

**Proposals of the
Labour Relations Commission
on the outcome of the
Negotiations on Consultants Pay/Career
Structure**

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Introduction / Context

The Public Service Stability Agreement (Haddington Road Agreement or HRA) identified the need to retain graduates of Irish Medical Schools within the public health system and attract graduates of these schools working abroad back to Ireland. The work of the Strategic Review of Medical Training and Career Structure - established by the Minister for Health to make high level recommendations relating to training and career pathways for doctors with a view towards improving graduate retention in the public health system, planning for future service needs and realising maximum benefit from investment in medical education and training - is particularly relevant to full implementation of this objective.

Specifically in relation to the HRA objective of graduate retention, the MacCraith Group's Second Report provides in its Recommendations that;

“the relevant parties commence, as a matter of urgency, a focused, timetabled IR engagement of short duration to address the barrier caused by the variation in rates of remuneration between new entrant Consultants and their established peers that have emerged since 2012. It further recommends that the relevant parties explore options, within existing contractual arrangements, to advance a more differentiated Consultant career structure as outlined in Section 5.3 (i.e. clinical service provision, clinical leadership and Health Service Management, clinical research, academic, quality improvement and other roles).”

The Report identified the Labour Relations Commission (LRC) as the appropriate body to facilitate engagement on this Recommendation.

Arising from the above, the IMO and the HSE/Department of Health/Department of Public Expenditure and Reform entered an intensive period of negotiation.

Detailed submissions and presentations have been made by both sides regarding their views on the most optimum way that the Recommendations made in the MacCraith Report could be addressed, particularly in relation to a new career structure for Consultants. A significant degree of understanding was shared by the parties of their respective positions on a new and career and pay structure. These are set out in this document.

The parties recognise that there are continuing difficulties surrounding the public finances but also that the specific issues referenced by the McCraith Report require to be addressed.

It is noted that all of the provisions of the Public Service Agreement 2010-14, the related Commission proposals of the 17th September 2012 and the Public Service Stability Agreement 2013-16 apply to these proposals and any measures adopted to implement same.

A. Pay and related issues

1. Pay structure

The pay structure below sets out the core elements of a revised pay structure linked to a more differentiated career structure:

Proposed Consultant pay structure with effect from 1 st September 2014				
	Point	Type A	Type B	Type C
Annual Performance Related Increments	1	€127,000	€120,000	€105,000
	2	€132,600	€124,200	€108,000
	3	€140,000	€130,000	€112,000
	4	€144,000	€133,000	€114,500
	5	€150,000	€137,000	€117,000
	6	€155,000	€141,000	€120,000
	7	€161,000	€145,000	€124,000
	8	€166,500	€151,000	€128,500
	9	€175,000	€157,000	€134,000
Head of Department	1	€170,000		
	2	€175,000		
	3	€180,000		
Group Manager (Clinical Director)	1	€190,000		
Note: Consultants entering may benefit from incremental credit up to the 6 th point of the scales above.				

It is recommended that this pay structure take effect from 1st September 2014.

2. Incremental Credit

The Commission is of the view that relevant service post-certification of satisfactory completion of specialist training (CSCST)¹ and qualifications both pre and post CSCST shall be considered for the purposes of placement on a revised pay scale.

In this regard the Commission proposes that incremental credit be available up to the 6th point² of the salary scales described above. It is recommended that a specific committee be established to meet on a quarterly basis tasked with setting a framework for the application of incremental credit which takes account of relevant and appropriate service. In addition to the Framework, the Committee will set the policy and determine how incremental credit is recognised in such exceptional cases as arise.

¹ or in another jurisdiction after obtaining a qualification conferring eligibility for specialist registration with the Medical Council of Ireland

² In exceptional circumstances application may be made for entry above the 6th point in accordance with normal procedures

The Committee's decision may be appealed under the Grievance and Disputes procedure set out in Consultant Contract 2008.

The Committee will be chaired by the Director, HSE National Doctors Training and Planning function. The membership of the Committee shall include two representatives from the Forum of Irish Post Graduate Medical Training Bodies, a representative of the Department of Health, a representative of HSE Human Resources, and two representatives of the IMO (one of which will be from the Industrial Relations Division).

The medically-qualified members of the committee will assess the relevance of submitted post CSCST experience / training and pre-CSCST qualifications for recognition.

It is noted that at present, not all trainees apply for a CSCST immediately on completion of training. It is proposed, that for an agreed period of time (e.g. 3 years), evidence of satisfactory completion of training from the relevant training body will suffice.

While the finalised list of criteria is likely to be more comprehensive, it will include the following:

- Time spent as a Consultant in the Irish public health service (in permanent, non-permanent or agency employment);
- Time spent as a Consultant-equivalent (in permanent or non-permanent employment) in another jurisdiction subject to the decision of the Committee;
- Post-CSCST training / experience relevant to the post the Consultant is applying for (which could include management experience).

Examples:

Dr A is a 33 year old Anaesthetist who

- received CSCST in anaesthesia 6 years post internship
- spends 2 years in fellowship training in anaesthesia abroad
- spends 1 year as a locum consultant anaesthetist in an Irish public hospital
- Is appointed to a permanent consultant post

Dr A receives 3 years incremental credit, and commences employment on €144,000 (the 4th point of the scale), 9 years post internship.

Dr B is a 33 year old Respiratory / General Physician who

- receives CSCST in respiratory medicine/GIM 7 years post internship, following specialist training
- Spends a year in fellowship training in respiratory medicine abroad
- Spends a year as an attending in the hospital where she did her fellowship
- Is appointed to a permanent consultant post

Dr B receives 2 years incremental credit, and commences employment on €140,000 (the 3rd point of the scale), 9 years post internship.

Ms C is a 35 year old General and Upper Gastro-Intestinal surgeon who:

- Receives CSCST in general surgery following 9 years training

- Spends 2 years in fellowship training in upper Gastro-Intestinal surgery abroad
- Spends 3 years as a part-time Consultant locum while completing an Masters of Business Administration in health services management
- Is appointed to a permanent consultant post

Ms C receives 5 years incremental credit, and commences employment on €150,000 (the 5th point of the scale), 14 years post internship.

Mr D is a 36 year old Obstetrician who

- Receives CSCST in Obstetrics and Gynaecology following 7 years of training
- Spends 2 years in fellowship training in Gynaecological Oncology abroad
- Is appointed to a permanent consultant post in the UK and serves 3 years in that post

Mr D receives 5 years incremental credit, and commences employment on €150,000 (the 5th point of the scale), 12 years post internship.

The criteria referred to above should be available to potential applicants and prior to advertisement of Consultant posts.

3. B and C Factor payments

It is proposed that the B and C factor rates applying to Consultants appointed prior to 1st October 2012 be applied to those Consultants appointed after that date, whether permanent, locum or temporary.

4. Application of increments

Increments will be applied with reference to the implementation – for all Consultants - of the performance measures as set out in Consultant Contract 2008 and the LRC Agreement of September 2012 (Consultants Implementing the Public Service Agreement – 17th September 2012).

5. Application of revised pay scales to Consultants paid under 1st October 2012 scales

Consultants who have taken up appointment under the 1st October 2012 pay scales will be placed on the appropriate point of the pay scales set out above taking account of the duration of all relevant employment as a Consultant to date. This will take effect from 1st September 2014. There will be no retrospective payment at such rates prior to 1st September 2014.

6. Pay arrangements for existing Clinical Directors

At the current time there are up to 75 Consultants holding Clinical Director posts (Executive Clinical Director posts in Mental Health) for limited periods (3/4 years)

pursuant to the provisions of Consultant Contract 2008 and subsequent agreements. Such Consultants are either remunerated under salary scales issued prior to 1st October 2012 or under the integrated salary scale applying from 1st November 2013. Such salary scales provide – arising from Section 23 of Consultant Contract 2008 – for payment of a superannuable allowance (since reduced under the Financial Emergency Measures in the Public Interest Acts 2009 – 2013).

Any Consultant remunerated under salary scales issued prior to 1st October 2012 or under the integrated salary scale applying from 1st November 2013 who is appointed to a Clinical Director post will receive the allowance provided for by Section 23 of Consultant Contract 2008.

B. Related issues

1. Performance management

To assist the understanding of the parties it is noted that the implementation of performance management for Consultants employed in the public health service will reflect the performance measures as set out in Consultant Contract 2008 and the LRC Agreement of September 2012 (Consultants Implementing the Public Service Agreement – 17th September 2012).

The LRC Agreement of September 2012 applies to all Consultants. In addition, the following sections of (3.13 and 3.14) of the Public Service Stability Agreement 2013-16 (Haddington Road Agreement or HRA) apply to all health service employees – including Consultants. They state:

“The Parties are agreed on the need to nurture a high performing public service. While progress has been made in this area, it is accepted that further steps need to be taken urgently to strengthen performance management systems and procedures in place across the Public Service.

Specifically:

- *During the lifetime of this Agreement, the introduction of performance management systems will be accelerated at the level of the individual in all areas of the Public Service where they do not currently exist.*
- *Where necessary, existing arrangements will be revised to ensure that:*
 - *Managers are held to account for managing the performance and development of their staff. This must be a key goal for all managers and taken account of in their own performance reviews.*
 - *Procedures to deal with underperformance will be streamlined to be more effective.*
 - *The performance of individual public servants is managed and assessed against agreed objectives.”*

Taking the above into account, it is the policy of the HSE – for all employees - *“to implement, maintain and monitor a Performance Management System that develops the capacity and capability of its employees, improves the performance of the organisation and addresses underperformance in a timely and constructive manner”.*

In that context a national policy on the operation of performance management under Consultant Contract 2008 and the LRC Agreement of September 17th 2012 (Consultants Implementing the Public Service Agreement – 17th September 2012) will be agreed with the IMO and used as the basis for measurement of Consultant performance. It is proposed that this include documentation of the Consultant’s activities and related performance targets – with reference to available resources and supports - in the following broad categories:

- Direct clinical care to include inpatient, outpatient, diagnostic, on-call, case conferences and related administration;
- Additional scheduled or required health service activities including management or leadership roles and clinical education and training activities at local, regional or national level;
- Professional activities such as audit, clinical governance, research and appraisal; Continuing Professional Development;
- External roles in postgraduate training bodies, the Medical Council, Mental Health Commission, HiQA or otherwise
- Leave, breaks, travel, cross cover and attendance;
- Private practice and other work that results in additional income.

Each Consultant's defined performance targets will be signed off by the relevant Senior Clinical Manager(s) and Hospital CEO / General Manager prior to becoming eligible for pay progression. Particular performance targets relating to points on the pay scale will be set at national level, others determined within the framework above locally.

In order to ensure appropriate evaluation of Consultant progression and performance the HSE and HSE-funded agencies will commence implementation of the above immediately with the intention of having a fully functioning process in place for each Consultant by May 2015.

2. Role of Heads of Department and Group Manager positions

The role of Heads of Department, their appointment criteria and periods in office, participation in research, delivery of medical education and training and the Group Manager (Clinical Director) posts will require further engagement between the parties to conclude no later than 1st February 2015. Should agreement not be reached at that point, the matter will be referred to the Commission.

3. Work / Job Planning

Noting the need to implement the recommendations of the MacCraith Report regarding accountable personal development / work planning for all Consultants and with regard to the need for documentation of the relationship between work objectives, flexible working, available resources, supports (as referenced in the MacCraith Report) and other matters, the HSE will approve Consultant posts with explicit reference to a Work Planning / Job Planning Framework (attached to the HSE Letter of Approval for the post) which includes provision for:

- the Consultant's role in implementation of a Consultant-provided service and measures to support development of same;
- implementation of the full range of measures specified in the Public Service Agreement 2010-14, the related Commission proposals of 17th September 2012 and the Public Service Stability Agreement 2013-16;
- what work the Consultant does for the public health service employer and in the case of Academic Consultants, what work the Consultant does for the academic institution;
- job objectives and related supports from the employer(s);
- timetabling and location of work;
- how timetabled work will align with service objectives and delivery targets;
- the resources necessary for the work to be achieved;
- the extent and role of flexible working in relation to implementation of targets;
- the commitments that the Consultant may have outside their primary employment (to ensure EWTD compliance as required);

Implementation of the Framework will be informed by ongoing discussions between the Consultant and the Employer. The Framework may also be amended at national level to reflect the outcome of the discussions referenced above.

4. Revised pay scales for Academic Consultants

Revised pay scales for Academic Consultants will be addressed separately to conclude by the end of the March 2015.

5. Review

The parties are agreed to jointly review this agreement by end-December 2017.

C. Public Service Agreements

It is noted that the IMO has reiterated its position that they will be seeking restoration of pay parity in any future negotiations under the Public Service Stability Agreement 2013-16.

All of the provisions of the Public Service Agreement 2010-14, the related Commission proposals of 17th September 2012 and the Public Service Stability Agreement 2013-16 apply to these proposals and any measures adopted to implement same.

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Appendix 1 – Consultant Career Pathway and Structure

Illustrative Consultant Career Pathway and Structure

Completion of Specialist Training

- CSCST

- Registration as a Specialist on the Specialist Division of the Medical Council Register

Appointment outside Ireland

- Experience and / or further qualifications

Post CSCST Fellowship

- Post SpR post in Ireland

Possible proleptic appointment

Appointment subject to acquiring specified qualification(s)

Consultant Appointment

- Permanent

- Point on salary scale subject to incremental credit
- Flexible working available to all appointees
- 100% clinical commitment

- Appointment to a Hospital Group/Community Health Organisation

Academic Consultant post

- 70% or less clinical commitment
- Joint Appointment

Working within the Consultant Team

Defined role in delivery of clinical education and training

Significant participation in research

Career progression

- Based on Work Planning
- Continuing Professional Development
- Performance vs. defined organisational objectives
- Access to protected time (see boxes alongside) for specified professional activities – organised at Specialty / Department level

Appointment to national / regional role e.g. Clinical Programme

Defined role in quality improvement / risk management

Appointment to Clinical Management Post

- Promotion on merit following open competition – taking account of career progression as above and with assignment to a role in management, clinical education and training, research or quality improvement / risk
 - Appointment for 5 year defined term with provision for further term(s)
 - Reduced participation in clinical activity – workload met within relevant department
- Department Head of one of specialty or subspecialty (at least 100 posts or 37 per 1,000) or Executive Clinical Director in Mental Health Service (at least 15 posts)

Appointment to Senior Clinical Management Post

- Promotion on merit following open competition taking account of career progression
 - Appointment for 5 year defined term with provision for further term(s)
- Clinical Director of one of 4 specialty groupings within Hospital Groups (at least 24 posts) or Lead Clinical Director (at least 8 posts)