

Circular Ref. 11/99

1 February, 1999

Chief Executive Officer
each Health Board
Secretary/Manager
Each Voluntary Hospital and
Chief Officer other relevant agencies



DEPARTMENT
OF HEALTH AND
CHILDREN
AN ROINN
SLÁINTE AGUS LEANAÍ

Shaping a
Healthier Future

Revised Contract for Academic Consultant Medical Staff

Dear Chief Executive Officer / Secretary/Manager / Chief Officer

1. General

1.1 The purpose of this circular is to convey the Minister for Health and Children's approval of the introduction, from 1st January, 1999, of a revised form of contract for academic consultant medical staff providing services under the Health Acts and to notify arrangements for the implementation of the provisions of the revised contract. A copy of the new form of contract, the accompanying Memorandum of Agreement and attached appendices are enclosed. A copy of the contract documentation is enclosed on a computer diskette. The contract is formatted in 4 versions on the diskette to facilitate various computer packages. The 4 versions are listed as follows:

- .DOC = Microsoft Word 6 document
- .SAM = Lotus Amipro document
- .WP5 = WordPerfect 5.1 document (for DOS)
- .TXT = ASCII text file

- 1.2 On foot of negotiations with the representative bodies of Academic Consultants, the revised form of contract was concluded having regard to the terms of the 1991 Common Contract, of Report No. 36 and Report No. 37 of the Review Body on Higher Remuneration in the Public Sector.
- 1.3 The form of contract, the appendices to the contract and the Memorandum of Agreement are jointly the contract documents. A full set of copies of these documents should be presented to each academic consultant offered employment under the terms of this contract. Agencies should ensure that the name of the agency holding the contract is inserted in the locations indicated in the documents and that the appropriate deletions are made where indicated.

2. Offer of Contract

- 2.1 The terms and conditions of the revised contract shall be offered to all holders of the existing (1991) contract in post on 1st January, 1999. The terms and conditions of the revised form of contract will apply to all permanent appointments made with effect from 1st January, 1999. Academic Consultants not accepting the revised form of contract shall not be entitled to any of the provisions of the contract.
- 2.2 Before making a formal offer of the contract and issuing the contract documentation for signing, it will be necessary to determine the preference of consultants who have the right to exercise a right to choose a Category I or a Category II post. These are identified in paragraph 1 of the following section. The request to identify a preferred category should be made in writing and a formal written response requested. A pro forma letter is attached for this purpose. No formal offer of the contract should be made or contract documentation issued to a academic consultant who has failed to indicate his preference by 31st March, 1999.
- 2.3 In cases where an academic consultant holds a joint appointment the agencies concerned should ensure that the issuing of the pro forma letter and the contract are co-ordinated so as to ensure consistency.

3. Options for existing Consultants

- 3.1 Consultants who had an entitlement to exercise an option under paragraph 3.8.1 of the Memorandum of Agreement attached to the 1991 contract and who had not exercised that option at the date of offer of this contract, will have the right to opt for a Category I post or a Category II post.
- 3.2 Consultants who had already exercised an option under paragraph 3.8.1 of the Memorandum of Agreement will be assimilated on the following basis:
 - Geographical Wholetime with Fees consultants will be assimilated to Category I posts;
 - Existing "Wholetime" consultants will be assimilated to Category II posts.
- 3.3 Consultants appointed after 1st June, 1991 will be assimilated on the following basis:
 - Geographical Wholetime with Fees consultants will be assimilated to Category I posts.
 - Existing "Wholetime" consultants will be assimilated to Category II posts.

- 3.4 Your attention is drawn to new provisions governing the movement of consultants between categories in circumstances other than in the context of the offer of the revised contract (Paragraph 3.9 of the Memorandum of Agreement). An academic consultant may apply after five years has elapsed to change category. Where the employing authority is not prepared to agree to the application, there is provision for referral to an agreed third party for a recommendation. All changes to category of post require the prior approval of Comhairle na nOspidéal.
- 3.5 The 5 years referred to in 3.4 above should be counted from the date of acceptance of the new contract where:
- (a) The academic consultant has the right to exercise an option as outlined above or
 - (b) Where the employing authority is prepared to agree to the change sought.

In all other cases the 5 years should be counted from the date of original appointment.

4. Part-time Consultants

- 4.1 Consultants holding Geographical Wholetime with fees or Existing "Wholetime" contracts who wish to opt for a part-time commitment may do so subject to the agreement of the employing authority or authorities concerned on the implications of this choice and the approval of Comhairle na nOspidéal.
- 4.2 Consultants holding existing part-time posts under the common contract will be offered a Category II post with a similar commitment under this contract.

5. Status of Academic Consultants

The principal distinguishing feature of consultants holding "full-time" academic appointments is the range of additional responsibilities which they undertake on behalf of the medical schools. In future this distinction will be given tangible expression in the fact that "full-time" academic consultants will be remunerated and pensioned solely through the medical schools. The nature and extent of their commitment to academic duties should not be taken to imply that their clinical commitment is part-time. It is, therefore, not anticipated that their academic commitments will adversely affect their status within the hospital or put them at any disadvantage vis a vis their colleagues in terms of access to hospital facilities.

6. Joint Appointments

- 6.1 Academic Consultant appointments are by their nature joint appointments which involve a commitment to two or more employing authorities (i.e. a health board and / or a hospital authority in addition to a medical school.). The need for a single contract or interdependent contracts (with reciprocal clauses) for joint appointments is accepted. Comhairle na nOspidéal's guidelines relating to Joint Consultant Appointments by Two or More Authorities are now appended as Appendix A of the Memorandum of Agreement. These guidelines are now a part of the contract documents.

6.2 In drawing up contract documents the following wording should be used in paragraph 2 of the form of contract irrespective of whether one single contract or more than one inter-dependent contracts are being used:

"You are hereby offered an appointment as Professor / Associate Professor, Senior/ Statutory / Special Lecturer Consultant* in (Speciality) on a (Category 1 / Category 2) basis under (Medical School) and (Health Board and / or Hospital(s)) from (date) subject to the terms and conditions specified in this contract, its appendices and in the Memorandum of Agreement appended hereto; these jointly being the contract documents together with such complementary contract documentation as is required from the medical schools. This appointment has a weekly commitment of 11 sessions as defined in Section 2.11 of the Memorandum of Agreement.

6.3 Employing authorities who are the contract holders for joint appointments should ensure at all times and in respect of all aspects of the appointment that they keep each other fully informed of any matter likely to affect the appointment. Particular attention should be paid to matters affecting probation and the confirmation or termination of appointments.

7. Consultants to whom contracts should not be offered.

7.1 This contract refers to consultants holding "wholetime" academic consultant posts.

7.2 Permanent consultants who do not hold either the 1981 common contract or the 1991 common contract are not entitled to the terms and conditions of the revised contract. Where a permanent academic consultant who does not hold the common contract expresses a wish to have the revised contract offered to him, he should apply to his employing authorities. The employing authority may then apply to this Department for approval to offer the contract. The approval of the Department of Health is essential. Where the post which the academic consultant holds has not been structured by Comhairle na nOspidéal, the prior approval of Comhairle must be obtained.

7.3 Where the management of an agency are uncertain as to whether they should offer a contract to an academic consultant they should contact this Department before making any such offer.

8. Form of Offer

8.1 Employing authorities should take great care in drawing up and issuing the contract documents. All of the bracketed spaces in the form of contract should be filled in by the employing authority before a contract is offered. Where practical the employing authority and the academic consultant should sign the contract simultaneously. Under no circumstances should an employing authority issue signed blank forms of contract to consultants. Where it is not possible to have the contract signed simultaneously by the parties the returned signed contract should be checked carefully to ensure that it is identical to that issued for signature. Any corrections, alterations etc. should be made by the employing authority and fresh documents issued for signature.

8.2 Employing authorities should ensure that the following documents are appended to each contract:

Appendix I: A copy of Comhairle na nOspidéal's letter setting out the type of appointment, and the qualifications specified for the post.

Appendix II: A Job Description (new appointments only)

Appendix III: Grievance and Disputes Procedure.

Appendix IV: Disciplinary Procedure.

8.3 Your attention is drawn to Appendix III and IV which are significantly different from the provisions of the 1991 contract. These provisions will now be standard in all agencies. All necessary steps should be taken to ensure that members of your staff likely to be involved in operating these procedures are made familiar with them.

9. Scheduled Commitment

9.1 Under the contract Category I and Category II consultants will have a scheduled weekly commitment of 11 fixed and flexible sessions. In addition, consultants are available to work for up to 2 non-schedulable sessions per week. Part-time consultants have a scheduled commitment proportionate to their commitment i.e. an academic consultant with an 9 session commitment is liable for 9 fixed and flexible sessions plus 2 non-schedulable sessions.

9.2 The scheduled commitment will be discharged in the hours normally worked within the Monday to Friday working week. This does not preclude fixed and flexible sessions being scheduled for outside these periods e.g. in the evenings or at weekends subject to the employing authority being satisfied that these commitments are fulfilled at these times and that other resources such as staff and physical facilities can be effectively and efficiently deployed at these times.

10. Fixed, Flexible and Non-Schedulable Sessions

10.1 The activities to be included in the three types of session are outlined in Section 2.11 of the Memorandum of Agreement. It is suggested that fixed sessions should have firm start and target finish times. Flexible sessions should be identified in terms of sessions on a particular morning or afternoon. Consultants are required to personally discharge the entire commitment under all three types of session.

10.2 The revised contract documentation introduces new obligations on consultants to produce and agree a schedule which specifies how the scheduled commitment is to be discharged. These provisions are contained in Section 6.2 of the contract and Section 2.11 of the Memorandum of Agreement. Paragraph 6.2 (vi) obliges consultants to produce sufficient information on the discharge of their scheduled commitment to satisfy employing authorities that the contractual commitment is being fulfilled. The schedule for each academic consultant should include details of his rostered on-call commitment. In this connection please see the section of this circular dealing with Emergency Services (See paragraph 13.4)

10.3 Your attention is also drawn to a new provision at paragraph 6.2 (ii) of the contract. This obliges consultants to give adequate written notice of all planned absences and their duration. Where they do not already exist, administrative arrangements should be put in place to receive these notifications and to record the length of the absence, the reason for the absence and the type of leave taken e.g. annual leave, special leave, CME leave, rest day leave etc.

11. Private Practice

11.1 Where an academic consultant has indicated his intention to opt for a post as a Category II consultant his attention should be drawn to the contents of paragraphs 2.9.2 and 2.9.4 of the Memorandum of Agreement which govern the conditions under which he is allowed to engage in private practice outside the public hospital. Consultants in this Category should be asked to indicate how they propose discharging their 11 session commitment.

11.2 Where there is doubt as to whether any specific activity falls into the category of "on-site" or "off-site" private practice (as defined in paragraphs 2.9.5 and 2.9.6 of the Memorandum of Agreement), the matter should be referred to this Department for clarification.

11.3 Your attention is drawn to new provisions governing the balance of a consultants public and private practice in the public hospital (Paragraph 2.9.3).

12. Remuneration

12.1 The principles underlying the remuneration provisions of the revised contract are outlined in Section 4 of the Memorandum of Agreement. The exact rates of remuneration payable under each heading are outlined in Appendix B of the Memorandum of Agreement.

You should note that holders of the 1991 contract who retired between 1 January 1998 and the date of this circular should receive the appropriate retrospective payments up to their date of retirement.

12.2 A schedule outlining the basis on which retrospective payments are to be calculated for each category of academic consultant is attached to this circular.

13. Extended Duty Liability

13.1 Your attention is drawn to the fact that the provisions relating to payment for extended duty liability have been significantly changed. Paragraph 4.3.1 of the memorandum of agreement states that the employing authority is responsible for arranging appropriate rosters for the provision of emergency services for patients already in hospital and patients brought into the hospital in emergency.

13.2 Under the provisions of the new contract payment for extended duty liability is divided into two components:

- (a) A flat rate payment of £1,943 per annum to be paid to all consultants with an on-call liability.
- (b) Additional allowances to be paid to consultants on 1:1, 1:2 and 1:3 rosters. The current value of these allowances is outlined in Appendix B of the Memorandum of Agreement.

13.3 In order to identify the consultants to be paid the additional allowances referred to at 13.2 (b) above hospitals will need to conduct a review of existing on-call arrangements. Where hospital management is satisfied that the existing arrangements or appropriately amended arrangements, meet its requirements for emergency cover in the most cost-effective manner it should formally ratify the rosters as the basis for payment of the additional allowances.

It must be emphasised that these allowances can only be paid on the basis of the formal approved rosters. They should not be paid on the basis of any informal rostering arrangements. Particular attention should be paid to sub-specialty rosters to ensure that they meet the criteria determined by the hospital to qualify as an emergency service.

13.4 An initial examination of existing rosters was provided for in the main Hospital Consultant contract. This examination should have taken place already. It was not the intention that this change in the payment system for extended duty liability should result in a change in formal rostering practice. Hospital management should carefully scrutinise any claims for these additional allowances based on rosters which are not currently approved.

13.5 The approved roster for the purpose of being paid the higher extended duty liability allowances and for calculating rest day entitlements should be taken as the roster which is in place for the greater part of any year. A roster which becomes temporarily more onerous due to the absence of one or more consultants should not result in the payment of a higher allowance or to an entitlement for more rest days. Similarly the absence on leave of an academic consultant should not normally lead to a reduction in the value of his annual allowance or in his entitlement to rest days. However, if an academic consultant is absent for more than four weeks or is replaced by a locum he is not entitled to rest days in respect of his absence.

14. Emergency Services

14.1 The circumstances in which an academic consultant is to be paid for attending at the hospital to perform urgent diagnostic or treatment procedures are outlined in paragraph 4.4.3 of the Memorandum of Agreement. To qualify for payment under the provisions an academic consultant must be rostered for emergency duty. In addition he must be called by another doctor, a nurse or other person designated for that purpose and attend at the hospital to perform clinical work of an urgent nature. Alternatively while rostered for emergency services he may exercise his professional judgement and attend at the hospital to perform work of an urgent nature.

14.2 Payment in respect of emergency services is now to be made on the basis of each call-out rather than on the basis of each patient as heretofore. It should also be noted that payment in respect of calls made in the exercise of professional judgement is only to be made when the academic consultant concerned is rostered for emergency services.

15. Transitional Arrangements

15.1 Hospital managements should put in place appropriate mechanisms to record and monitor emergency call-outs. The existing B + C factor payment arrangements should cease on 31st December, 1998. The flat rate extended duty liability allowance of £1,943 per annum may be paid to consultants with an on-call liability on signing the new contract. Payment of the additional allowances to consultants on 1:1, 1:2 and 1:3 rosters and payment of the new emergency call-out rates should not be made until the review of rosters is completed. However, these payments, when made, should be backdated to 1st January, 1999.

16. Expenses

16.1 Travelling and subsistence expenses should be paid in accordance with paragraph 4.6 of the Memorandum of Agreement. Consultants with joint appointments or with commitments at more than one location should only be paid travelling expenses in respect of travel between the locations specified in their schedules where the schedule has been agreed by management. The journeys for which travel expenses will be reimbursed must also be agreed.

17. Medical Indemnity

17.1 The basis on which consultants should be reimbursed for the cost of their medical indemnity subscriptions is set out in paragraph 2.10 of the Memorandum of Agreement. Employing authorities should satisfy themselves that an academic consultant has paid his subscription to, and received a certificate of membership from his medical defence organisation for the full period for which reimbursement is being sought before making any payment. However, in order to facilitate prompt payment to consultants employing authorities should, on presentation of evidence that the subscription has been paid, make the necessary administrative arrangements for the reimbursement to be made on presentation of the certificate of indemnity.

17.2 Paragraph 2.10.2 sets out the reimbursement rates for payment. The final sentence of that paragraph refers to consultants who were entitled to an 85% or 90% reimbursement in the 1981 - 1991 period who opted for an Existing "Wholetime" Contract in 1991. They were allowed retain their 85% or 90% rate on a personal basis and this arrangement should continue for those in that position.

18. Continuing Medical Education

18.1 An agreed statement on continuing medical education is at paragraph 4.7 of the Memorandum of Agreement. The 1991 contract provided for the establishment of a fund of £500,000 as an additional contribution to pre-existing expenditure on continuing

medical education. This fund was allocated on the basis of allowing expenditure of up to £500 per academic consultant per annum for this purpose.

Under the 1997 Hospital Consultants contract an additional amount of £500 per academic consultant per annum is to be made available, giving an aggregate figure of £1,000. As before, consultants may opt to have this sum aggregated over a number of years to allow attendance at a particular meeting, conference etc. Similarly, an academic consultant may apply for a grant in excess of £1,000 in any one year in return for foregoing grants until the amount advanced is equalled by his aggregated entitlement. It is emphasised that this funding should not be used as a substitute for existing expenditure from training budgets or other sources but to support net additional activity.

19. Locums

19.1 The provisions relating to locum cover are outlined in Section 5.8 of the Memorandum of Agreement. Employing authorities should continue to bear in mind the need for economy in making arrangements for the provision of locum cover. Guidelines on the remuneration of locums have been circulated already. A copy of this Department's circular 6/98 is included at appendix (1) of this circular.

20. Ethical Principles

20.1 Existing contractual provisions in relation to ethical principles in individual non-health board hospitals should be inserted as clause 8.11 in the form of contract where applicable.

21. Superannuation

21.1 Consultants accepting the revised form of contract will be pensionable and subject to a retiring age limit of 65 years. Remuneration in respect of the scheduled commitment and extended duty liability only shall be pensionable, i.e. as outlined at Sections 1 and 2 of Appendix B of the Memorandum of Agreement.

21.2 All remuneration figures in the attached schedule assume a contribution of 5% of salary to a superannuation scheme.

21.3 As a transitional measure, existing post holders will, on retirement, be eligible to apply to have their pensions paid to them in proportion to the existing ratio of their academic remuneration to their hospital remuneration. This will not apply where existing arrangements provide for academic consultants to be superannuated through a single scheme.

All future whole time academic post holders will be paid and superannuated through the appropriate medical school pensions scheme.

21.4 Consultants holding the 1991 Contract who have retired prior to the date of this circular should have their pensions in respect of hospital remuneration calculated with regard to the revised rates.

22. Grievance and Disputes Procedure

22.1 As provided for in Section 7 of the Memorandum of Agreement, a grievance and disputes procedure is to be provided to deal with problems arising from the implementation of the revised contract. It was agreed by the parties to the negotiations on the revised contract that all disputes should be resolved at local level. The grievance and disputes procedure proposed should only be availed of as a last resort. The extent to which the parties to any dispute have exhausted all local mechanisms and have made a genuine effort to resolve the dispute at this level will be among the criteria to be applied in determining whether any particular problem is appropriate to the grievance and disputes procedure.

23. Consultants in Management

23.1 The involvement of consultants in the management process in hospitals is dealt with in Section 7 of the contract and Section 6.6 of the Memorandum of Agreement. The contract provides for the establishment of Executive Management Boards in hospitals where this has not already occurred. More detailed guidance on the establishment of these boards and on the creation of sub-board clinical management structures will issue in due course. In the interim, employing authorities should revise their existing structures with a view to adapting them to meet their obligations under the new contract.

24. Rest Days

24.1 The rest day entitlements of consultants with an on-call liability are set out in paragraph 5.6 of the Memorandum of Agreement. As an academic consultant's rest day entitlement is now dependent on his rostered on-call liability this will need to be determined following the review of rosters referred to in paragraph 13.4 of this circular.

24.2 The parties to this contract are agreed that the primary purpose of rest days is to allow an academic consultant to take a period of rest following completion of a period spent on-call. Accordingly, every effort should be made to facilitate an academic consultant taking his rest day entitlement as soon as possible after the on-call period to which it pertains.

24.3 Where it is not possible, for service reasons, to take this leave immediately it may be accumulated as follows:

- ◆ If the leave entitlement is to be availed of as time off it may be accumulated for a maximum of six months from the earliest date to which it relates. If this accumulated leave is not taken within the six months it must be forfeited.
- ◆ If the leave entitlement is to be exchanged for a payment-in-lieu it may be accumulated for a maximum of three months from the earliest date to which it relates. The leave untaken at that point may be paid for at a rate equivalent to the daily rate for the category of post which the academic consultant occupies.

24.4 For administrative convenience it is suggested that these three and six month periods should start from a fixed date e.g. 1st January of each year. Therefore, leave to be bought out will be determined at the end of each quarter in respect of all rest days

untaken in that quarter. Similarly leave to be taken should be determined at the end of June and December as appropriate of each year. It is clearly important that accurate records be kept of both rest day entitlements as they accumulate and of such leave as it is taken.

- 24.5 Paragraph 5.7 of the Memorandum of Agreement outlines a series of exceptional arrangements to eliminate rest days which have already been accumulated but which have not been taken by 31st December, 1998, hereinafter referred to as "historic rest days". To avail of these arrangements an academic consultant must make an application to the employing authority before 30th June, 1999.
- 24.6 On receipt of such an application an employing authority should verify the claimed entitlement to rest days. It should also satisfy itself that any of the days claimed had not been taken as either rostered time off or as other leave. Where local agreements existed for rest days to be taken on a regular basis, even if this did not equate to taking the full entitlement, there is no entitlement to accumulate any untaken balance for the purpose of taking leave in advance of retirement.
- 24.7 Where an academic consultant has already received financial compensation in respect of untaken rest days he will not be entitled to benefit from the provisions of paragraph 5.7 of the Memorandum of Agreement.
- 24.8 The basis to be used in calculating the historic rest day entitlement is two days per week-end rostered for on call emergency duty.
- 24.9 The agreed and verified entitlement to time off is to be taken as paid leave immediately prior to the academic consultant's retirement date. Where the academic consultant intends to work to his 65th birthday the leave is to be taken in his 64th year immediately prior to his actual date of retirement. Where an academic consultant proposes to retire at age 60 or over but before his 65th birthday he may take the leave immediately prior to his effective date of retirement. Under no circumstances is this leave to be granted other than as part of an academic consultant's retirement arrangements.
- 24.10 This leave is not available to consultants who propose to work as their own locums following their retirement or who propose to continue working in the public hospital system.
- 24.11 An academic consultant retiring between 1st January, 1999 and 31st December, 1999 who has accumulated more than 250 rest days can only avail of that proportion of this leave that will take him to his retirement date.
- 24.12 The attention of consultants with accumulated rest days should be drawn to paragraph 5.7.2 of the Memorandum of Agreement which states explicitly that any academic consultant signing this contract agrees to accept these provisions as a full and final settlement of any claim for compensation in respect of accumulated rest days.
- 24.13 The entitlement to rest days arises in respect of the obligation to participate in clinical on-call rotas for emergency services. The rest day is intended to relieve the consultants

from their clinical responsibility for a 24 hour period. This would not appear to prevent an academic consultant from fulfilling academic commitments on such a day.

26. Conclusion

26.1 Your financial allocation has already been adjusted to include the increased costs and the retrospective payments due from 1 April 1997.

26.2 Any enquiries in relation to the implementation of the revised contract, including the contents of this circular, should be addressed to the following:

Department of Health and Children

Mr Brendan Phelan
Mr Pat O'Byrne
Ms Liz Canavan
Ms Carolyn O'Neill

Health Service Employers' Agency

Mr Pearse Costello

Yours sincerely



Frank Ahern
Director
Personnel Management and Development

ACADEMIC MEDICAL CONSULTANTS

Revisions under Reports 36 and 37 and intervening round increases

Rates with effect from

	First Phase Report No. 36		Second Phase Report No. 36		PCW 2%	PCW 1.5%	PCW 1.5%	PCW 1%	Report No 37 3%	P2000 +£261	Full Implementation		
	01/01/93	01/04/94	01/05/95	01/06/95							01/04/97	01/07/97	01/04/98
Professor													
G.W.T. with fees/ Category I	80279	82687	84341	86871	88608	89937	91286	92199	94965	95226	101672	103946	106285
E.W.T./Cat. II													
UCD, TCD, RCSI	71730	73882	75360	77621	79173	80361	81566	82382	84863	85114	90801	92804	94892
UCC	74401	76633	78166	80511	82121	83353	84603	85449	88012	88273	94199	96286	98452
UCG	77073	79385	80973	83402	85070	86345	87641	88517	91173	91434	97596	99768	102013
Associate													
Professor													
G.W.T. with fees/ Category I	76812	82406	84054	88000	88000	89320	90660	91567	94314	94575	94171	96258	98424
E.W.T./Cat. II													
UCD, TCD, RCSI	68263	73234	74699	78206	78206	79379	80570	81376	83817	84078	83644	85468	87391
UCC	70535	76101	77623	81267	81267	82486	83723	84560	87097	87358	86934	88840	90839
UCG	73606	78967	80546	84327	84328	85593	86877	87746	90378	90639	90224	92212	94287
Lecturer													
G.W.T. with fees/ Category I	67569	69596	70988	73118	74580	75699	76834	77602	79930	80191	85668	88567	90560
E.W.T./Cat. II													
UCD, TCD, RCSI	59020	60791	62007	63867	65144	66121	67113	67784	69818	70079	75650	77274	79013
UCC	61692	63543	64814	66758	68093	69114	70151	70853	72979	73240	79094	80804	82622
UCG	64363	66294	67620	69649	71042	72108	73190	73922	76140	76401	82537	84333	86230
College Lecturer													
G.W.T. with fees	66010	67990	69350	71431	72860	73953	75062	75813	78087	78348	84659	86508	88454
E.W.T.													
UCD, TCD, RCSI	57460	59184	60368	62179	63423	64374	65340	65993	67973	68234	73640	75213	76905
UCC	60131	61935	63174	65069	66370	67366	68376	69060	71132	71393	77083	78743	80515
UCG	62803	64687	65981	67960	69319	70359	71414	72128	74292	74553	80525	82271	84122