Fifth meeting of the Public Service Pay Commission
9th January 2017 at 8.30 am, St. Stephen's Green House.

In attendance
Mr. Kevin Duffy (Chair)
Ms. Marian Corcoran
Mr. Ultan Courtney
Ms. Ruth Curran
Mr. Noel Dowling
Mr. Seán Lyons
Mr. Peter McLoone

Mr. David Denny (Secretary)
Ms. Susan McKiernan (Secretariat)
Ms. Karen Murphy (Secretariat)
Mr. Brian Cahill (Secretariat)

8.45am-9.45am
Mr Martin Varley, Secretary General, IHCA
Dr Thomas Ryan, President, Consultant in Anaesthesia and Intensive Care
Dr Roy Browne, Vice President, Consultant in Psychiatry.
Dr Oisin O'Connell, Vice President, Consultant in Respiratory Medicine
Dr Orla Franklin, Council Member, Consultant in Paediatric Cardiology
Prof. Mary Leader, Professor of Pathology/Consultant Histopathologist

8.30am
Members agreed the minutes of the last meeting. The Secretary advised that the Public Services Committee had confirmed that PER had agreed to liaise with the PSC in relation to the approach to the pension valuation exercise, but it would not be a joint report. The two actuaries would be meeting in the next week or two to discuss methodology and assumptions.

8.45am
The IHCA delegation joined the meeting at 8.45am. Following introductions, the Chairman, Mr Duffy, said that the Commission would not be looking at individual grades for the purposes of its first report but had been asked to provide inputs to the unwinding of the FEMPI legislation that would inform the negotiations scheduled to take place in the summer.

The IHCA provided an overview of its submission and submitted that in some specialities such as obstectrics, anaesthesia and psychiatry, services operated with only two thirds of the consultants needed. The IHCA outlined that there were serious problems in recruiting and in retaining in addition to graduate 'brain drain'. Irish centres were competing with other international centres with excellent medical programmes and highly competitive career development opportunities and terms and conditions. Applicants frequently had alternative offers of employment overseas.

Some anecdotal evidence of posts which had not been filled pursuant to recruitment campaigns and others which had fallen vacant was provided. It was also submitted that remaining consultants were stretched in this context, which meant a loss of leadership in medical departments which were as busy as ever.

Workload was also discussed and the IHCA outlined that consultants returning to work in Ireland after employment abroad entered phenomenally busy working environments. It was submitted that many younger people who had returned to Ireland are leaving again, due to pay, contractual issues and working conditions. There was a global demand for consultants and Irish trained consultants were in particularly high demand as the standard of training here was considered one of the best in the world.

The IHCA also advised that ten years ago, typically fifteen to twenty applicants would apply for a permanent consultant post, now with luck, one or two applicants might apply for these posts. This had given rise to consultant psychiatry posts being increasingly advertised as temporary and filled with locums who would not be staying permanently. This in turn diminished the capacity to develop leadership and to strategically lead services. Currently there were 370 vacant consultant posts in acute hospitals with a further 65 in psychiatry.

The IHCA referenced its submission concerning salary and also submitted that there had been a breach of consultants' contracts. The IHCA said there was a great problem with graduates and those who were advanced in their career going to the U.S.A., Australia and Gulf States due to better career development opportunities and better salary. There were also additional challenges in practicing medicine in Ireland, with much higher patient numbers in an average outpatient clinic, greater on-call rota duties and ward round commitments than for international peers. It further outlined that the public service was not just losing personnel to other jurisdictions but to private clinics, where consultants were better supported and resourced. The IHCA summarised the three main difficulties as pay differential, work load differential and supports/resources differential. The IHCA concluded by stating that the PER submission indicated that there were no general recruitment problems except for higher paid IT/HR and Finance posts, however, the IHCA position was that there was a problem of enormous proportions in relation to consultant posts.

The Commission then made observations and asked questions. The Commission observed that the contract issue was before the courts and would be dealt with in that forum. The Commission indicated that breakdown of vacancies across specialities and regions would be extremely helpful. The IHCA advised that up to 25-30% of posts of posts were filled by agency locums on western seaboard and other centres, with locums often being paid up to twice as much as permanent equivalents.

The Commission asked why there wasn't more recruitment from Europe. The IHCA stated that there had been a few appointments from countries such as Spain and Portugal in recent years (mainly due to austerity in these countries). However, in general the level of recruitment and retention of personnel from Europe remained very low, due to; lower level of consultant posts than in other jurisdictions, higher workloads, smaller teams and other terms and conditions.

The Commission asked what motivated the IHCA representatives to return to Ireland. The IHCA indicated that motivation was often for family reasons, e.g return with children, because parents/extended family in Ireland and that this often involved a significant pay cut. However, the current generation were more mobile generally and terms and conditions for consultants had dis-improved in recent years.

The Commission also asked if there was a manifestation of some of these pressures/difficulties i.e. more cases going before Irish Medical Council (IMC). The IHCA replied that there was

an increase in number of cases referred to IMC. The IHCA outlined that there were other impacts for services e.g. difficulties sourcing personnel with relevant speciality for vacancies.

The Commission asked if further hard data was available in relation to recruitment and retention issues and demographics of existing incumbents. The Commission also asked if there were changes to pay, would this be sufficient to overcome recruitment and retention difficulties in light of other non-pay issues which the IHCA had raised. The Commission thanked the IHCA for their submissions and reiterated that the Commission's remit was pay and that its conclusions must be evidence based, so any tangible information/data which supported the IHCA's submission that there were serious recruitment and retention problems would be very helpful to the Commission's considerations. The IHCA delegates left the meeting.

The Commission discussed the issues raised and concluded that PER should be informed that its position that there are no recruitment problems in health services was being robustly challenged in staff representative meetings and that a further meeting with PER might be scheduled. Mr Cahill joined the meeting and provided an update on CSO data availability. He advised that the revised publication date for NES type tabulations had not been confirmed but would likely be early February. The Commission asked when access to microdata would be available. The Secretary proposed to apply to CSO for early access to data so that analysis might commence. He also indicated that the Secretariat could commence collating pay settlement data from a number of published sources which would indicate pay trends. It was agreed that IBEC would be invited to forward a submission and meet with the Commission as would the Public Appointments Service. A pension industry presentation was also proposed. Members discussed the approach to pensions and it was agreed that if the Commission was going to receive several reports on valuation of public service pensions, the Commission needed to retain some independent pension expertise. It was also agreed that the previous pension valuation exercise conducted by the second Benchmarking Body would need to be considered and discussed. Finally, dates for meetings until April were scheduled.

Action points

- Commence application process for pre-publication access to CSO SES' NES data
- Write to IBEC inviting submission and attendance at January 31st meeting, 9am
- Invite Ms. Fiona Tierney from PAS to meet with Commission
- Commence RFT for actuarial support for Commission
- Schedule a pension industry presentation
- Collate pay settlement data from published sources
- Prepare tabulations in respect of pay trends (EHECS dataset) for next meeting
- Inform PER that its position in respect of recruitment and retention in health sector was being challenged and invite PER accompanied by DoH to meet again with Commission
- Benchmarking Body II pension chapter and appendices to be circulated**.**