the campaign was to create awareness of employment opportunities in the HSE and attract health care professionals returning to Ireland over Christmas and New Year. Of those responding to the campaign just 9% identified themselves as a registered mental health nurse, 5% identified as midwives, 3% as intellectual disability and a further 3% as children's nurses. Further data shows that specialist skills identification was low for example: ICU 2.8%; ED 5.6%; Theatre 3.2%; Neonatal and Paediatric ICU 1%; Critical care 0.6%.

Nursing and Midwifery Workforce

Notwithstanding the increase in numbers, the stability and sustainability of this throughout the year is challenging and subject to peaks and troughs as shown below, particularly in relation to new graduate supply.

Staff Nurse/ Staff Midwife WTE 2014-2017



Additionally, the data points to challenges in particular divisions, such as midwifery, mental health and intellectual disability, and in specialist areas such as Emergency Departments, Theatre, Intensive Care, High Dependency Units, Coronary Care.

Non Consultant Hospital Doctors

As already stated, the NCHD workforce has increased significantly in the context of growing service pressures and the requirement to progress compliance with the provisions of the European Working Time Directive.

NCHD Recruitment Issues

The increase in numbers conceals a range of issues relating to workforce configuration, including significant increases in number of doctors trained outside Ireland. Practically all of the increase is in posts that are not designated as training posts, rather service posts that are typically filled by doctors from abroad who are then outside of the training framework.

An indication of broader recruitment and retention difficulties in particular specialties is the extent to which the specialty is dependent on large numbers of non-training doctors. This is particularly marked in the specialties delivering 24/7 unscheduled care (for example anaesthesia, emergency medicine), see the table below:

Non-training doctors by specialty

Specialty	SHO	Reg	Total
Anaesthesia	51	201	252
Emergency Medicine	109	154	263
Medicine	164	502	666
Obstetrics & Gynaecology	49	91	140
Occupational Medicine	0	0	0
Paediatrics	64	133	197
Ophthalmology	0	16	16
Pathology	9	48	57
Psychiatry	9	60	69
Diagnostic Radiology	4	7	11
Radiation Oncology	0	4	4
Surgery	262	349	611
Total	**721**	**1565**	**2286**

Adding to the above, the Medical Council's 'Workforce Intelligence Report 2016' notes under the heading 'Globalisation Of Medical Practice In Ireland' that:

- "In 2015, 37.9% of doctors retaining registration with the Medical Council graduated with a basic medical qualification from a medical school outside Ireland; this compares with 35.7% in 2014;

- Ireland's reliance on international medical graduates is among the highest of OECD countries; ……..
- 76.8% of doctors who worked as non-consultant hospital doctors (not in training) were international medical graduates;"

Table 20 of the Council's report highlights the reliance on doctors who graduated from medical schools outside Ireland in relation to NCHD non-training posts:

Table 20: Country of qualification and role, all retained 2015

Role	Graduates of Irish medical schools		Graduates of a medical school outside Ireland		% of role graduating outside Ireland
	N	%	N	%	%
Community Health Doctor	176	1.7%	18	0.3%	9.3%
General Practitioner	3569	33.7%	965	14.8%	21.3%
Healthcare related management and admin	80	0.8%	24	0.4%	23.1%
Hospital Consultant	2908	27.4%	1464	22.4%	33.5%
Non-consultant hospital doctor, in training	2287	21.6%	1141	17.5%	33.3%
Non-consultant hospital doctor, not in training	701	6.6%	2325	35.6%	76.8%
Other	284	2.7%	116	1.8%	29.0%
Other Consultant or Specialist	478	4.5%	467	7.2%	49.4%
Public Health Doctor	122	1.2%	11	0.2%	8.3%

As outlined in Section 3 of this submission there are a number of initiatives underway arising from the MacCraith Report. As already highlighted, there are a number of outstanding challenges and the issue of service posts is a particular challenge as outlined above.

Consultants

In February 2017 the HSE published the report – *Successful Consultant Recruitment, Appointment and Retention* (February 2017) which made a number of recommendations for process improvements. These are being implemented but challenges remain in certain hospitals and particular specialties.

Recruitment challenges in specific specialty or sub-specialty areas

Data from a number of sources serves to highlight particular recruitment challenges in certain specialty or sub-specialty areas.

Data from the Public Appointments Service regarding applicant volume in relation to 45 Consultant posts where, as of 12th April 2018, interviews remain to be conducted, indicates that the lowest number of applicants (0 or 1 in most cases) were for posts in:

- Level 2 or Level 3 hospitals,
- Psychiatry and particularly Psychiatry in areas outside the main urban centres,
- Emergency Medicine irrespective of location,
- Radiology (including Radiation Oncology),
- Pathology – specifically Histopathology

This pattern of location and specialty is mirrored in PAS data regarding posts where candidates have been interviewed and a potential appointee is in clearance regarding verification of references etc. prior to being recommended to the HSE for appointment. In the case of 19 posts with less than 5 applicants, 6 posts had 1 applicant, 7 posts 2 applicants, 3 posts 3 applicants and 3 posts 4 applicants.

Data provided by PAS regarding 129 posts interviewed in 2016 indicates that of 102 posts which received less than 5 applications each, 31 were in Psychiatry, 8 in Emergency Medicine, 5 in Radiology and 4 in Pathology. 28 posts had no applicants, 30 posts 1 applicant, 27 posts 2 applicants, 8 posts 3 applicants and 8 posts 4 applicants.

Consultant tenure as an indicator of recruitment difficulties

The tenure of Consultants is an indicator of difficulties with recruitment and retention. Data from the National Doctors Training and Planning DIME database as of Quarter 1, 2018 indicates:

- of 2,862 Consultants, 286 (10% of all) did not have a permanent contract (e.g. doctors working through an agency or on a fixed term contract)
- the majority of Consultants who did not hold a permanent contract were working in community healthcare organisations i.e. 21% of these Consultants held non-permanent contracts. See Table 1
- 17% of Consultants in Model 3 hospitals held non-permanent contracts - Table 2
- Emergency Medicine, Psychiatry and Intensive Care Medicine have the highest % of non-permanent Consultant post holder at 22%, 20% and 16% respectively. See Table 3 and Figure 1 below.

Table 1

Hospital Group	Non-permanent Contracts
Childrens Hospital Group	0%
Dublin Midlands Hospitals Group	6%
Ireland East Hospitals Group	7%
South / South West Hospitals Group	9%
RCSI Hospitals Group	10%
University of Limerick Hospitals Group	11%
Saolta Hospitals Group	11%
Community Health Organisation	21%

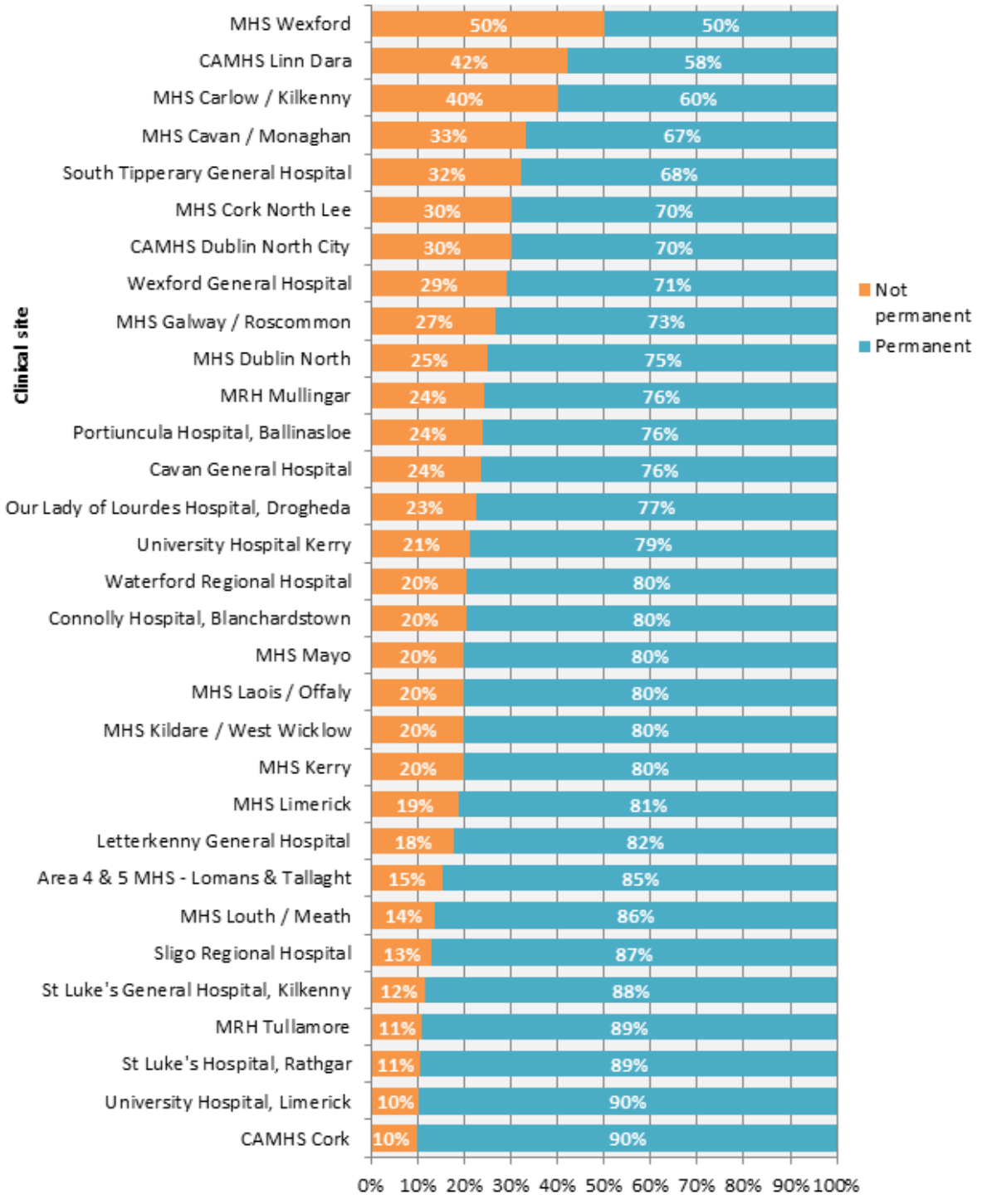
Table 2

Model of Hospital	% Non Permanent Posts
Model 2	10%
Model 3	17%
Model 4	6%

Table 3

Specialty	% Non-permanent Posts
Pathology	3%
Anaesthesia	6%
Obstetrics & Gynaecology	8%
Radiology	9%
Medicine	9%
Surgery	9%
Paediatrics	10%
Intensive Care Medicine	16%
Psychiatry	20%
Emergency Medicine	22%

Figure 1 - Tenure held by Consultants for selected clinical sites



In certain settings, it is hard to obtain suitably qualified candidates

Consultant posts in publicly-funded hospitals, Mental Health Services and health agencies are regulated under law. The HSE's regulatory function covers all Consultant appointments in the public health service in Ireland including the HSE hospitals, voluntary hospitals, Mental Health Services and other agencies whether additional, replacement, temporary or locum and irrespective of the extent of the commitment involved or source of funding of the appointment.

In March 2008 the HSE amended the qualifications specified for Consultant posts to require membership of the specialist division of the Register of Medical Practitioners maintained by the Medical Council. Consultant Contract 2008 reflects this requirement. In 2017, a review by the HSE identified 75 individuals appointed to Consultant posts since 2008 who were not registered on the Specialist Division of the Medical Register[13]. Most of these appointments appear to have arisen due to local recruitment difficulties and in that context, most are in specialties described above as experiencing recruitment difficulties. They include 13 posts in Anaesthesia, 12 in Emergency Medicine, 7 in Radiology and 25 in Psychiatry.

[13] As at 14 April, the HSE reported that the number stood at127 out of a consultant workforce of 2,977 WTEs (or 4% of the workforce). These can be broken down into two main cohorts:

1 52 consultants employed pre-2008, prior to the contractual requirement to be registered in the relevant specialist division. (1.7% of the consultant workforce)

2. 75 consultants employed post-2008 (2.5% of the consultant workforce)

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Appendix 2: Allowances Payable to Nurses/Midwives

Allowances Payable to Nurses/Midwives (All Levels)						
Allowance Title	**Date Allowance came into effect**	**Relevant Circular/Sanction reference**	**Grade(s) to which allowance is applicable**	**Value of the allowance 1/1/2018**	**Conditions attached to eligibilty for the allowance**	**Number of HSE employees in receipt of the allowance 31/12/2017**
Specialist Qualification Allowance	05/11/1999	DOH circular 112/99	Nurse (not paid above CNM2)	€2,791	The qualification allowance is only payable to nurses employed on duties in specialist areas directly related to the category 11 courses approved by the Nursing and Midwifery Board of Ireland where the nurse possess the relevant clinical qualification	5053
Specialist Qualification Allowance (Midwifery)	05/11/1999	DOH circular 112/99. Abolished for new entrants under 2012 DPER review of allowances. Restored to new entrants public health nurses as per HSE circular 14/2017.	Nurse (not paid above CNM2)	€2,791	The qualification allowance is only payable to nurses employed on duties in specialist areas directly related to the category 11 courses approved by the Nursing and Midwifery Board of Ireland where the nurse possess the relevant	607

					clinical qualification	
Location Allowance	05/11/1999	DOH circular 112/99 and Circular 33/2004	Nurse (not paid above CNM2)	€1,858	Paid to nurses based in the various locations listed in the circulars and the salary scales	5191
Location/Qualification allowance	05/11/1999	DOH circular 112/99	Nurse (not paid above CNM2)	€1,395	Reduced Location/qualification allowance paid to nurses who are paid on the dual-qualified scale	265
Red circled allowances to Deputy Nursing Officer	16/11/1999	Circualar 126/2000	nurse manager	€1,333	Payable on a red circled basis to staff who were in employment on 16/11/99 and are existing beneficiaries of such allowances (see attached circular 126/2000). Would be discontinued if post holder is promoted or post is upgraded.	29

Red circled allowances to Theatre/Night Sister	16/11/1999	Circualar 126/2000	nurse manager; staff nurse	€801	Payable on a red circled basis to staff who were in employment on 16/11/99 and are existing beneficiaries of such allowances (see attached circular 126/2000). Would be discontinued if post holder is promoted or post is upgraded.	5
Red circled allowances to Public Health Nurse	16/11/1999	Circular 126/2000	Public health nurse	€1,601	Payable on a red circled basis to staff who were in employment in the following grades on 16/11/99 and are existing beneficiaries of such allowances (see attached circular 126/2000). Would be discontinued if post holder is promoted or post is upgraded.	159
Nurse management sub structures: Special allowance for weekend/public holidays	01/01/1999	Circular S121/126	nurse management sub structures	€2,976	payment of an annual allowance to nursing staff who take charge of Band 3, 4 and 5 hospitals at weekends and on public holidays where there are no Assistant director of nursing or designated posts.	30

Community allowance	01/01/1997		All mental health nurse and management grades up to Assistant Director of Mental health nursing in receipt of prior to 1 February 2012	various rates depending on beneficiary ranging from €4962 (psychiatric staff nurse) to €5911 CNMIII	Compensation which was applied for loss of earnings in hospital setting when moved to community based setting.	1003
Community allowance	01/01/1997		all grades of mental health nurses up to Assistant Director	€5,449	Allowance restored to new beneficiaries pursuant to WRC agreement August 2016	588
Nurses assigned to Occupational Therapy (qualified)	unknown	Restored for new entrants as per circular 14/2017	mental health nurse	€3,732		1
Nurses assigned to Occupational Therapy (unqualified)	unknown	Restored for new entrants as per circular 14/2017	mental health nurse	? (not specified in HBS report)		7
Island Inducement Allowance	DOH Reference S103/151	Circular S103/151	staff nurse, PHN, nurse manager	€1,766	Fixed allowance for nurses working on islands. Pro rata where only part time on island.	5
Specialist Coordinator Allowance	unknown	Restored for new entrants as per circular 14/2017	Nurse tutors in Centres for Nurse Education	€4,319	Allowance paid to nurse tutors in Centres for Nurse Education.	7

Nurse coordinator allowance	unknown	Restored for new entrants as per circular 14/2017	staff nurse	€18.09 per shift	Shift allowance paid to staff nurse who undertakes the role of formalising the reporting and accountability relationships with the Theatre superintendent. The allowance only applies to a staff nurse who fulfills the specified duties when called in.	None reported on HBS HSE data
Gaeltacht Allowance	1966 - abolished for new beneficiaries under DPER Review in 2012	Paid to employees who meet the qualifying conditions of working in a Gaeltacht area. 1966 Local Offices Irish Language Statutory Instrument refers.	staff nurse, PHN, nurse specialist, nurse manager	cannot exceed7.5 % of basis salary.	Paid to employees who meet the qualifying conditions of working in a Gaeltacht area. 1966 Local Offices Irish Language Statutory Instrument refers.	35
Cardiac allowance	1979 in EHB, July 1993 extended outside Dublin. Abolished for new beneficiaries under the DPER review of allowances in 2012.		staff nurse, nurse manager (generally ambulance grades only)	16.89 per week	weekly allowance which requires recertification on an annual basis	11

Trainers Allowance	unknown. Abolished for new beneficiaries under DPER Review of Allowances in 2012.	unknown	nurse manager	€3,047	unknown	2
Dual Responsibility/Responsibility Allowance	1980s. Dual responsibility was abolished for new beneficiaries under the DPER Review of allowances in 2012.		Public Health Nurse, nurse manager	3,731 Grades whose max salary exceeds 48,569 on 1/1/10; 4,001 Grades whose max salary does not exceed 48,569 (January '10); 3,358 Grades whose max salary exceeds 43,712 on 1/1/11; 3,601 Grades whose max salary does not exceed 43,712 (January '11 new entrants);	Original dual responsibility was payable where the post holder was doing own job and job of another	77
Acting up allowance	DOH circular 32/59; psychiatry 1973;	DOH circular 32/59; psychiatry 1973;	Nurse manager, PHN, other nursing grades	varies	Payment made for the duration of the acting up. Acting up replaced with temporary assignment as per HSE HR Circular 17/2013.	481

Mental Health Authorised Officer	01/11/2006		staff nurse, nurse specialist, nurse manager	€150 (during normal working hours)	Payment is made for attending the the required location and making necessary judgements in line with the Mental Health Act 2001 which was enacted on the 1 November 2006.	8
Registered General Nurse in the Community	1/1/1997 ? Or 05/04/2001. Abolished for new beneficiaries under DPER Review of Allowances 2012.	HSEA letter 5/4/2001; Restored for new entrant nurses as per DOH circular 14/2017	General nurses who are paid on Registered General staff nurse pay scale.	€3,709	RGNs in the community undertaking specified duties of the PHN. The remuneration applies for the duration of the specific assignment and will cease when the Community RGN reverts back to general duties either on reassignment or when a PHN fills the role. Only payable to General nurses who are paid on the Registered General Staff Nurse payscale.	None on HBS data

Appendix 3: Non Consultant Hospital Doctors Pay Rates (1 January 2018)

Grade	Point	1st January 2018 salary
Intern	1	€36,492
Senior House Officer	1	€43,462
	2	€45,643
	3	€48,901
	4	€51,032
	5	€55,319
	6	€57,449
	7	€59,528
Registrar	1	€55,319
	2	€57,449
	3	€59,528
	4	€61,058
	5	€63,097
	6	€65,143
Senior Registrar	1	€66,001
	2	€68,066
	3	€70,134
	4	€72,337
	5	€74,881
	6	€77,529
	7	€80,263
Specialist Registrar	1	€62,018
	2	€63,484
	3	€65,603
	4	€67,508
	5	€70,615
	6	€73,725
	7	€76,833

Appendix 3: Consultant Pay (Recruitment Post 1st January 2018)

New Entrant Consultant (Clinicians) from 1st October 2012*		
Contract Type	**Point**	**1st January 2018 Salary**
Type A	1	131,315
	2	137,138
	3	144,833
	4	149,009
	5	155,273
	6	160,492
	7	166,756
	8	172,498
	9	181,385
Type B	1	124,036
	2	128,403

	3	134,434
	4	137,554
	5	141,713
	6	145,877
	7	150,053
	8	156,317
	9	162,580
Type C	1	113,076
	2	116,369
	3	116,413
	4	118,317
	5	120,916
	6	124,036
	7	128,195
	8	132,875
	9	138,594

New Entrant Academic Consultants from 1 October 2012 (Type A)*		
Contract Type	**Point**	**1st January 2018 Salary**
Type A Professor / Consultant	1	179,599
	2	189,858
	3	199,036
	4	202,347
	5	202,347
	6	202,347
Type A Associate Professor / Consultant	1	167,358
	2	177,068
	3	185,815
	4	195,977
	5	202,347
	6	202,347
Type A Senior Lecturer / Consultant	1	179,599
	2	189,858
	3	199,036
	4	202,347
	5	202,347
	6	202,347

New Entrant Academic Consultants from 1 October 2012 (Type B)*		
Contract Type	**Point**	**1st January 2018 Salary**
Type B Professor / Consultant	1	169,603
	2	177,083
	3	184727
	4	192,514
	5	200,564
	6	202,347
Type B Associate Professor / Consultant	1	156,236
	2	163,315
	3	170,528
	4	177,883
	5	185,327
	6	192,772
Type B Senior Lecturer / Consultant	1	141,312
	2	147,928
	3	154,693
	4	161,596
	5	168,338
	6	175,079

New Entrant Academic Consultants from 1 October 2012 (Type C)*		
Contract Type	**Point**	**1st January 2018 Salary**
Type C Professor / Consultant	1	143,509
	2	148,976
	3	155,198
	4	162,862
	5	168,819
	6	176,102
Type C Associate Professor / Consultant	1	131,573
	2	136,765
	3	142,649
	4	149,887
	5	155,374
	6	162,082
Type C Senior Lecturer / Consultant	1	122,441
	2	127,512
	3	133,243
	4	139,514

	5	144,605
	6	150,849

Contract Type	**Point**	**1st January 2018 Salary**
Group Manager (Clincial Director)**	1	197,107
Contract Type	**Point**	**1st January 2018 Salary**
Head of Department**	1	176,152
	2	181,385
	3	186,625

On Call/Call-Out Payments		
	No. of Call-Outs	
Rota		**€**
Flat Annual Payment		3,857
In addition to the Flat Annual Payment further payments will be made to Consultants on more onerous rotas as follows…		
1 in 3		2,234
1 in 2		
	1-80 call-outs	5,577
	81-120 call-outs	6,445
	121+ call-outs	7,058
1 in 1		
	1-80 call-outs	6,693
	81-120 call-outs	8,470
	121+ call-outs	10,460
Emergency Call-Out Payments for all Consultants		
		€
Per call-out		
First 30 call-outs		78.59
31-120 call-outs		118.21
121 call-outs or more		156.15
If the call-out occurs after midnight		
First 30 call-outs		104.76
31-120 call-outs		158.40
121 call-outs or more		209.65
For each hour or part hour in excess of the first hour		
First 30 call-outs		52.31
31-120 call-outs		78.06

121 call-outs or more	104.84
Annual Limit	22,303