

## Phase 2: Recruitment and Retention

Please complete this template and submit through the link on our website at: <http://paycommission.gov.ie/submissions/>

Please include any additional relevant documentation relating to recruitment and retention as a separate attachment.

Submissions may alternatively be sent to the postal address below to arrive by due date:

Public Service Pay Commission,  
St. Stephen's Green House,  
Earlsfort Terrace,  
Dublin 2.

<b>Name of organisation making this submission</b>	<b>Medical Laboratory Scientists Association</b>
<b>Contact details</b>	<b>General Secretary: Terry Casey tcasey@siptu.ie</b>
<b>Date of submission</b>	<b>29th November 2017</b>

Submissions should be made **by 5.30 pm on Wednesday the 29th of November.**

**Queries in relation to completing this template can be sent to [info@paycommission.gov.ie](mailto:info@paycommission.gov.ie)**

Please note that all submissions and comments received will be subject to the provisions of the Freedom of Information Act 2014 and that all submissions will be published on the Public Service Pay Commission's website following publication of the report.

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**Part I - 1 - Are there currently recruitment issues for this sector? Please indicate which grades are experiencing the most significant difficulties.**

Grade Title	
Medical Scientist Staff Grade	<p>The largest difficulties are experienced for staff grade scientist recruitment and the difficulties are especially pronounced for temporary posts. Even when short-term temporary posts are filled, many managers report that the candidates soon leave for permanent or longer term temporary contracts. This means that the considerable effort that has already been put into training the individual is a waste of time. The MLSA understands that there is currently full employment for all new graduate medical scientists. In addition, previous alternative pathways to a career in medical science have been withdrawn and upcoming state registration requirements are likely to further reduce the pool of suitably qualified individuals.</p>
Medical Scientist Senior Grade	<p>Promotional opportunities for medical scientists are few, with the result that when they do arise they are usually filled without difficulty. However, some specific disciplines and geographical locations report difficulties in attracting suitable qualified candidates. The requirement for a post-graduate qualification at MSc level or above and the low level of support by employers for further study, including the widespread withdrawal of training budgets since 2008, means that the pool of suitably qualified candidates is small.</p>
Medical Scientist Specialist Grade	<p>As for Senior grade. In addition, the use of the specialist grade has not developed over time as envisioned in the 2001 Expert Group Report on Medical Laboratory Technician / Technologist Grades and consequently opportunities for recruitment to this grade have been limited.</p>
Medical Scientist Chief Grade	<p>Many suitably qualified staff express a reluctance to take on the level of responsibility of a Chief Medical Scientist role due to the relatively low salary increase involved. The second Benchmarking Report in 2007 recognised this and recommended a 2.5% salary increase for the grade that was never awarded.</p>
Laboratory Manager	<p>As for Chief grade.</p>

**Part I - 2 - Please provide evidence to support the recruitment difficulties identified?**

(E.g. number of competitions, number of applications to each competition, number of offers for each competition, number of acceptances/refusals to each competition, etc.)

The MLSA sought information on recruitment difficulties from laboratory managers nationwide and responses were received from 27 HSE and public voluntary hospitals. It was not possible for the MLSA to get information about specific recruitment competitions as requested above .

Laboratory managers were asked how many posts at each grade remain unfilled for longer than 6 months after advertisement. A total of 23.5 permanent and 23 temporary current vacancies were identified. While this may seem a low number, it is relatively high in the context of a low total number of medical scientist posts sanctioned and the total number of medical scientists employed.

Medical scientist posts suppressed during the HSE moratorium since 2006 have not yet been re-activated to the extent that they have been in some other sectors, despite severe staffing pressures and constantly increasing workloads in the sector. The MLSA understands that there is currently full employment for all new graduate medical scientists and this points to even greater recruitment problems in the sector in the near future when the current deficits in the sector and the effect these are having on service delivery are recognised.

HSE laboratory managers expressed frustration with the length of time taken to recruit via the National Recruitment Service (NRS). It appears to take between 6 and 12 months to recruit via the NRS even after approval to fill the post has been given, which in itself can take several months. In terms of temporary posts via the NRS for e.g. longterm sick leave and maternity cover, in the few cases where cover is sanctioned, the permanent staff member may be due to return to work by the time the post is filled. Managers in public voluntary hospitals also expressed frustration with delays in recruitment. Often a suitable panel of candidates may be in existence when a vacancy arises in the first place but by the time the paperwork and bureaucracy is completed, the panel may have expired or candidates may no longer be available.

In addition, frustration was expressed that managers are not permitted to apply to fill a vacancy until the incumbent has left the post so it is not possible to plan in advance for retirements or other departures that can be anticipated in advance, e.g. maternity leaves. The clock only starts ticking on the cumbersome recruitment process when the post is actually vacant and the gap exists in the service, which makes a mockery of the idea of succession planning / workforce planning.

**Part I - 3 - Please provide evidence of any relevant initiatives to address these difficulties (if applicable)?**

No nationwide initiatives have been undertaken and laboratory management have generally not been empowered to develop local initiatives.

One laboratory manager reported that she approached each of the three colleges directly to advise of current and upcoming vacancies but that she only received two responses, neither of whom materialised into candidates for employment. Laboratories who offer clinical training placements for students are better placed to get these students back in the future as employees but can often only offer short-term temporary posts initially and so run the risk of losing the new staff to longer temporary contracts or permanent posts elsewhere.

Some HSE hospitals, e.g. Mayo University Hospital and Letterkenny University Hospital, reported that they had been allowed to recruit locally for temporary posts to bypass the delays in the NRS system. This had allowed them to recruit temporary staff in a timely manner. Another HSE hospital has been prevented from doing this because the local HR department reports that it no longer has the resources to carry out such campaigns now that the NRS is the main recruiter.

**Part 1 - 4 - Please provide evidence of the outcomes of the initiatives described in part 1-Q.3**

(E.g. change in the numbers of applications, change in the number or percentage of acceptances, change in the number or percentage of refusals etc.)

Not applicable

*This text box will expand as required*

**Part I - 5 - Please supply any relevant data, including trend data (from 2007 to 2017), that you may have; such as staff numbers, turnover rates\*, staff vacancies\*\*, age profiles and details of recruitment campaigns, etc. from 2007 onwards.**

*\* Turnover is number of leavers in year x divided by average number employed in year x (For example the number of leavers in the acute/general Directors of Nursing grade in 2007 divided by the average number of acute/general Directors of Nursing grade in 2007)*

*\*\*Vacancy is where a position has been advertised and not successfully filled*

The MLSA was unable to gather the information requested above. However, the MLSA is aware that due to the recruitment moratorium since 2006 and the incentivisation of retirement in the same period, the average age of medical scientists has increased in that time.

As an indication, a recent review of the salary protection scheme provided by Cornmarket to MLSA members showed that the average age of scheme members had risen from 43.5 years in 2012 to 45.7 years in 2017. These figures would not reflect any demographic change in the period up to 2012 when the majority of incentivised retirements occurred and posts were not replaced.

**Part II - 1 - Are there currently retention issues for this sector? Please indicate which grades are experiencing the most significant difficulties.**

Grade Title	
Medical Scientist Staff Grade	The MLSA was unable to gather sufficient information on the retention of permanent staff. Laboratory managers in some geographical areas reported that staff have left because of specific local conditions, e.g. house prices. In addition, there were widespread reports of difficulties in retaining staff in temporary posts, especially those of short duration (<1 year).
Medical Scientist Senior Grade	As above
Medical Scientist Specialist Grade	As above
Medical Scientist Chief Grade	As above
Laboratory Manager	As above

*Please expand where necessary*

**Part II - 2 - *Please supply evidence to support the retention difficulties identified?***

(E.g. Data on vacancy rates, data on turnover rates, data on leaver reason, data on joiner reason etc.)

The MLSA sought information on retention difficulties from laboratory managers nationwide and responses were received from 27 HSE and public voluntary hospitals. It was not possible for the MLSA to obtain information about reasons for staff leaving as such information is held by HR if it is gathered at all. Laboratory managers were asked how many staff at each grade have left service in the past two years.

**Part II - 3 - Please provide evidence of any relevant initiatives to address these difficulties (if applicable)?**

No initiatives

*This text box will expand as required*

**Part II - 4 - Please provide evidence of the outcomes of the initiatives described in part II-Q.3**

(E.g. Change in vacancy rates, change in turnover rates, change in reasons for employees joining/leaving, etc.)

Not applicable

*This text box will expand as required*

**Part III - 1 - Evidence of any impact of recruitment and retention difficulties on service provision:**

(i.e. Data/analysis that clearly identifies impacts on service provision)

Laboratory managers and MLSA members report the following impact on service provision arising from recruitment and retention difficulties:

- In almost all laboratories, the extended routine working day from 8am to 8pm cannot be not staffed sufficiently to allow for routine service provision throughout those hours. In most hospitals, emergency service only is available outside of the hours of 8am to 5pm and in some hospitals it has not been possible to extend the day using core staffing hours with the result that staff are paid overtime or on call rates for maintaining the extended day.
- Problems with supporting the increasing ongoing training and competency needs of current staff - requirements are increasing constantly due to technological advances, changes in work practices, multidisciplinary working and regulatory and quality requirements (e.g. state registration, INAB accreditation)
- Problems with supporting the training requirements for staff on call, especially those doing multi-disciplinary call in areas outside of their routine work. Throughout the county there are difficulties in keeping sufficient staff trained for on call work, largely due to the level of training necessary and the difficulty in releasing staff from normal duties to undergo and to provide this training.
- Many laboratories report that they have had to curtail or suspend INAB accreditation either temporarily or permanently due to staffing shortfalls. Quality management systems are recognised to be crucial to the proper operation of a safe diagnostic laboratory system. Accreditation by INAB is a statutory requirement for Blood Transfusion laboratories and is also mandated by HIQA for Microbiology services. Often one of the first casualties when vacant medical scientist posts are not filled is the reduction or suspension of the significant workload required to achieve and maintain such accreditation.
- Difficulties in responding to demands for new services (e.g. RAADP programme, CRE screening). If there is a clinical need for a new service and staff are approved to provide the service it is vital that the recruitment process allows for them to be in place in a timely manner so that the clinical need can be met.

**Part III - 2 - Please provide evidence of labour market pressures from the private sector domestically or international organisations (if applicable)?**

(E.g. Data/analysis on numbers of employees joining international employers in similar sectors, data/analysis on numbers of employees joining similar sectors in the domestic private sector, etc.)

Not available

*This text box will expand as required*

**Part III - 3 Other information relevant to the submission**

The MLSA conducted a survey of laboratory managers nationwide with a set of standard questions (below in blue text). Responses were received from the following 27 hospitals :

Cavan General Hospital  
Our Lady's Hospital, Navan  
OLHC, Crumlin  
Children's University Hospital, Temple St  
St Vincent's University Hospital  
Mallow General Hospital  
South Tipperary General Hospital  
Naas General Hospital  
Public Health Laboratory, Cherry Orchard  
Cork University Hospital  
Midland Regional Hospital, Portlaoise  
Midland Regional Hospital, Mullingar  
Bantry Hospital  
Irish Blood Transfusion Service  
Connolly Hospital, Blanchardstown  
Ennis General Hospital  
Roscommon General Hospital  
Portiuncula General Hospital  
Mayo University Hospital  
Sligo University Hospital  
Letterkenny University Hospital  
Galway University Hospital  
University Hospital Kerry  
Cappagh Orthopaedic Hospital  
Mater Hospital, Dublin  
OLOL Hospital, Drogheda  
St. James's Hospital, Dublin

Individual hospital responses can be provided on request.

**MLSA SURVEY**

**Survey for MLSA submission to the Public Service Pay Commission on Recruitment and Retention**

**Description of Post and Duration**

Temporary Medical Scientist (Basic Grade) Posts advertised and unfilled for > 6 Months

Temporary Medical Scientist (Senior Grade) Posts advertised and unfilled for > 6 Months

Temporary Medical Scientist (Chief Grade) Posts advertised and unfilled for > 6 Months

Permanent Medical Scientist (Basic Grade) Posts advertised and unfilled for > 6 Months

Permanent Medical Scientist (Senior Grade) Posts advertised and unfilled for > 6 Months

Permanent Medical Scientist (Chief Grade) Posts advertised and unfilled for > 6 Months

Temporary Medical Scientist (Basic Grade) Posts vacated (For any reason) in the last 2 years

Temporary Medical Scientist (Senior Grade) Posts vacated (For any reason) in the last 2 years

Temporary Medical Scientist (Chief Grade) Posts vacated (For any reason) in the last 2 years

Permanent Medical Scientist (Basic Grade) Posts vacated (For any reason) in the last 2 years

Permanent Medical Scientist (Senior Grade) Posts vacated (For any reason) in the last 2 years

Permanent Medical Scientist (Chief Grade) Posts vacated (For any reason) in the last 2 years

Medical Scientist (Basic Grade) Posts filled in a temporary capacity to cover a NEW service (See Note 1 )

Medical Scientist (Senior Grade) Posts filled in a temporary capacity to cover a NEW service (See Note 1)

Medical Scientist (Chief Grade) Posts filled in a temporary capacity to cover a NEW service (See Note 1 )

Medical Scientist (Basic Grade) Posts sanctioned as a partial WTE i.e. 0.32 (See Note 2 for explanation)

Medical Scientist (Senior Grade) Posts sanctioned as a partial WTE i.e. 0.32 (See Note 2 for explanation)

Medical Scientist (Chief Grade) Posts sanctioned as a partial WTE i.e. 0.32 (See Note 2 for explanation)

Medical Scientist (Basic Grade) Posts upgraded based on increased workload (See Note 3 for explanation)

Medical Scientist (Senior Grade) Posts upgraded based on increased workload (See Note 3 for explanation)

Medical Scientist (Chief Grade) Posts upgraded based on increased workload (See Note 3 for explanation)

**Note 1 :** This is in reference to posts sanctioned as a result of new or updated guidelines or on the introduction of a new service but only sanctioned as temporary or temporary specific and not as permanent posts.

**Note 2 :** This is in reference to posts sanctioned as a partial WTE. An example would be on the introduction of the RAADP programme the number of additional WTE determined to be required to introduce the service was made based on a calculation of various aspects of the service. This resulted in WTEs of 0.32, 0.59 been allocated which are be impossible to fill and as such these posts may remain unfilled or filled in a reduced capacity e.g. 0.59 filled as a 0.5.

**Note 3 :** This is in reference to posts being upgraded locally rather than providing a new WTE due to increased workload such as for repatriation of tests.

*Any Additional Comments or Issues regarding Recruitment and Retention please fill in below*