

17<sup>th</sup> October

Director of Human Resources  
Each Health Board/ERHA

Personnel Manager  
Each Voluntary Hospital

Personnel Manager  
Irish Blood Transfusion Service

**Re; Upgrading of Certain Hospital Laboratory Posts**

I refer to my letter of yesterday (16<sup>th</sup> October 2002) on the above, and, in particular to Paragraph 3 on Removal of the Bar Point on the Medical Scientists scale.

Unfortunately due to a typographical error, the date 1<sup>st</sup> April 2002 was inserted instead of 1<sup>st</sup> April 2000. Accordingly, please note that with effect from 1<sup>st</sup> April 2000 individuals may proceed beyond the bar point in the circumstances outlined.

Please associate this letter with that of 16<sup>th</sup> October 2002 and apologies for any inconvenience.

Yours Sincerely



**Martin McDonald**  
**PROJECT MANAGER**

Cc Ms. B. Ryan, Department of Health and Children.

16<sup>th</sup> October 2002

Director of Human Resources  
Each Health Board/ERHA

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### Re: Upgrading of Certain Hospital Laboratory Posts

I refer to previous correspondence regarding the implementation of the Expert Group Report on Medical Laboratory Technicians and Technologists and confirm that agreement has been reached with the M.L.S.A. in relation to the following matters.

#### 1. Laboratory Manager Grade

- (1.1) The Expert Group Report provided for the introduction of this grade in 11 Hospitals, as follows;

Beaumont Hospital, St. James's Hospital, Mater Misericordiae Hospital, St. Vincent's Hospital Elm Park, Our Lady's Hospital for Sick Children Crumlin, Adelaide & Meath Hospital incorporating the National Children's Hospital (Tallaght), Cork University Hospital, University College Hospital Galway, Limerick Regional Hospital, Waterford Regional Hospital, Sligo General Hospital.

#### (1.2) *Agreed Job Profile*

An agreed job profile for this grade is attached.

#### (1.3) *Arrangements for First Filling*

It has been agreed that in respect of the first filling of the position, individual Chief Medical Scientists currently in overall Charge will be upgraded to Laboratory Manager Level. In the cases of Cork University Hospital and University College Hospital Galway there is currently no Chief Medical Scientist in overall charge. In these cases, the position falls to be filled by way of confined competition among those holding the qualifications required for appointment as Chief Medical Scientist on the closing date for receipt of applications as determined locally.

(1.4) *Salary Scale*

The salary scale for the Laboratory Manager grade is as follows:

01/04/2001	01/10/2001	01/10/2002
€	€	€
50,201	52,974	55,093
52,522	55,411	57,627
54,554	57,554	59,856
56,593	59,706	62,094
58,674	61,901	64,377
60,715	64,054	66,616
62,809	66,263	68,914
64,837	68,403	71,139
66,879	70,557	73,379

It should be noted that this salary has been agreed on the basis of being fully inclusive in respect of the role and responsibilities of the Laboratory Manager grade. It is not envisaged that such Laboratory Managers will participate in out-of-hours rotas and no payment in addition to the salary set out above is payable in respect of any required attendance outside normal hours of work.

(1.5) *Implementation Date for Laboratory Manager Grade*

The effective implementation date in the case of regradings is 1 April 2001. In the case of confined competitions the effective date for application of the salary is the date of appointment. Assimilation to the new scale should be by way of the normal starting pay on promotion provisions.

**2. Upgradings in Multi-disciplinary Laboratories with 6 or more staff**

(2.1) The M.L.S.A. has raised a limited number of cases where individuals in charge in multi-disciplinary laboratories are currently graded at Senior Medical Scientist level. It has been agreed that individuals in charge of such multi-disciplinary Laboratories with 6 or more staff will be graded at Chief Medical Scientist level.

(2.2) Upgrading in any such case is subject to;

- the individual involved holding the qualifications necessary for appointment as Chief Medical Scientist (where the requisite qualifications are not held the position cannot be upgraded).
- no additional posts are being introduced/created as a result of the upgrading.

- (2.3) The effective date for upgrading in these cases is 1<sup>st</sup> April 2001. In relation to assimilation to the Chief Medical Scientist scale, the allowance currently paid to Technologists in Charge in smaller Laboratories should be taken into account for the purposes of determining starting pay. The annual allowance payable to Senior Medical Scientists (with F.A.M.L.S.) in such cases is subsumed within the new salary scale and is no longer payable in addition to salary.

### **3. Removal of Bar Point on Medical Scientist scale**

- (3.1) In response to a number of enquiries on this matter and with a view to simplifying the administrative arrangements it has been agreed that the following approach will be adopted nationally where such cases arise:

With effect from 1 April 2001 where an individual Medical Scientist has agreed to participate in and been registered for a continual professional development programme such individuals may proceed beyond the bar point on the Medical Scientist Scale.

It is not necessary that the P.E.P. be completed to advance. Further progress on the scale will be by way of annual increment subject to continuing satisfactory participation in the professional development programme as confirmed by the appropriate Line Manager.

### **4. Annual Leave entitlement - Senior Medical Scientists**

- (4.1) The creation of the Senior Medical Scientist grade involved amalgamation of Senior Laboratory Technician and Laboratory Technologist grades. The annual leave entitlement of the Senior Medical Scientist grade in that which heretofore applied in the case of the Laboratory Technologist in their place of employment. In other words all staff in the Senior Medical Scientist grade should benefit from the same annual leave entitlement in their place of employment. Appropriate arrangements should be made to regularise the position on this matter where not already done.

### **5. Temporary status**

- (5.1) It has been contended that there has been a significant increase in the number of Medical Laboratory staff employed on temporary contracts of employment, in some instances for protracted periods. The Expert Group report recommended that such temporary employment contracts be reviewed after 11 months with a view to a decision being taken as to employment status going forward. Employers are urged to review this matter locally, establish the level of temporary employment within the grade and pro-actively manage the position with a view to minimising temporary employment to levels commensurate with service requirements.

## 6. Funding

- (6.1) Arrangements in respect of funding of the pay adjustments involved in implementing the Expert Group report have been previously advised by the Department of Health and Children. In the case of the ERHA area, I attach a copy of the Departments letter of 29<sup>th</sup> July 2002 to the Chief Executive of the ERHA in this regard.

Any enquiries in relation to the provisions outlined in this circular should be directed to Ms. Sonia Short.

Yours Sincerely

A handwritten signature in dark ink, appearing to read 'Martin McDonald', written over a horizontal line.

**Martin McDonald**  
**PROJECT MANAGER**

Cc Ms. B. Ryan, Department of Health and Children.

# Job Profile

## Grade; *Laboratory Manager*

### General Statement

The position requires a strategic approach to the development of services and structures, embracing continuous quality improvement and technological development and the management of changes necessary to achieve organisational objectives. (include short insert on individual employer policies here).

### Professional Qualifications, experience etc..

Possess qualifications as prescribed by the Department of Health and Children. Have had not less than seven years satisfactory post-qualification experience.

Have completed a relevant management training programme and have a minimum of 2 years experience in the supervision and management of staff and resources.

Have excellent interpersonal and communication skills and a high capacity for responsibility and individual initiative.

Demonstrate adaptability to the rapid changes taking place in the health services.

### Leadership and Accountability

Details of the role, responsibilities and relationships are as follows:

Reporting to the Hospital Manager\* on management issues and to the Clinical Director of Pathology on clinical matters the Laboratory Manager will be required to:

- Provide strategic and clinical leadership which results in the delivery of effective, efficient, quality assured and patient centred laboratory service.
- Develop a shared sense of commitment and participation among staff in the planning and development of the service.
- Keep the Hospital Manager/Clinical Director apprised of any significant development within his/her area of responsibility and perform such additional duties as may be assigned from time to time.

(In cases where the Clinical Directorate model of management is operational the reporting relationship will be determined by management).

\* C.E.O. or designated Manager in the case of Voluntary Hospitals.

## **Planning**

- Develop policies for the selection, introduction and development of information and other systems for co-ordination of data collection, communication and management.
- Advise on scientific equipment selection, purchase, replacement or upgrading
- Participate in the preparation of annual service plans for the service and monitor and report on their implementation as required.
- Participate and co-operate with any internal or external evaluation of the service.

## **Operations**

- Develop, implement and evaluate operational policies, protocols, and guidelines to maximise utilization of resources and ensure systematic audit of such usage.
- Develop collaborative planning and new focus of work organisation in conjunction with assigned staff and other professionals.
- Contribute to the strategic and development planning of the wider organisation
- Liaise closely with internal and external service users to ensure effective and efficient utilisation of available resources

## **Personnel Management**

- Effectively manage the recruitment, selection and appointment of staff.
- Ensure the optimum and effective use of staff through efficient rostering, skill/grade mix planning, work load measurement and staff deployment.
- Initiate the implementation of a staff development and individual performance review process and foster a high level of morale among staff by effective motivation and communication.
- Participate in the formulation of relevant personnel policies and procedures and deal with human resource problems, in association with the Human Resources Department and, if necessary, in accordance with the hospital's disciplinary procedures.
- Promote and maintain a safe environment for staff. Develop and implement Risk Management and Health and Safety strategies in consultation with appropriate personnel.
- Effectively manage all staff assigned to the Pathology Laboratory Team.

## **Finance**

- Prepare annual financial estimates of in respect of pay and non-pay costs, incorporating staffing, education and training costs.
- Participate in the overall financial planning of the service including the negotiation of resources and the assessment of priorities in pay and non-pay expenditure.

- Ensure expenditure is controlled within budget and identify potential for efficiency saving through improved practices and innovation.
- Implement appropriate budgetary control measures and implement monthly expenditure audit systems.
- Develop, implement and evaluate strategies to maximise potential income generated by activities
- Co-operate with relevant Departments in establishing costing methods in respect of utilisation of the Pathology Laboratory Service.

### Quality Assurance

- Ensure that best practice standards are in operation and that regular monitoring is undertaken through audit.
- Implement a quality management programme and participate, lead and direct, as appropriate, a Laboratory Accreditation Strategy approved by the hospital board.
- Maintain good collaborative working relationships and communications with appropriate statutory, professional and voluntary organisations responsible for and/or participating in health care.
- Ensure adherence to all codes and guidelines relating to professional practice.
- Monitor research and new developments and encourage adoption of new ideas, technology throughout the hospital.
- Initiate, facilitate and take part in relevant research and promote awareness of ongoing and current research.
- Ensure compliance with all legislation.

### Key Performance Criteria

- The extent to which there is user satisfaction with services.
- The effectiveness of financial management, in particular, ability to operate within budget.
- The extent to which good working relationships are fostered and maintained. The effectiveness of performance in relation to personnel management and development.
- The quality and standard of laboratory services.
- The extent to which service plan objectives have been achieved.