



The Labour Relations Commission

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13th June, 2003

Mr G. Barry
Chief Executive
H.S.E.A.
63/64 Adelaide Road
Dublin 2

Re: PUBLIC HEALTH DOCTORS

Dear Mr Barry

I refer to the series of conciliation conferences in regard to the above and wish to confirm that, resulting from these conferences, the following set of proposals is being put by the Labour Relations Commission on the understanding that these proposals are acceptable to all parties.

1. **PCW**

Payments due to public health doctors under the local bargaining clause of the PCW and Partnership 2000 will be referred to an agreed third party for adjudication, to be concluded without delay.

2. **Brennan Report**

It is agreed that the implementation of the Brennan Report's recommendations will be incorporated into the process under 1 above.

3. **Interim Out-of-Hours Service**

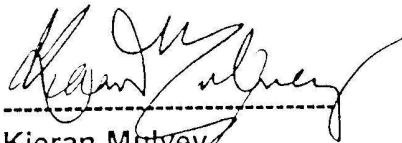
Following the conclusion of the process at 1 and 2 above and on return to work, the parties agree to enter into immediate discussion with a view to agreeing an interim structured out-of-hours service. These discussions will be concluded not later than 30th September 2003.

Maurice Cashell (Chairman)
Liam Downey
Josephine Feehily
Peter McLoone
Breege O'Donoghue
Brendan McGinty
Tom Wall

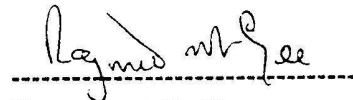
4. Consultant status, remuneration and out of hours

It is agreed that the issue of consultant status and remuneration for the grades of Director of Public Health and Specialists in Public Health Medicine be referred to the next Review Body on Higher Remuneration in the Public Service. It is also agreed that this Body addresses the linked issue of a formally structured out of hours cover arrangement. The implementation of the Body's findings will be on a no less favourable basis than that of the other grades covered by the review body.

Yours sincerely



Kieran Mulvey
Chief Executive



Raymond McGee
Director of Conciliation

Agreement between HSEA/DOHC/Health Boards and IMO on outstanding issues in relation to the implementation of the Report of Review Group on Public Health.

1. **Number of posts and structures in Public Health and Community Health.**

	Public Health	Community Health
Director of Public Health	8	-
Specialist in Public Health	52	-
Specialist Registrar	30	-
Principal Medical Officer	-	10
Senior Area Medical Officer	40	54
Area Medical Officer	-	86
Total	130	150

The total complement of Health Board posts will be 280 subject to the provisions of point 3.

2. **Arrangements for the filling of SAMO/PMO posts.**

On the basis that a local process can be undertaken, Health Boards will organise a single competition, to be operational by September 30th 2003.

It is proposed to establish a Joint Management/IMO group to oversee the implementation of this process.

There will be no further recruitment of AMOs.

3. **Early Retirement**

Requests for early retirement will be considered on a case by case basis, over a phased period commencing not earlier than January 1st 2004. Any posts vacated arising from this initiative will be suppressed.

4. **SAMOs participating in the Specialist Registrar Training Programme.**

SAMOs who are participating on the Specialist Registrar training programme in Public Health medicine will retain their substantive salary on a personal basis.

Further recruitment to specialist training will only be through the approved training programmes.

5. Principal Medical Officer Salary

It is agreed that the salary will be set at a single rate (mid way between the max of the SAMO and the salary of the Specialist in Public Health).

This relationship will be established following the determination of the Adjudication Board and will be maintained until the completion of the Benchmarking process (June, 2005). The rate applicable to Principal Medical Officer posts will then be reviewed under the next Benchmarking process.

6. Director, Community Care (DCC)

In relation to the DCC grade it is agreed that the salary will be linked with the salary of Specialist in Public Health. This parity principle will extend to DCCs in receipt of pension or their spouses.

**REPORT OF THE ADJUDICATION BOARD
IN REGARD TO A CLAIM BY PUBLIC HEALTH DOCTORS**

HISTORY OF CLAIM:

This claim comes to the Adjudication Board following conciliation by the Labour Relations Commission in relation to an ongoing industrial dispute by Public Health Doctors. A set of proposals was put forward by the Labour Relations Commission on the 13th of June 2003 which included, inter alia, the following;

"1. P.C.W.

Payments due to Public Health Doctors under the local bargaining clause of the P.C.W. and Partnership 2000 will be referred to an agreed third part for adjudication, to be concluded without delay.

2. Brennan Report

It is agreed that the implementation of the Brennan Report recommendations will be incorporated into the process under 1 above."

The Public Health Doctors, represented by the Irish Medical Organisation, and the employers, represented by the Health Service Employers Agencies, agreed to adjudication on these issues by this Board. Given the urgency of the matter the Board convened at short notice and held an oral hearing on the afternoon of the 13th of June. As it became clear during the course of that oral hearing that it would be helpful if both sides had further discussions in regard to certain matters the Board adjourned the adjudication until Tuesday the 17th of June, at which time a further oral hearing took place. At the resumed hearing the Board was pleased to learn that both sides had during such further discussions resolved the outstanding matters in regard to the implementation of the Brennan Report which had been initially referred to it for adjudication.

At the commencement of the initial hearing both sides furnished written submissions to the Board. The contents of these written submissions were developed during the oral hearings. The Board is very grateful to both the Irish Medical Organisation and the Health Service Employers Agency for producing such comprehensive and helpful written submissions despite the very short time available.

It is unnecessary for the purpose of this Report to set out in but the briefest outline the submissions made by the Irish Medical Organisation and by the Health Service Employers Agency.

THE SUBMISSIONS MADE BY THE I.M.O.:

The following is a brief synopsis of the main arguments put forward by the I.M.O.:

- (a) There has been a historic relativity between the post of Director of Public Health and the Chief Executive of the Health Board Grade III. There has also been a historic

relativity between Senior Area Medical Officers and Area Medical Officers and Programme Managers in Health Boards.

- (b) The I.M.O. agreed on behalf of the Public Health Doctors not to pursue a local bargaining increase under the P.C.W. in any forum other than the public health review process which was to be undertaken pursuant to the 1994 Agreement.
- (c) This review process was very much delayed and its Report only issued in April 2002. As a result of this delay Public Health Doctors were deprived of pay increases which were made to virtually all other public sector workers.
- (d) Despite not receiving such increases, Public Health Doctors have had their duties and workload considerably increased since 1994 in a wide ranging number of areas. A paper outlining the areas of increased responsibility and work was given to the Board.
- (e) As an example of how Public Health Doctors have lost out attention was drawn to the fact that their CME funding of £500.00 has not increased since 1994.

THE SUBMISSIONS MADE BY THE H.S.E.A.:

The following is a brief synopsis of the main arguments advanced by the H.S.E.A.

- (a) The pay of all four grades of Public Health Doctor was individually examined by the Public Service Benchmarking Body. In its submission to the Benchmarking Body the I.M.O. referred to the fact that Public Health Doctors had not received a local bargaining award under the P.C.W. nor had they received a 3% increase under the P.P.F.
- (b) The Board should not do anything which would undermine the findings of the Benchmarking Body which had carried out a thorough analysis and examination of many jobs, including Public Health Doctors, in the Public Service.
- (c) The employers have now offered to pay a total of 10.5% over and above the Benchmarking Body Award.
- (d) The offer now made, when looked at in combination with the award of the Benchmarking Body, would mean that Public Health Doctors would get a substantial increase in salary and would also receive substantial arrears. In all the circumstances, the offer made was a fair and reasonable one.

CONCLUSIONS AND RECOMMENDATIONS:

In arriving at the following conclusions and recommendations the Board has had regard to all the submissions, both written and oral, made by both sides and to all the information furnished by them.

The starting point in regard to consideration of this matter must be the report of the Public Service Benchmarking Body. This body has carried out a comprehensive analysis

of many public service posts and has assessed the appropriate pay level applicable to each post. Public Health Doctors were included in this exercise. It seems to the Board that it would be wrong in such circumstances to allow a pay claim by a particular group, such as the Public Health Doctors, based on historic relativities which were applicable prior to the report of the Benchmarking Body. Any such relativities can no longer be applicable as they have been replaced and supplanted by the report of the Benchmarking Body.

Therefore, if the suggested relativities were the only basis of the claim made to this Board, it would have to be rejected. But they are not; there is also a claim pursuant to clause 2(3) of the P.C.W. To properly assess this aspect of the matter one must view it in its historical context. Unusually the I.M.O. agreed with the Department of Health and Children that it would not pursue a P.C.W. claim on behalf of the Public Health Doctors save in the context of the agreed public health review process. The 1994 Agreement provided that a review of structures would commence between 18 and 24 months after the establishment of the proposed Departments of Public Health Medicine. It further provided that the review should be completed within 6 months of commencement.

In fact the review was greatly delayed. It commenced in November 1999, under the Chairmanship of Mr. Declan Brennan, and its report was presented in April 2002. As is clear from the issues referred to this Board, the manner of the implementation of the recommendations of the Brennan Report remained in dispute right up to the commencement of the second oral hearing by this Board.

The position would therefore appear to be that the Public Health Doctors agreed to have their P.C.W. claim processed in the context of and as part of the public health review process and that process is only now finally complete. It had not been completed at the time of the Benchmarking Body Report and we believe that in these circumstances the Benchmarking Body did not intend its award to Public Health Doctors to cover any sums due to them under their outstanding P.C.W. claim. This view derives support from two matters; firstly the relatively moderate level of increase awarded by the Benchmarking Body to Specialists in Public Health Medicine and Area Medical Officers and secondly the employers have now made an offer on foot of the P.C.W. claim in addition to the Benchmarking Body award, albeit at a level which is unacceptable to the Doctors.

The Board has set out this historical analysis in some length as it explains why the Public Health Doctors find themselves in a unique position, entitled to process and receive the benefit of a P.C.W. claim notwithstanding an award of the Benchmarking Body in their favour. It falls to this Board to decide on the amount of that claim. Generally speaking at the time of the P.C.W. Agreement a board assessing a claim under clause 2(3) would have been engaged in a process of evaluating the likely effects of future productivity and "value adding" measures.

In this case the Board has the benefit of looking at what has happened rather than what is to come. The Board has little doubt that there have been radical changes in many areas of Public Health since 1994 and that these changes could not have occurred without the agreement and active co-operation of the Public Health Doctors. Extra duties and responsibilities were taken on, no doubt in the expectation that at some stage

they would be rewarded when the public health review process was completed. The Board believes that it is entitled to have regard not only to the extent of the changes in duties and work practices undertaken by Public Health Doctors but also to the fact that those extra duties and responsibilities have been undertaken by Public Health Doctors for a considerable number of years and with a significant benefit to the State. All the circumstances of the claim, unique and singular as they are, must be taken into account by the Board in assessing the cost of the claim and what is an appropriate award to make to the Public Health Doctors in respect of the changes in their responsibilities and work practices.

However the Board must not lose sight of the fact that this is not a full pay claim; rather as is clear from the terms of the matters referred to the Board and from the analysis set out above, it is a claim pursuant to clause 2(3) of the P.C.W. only and must be dealt with appropriately in that light.

Having regard to all relevant matters, the Board recommends as follows:-

1. Director of Public Health:
 - (a) that the salary of a Director of Public Health be increased by 11% with effect from the 1st July, 1997;
 - (b) that the salary of a Director of Public Health be increased by a further 2% with effect from the 1st July, 1999.
2. Specialist in Public Health Medicine:
 - (a) that the salary of a Specialist in Public Health be increased by 11% with effect from the 1st July, 1997;
 - (b) that the salary of a Specialist in Public Health be increased by a further 2% with effect from the 1st July, 1999.
3. Senior Area Medical Officer:
 - (a) that the salary of a Senior Area Medical Officer be increased by 8.5%, on all points of the scale, with effect from the 1st July, 1997;
 - (b) that two Long Service Increments be added to the scale of Senior Area Medical Officer in the sum of €1,250.00 for each increment; the first such increment being payable after three years on the maximum of the scale and the second such increment being payable after six years on the maximum of the scale. The said increments are to be added with effect from the 1st July, 1997.
 - (c) that the salary of a Senior Area Medical Officer be increased by a further 2% on all points of the scale with effect from the 1st July, 1999.

4. Area Medical Officer:

- (a) that the salary of an Area Medical Officer be increased by 8.5%, on all points of the scale, with effect from the 1st July, 1997;
- (b) that two Long Service Increments be added to the scale of Area Medical Officer in the sum of €1,250.00 for each increment; the first such increment being payable after three years on the maximum of the scale and the second such increment being payable after six years on the maximum of the scale. The said increments are to be added with effect from the 1st July, 1997.
- (c) that the salary of an Area Medical Officer be increased by a further 2% on all points of the scale with effect from the 1st July, 1999.


5. Continuing Medical Education:

- (a) that the annual allowance payable to a Director of Public Health, a Specialist in Public Health Medicine, a Senior Area Medical Officer and an Area Medical Officer in respect of Continuing Medical Education be increased to €1,500.00 with effect from the 1st July, 1999;
- (b) that the annual allowance payable to a Specialist Registrar in respect of Continuing Medical Education be increased to €3,900.00 with effect from the 1st July, 1999.

The Board believes and expects that these recommendations constitute a reasonable basis for the resolution of the ongoing industrial dispute between the Public Health Doctors and their employers. The Board makes these recommendations on the basis that the Public Health Doctors will co-operate with ongoing change in the Health Service and in particular with the implementation of the terms of the Report of the Public Health Review Group chaired by Mr Declan Brennan.

Dated the 18th June, 2003

Signed: 
Gerard Durcan
Chairman


Derek Hunter


Tom Wall.