

**Submission on behalf of SIPTU
Health Division to Public Service
Pay Commission - Phase 2:
Recruitment and Retention**



Faculty of Nursing and Midwifery

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

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1 & 2. Radiographer & Radiation Therapist

The radiographer/radiation therapist is the expert in integrating seven areas of key importance in the imaging or radiation therapy department:

- Patient Care
- Use of Technology
- Optimisation of Dose
- Clinical Responsibility
- Organisation
- Quality Assurance
- Education and Training

The radiographer/radiation therapist has a direct and supervisory role with regard to the welfare of the patient. This includes assessment of the ability of the patient to undergo the examination and in the case of *Diagnostic Radiography*, whether or not the examination is justified.

The radiographer/radiation therapist is the expert in the production of diagnostic images and/or the delivery of treatment using ionising radiation. They are therefore capable of and continually make decisions regarding the use of the technology for these purposes. In addition, the radiographer/radiation therapist is wholly responsible for the operation of complex, dynamic and potentially hazardous equipment.

In the Irish context, radiographers participate in an *informal* process of plain radiography reporting using the so called '*red dot system*'. Irish radiographers and radiation therapists are highly qualified and work similarly to radiographers in the UK, the United States, Canada and Australia.

Radiographers require high CAO points for entry to the profession and are educated to graduate degree level. However, despite many radiographers having obtained a **post graduate** level qualification in reporting in the UK, they are unable to practice in Ireland largely due to lack of support from radiologists.

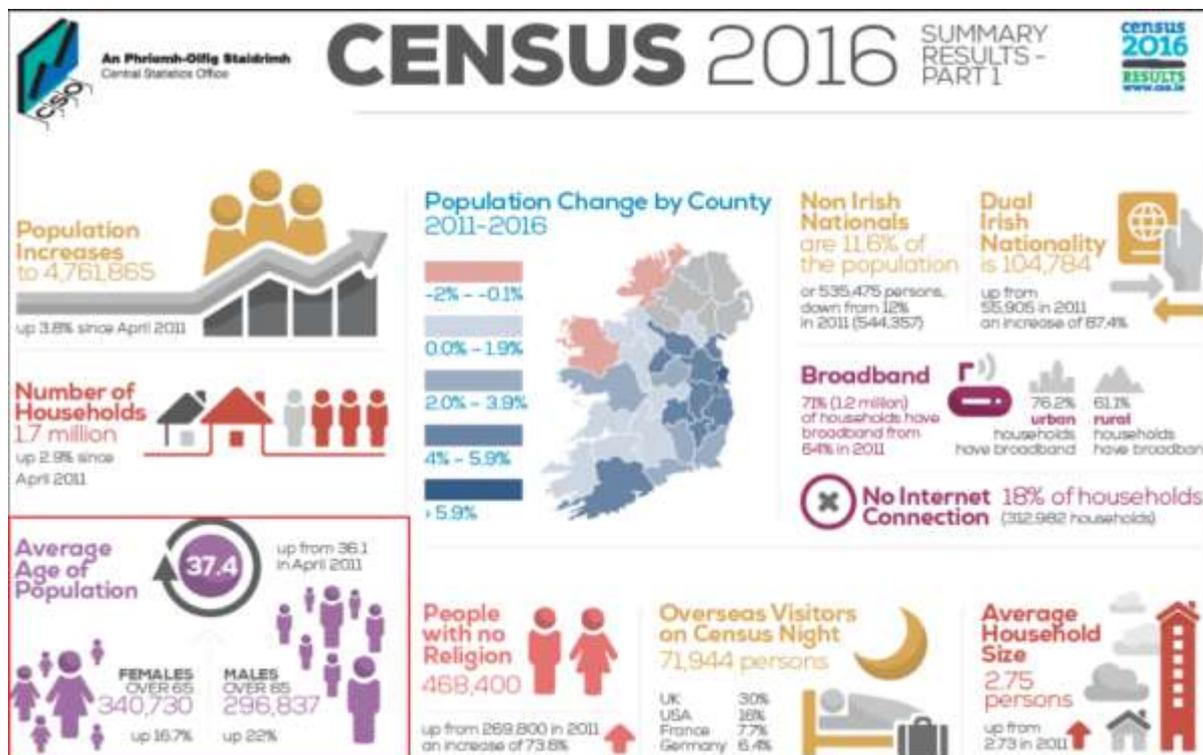
Radiographers, who perform ultrasound, write preliminary reports on each examination they complete, over 80% of which are structured on a formal basis and compiled within the hospital PACS and NIMIS. Furthermore, in 2014 IIRRT conducted a pilot programme across 3 sites, where the reports of Clinical Specialist Radiographers were audited against the Radiologists' final report. There was 96% occurrence with no major or clinically significant difference, which is within international standards (RCR, 2006).

Radiographers and radiation therapists are more than capable of advanced practice, which would be an enormous benefit to the Irish National Health Service and provide more cost effective care and increase the quality of the service to patients.

In accordance with the figures from the National Cancer Registry Ireland, an average of 40,000 new cases of cancer are diagnosed each year in Ireland. Projections show that by 2020, 1 in 2 people in Ireland will develop cancer during their lifetime.¹

¹ Projection is based on current data provided by the NCRI. It makes allowances for variables such as aging population, lifestyle and other factors and is in line with projections for other countries such as the UK.

Furthermore, figures collected by the 2016 Census, show the ageing trend among the Irish population. The number of males aged 65 and over increased by **22%** to 296,837, while females aged 65 and over increased by **16.7%** to 340,730.



The National Cancer Strategy 2017-2026 prepared by the DoH also predicts that the population over 65 years will more than double in the next 25 years. The ageing of the population will drive a large increase in the number of new cancer cases over the next few decades.²

The above figures show the need to increase the roles for radiographers and radiation therapists, in the treatment of geriatric and palliative care patients.

HSE figures relating to the employment of radiographers and radiation therapists show the trend of specialists leaving their positions.

Staff Category/ Grade Group	Direct WTE Dec 15	Direct WTE Jul 17	Direct WTE Aug 17	Change since Jul 17	Change since Dec 15	Change since Jul 17	Change since Dec 15	Headcount Aug 17
Orthoptists	29	30	29	-1	+1	-2.2%	+3.4%	45
Perfusionists	17	20	20	-0	+3	-2.1%	+19.4%	21
Pharmacy	807	875	881	+6	+74	+0.7%	+9.1%	1,000
Phlebotomists	144	158	156	-2	+12	-1.1%	+8.4%	215
Physicists	157	157	162	+5	+5	+3.0%	+3.0%	171
Physiotherapists	1,691	1,768	1,756	-12	+65	-0.7%	+3.9%	2,049
Play Therapists/ Specialists	40	43	44	+1	+4	+1.3%	+8.9%	55
Podiatrists & Chiropodists	54	64	67	+3	+12	+4.2%	+22.2%	93
Radiation Therapists	177	178	174	-4	-2	-2.0%	-1.2%	188
Radiographers	1,121	1,132	1,143	+11	+22	+1.0%	+2.0%	1,295
Social Workers	1,074	1,112	1,100	-12	+26	-0.8%	+4.8%	1,250

² DoH - National Cancer Strategy 2017-2026, page 20.

These trends seem to arise from the uncompetitive rates for pay and no financial support or commitment to further education, which are available in the private sector and abroad. They may also arise from the changes to the payment method for 'on call' basis, introduced in 2012, which have resulted in a significant deterioration of commitment from radiographers willing to work in specialist areas such as CT, due to the change in pay structure and on-call arrangements.

The change in the pay per patient system, to the pay per hour has resulted in large numbers of radiographer vacancies in hospitals across the country, e.g. St James' in Dublin, where anecdotally there is a huge demand for on call radiographers in the CT rota. It must also be recognised that services such as CT scanning are now used more frequently than in years previously and are an essential component in the diagnostic process.

The introduction of the same hourly rates for all aspects of after-hours service has resulted in a deficit of interest being realised for speciality services such as CT. In addition, BreastCheck has reported significant difficulty in securing radiographers for their service which is provided on a remote mobile to the community. BreastCheck has undertaken a number of recruitment drives, including to other countries, which has not resulted in any significant interest.

The HSE's Report on the Implementation and Verification of the Public Service agreement 2010-2014 and Labour Court recommendation No. 20232 for Radiographer Grades found that extended working day from 8am to 8pm has not achieved savings, but has established a footing for new on-going overtime in 37 hospitals, at the cost of almost €1.8m.³

Given the difficulty in recruiting additional radiographers, extended day working has not been successfully established within the HSE without reliance on overtime or Time in Lieu measures. Given the high level of commitment for on-call, additional overtime is not viewed as a long term solution to the provision of the service.

Table 3 - Radiographer Out of hours costs (OOH)

Expense groups	Pre agreement	Post agreement	Variance	% Variance
1. On call Pay	€21,194,307	€16,772,081	-€4,422,226	▼ 21%
2. Overtime pay	€65,289	€1,797,471	€1,732,190	▲ 2,650%
3. Agency OOH	€465,208	€608,754	€143,546	▲ 31%
4. TOIL	€4,863,772	€3,922,361	-€898,854	▼ 19%
Totals	€26,638,586	€23,166,108	€3,472,478	▼ 13.0%

Pre agreement 1st Feb 2011 – 31st Jan 2012, Post agreement 1st Feb 2012 to 1st Jan 2013, all costs include employer prsi.

Some of the hospitals reported significant increases in payments for OOH⁴ and decided to revert back to the previous model of payments and evidence of this taken directly from tables in the report are presented below.

³ Report on the Implementation and Verification of the Public Service agreement 2010-2014 and Labour Court recommendation No. 20232 for Radiographer Grades, pages 14-15.

⁴ Report on the Implementation and Verification of the Public Service agreement 2010-2014 and Labour Court recommendation No. 20232 for Radiographer Grades, page 28.

Expense category	On-call	Overtime	Agency OOH	TOIL	Totals
Pre agreement	518,820	nil	158,392	230,553	907,765
Post agreement	607,269	74,745	274,796	128,085	1,084,895
Variance	€88,449 (+)17%	€74,745 (+) 100%	€116,404 (+) 73.5%	-€102,468 (-) 44%	€177,130 (+)20%

Summary Outcomes.

- Very significant Increase in Out of hour's costs of €177,130 (+) 20%
 - Significant increases in on-call costs of €88,449 (+) 17%
 - New overtime of €74,745.
 - Very significant increase in Agency OOH of €116,404 (+) 73.5%
 - Significant reduction in TOIL of €102,468 (-) 44%
- Total compensation of €15,752 to 2 of 20 radiographers.
- Recommendation
 - Review increases in On-call pay costs
 - Review new overtime pay costs
 - Review agency OOH costs.

Expense category	On-call	Overtime	Agency OOH	TOIL	Totals
Pre agreement	38,228	nil	nil	17,078	55,306
Post agreement	107,643	7,926	nil	17,078	132,647
Variance	€69,415 (+) 180%	€7,926 New Costs	nil	nil	€77,341 (+) 140%

Summary Outcomes.

- Hospital reverted back to old payment structure after 4 months implementation, due to very significant cost increases.
- Very Significant increases in Out of hour's costs of €77,341 (+) 140%
 - Very significant increases in on-call costs of €69,415 (+) 180%
 - New overtime payments of €7,926 (+) 100%
- Total compensation of €2,565 to 1 of 8 radiographers employed. (However the scheme has been discontinued after 4 mon
- Recommendation.
 - Review of out of hour's rota's and payment structure.

Furthermore, recruitment rolling campaign conducted by HSE, which provide no closing date, may suggest that HSE is trying to attract as many applicants as possible to fill these posts on an ongoing basis, please click the link to check for details.

https://www.hse.ie/eng/staff/Jobs/Job_Search/Allied_Health_and_Social_Care/NRS03296.html

Salaries for this group in comparison with other professions, such as Dietitian, Physiotherapist, Occupational Therapist or Speech and Language Therapist (where starting salary for all these grades is €34,969.00) are lower, which may also be a factor in poor retention of the positions in this group⁵.

⁵ Health Sector - CONSOLIDATED SALARY SCALES IN ACCORDANCE WITH FEMPI 2015 AND THE PUBLIC SERVICE STABILITY AGREEMENTS 2013 - 2018 (THE LANSLOWNE ROAD AGREEMENT).

Position	Jan-10	Jul-13	Apr-17
Radiographer	€36,186.00	€32,567.00	€33,567.00
Radiation Therapist	€36,187.00	€32,567.00	€33,567.00

Difference in salaries for these groups, between the period Jan 2010 and April 2017 is €2,620.00 lower⁶. Another factor, which may be contributing to shortages are uncompetitive allowances for higher qualifications in comparison with other grades (in nursing for instance). For example, the only allowance payable to radiographer grades for receipt of a Higher Diploma was removed for new beneficiaries as of the 1st February 2012. The allowance permitted currently is €456 per annum in Ultrasound and Nuclear Medicine as per distinction above re new beneficiaries. This is in comparison with nursing which receives a considerably higher allowance for qualifications (currently €2,791 per annum) and has either maintained all or had them restored with permission of the Department of Public Expenditure and Reform.

ANNUAL ALLOWANCE FOR RADIOGRAPHERS*		
*Abolished for new beneficiaries with effect from 1st February 2012		
Higher Diploma of the College of Radiography	960	912
Diploma in Ultrasound	480	456
Diploma in Nuclear Medicine	480	456
Only ONE Diploma Allowance is payable to any Radiographer & only where such Diploma is relevant to their occupation.		

It is also noted that no recognition of location is currently provided for radiographers. It is contended that this is an additional impediment to gaining interest to work in specialist areas such as CT, MRI or Ultrasound. In comparison, a location allowance is payable to nurses recognising their role within the specialist location they are assigned. The current rate of the location allowance payable to nursing grades is €1858 per annum.

Data presented in the SOLAS - *National Skills Bulletin 2016*, indicate that in the field of Radiography, there will be persistent staff shortages, **especially in the clinical specialists; MRI and CT radiography**⁷.

Furthermore, a 9.2% outstanding Public Pay Increase exists as per Benchmarking Report 2007⁸.

⁶ HSE - Health Sector: Salary scales Jan 2010, Jul 2013 and Apr 2017.

⁷ SOLAS - National Skills Bulletin 2016, page 65.

⁸ Public Service Benchmarking report published December 2007, page 98.

3. Phlebotomists

Phlebotomists are specialists, who draw blood from patients. These blood samples are analysed in the laboratory and contribute to the effective and efficient diagnosis of patient health problems. Phlebotomists work in all kinds of medical facilities, from hospitals to private laboratories.

Traditionally, nurses towards the end of their career, provided a phlebotomy service within acute healthcare settings. However, the Phlebotomists Association of Ireland now advocates for Phlebotomy to be recognised as a stand-alone profession where each Phlebotomist will be certified and registered and seen as a skilled professional in his/her own right, working to national guidelines and subject to a strict code of practice.

This role requires an educational structure and should be recognised as an important professional role within the healthcare team. Currently, in an untenable situation, nurses working in the phlebotomy field are paid at a higher scale than trained phlebotomists who have completed a recognised training programme.

Similarly to radiographers and radiation therapists, figures from HSE relating to the employment of the Phlebotomists show the trend of specialists leaving their positions.

Staff Category/ Grade Group	Direct WTE Dec 15	Direct WTE Jul 17	Direct WTE Aug 17	Change since Jul 17	Change since Dec 15	Change since Jul 17	Change since Dec 15	Headcount Aug 17
Orthoptists	29	30	29	-1	+1	-2.2%	+3.4%	45
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Pharmacy	807	875	881	+6	+74	+0.7%	+9.1%	1,000
Phlebotomists	144	158	156	-2	+12	-1.1%	+8.4%	215

On the HSE's website there is a recruitment campaign running to fill the phlebotomists' position (senior and general one). Please click on the link below.

https://www.hse.ie/eng/staff/Jobs/Eligibility_Criteria/Phlebotomists.html

As can be seen in the figures, below, the salary scale is significantly lower than that of a qualified staff nurse, despite the role involving the same work, responsibility and job specification.

	1/01/16 LRA		27,483	29,497	30,537	31,710	33,189	34,666	36,137	37,408	38,100
SENIOR STAFF NURSE (GENERAL)	1/04/17 LRA	1	46,954								
	1/01/10 FEMPI		45,954								

Position	Jan-10	Jul-13	Apr-17
Phlebotomist	€30,392.00	€27,353.00	€28,626.00

A survey carried out by the AHD Working Group cited enormous difficulties in finding appropriate staff. Furthermore, **hospitals managers also indicated that they would be interested in employing phlebotomists in the future and do not rely on registered nursing staff, as per current arrangements.**

Analysis of this survey data also showed that approx. **64% of all phlebotomy staff have a formal qualification and hospital groups have a significant requirement for training over the next 5 years.**

4. Nurses and Midwives

Nursing - Ireland, as is the case with most developed countries, suffers from an acute shortage of doctors and nursing professionals⁹



The recruitment moratorium, which was in place across the Irish health service (effective from March 2009) prevented the replacement of staff members who left the public health service, or of those who were on various types of leave. Imposed recruitment controls in relation to permanent employment contracts in the publicly funded healthcare sector resulted in frequent movements of doctors and nurses/midwives between employers.

The number of unemployed qualified healthcare workers is negligible while reliance on importing healthcare skills has been an important part of HR practices: in 2015, over 1,500 employment permits were issued to non-EEA doctors and a further 282 to nurses/midwives¹⁰.

Shortages continue to persist for the following occupations:

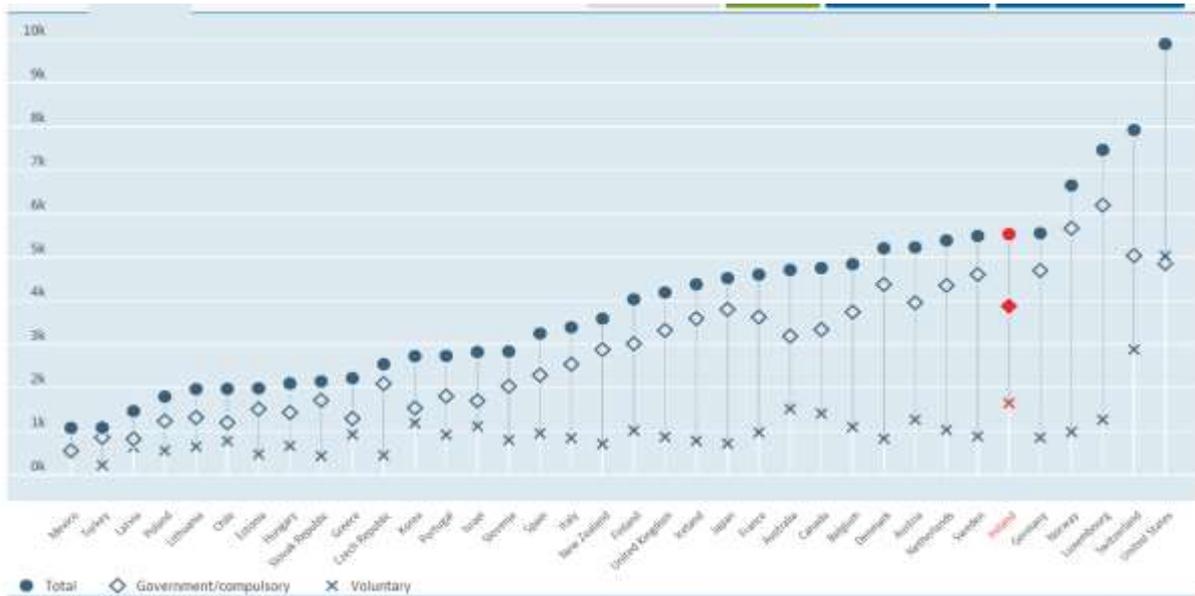
- medical practitioners (especially locum and non-consultant hospital doctors, registrars and medical specialists)
- **nurses - advanced nursing practitioners (e.g. intensive care, operation theatre, theatre nurse managers), registered nurses (e.g. general nurse, cardiovascular care, elder persons' care, children's care; intellectual disability care, mental health care) and clinical nurses**
- radiographers (clinical specialists; MRI and CT radiographers)
- niche area specialists (radiation therapists, audiologists, prosthetists, orthotists, cardio-technician)
- health service managers; nursing home directors

⁹ OECD - Health Spending Total / Government/compulsory / Voluntary, US dollars/capita, 2016
Source: Health expenditure and financing: Health expenditure indicators.

¹⁰ SOLAS - National Skills Bulletin 2016, pages 65, 105-106

As a result, the total annual recruitment requirement for healthcare professionals and associate professionals is estimated at over 4,000 annually, *just over 50% is for nurses*¹¹.

According to OECD figures, funding levels of the overall health service by the government (pictured below) are lower in comparison to some of the European counterparts¹². This poses further risk of poor retention within organisations.



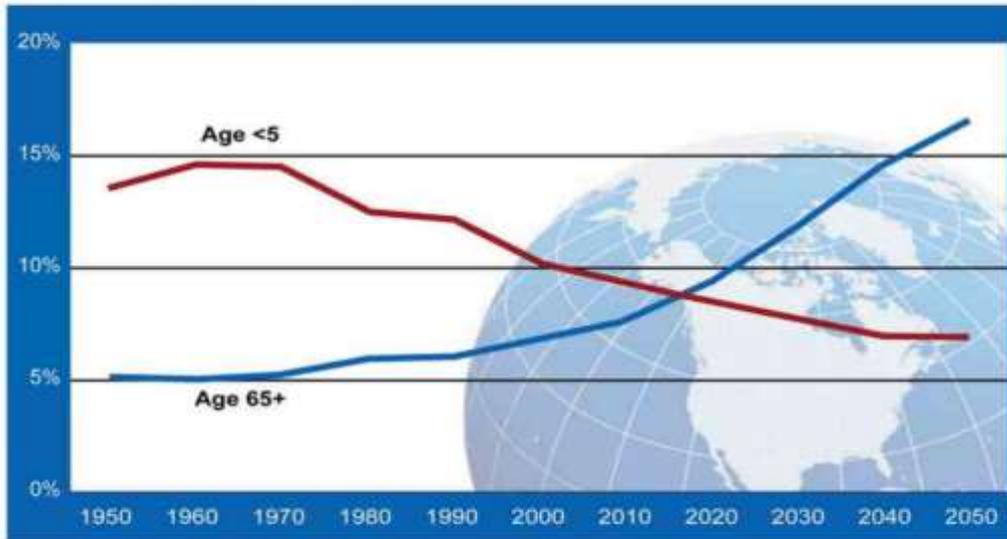
Furthermore, figures collected by the 2016 Census, show the ageing trend among the Irish population. The number of males aged 65 and over increased by **22%** to 296,837, while females aged 65 and over increased by **16.7%** to 340,730.

This is in line with the analysis made by the WHO, which predicts that by 2020 persons aged 65 and over will outnumber those under the age of 65.

¹¹ SOLAS - National Skills Bulletin 2016, pages 105-106

¹² OECD - Health Spending Total / Government/compulsory / Voluntary, US dollars/capita, 2016
Source: Health expenditure and financing: Health expenditure indicators

Figure 1.
Young Children and Older People as a Percentage of Global Population: 1950-2050



Source: United Nations. *World Population Prospects: The 2010 Revision*.
Available at: <http://esa.un.org/unpd/wpp>.

The ageing trend among the Irish population also poses the need to increase the roles for nurses and midwives. However, since 2009 over 3,200 professionals have left their positions. Figures below show that in the period between 2010-2015 it was reported -1.1% employment rate for nurses and midwives¹³.

A combination of the uncompetitive payment rates, a lack of commitment to further

Figure 9.5.2 Average Annual Growth (%) in Selected Healthcare Occupations



education, which are available in the private sector and abroad and unattractive working conditions, have resulted in a public health system which has been unable to retain nurses and midwives.

¹³ SOLAS - National Skills Bulletin 2016, pages 105

HSE's 'Bring Them Home' campaign, which was launched in July 2015, and aimed to attract up to 500 nurses and midwives from the UK and elsewhere to Ireland, managed to attract very low numbers of professionals.

RN4CAST, funded by the European Commission, in their *National Report for Ireland*, identified that the nursing and midwifery professionals employed in hospitals are lacking:

- a formal annual appraisal review with managers
- revision of the nursing staff training needs
- annual professional development review
- financial support for professional development and training
- study leave support for professional development and training

Nurses play a critical role in providing access to care not only in traditional settings such as hospitals and long-term care institutions, but increasingly in primary care (especially in offering care to the chronically ill) and in-home care settings.

Increases in the nursing/midwifery workload, caused by the constant staff shortages, results in far reaching consequences, including increases in patients' mortalities and morbidities. It has been scientifically proven that an increased workload by one patient increases the likelihood of an inpatient dying within 30 days of admission by 7%¹⁴.

Nursing is a so-called soft target because savings can be made quickly by reducing the number of nurses, whereas savings through improved efficiency are difficult to achieve. The consequences of trying to do more with less were shown in the UK, where nurses were highly criticised for failing to prevent poor care after levels of staff were reduced to meet financial targets¹⁵.

In mental health, in particular area directors of nursing in mental health agreed to take on geographical counties, rather than locations, at the existing pay of directors of nursing, in 2012, taking into consideration the financial constraints. This was on the basis that pay would be reviewed when the country would be on a more financially stable footing.

HR Circular 001/2017 issued this year and increasing the salaries of group directors of nursing to assistant national director level, created the anomaly for Area Mental Health directors of nursing and indeed directors of nursing in other sectors outside of the acute, such as social care.

This should be taken into consideration and appropriate steps taken to remove similar anomalies.

¹⁴ Linda Aiken PhD & others - Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study.

¹⁵ Same source as above.

5. Pathology Technician

Pathology Technician - over the past decade, the profession has changed to become a more professional service and pathology technicians now require a Diploma based qualification. Pathology Technicians are now assisting Pathologists during examinations, assist guards and providing information to mourning families. There is a constant need for up skilling in this area.

Traditionally, this role was undertaken by Porter grades, in receipt of an additional allowance for this role. However, given the requirements, responsibility and specifications of this role currently this role needs to be formally recognised and appropriately remunerated.

Unfortunately, the uncompetitive salary rates and the lack of commitment to further education, despite obvious needs, results in the lack of candidates applying for this role. The starting salary for Pathology Technicians in comparison to other roles i.e.: Pharmaceutical Technician is lower.

Position:	Jan-10	Jul-13	Apr-17
Pathology Technician	€30,383.00	€27,345.00	€28,618.00
Pharmaceutical Technician	€34,768.00	€31,292.00	€32,292.00

Overall the difference in salaries between period Jan 2010 and Apr 2017 is €1,765.00, and the difference between the two professions for 1st Apr 2017 is €3,674.00¹⁶. This is very significant and this situation cannot be allowed to continue.

¹⁶ Health Sector - Consolidated Salary Scales published on Jan 2010, Jul 2013 and Apr 2017.

6. National Ambulance Service (NAS)

The NAS responds to over 300,000 ambulance calls each year, employs over 1,600 staff across 100 locations and has a fleet of approximately 500 vehicles. In conjunction with its partners the NAS transports approximately 40,000 patients via an Intermediate Care Service, co-ordinates and dispatches more than 800 aero medical/air ambulance calls, completes 600 paediatric and neonatal transfers and supports Community First Responder Schemes.

All grades within the National Ambulance Service need to be registered by the Pre Hospital Emergency Care Council (PHECC), requiring a demonstration of appropriate and recognised training and competencies to register with this Council.

The NAS developed a five year workforce plan for the service in 2016 having considered the emerging requirements from the various reviews and their overall strategic plan.

The NAS annual workforce plan for 2017 sets out the profile of recruitment and training of new operational staff including addressing projected staff turnover for 2017, the full year costs of new 2016 posts and new posts resulting from 2017 development funding¹⁷.

Post Title	WTE Numbers	2017 Funding €m	Appointment	2018 Full Year Costs €m
Paramedic	111	2.5	Q 1 – Q 4 2017	7.5
Intermediate Care Operative	63			
Clinical Advisors (CNM II)	2			
Clinical Audit Supervisor	2			
Fleet Manager	1		Q2 2017	
Emergency Planning Manager	1			
Driving Instructor	2			
Out of Hospital Cardiac Arrest Project Manager	.5			

Ref: Version 10 NAS Annual Workforce Plan 2017

This table excludes recruitment and training of personnel required to address the natural turnover which is set out in detail in the NAS Annual workforce plan 2017. NAS will also progress the implementation of a revised operating model (organisation structure) in 2017 in line with the HIQA recommendation. This proposed operating model is currently being finalised for final consultation in line with other parts of the HSE Service Delivery System.

Pay and staff monitoring, management and control at all levels is the area of significant focus in 2017 in line with the Performance and Accountability Framework.

The Lansdowne Road Agreement, concluded in May 2015, between government and public sector unions represents an extension of the Haddington Road Agreement (HRA) until 2018.

A key additional factor in the agreement is a strengthened oversight and governance arrangement for dealing with matters of implementation and interpretation in respect of disputes that may arise.

¹⁷ National Ambulance Service Operational Plan 2017, page 11.

The key enablers, such as additional working hours, that existed under the HRA up to now will remain for the duration of the extended agreement and will continue to assist clinical and service managers to manage their workforce through the flexibility measures contained.

These enablers will support the reform, reconfiguration and integration of services and contribute to delivering a workforce that is more adaptable, flexible and responsive to needs of the services, while operating with lower pay expenditure costs and within allocated pay envelopes.

However, a number of cost pressures continue to exist in the service. ***The area of emergency care service overtime remains a cost pressure. The reliance on overtime, to bring the service up to the required level, also raises staff and safety concerns.***

2016 figures of the expected and outturn activities are showing constant increase, expected figures for activity in 2017 are also showing the increased demand for the NAS services¹⁸.

Area of Service Provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Total no. of AS1 and AS2 (emergency ambulance) calls	300,000	309,485	315,00
No. of clinical status 1 ECHO calls activated	5,350	5,472	5,589
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,107	5,187	5,290
No. of clinical status 1 DELTA calls activated	121,560	123,515	125,985
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	118,050	119,764	122,159
Total no. of AS3 calls (inter-hospital transfers)	25,000	29,656	30,503
No. of intermediate care vehicle (ICV) transfer calls	22,500	26,320	26,846
Aeromedical service (Department of Defence) – Hours	480	480	480
Irish Coast Guard (Department of Transport, Tourism and Sport) – Calls	144	362	144

Currently, there are in excess of 450 vacancies for paramedic grades within the National Ambulance Service. The HSE has not been able to recruit the additional paramedics required due to a number of factors arising. Firstly, there is a significant constraint on training for paramedics given the limited resources available to the National Ambulance Service College. Secondly, the National Health Service in the UK recently undertook a job evaluation of the role of paramedic and recommended an increase for these grades. As a result, availability of trained paramedics from the United Kingdom have been dramatically reduced given the competing level of remuneration being offered.

¹⁸ National Ambulance Service Operational Plan 2017, page 15.

In order to meet the requirements, consideration should be made into increase the salaries among NAS' grades, given the increasing workload, the increasing skill set of both the Paramedic and Advanced Paramedic Grades, the changes to patient acuity and public expectation from the service. Paramedic and Advanced Paramedic Grades are providing services at such an advanced level in this country, that the role and job specification requires the government and the public to recognise these grades as Allied Health Professionals (AHPs) and key member of the healthcare service.

Furthermore, it is clearly unacceptable that the government have yet to address an outstanding Public Pay Increase as per Benchmarking Report 2007¹⁹ of 5%, which is long overdue.

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¹⁹ Public Service Benchmarking report published December 2007, page 98.