



DEPARTMENT
OF HEALTH AND
CHILDREN
AN RANN
SÁNI AGUS ANNA

Circular Ref: 95099

31 August 1989

Chief Executive Officer,
Each Health Board

Dear Chief Executive Officer,

Following the conclusion of talks between the Department, the Health Service Employees Agency and the Irish Medical Organisation, agreement has been reached on revised terms and conditions of employment for Medical Officers in district/community hospitals and long stay units for the elderly. I enclose the terms of the agreement for your information. Included in the agreement are revised salary scales which should be applied having regard to the category designated to each hospital. This was determined following a joint examination of the types of services being provided. In the case of your Health Board, a list of the hospitals/units and the relevant category is set out in Appendix B.

This circular letter conveys sanction to the implementation of the agreement. Any queries may be directed to the under-signed or to Mr. Pádraig Cusack in the Health Service Employees Agency.

Yours sincerely,

P. O'Brien
Personnel Management and Development

Health Service House Dublin 2
1, 2 & 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

**TERMS OF AGREEMENT BETWEEN
HEALTH SERVICE EMPLOYERS AGENCY,
DEPARTMENT OF HEALTH & CHILDREN AND
THE IRISH MEDICAL ORGANISATION
REGARDING MEDICAL OFFICERS OF DISTRICT/COMMUNITY
HOSPITALS AND LONG STAY UNITS FOR THE ELDERLY**

1. Context of Agreement

This Agreement is a full and final settlement of all claims by the Irish Medical Organisation on behalf of Medical Officers.

2. Pay

(i) Salary Scales

Attached salary scales at Appendix A refer. The scales are effective from 1st July 1997 and are inclusive of the provisions of Clause 2 (iii) A of Annex 1 of the Programme on Competitiveness and Work (P.C.W.).

It should be noted that management will have the flexibility of designating additional respite rehabilitation beds in the order of 25% of the total number of beds subject to a maximum of three (this will be done without increasing the salary of the medical officer).

Furthermore, Medical Officers will discuss and agree with Health Boards administration targets as part of the Boards service plans (a reduced target of 12 days per bed is agreed).

(ii) 'Personal to holder' salaries

Where the existing 'personal to holder' salary* of medical officers is greater than that provided for in Appendix A, an increase of 0.5% will be applied with effect from 1st July 1997.

(* basic salary excluding annum, travel or other allowances).

(iii) Retired Medical Officers

The revised salaries will apply to the pensions (to be based on pensionable medical officers who retire after 1st July 1997). In order to assess the appropriate increase for pensionable officers who retired prior to 1st July 1997, it will be necessary to determine the numbers involved in each Health Board area.

3. Categorisation of Posts

Appendix B sets out the agreed outcome of the categorisation exercise, conducted by the Review Group.

4. Qualifications/Requirements of Office/Duties etc.

Revised documentation set at Appendix C. Following acceptance of the proposals, will be necessary for the Minister for Health to formally describe revised qualifications for the post of Medical Officer.

5. Leisure Cover

Appendix D sets out the provisions of the leisure cover agreement. If a proposed new provision will be effective from no later than 1st August 1999.

6. Confined Competitions

A "confined" competition will be held in each Health Board area for the appointment of existing temporary medical officers to permanent posts.

7. Future Permanent Appointments

It is agreed that the future filling of permanent posts will be conducted at local level rather than under the auspices of the Local Appointments Commission.

8. Pensions

Following the confined competitions at para. 6 it has been agreed by the parties that successful officers will be appointed to permanent positions retroactive to 1st September 1997. If temporary service with the Board commenced since 1st September 1997 the permanent appointment may be retrospective to that date. The ultimate pension benefit will take account of the average contribution based over the relevant period.

The above arrangements are unique to Medical Officers and will not be used by the L.A.C. to justify similar claims on behalf of other grades.

9. Medical Indemnity

Where a medical officer (not a M.D.) is required to acquire medical indemnity coverage in respect of their discharge duty duties, the Health Board will reimburse accordingly.

10. Review of Services

It is agreed that a review of services will commence by 1st September 1989. The terms of reference of the review will be agreed between the parties. Every effort will be made to complete the review within six months.

11. General

The terms of this agreement will apply to existing permanent staff and temporary medical officers who are appointed to permanent posts following the conditions provided for in para. 6. Local discussions will take place between medical officers and Health Board Management to facilitate appointments and to apply the terms of the agreement.

APPENDIX A

PAY

The "Core Group of Services" (C.G.S.) includes:

- i. Domiciliary care
- ii. Respite
- iii. Young chronic sick - other than specialist developmental services of S.F. beds
- iv. Palliative care
- v. IMH/beds for confused elderly
- vi. Community Day Care Hospital/Day Care Centre
- vii. G.P. services beds

Salaries 2, 3 or 4 below are payable on the basis of core services and the number of designated assessment/rehabilitation and convalescent beds.

Bed Numbers	Care Services	2		3		4	
		< 13 Designated Assessment/Rehab Convalescent Beds	13 - 19 Designated Assessment/Rehab Convalescent Beds	19 - 25 Designated Assessment/Rehab Convalescent Beds	> 25 Designated Assessment/Rehab Convalescent Beds		
A. 0-60							
1.07.97	14,028	16,265	17,279	18,293	19,307	20,321	21,335
1.04.98	15,111	17,404	18,418	19,432	20,446	21,460	22,474
1.07.98	14,428	16,674	17,688	18,702	19,716	20,730	21,744
1.07.99	14,644	17,025	18,039	19,053	20,067	21,081	22,095
B. 61-120							
1.07.97	16,268	18,279	19,293	20,307	21,321	22,335	23,349
1.04.98	18,464	20,478	21,492	22,506	23,520	24,534	25,548
1.07.98	16,772	18,786	19,800	20,814	21,828	22,842	23,856
1.07.99	17,025	19,039	20,053	21,067	22,081	23,095	24,109
C. 121-180							
1.07.97	17,279	19,293	20,307	21,321	22,335	23,349	24,363
1.04.98	17,443	19,457	20,471	21,485	22,499	23,513	24,527
1.07.98	17,826	19,840	20,854	21,868	22,882	23,896	24,910
1.07.99	18,101	20,115	21,129	22,143	23,157	24,171	25,185

APPENDIX B

<u>MIDLAND HEALTH BOARD</u>	<u>CATEGORY</u>
Abbeyleigh	A2
Ashlowe	D1
Melfringor	C2
St Vincent's, Worcester	C3
Longford	D4
Rica	A1
Walsley	A1

APPENDIX B

<u>EASTERN HEALTHBOARD</u>	<u>CATEGORY</u>
Carr Road (Newry Road)	A2
South Circular Road	A2
Str. Fawcett	D1
Clonsilla	B1
St. Francis Duns	A2
St. Roper's, Crookstown	C1
Wicklow District	A2
Ballinacorney	D2
St. Vincent's, Alby	T3
St. Colman's, Rathfriland	C2
Malah	A1

01.150.				
1.07.97	18,295	19,014	21,844	23,879
1.04.98	18,483	19,529	22,125	24,182
1.07.98	18,869	19,969	22,619	24,726
1.07.99	19,161	20,269	22,958	25,097

APPENDIX B

<u>MID-WESTERN HEALTH BOARD</u>	<u>CATEGORY</u>
St. Camillus Hospital - Newark	D4
St. Joseph's, Ennis	D4
Thurles	C3
St. Ita's, Newcastle West	C3
Enniscorthy	A2
Rathbarney	A1

APPENDIX B

<u>NORTH WESTERN HEALTH BOARD</u>	CATEGORY
Carrick or Shanron	C4
St John's, Sligo	D4
St Joseph's, Sligo	C5
Carroneagh	A3
Daneel	A-
Lifford	A6
Rafeylanuez	A3
Strevell	A1
Colsonagh	A2
Ratmuckton	A+
Dungloe	A+

APPENDIX B

<u>SOUTH-EASTERN HEALTH BOARD</u>	<u>CATEGORY</u>
Sacred Heart, Carlow	B1
Thurlesown	C3
St Patrick's, Waterford	C4
St Joseph's, Dungarvan	H3
St Patrick's, Cashel	C4
St John's, Ennisceorthy	C3
New Hospital, New Ross	B2
ECy	A1
Cardroom	A1
Carlow	A1
Geney	A1
Clayton	A2
Carrigrohane	A1
Dungarvan	A3

APPENDIX B

<u>NORTH-EASTERN HEALTH BOARD</u>	<u>CATEGORY</u>
Dunda Z, St Oliver Plunkett's	C4
Ennis - E. O'Sullivan * St Felicitas	D2
St Joseph's, Trim	D4
St Mary's, Uxbridge	C3
St Joseph's, Ardara	A1
Meath Co. Ind., Navan	A5
Douglas - Collage Hospita - St Mary's - Doone View	A4

* Following the closure of St Felicitas, the Medical Officer will assume responsibility for Jack Hill via Home and St Christopher's

APPENDIX B

SOUTHERN HEALTH BOARD

CATEGORY

Kilmeay Community Hospital	A4
Lisnawaj	B3
Quarriestown	A2
Quilke	A1
Keenare	A3
S. Columbkille/Trillick	D1
Bander	A1
Macrae	A1
Milstrath	A1
Selhill	A1
Yemotal	A2
Bully	A1
Castletownbere	A2
Clonakilly	A1 (Patients) C1 (Tram)
Dunagway	A1
Erniey	D2
Lambert	A2
Kilcaha	A2
Mellatee	B2
Skibberen	A2

05/1/17

APPENDIX B

<u>WESTERN TREATY BOARD</u>	<u>CATEGORY</u>
St. Basil's, Loughrea	D1
St. Michael's, Keshmunt	D4
St. Michael's, Crofichan	D4
Balina	A4
Swinfone	A4
Delmollet	A4
Clifden	A4

APPENDIX C

QUALIFICATIONS

The Minister for Health has directed that the Qualifications for the Office of Medical Officer for the Elderly, under a Health Board shall be set out hereunder:

1. Professional Qualifications, Experience, etc.

A candidate must:

(a) on the latest date for receiving completed application forms for the office:

- (i) be a medical practitioner who is registered, otherwise than provisionally or temporarily, in the General Register of Medical Practitioners for Ireland, or who is entitled to be so registered;
- (ii) have at least five years satisfactory experience (after becoming entitled to full registration) in the practice of the medical profession: preferably having specific experience in the care of elderly patients in a specialist department of geriatric medicine.

(b) possess a high standard of professional attainment;

(c) possess the requisite knowledge and ability (including a high standard of suitability) for the proper discharge of the duties of the office.

2. Diploma in Medicine for the Elderly

It is desirable that candidates would possess the Diploma in Medicine for the Elderly. The successful candidate, if not already a holder of the Diploma, should undertake the Diploma course on taking up appointment.

3. Age

A candidate must be not more than 55 years of age on the first day of the month in which the latest date for receiving completed application forms for the office occurs. This age limit will not apply in the case of existing pensionable officers of health boards or local authorities in the State.

4. Health

A candidate for and any person holding the office, must be free from any defect or disease which would render him or her incapable to hold the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

5. Character

A candidate or any person holding the office must be of good character.

6. General

Any person holding the office must be registered, otherwise than provisionally or temporarily, in the General Register of Medical Practitioners for Ireland.

PARTICULARS OF OFFICE

1. The officer appointed will hold office under Part II of the Health Act, 1970, on such terms and conditions and shall perform such duties as the Chief Executive Officer from time to time determines, subject to any directions of the Minister for Health. A statement showing the duties assigned is attached.

2. Remuneration

3. Superannuation Contributions

(a) With effect from 6 April, 1995:

(i) Persons who become pensionable officers of a health board, who are liable to pay the Class A rate of PRSI contribution, will be required in respect of their superannuation to contribute to the health board at the rate of 1.5% of their pensionable remuneration plus 1.5% of net pensionable remuneration (i.e. pensionable remuneration less twice the annual rate of social insurance and age contribution pension payable at the maximum rate to a person with no adult dependent or qualified children).

(ii) Persons who become pensionable officers of a health board, who are liable to pay the Class D rate of PRSI contribution will be required in respect of their superannuation to contribute to the health board at the rate of 5% of their pensionable remuneration.

(b) All persons who become pensionable officers of a health board are required in respect of the Local Government (Spouses and Children's Contributory Pension) Scheme, 1986 to contribute to the health board at the rate of 1.5% of their pensionable remuneration in accordance with the terms of the Scheme.

4. Probationary Period

If a person who is not already a pensionable officer of a Health Board is appointed, the appointment shall be made subject to the conditions that:

(a) the person appointed shall hold office for a probationary period of 12 months which the Chief Executive Officer may, at his discretion, extend, and

(b) the person appointed shall cease to hold office at the end of his/her probationary period unless during such period the Chief Executive Officer has notified that the service of such person is satisfactory.

5. The person appointed will, on reaching the age of 65 years, cease to hold office.

DUTIES

In the exercise of his powers under sub-section (3) of Section 14 of the Health Act, 1970, the Chief Executive Officer will determine that the person appointed shall perform the following duties appropriate to the office.

1. To attend at the hospital/home at such times as may be specified and aggregating to not less than fifteen hours weekly.
2. To attend at the hospital/home in emergencies when requested to do so by the Matron or other responsible person and at all such other times as the consultation of the persons in the hospital/home may render necessary.
3. To act as medical officer in the hospital/home and to be responsible for the continuing medical care of patients by:
 - (a) visiting on a daily basis as scheduled and addressing all medical needs of patients;
 - (b) ensuring that each patient is seen and assessed as frequently as his/her condition requires;
 - (c) maintaining proper clinical records in respect of all patients in the hospital/home and ensuring that these are updated on a regular basis;
 - (d) giving all necessary directions as to the classification treatment and nursing of all patients in the hospital/home;
 - (e) assessing referrals for respite care in consultation with nursing personnel.
4. To be responsible for meeting the needs of the full range of services provided from the hospital/home both in-patient and out-patient. These may presently include or may include in the future:
 - (a) Assessment and/or rehabilitation units/beds.
 - (b) Long-stay units/beds.
 - (c) Respite beds.
 - (d) Units/beds for the confused elderly.
 - (e) Palliative care beds.
 - (f) Day hospital/day care units.
 - (g) Convalescent beds.

5. To work and liaise with the Consultant Physician/Geriatrician and/or Consultant Psychiatrist in old age and medical and other relevant staff by:
 - (a) discussing the management of individual patients;
 - (b) developing care programmes for individual patients;
 - (c) assisting with the development of admission policies for the hospital/home and medical management policies generally;
 - (d) providing ongoing primary medical cover for patients under the care of the consultant physician/geriatrician and a consultant psychiatrist in old age.
6. To participate as required in meetings
 - (a) of the Clinical Team managing the patients in the hospital/home;
 - (b) associated with the management and development of services for the hospital/home;
 - (c) of the district team for the elderly.
7. To work with the Matron and Hospital Administrator in all necessary matters affecting the general efficiency of the hospital/home.
8. To maintain such records and furnish such reports as may be required by the Health Board from time to time.
9. To co-operate with any service restructuring for the hospital/home including such areas as admission/discharge policy and planning initiatives proposed to promote and develop the integration of services provided in accordance with national and Board policy.
10. To co-operate in the development and maintenance of policies, practices and procedures associated with the prescribing of drugs and administration of drugs consistent with legal provisions and regulations.
11. To promote and develop the efficient and effective use of drugs, equipment, consumables etc. in the delivery of services including participating in initiatives undertaken in these areas.
12. To co-operate with the development, introduction and operation of new technology in the services.

13. To notify the Director of Public Health of any case of infectious or suspected infectious disease in the hospital/home and to furnish him/her with such particulars as he/she may require in regard to each such case. In conjunction with the Director of Public Health to carry out such preventative measures, e.g. immunisation, vaccination, etc. as may be necessary.
14. To furnish, on request, to a Registered Medical Practitioner authorised by the Health Board or the Minister, the clinical details regarding any person who is or has been under his/her care in the hospital/home, on production of the written consent of the person (or the written consent of the person's representative or next-of-kin). Whenever the Minister is of the opinion, however, that it would not be in the interest of the common good to seek such consent and he considers accordingly, the officer shall furnish the required information to a Registered Medical Practitioner authorised by the Minister. Where, however, the officer is of the opinion that the nature of the case is such that he/she should inform the patient of the requirement of the Minister, he/she shall be at liberty to do so. It is not intended that this requirement will operate in a instance which would detract from the patient's character or reputation.
15. To examine any person referred to him/her by the Health Board for examination and furnish to the Health Board a full report of his/her findings on such examination, unless the person referred informs the officer that he/she objects to the examination, or to the submission of such report, in which event the officer shall notify the Board.
16. To issue to or in respect of any patient under his/her care, in the hospital/home without payment by or on behalf of the patient, or by the Health Board, any certificates which might reasonably be required by such patient in regard to the state of his/her health in connection with his/her normal employment or his/her entitlement to benefit under any scheme of Social Insurance or Assistance.
17. To report to the Chief Executive Officer any matter which he/she considers is adversely affecting the well-being of patients in the hospital/home.
18. To reside at such a convenient location or distance from the hospital/home as is approved by the Chief Executive Officer.
19. To perform such other duties appropriate to his/her office as may be assigned to him/her by the Chief Executive Officer from time to time.

CONDITIONS OF EMPLOYMENT

1. The person will be required to fulfil a scheduled commitment of a minimum of fifteen (15) hours weekly.
2. The person appointed will be responsible for the provision of a continuous service including weekends and night cover. He/she may, by prior agreement, arrange for his/her weekend or night duty liability to be carried out by a nominated replacement.
3. Provisions for sick leave entitlement will be those which apply to permanent Officers of Health Boards.
4. Specific arrangements may be entered into by the employing authority to enable the Medical Officer avail of special leave for continuing education/training purposes relevant to his/her duties as a Medical Officer.

APPENDIX D

LOCUM COVER

During the negotiations it was agreed that the parties would establish the current arrangements in place for the provision of locum cover and endeavour to agree best practice guidelines for the future.

It was discovered that the leave arrangements both within and between health boards vary significantly.

However, it has been established that, in general, the most common practice in respect of leave consists of 31 days for annual leave and 65 days for weekend cover in the context of the Medical Officer arranging such cover.

It is accepted by the parties that standard leave arrangements should, as far as possible, be introduced within the Health Boards. Existing arrangements should continue where agreed on an individual basis.

Accordingly, the objective of each Health Board should be the establishment of common practice throughout their services. Under the new contractual arrangements for Medical Officers, implementation of common practice should be a matter for discussion and agreement with Management at Health Board level in the context of existing and additional funds provided for the implementation of the agreement. Local agreements will be implemented with effect from date of agreement on this provision at local level but not later than 1st August 1999. In exceptional circumstances where agreement is not reached at local level the issue may be referred to the parties at national level. Pending the determination of such matters services will continue as currently provided.

The operation of the above arrangements will be subject to review in May 2000.

Extended Duty Liability effective from 1 April, 1987 (Rates payable as per 1991 Consultants' Contract)

A. The payment of E.D.L. will be made to each eligible individual as follows:

Emergency Services effective from 1 April, 1987

50	100% of the cost of the services provided
55	In the event of a call out, 100% of the cost of the services provided, including expenses incurred by the individual concerned for the call out.
71	In the event of the call out without the provision of a call out, 100% of the cost of the services provided, including expenses incurred by the individual concerned for the call out.

On-Call Payments effective from 1 January, 1988 (Revised Consultants' Contract, 11 November, 1987)

A. The payment of O.C.P. will be made to each eligible individual as follows:

1. In the event of a call out, 100% of the cost of the services provided, including expenses incurred by the individual concerned for the call out.

Rate	100%
Call out	100%
Call out	100%

Emergency Call/Out Payments

Emergency Call/Out Payments	100%	100%	100%
Emergency Call/Out Payments	100%	100%	100%
Emergency Call/Out Payments	100%	100%	100%
Emergency Call/Out Payments	100%	100%	100%

On-Call Payments effective from 1 April, 1988

On-call payments of £10.00 will be made to all members with a 24-hour call-out liability. Other payments will be made to members on the basis of the number of call-outs in the month. The maximum of the 36-hour call-out is 10 call-outs.

Month	On-call
April	21,085
May	22,742
June	23,263

Emergency Call-Out Payments

	1987-1988	1988-1989
Emergency Call-Outs	36.75	37.21
Emergency Call-Outs	31.20	37.50
Emergency Call-Outs	35.70	36.46
Emergency Call-Outs		40,935

On-Call Payments effective from 1 July, 1988

On-call payments of £10.00 will be made to all members with a 24-hour call-out liability. Other payments will be made to members on the basis of the number of call-outs in the month. The maximum of the 36-hour call-out is 10 call-outs.

Month	On-call
July	23,076
August	23,970

Emergency Call-Out Payments

	1987-1988	1988-1989
Emergency Call-Outs	36.75	37.21
Emergency Call-Outs	31.20	37.50
Emergency Call-Outs	35.70	36.46
Emergency Call-Outs		40,935