



IMPACT

Health & Welfare Division

Report 2005-2007

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Front cover photo

Ann-Marie O'Grady is a physiotherapist-in-charge at Dublin's Beaumont hospital. "Our job is to help the people contribute to their own recovery. It's a facilitating role in partnership with the patient and their family," she says.

Page 8 picture courtesy of Mater Hospital, Dublin.

IMPACT

Health and Welfare
Division

Report 2005-2007



Robert Bell
Executive Chef

GALWAY BAY HOTEL

Public Health Service
MUNICIPAL HEALTH

Aoife Staunton is an environmental health officer in Galway.
"We promote the highest possible level of health through the promotion and enforcement of legislation and important environmental health controls," she says.

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Divisional organisation

Divisional executive committee

The following were elected to IMPACT's Health and Welfare Divisional Executive Committee at the 2005 health conference: Chris Cully (Cathaoirleach), Sophia O'Reilly (Leas Cathaoirleach), Adrienne Byrne (third representative on IMPACT's Central Executive Committee), Kevin Burke, Pat Fallon, Dick Fitzgerald, Pat Foley, Sinead Lynagh, Jack McCarthy, Eamon McManus, Ruth Robinson and Matt Tully.

In September 2005, Ben Grogan filled the vacancy caused by the resignation of Kevin Burke. After the election of Stella Griffin as IMPACT Vice President at the union conference in May 2006, Dick Fitzgerald replaced Adrienne Byrne as the third divisional representative on the Central Executive Committee.

Union organisation

The replacement of the health boards by a single national employer has raised fundamental questions about IMPACT's organisational structure in the sector and the division organised a series of regional seminars to discuss the implications of this. The sessions were facilitated by an independent consultant whose report, *Keeping Pace with Major Change*, was widely circulated. It was referred to the union's Central Executive Committee (CEC), which established a group drawn from the health and local government divisions to report on the issues raised in the report. A full-time assistant general secretary has been assigned to work on health service reorganisation.

Pay

Almost all grades in the division qualified for full payment of between 12.5% and 13% under Sustaining Progress. Some payments to home help organisers were withheld because of a dispute over their cooperation with various initiatives. A high level group is now addressing the issue of the most appropriate model of home help service delivery and this should allow resource and grading issues to be dealt with more easily.

IMPACT members backed the new national agreement, Towards 2016, by a margin of 79% to 21% in a national ballot in 2006. The union's central executive committee had recommended acceptance of the deal, which was subsequently endorsed at an Irish Congress of Trade Unions (ICTU) special conference.

Towards 2016 Pay Increases

1st December 2006	3%
1st June 2007	2% (2.5% for low paid)
1st March 2008	2.5%
1st September 2008	2.5%

Towards 2016 will deliver pay increases of 10% over 27 months, with an extra 0.5% for those earning €10.25 an hour or less. Like previous deals, Towards 2016 pay increases require staff and unions to co-operate with detailed public service modernisation and change programmes. The agreement also includes a comprehensive package of workplace protections designed to stop rogue employers driving down employment standards for all.

Sanction for the first Towards 2016 payment, worth 3 per cent from 1st December 2006, was given for all IMPACT members in the division. Further increases of 2% on 1st June 2007, 2.5% on 1st March 2008, and 2.5% on 1st September 2008 are due under the deal.

Early in 2007, ICTU warned that it could seek a renegotiation of pay increases later in the year unless the Government acted to curb inflation. High price increases in December 2006 pushed average inflation for the year to 4% and there was speculation among commentators that it could average around 4% in 2007. With pay increases of just 2% due in 2007, a 4% inflation rate would hit workers with a net loss of 0.5% in the period 2006-2007. However, as the box shows, negotiated pay increases have easily outstripped inflation in the last three years, and most IMPACT members got benchmarking payments too.

ICTU economists believe inflation is likely to level out during 2007 and project that Sustaining Progress increases will outstrip inflation over the lifetime of the deal. They have been both the most accurate and most pessimistic price forecasters recently.

Unions accept that the Government does not control many inflationary pressures. Last year's biggest inflationary factor – mortgage interest rates – are set by the independent European Central Bank, while energy prices are largely determined by the dollar price of oil. Yet ICTU has criticised huge domestic energy price hikes when oil prices were falling and has called on the regulator to change the way increases are handled. ICTU's concerns were raised at the first meeting of the Towards 2016 plenary early in 2007.

Cost of living 2004-2006

	Inflation	Pay rises
2004	2.2%	7%
2005	2.5%	3%
2006	4.0%	5.5%
Total	8.7%	15.5%

Source: Inflation = Central Statistics Office Consumer Price Index
 Pay = Public sector increases under national agreements, excluding benchmarking.

Benchmarking

The second benchmarking exercise started in March 2006 and IMPACT made written and oral submissions for ambulance officers (with SIPTU), biochemists, clerical officers (with CPSU), dental surgeons (with the Irish Dental Association), general managers/functional officers, grades V and VII (with PSEU), instructors (with SIPTU), nursing grades (with SIPTU), social care professionals, social workers, and speech and language therapists. A representative sample of staff in the grades underwent job evaluations in 2006 and some were subsequently interviewed to validate the data. ICTU's Public Services Committee also made written and oral submissions. The benchmarking body will make comparisons with private sector pay and remuneration and is due to make its report at the end of 2007.

Modernisation

Health workers have to co-operate with specific modernisation and change measures to qualify for the pay rises in Towards 2016. The changes include reform of the common recruitment pool, changed attendance patterns to allow extended service hours, the introduction of shared services, and new rules on outsourcing in exceptional situations.

As before, staff and their unions must abide by industrial relations procedures and maintain 'industrial peace', which means no strikes or industrial action over issues covered by the agreement. The Towards 2016 modernisation package, which includes general and specific requirements, says the public service must modernise at a faster rate "to meet the expectations and requirements of our increasingly sophisticated, complex and diverse society." Staff will have to maintain co-operation with ongoing modernisation and change, including new structures and working methods if they're necessary to improve services. However, the deal includes safeguards to ensure that management can't introduce massive changes without agreement. Unions can appeal to the Labour Court if management attempts to breach the agreement or introduce more change than it requires. The Court's decision is binding in such situations.

The deal commits the parties to the introduction of open competitions for 20 per cent of grade V to VII posts from 2007, at a time when equivalent civil service posts will be opened up to the same degree. This includes the existing provision for open competition to specialist posts and existing staff will also be eligible to enter open competitions. The agreement also commits the union to negotiate arrangements for graduate entry to certain administrative posts by mid-2007.

It also commits staff to co-operate with the introduction of national shared services, but it does not supersede the IMPACT-HSE agreement covering the introduction of new health structures. It envisages the extension of new attendance patterns to allow services to be delivered outside the traditional 9-5 working day, although the deal says "the standard working week of many health staff will remain unchanged." Talks on new working patterns, which will not mean increased working hours for individuals, are due to finish in 2007. These proposals are significant, but there is likely to be an incremental roll out with a combination of existing staff opting to work new hours and the recruitment of new staff on atypical working patterns.



Ger Brophy works as a social work team leader in Kildare and west Wicklow.

“I feel proud when I have helped an adult or child to walk tall and get the best out of life,” he says.

Towards 2016 also gives management discretion to outsource “in exceptional situations involving temporary pressures or peaks, in order to avoid excessive delays in the delivery of services.” This restricts management, which can only outsource to prevent service users suffering in extraordinary situations, and there are safeguards to ensure that the provision is not abused.

The proposals also require staff co-operation with the introduction of team working, including in hospitals, primary care units and other settings. This may mean new reporting relationships, including cross-disciplinary reporting in some circumstances, particularly in primary care. The union is in negotiations to ensure appropriate arrangements that genuinely enhance services while protecting staff.

As part of the deal, IMPACT secured commitments to two major programmes aimed at enhancing the skills of clerical, administrative and support staff to enable them to improve their career prospects as well as their contribution to service development and patient care. The SKILL project got underway early in 2006. This is about upskilling support staff like home helps, family support workers, catering staff and porters. A similar CLASS programme, aimed at clerical and admin staff, will follow shortly. The deal also requires staff and unions to cooperate with the introduction of therapy assistants by 2007 and the introduction of health care assistants.

Rob Regan is a perfusion scientist working in the Mater hospital, Dublin. “At the heart of cardiac surgery,” he says.



Verification

As with Sustaining Progress, staff co-operation with modernisation will have to be verified by the health performance verification group (PVG). There are separate modernisation action plans for the National Hospitals’ Office, Primary, Community and Continuing Care Services, and the National Federation of Voluntary Bodies. National secretary Kevin Callinan represents IMPACT on the PVG, along with other trade unionists, employers’ representatives and independent members representing the public interest.

Workers’ rights

Towards 2016 also includes a comprehensive package of workplace protections, including fines of up to €250,000 – and possibly prison – for employers who try to dodge employment laws by failing to keep records. The deal will see a trebling of the number of labour inspectors, new measures to stop firms sacking staff to replace them with cheaper labour, and the establishment of a powerful new statutory body to enforce labour protections. There are also new measures to stop bogus self-employment, protection for ‘whistleblowers’, increased compensation for exploited workers, and stronger regulation of employment agencies.

Reorganisation of health structures

The divisional executive called a special conference in February 2007, at which delegates backed a motion calling for an industrial action ballot if the HSE does not quickly change the pace and direction of health service reforms. The motion was strongly critical of the staff recruitment embargo, the two-tier health system, privatization, job cuts and the HSE’s failure to involve staff in reorganization. It called on the union to review the situation at its May 2007 health conference.

A month later, the Government accepted an Irish Congress of Trade Unions (ICTU) suggestion that a partnership-based forum be established to find solutions to the structural problems in health service delivery. The forum, which involves the appropriate unions, management and government, and which first met in March 2007, could identify the need to change certain working practices. IMPACT and other unions have said they are willing to consider this in the context a changed Government and HSE approach to health service reform and reorganization.

All groups of health service staff have expressed growing dissatisfaction with the pace and direction of change following the abolition of the health boards and there is growing concern that experienced health professionals and managers have been sidelined in the process. Nevertheless, the agreement between IMPACT and the Health Service Executive (HSE), which was ratified in January 2005, continues to protect jobs, careers and working conditions.

Functional working groups established on foot of the agreement have operated with varying degrees of effectiveness and the independent facilitator has repeatedly had to put pressure on the parties to move things on. There are functional groups with human resources, finance, procurement, information technology, health promotion, technical services, and other corporate services. HSE management decided that shared services could best be delivered within the relevant functional directorates rather than through a dedicated national directorate.

Staff in former health board headquarters and elsewhere have experienced growing confusion about which HSE organisational units are responsible for what, and most believe the HSE structures have made it more difficult to get timely decisions. The establishment of the National Employment Monitoring Unit (NEMU) to rule on even the most trivial staff replacement matters has been particularly frustrating to the people who are trying to deliver services and there is anger at the HSE's policy of targeting important clerical and administrative positions for non-replacement. This led to a ballot for industrial action in early 2007.

IMPACT and other unions have also found it hard to get the HSE to work through partnership structures as it attempts to force through changes proposed by a growing band of unaccountable advisers and management consultants. This marked a significant departure from previous efforts to deepen the partnership relationship within the sector.

Standardised working conditions

The HSE-IMPACT agreement accepts the standardisation of working conditions and IMPACT has signalled the need for improvements for staff in voluntary hospitals and specialist agencies. Despite an agreement that new staff would enjoy existing arrangements in each HSE area, some received contracts with inferior terms. The union then insisted on formal confirmation that all 2005 and 2006 HSE appointees would get the terms that would have applied in the relevant health board area.

Management had still made no attempt to start talks on extended services by spring 2007. Negotiations are needed because most IMPACT grades get no shift premiums and have inferior overtime arrangements, and it won't be possible to expand service delivery hours without adequate staffing and appropriate compensation. The concept of multi-disciplinary working is being advanced with the development of primary care teams and IMPACT is dealing with a number of issues that have arisen from this.

Primary care

The 2006 and 2007 Budgets made provision for the establishment of primary care teams and IMPACT co-operated with the advance recruitment to the first 100. However, there were many difficulties around job descriptions, eligibility and selection processes, which fuelled a belief among the professions that they were not being properly included in the planning. There were also concerns about how the teams and the planned primary care networks would fit with existing and planned services, and the need to retain professional integrity in the context of multi-disciplinary working and new reporting relationships. A joint HSE-IMPACT group was established in December 2006 to deal with these issues and the question of grading structures. The question of entitlement to primary care services has yet to be resolved and this is at the heart of the nature of the health system.

Privatisation

The union also highlighted its concerns about the threat of more privatisation in primary, community and continuing care (PCCC), as well as the relentless push to co-locate private hospitals on the grounds of public hospitals. The Government claims this will free up public beds, but it will inevitably deepen the chasm between those who have health insurance and those that don't. It also raises major questions about investment, professional training, recruitment and retention, and other operational matters.

Health Information and Quality Authority

The Health Bill 2006 provided for the establishment of the Health Information and Quality Authority (HIQA), and the office of the Chief Inspector of Social Services within HIQA, on a statutory basis. It also proposed a registration system for residential services for children, older people and people with disabilities. Dr Tracy Cooper was appointed chief executive of the interim HIQA in August 2006 and the authority submitted a proposed code of governance and an organisational plan to the health minister. The Bill envisages the transfer of the staff of the Irish Health Service Accreditation Board and the Irish Social Services Inspectorate to HIQA. Discussions between IMPACT and HIQA on this aspect started in January 2007. Other discussions are to take place about the position of HSE staff involved in activities that will become the statutory responsibility of HIQA.

Government regulatory programme

The Health and Social Care Professionals Act, 2005 provides for the establishment of a system of statutory registration for certain health and social care professionals. In March 2007 the Minister made appointments to the Health and Social Care Professionals Council, which will have overall responsibility for the regulatory system. There are still unresolved industrial relations issues to do with the operation of statutory registration.

The Nurses and Midwives Bill, due for publication in 2007, is expected to modernise the regulatory framework for nurses and midwives to reflect significant changes in the professions.

The new Medical Practitioners Bill is expected to underline the Medical Council's role in the regulation of the medical profession and introduce streamlined and transparent complaints and 'fitness to practice' procedures.

The Government has approved the heads of a pharmacy bill. This will allow changes to the governance of the Pharmaceutical Society of Ireland, update the registration process for pharmacists, introduce a registration system for pharmacies and introduce a 'fitness to practice' regime and remove certain restrictions on ownership, management and supervision of pharmacies by pharmacists educated abroad.

Core health functions

In March 2006, the Government decided to transfer responsibility for certain health functions after an interdepartmental report recommended the transfer of income maintenance schemes, including supplementary welfare allowance (SWA), from the HSE to the Department of Social and Family Affairs and special housing aid for the elderly (SHAFE) to the Department of the Environment. There was no prior consultation with unions, and little with the HSE, prior to the decision. The SWA scheme is the basic work of most community welfare officers and the SHAFE scheme involves environmental health officers.

IMPACT and SIPTU made a joint submission to the Oireachtas Joint Committee on Social and Family Affairs on the SWA issue and argued that the proposed transfer could leave thousands of vulnerable people with less access to health and personal social services. The union also gave oral evidence to the Oireachtas committee and wrote to all front bench health spokespeople.

IMPACT (with SIPTU in the case of SWA) highlighted the breach of the consultative provisions of Sustaining Progress and refused to cooperate with the collation of statistical data relating to the transfers. The impasse was subsequently referred to the National Implementation Body (NIB), the tripartite group that intervenes in difficult disputes. The NIB issued a statement that said intensive consultation should take place but that there should be cooperation with the provision of information.

Mental Health Act

Sections of the Mental Health Act became operative in 2006. They introduced various changes, including the establishment of mental health tribunals, and a number of extra administrative posts were negotiated for this purpose. The Act also introduced authorised officers to deal with involuntary admissions and 80 staff were authorised on a voluntary basis pending agreement on a full authorised officer service. The Minister prescribed general managers, grade VIIIIs and mental health professionals as qualified to fulfil the role. Discussions on the system and appropriate compensation commenced in December 2006.

Health sector disability plan

The national disability strategy provides for a framework of new supports for people with disabilities, building on several pieces of equality legislation, and puts the policy of mainstreaming of services on a legal footing. Sectoral plans published by six Government departments form a key element of the strategy and the health sectoral plan sets out the actions that the Department of Health and Children, HSE and 27 statutory bodies will take to meet their obligations under the 2005 Disability Act. The most important aspect is the arrangements

for commencing part two of the Disability Act, which involves needs assessments and service statements for people with disabilities.

Service reviews

The union is involved in joint working groups, with health employers, to examine service and structural issues for a number of professional groups who did not benefit from expert group reviews in the late 1990s. A lot of progress has been made but employer representatives are not willing to deal with structural or grading adjustments, even though the existing systems are decades old. The union subsequently referred the case of clinical measurement scientists to the Labour Relations Commission and Labour Court is considering doing the same for hospital pharmacists and medical physicists.



Niamh Andrews and Maria McLoughlin work in A&E reception in Dublin's Temple Street Children's hospital.

"We know our contribution has made a difference when parents come up and thank us when they're leaving with their child," they say.

Voluntary and community sector

IMPACT membership continues to expand in the community and voluntary sector where the union now represents over 5,000 workers. The union secured important advances for staff in the Towards 2016 negotiations, including an annual funding increase of €10 million above existing programmes. An extra €30 million is also to be invested in the community services programme by 2009 under the deal.

IMPACT also won commitments to discuss funding for pensions, benchmarking and other pay awards in state-funded voluntary bodies. The Department of Finance has agreed to a forum to discuss its criteria for funding of such awards, as well as the level of employer pension contributions.

The union won a number of Labour Court cases, in which it sought benchmarking payments for voluntary sector staff doing similar work to mainstream public servants. But it usually proved difficult to get the recommendations implemented because of funding problems. The Department of Finance says funding for benchmarking awards is currently provided where links with public sector grades “have a long history stemming from a previous Labour Court recommendation or from a historic agreement” with the Department of Finance. It also says it won’t object to other departments meeting the cost of benchmarking from their budgets if they have agreed links between voluntary sector staff and public servants without consultation with Finance. And it says management should seek to agree pay linkages in organisations where staff work alongside others who get benchmarking.

IMPACT has demanded sound long-term funding for voluntary sector organisations, with enough resources to develop community services and award pay increases set out in Towards 2016 and other national deals. IMPACT and SIPTU launched a joint campaign to strengthen the unions’ negotiating hand by increasing membership in the sector.



IMPACT Health and Welfare Division Executive Committee.

Back row, left to right: Robbie Ryan (Assistant General Secretary), Adrienne Byrne, Dick Fitzgerald, Matt Tully, Pat Fallon, Eamon McManus, Sinéad Lynagh.
Front row, left to right: Kevin Callinan (National Secretary), Ruth Robinson, Sophia O'Reilly (Leas Cathaoirleach), Chris Cully (Cathaoirleach), Jack McCarthy, Pat Foley.
Absent from photo: Ben Grogan.

Appendix one – Salary scales

Clerical/administrative

Figures current 1st December 2006 unless otherwise indicated.

Clerical Officer

22,775 - 23,846 - 24,913 - 25,983 - 27,053 - 28,121 - 29,188 - 30,253 - 31,324 - 32,389 - 33,463 - 35,479 - 36,913¹

Grade IV

27,828 - 29,857 - 31,907 - 33,433 - 34,909 - 36,901 - 38,349 - 39,807 - 41,157¹ - 42,512²

Grade V

39,807 - 41,131 - 42,455 - 43,779 - 45,102 - 46,637¹ - 48,167²

Grade VI

44,488 - 45,602 - 46,951 - 49,477 - 50,990 - 52,869¹ - 54,760²

Grade VII

46,672 - 47,854 - 49,238 - 50,625 - 52,018 - 53,260 - 54,527 - 55,759 - 56,982 - 59,089¹ - 61,201²

Catering

Catering Officer, Grade III

27,828 - 29,857 - 31,906 - 33,433 - 34,909 - 36,901 - 38,349 - 39,807 - 41,156¹ - 42,512²

Catering Officer, Grade II

39,807 - 41,132 - 42,454 - 43,780 - 45,103 - 46,637¹ - 48,167²

Catering Officer, Grade I

44,488 - 45,602 - 46,949 - 49,479 - 50,988 - 52,872¹ - 54,760²

Catering Manager

46,672 - 47,854 - 49,238 - 50,625 - 52,018 - 53,260 - 54,527 - 55,759 - 56,982 - 59,089¹ - 61,201²

Head of Catering

64,627 - 66,257 - 68,850 - 71,451 - 74,033 - 76,626 - 79,203

Cooks

Cook Trainee

18,039 - 20,342 - 22,737

Chef, Grade II (with a qualification)

24,712 - 25,549 - 26,325 - 27,165 - 28,015 - 28,795 - 29,644 - 30,428 - 31,289 - 32,349

Chef, Grade II (with out a qualification)

24,712 - 25,549 - 26,325 - 27,165

Chef, Grade I

25,016 - 25,839 - 26,723 - 27,543 - 28,433 - 29,256 - 30,153 - 30,981 - 31,886 - 32,715 - 33,543 - 34,453 - 35,589

Chef, Senior

26,641 - 27,709 - 28,730 - 29,587 - 30,698 - 31,589 - 32,561 - 33,453 - 34,427 - 35,322 - 36,218 - 37,198 - 38,426

Chef, Executive

28,373 - 29,305 - 30,312 - 31,240 - 32,250 - 33,184 - 34,204 - 35,143 - 36,165 - 37,105 - 38,047 - 39,076 - 40,366

Community Welfare

Community Welfare Officer

28,719 - 30,901 - 32,898 - 34,853 - 36,771 - 38,607 - 40,443 - 42,295 - 44,086 - 45,897 - 47,751 - 49,532 - 51,350 - 53,247¹ - 55,150² - 56,993³

Superintendent Community Welfare Officer

61,756 - 64,066 - 66,376 - 68,688 - 71,000 - 72,333 - 74,668¹ - 77,003²

Draughtsman/Technicians

Draughtsman/Technician II

27,002 - 28,016 - 29,040 - 30,059 - 31,065 - 32,099 - 33,107 - 34,140 - 35,161 - 36,133 - 37,207 - 38,472¹ - 39,731²

Draughtsman/Technician I

37,207 - 37,858 - 38,705 - 39,556 - 40,391 - 41,238 - 42,012 - 43,437¹ - 44,867²

General Grades

Dental Nurse (formerly dental surgery assistant with qualification)

23,649 - 24,676 - 25,532 - 26,384 - 27,598 - 28,752 - 29,678 - 30,813 - 32,249 - 32,787 - 33,806 - 35,083 - 37,018 - 39,305 - 42,105¹

Dental Surgery Assistant (without qualification)

23,649 - 24,676 - 25,532 - 26,384 - 27,598

Dental Nurse Senior

39,524 - 41,047 - 42,415 - 43,645 - 45,140 - 46,412 - 47,808

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Appendix one – Salary scales

Fire Prevention Officer

46,388 - 48,137 - 49,892 - 51,646 - 53,399 - 55,154
- 56,908 - 58,655 - 60,415 - 62,165 - 64,183¹ -
66,200²

Home Help Organiser

39,807 - 41,132 - 42,454 - 43,780 - 45,103 - 46,637¹
- 48,167²

Home Helps (pay path)

27,016 - 27,498 - 27,988 - 28,486 - 28,995 - 29,553
- 30,037

Home Helps (non-pay path)

27,390 - 27,544 - 27,699 - 27,785 - 27,873 - 27,961
- 28,047 - 28,138 - 28,227 - 28,324 - 28,416 -
28,515 - 28,609

Nursery Nurse

29,229 - 30,117 - 30,857 - 31,620 - 32,391 - 33,152
- 33,920 - 34,707 - 35,488 - 36,281 - 37,005¹

Special Needs Assistant

22,775 - 23,846 - 24,913 - 25,983 - 27,053 - 28,121
- 29,188 - 30,253 - 31,324 - 32,389 - 33,463 -
35,479 - 36,913¹

Dental and Medical

Area Medical Officer

64,398 - 66,442 - 68,470 - 70,495 - 72,549 - 74,573
- 76,4991 - 78,4272

Area Medical Officer Senior

77,281 - 79,473 - 81,691 - 83,887 - 86,086 - 88,321
- 90,3801 - 92,4402

Director of Community Care

105,817

Specialist in Public Health Medicine

105,817

Director of Public Health Medicine

123,450

Community Ophthalmic Physician

88,321 - 90,3801 - 92,4402

Former Medical Officer (in receipt of salary instead of fees)

45,791

Intern

33,159

House Officer

38,425 - 40,603 - 43,858 - 45,986 - 50,268 - 52,395
- 54,471

Registrar

50,268 - 52,395 - 54,471 - 55,999 - 58,036 - 60,080

Senior Registrar

65,166 - 67,283 - 69,405 - 71,667 - 74,278 - 76,997
- 79,803

Specialist Registrar

60,179 - 61,644 - 63,760 - 66,709 - 69,899 - 73,092
- 76,282

Psychiatrist

46,961 - 49,368 - 51,768 - 54,161 - 56,523

Dental Surgeon, Clinical Grade I

50,344 - 53,573

General Dental Surgeon

58,027 - 61,062 - 64,054 - 67,204 - 70,285 - 73,382
- 76,465 - 81,0981 - 85,7312

Dental Surgeon Senior

73,036 - 76,465 - 79,912 - 83,339 - 88,2931 -
93,2502

Senior Administrative Dental Surgeon (includes higher duties allowance)

76,688 - 80,288 - 83,909 - 87,505 - 92,708¹ -
97,912²

Principal Dental Surgeon (P&EDA) (includes planning & evaluation duties allowance)

89,902 - 93,755 - 97,615 - 103,381¹ - 109,146²

Principal Dental Surgeon (includes regional duties allowance)

87,902 - 91,672 - 95,446 - 101,084¹ - 106,721²

Nursing Grades

Student Nurse III

23,588

Post Registered Student Nurse

25,514 - 27,035

Student Midwife/Student Pediatric Nurse

29,745

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

29,744 - 31,233 - 32,725 - 34,215 - 35,698 - 36,981
- 38,267 - 39,547 - 40,828 - 42,087 - 43,430¹

Senior Staff Nurse

45,603

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Appendix one – Salary scales

Dual Qualified Nurse

33,644 - 35,875 - 37,065 - 37,981 - 38,990 - 40,333
- 41,642 - 43,568 - 44,913¹

Senior Staff Nurse (dual qualified)

47,159

Clinical Nurse Manager 1

42,913 - 43,732 - 44,887 - 46,060 - 47,217 - 48,380
- 49,677 - 50,886

Clinical Nurse Manager 2/Clinical Nurse

Specialist

46,747 - 47,551 - 48,230 - 49,340 - 50,566 - 51,769
- 52,973 - 54,328 - 55,588

Clinical Nurse Manager 3

54,058 - 55,162 - 57,955 - 59,053 - 60,158 - 61,276

Clinical Instructor

48,853 - 49,672 - 50,278 - 51,404 - 52,538 - 53,762
- 54,992 - 56,221 - 57,448

Nurse Tutor

55,332 - 56,108 - 56,880 - 57,657 - 58,432 - 59,209
- 59,979 - 60,758 - 61,533

Principal Nurse Tutor

58,116 - 59,246 - 60,278 - 63,501 - 64,628 - 65,689
- 67,015 - 68,793

Student Public Health Nurse

31,025

Public Health Nurse

45,505 - 46,288 - 46,957 - 48,012 - 49,224 - 50,398
- 51,582 - 52,911 - 54,149

Assistant Director of Public Health Nursing

54,061 - 57,129 - 58,389 - 59,550 - 60,724 - 62,329

Director of Public Health Nursing

63,457 - 64,878 - 66,303 - 67,724 - 69,147 - 70,577
- 71,996

Assistant Director of Nursing (band 1 hospitals)

54,597 - 55,688 - 56,742 - 59,975 - 60,993 - 62,175
- 63,280 - 64,378 - 68,797

Assistant Director of Nursing (all other hospitals)

51,761 - 52,902 - 54,062 - 57,128 - 58,389 - 59,550
- 60,724 - 62,329

Director of Nursing Band 1

73,207 - 75,242 - 77,281 - 79,312 - 81,346 - 83,388
- 85,419

Director of Nursing Band 2

68,888 - 70,827 - 72,772 - 74,709 - 76,657 - 78,598
- 80,542

Director of Nursing Band 2A

68,336 - 69,556 - 70,779 - 71,996 - 73,219 - 74,437
- 75,658

Director of Nursing Band 3

63,457 - 64,878 - 66,303 - 67,727 - 69,147 - 70,577
- 71,996

Director of Nursing Band 4

59,177 - 61,021 - 62,859 - 64,705 - 66,553 - 68,392
- 70,227

Director of Nursing Band 5

55,246 - 56,480 - 57,713 - 58,943 - 60,175 - 61,412
- 62,646

Health and Social Care Professionals

Analytical Chemist, Executive Without Branch E Cert

46,385 - 48,137 - 49,891 - 51,646 - 53,397 - 55,153
- 56,904 - 58,655 - 60,413 - 62,165 - 64,183¹ -
66,200²

Analytical Chemist, Executive With Branch E Cert

52,370 - 54,749 - 57,098 - 59,476 - 61,867 - 64,248
- 66,617 - 69,675¹ - 71,857²

Audiologist

32,539 - 33,718 - 34,689 - 35,664 - 36,682 - 37,685
- 38,652 - 39,424¹

Audiologist, Senior

41,420 - 43,111 - 44,199 - 45,439 - 46,701 - 47,991

Audiologist, Chief

47,991 - 50,643 - 53,360 - 56,143 - 58,991 - 61,904

Biochemist

37,092 - 38,195 - 39,243 - 41,724 - 43,329 - 44,949
- 46,595 - 48,240 - 49,889 - 51,551 - 53,225 -
54,918 - 56,563 - 57,693¹

Biochemist, Senior

52,581 - 55,041 - 57,223 - 59,457 - 61,757 - 64,019
- 66,346 - 68,651 - 70,973

Biochemist, Principal

64,063 - 68,220 - 72,067 - 75,908 - 79,762 - 83,604
- 87,864 - 90,702 - 93,559

Biochemist, Top Grade

90,619 - 94,999 - 98,568 - 102,195 - 105,876

Cardiac Catheterisation Technician

37,039 - 37,854 - 38,757 - 41,120 - 42,553 - 43,989
- 47,531¹ - 51,016²

1 = After three years satisfactory service at the maximum.

2 = After six years satisfactory service at the maximum.

Appendix one – Salary scales

Cardiac Catheterisation Technician, Senior

42,230 - 43,544 - 44,934 - 46,355 - 47,819 - 49,177 - 52,539¹ - 55,905²

Cardiac Catheterisation Technician, Chief I

46,174 - 47,169 - 48,490 - 49,772 - 51,056 - 52,326 - 55,610¹ - 58,960²

Cardiac Catheterisation Technician, Chief II

47,553 - 49,952 - 52,290 - 54,640 - 57,028 - 60,107 - 63,592¹ - 66,931²

Care Assistants (intellectual disability agencies)

26,119 - 26,552 - 27,254 - 28,937 - 30,929 - 31,467 - 32,806 - 33,806 - 34,622 - 35,538 - 36,247¹

Chiropodist

37,319 - 38,569 - 39,628 - 40,724 - 41,806 - 42,918 - 44,023 - 45,128 - 46,292 - 47,516 - 48,738 - 49,717¹

Chiropodist Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,302 - 55,485 - 56,732 - 57,976 - 58,973

Clinical Specialist (therapy professions)

55,297 - 56,397 - 57,529 - 58,655 - 59,778 - 60,963 - 62,208 - 63,452 - 64,451

Clinical Engineering Technician

31,272 - 31,952 - 33,322 - 36,027 - 38,039

Clinical Engineering Technician Senior

39,423 - 41,446 - 43,660 - 46,002 - 48,504 - 51,009 - 53,563 - 55,538¹ - 57,384²

Clinical Engineering Technician Principal

55,627 - 57,512 - 60,110 - 61,875 - 63,385 - 65,119

Clinical Engineering Technician Chief

58,166 - 60,502 - 62,916 - 64,775 - 66,734 - 68,679 - 70,824 - 72,635

Counsellor Therapist - National Counselling Service

46,183 - 48,818 - 51,456 - 54,091 - 56,727 - 59,362 - 61,998 - 64,634 - 67,269 - 69,906 - 72,542 - 75,172

Director of Counselling - National Counselling Service

88,227 - 90,202 - 92,178 - 94,153 - 96,127 - 98,102 - 100,077 - 103,080 - 106,482

Dental Hygienist

37,437 - 38,777 - 40,005 - 41,280 - 42,567 - 43,865 - 45,323 - 46,093 - 47,421 - 48,569 - 49,738 - 50,732¹

Dietitian

37,319 - 38,569 - 39,628 - 40,724 - 41,806 - 42,918 - 44,023 - 45,128 - 46,292 - 47,516 - 48,738 - 49,717¹

Dietitian, Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,302 - 55,485 - 56,732 - 57,976 - 58,973

Dietitian Clinical Specialist

55,297 - 56,397 - 57,529 - 58,655 - 59,778 - 60,963 - 62,208 - 63,452 - 64,451

Dietitian, Manager

60,419 - 62,655 - 64,889 - 67,127 - 69,364 - 71,603 - 73,836

Dietician Manager-in-Charge III

71,198 - 72,364 - 73,526 - 74,752 - 76,042 - 77,330 - 78,361

Dosimetrist

35,690 - 37,402 - 39,000 - 40,792 - 42,205 - 43,585 - 46,136 - 47,604 - 49,137 - 50,666 - 52,611 - 53,298 - 54,365¹

Dosimetrist, Senior

51,568 - 54,260 - 56,675 - 59,118 - 61,579 - 63,406 - 65,254 - 67,115

ECG Technician, Student

22,268 - 23,064 - 23,645

ECG Technician (with a formal qualification)

27,496 - 28,059 - 28,683 - 30,385 - 31,387 - 32,383 - 33,475 - 34,485 - 35,526 - 37,880¹ - 40,255²

ECG Technician (without a formal qualification)

27,496 - 28,059 - 28,683 - 30,385 - 31,387 - 32,383 - 33,475

ECG Technician, Senior

35,181 - 36,103 - 37,092 - 38,105 - 39,160 - 41,466¹ - 43,712²

ECG Technician, Chief I

37,679 - 38,519 - 39,611 - 40,680 - 41,935 - 44,131¹ - 46,310²

ECG Technician, Chief II

40,259 - 41,553 - 42,786 - 44,031 - 45,775 - 48,008¹ - 50,341²

Environmental Health Officer

39,969 - 41,710 - 43,440 - 45,174 - 46,914 - 48,648 - 50,378 - 52,114 - 53,855 - 55,639¹ - 57,415²

Environmental Health Officer, Senior

46,388 - 48,137 - 49,892 - 51,644 - 53,397 - 55,154 - 56,906 - 58,655 - 60,416 - 62,168 - 64,185¹

Environmental Health Officer, Principal

62,067 - 64,026 - 65,989 - 67,952 - 69,916 - 71,875 - 73,848 - 76,328¹ - 78,804²

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Appendix one – Salary scales

Medical Scientist

34,045 - 35,057 - 36,020 - 38,296 - 39,769 - 41,256
- 42,768 - 44,277 - 45,791 - 47,317 - 48,853 -
50,407 - 51,916 - 52,954¹

Medical Scientist, Senior (without FAMLs)

47,646 - 49,875 - 51,853 - 53,876 - 55,961

Medical Scientist, Senior (with FAMLs)

47,646 - 49,875 - 51,853 - 53,876 - 55,961 - 58,010
- 60,119 - 62,207 - 64,312

Specialist Medical Scientist

53,124 - 55,353 - 57,331 - 59,354 - 61,439 - 63,487
- 65,597 - 67,686 - 69,789

Medical scientist, Chief

58,444 - 61,131 - 63,495 - 65,869 - 68,291 - 70,666
- 73,102 - 75,464 - 77,841

Neuropsychological Measurement Technician

37,039 - 37,854 - 38,757 - 41,120 - 42,553 - 43,989
- 47,531¹ - 51,016²

Neuropsychological Measurement Technician, Senior

42,230 - 43,544 - 44,934 - 46,355 - 47,819 - 49,177
- 52,539¹ - 55,905²

Neuropsychological Measurement Technician, Chief I

46,174 - 47,169 - 48,490 - 49,772 - 51,056 - 52,326
- 55,610¹ - 58,960²

Neuropsychological Measurement Technician, Chief II

47,553 - 49,952 - 52,290 - 54,640 - 57,028 - 60,107
- 63,592¹ - 66,931²

Occupational Therapist

37,319 - 38,569 - 39,628 - 40,724 - 41,806 - 42,918
- 44,023 - 45,128 - 46,292 - 47,516 - 48,738 -
49,717¹

Occupational Therapist, Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,302 - 55,485
- 56,732 - 57,976 - 58,973

Occupational Therapist, Manager

60,419 - 62,655 - 64,889 - 67,127 - 69,364 - 71,603
- 73,836

Occupational Therapist, Manager-in-charge III

71,198 - 72,364 - 73,526 - 74,752 - 76,042 - 77,330
- 78,361

Orthoptist

37,319 - 38,569 - 39,628 - 40,724 - 41,806 - 42,918
- 44,023 - 45,128 - 46,292 - 47,516 - 48,738 -
49,717¹

Orthoptist, Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,302 - 55,485
- 56,732 - 57,976 - 58,973

Pathology Technician, Basic

29,894 - 30,734 - 31,586 - 32,426 - 33,266 - 34,106
- 34,947 - 35,792 - 36,634 - 37,474 - 38,236

Pathology Technician, Senior

32,444 - 33,648 - 34,856 - 36,061 - 37,267 - 38,473
- 39,682 - 40,887 - 42,093 - 43,301 - 44,516

Pharmaceutical Technician Student

24,115 - 25,042 - 25,970

Pharmaceutical Technician

34,318 - 35,246 - 36,173 - 37,100 - 38,028 - 38,955
- 39,883 - 40,810

Pharmaceutical Technician, Senior

42,483 - 43,427 - 44,371 - 45,315 - 46,259 - 47,205

Pharmacy Student

23,605

Pharmacist

34,923 - 37,845 - 40,620 - 43,429 - 46,249 - 49,104
- 51,975 - 54,901 - 57,878 - 60,912 - 62,131¹

Pharmacist, Senior

59,194 - 61,996 - 62,893 - 63,786 - 64,903 - 66,175
- 67,541 - 69,920

Pharmacist, Chief II

66,755 - 71,269 - 73,907 - 77,168 - 80,651 - 84,256

Pharmacist, Chief I

75,937 - 79,538 - 80,949 - 82,902 - 85,067 - 87,275

Phlebotomist Trainee

18,228

Phlebotomist

29,903 - 31,588 - 33,049 - 34,532 - 36,021 - 37,549
- 38,300¹

Phlebotomist, Senior

33,241 - 35,163 - 36,810 - 38,519 - 40,221 - 41,979

Photographer Clinical (basic grade)

28,934 - 30,964 - 32,505 - 33,982 - 35,458 - 36,902
- 38,349 - 39,771 - 41,230 - 42,610 - 43,742 -
45,232¹ - 46,715²

Photographer Clinical (senior grade)

43,742 - 45,069 - 46,396 - 47,682 - 49,008 - 50,327
- 51,644 - 53,001 - 54,963¹ - 56,924²

Physiotherapist

37,319 - 38,569 - 39,628 - 40,724 - 41,806 - 42,918
- 44,023 - 45,128 - 46,292 - 47,516 - 48,738 -
49,717¹

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Appendix one – Salary scales

Physiotherapist, Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,302 - 55,485 - 56,732 - 57,976 - 58,973

Physiotherapist, Manager

60,419 - 62,655 - 64,889 - 67,127 - 69,364 - 71,603 - 73,836

Physiotherapist Manager-In-Charge III

71,198 - 72,364 - 73,526 - 74,752 - 76,042 - 77,330 - 78,361

Physicist

39,026 - 41,044 - 43,046 - 45,411 - 46,969 - 48,462 - 52,266 - 53,886 - 55,595 - 57,304 - 59,007 - 60,731 - 61,682

Physicist, Senior

60,574 - 63,353 - 66,132 - 68,911 - 71,694 - 74,473 - 77,252 - 80,035 - 82,596¹ - 85,395²

Physicist, Principal

76,495 - 81,981 - 87,565 - 93,201 - 98,417 - 101,568¹ - 104,716²

Physicist, Chief

98,986 - 101,876 - 104,769 - 107,126 - 110,556¹ - 113,981²

Play Therapist, Basic

37,319 - 38,569 - 39,628 - 40,726 - 41,806 - 42,918 - 44,023 - 45,128 - 46,292 - 47,516 - 48,738 - 49,717¹

Play Therapist, Senior

49,819 - 50,919 - 52,053 - 53,177 - 54,300 - 55,486 - 56,732 - 57,976 - 58,973

Play Specialist, Basic

37,286 - 38,399 - 39,605 - 40,718 - 41,738 - 42,943 - 43,649 - 45,170 - 46,283 - 47,489 - 48,694 - 49,668¹

Play Specialist, Senior

48,337 - 49,564 - 50,885 - 52,395 - 53,718 - 54,954 - 56,068 - 56,824

Psychologist, Trainee Clinical

40,469 - 42,377 - 44,267

Psychologist, Clinical

53,702 - 56,063 - 58,412 - 60,740 - 63,670 - 68,130 - 72,160 - 76,243 - 79,567 - 82,133¹ - 84,703²

Psychologist, Senior Clinical

78,637 - 80,506 - 82,391 - 84,265 - 86,125 - 86,838 - 89,633¹ - 92,432²

Psychologist, Principal Clinical

91,776 - 93,974 - 96,177 - 98,363 - 100,013 - 103,203¹ - 106,392²

Director of Psychology

100,012 - 102,472 - 104,936 - 107,396 - 109,256 - 112,7413¹ - 116,2263²

Radiographer

35,748 - 36,828 - 37,925 - 39,037 - 40,118 - 41,196 - 42,314 - 43,407 - 44,464 - 45,549 - 46,669 - 47,721¹

Radiographer, Senior

43,700 - 45,429 - 47,230 - 49,058 - 50,910

Clinical Specialist Radiographer

49,271 - 51,866 - 54,067 - 56,272 - 58,519

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

51,182 - 54,046 - 56,476 - 58,930 - 61,430

Radiography Service Manager II (formerly radiographer superintendent III)

55,915 - 58,604 - 62,289 - 66,033 - 69,833

Regional Public Analyst, Deputy Without Branch E Cert

64,368 - 66,021 - 67,644 - 69,314 - 70,937 - 72,591 - 74,988¹ - 77,462²

Regional Public Analyst, Deputy With Branch E Cert

69,722 - 71,153 - 72,580 - 74,032 - 75,455 - 76,894 - 79,427¹ - 82,048²

Regional Public Analyst

81,277 - 83,090 - 84,884 - 86,694 - 88,504 - 91,426¹ - 94,443²

Respiratory Technician

37,039 - 37,854 - 38,757 - 41,120 - 42,553 - 43,989 - 47,531¹ - 51,016²

Respiratory Technician, Senior

42,230 - 43,544 - 44,934 - 46,355 - 47,819 - 49,177 - 52,539¹ - 55,905²

Respiratory Technician, Chief I

46,174 - 47,169 - 48,490 - 49,772 - 51,056 - 52,326 - 55,610¹ - 58,960²

Respiratory Technician, Chief II

47,553 - 49,952 - 52,290 - 54,640 - 57,028 - 60,107 - 63,592¹ - 66,931²

Trainee Social Care Worker

26,547 - 27,955 - 29,194

Social Care worker (with a qualification)

32,862 - 34,098 - 35,346 - 36,601 - 37,875 - 39,170 - 40,455 - 41,763 - 43,077 - 43,939¹

Social Care Worker (without a qualification)

32,862 - 34,098 - 35,346 - 36,601 - 37,875 - 39,170 - 40,455 - 41,763 - 43,077

¹ = After three years satisfactory service at the maximum.

² = After six years satisfactory service at the maximum.

Social Care Leader

43,695 - 44,687 - 45,680 - 48,303 - 49,317 - 50,327 - 51,349

Social Care Manager Children's Residential Centres

53,178 - 54,359 - 57,480 - 58,686 - 59,889 - 61,104

Social Worker

35,505 - 37,418 - 39,396 - 41,378 - 43,352 - 45,353 - 47,329 - 48,848 - 50,370 - 51,379¹

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

42,756 - 44,884 - 47,012 - 49,141 - 51,268 - 53,394 - 55,524 - 56,634

Social Work Practitioner, Senior

47,825 - 50,005 - 52,215 - 54,418 - 56,613 - 58,803 - 60,989 - 62,100¹

Social Worker Senior Medical/Single Handed

55,524 - 57,158 - 58,792 - 60,426 - 62,058 - 63,692 - 65,326

Social Worker, Team Leader

55,524 - 57,158 - 58,792 - 60,426 - 62,058 - 63,692 - 65,326

Social Worker, Principal

63,692 - 66,621 - 69,547 - 72,473 - 75,399 - 78,329

Speech and Language Therapist

37,319 - 38,569 - 39,627 - 40,724 - 41,807 - 42,918 - 44,024 - 45,128 - 46,292 - 47,516 - 48,738 - 49,717¹

Speech and Language Therapist, Senior

49,819 - 50,918 - 52,053 - 53,177 - 54,302 - 55,485 - 56,732 - 57,976 - 58,973

Speech and Language Therapist, Manager

60,418 - 62,656 - 64,889 - 67,128 - 69,364 - 71,603 - 73,837

Chief 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)
140,385

Programme Manager, formerly Non - HSE Non-Eastern Regional Area)(HSE Health Areas)

88,978 - 92,933 - 96,887 - 100,840 - 104,796 - 108,750

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

64,627 - 66,257 - 68,850 - 71,451 - 74,033 - 76,626 - 79,203

Functional Officer (formerly EHB)

85,050 - 88,905 - 92,051 - 95,209 - 98,360

General Administrator (formerly EHB)

69,732 - 72,159 - 74,564 - 78,237 - 80,705 - 83,155

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

87,198 - 91,074 - 94,949 - 98,825 - 102,700 - 106,576

Deputy General Manager - Cork University Hospital and Galway Regional

84,529 - 88,287 - 92,042 - 95,800 - 99,556 - 103,313

Technical Services Manager - St Vincent's Hospital

53,204 - 54,750 - 56,324 - 57,865 - 59,445 - 60,999

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

51,359 - 53,594 - 54,852 - 56,080 - 57,294

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

50,988 - 53,228 - 54,508 - 55,749 - 56,982 - 59,088 - 61,200

Chief Ambulance Officers (formerly EHB)

61,729 - 63,732 - 65,752 - 67,778 - 69,790 - 71,905

Chief Ambulance Officers - (HSE Non-Eastern regional area) (Health Areas)

64,627 - 66,257 - 68,850 - 71,451 - 74,034 - 76,626 - 79,203

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

69,137 - 70,885 - 73,650 - 76,437 - 79,200 - 81,971 - 84,729

Secretary Managers (voluntary hospitals)

Group 1

87,198 - 91,074 - 94,949 - 98,825 - 102,700 - 106,576

Secretary Managers (voluntary hospitals)

Group 2

64,627 - 66,257 - 68,850 - 71,451 - 74,034 - 76,626 - 79,203

1 = After three years satisfactory service at the maximum.

2 = After six years satisfactory service at the maximum.

Motor travel rates

Scale A

Effective from 1st July 2006

Rates per kilometre

Official travel in a calendar year	Engine capacity up to 1,200cc	Engine Capacity 1,201cc to 1,500cc	Engine capacity 1,501cc and over
	cent	cent	cent
up to 6,437km	53.48	63.75	80.72
6,438km and over	27.61	31.90	37.96

Scale B

Effective from 1st July 2006

Rates per kilometre

Official travel in a calendar year	Engine capacity up to 1,200cc	Engine Capacity 1,201cc to 1,500cc	Engine capacity 1,501cc and over
	Annual allowance	Annual allowance	Annual allowance
	1,117	1,206	1,327
	cent	cent	cent
up to 6,437km	31.23	38.20	49.79
6,438km and over	33.64	39.440	47.23

Domestic subsistence rates

Effective 1st July 2006

Class of Allowances	Night Allowances			Day Allowances	
	Normal Rate	Reduced Rate	Detention Rate	10 hours or more	5 hours but less than 10 hours
A	140.44	129.48	70.21	41.55	16.95
B	132.18	113.05	66.12	41.55	16.95

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	Gerry Lowry, Local Health Care Unit, HSE - North Eastern Region, Rooskey, Co. Monaghan.
Chiropodists	Carmel Devine, c/o County Clinic, Bindon Street, Ennis, Co. Clare.
Clerical Officers	Ann Joyce, Galway Office, IMPACT, Unit 23A, Sean Mulvoy Business Park, Sean Mulvoy Road, Co Galway.
Clinical Engineering Professionals	John Mahady, Adelaide and Meath Hospital, Bioengineering Department, Tallaght, Dublin 24.
Clinical Measurement Scientists (Cardiac Cateterisation)	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)	Ann O'Shaughnessy, Vascular Medicine Department, Connolly Hospital, Blanchardstown, Dublin 15.
Comhairle	Gwyn Grace, 7th Floor, Hume House, Ballsbridge, Dublin 4.
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.
Draughtsman/Technician	Rosaleen McDonagh, Technical Services Department, Gate Lodge, Merlin Park Hospital, Galway.
Environmental Health Officers	Aoife Staunton, EHO Department, West City Centre, Seamus Quirke Road, Galway.
Executive Analytical Chemists	Liam Dolan, Executive Analytical Chemist Vocational Group, Dublin Public Analyst Lab, 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.

Appendix three – Vocational groups

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, HSE - Southern Region, Community Services, Newberry, Mallow, Co Cork.
Grade IV - VII	Flo Kelly, Project Development & Training Officer, Community Services, West City Centre, Seamus Quirke Road, Galway.
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	Bronagh DePoar, 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.
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	Donal Cassidy, Dublin North West Community Care, Rathdown Road, Dublin 7.
Orthoptists	Tony McAleer, Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin 2.
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	Edwina Jones, St. Luke’s Hospital, Highfield Road, Rathgar, Dublin 6.
Physiotherapists	Clodagh Barry, Central Remedial Clinic, Vernon Avenue, Clontarf, Dublin 13.
Play Therapists	Audrey Gregan, St Paul’s Hospital, Beaumont, Dublin 9.
Psychologists	Maeve Kenny, St Vincnt’s Hospital, Convent Avenue, Richmond Road, Fairview, Dublin 3.
Public Health Nurses	Eileen McCarrick, Kilbarrack Health Centre, Kilbarrack, Dublin 13.
Regional Directors of Care/Regional Co-Ordinators/ Regional General Managers	Willie Rattigan, Disability Services, 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	Sean Scanlan, Social Work Department, Community Care, St Dymphna’s Hospital, Carlow.
Specialist Property Managers	Martin Beirne, HSE Property Management, Waterfront House, Bridge Street, Co Sligo.
Speech and Language Therapists	Noritte Gallagher, HSE - West, Speech and Language Department, Shantalla Health Centre, Galway.
Supplies Officers	Charlie Gantley, Adelaide and Meath Hospital, Tallaght, Dublin 24.
Technical Services	Bernard Pierce, Chief Assistant Technical Services Officer, HSE - Western Region, Gate Lodge, Merlin Park Regional Hospital, Galway.