



IMPACT

Health &
Welfare
Division

Report
2007-2009

**Public
Servants**

Frontline Quality
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Front cover photo

These IMPACT members protested against health cuts outside Dublin's Doctor Steeven's hospital on 11th June 2008. Similar protests took place in 26 other locations around the country as part of the union's campaign against cuts in health jobs and services.

Photo by Conor Healy.



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Divisional organisation

Divisional executive committee

The following were elected to IMPACT's Health and Welfare divisional executive committee (DEC) at the 2007 divisional conference: Christine Cully (Cathaoirleach), Sophia O'Reilly (Leas-Cathaoirleach), Adrienne Byrne (third divisional representative on IMPACT's central executive committee), Dolores Callanan, Pat Fallon, Richard Fitzgerald, Pat Foley, Sinead Lynagh, Jack McCarthy, Eamonn McManus, Ruth Robinson and Matt Tully.

Christine Cully resigned from the DEC in January 2008 to take up a position as an IMPACT assistant general secretary. The Cathaoirleach position was subsequently filled by Sophia O'Reilly and Richard Fitzgerald became the Leas-Cathaoirleach. Eamon Hannan subsequently filled the vacant DEC position in July 2008.

Union organisation

February 2008 saw the strengthening of resources in the division with the assignment of three assistant general secretaries to specific national responsibilities. Gerry Dolan is now dealing with the HSE PCCC Directorate, Eamonn Donnelly with the HSE's National Hospitals Office, and Robbie Ryan with the HSE Corporate Functions and Population Health directorates. Each also services a number of national vocational groups. National secretary Kevin Callinan retains overall responsibility for the division.

The union's central executive committee decided to establish new branches for members in the former Eastern Health Board area. Those HSE employees are now assigned to the Dublin North HSE, Dublin South HSE, Wicklow HSE and Kildare HSE branches.

Pay and incomes

All national grades in the division received pay increases worth 10% in four phases between December 2006 and September 2008 under the first phase of the Towards 2016 national agreement, which was accepted by a 79-21% margin in a national ballot of IMPACT members. When the Government announced measures to control public spending in summer 2008, many business organisations, politicians and economic commentators called for the final 2.5% increase to be scrapped. But IMPACT strongly resisted this and the payment was made as agreed.

Towards 2016 transitional agreement

Talks on the second phase of Towards 2016 began in April 2008 with unions seeking a deal that protected living standards from inflation, as well as a number of non-pay measures centred on workplace and representational rights. IMPACT also led public service unions in seeking a new system of public service pay determination, after the second report of the Public Service Benchmarking Body recommended no increases for most (see below). Employers' body IBEC's early call for a public service pay freeze was strongly rebutted by IMPACT in the talks and in the media.

In August 2008, the talks broke down over the pay terms and employer demands for stronger 'inability to pay' clauses. Negotiations resumed in September and resulted in a transitional agreement with pay increases worth 6% over 21 months, with an extra 0.5% for those earning less than €11 an hour. The deal, which included an 11-month public service pay pause and a three-month pay pause in private and commercial semi-state companies, was accepted by a margin of 91%-9% in a national ballot of IMPACT members. The Department of Finance told public service employers that they must pay the first phase, worth 3.5% from 1st September 2009, out of existing budgets.

During the negotiations, unions prevented IBEC's attempts to massively strengthen the Towards 2016 'inability to pay' provisions.

Crisis talks

The sudden and rapid worsening of the economy and public finances at the end of 2008 led to a resumption of meetings between the social partners in December. The objective was to agree an approach to economic recovery.

Although the budgetary crisis was not caused by public servants or public service pay, ICTU economists acknowledged that up to 20% of Ireland's tax had become dependent on the finance, property and construction sectors, which had collapsed leaving a massive hole in Government income. The problem quickly worsened as growing unemployment rapidly reduced the tax take even further and increased spending on social welfare and related medical and other costs. At the beginning of 2009, therefore, there was broad agreement on the need to save as much as €16 billion in public spending between 2009 and 2013 in order to restore the public finances. But there was no agreement on how this should be done. The situation in both the public finances and the wider economy had substantially worsened as this report went to print.

Entering the talks, employers' body IBEC said it believed the pay deal was defunct while the Government was focused exclusively on the need to save €2 billion in public spending in 2009; a saving it wanted to make predominantly from payroll costs. From the outset, IMPACT resisted the Government's preferred option of a 10% across-the-board cut in public service pay and made clear that it would not negotiate cuts in core pay or pension benefits.

Social solidarity

United behind an Irish Congress of Trade Unions (ICTU) strategy, IMPACT insisted that a 'social solidarity' framework for economic recovery must be agreed before unions would discuss specific measures to deal with the crisis in public finances. As a result, the social partners agreed a 'Framework Pact for Stabilisation, Social Solidarity and Reform' at the end of January 2009. The main points of the framework, which included all the core elements of ICTU's demands, are summarised in the box below.

Public service levy

IMPACT's adamant insistence that core pay and pension benefits be preserved led the Government to consider other measures, including additional staff contributions towards the cost of pensions, deferral of Towards 2016 pay increases, and changes in other areas like travel and subsistence, premium payments, and overtime arrangements. Meanwhile, there was almost no progress on tangible measures to implement the framework agreed between the social partners, which was to have delivered protection for the most vulnerable and a higher contribution to economic recovery from those most able to pay.

Framework Pact for Stabilisation, Social Solidarity and Reform

MAIN POINTS

- A commitment to a social partnership approach
- A commitment that all sectors of society must contribute in accordance with their ability to do so, including sheltered sectors of the economy like professional services
- A commitment that the most vulnerable – including the low paid, unemployed and those on social welfare – would be insulated from the worst effects of the recession
- A commitment to introduce controls on senior executives' remuneration
- Stabilisation of the banking system and a Government commitment to seek to assist people who get into difficulties with their mortgages – plus a new statutory code of practice on mortgage arrears and home repossessions
- Measures to support the unemployed and help them back into work
- A commitment to a fair and equitable spread of necessary adjustments in public spending
- A fair and equitable approach to tax changes, with a higher proportion falling on those with higher incomes, which would be progressive and consistent with the social solidarity approach
- A reform of price regulation in areas like energy
- A re-prioritisation of capital spending towards labour-intensive activities
- A commitment that the social partners would address the crisis in private pensions
- Recognition of the need to progressively reduce the level of Exchequer borrowing over the next five years in order to reduce the general Government deficit "to below 3% by 2013 through an appropriate combination of expenditure and taxation adjustments"
- A re-affirmation of Towards 2016 commitments to legislation to strengthen workers' rights and protections
- A reaffirmation of the Towards 2016 commitment to use the social partnership Health Forum to implement health reforms.

* As the economy and public finances worsened after this framework was agreed, ICTU sought a re-scheduling of this timetable to avoid rapid depression of economic activity and a devastating effect on public services.

The talks finally collapsed without agreement after Government officials presented unions with a proposal for a public service levy averaging 7.5% of gross earnings, minus tax relief, across the public service. The Government proposal also included the deferral of the public service Towards 2016 pay increases and a 25% across-the-board reduction in travel and subsistence rates. IMPACT then led a massive campaign of political lobbying, which was supported by other public service unions and involved hundreds of IMPACT members and others. This culminated in national newspaper adverts and a mass lobby of TDs' constituencies in the middle of February.

The union also put a massive mobilisation effort into ICTU's national demonstration on 21st February, when over a third of the union's members participated in an event that attracted well over 120,000 protesters. Four days later, almost all ICTU unions including IMPACT announced that they would ballot their members for industrial action over the Government's approach to the economic crisis, including the levy, and the Government and employers' decision to abandon the national agreement. Unions from both the public and private sectors agreed that the industrial action would begin with a one-day stoppage on 30th March. However, the Government rushed through legislation to impose the public service levy, which became effective on 1st March 2009.

As this report was being finalised, ICTU's 30th March stoppage was deferred after its Executive Council accepted an invitation from An Taoiseach Brian Cowen to re-enter talks aimed at reaching an agreed national partnership framework for dealing with the economic crisis. The Taoiseach's invitation followed extensive behind-the-scenes work by senior ICTU representatives, including IMPACT general secretary Peter McLoone who insisted that changes to the pension levy must form part of the negotiation. IMPACT also said it wanted an agreed framework to deal with budget shortfalls in various sectors of the public service and state agencies.

Just prior to this, IMPACT's Central Executive Committee (CEC) decided that it had no basis to sanction participation in the 30th March stoppage after its members voted in favour of industrial action by a margin of 65% in favour and 35% against, which was marginally short of the two-thirds majority required under the union's Rule 25, which deals with industrial action ballots.

Benchmarking

The second report of the Public Service Benchmarking Body (PSBB) was published in December 2007 and recommended pay increases for just 15 of the 109 grades it examined. A detailed report on this was included in IMPACT's 2006-2008 biennial report. The Towards 2016 transitional agreement conceded IMPACT's demand for a review of the benchmarking process to address union concerns about the operation and methodology of the first and second benchmarking exercises.

IMPACT also sought payment of the recommended awards, which led to the Towards 2016 transitional agreement saying that the first 5% of the awards would be paid with effect from 1st September 2008 and that the implementation of the remainder would be considered after 2010. However, the payment has not been sanctioned and the Department of Finance has said that it has no plans to sanction payment in the current economic and fiscal circumstances.

Community sector pay

The Towards 2016 transitional agreement contained a commitment to discussions aimed at developing the current informal forum on community sector pay and pensions, with a view to putting it on a more secure footing and possibly extending its composition to include the immediate employer bodies. The current arrangement, established under the first Towards 2016 deal following pressure from IMPACT and Siptu, created an informal forum in which the Department of Finance has discussed its criteria for funding pay awards in the community sector, as well as the level of employer pension contributions. However, because the transitional agreement has not been implemented, the union is now working to protect the existing pay and pension entitlements of members in the sector.

Low pay

Unions are resisting attempts by employers' representatives to reduce the statutory minimum wage, which was last increased to €8.65 an hour in July 2007. The Towards 2016 transitional agreement, which has not been implemented, included an extra 0.5% increase for workers earning €11 an hour or less.

Senior public service pay

Details of the 42nd report of the Review Body on Higher Remuneration were included in IMPACT's 2006-2008 biennial report. The first phase of the recommended awards was paid in most areas in September 2007. But it was not sanctioned in the health sector partly because of differences over the level of the awards applicable to staff. The second and third phases, due in September 2008 and March 2009, have not yet been sanctioned.

Pensions

IMPACT'S 2006-2008 biennial report outlined the developing problem of funded defined benefit schemes in the private sector and commercial state companies. The Pensions Board has estimated that 90 per cent of these schemes are in significant deficit. ICTU has prioritised this issue in talks with the Government and has demanded a pension's protection fund to deal with insolvencies and new standards and criteria for schemes with ongoing deficits. These negative developments have created a difficult overall climate for addressing IMPACT's superannuation issues including the funding of pensions in the state-funded community and voluntary sectors.

IMPACT's 2006-2008 biennial report also outlined the outcome of the joint union-management working group that dealt with issues arising from the Commission on Public Service Pensions. A revised method of reckoning variable pensionable allowances for pension purposes was subsequently implemented. Other agreed recommendations concerning the

spouses and children's scheme have been held up by the Department of Finance and it is unclear when they will be implemented.

The Department has rejected the union's demand for refunds of contributions where over 40 years' have been paid, saying they will not agree to any change in the existing practice because:

- Most public servants make explicit pension contributions towards their main scheme benefits. Pensionable salary for these public servants is generally 5% higher than for their counterparts who do not make contributions. A refund as sought would have the effect of increasing the differential between the two groups involved.
- The value of superannuation benefits continues to increase beyond the 40-year threshold because increments, promotions and pay increases that occur after 40 years service are reflected in the pension and superannuation lump sum ultimately payable on retirement.
- Unlike public service spouses' and children's pension schemes, where the costs are generally shared between the employers and employees, the employee contribution in the main scheme represents just a small element in the overall cost of providing benefits. The second report of the Public Service Benchmarking Body valued the employers' costs of public service pensions at 20% of salary, with contributory employees paying around 5% on average.
- The claim for refund of contributions has to be placed in the context of the overall imperative of securing long-run sustainability and affordability in pension provision in Ireland, as set out in the recent green paper on pensions.

Travel and subsistence

The HSE has repeatedly scaled back travel and subsistence budgets placing many services in difficulty as social work, nursing and other staff have been unable to maintain the necessary level of house visits.

Changes to the motor mileage and subsistence rates are normally negotiated in the civil service and then applied in a slightly modified form in other parts of the public service. While there have been no recent discussions on subsistence rates, a meeting between civil service unions and the Department of Finance took place in September 2008 where the Department outlined the results of an exercise it had undertaken in relation to the prevailing motor mileage formula. If adopted, this approach would have reduced the rates by 4.2% in the small car category, 4.63% in the medium car category and 1.39% in the large car category. The exercise was based on bestselling cars following vehicle registration tax changes, and only factored in the effect of the car price changes. The Department said Government policy of encouraging the use of greener cars should be reflected in the construction of the motor travel rates.

IMPACT countered that the formula was meant to have regard to vehicles actually purchased and that 2009 budgetary changes might also affect car prices. A further meeting was held in January 2009 where it emerged that the cost of small and large category cars in the bestselling list had dropped by up to €3,000, while the cost of middle range cars had increased slightly. Taken with falling fuel prices, the Department signalled that these price falls would lead to a significant drop in the mileage rate.

Independently of this process, in March 2009 the Government imposed revised rates that cut payments by 25% across the board as part of its measures to reduce public spending. IMPACT has since lodged a claim for a review of travel and subsistence rates under the standard criteria.

Health service cuts campaign

At a special conference in February 2007, the division adopted a resolution that was strongly critical of the HSE and Government approach to health reform and spending. In September 2007, the HSE announced recruitment restrictions in an attempt to claw back money after it identified spending overruns due to the provision of additional hospital services, more medical cards, and increased drugs refunds. In February 2008 the Labour Court found that, in imposing these measures, the HSE had breached the consultative provisions of Towards 2016 and the legislation on worker consultation and information.

Industrial action

The HSE's decision to impose further restrictions on the filling of posts provoked an IMPACT ballot for industrial action, which was supported by a large margin in the biggest ever industrial action ballot in the union's history. The industrial action, which covered members in the HSE and HSE-funded agencies sought to:

- Restore staff and public confidence in the health service
- Defend existing services from cuts, privatisation and outsourcing
- Improve services in line with legislative and policy commitments, and
- Accelerate health service modernisation in an agreed and negotiated way.

The successful ballot outcome mandated the Health and Welfare Divisional Executive Committee to sanction a range of industrial action measures up to and including strike action in order to change the HSE's recruitment restrictions, ensure that posts were not left unfilled without agreement, stop the use of agency staff without agreement, restore existing agreements and conditions of employment, and ensure the implementation of outstanding third party outcomes.

The action started in May 2008 with a refusal to cover work associated with vacant posts and was escalated in June 2008 when IMPACT members starved the HSE of information needed to make further cuts by refusing to supply management with the necessary statistical data.

The industrial action was complemented by a campaign to win public support for opposition to the cuts, in which the union publically exposed a number of national and local cases where employment restrictions were damaging services. On 11th June, IMPACT's 'Support Health, Oppose Cuts' or SHOC campaign also mounted an impressive display in which thousands of IMPACT members participated in high-profile lunchtime protests in 27 locations around the country. Many were supported by other unions and public representatives, and all received extensive local media coverage.

Intensive discussions on the issues got underway following the intervention of the Labour Relations Commission (LRC) in July 2008. An interim arrangement was agreed later that month and negotiations recommenced in September, culminating in an LRC settlement proposal on 22nd September. This provided for:

- A status report on outstanding IMPACT agreements and third party recommendations
- Agreement on vacant posts
- A statement on development posts
- A letter from the HSE's human resource director on appointments within the HSE
- A letter from the HSE's human resource director on work-life balance issues
- An agreement in relation to agency staff, and
- The HSE HR Circular 22/2008 on the job evaluation scheme.

The divisional executive recommended the settlement and, in October, members accepted it in a ballot with an 89.5% vote in favour.

OECD report on Irish public services

Meanwhile, in April 2008 the Organisation for Economic Co-operation and Development (OECD) had published a report on Ireland's public services, which found that they were delivering high quality services at a relatively low price. The study debunked the myth that public service pay and employment are out of control and reported that the Irish public service is doing "more with less" than other OECD countries, relative to the size of the overall economy and workforce, because public spending and employment had not kept up with population and economic growth in the last decade. It found that, compared to other OECD countries, Ireland had a relatively small public service given the size of its economy and labour force.

It also said that too many arms length agencies had been set up, which led to fragmentation and reduced transparency, and warned against the centralization of human resource management. It recommended a "careful approach" to performance-related pay and called for more mobility in recruitment between the civil and public service.

In November 2008, the Government published the report of a task force set up to make recommendations on the implementation the OECD report and established a group to make proposals on the reallocation and rationalisation of public service staff. This four-person 'special group on public service numbers and expenditure programmes' is to "examine the current expenditure programmes in each Department and make recommendations for reducing public service numbers" with the aim of eliminating the budget deficit by 2011. It is chaired by economist Colm McCarthy and is due to make a final report to the Minister for Finance by the end of June 2009. Its terms of reference do not include pay or pension issues.

HSE 2009 service plan and financial allocation

In the October 2008 estimates process, the HSE's 2009 budget was increased by 3.2%, compared to increases of almost 10% in previous years. The 2009 service plan, published in December 2008, was clearly predicated on assumptions that could leave the HSE another €400 million short. Faced with this scenario, and the worsening exchequer position, IMPACT and other health unions sought to develop a framework to protect services, jobs and working conditions with the HSE and Government. The unions sought a balanced approach to dealing with the serious budgetary situation in an effort to avoid imposed changes.

The budgetary problem then worsened dramatically with the collapse in exchequer income and rising unemployment, and the failure of the HSE to realise expected savings in drugs and medicines and the withdrawal of medical cards from people aged over 70. By early 2009 the HSE board was seeking cuts of €1.2 billion including so-called 'value for money' measures, it was considering cuts in services, temporary posts, and non-core pay like overtime, premium payments and allowances.

Just before this report went to press in March 2009, the Department of Finance issued a revised and draconian employment control framework for the health sector, which included the following measures:

- A 3% payroll reduction for administrative and management grades in 2009 with a reduction of at least 500 posts
- A target of a further 10% reduction in administrative and management grades in agencies that are subsumed into the HSE
- A general moratorium on recruitment, promotions and acting appointments to all administrative and management grades and most other health service grades

- The application of this general moratorium to fixed-term posts and to the renewal of fixed-term contracts
- The requirement of prior sanction from the finance minister, on an “exceptional basis,” for filling of any post covered by the moratorium
- Any such filling to be achieved through redeployment within and across pillars and institutions, or through the suppression of other posts to the equivalent salary value of the post being filled.

There are some very limited exceptions to these measures, including 225 development posts in cancer care and disability services and a limited number of posts in areas like speech and language therapy, occupational therapy and emergency medical technicians. The overall Department of Finance circular that implements the new policy, which also applies in slightly tailored forms to other parts of the public service, says there will be separate correspondence on arrangements for consultation with unions on the issue of redeployment.

IMPACT immediately sought clarification of how the HSE intended to interpret and implement such draconian measures and expressed strong concerns about the negative impact it would have on services and staff. The union reiterated its long-standing rejection of the blunt instrument of recruitment embargoes and the blanket non-renewal of temporary contracts, which could devastate services and substantially increase unemployment. The union had already sought an agreed framework for dealing with public service recruitment and staffing issues in the national talks that resumed in March 2009 and was continuing to pursue this as this report went to print.

Modernisation and change

Like previous agreements, the pay rises agreed in Towards 2016 were linked to various modernisation and change measures, which were set out in the information distributed by the union at the time of its national ballot on the deal. A framework for the introduction of extended working arrangements was developed and agreed in discussions involving all health unions, which were chaired by independent facilitator Janet Hughes. This agreement provides for the insertion of a term in the contracts of staff appointed on 16th December 2008 or after, which sets out the possibility of normal weekly hours being worked during a longer time span subject to an agreed framework.

Discussions on the standardisation of terms and conditions of employment failed to reach the agreement required under Towards 2016 and facilitator Phil Flynn was asked to issue recommendations. His report, which was presented in September 2008, created serious difficulties for the union because it appeared to suggest that all staff - not just new entrants - would be required to work the standardised arrangements. But revised proposals, which emerged after IMPACT's intervention, were accepted in a January 2009 ballot of IMPACT members in the HSE.

HSE reorganisation

In December 2008 the HSE board endorsed a revised organisational structure that included two new directorates: Planning and Performance and Quality and Clinical Care. The new structure also proposed the integration of service delivery, currently under the National Hospitals Office and the PCCC Directorate, into a single National Director of Operations.

Although the proposal envisaged operational management through regional structures, the board has not yet reached agreement on the number of regions.

The HSE made presentations about the new structure to the union, which were circulated electronically to branches and vocational groups. IMPACT representatives pointed to the need to examine the 2004 HSE-IMPACT framework agreement before further organisational changes could be agreed, and said this exercise must identify elements of the agreement that had been honoured, that had yet to be implemented, and that had been ignored.

Although the HSE signalled the possibility of voluntary redundancy arrangements being approved by Government, it did not seek discussions on the details of any redundancy scheme with the union. Redundancy proposals have reportedly now been shelved because of financial constraints. The HSE has also acknowledged that financial challenges could affect the timescale for its proposed organisational changes.

Rationalisation of health agencies

IMPACT sought discussions on the approach that would be taken to a major programme of health agency rationalisation announced by health minister Mary Harney in October 2008. The proposals will see a new Public Health and Medicines Safety Authority formed from the Food Safety Authority of Ireland, the Irish Medicines Board and the Office of Tobacco Control. Six agencies will be integrated into the Health Service Executive – the National Cancer Screening Service, the National Cancer Registry, the Drug Treatment Centre Board, the Crisis Pregnancy Agency, the Post Graduate Medical and Dental Board, and the National Council for Professional Development of Nursing and Midwifery. Three agencies will be integrated into the Department of Health and Children – the National Council for Ageing and Older People, the Children Acts Advisory Board, and the Women's Health Council. And three agencies will be integrated

into the Health and Social Care Professionals Council – the National Social Work Qualifications Board, the Opticians Board, and the Pre-Hospital Emergency Care Council.

The 'special group on public service numbers and expenditure programmes' (see the section on the 'OECD report on Irish public services' above) may make proposals for further rationalisation when it reports to the Minister for Finance later in 2009.

IMPACT-HSE fora

In 2007 there was an attempt to firmly establish three different HSE-IMPACT fora – for disability, mental health, and children and families. Although meetings were suspended during the 2008 industrial action, the process provided an important opportunity for managers and professionals working in the areas to exchange information and views. The process works well when the lead managers with responsibility for care groups are present, including those with operational and policy remits. As well as providing a way for different categories of IMPACT members to share experiences, it also gives an opportunity for direct feedback to senior managers who are often distant from practice on the ground.

Workers' rights

IMPACT's 2006-2008 biennial report outlined the comprehensive new package of workplace protections agreed in the Towards 2016 national agreement. These were further strengthened in the Towards 2016 transitional agreement and, although the agreement has not been implemented, ICTU is still pressing for legislation in a number of areas including the prevention of victimisation of trade union members and inducements aimed at forcing people to leave their union. The transitional agreement also conceded ICTU's demand for a review to consider the legal and other steps required to enable collective bargaining mechanisms established under previous agreements to operate as intended.

In April 2008, IMPACT won an important case on fixed-term civil servants' rights in the European Court of Justice, which established that fixed-term public servants are entitled to the same benefits as their full-time colleagues in areas including pay and pensions.

In the summer of 2008, an EU agreement led to the adoption of a European directive on agency workers which, once transposed into domestic legislation, will see agency workers entitled to the same pay and conditions as permanent staff. Unions across Europe have fought for these protections for years and ICTU is pressing for the directive to be implemented quickly in Ireland, even though EU rules give the Government until December 2011 to implement it.

Trade unions also won an important victory in December 2008 when the European Parliament rejected proposed amendments to working time laws. Prior to the vote IMPACT wrote to all Irish MEPs urging them to reject the proposed changes, which would have led to weaker protections for workers in Ireland and elsewhere. The changes would have preserved an existing opt-out, which was known to have led to workers doing excessive hours in Britain and elsewhere. It would also have brought adverse changes to the way on-call working time is determined as well as extending the period over which employers could average working time.

European health issues

In 2008, the European Commission published a proposal on cross-border health care, ostensibly in response to various European Court of Justice rulings. IMPACT and other unions across the EU have opposed the proposals as they would give market considerations prominence over the provision of quality public health services. IMPACT wrote to all Irish MEPs while the European Federation of Public Service Unions (EPSU) engaged in extensive lobbying on the issue. But, as this report went to print, the proposal was being supported by a majority of members of the relevant European Parliamentary committees.

On a more positive note, the Commission published a green paper on the European health workforce in December 2008 and, early in 2009, it introduced a consultative process on 'solidarity in health'.

Appendices

Appendix one - salary scales

Clerical/administrative

Figures current 1st September 2008 unless otherwise indicated

Clerical Officer

24,407 - 25,554 - 26,697 - 27,844 - 28,991 - 30,136 - 31,279 - 32,421 - 33,568 - 34,710 - 35,860 - 38,021 - 39,557¹

Grade IV

29,821 - 31,996 - 34,193 - 35,828 - 37,410 - 39,544 - 41,097 - 42,658 - 44,105¹ - 45,558²

Grade V

42,658 - 44,078 - 45,496 - 46,915 - 48,334 - 49,978¹ - 51,617²

Grade VI

47,675 - 48,869 - 50,314 - 53,022 - 54,643 - 56,656¹ - 58,683²

Grade VII

50,016 - 51,282 - 52,766 - 54,252 - 55,744 - 57,076 - 58,433 - 59,753 - 61,064 - 63,321¹ - 65,586²

Catering

Catering Officer, Grade III

29,822 - 31,996 - 34,192 - 35,828 - 37,410 - 39,545 - 41,096 - 42,659 - 44,105¹ - 45,558²

Catering Officer, Grade II

42,659 - 44,078 - 45,495 - 46,916 - 48,334 - 49,978¹ - 51,618²

Catering Officer, Grade I

47,675 - 48,869 - 50,312 - 53,024 - 54,641 - 56,660¹ - 58,683²

Catering Manager

50,016 - 51,282 - 52,766 - 54,252 - 55,744 - 57,076 - 58,433 - 59,753 - 61,064 - 63,321¹ - 65,586²

Head of Catering

69,257 - 71,004 - 73,782 - 76,570 - 79,337 - 82,116 - 84,877

Chefs

Cook Trainee

19,426 - 21,906 - 24,365

Chef, Grade II (with a qualification)

26,482 - 27,379 - 28,211 - 29,111 - 30,022 - 30,858 - 31,767 - 32,608 - 33,530 - 34,666

Chef, Grade II (without a qualification)

26,482 - 27,379 - 28,211 - 29,111

Chef, Grade I

26,808 - 27,690 - 28,637 - 29,516 - 30,470 - 31,352 - 32,313 - 33,201 - 34,171 - 35,058 - 35,946 - 36,921 - 38,138

Chef, Senior

28,549 - 29,694 - 30,788 - 31,707 - 32,898 - 33,852 - 34,893 - 35,850 - 36,893 - 37,853 - 38,812 - 39,863 - 41,178

Chef, Executive

30,405 - 31,404 - 32,483 - 33,478 - 34,561 - 35,561 - 36,655 - 37,660 - 38,756 - 39,763 - 40,772 - 41,875 - 43,258

Community Welfare

Community Welfare Officer

30,777 - 33,115 - 35,255 - 37,350 - 39,405 - 41,373 - 43,340 - 45,325 - 47,244 - 49,185 - 51,172 - 53,081 - 55,029 - 57,061¹ - 59,101² - 61,076³

Superintendent Community Welfare Officer

66,180 - 68,656 - 71,131 - 73,609 - 76,087 - 77,515 - 80,017¹ - 82,519²

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Draughtsman/Technicians

Draughtsman/Technician II

28,936 - 30,023 - 31,120 - 32,212 - 33,291 - 34,398 - 35,478 - 36,586 - 37,680 - 38,722 - 39,873 - 41,228¹ - 42,577²

Draughtsman/Technician I

39,873 - 40,570 - 41,478 - 42,390 - 43,284 - 44,193 - 45,021 - 46,548¹ - 48,081²

Supplies Officers

Supplies Officer Grade D

29,999 - 31,001 - 32,002 - 33,006 - 34,008 - 35,010 - 36,017 - 37,020 - 38,020 - 39,557¹

Supplies Officer Grade C

34,192 - 35,828 - 37,410 - 39,545 - 41,096 - 42,659 - 44,105¹ - 45,558²

Supplies Officer Grade B

42,659 - 44,078 - 45,495 - 46,916 - 48,334 - 49,978¹ - 51,618²

Supplies Officer Grade A

47,675 - 48,869 - 50,312 - 53,024 - 54,641 - 56,660¹ - 58,683²

Technical Services Officers

Assistant Technical Services Officer

42,833 - 44,697 - 46,552 - 48,412 - 50,275 - 52,131 - 53,986 - 55,847 - 57,715 - 59,626¹ - 61,534²

Senior Assistant Technical Services Officer

49,710 - 51,585 - 53,466 - 55,345 - 57,224 - 59,105 - 60,984 - 62,857 - 64,743 - 66,618 - 68,781¹ - 70,943²

Chief Assistant Technical Services Officer

66,514 - 68,613 - 70,715 - 72,818 - 74,927 - 77,026 - 79,117 - 81,796¹ - 84,446²

Technical Services Officer

85,260 - 87,348 - 89,435 - 91,523 - 93,609 - 95,703 - 98,856¹ - 102,010²

General Grades

Dental Nurse (formerly dental surgery assistant with qualification)

25,343 - 26,444 - 27,361 - 28,274 - 29,575 - 30,811 - 31,804 - 33,020 - 34,559 - 35,136 - 36,228 - 37,596 - 39,670 - 42,121 - 45,121¹

Dental Surgery Assistant (without qualification)

25,343 - 26,444 - 27,361 - 28,274 - 29,575

Dental Nurse Senior

42,356 - 43,988 - 45,454 - 46,772 - 48,374 - 49,737 - 51,232

Fire Prevention Officer

49,712 - 51,585 - 53,466 - 55,345 - 57,224 - 59,105 - 60,984 - 62,857 - 64,743 - 66,618 - 68,781¹ - 70,943²

Home Help Organiser

42,659 - 44,078 - 45,495 - 46,916 - 48,334 - 49,978¹ - 51,618²

Home Help (pay path)

28,952 - 29,468 - 29,993 - 30,527 - 31,073 - 31,670 - 32,189

Home Help (non-pay path)

29,352 - 29,517 - 29,683 - 29,776 - 29,870 - 29,964 - 30,056 - 30,153 - 30,249 - 30,353 - 30,452 - 30,558 - 30,658

Nursery Nurse

31,323 - 32,275 - 33,067 - 33,885 - 34,711 - 35,527 - 36,350 - 37,193 - 38,030 - 38,880 - 39,656¹

Nursing Grades

Student Nurse III

25,277

Post Registered Student Nurse

27,342 - 28,972

Staff Nurse (including registered midwife, registered sick children's nurse, registered mental handicap nurse)

31,875 - 33,470 - 35,069 - 36,666 - 38,256 - 39,630 - 41,008 - 42,380 - 43,753 - 45,102 - 46,541¹

Senior Staff Nurse

48,870

Dual Qualified Nurse

36,055 - 38,445 - 39,721 - 40,702 - 41,783 - 43,223 - 44,625 - 46,689 - 48,1301

Senior Staff Nurse (dual qualified)

50,537

Clinical Nurse Manager 1

45,987 - 46,864 - 48,102 - 49,360 - 50,599 - 51,846 - 53,236 - 54,531

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Clinical Nurse Manager 2/Clinical Nurse Specialist

50,096 - 50,958 - 51,685 - 52,875 - 54,188 - 55,478 - 56,768 - 58,220 - 59,570

Clinical Nurse Manager 3

57,931 - 59,114 - 62,107 - 63,284 - 64,467 - 65,666

Clinical Instructor

52,353 - 53,230 - 53,880 - 55,086 - 56,302 - 57,613 - 58,932 - 60,249 - 61,564

Nurse Tutor

59,296 - 60,127 - 60,955 - 61,787 - 62,617 - 63,450 - 64,276 - 65,110 - 65,942 - 66,772

Principal Nurse Tutor

62,280 - 63,490 - 64,596 - 68,050 - 69,258 - 70,395 - 71,816 - 73,721

Student Public Health Nurse

33,248

Public Health Nurse

48,765 - 49,604 - 50,321 - 51,451 - 52,750 - 54,009 - 55,277 - 56,702 - 58,028

Assistant Director of Public Health Nursing

57,934 - 61,221 - 62,572 - 63,816 - 65,074 - 66,794

Director of Public Health Nursing

77,198 - 79,538 - 81,886 - 84,232 - 86,577 - 88,924

Assistant Director of Nursing (band 1 hospitals)

58,509 - 59,678 - 60,807 - 64,271 - 65,362 - 66,629 - 67,813 - 68,990 - 73,725

Assistant Director of Nursing (all other hospitals)

55,469 - 56,691 - 57,934 - 61,221 - 62,572 - 63,816 - 65,074 - 66,794

Director of Nursing Band 1

78,451 - 80,632 - 82,817 - 84,994 - 87,174 - 89,361 - 91,539

Director of Nursing Band 2

73,823 - 75,901 - 77,985 - 80,060 - 82,148 - 84,229 - 86,311

Director of Nursing Band 2A

73,232 - 74,539 - 75,849 - 77,154 - 78,465 - 79,769 - 81,078

Director of Nursing Band 3

68,003 - 69,526 - 71,052 - 72,579 - 74,100 - 75,633 - 77,154

Director of Nursing Band 4

63,416 - 65,393 - 67,362 - 69,340 - 71,320 - 73,291 - 75,258

Director of Nursing Band 5

59,204 - 60,526 - 61,847 - 63,166 - 64,485 - 65,812 - 67,134

Health and Social Care Professionals

Analytical Chemist, Executive Without Branch E Cert

49,708 - 51,585 - 53,465 - 55,345 - 57,223 - 59,104 - 60,981 - 62,857 - 64,741 - 66,618 - 68,781¹ - 70,943²

Analytical Chemist, Executive With Branch E Cert

56,121 - 58,671 - 61,189 - 63,736 - 66,299 - 68,851 - 71,389 - 74,666¹ - 77,004²

Audiologist

34,870 - 36,134 - 37,174 - 38,219 - 39,309 - 40,384 - 41,421 - 42,248¹

Audiologist, Senior

44,387 - 46,199 - 47,365 - 48,695 - 50,047 - 51,429

Audiologist, Chief

51,429 - 54,271 - 57,183 - 60,165 - 63,217 - 66,339

Biochemist

39,749 - 40,931 - 42,054 - 44,713 - 46,433 - 48,169 - 49,933 - 51,696 - 53,463 - 55,244 - 57,038 - 58,852 - 60,615 - 61,826¹

Biochemist, Senior

56,347 - 58,984 - 61,323 - 63,716 - 66,182 - 68,605 - 71,099 - 73,569 - 76,057

Biochemist, Principal

68,652 - 73,107 - 77,230 - 81,346 - 85,476 - 89,593 - 94,158 - 97,199 - 100,261

Biochemist, Top Grade

97,110 - 101,805 - 105,629 - 109,516 - 113,461

Cardiac Catheterisation Technician

39,693 - 40,566 - 41,533 - 44,066 - 45,602 - 47,141 - 50,936¹ - 54,670²

Cardiac Catheterisation Technician, Senior

45,255 - 46,663 - 48,152 - 49,675 - 51,244 - 52,700 - 56,302¹ - 59,910²

Cardiac Catheterisation Technician, Chief I

49,482 - 50,548 - 51,964 - 53,338 - 54,713 - 56,075 - 59,593¹ - 63,183²

Cardiac Catheterisation Technician, Chief II

50,960 - 53,530 - 56,036 - 58,555 - 61,114 - 64,413 - 68,148¹ - 71,725²

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Care Assistants (intellectual disability agencies)

27,990 - 28,454 - 29,206 - 31,010 - 33,145 - 33,722 -
35,156 - 36,228 - 37,102 - 38,084 - 38,844¹

Chiropodist

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 -
47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

Chiropodist Senior

53,388 - 54,567 - 55,781 - 56,987 - 58,192 - 59,459 -
60,796 - 62,129 - 63,197

Clinical Specialist Chiropodist

59,258 - 60,437 - 61,650 - 62,857 - 64,061 - 65,330 -
66,665 - 67,998 - 69,068

Clinical Engineering Technician

33,513 - 34,241 - 35,709 - 38,608 - 40,763

Clinical Engineering Technician Senior

42,247 - 44,415 - 46,788 - 49,297 - 51,979 - 54,663 -
57,400 - 59,517 - 61,495

Clinical Engineering Technician Principal

59,612 - 61,633 - 64,417 - 66,307 - 67,925 - 69,784

Clinical Engineering Technician Chief

62,333 - 64,836 - 67,423 - 69,415 - 71,515 - 73,599 -
75,898 - 77,838

Counsellor Therapist - National Counselling Service

49,491 - 52,315 - 55,142 - 57,966 - 60,791 - 63,615 -
66,439 - 69,264 - 72,088 - 74,914 - 77,739 - 80,557

Director of Counselling - National Counselling Service

94,548 - 96,664 - 98,781 - 100,898 - 103,014 - 105,130 -
107,246 - 110,464 - 114,110

Dental Hygienist

40,119 - 41,555 - 42,871 - 44,237 - 45,617 - 47,007 -
48,570 - 49,395 - 50,818 - 52,049 - 53,301 - 54,366¹

Dietitian

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 -
47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

Dietitian, Senior

53,388 - 54,567 - 55,781 - 56,987 - 58,192 - 59,459 -
60,796 - 62,129 - 63,197

Dietitian Clinical Specialist

59,258 - 60,437 - 61,650 - 62,857 - 64,061 - 65,330 -
66,665 - 67,998 - 69,068

Dietitian, Manager

64,747 - 67,144 - 69,537 - 71,936 - 74,333 - 76,732 -
79,126

Dietician Manager-in-Charge III

76,299 - 77,548 - 78,794 - 80,107 - 81,489 - 82,869 -
83,975

Dosimetrist

38,247 - 40,082 - 41,794 - 43,714 - 45,228 - 46,707 -
49,442 - 51,014 - 52,657 - 54,295 - 56,380 - 57,116 -
58,259¹

Dosimetrist, Senior

55,262 - 58,148 - 60,735 - 63,353 - 65,991 - 67,948 -
69,928 - 71,923

ECG Technician, Student

23,864 - 24,717 - 25,339

ECG Technician (with a formal qualification)

29,465 - 30,069 - 30,738 - 32,561 - 33,635 - 34,703 -
35,874 - 36,955 - 38,070 - 40,594¹ - 43,138²

ECG Technician (without a formal qualification)

29,465 - 30,069 - 30,738 - 32,561 - 33,635 - 34,703 -
35,874

ECG Technician, Senior

37,701 - 38,690 - 39,749 - 40,834 - 41,965 - 44,437¹ -
46,843²

ECG Technician, Chief I

40,378 - 41,279 - 42,449 - 43,595 - 44,939 - 47,293¹ -
49,627²

ECG Technician, Chief II

43,143 - 44,529 - 45,851 - 47,185 - 49,054 - 51,448¹ -
53,947²

Environmental Health Officer

42,833 - 44,697 - 46,552 - 48,410 - 50,275 - 52,133 -
53,987 - 55,847 - 57,713 - 59,625¹ - 61,528²

Environmental Health Officer, Senior

49,712 - 51,585 - 53,466 - 55,344 - 57,223 - 59,105 -
60,983 - 62,857 - 64,744 - 66,622 - 68,783¹ - 70,944²

Environmental Health Officer, Principal

66,514 - 68,613 - 70,716 - 72,820 - 74,925 - 77,024 -
79,139 - 81,796¹ - 84,449²

Medical Scientist

36,484 - 37,569 - 38,600 - 41,040 - 42,618 - 44,212 -
45,832 - 47,449 - 49,071 - 50,707 - 52,353 - 54,018 -
55,635 - 56,747¹

Medical Scientist, Senior (without FAMLs)

51,059 - 53,448 - 55,568 - 57,736 - 59,970

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Medical Scientist, Senior (with FAMLS)

51,059 - 53,448 - 55,568 - 57,736 - 59,970 - 62,165 - 64,426 - 66,664 - 68,919

Specialist Medical Scientist

56,930 - 59,318 - 61,438 - 63,606 - 65,841 - 68,035 - 70,296 - 72,535 - 74,789

Medical scientist, Chief

62,630 - 65,510 - 68,043 - 70,588 - 73,184 - 75,728 - 78,339 - 80,870 - 83,417

Neuropsychological Measurement Technician

39,693 - 40,566 - 41,533 - 44,066 - 45,602 - 47,141 - 50,936¹ - 54,670²

Neuropsychological Measurement Technician, Senior

45,255 - 46,663 - 48,152 - 49,675 - 51,244 - 52,700 - 56,302¹ - 59,910²

Neuropsychological Measurement Technician, Chief I

49,482 - 50,548 - 51,964 - 53,338 - 54,713 - 56,075 - 59,593¹ - 63,183²

Neuropsychological Measurement Technician, Chief II

50,960 - 53,530 - 56,036 - 58,555 - 61,114 - 64,413 - 68,148¹ - 71,725²

Occupational Therapist

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 - 47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

Occupational Therapist, Senior

53,388 - 54,567 - 55,781 - 56,987 - 58,192 - 59,459 - 60,796 - 62,129 - 63,197

Occupational Therapist, Clinical Specialist

59,258 - 60,437 - 61,650 - 62,857 - 64,061 - 65,330 - 66,665 - 67,998 - 69,068

Occupational Therapist, Manager

64,747 - 67,144 - 69,537 - 71,936 - 74,333 - 76,732 - 79,126

Occupational Therapist, Manager-in-charge III

76,299 - 77,548 - 78,794 - 80,107 - 81,489 - 82,869 - 83,975

Orthoptist

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 - 47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

Orthoptist, Senior

53,388 - 54,567 - 55,781 - 56,987 - 58,192 - 59,459 - 60,796 - 62,129 - 63,197

Pathology Technician, Basic

32,036 - 32,936 - 33,848 - 34,749 - 35,649 - 36,549 - 37,451 - 38,356 - 39,258 - 40,159 - 40,975

Pathology Technician, Senior

34,768 - 36,059 - 37,353 - 38,645 - 39,937 - 41,229 - 42,524 - 43,817 - 45,109 - 46,403 - 47,705

Pharmaceutical Technician Student

25,842 - 26,836 - 27,830

Pharmaceutical Technician

36,777 - 37,770 - 38,764 - 39,758 - 40,752 - 41,746 - 42,740 - 43,734

Pharmaceutical Technician, Senior

45,526 - 46,538 - 47,549 - 48,561 - 49,573 - 50,586

Pharmacy Student

25,295

Pharmacist

37,425 - 40,556 - 43,530 - 46,540 - 49,562 - 52,621 - 55,699 - 58,834 - 62,024 - 65,275 - 66,581¹

Pharmacist, Senior

63,434 - 66,437 - 67,398 - 68,355 - 69,553 - 70,916 - 72,379 - 74,929

Pharmacist, Chief II

71,537 - 76,375 - 79,201 - 82,696 - 86,429 - 90,292

Pharmacist, Chief I

81,376 - 85,236 - 86,748 - 88,840 - 91,160 - 93,527

Phlebotomist Trainee

19,629

Phlebotomist

32,046 - 33,850 - 35,417 - 37,006 - 38,602 - 40,239 - 41,044¹

Phlebotomist, Senior

35,623 - 37,682 - 39,447 - 41,279 - 43,102 - 44,987

Photographer Clinical (basic grade)

31,007 - 33,182 - 34,834 - 36,417 - 37,998 - 39,546 - 41,096 - 42,620 - 44,184 - 45,663 - 46,875 - 48,472¹ - 50,061²

Photographer Clinical (senior grade)

46,875 - 48,298 - 49,720 - 51,098 - 52,518 - 53,932 - 55,343 - 56,798 - 58,901¹ - 61,002²

Physiotherapist

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 - 47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Physiotherapist, Senior

53,388 - 54,567 - 55,781 - 56,987 - 58,192 - 59,459 - 60,796 - 62,129 - 63,197

Physiotherapist, Clinical Specialist

59,258 - 60,437 - 61,650 - 62,857 - 64,061 - 65,330 - 66,665 - 67,998 - 69,068

Physiotherapist, Manager

64,747 - 67,144 - 69,537 - 71,936 - 74,333 - 76,732 - 79,126

Physiotherapist Manager-In-Charge III

76,299 - 77,548 - 78,794 - 80,107 - 81,489 - 82,869 - 83,975

Physicist

41,821 - 43,984 - 46,130 - 48,664 - 50,333 - 51,934 - 56,010 - 57,746 - 59,578 - 61,409 - 63,234 - 65,082 - 66,100

Physicist, Senior64,913 - 67,891 - 70,870 - 73,848 - 76,830 - 79,808 - 82,786 - 85,768 - 88,513¹ - 91,513²**Physicist, Principal**81,975 - 87,854 - 93,838 - 99,877 - 105,467 - 108,844¹ - 112,218²**Physicist, Chief**106,077 - 109,174 - 112,275 - 114,801 - 118,476¹ - 122,146²**Play Therapist, Basic**39,993 - 41,332 - 42,466 - 43,643 - 44,801 - 45,993 - 47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹**Play Therapist, Senior**

53,388 - 54,567 - 55,781 - 56,987 - 58,190 - 59,461 - 60,796 - 62,129 - 63,197

Play Specialist, Basic39,957 - 41,150 - 42,442 - 43,635 - 44,728 - 46,020 - 46,776 - 48,406 - 49,599 - 50,891 - 52,183 - 53,226¹**Play Specialist, Senior**

51,799 - 53,114 - 54,530 - 56,149 - 57,566 - 58,891 - 60,085 - 60,895

Psychologist, Trainee Clinical (pre 2006)

43,368 - 45,413 - 47,438

Psychologist, Trainee Clinical (post 2006)

37,850 - 39,894 - 41,919

Psychologist, Clinical57,549 - 60,080 - 62,597 - 65,091 - 68,231 - 73,010 - 77,329 - 81,705 - 85,267 - 88,017¹ - 90,771²**Psychologist, Senior Clinical**84,271 - 86,273 - 88,293 - 90,301 - 92,295 - 93,059 - 96,055¹ - 99,054²**Psychologist, Principal Clinical**98,350 - 100,706 - 103,067 - 105,410 - 107,178 - 110,596¹ - 114,014²**Director of Psychology**107,177 - 109,813 - 112,453 - 115,090 - 117,083 - 120,818¹ - 124,552²**Radiographer**38,309 - 39,466 - 40,642 - 41,833 - 42,992 - 44,147 - 45,346 - 46,516 - 47,649 - 48,812 - 50,012 - 51,139¹**Radiographer, Senior**

46,831 - 48,683 - 50,613 - 52,572 - 54,557

Clinical Specialist Radiographer

52,801 - 55,581 - 57,940 - 60,303 - 62,711

Radiographer Service Manager I (formerly radiographer, superintendent I and II)

54,848 - 57,918 - 60,522 - 63,151 - 65,831

Radiography Service Manager II (formerly radiographer superintendent III)

59,921 - 62,802 - 66,751 - 70,763 - 74,836

Regional Public Analyst, Deputy Without Branch E Cert68,979 - 70,751 - 72,490 - 74,280 - 76,018 - 77,792 - 80,360¹ - 83,012²**Regional Public Analyst, Deputy With Branch E Cert**74,717 - 76,250 - 77,779 - 79,335 - 80,861 - 82,403 - 85,117¹ - 87,925²**Regional Public Analyst**87,100 - 89,043 - 90,965 - 92,905 - 94,844 - 97,975¹ - 101,208²**Respiratory Technician**39,693 - 40,566 - 41,533 - 44,066 - 45,602 - 47,141 - 50,936¹ - 54,670²**Respiratory Technician, Senior**45,255 - 46,663 - 48,152 - 49,675 - 51,244 - 52,700 - 56,302¹ - 59,910²**Respiratory Technician, Chief I**49,482 - 50,548 - 51,964 - 53,338 - 54,713 - 56,075 - 59,593¹ - 63,183²¹ = After three years satisfactory service at the maximum.² = After six years satisfactory service at the maximum.

Respiratory Technician, Chief II

50,960 - 53,530 - 56,036 - 58,555 - 61,114 - 64,413 - 68,148¹ - 71,725²

Trainee Social Care Worker

28,449 - 29,958 - 31,286

Social Care worker (with a qualification)

35,216 - 36,541 - 37,878 - 39,223 - 40,588 - 41,976 - 43,353 - 44,755 - 46,163 - 47,087¹

Social Care Worker (without a qualification)

35,216 - 36,541 - 37,878 - 39,223 - 40,588 - 41,976 - 43,353 - 44,755 - 46,163

Social Care Leader

46,825 - 47,889 - 48,953 - 51,763 - 52,850 - 53,932 - 55,027

Social Care Manager Children's Residential Centres

56,988 - 58,253 - 61,598 - 62,890 - 64,179 - 65,482

Social Worker

38,049 - 40,098 - 42,218 - 44,342 - 46,457 - 48,602 - 50,720 - 52,347 - 53,978 - 55,060¹

Professionally Qualified Social Worker, Medical Social Worker and Psychiatric social Worker

45,819 - 48,100 - 50,379 - 52,662 - 54,940 - 57,219 - 59,501 - 60,691¹

Social Work Practitioner, Senior

51,251 - 53,587 - 55,956 - 58,317 - 60,669 - 63,015 - 65,358 - 66,548¹

Social Worker Senior Medical/Single Handed

59,501 - 61,252 - 63,003 - 64,754 - 66,504 - 68,255 - 70,006

Social Worker, Team Leader

59,501 - 61,252 - 63,003 - 64,754 - 66,504 - 68,255 - 70,006

Social Worker, Principal

68,255 - 71,394 - 74,529 - 77,665 - 80,801 - 83,941

Speech and Language Therapist

39,993 - 41,332 - 42,466 - 43,641 - 44,801 - 45,993 - 47,177 - 48,361 - 49,608 - 50,920 - 52,230 - 53,279¹

Speech and Language Therapist, Senior

53,388 - 54,566 - 55,782 - 56,986 - 58,192 - 59,460 - 60,796 - 62,129 - 63,198

Speech and Language Therapist, Clinical Specialist

59,258 - 60,437 - 61,650 - 62,857 - 64,061 - 65,330 - 66,665 - 67,998 - 69,068

Speech and Language Therapist, Manager

64,746 - 67,144 - 69,537 - 71,936 - 74,333 - 76,732 - 79,127

Management

Chief Executive Officer - HSE Midland Area, Mid-Western Area, North Eastern Area, North Western Area, Programme Managers from EHRA, Chief Executive Beaumont, St. James, St. Vincent's, Mater, Adelaide and Meath (inc NCH) hospital, General Manager University College Hospital Cork, University College Hospital Galway, Programme Managers (formerly EHB)

150,442

Grade VIII, Financial Accountant, Management Accountant, Internal Auditor Health Boards

69,257 - 71,004 - 73,782 - 76,570 - 79,337 - 82,116 - 84,877

Functional Officer (formerly EHB)

74,090 - 75,963 - 78,926 - 81,912 - 84,874 - 87,843 - 90,799

Deputy CEO - Beaumont, St. James's, Mater and Tallaght hospital

93,444 - 97,599 - 101,751 - 105,904 - 110,057 - 114,211

Deputy General Manager - Cork University Hospital and Galway Regional

90,584 - 94,611 - 98,636 - 102,663 - 106,688 - 110,714

Technical Services Manager - St Vincent's Hospital

57,015 - 58,672 - 60,359 - 62,011 - 63,704 - 65,369

Technical Services Officer Mater, Tallaght Project, Technical Services Manager - Beaumont and St. James's

55,038 - 57,433 - 58,782 - 60,098 - 61,398

Engineering Officers (formerly EHB), Mater, St. James's, Tallaght, Beaumont and Crumlin

54,641 - 57,042 - 58,413 - 59,742 - 61,064 - 63,321¹ - 65,584²

Chief Ambulance Officers (formerly EHB)

66,151 - 68,298 - 70,463 - 72,633 - 74,789 - 77,056

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Chief Ambulance Officers - (HSE NON-EASTERN REGIONAL AREA)(HEALTH AREAS)

69,256 - 71,004 - 73,782 - 76,570 - 79,337 - 82,116 - 84,877

Child Care Manager (where parity exists) (formerly non-EHB)

74,090 - 75,963 - 78,926 - 81,912 - 84,874 - 87,843 - 90,799

Chief Executive/Secretary Managers (voluntary hospitals) Group 1

93,444 - 97,599 - 101,751 - 105,904 - 110,057 - 114,211

Chief Executive/Secretary Managers (voluntary hospitals) Group 2

69,256 - 71,004 - 73,782 - 76,570 - 79,337 - 82,116 - 84,877

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Appendix two - travel and subsistence rates

Motor Mileage Rates

Rates per kilometre effective from 25th March 2009

Official Motor travel in a calendar year	Engine capacity up to 1200cc cent	Engine capacity 1201 to 1500cc cent	Engine capacity 1501cc and over cent
up to 6,437km	40.11	47.82	60.88
6,438km and over	21.70	24.33	29.43

Rates per mile effective from 25th March 2009

Official Motor travel in a calendar year	Engine capacity up to 1200cc cent	Engine capacity 1201 to 1500cc cent	Engine capacity 1501cc and over cent
up to 4,000 miles	64.54	76.94	97.95
4,001 miles and over	34.91	39.14	47.36

Motor Cycle Allowance

Rates per kilometre effective from 25th March 2009

Official motor Travel in Calendar year	Engine capacity up to 150cc cent	Engine capacity 151cc to 250cc cent	Engine capacity to 251cc to 600cc cent	Engine capacity 601cc and over cent
up to 6,437 km	14.48	20.10	23.72	28.59
6,438km and over	9.37	13.31	15.29	17.60

Rates per mile effective from 25th March 2009

Official motor Travel in Calendar year	Engine capacity up to 150cc cent	Engine capacity 151cc to 250cc cent	Engine capacity to 251cc to 600cc cent	Engine capacity 601cc and over cent
up to 4,000 miles	23.29	32.34	38.16	46.01
4,001 miles and over	15.07	21.42	24.61	28.31

Domestic subsistence rates

Effective 25th March 2009

Class of Allowances	Night Allowances			Day Allowances	
	Normal Rate	Reduced Rate	Detention Rate	10 hours or more	5 hours but less than 10 hrs
A ¹	108.99	100.48	54.48	33.61	13.71
B ²	107.69	92.11	53.87	33.61	13.71

¹ Salary of €55,780 and above

² Salary of €55,779.99 and below

Appendix three - vocational groups

Ambulance Officers John O'Brien, 21 River Valley Avenue, Swords, Co Dublin.

Audiologists Ann Marie Gallagher, Audiology Dept, Beaumont Hospital, Beaumont, Dublin 9.

Biochemists Ger Collier, Biochemistry Department, St Vincent's University Hospital, Elm Park, Dublin 4.

Catering Officers Yvonne Dowler, General Hospital, Mullingar, Co Westmeath.

Child Care Managers John Martin, Child Care Manager, Health Service Executive South, Wexford Local Health Office, Georges Street, Wexford.

Chiropodists Carmel Devine, c/o County Clinic, Bindon Street, Ennis, Co. Clare.

Clinical Engineering Professionals Bernard Murphy, Biomedical Engineer, Cork University Hospital, Cork.

Clinical Measurement Scientists (Cardiac Catheterisation) Ann Simpson, Adelaide and Meath Hospital, Tallaght, Dublin 24.

Clinical Measurement Scientists (GI) Patricia Lawlor, St. James's Hospital, PO Box 580, James's Street, Dublin 8.

Clinical Measurement Scientists (Respiratory) Michelle Agnew, St. James Hospital, PO Box 580, James Street, Dublin 8.

Clinical Measurement Scientists (Vascular) Clare Dooley, Vascular Medicine Department, Tallaght Hospital, Tallaght, Dublin 24.

Community Welfare Officers Des Stone, HSE - Eastern Region, The Maltings Business Park, Marrowbone Lane, Dublin 8.

Dental Surgery Assistants Una Breathnach, HSE - Western Region, Shantalla Health Centre, Shantalla, Galway.

Dental Surgeons Joe Mullen, HSE - North Western Region, Community Care, Carrick-on-Shannon, Co Leitrim.

Dieticians Ita Saul, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12.

Dosimetrists Louise O'Neill, St Lukes Hospital, Highfield Road, Rathgar, Dublin 6.

Draughtsman/Technician Rosaleen McDonagh, Technical Services Department, Gate Lodge, Merlin Park Hospital, Galway.

Environmental Health Officers Shane O'Flynn, North Lee Community Care, HSE South, Floor 3, 26 South Mall, Cork.

Executive Analytical Chemists Liam Dolan, Dublin Public Analyst Laboratory, Sir Patrick Duns, Lower Grand Canal Street, Dublin 2.

Family Support Workers Bernie Brady, HSE - Dublin North East, Community Child and Family Services, Drumalee Cross, Cavan.

Fire Prevention Officers Nicholas Keogh, Central Office, HSE - Midland Region, Ardeen Road, Tullamore, Co. Offaly.

FOI/DP Liaison Officers Liam Quirke, HSE - Western Area, Merlin Park Regional Hospital, Galway.

General Managers Mary Murphy, National Contract Office, Block 8, St Stephens Hospital, Sarsfieldcourt, Glanmire, Co Cork.

Grade IV-VII Patricia Mellisop, Midlands Regional Hospital, Tullamore, Co Offaly.

Grade VIII Eamon Hannon, Chairman, Laughil, Ardagh, Co Longford.

Healthcare Risk Managers Debbie Dune, HSE Community & Primary Care Services, Unit 7, Swords Business Campus, Balheary Road, Swords, Co Dublin.

Health Service Librarians Ann Murphy, Adelaide and Meath Hospital, Tallaght, Dublin 24.

Health Promotion Andy Walker, Heart Health Team, Carnegie Centre, Bishop Street, Newcastle West, Limerick.

Home Help Organisers Brona DePhaor, Leinster Walk, Kildare Town, Co Kildare.

HSE Capital Projects & Technical Service Project Managers Arthur Ward, HSE - Western Area, Gate Lodge, Merlin Park Regional Hospital, Galway.

Information and Advice Officers Charney Weitzman, Child Care Unit, Tullamore General Hospital, Tullamore, Co. Offaly.

Internal Auditors John Banks, HSE - North Western Region, 10 The Mall, Co Sligo.

Instructors Sheila Duddy, St Joseph's Training Centre, Snipe Avenue, Newcastle, Galway.

Irish Development Officers Bairbre Uí Theighneáin, Oifigeach Forbartha Gaeilge, Inniúlacht Corporáideach, Lár-Oifig, Bord Sláinte Lár Tíre, An Tulach Mhór, Co Uíbh Fhailí.

Maintenance Supervisors and Officers (Health Boards) Stephen McLaughlin, St. Mary's Hospital, Castlebar, Co. Mayo.

NCS Helen O'Malley, Penrose Warf, Penrose Quay, Cork.

National Child Care Managers John Quin, HSE Wicklow Local Health Office, Glenside Road, Wicklow.

Occupational Guidance Officers Donal Hoban, HSE Western Region, St Mary's Hospital, Castlebar, Co Mayo.

Occupational Therapists Emma Benton, Meath Community Care, Child & Family Centre, Navan, Co Meath.

Orthoptists Sheila Callanan, Boherquill, Lismacaffrey, Co Westmeath.

Personnel Officers Mary Kelly, HSE - Northern Area Region, Swords Business Campus, Swords, Co. Dublin.

Pharmacists Eileen Butler (HPAI), Our Lady's Hospital for Sick Children, Crumlin, Dublin 15.

Pharmacy Technicians Nóilín O'Hora, Senior Pharmaceutical Technician, Pharmacy Department, St Luke's Hospital, Highfield Road, Rathgar, Dublin 6.

Physicists Niamh Byrne, Adelaide & Meath Hospital, Tallaght, Dublin 24.

Physiotherapists Clodagh Barry, Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin 13.

Play Therapists Audrey Gregan, St Paul's Hospital, Beaumont, Dublin 9.

Psychologists Neil Austin, Senior Clinical Neuropsychologist, Psychology Department, The Adelaide & Meath Hospital, Tallaght, Dublin 24.

Public Health Nurses Eileen McCarrick, Kilbarrack Health Centre, Kilbarrack, Dublin 13.

Regional Directors of Care/Regional Co-ordinators/Regional General Managers Maria Flemming, HSE Eastern Region, Mill Lane, Palmerstown, Dublin 20.

Regional Materials Managers John O'Donovan, Materials Management, HSE - Southern Region, St Finbarr's Hospital, Douglas Road, Cork.

Secretary Managers Nicky Jermyn, CEO, St. Vincent's Hospital, Elm Park, Dublin 4.

Social Care Workers PJ Keating, 12 Crinken Glen, Shankill, Co. Dublin.

Social Workers Berndette Casey, HSE Eastern Region, St Marys Community Centre, Richmond Hill, Rathmines, Dublin 6.

Specialist Property Managers Martin Beirne, HSE Property Management, Waterfront House, Bridge Street, Co Sligo.

Speech and Language Therapists Frances Shinkins, SLT Department, Mater Misericordiae Hospital, Eccles Street, Dublin 7.

Supplies Officers Frank Nicholson, Central Supplies, Shragh Road, Tullamore, Co Offaly.

Technical Services Bernard Pierce, Chief Assistant Technical Services Officer, HSE - Western Region, Gate Lodge, Merlin Park Regional Hospital, Galway.

Produced by

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Designed by

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