

14th May 1999

Ms. Josephine Fitzmaurice
Personnel Officer
St. Luke's Hospital
Rathgar
Dublin 6

Re: Dosimetrists

Dear Ms. Fitzmaurice

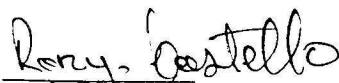
Please find enclosed text of Agreement on Dosimetrists.

The initiatives identified in the agreement should now be the subject of local discussion and implementation.

The Department of Health and Children will issue sanction of the pay elements of this Agreement as soon as practicable.

Any queries on the application of this agreement should be directed in the first instance to the HSEA.

Yours faithfully



Rory Costello

INDUSTRIAL RELATIONS EXECUTIVE

MI/rc/0381

DOSIMETRISTS

1. Pay

The pay scales shall be increased with effect from 1st April, 1997 as follows:-

- the minimum point of each scale to be increased by 5.5%
- the maximum point of each scale to be increased by 10.5%

In addition, a Long Service Increment of 2% should be paid to those who are 3 or more years on the maximum of the scale. This Long Service Increment will apply to the basic entry grade scales only. The increases between 5.5% and 10.5% to be added in equal steps to each intermediate point on each scale.

2. Full co-operation with and commitment to implement the Health Strategy shaping a healthier future

It is accepted that the aims of the Health Strategy can only be achieved with the co-operation of staff, including Dosimetrists. It is agreed that to achieve such co-operation the trust and goodwill of all parties will be required through ongoing discussions and consultations which will apply in each instance of a-d below.

(a) Evaluation Patient Satisfaction

The Health Strategy refers to user satisfaction and participation and states that the health and personal social services exist to serve the patient or client and that this has not been sufficiently highlighted in the past. It also states that the services must therefore be consumer-orientated. It is anticipated that Health Agencies will introduce various methods by which the users of services and their families can participate in the planning and delivery of the services and it is further expected that Health Agencies will also introduce various consumer feedback mechanisms. Dosimetrists will co-operate with these aspects of service improvements.

(b) **Quality of Service Initiatives**

Dosimetrists agree to participate in initiatives to improve the quality of all aspects of their service. Dosimetrists agree to co-operate with Health Agencies to introduce Joint Audit.

(c) **Ongoing monitoring and evaluation of the effectiveness of services being provided – costs, outcomes and accountability**

Initiatives to improve the quality of service and particularly the introduction of audit will be processed to evaluate the effectiveness of services being provided. Evaluation effectiveness requires the determination of expected outcomes from treatments and the setting of objectives and priorities in accordance with the contents of the Health Strategy. Dosimetrists agree to co-operate with the setting of objectives and high standards and to be accountable for their achievement.

(d) **“Value for Money” Initiatives**

Dosimetrists agree to co-operate with the development of value for money structures and programmes designed to achieve improvements in the efficiency and effectiveness of the service.

3. **Personal Performance and Development**

Both parties are committed to the introduction of changes which promote a positive attitude to organisational and personal performance and development.

These changes will include the introduction of systems to develop and encourage such performance and development. Any initiatives arising from this shall be discussed and agreed in advance of their introduction.

4. **Standard 35 Hour Week**

It is agreed that, where individual employers so desire, local discussions may be held with staff representatives on this issue.

5.

Flexibility

It is recognised that changing work requirements and the need to provide better services to the public necessitate greater flexibility in traditional attendance patterns and work practices (this refers to practices within current working hours). Staff will see benefits in a system which would allow them to fulfil their work obligations in a more flexible way. In this regard, where the need is demonstrated, staff agree to co-operate with such flexibility and with atypical employment arrangements (this refers to current hours) and agree to more flexible reporting relationship within the Dosimetric Department to allow for greater flexibility of response to the needs of the public. Management agrees to prior consultation in such instances.

6.

Flexibility of Deployment

Dosimetrists agree to facilitate flexible use of staff resources in response to service requirements. This shall be solely within Departments and associated hospitals as a short-term temporary measure in response to absences or a surge in activity. This deployment shall take place on a rotational basis and training where required, shall be provided.

7.

Technology

Dosimetrists agree to co-operate with all aspects of the design, installation and operation of new technology. This concerns work of a Dosimetric and related nature.

Management agree to full consultation with staff on technological change.

Dosimetrists agree that no technology-related claims will be made in the future. The Union reserves the right to pursue individual grade claims where the use of technology arises from a higher degree of specialisation.

Health Agencies are committed to the development of the necessary skills and knowledge for their efficient use of new technology. Every effort will be made to encourage staff to familiarise themselves with new technology by way of training organised by the employing authorities to meet local needs.

Health Agencies are committed to drafting a policy for the internal and external training of staff involved with new technology as appropriate.

This clause to be reviewed at the instigation of either party after 5 years.

8.

Monthly Paypath

Dosimetrists agree to the introduction of monthly/4 weekly paypath (at the discretion of the employer) from 1st July, 1997, with staff having the option of a mid-monthly "basic" advance payment.

Consultations will take place with Impact on the administrative details of these changes and to address such issues as the timetable for change.

Briefing sessions will take place at Hospital level involving the banks, at which they will address the issue of bank charges, etc.

9.

Within the context of this settlement and ongoing service change in dosimetry a review may take place. While it is not proposed to make elaborate arrangements for a group as small as dosimetrists, it is accepted both sides are free to raise issues arising from the broad principles which may arise in this general area.

APPENDIX 1

1.4.97

P.C.W.

Dosimetrists - Basic Grade 1.4.97

1	16,662	5.50%	17,578.41
2	17,324	6.33%	18,420.60
3	17,993	6.75%	19,207.52
4	18,749	7.16%	20,091.42
5	19,321	7.58	20,785.53
6	19,876	8%	21,466.08
7	20,960	8.41%	22,722.73
8	21,544	8.83%	23,446.33
9	22,151	9.25%	24,199.96
10	22,755	9.66%	24,953.13
11	23,538	10.08%	25,910.63
12	23,756	10.50%	26,250.38
LSI at 3 years	26,250.38	2%	26,775.38

APPENDIX 1

Senior Grade Dosimetrist

1	23,448	5.5%	24,737.64
2	24,384	6.75%	26,029.92
3	25,321	7.375%	27,188.42
4	26,259	8%	28,359.72
5	27,195	8.625%	29,540.56
6	27,842	9.25%	30,417.38
7	28,490	9.875%	31,303.38
8	29,137	10.50%	32,196.38