

**Circular reference 99/2000**

8 September 2000

Secretary/Manager  
Each Public Voluntary Hospital

Chief Executive Officer  
Each Health Board

DEPARTMENT  
OF HEALTH AND  
CHILDREN  
AN ROINN  
SLÁINTE AGUS LEANAÍ

### **Non Consultant Hospital Doctors - Agreement**

I am directed by the Minister for Health and Children to refer to the settlement reached with non consultant hospital doctors. You will recall this Department's circular 84/2000 dated 12 July, 2000 which referred to interim settlement terms. Non consultant hospital doctors have since balloted on and accepted the agreement. The purpose of this circular is to give full effect to the total package as set out hereunder.

#### **Basic Pay**

The basic pay of NCHDs should be increased by 2% with effect from 1 July 1999 under the terms of Partnership 2000 - local bargaining (a copy of the new pay scales is enclosed). A further increase of 3% is due from 1 October under the Programme for Prosperity and Fairness - under the early settlers clause. These increases are in addition to the 5.5% increase payable under the Programme for Prosperity and Fairness, which comes into effect from 1 October, 2000.

#### **Overtime Rates**

The new overtime rates come into effect from the start of duty on Tuesday, 16 May 2000, and are as follows:

**A. On Site Work**

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

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

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

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

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

**B. Off-Site On-Call Duty**

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

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

**C. Notional Hours while on Annual Leave**

NCHDs on annual leave should be paid on the basis of their average approved rostered overtime as appropriate.

**✕ Public Holidays**

NCHDs are entitled to an extra days pay in respect of public holidays worked as part of their 39 hour week .

**Accident and Emergency Department/Shift Allowance**

Doctors in A&E departments rostered to work a continuous rotating shift cycle on site over a 24 hour, 7 day week cycle will be paid at time plus one sixth in respect of their thirty nine hour week.

## **Training Fund**

Health service employers have agreed to the establishment of an annual training fund. This is in addition to all existing expenditure on training and will be used to reimburse doctors for examination fees, courses, conferences, seminars and other approved educational activities. A sum of £3,000 will be provided annually for each approved NCHD post. In addition, on a national basis £1 million will be made available to meet the travel and subsistence costs associated with the above.

It is intended to introduce a logbook system for each NCHD to include details of training, incremental entitlements etc.

## **GP Registrars**

An annual allowance of £9,000 will be payable to GP Registrars on approved schemes.

## **Relocation Expenses Scheme**

The existing relocation expenses scheme for Senior Registrars will be extended to cover all NCHDs (including interns) on approved rotation schemes. A doctor is entitled to claim expenses once in a calendar year under this scheme.

## **Locum Cover**

An additional one and a half million pounds will be made available to hospitals annually for locum cover and will be distributed proportionately.

## **1997 NCHD Agreement**

A Verification Board will be established to agree on the procedures for verification of claims from doctors regarding payments which may be due under the 1997 Agreement. The Board will consist of an independent chairman and one nominee each from the Health Service Employers Agency and the Irish Medical Organisation.

## **Grievance Resolution Mechanism**

As part of the new agreement, grievances which cannot be resolved locally will be referred to an agreed third party mechanism.

## **Doctors Residences**

A programme of refurbishment of doctors residences will commence. A joint HSEA/IMO group will be established to identify and agree on areas for refurbishment on a priority basis.

## **Union Deductions**

Hospitals should make arrangements for deducting union subscriptions at source.

## **Codes of Best Practice on Resource Management**

The Health Service Employers Agency in association with the Irish Medical Organisation will develop a code of best practice which will include the development of more “user friendly” pay slips.

## **Consultative Process**

Health service employers are committed to involving NCHDs in the consultative process. To this end a formal system for consultation should be established at hospital level.

## **New Management Posts**

In the Department’s circular 84/2000 dated 12 July 2000 approval was conveyed to appoint managers further to the implementation of this agreement. Following on from this circular it will be seen that a number of tasks need to be embarked upon not least of which is the management of NCHD hours.

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

The medical manpower manager or the nominated person should initiate discussions with NCHDs and Consultants on drawing up new rosters which have as their core objective the reduction of NCHD working hours. In drawing up new rosters, hospital managers should aim to achieve maximum efficiency in the use of existing NCHD manpower. Particular attention should be paid to eliminating long periods of continuous duty, especially at weekends.

**Enquiries**

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

**Cost**

It is essential that hospitals undertake the task of costing these measures immediately and submit same to the Department as soon as possible. Costings should be submitted under the separate headings as set out in this circular. The number of NCHDs on which your claim is based should also be outlined. Following verification a revision to your agency's non-capital allocation for 2000 will be made. Voluntary hospitals in the Eastern Regional Health Authority area should forward costings to the Authority for submission to the Department.

**Information Days**

A series of information days will take place shortly and your board/hospital will be notified accordingly.

Yours sincerely



P O'Byrne  
Personnel Management and Development

Appendix to Circular 99/00

Grade	1st July 1999 1.5%	1st July 1999 2%	1st April 2000 1%
<b>Intern</b>	17,032	17,373	17,547
<b>House Officer</b>			
1st Year	19,189	19,573	19,769
2nd Year	20,276	20,682	20,889
3rd Year	21,902	22,340	22,563
4th Year	22,965	23,424	23,658
5th Year	25,103	25,605	25,861
6th Year	26,165	26,688	26,955
7th Year	27,202	27,746	28,023
<b>Registrar</b>			
1st Year	25,103	25,605	25,861
2nd Year	26,165	26,688	26,955
3rd Year	27,202	27,746	28,023
4th Year	27,965	28,524	28,809
5th Year	28,982	29,562	29,858
6th Year	30,003	30,603	30,909
<b>Specialist Registrar</b>			
1st Year	28,979	29,559	29,855
2nd Year	29,684	30,278	30,581
3rd Year	30,704	31,318	31,631
4th Year	32,124	32,766	33,094
5th Year	33,660	34,333	34,676
6th Year	35,197	35,901	36,260
7th Year	36,733	37,468	37,843
<b>Senior Registrar</b>			
1st Year	31,380	32,008	32,328
2nd Year	32,400	33,048	33,378
3rd Year	33,422	34,090	34,431
4th Year	34,511	35,201	35,553
5th Year	35,769	36,484	36,849
6th Year	37,077	37,819	38,197
7th Year	38,429	39,198	39,590

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