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Review 2002 - 2003

Divisional organisation

The 2001 divisional conference elected the following to the divisional executive: Nicholas Keogh (Cathaoirleach), John Broe (Leas Cathaoirleach), Eamon McManus (third divisional representative on the Central Executive Committee), Eileen Brosnan, Kevin Burke, Christine Cully, Pat Fallon, Eamon McManus, Gerry Monaghan, Henry Murphy, Sophia O'Reilly and Bernie Walsh.

In May 2002 Nicky Keogh resigned from chair of the executive as he was elected President of IMPACT. The following DEC members took up the arising vacant positions: John Broe (chairperson), Eamonn McManus (vice chairperson), Sophie O'Reilly (third seat on Central Executive Committee).

Health strategy

The Government published its ten-year health strategy, *Quality and fairness: A health system for you*, in November 2001. It contained ambitious targets to improve services and reduce inequalities with far-reaching proposals on everything from bed numbers to hospital admissions, new arrangements for local primary care, health prevention, hospital development, and reviews of existing structures. IMPACT welcomed the strategy but said it would be judged on how successfully it achieved equity in health service delivery.

When the strategy was published the Government has said its implementation would depend on future economic conditions. Since then, the worsening budgetary climate has placed a major question mark over *Quality and Fairness*, and dampened expectations of improved services. It has become difficult to align the vision contained in the health strategy - on service quality, equity, and people management - with the attitude adopted by the Government over the last year.

In the light of these uncertainties, the divisional executive committee revised its earlier intention to hold a conference on the strategy. Instead it decided to keep a number of related issues under ongoing review.

Primary care is one of the most important tiers of the health strategy, and one that potentially affects many IMPACT members in health and welfare services. IMPACT welcomed the Government's plans for the development of primary care services, but questioned whether it could be implemented in the face of crippling shortages of occupational therapists, speech therapists, and physiotherapists, and other key staff groups. Some 800 primary care teams would be needed to meet the Government's aim of one team for each catchment area of 5,000 people. But there are currently less than 200 occupational therapists practising in the public health system and only 250 speech and language therapists are employed across the State. The union called for a massive training and recruitment programme for therapist grades and raised the issue with the health minister. The union also complained that the Government had yet to establish a Department of Health policy unit for the therapy professions, despite making a commitment to do so over two years ago. The union ran a successful consultative meeting on primary care early in 2003.

The Department of Health established a primary care steering group to oversee developments into the future. A task force of seconded health workers was also established and each of the ten health board regions was invited to submit proposals for pilot projects. The final selection of ten sites was made in the autumn of 2002 and these have now been set up and funded on a permanent basis.

Human resource recommendations in the health strategy were elaborated and issued as an *Action plan for people management in the health service*. The ambitious plan, published in November 2002, is intended to be the cornerstone of health service human resource policy over the next decade. IMPACT was involved in the working group that drew up the plan and a consultative workshop involving IMPACT representatives took place in June 2002.

IMPACT welcomed the plan, which promises great benefits for the health service and those who work in it, but said it would demand a big effort from unions and management. Turning the plan into reality will require management commitment and resources and substantial negotiations in certain areas. The health minister described it as a vital step in transforming the health service into "an employer of choice" and said it would provide the impetus for a transformation of traditional personnel administration roles into "a modern and dynamic model of people management."

The 60-page document identifies seven themes:

- Managing people effectively
- Improving the quality of working life
- Best practice employment policies and procedures
- Developing partnership
- Investing in training
- Development and education
- Improving industrial relations and
- Developing performance management.

It sets out activities and deadlines under each heading, and identifies those responsible for achieving each measure. It calls for improvements in the quality of working life through better health, safety, equity and diversity policies and it singles out work-life balance and equity for temporary staff as areas for change. The plan acknowledges that the health service has a highly skilled and committed workforce and envisages personal development plans to improve competency-based education, training and development for staff. It calls for adequate funding for training, linked to service needs are fairly distributed among health service workers. It also calls for more staff involvement in service planning and change management, through established partnership procedures.

On performance management, the plan envisages involving unions in preparatory work and pilot projects, prior to rolling out a health service-wide system from mid-2005. It acknowledges that this cannot be achieved without the input and commitment of all stakeholders including staff and their unions.

Health service cuts

IMPACT wrote to the health minister, opposition spokespeople, and backbench TDs prior to the publication of the health strategy, setting out the union's concerns over public criticisms of clerical, administrative and managerial staff in the health services. Despite this, the Department of Health and Children wrote to health agencies in July instructing them to cut 800 clerical, administrative and managerial posts in the wake of a Government decision to reduce health funding allocations. No consultation took place with IMPACT or any other trade union before the instruction to health agencies, which contradicted pre-election promises that no cuts were planned in health services. Then the Government used the Budget to announce its intention to reduce authorised public sector posts by 5,000 over three years. Many of these are likely to fall in health.

IMPACT responded by instructing members not to cover the work of posts axed or left vacant by the health cuts. The union also issued a number of news releases and contacted a large number of journalists on the matter. IMPACT publicly criticised the Government for singling out administrative staff for cuts and said this could not be done without an impact on services. The union pointed out that most administrative staff carry out front-line roles, while others provide vital behind-the-scenes support services. Cuts in administrative staff inevitably hit services and leave doctors, nurses, and other health professionals spending more time on administration and less time treating patients. Administrative staff make up just 15 per cent of all health workers, a figure that includes significant numbers of front-line carers like community welfare officers, childcare workers, and accident and emergency staff. It also includes staff in crucial support services like admissions and appointments, medical records, IT, human resource management, and recruitment. Consultants, nurses and other health professionals are calling for more clerical and administrative support and the number of health service administrative managers is small compared to other parts of the public service.

The Western Health Board was the first to announce cuts when it said it would not renew the contracts of a large number of temporary staff. IMPACT resisted the job cuts and intensive negotiations took place in August and September. But the union was unable to prevent all the threatened layoffs. The Labour Relations Commission became involved following a request from the union.

Since then newspapers have carried stories about a leaked consultants' report, which is recommending a substantial reduction in the number of health boards. IMPACT has said services could suffer unless reforms are well managed and thoroughly thought-out and it has called for wide consultation with staff and service users to ensure services were safe and reforms effective. The union is awaiting the publication of the report before making a formal response.

Benchmarking

The report of the Public Service Benchmarking Body (PSBB) was published in June 2002 and its pay recommendations are to be implemented under Sustaining Progress, the new national agreement (see below). IMPACT's Health Division made submissions and

Clerical, administrative and managerial - benchmarking awards

General manager	14%
Grade VIII	12%
Grade VII	10-10.2%
Grade VI	8.5-10%
Grade V	8.5-10%
Grade IV	8.5%
Grade III	8.5%

attended hearings on behalf of ten grades and categories. The benchmarking body did not recommend increases for houseparent grades, except to confirm that the 2001 pay and professionalisation deal should be extended to the intellectual disability sector. These increases were worth between 19 and 27 per cent at the top of scales. Grades with pay links to those studied by the PSBB will also get the increases, unless they were benchmarked themselves. Pensioners who retired from the grades also get the increases.

Pay

Health workers are to get pay increases worth seven per cent, and benchmarking awards are to be implemented in full, under the new national agreement Sustaining Progress, which IMPACT members accepted by a margin of 89-11 per cent in a national ballot. An Irish Congress of Trade Unions' (ICTU) special delegate conference subsequently adopted the agreement. The deal also brings a 10.2 per cent rise in the national minimum wage, which will increase to €7 an hour on 1st February 2004.

Health and social care professionals - benchmarking awards

Principal social worker	10-19.9%
Team leader/single-handed/senior social worker	10%
Professionally qualified/medical/psychiatric social worker	2-10%
Physiotherapist-in-charge III	18%
Principal speech and language therapist	14-25%
Senior speech and language therapist	14%
Speech and language therapist	12%

Apart from the first quarter of benchmarking payments, pay increases under the proposed new deal are conditional on significant modernisation and change, aimed at improving services to the public. Specific changes are set out under a range of headings including customer service, stable industrial relations, flexibility, performance, recruitment

procedures, training, partnership and equal opportunities. A 'performance verification group', made up of unions, management and independent representatives, is being established in the health sector to monitor and verify the implementation of agreed changes.

Nurses - benchmarking awards

Director of nursing bands 1, 2 and 5	16%
Assistant director of nursing	15%
Principal nurse tutor	15%
Nurse tutor	13.9%
Clinical nurse manager III	15%
Clinical nurse manager II	12.2%
Clinical nurse manager I	8%
Public health nurse	9.2%
Staff nurse	8%

Under Sustaining Progress, unions cannot make claims for extra pay, promotions or regrading for co-operating with 'normal ongoing change', including the introduction of new technology. But huge changes, like the proposed reorganisation of health board structures, would not be considered normal ongoing change. Staff are required to co-operate with new initiatives and changes to existing practices that are routine features of their organisation's work. The deal also means unions must be informed in advance of all significant change proposals through partnership structures, with discussions on their impact on staff. Management has the right to implement changes if they were included in the provisions of the agreement, but there must be meetings with senior management within three days if staff are working under protest as a result of changes introduced by management. Safeguards are also written into the deal to ensure that managers don't have free reign to introduce unlimited change. If disputed, the Labour Court can ultimately rule on the level of change required under the deal.

Dental grades - benchmarking awards

Principal dental surgeon	15%
Senior administrative dental surgeon	15%
Senior clinical dental surgeon	15%
General dental surgeon	15%

Ambulance grades - benchmarking awards

Emergency medical controller	25%
Emergency medical technician	25%

The agreement commits unions to discussions on extended opening hours in appropriate areas of the health services, although this won't mean increased working hours for individuals. At IMPACT's insistence, the deal says the discussions on extended opening hours will include a range of related issues, including the scope for voluntary agreements and flexible working. The union also insisted that the discussions must address the fact

that nurses and other health service grades get premium payments for working between 6-8pm, unlike administrative workers and health professionals. There will also be talks aimed at reforming the common recruitment pool, which operates in large parts of the health sector. Again, IMPACT has said the talks must include outstanding issues like starting pay on promotion.

The modernisation proposals also herald the broader introduction of performance management systems, which are already in place in large parts of the public service. They are to be operating in the sector by the beginning of 2005. Sustaining Progress envisages increased team working and cross-functional working, with possible changes to reporting relationships where appropriate. And they would allow temporary or contract staff to be hired to do temporary, non-recurring work.

Sustaining Progress also brings new procedures to deal with health sector grievances and disputes more effectively. IMPACT has won better industrial relations procedures and, on that basis, has agreed to measures to help prevent strikes and other industrial action that disrupts services to the public. The pay increases, including benchmarking awards, will be jeopardised if workers and unions don't abide by new procedures, which effectively position stable industrial relations as the main plank of improved health services. Employers are required to stick to the agreement. If they do, strikes and other forms of industrial action are ruled out in disputes that relate to anything covered by the deal. But this does not prevent unions from taking action over issues not covered by the new agreement. If management broke an existing agreement in breach of the new deal, for instance, unions could legitimately respond with industrial action.

Sustaining Progress also includes a specific commitment to establish a high-level problem-solving group in health, with union and management representatives. A revamped National Joint Council will meet regularly to deal with issues and will include high-level representatives of unions and management, including chief executive officers. It also establishes formal third party procedures to deal with problems that can't be resolved through direct negotiations. Ultimately this would mean binding Labour Court recommendations in disputes over breaches of the deal and disagreements over the amount of change required under the modernisation chapter of the agreement.

Pensions

Following Government consideration of the Report of the Commission on Public Service Pensions, a working group was established under the Programme for Prosperity and Fairness to advise on the implementation of the relevant Government decisions. The parties agreed to complete the report in April 2003. The Commission on Public Service Pensions, which reported last year, recommended the retention of defined benefits for public servants, based on final salary and indexed in line with wage increases. This is an important and welcome outcome. The Commission made 57 mostly-positive recommendations on issues like flexible early retirement provisions, the introduction of a public service-wide additional contribution scheme, and better co-ordination with social welfare for the lower paid. But unions expressed reservations about some of the Commission's recommendations including proposals for an additional one per cent contribution, higher retirement ages for new staff, and the abolition of professional added years for new staff.

Clerical and administrative staff

IMPACT's health division balloted clerical and administrative staff seeking a mandate for industrial action over a wide range of long-standing claims that management had failed to address. The ballot covered clerical, administrative, managerial, and analogous grades in regional and area health boards, public and voluntary hospitals, and specialist health agencies. Local meetings were organised around the country and members voted overwhelmingly to support the union's position.

The union had been seeking progress on issues like overtime payments, pay on promotion, and an overhaul of the 30-year-old job evaluation scheme. There was also concern that many health boards were attempting to set aside existing agreements on how posts should be filled. The union was also concerned that clerical and administrative work was being assigned to other staff, which was particularly galling when other health organisations were publicly criticising administrative staff, and while nurses and other health professionals are protesting loudly at the lack of clerical support. Another issue was overtime pay for grades IV-VII, which is set below normal rates and capped at the top point of the grade V scale for grades VI and VII. Furthermore, acting up allowances for administrative staff only apply after four weeks, which means that staff regularly take on extra responsibilities for no reward.

In the event, the changing budgetary and bargaining climate meant that industrial action would have been ineffective. Instead, the divisional executive committee had to prioritise defending clerical and administrative staff from cuts in jobs and services, and the industrial action mandate was used a number of times in disputes over health cuts. IMPACT remains determined to raise outstanding issues and the new national agreement, Sustaining Progress, offers scope to do this in a number of areas.

Health and social care professionals

A report by consultant Peter Bacon, which was commissioned by the Department for Health and Children, called for a fourfold increase in the number of speech and language therapists, a 150 per cent increase in the number of occupational therapists, and a doubling of the number of physiotherapists. Even these figures now look inadequate if the Government's plans for primary health teams are to be implemented properly.

Progress for the therapy professions has been somewhat disappointing. Despite previous ministerial commitments, a policy unit for the allied health professions, which was among the recommendations of the Expert Group Report into Various Health Professions, has yet to be established. Contact with the Department of Health and Children is continuing on this matter. A significant number of the first tranche of clinical specialists' posts still remains to be filled. The main concentration has been on managerial levels. James Doran and Sean McHugh are chairing an adjudication process and it is expected that they will set new criteria to determine eligibility for the current manager and in-charge III levels for each of the professions. IMPACT referred the issue of the student training allowance to the Labour Relations Commission and discussions are ongoing.

Consultants Social Information Systems undertook a major study of social work workload management. However, it remains to be seen whether the final report can provide a basis for addressing the real problems faced by social workers who are trying to cope

with new developments against a background of severe staff shortages. IMPACT continues to press for the filling of the senior social work practitioner complement and for the upgrading of eligible single-handed staff to team leader level.

The report of the Joint Working Group on Psychological Services was published and launched last year, after seven years of effort by the union and its psychologists' vocational group. The agreed joint management-union report said that the public health services needed at least 50 new professionally qualified clinical psychologists a year for the foreseeable future. But only two trainees entered training at the start of the 2002 academic year. As this report went to press, the union was assisting its psychologists' vocational group with a nation-wide lobby of TDs in an effort to have the report implemented. The union says 40 per cent of psychologist posts in the public health services are unfilled and the joint report said that, despite a one-fifth increase in the number of psychologists, there was no indication that current demand for psychologists was satisfied. Furthermore, new care groups would emerge in the coming years as the importance of psychological services to a broad range of health and social problems was recognised.

On top of additional training places, the union wants the report's recommendations on career structures implemented, not least because poor management and career structures are constraining service development and deterring people from entering the profession. Some 96 per cent of psychologists are employed on basic, trainee or senior grades, with only four per cent in principal or director grades. The report also called for a greater input into health promotion and prevention programmes from psychology professionals and predicted greater demand for research expertise among psychologists.

Working Groups on hospital pharmacists and medical physicists commenced their deliberations in the second half of 2002 and both are expected to produce their reports shortly.

Care workers

A three-day national strike involving hundreds of IMPACT members employed as houseparents and assistant houseparents in the intellectual disability sector took place in January 2002. The action followed the failure of the Department of Health and Children and the employers to apply the same terms to these workers as had been extended to their colleagues in the children's services and services for people with sensory disabilities.

The care staff won massive support from families and carers of those affected, as well as widespread public support. The strike was suspended following the intervention of the National Implementation Body (NIB), which was set up under the Programme for Prosperity and Fairness to deal with difficult disputes. The NIB issued a statement that effectively said the matter should be dealt with under the Programme for Competitiveness and Work, and recognising the pay connection between the two sets of workers. This was a crucial intervention as the employers were insisting that the issue be referred to the Public Service Benchmarking Body under the Programme for Prosperity and Fairness.

The issue was then the subject of a Labour Court hearing. In its recommendation the Labour Court said that an existing union-management joint committee should examine the issue and decide whether the same process of professionalisation that had occurred for staff working in child care settings was appropriate in the disability sector. This review concluded in June and recommended the same outcome. The union sought the application of the circular again in July and, in the absence of a positive response, served strike notice once again in October. Another Labour Court hearing took place and the Court recommended that the circular should apply from February 2002. The outcome was overwhelmingly accepted in a ballot of the affected members.

Skills and attributes project

The occupational psychologist firm Pearn Kandola continued its work with the Office for Health Management during the year. There were further consultative sessions with clerical, administrative and managerial staff and health and social care professionals to identify core competencies for the various grades. The report was nearly complete in early 2003. The framework being developed will then be used to assist individuals in identifying areas which they should concentrate on developing. IMPACT is arguing that the Department of Health and Children must adequately fund the education, training and development of staff if the exercise is to be of real value.

The project is aimed at identifying the competencies required for management positions in the health service. Health staff at various levels in the management, administrative, social care and professional streams have been asked for their views on the management skills required to perform their roles effectively. If properly implemented, IMPACT believes it could improve promotional prospects for staff while underpinning the delivery of quality health services. It should also develop better understanding of the tasks performed by managers in administrative grades and health and social care professions, and the challenges they face.

The project is being conducted under the direction of a steering committee made up of human resource managers, the Department of Health, academics, and union representatives. National Secretary Kevin Callinan represents IMPACT on the committee. It will identify the skills, knowledge and personal attributes necessary to perform well in front line, middle and senior management grades. The consultants are examining grades IV-VIII in each health agency and management grades in each of the health and social care professions. The objective is to understand the key challenges and tasks of management functions and find examples of best practice in the various professions. A model of competencies required in each management position will be developed from this.

The work is geared towards involving and consulting with staff. Random samples of employees in each grade have been asked to fill in questionnaires, participate in interviews, or contribute to focus groups. Although the main focus will be staff with existing management responsibilities, some staff who are managed by these grades will also be asked to contribute. The health department has indicated that it will provide resources for training and development needs identified by the project.

Civil registration

The civil registration service, which is administered by health boards, is to undergo major change as part of the modernisation programme for the General Registration Office. This will have a significant effect on the nature of the work and how it is carried out.

Negotiations with the Health Service Employers Agency (HSEA) resulted in agreement to engage consultants to examine the implications of the changes for the grading structure. Their report was produced early in 2003. The union's co-operation with the changes is conditional on the implementation of various recommendations to improve the grading structure of the service.

Staff panel and national joint council

Following its establishment in April 2001 the National Joint Council has continued to meet quarterly and the provisions of the new national agreement Sustaining Progress will strengthen it (see above). Ray McGee of the Labour Relations Commission chairs the council. The union side has been concerned at the absence of top management side representatives at meetings, an issue that is addressed in Sustaining Progress. The need to structure the business of the council more formally, and to ensure that business is conducted efficiently between meetings, has also been identified as a key issue. In accordance with Sustaining Progress, it is hoped that this year will see a fresh approach by both sides to revitalise the conduct of industrial relations. There can be no doubt that this is one essential ingredient to the improvement of the climate in the health service.

Partnership

The Health Services National Partnership Forum continued to oversee developments during the year and partnership structures are being used in the rollout of the health strategy. This was particularly evident in the preparation of the *Action plan for people management in the health service* (see above). The effectiveness of the operation of partnership was the subject of independent examinations during the year. As a result, a strategy to deepen partnership over the coming years was developed and adopted.

The Health and Welfare Executive Committee has identified the need for greater IMPACT involvement at workplace level as a key priority, and this need has been reinforced by the enhanced status of partnership structures under Sustaining Progress. A training course for IMPACT members who are members of partnership committees is being organised. Branches are being urged to mainstream reports from partnership committees as a standing agenda item for branch committee meetings. IMPACT is also committed to raising the adequacy of the current representation arrangements on partnership committees this year.

Appendices

Appendix one - salary scales

Clerical administrative and related grades

Clerical Officer Grade

18,393 - 19,258 - 20,117 - 20,983 - 21,846 - 22,707 - 23,571 - 24,430 - 25,295 - 26,156 - 27,022 - 28,651 - 29,809¹

Grade IV

22,473 - 24,111 - 25,766 - 26,999 - 28,191 - 29,800 - 30,969 - 32,146 - 33,236¹ - 34,331²

Grade V

32,146 - 33,046 - 34,047 - 35,132 - 36,058 - 37,285¹ - 38,508²

Grade VI

35,926 - 36,732 - 37,797 - 39,649 - 40,764 - 42,269¹ - 43,779²

Grade VII

37,313 - 38,250 - 39,350 - 40,451 - 41,557 - 42,547 - 43,553 - 44,527 - 45,494 - 47,176¹ - 48,863²

Catering officers

Catering Officer, Assistant

24,111 - 25,766 - 26,999 - 28,191 - 29,800 - 30,813¹ - 31,823²

Catering Officer, Senior Assistant

25,766 - 26,999 - 28,191 - 29,800 - 30,969 - 32,018¹ - 33,074²

Catering Officer, Grade IV

25,766 - 26,999 - 28,191 - 29,800 - 30,969 - 32,146 - 33,236¹ - 34,331²

Catering Officer, Grade III

30,969 - 32,146 - 32,985 - 33,962 - 35,116¹ - 36,272²

Catering Officer, Grade II

32,146 - 33,047 - 34,047 - 35,132 - 36,058 - 37,285¹ - 38,508²

Catering Officer, Grade I

35,926 - 36,732 - 37,796 - 39,649 - 40,763 - 42,270¹ - 43,779²

Cooks

Cook Trainee

14,496 - 16,427 - 18,361

Chef Grade II

19,956 - 20,632 - 21,259 - 21,937 - 22,624 - 23,254 - 23,939 - 24,573 - 25,267 - 26,124

Chef Grade I

20,202 - 20,867 - 21,580 - 22,242 - 22,961 - 23,626 - 24,350 - 25,019 - 25,750 - 26,419 - 27,088 - 27,823

Chef, Senior

21,514 - 22,262 - 23,041 - 23,742 - 24,542 - 25,254 - 26,031 - 26,745 - 27,523 - 28,239 - 28,955 - 29,739

Chef, Executive

22,913 - 23,665 - 24,478 - 25,228 - 26,044 - 26,798 - 27,622 - 28,380 - 29,205 - 29,964 - 30,725 - 31,556 - 32,598

Community Welfare Officer

22,960 - 24,688 - 26,273 - 27,836 - 29,362 - 30,824 - 32,290 - 33,768 - 35,198 - 36,645 - 38,125 - 39,547 - 40,998 - 42,512¹ - 44,032² - 45,504³

Superintendent Community Welfare Officer

48,165 - 49,967 - 51,769 - 53,572 - 55,376 - 56,415 - 58,236¹ - 60,057²

Draughtsman/Technician II

22,323 - 23,162 - 24,008 - 24,851 - 25,683 - 26,537 - 27,370 - 28,225 - 29,069 - 29,873 - 30,761 - 31,807¹ - 32,847²

Draughtsman/Technician I

30,761 - 31,298 - 31,999 - 32,703 - 33,393 - 34,093 - 34,733 - 35,911¹ - 37,093²

Dental Surgery Assistant (with qualification)

19,098 - 19,927 - 20,619 - 21,307 - 22,287 - 23,219 - 23,966 - 24,883 - 26,043 - 26,477 - 27,300 - 28,332 - 29,894 - 31,741 - 34,002¹

Dental Surgery Assistant (without qualification)

19,098 - 19,927 - 20,619 - 21,307 - 22,287

Fire Prevention Officer

38,378 - 39,825 - 41,277 - 42,728 - 44,178 - 45,630 - 47,081 - 48,526 - 49,982 - 51,430 - 53,100¹ - 54,769²

Supplies Officer Grade D

22,606 - 23,362 - 24,115 - 24,872 - 25,627 - 26,382 - 27,142 - 27,897 - 28,651 - 29,809¹

Supplies Officer Grade C

25,766 - 26,999 - 28,191 - 29,800 - 30,969 - 32,146 - 33,236¹ - 34,331²

Supplies Officer Grade B

32,146 - 33,047 - 34,047 - 35,132 - 36,058 - 37,285¹ - 38,508²

Supplies Officer Grade A

35,926 - 36,732 - 37,796 - 39,649 - 40,763 - 42,270¹ - 43,779²

Assistant Technical Services Officer

33,232 - 34,679 - 36,118 - 37,560 - 39,006 - 40,446 - 41,885 - 43,329 - 44,779 - 46,262¹ - 47,742²

Senior Assistant Technical Services Officer

38,377 - 39,825 - 41,277 - 42,728 - 44,178 - 45,630 - 47,081 - 48,526 - 49,982 - 51,430 - 53,100¹ - 54,769²

Chief Assistant Technical Services Officer

49,456 - 51,018 - 52,580 - 54,144 - 55,712 - 57,273 - 58,828 - 60,820¹ - 62,790²

Technical Services Officer

63,396 - 64,948 - 66,500 - 68,052 - 69,604 - 71,161 - 73,504¹ - 75,850²

1 = After three years satisfactory service at the maximum.

2 = After six years satisfactory service at the maximum.

Figure current 1st October 2002 including Benchmarking and shown in euro.

Appendix one

Home Help Organiser

32,146 - 33,047 - 34,047 - 35,132 - 36,058 - 37,285¹ - 38,508²

Nursery Nurse

23,685 - 24,404 - 25,003 - 25,621 - 26,246 - 26,863 - 27,486 - 28,123 - 28,756 - 29,398 - 29,986¹

Medical and dental grades

Area Medical Officer

48,834 - 50,384 - 51,920 - 53,457 - 55,016 - 56,550

Area Medical Officer Senior

55,828 - 57,411 - 59,012 - 60,598 - 62,188 - 63,802

Director of Community Care

67,596 - 69,970 - 72,339 - 74,857 - 77,214 - 79,631

Specialist in Public Health Medicine

78,722

Director of Public Health Medicine

84,822

Community Ophthalmic Physician

63,802

Former Medical Officer in receipt of Salary instead of Fees

37,104

Intern

27,433

House Officer

31,136 - 32,900 - 35,538 - 37,263 - 40,731 - 42,455 - 44,138

Registrar

40,732 - 42,456 - 44,138 - 45,376 - 47,027 - 48,683

Senior Registrar

51,418 - 53,088 - 54,762 - 56,547 - 58,607 - 60,752 - 62,966

Specialist Registrar

47,483 - 48,638 - 50,309 - 52,635 - 55,152 - 57,670 - 60,188

Psychiatrist

39,554 - 41,582 - 43,603 - 45,618 - 47,608

Dental Surgeon, Clinical Grade I

38,968 - 41,467

General Dental Surgeon

44,914 - 47,264 - 49,579 - 52,018 - 54,403 - 56,801 - 59,186 - 62,773¹ - 66,358²

Dental Surgeon, Senior

56,532 - 59,186 - 61,855 - 64,507 - 68,342¹ - 72,178²

Senior Administrative Dental Surgeon receives Senior Dental Surgeon scale (above) plus higher duties allowance (HDA)

59,359 - 62,145 - 64,948 - 67,732 - 71,759¹ - 75,787²

Principal Dental Surgeon (P & EDA) receives Principal Dental Surgeon scale plus planning & evaluation duties allowance (P&EDA)

69,587 - 72,570 - 75,557 - 80,020¹ - 84,483²

Principal Dental Surgeon (Regional Duties) receives Principal Dental Surgeon scale plus regional duties allowance (RDA)

68,039 - 70,957 - 73,878 - 78,242 - 82,606²

Nursing grades

Student Nurse III

19,113

Post Registered Student Nurse

20,674 - 21,907

Student Midwife/Student Pediatric Nurse

24,102

Staff Nurse (including registered Midwife, Registered Sick Children's Nurse, Registered Mental Handicap Nurse)

24,102 - 25,308 - 26,517 - 27,724 - 28,927 - 29,965 - 31,008 - 32,045 - 33,083 - 34,103 - 35,191¹

Senior Staff Nurse

36,952

Dual Qualified Nurse

27,262 - 29,070 - 30,034 - 30,776 - 31,594 - 32,682 - 33,742 - 35,303 - 36,393¹

Senior Staff Nurse (Dual Qualified)

38,213

Clinical Nurse Manager 1

34,773 - 35,435 - 36,371 - 37,322 - 38,260 - 39,203 - 40,253 - 41,233

Clinical Nurse Manager 2/Clinical Nurse Specialist

36,837 - 37,470 - 38,005 - 38,880 - 39,846 - 40,794 - 41,743 - 42,811 - 43,803

Clinical Nurse Manager 3

41,843 - 42,698 - 44,859 - 45,709 - 46,564 - 47,430

Clinical Instructor

38,078 - 38,716 - 39,189 - 40,066 - 40,950 - 41,904 - 42,863 - 43,821 - 44,777

Nurse Tutor

43,128 - 43,732 - 44,335 - 44,940 - 45,544 - 46,149 - 46,750 - 47,357 - 47,961 - 48,565

Principal Nurse Tutor

44,984 - 45,858 - 46,657 - 49,152 - 50,024 - 50,845 - 51,871 - 53,248

Student Public Health Nurse

25,094

Public Health Nurse

36,574 - 37,204 - 37,742 - 38,590 - 39,564 - 40,508 - 41,459 - 42,528 - 43,522

Assistant Director of Public Health Nursing

41,845 - 44,220 - 45,195 - 46,094 - 47,002 - 48,245

Director of Public Health Nursing

48,812 - 49,905 - 51,001 - 52,094 - 53,188 - 54,288 - 55,380

Assistant Director of Nursing (Band 1 Hospitals)

42,260 - 43,104 - 43,920 - 46,423 - 47,210 - 48,126 - 48,981 - 49,831 - 53,251

Assistant Director of Nursing (all other Hospitals)

40,064 - 40,948 - 41,845 - 44,220 - 45,195 - 46,094 - 47,002 - 48,245

Director of Nursing/Matron Band 1

56,311 - 57,877 - 59,445 - 61,008 - 62,572 - 64,142 - 65,705

Director of Nursing/Matron Band 2

52,989 - 54,481 - 55,976 - 57,466 - 58,965 - 60,459 - 61,953

Director of Nursing/Matron Band 2A

52,565 - 53,503 - 54,444 - 55,380 - 56,321 - 57,258 - 58,197

Director of Nursing/Matron Band 3

48,812 - 49,905 - 51,001 - 52,097 - 53,188 - 54,288 - 55,380

Director of Nursing/Matron Band 4

45,520 - 46,938 - 48,351 - 49,772 - 51,193 - 52,607 - 54,019

Director of Nursing/Matron Band 5

42,496 - 43,445 - 44,393 - 45,340 - 46,287 - 47,239 - 48,188

Childcare**Social Care Worker (IDS) - Trainee (formerly House Parent - Trainee)**

22,776 - 23,985 - 25,048

Social Care Worker (IDS) (formerly Assistant House Parent - with qualification)28,195 - 29,255 - 30,326 - 31,402 - 32,496 - 33,606 - 34,709 - 35,831 - 36,959 - 37,698¹**Social Care Worker (IDS) (formerly Assistant House Parent - without qualification)**

28,195 - 29,255 - 30,326 - 31,402 - 32,496 - 33,606 - 34,709 - 35,831 - 36,959

Social Care Leader (IDS) (formerly House Parent)

37,488 - 38,340 - 39,192 - 41,442 - 42,312 - 43,179 - 44,055

Care Assistants (Mental Handicap Agencies)22,409 - 22,780 - 23,383 - 24,827 - 26,536 - 26,998 - 28,146 - 29,005 - 29,704 - 30,490 - 31,099¹**Trainee Childcare Worker**

22,776 - 23,985 - 25,048

Childcare Worker (with a childcare qualification)28,195 - 29,255 - 30,326 - 31,402 - 32,496 - 33,606 - 34,709 - 35,831 - 36,959 - 37,698¹**Childcare Worker (without a childcare qualification)**

28,195 - 29,255 - 30,326 - 31,402 - 32,496 - 33,606 - 34,709 - 35,831 - 36,959

Childcare Leader

37,488 - 38,340 - 39,192 - 41,442 - 42,312 - 43,179 - 44,055

Social Care Manager childrens residential centres (formerly Manager childrens residential centre (Cat - 1))

45,625 - 46,638 - 49,316 - 50,351 - 51,382 - 52,425

Social Care Manager childrens residential centres (formerly Manager childrens residential centre (Cat - 2))

45,625 - 46,638 - 49,316 - 50,351 - 51,382 - 52,425

Social Care Manager childrens residential centres (formerly Manager childrens residential centre (Cat - 3))

45,625 - 46,638 - 49,316 - 50,351 - 51,382 - 52,425

Health and social care professionals**Analytical Chemist, Executive without Branch E Cert**38,376 - 39,825 - 41,276 - 42,728 - 44,177 - 45,629 - 47,078 - 48,526 - 49,981 - 51,430 - 53,100¹ - 54,769²**Analytical Chemist, Executive with Branch E Cert**43,327 - 45,295 - 47,239 - 49,206 - 51,184 - 53,154 - 55,114 - 57,644¹ - 59,449²**Audiologist**25,674 - 26,604 - 27,370 - 28,140 - 28,942 - 29,734 - 30,497 - 31,106¹**Audiologist, Senior**

32,263 - 33,581 - 34,428 - 35,395 - 36,377 - 37,382

Audiologist, Chief

37,382 - 38,906 - 40,445 - 41,998 - 43,564 - 45,145

Biochemist29,266 - 30,137 - 30,964 - 32,921 - 34,187 - 35,466 - 36,765 - 38,062 - 39,363 - 40,675 - 41,996 - 43,331 - 44,629 - 45,521¹**Biochemist, Senior**

40,957 - 42,873 - 44,574 - 46,314 - 48,105 - 49,867 - 51,679 - 53,475 - 55,284

Biochemist, Principal

49,901 - 52,456 - 54,744 - 57,036 - 59,362 - 61,655 - 64,076 - 66,146 - 68,229

Biochemist, Top Grade

68,853 - 72,181 - 74,893 - 77,648 - 80,446

¹ = After three years satisfactory service at the maximum.² = After six years satisfactory service at the maximum.

Appendix one

Cardiac Catheterisation Technician

30,631 - 31,533 - 32,451 - 33,685 - 34,716 - 35,759 - 38,445¹ - 41,119²

Cardiac Catheterisation Technician, Senior

33,555 - 34,566 - 35,583 - 36,614 - 37,655 - 38,681 - 41,325¹ - 43,973²

Cardiac Catheterisation Technician, Chief I

36,211 - 37,176 - 38,218 - 39,248 - 40,273 - 41,301 - 43,932¹ - 46,578²

Cardiac Catheterisation Technician, Chief II

37,032 - 38,883 - 40,731 - 42,576 - 44,428 - 46,854 - 49,529¹ - 52,171²

Chiropodist

29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹

Chiropodist Senior

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Clinical Engineering Technician

25,862 - 26,617 - 27,900 - 29,512 - 31,034

Clinical Engineering Technician Senior

31,324 - 32,900 - 34,574 - 36,336 - 38,196 - 40,121 - 42,130 - 43,684¹ - 45,136²

Clinical Engineering Technician Principal

43,623 - 45,329 - 47,377 - 48,790 - 49,998 - 51,398

Clinical Engineering Technician Chief

45,296 - 47,096 - 49,008 - 50,473 - 51,990 - 53,537 - 55,161 - 56,616

Clinical Photographer (Basic grade)

23,366 - 24,980 - 26,197 - 27,359 - 28,519 - 29,650 - 30,782 - 31,891 - 33,028 - 34,099 - 34,970 - 36,161¹ - 37,347²

Clinical Photographer (Senior grade)

34,970 - 36,008 - 37,053 - 38,082 - 39,133 - 40,179 - 41,233 - 42,316 - 43,883¹ - 45,448²

Dietitian

29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹

Dietitian, Senior

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Dietitian Manager

47,063 - 48,177 - 49,291 - 50,439 - 51,623 - 52,805 - 53,847

Dental Hygienist

29,538 - 30,596 - 31,565 - 32,571 - 33,586 - 34,610 - 35,761 - 36,368 - 37,416 - 38,322 - 39,244 - 40,029¹

ECG Technician, Student

18,817 - 19,442 - 19,897

ECG Technician (with formal a qualification)

23,373 - 24,017 - 24,890 - 25,607 - 26,323 - 27,075 - 27,795 - 28,536 - 30,326¹ - 32,118²

ECG Technician (without a formal qualification)

22,738 - 23,373 - 24,017 - 24,890 - 25,607 - 26,323 - 27,075

ECG Technician, Senior

27,953 - 28,659 - 29,373 - 30,097 - 30,836 - 32,615¹ - 34,381²

ECG Technician, Chief I

29,548 - 30,359 - 31,220 - 32,078 - 33,078 - 34,832¹ - 36,585²

ECG Technician, Chief II

31,351 - 32,345 - 33,328 - 34,310 - 35,661 - 37,424¹ - 39,208²

Environmental Health Officer Basic

33,232 - 34,679 - 36,118 - 37,559 - 39,006 - 40,447 - 41,886 - 43,329 - 44,777 - 46,260¹

Environmental Health Officer Senior

38,378 - 39,825 - 41,277 - 42,726 - 44,177 - 45,630 - 47,080 - 48,526 - 49,984 - 51,433

Environmental Health Officer, Principal

49,456 - 51,018 - 52,581 - 54,145 - 55,711 - 57,272 - 58,844

Environmental Health Officer, Chief

39,730 - 40,832 - 41,935 - 43,011 - 44,254 - 45,164 - 46,192

Medical Scientist (formerly medical laboratory technician)

28,613 - 29,464 - 30,273 - 32,186 - 33,424 - 34,673 - 35,944 - 37,212 - 38,484 - 39,767 - 41,058 - 42,364 - 43,633 - 44,505¹

Medical Scientist, Senior (without FAMLS) (formerly senior medical laboratory technician)

39,899 - 41,765 - 43,422 - 45,116 - 46,862

Medical Scientist, Senior (with FAMLS) (formerly medical laboratory technologist)

39,899 - 41,765 - 43,422 - 45,116 - 46,862 - 48,578 - 50,344 - 52,093 - 53,855

Medical Laboratory Chief Technologist I and II

48,696 - 50,935 - 52,905 - 54,883 - 56,901 - 58,880 - 60,910 - 62,878 - 64,858

Neurophysiological Measurement Technician

30,631 - 31,533 - 32,451 - 33,685 - 34,716 - 35,759 - 38,445¹ - 41,119²

Neurophysiological Measurement Technician, Senior

33,555 - 34,566 - 35,583 - 36,614 - 37,655 - 38,681 - 41,325¹ - 43,973²

Neurophysiological Measurement Technician, Chief I

36,211 - 37,176 - 38,218 - 39,248 - 40,273 - 41,301 - 43,932¹ - 46,578²

Neurophysiological Measurement Technician, Chief II37,032 - 38,883 - 40,731 - 42,576 - 44,428 - 46,854 - 49,529¹ - 52,171²**Occupational Therapist**29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹**Occupational Therapist, Senior**

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Occupational Therapist Manager

47,063 - 48,177 - 49,291 - 50,439 - 51,623 - 52,805 - 53,847

Orthoptist29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹**Orthoptist, Senior**

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Pathology Technician, Basic

24,141 - 24,819 - 25,507 - 26,186 - 26,864 - 27,542 - 28,222 - 28,904 - 29,584 - 30,262 - 30,877

Pathology Technician, Senior

26,200 - 27,173 - 28,148 - 29,121 - 30,095 - 31,069 - 32,045 - 33,019 - 33,993 - 34,968 - 35,949

Pharmaceutical Technician Student

19,027 - 19,759 - 20,491

Pharmaceutical Technician

27,078 - 27,809 - 28,541 - 29,273 - 30,005 - 30,737 - 31,468 - 32,200

Pharmaceutical Technician, Senior

33,092 - 33,827 - 34,562 - 35,298 - 36,033 - 36,770

Pharmacy Student

18,624

Pharmacist27,555 - 29,861 - 32,050 - 34,266 - 36,491 - 38,744 - 41,010 - 43,318 - 45,667 - 48,061 - 49,022¹**Pharmacist, Senior**

46,109 - 48,291 - 48,990 - 49,685 - 50,556 - 51,547 - 52,610 - 54,463

Pharmacist, Chief II

51,998 - 54,753 - 56,019 - 57,726 - 59,560 - 61,446

Pharmacist, Chief I

57,697 - 60,434 - 61,506 - 62,989 - 64,634 - 66,312

Phlebotomist Trainee

14,311

Phlebotomist23,594 - 24,923 - 26,077 - 27,246 - 28,422 - 29,627 - 30,220¹**Phlebotomist, Senior**

25,893 - 27,390 - 28,673 - 30,004 - 31,330 - 32,699

Physiotherapist29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹**Physiotherapist, Senior**

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Physiotherapist Manager

47,517 - 48,402 - 49,286 - 50,216 - 51,198 - 52,176 - 52,960

Physiotherapist-in-charge

54,097 - 54,983 - 55,866 - 56,797 - 57,777 - 58,756 - 59,539

Physicist

32,287 - 33,957 - 35,613 - 37,569 - 38,858 - 40,094 - 43,241 - 44,581 - 45,995 - 47,409 - 48,818 - 50,244 - 51,031

Physicist, Senior49,150 - 51,405 - 53,660 - 55,915 - 58,173 - 60,428 - 62,683 - 64,940 - 67,019¹ - 69,290²**Physicist, Principal**60,474 - 64,811 - 69,226 - 73,681 - 77,805 - 80,296¹ - 82,785²**Physicist, Chief**78,255 - 80,539 - 82,827 - 84,690 - 87,402¹ - 90,109²**Play Therapist (basic)**29,446 - 30,432 - 31,267 - 32,133 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹**Play Therapist senior**

38,806 - 39,663 - 40,546 - 41,422 - 42,297 - 43,221 - 44,191 - 45,160 - 45,936

Psychologist, Trainee Clinical

31,563 - 33,051 - 34,525

Psychologist, Clinical41,884 - 43,726 - 45,558 - 47,373 - 49,659 - 53,137 - 56,280 - 59,464 - 62,057 - 64,058¹ - 66,063²**Psychologist, Senior Clinical**61,332 - 62,789 - 64,259 - 65,721 - 67,172 - 67,728 - 69,908¹ - 72,091²**Psychologist, Principal Clinical**71,579 - 73,293 - 75,012 - 76,717 - 78,003 - 80,491¹ - 82,979²**Psychology, Director of**79,066 - 81,011 - 82,959 - 84,904 - 86,374 - 89,129¹ - 91,884²**Radiographer**29,108 - 30,058 - 30,902 - 31,770 - 32,624 - 33,493 - 34,369 - 35,238 - 36,134 - 37,069 - 38,011 - 38,799¹¹ = After three years satisfactory service at the maximum.² = After six years satisfactory service at the maximum.

Appendix one

Radiographer, Senior

37,493 - 38,485 - 39,511 - 40,538 - 41,569

Clinical specialist radiographer

41,780 - 42,958 - 44,069 - 45,177 - 46,293

Radiographer service manager I (formerly Radiographer, superintendent I and II)

43,399 - 44,763 - 46,034 - 47,310 - 48,597

Radiography service manager II (formerly Radiographer superintendent III)

47,973 - 49,675 - 51,590 - 53,517 - 55,457

Regional Public Analyst, Deputy without Branch E Cert

51,290 - 52,607 - 53,900 - 55,231 - 56,524 - 57,842 - 59,752¹ - 61,724²

Regional Public Analyst, Deputy with Branch E Cert

55,556 - 56,696 - 57,833 - 58,990 - 60,124 - 61,271 - 63,289¹ - 65,377²

Regional Public Analyst

64,763 - 66,208 - 67,638 - 69,080 - 70,521 - 72,850¹ - 75,254²

Respiratory Technician

30,631 - 31,533 - 32,451 - 33,685 - 34,716 - 35,759 - 38,445¹ - 41,119²

Respiratory Technician, Senior

33,555 - 34,566 - 35,583 - 36,614 - 37,655 - 38,681 - 41,325¹ - 43,973²

Respiratory Technician, Chief 1

36,211 - 37,176 - 38,218 - 39,248 - 40,273 - 41,301 - 43,932¹ - 46,578²

Respiratory Technician Chief 2

37,032 - 38,883 - 40,731 - 42,576 - 44,428 - 46,854 - 49,529¹ - 52,171²

Social Worker Practitioner, Senior

40,428 - 41,947 - 43,290 - 44,642 - 46,009 - 47,378 - 48,759 - 49,647¹

Social Worker

30,014 - 31,388 - 32,662 - 33,944 - 35,231 - 36,541 - 37,838 - 39,052 - 40,269 - 41,076¹

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

36,143 - 37,652 - 38,976 - 40,313 - 41,664 - 43,019 - 44,389 - 45,277^c

Social Worker Senior Medical/Single Handed

44,389 - 45,696 - 47,002 - 48,308 - 49,614 - 50,920 - 52,226

Social Worker, Principal

50,920 - 52,504 - 54,087 - 55,671 - 57,254 - 58,838

Social Worker, Team Leader

44,389 - 45,696 - 47,002 - 48,308 - 49,614 - 50,920 - 52,226

Speech and Language Therapist

29,446 - 30,432 - 31,267 - 32,132 - 32,986 - 33,863 - 34,735 - 35,607 - 36,525 - 37,491 - 38,455 - 39,228¹

Speech and Language Therapist, Senior

38,806 - 39,663 - 40,546 - 41,422 - 42,298 - 43,219 - 44,191 - 45,160 - 45,936

Speech and Language Therapist Manager

47,062 - 48,177 - 49,291 - 50,439 - 51,623 - 52,805 - 53,847

Management grades

Chief Executive officer - SHB, MHB, SEHB, Area Chief Executive ERHA

121,513

Chief Executive Officer - MHB, MWHB, NEHB, NWHB, 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)

112,042

Programme Managers, formerly Non - EHRA, MHB, MWHB, NEHB, NWHB, SEHB, SHB, WHB

71,014 - 74,170 - 77,326 - 80,481 - 83,638 - 86,794

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

50,992 - 52,278 - 54,324 - 56,377 - 58,414 - 60,460 - 62,493

Functional Officers (formerly EHB)

66,249 - 69,252 - 71,702 - 74,162 - 76,617

General Administrator (formerly EHB)

55,127 - 57,046 - 58,948 - 61,851 - 63,803 - 65,740

Senior Administrator Officers (formerly EHB)

52,004 - 53,683 - 55,392 - 57,098 - 58,787 - 59,698 - 61,516¹ - 63,341²

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

69,593 - 72,687 - 75,780 - 78,872 - 81,965 - 85,059

Deputy General Manager - Cork University Hospital and Galway Regional

67,463 - 70,462 - 73,460 - 76,459 - 79,456 - 82,455

Technical Services Manager - St Vincent's Hospital

44,235 - 45,521 - 46,830 - 48,111 - 49,425 - 50,717

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

42,702 - 44,560 - 45,606 - 46,627 - 47,636

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

40,763 - 42,540 - 43,549 - 44,525 - 45,494 - 47,176¹ - 48,862²

Chief Ambulance Officers - (formerly EHB)

48,705 - 50,286 - 51,880 - 53,478 - 55,065 - 56,734

Chief Ambulance Officers - MWHB, SHB, WHB

50,992 - 52,278 - 54,324 - 56,377 - 58,414 - 60,460 -
62,493

Secretary Managers (voluntary hospitals) Group 1

69,593 - 72,687 - 75,780 - 78,872 - 81,965 - 85,059

Secretary Managers (voluntary hospitals) Group 2

50,992 - 52,278 - 54,324 - 56,377 - 58,414 - 60,460 -
62,493

1 = After three years satisfactory service at the maximum.

2 = After six years satisfactory service at the maximum.

Appendix two - mileage and subsistence rates

Motor mileage rates

Effective from 1st January 2002

Official Mileage in a mileage year	Engine capacity up to 1,200cc	Engine Capacity 1,201cc to 1,500cc	Engine capacity 1,501cc and over
	<i>cent</i>	<i>cent</i>	<i>cent</i>
0 to 4,000	81.83	96.40	112.10
4,001 and over	41.89	48.27	52.42

Reduced Mileage Rates

Effective from 1st January 2002

Engine capacity under 1200cc	Engine Capacity 1201cc to 1500cc	Engine Capacity 1501cc and over
<i>cent</i>	<i>cent</i>	<i>cent</i>
29.82	33.46	35.71

Domestic subsistence rates increased

Effective 1st January 2002

Class of Allowances	Night Allowances			Day Allowances	
	<i>Normal Rate</i>	<i>Reduced Rate</i>	<i>Detention Rate</i>	<i>10 hrs or more</i>	<i>5 hrs but less than 10 hrs</i>
A	124.11	114.42	62.04	35.17	14.34
B	111.52	95.38	55.78	35.17	14.34
C	93.27	77.17	46.68	35.17	14.34
D	80.69	68.09	40.36	26.56	13.14
E	66.10	54.81	33.01	26.56	13.14

Appendix three - vocational groups

Ambulance Officers Fergus McCarron, Middle Road, Ballyrane, Letterkenny, Co. Donegal.

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

Biochemists Orla Maguire, Biochemistry Dept, St. Vincent's University Hospital, Elm Park, Dublin 4.

Cardiac Catheterisation Technicians/ECG Technicians Ann Simpson, Adelaide and Meath Hospital, Tallaght, Dublin 24.

Catering Officers Margaret Kenny, ERHA, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

Childcare PJ Keating, 12 Crinken Glen, Shankill, Co. Dublin.

Child Care Managers Gerry Lowry, Local Health Care Unit, North Eastern Health Board, Rooskey, Co. Monaghan.

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

Clerical Officers Bernardine McGauran, North Western Health Board, Sligo General Hospital, Sligo.

Clinical Engineering Professionals John Mahady, Adelaide and Meath Hospital, Bioengineering Department, Tallaght, Dublin 24.

Comhairle Gwyn Grace, 7th Floor, Hume House, Ballsbridge, Dublin 4.

Community Welfare Officers Dublin Des Stone, Ballymun Health Centre, Ballymun Shopping Centre, Dublin 11.

Dental Surgery Assistants Margaret Phillips, Mid Western Health Board, Dental Clinic, Shannon, Co. Clare.

Dental Surgeons Ciaran Rattigan, North Western Health Board, Dental Clinic, Markievicz House, Sligo.

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

Environmental Health Officers Kay Casey, Environmental Health Services, The Archade, Main Street, Cavan.

Executive Chemists Rory Mannion, Western Health Board, Public Analyst Laboratory, University College Hospital, Galway.

Family Support Workers Bernie Brady, Community Care Office, O'Carroll Street, Tullamore, Co. Offaly.

Fire Prevention Officers Nicholas Keogh, Central Office, Midland Health Board, Ardeen Road, Tullamore, Co. Offaly.

GI Technicians Patricia Lawlor, St. James's Hospital, PO Box 580, James's Street, Dublin 8.

Grade IV - VII Val Wade, 16 Westbourne Lawns, New Nangor Road, Clondalkin, Dublin 22.

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 Martina Crowley, Ballintemple Health Centre, Ballintemple, Co. Cork.

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

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

Occupational Therapists Cula Ni Ghlaisne, Occupational Therapy Department, Tobartaioiscan, Ennis, Co. Clare

Orthoptists Tony McAleer, Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin 2.

Personnel Officers Mary Kelly, Northern Area Health Board, Swords Business Campus, Swords, Co. Dublin.

Pharmacists Joan Peppard, Chief Pharmacist, Tullamore General Hospital, Tullamore, Co. Offaly.

Physicists Edwina Jones, St. Luke's Hospital, Highfield Road, Rathgar, Dublin 6.

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

Psychologists Teresa O'Mahony, Southern Health Board, Hibernian Building, 14 Main Street, Skibbereen, Co. Cork.

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

Respiratory Technicians Michelle Agnew, St. James Hospital, PO Box 580, James Street, Dublin 8.

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

Social Workers Stephen Quillinan, Brothers of Charity, Lota, Cork City.

Special Needs Assistants Mary Joyce, Ovaca Road, South Circular Road, Dublin 8.

Speech and Language Therapists Maura Reynolds, Our Lady of Lourdes Hospital, Drogheda, Co. Louth.

Supplies Officers Charlie Gantley, Adelaide and Meath Hospital, Tallaght, Dublin 24.

Vascular Technicians Ann O'Shaughnessy, Vascular Medicine Department, James Connolly Memorial Hospital, Blanchardstown, Dublin 15.

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CORK: Father Matthew Quay, 021-425-5210

SLIGO: 51 John Street, 071-42400

GALWAY: Unit 23, Sean Mulvey Road, 091-778-031