

Circular ref. 84/2000

12 July 2000

Secretary/Manager
Each Public Voluntary Hospital

Chief Executive Officer
Each Health Board



DEPARTMENT
OF HEALTH AND
CHILDREN
AN ROINN
SLÁINTE AGUS LEANAÍ

Shaping a
Healthier Future

Non Consultant Hospital Doctors

I am directed by the Minister for Health and Children to refer to interim settlement terms agreed at the Labour Relations Commission on Monday 15 May 2000 with the Irish Medical Organisation. A copy of the Labour Relations Commission's recommendations has already been circulated by the Health Service Employers Agency.

1. Overtime Rates

With effect from start of duty on Tuesday 16 May 2000, the rates of overtime to be paid to NCHDs are as follows:

A. On Site Work

As per the Labour Relations Commission overtime should be calculated having regard to:

"Under the existing arrangement NCHDs are normally rostered to work between 9.00am and 5.00pm on Monday to Thursday and from 9.00am to 4.00pm on Friday for which their annual salary is payable.

The overtime arrangements for NCHDs under the existing arrangements provide for payment of the appropriate overtime rates for all hours worked outside 9.00am to 5.00pm (4.00pm on Friday) in the context of a 39 hour week.

The consequence of the interim proposals would be for payment at the rate of time and a quarter for the first fifteen hours rostered duty after 5.00pm and before 9.00am Monday to Friday and all other hours outside this period to be paid at the rate of time and a half. All hours worked on Sunday would be paid at the rate of double time.

All of the above is subject to the provision that a doctor will qualify for overtime payment after they have worked a 39 hour week on average during the rostered period".

B. Off-Site On-Call Duty

Subject to the above, the overtime rates for work undertaken off-site on-call remains as per the 1997 agreement.

If a doctor who is on-call is called upon and undertakes work he or she is paid at the on-site rate for those hours when they are on-site.

C. Notional Hours while on Annual Leave

In accordance with existing arrangements NCHDs on annual leave should be paid on the basis of their average approved rostered overtime as appropriate.

2. Management of Rosters and Rotas

It is essential that the hours worked by NCHDs are closely scrutinised and actively managed to ensure that they do not exceed those laid down in the formal roster. These hours should not exceed an average of 65 hours per week unless agreed as part of a specific local agreement. In any event agencies should bear in mind that the EU Directive extending the provisions of the 1993 Directive on Working Time to doctors in training will shortly become law. Soon thereafter the legal obligation to ensure that the provisions of the Directive in relation to working time are enforced will fall on employers. Accordingly, arrangements need to be put in place to ensure that the NCHD working hours are effectively managed.

3. New Management Posts

Approval is conveyed to appoint a senior manager at up to Functional Officer level in each Health Board and major voluntary hospital with specific responsibility for the management of NCHDs and for their rosters. Health Board hospitals may appoint a suitable experienced manager at a hospital site to liaise with the holders of these new posts. Other hospitals are asked to designate a senior and experienced manager to be responsible for NCHDs and their working hours. Details of the cost of associated supports should be submitted to the Department as soon as possible.

4. Immediate Steps

Measures should be put in place to implement and pay the new overtime rates as soon as possible. In accordance with standard practice, hospitals should ensure that all hours submitted for payment have been worked.

Discussions should begin as a matter of urgency with Consultants and NCHDs on drawing up new rosters which have as their core objective the reduction of NCHD


working hours. In drawing up new rosters, hospital managers should aim to achieve maximum efficiency in the use of existing NCHD manpower. Particular attention should be paid to eliminating long periods of continuous duty, especially as weekends.

5. Enquiries

Enquiries on the provisions of this circular should be addressed to the Health Service Employers Agency.

6. Cost

It is essential that hospitals undertake the task of costing these measures immediately and submit same to the Department as soon as possible. Following verification a revision to your agency's non-capital allocation for 2000 will be made. Voluntary hospitals in the Eastern Regional Health Authority area should forward costings to the Authority for submission to the Department.



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