



Circular 2/2024

3 April 2024

To: National Director of Human Resources, HSE
CEOs and HR Managers of the NCSAs

- (1) Implementation of LCR22828 re certain Nursing and Midwifery grades,**
- (2) Implementation of LCR22714 re CHO Chief Officers,**
- (3) Implementation of LCR 22780 for Medical Scientists, and**
- (4) Implementation of pay adjustments for 1 January 2024**

Dear Sir/Madam

I am directed by the Minister for Health to convey the following instructions regarding pay adjustments.

(1) Implementation of LCR22828 for certain Nursing and Midwifery grades only

This section of the circular sets out the recommendations 44, 45 and 46 from the Expert Review Body on Nursing stemming from LCR22828 which are included in the attached DoH consolidated salary scales. These adjustments apply retrospectively wef 30 September 2023 and are as follows:

Recommendation 44

Public Health Nurses serving in the grade wef 30 September 2023, and those newly appointed to the grade since that date, will migrate to the Clinical Nurse Manager2/Clinical Midwife Manager2 pay scale on a point-to-point basis.

Recommendation 45

The Clinical Nurse Manager2/Clinical Midwife Manager2 pay scale will be extended by an additional scale point making Pt10 the new max of scale. The rate for this point as at 30.9.2023 will be €69,136. The scale will also gain an LSI at Pt11. The rate for the LSI as at 30.9.2023 will be €71,210.

Recommendation 46

Eligibility for the Specialist Qualification/Location Allowance has been expanded to include the following grades wef 30.9.2023:

- 233X- Clinical Nurse Manager 3 (General)
- 238Y- Clinical Nurse Manager 3 (Mental Health)
- 2016- Clinical Nurse Manager 3 (Night)
- 2356- Clinical Nurse Manager 3 (Theatre)
- 2133- Clinical Midwife Manager 3

Principles related to the operational implementation of recommendations 44 & 45

Service will be considered for persons who are currently at the 9th point of the CNM2/CMM2 pay scale. Existing rules regarding international service continue to apply.

Guidance on retrospective treatment of employees on impacted grades on 30.9.2023

- Employees on Pt9 of the current PHN/CNM2/CMM2 pay scale who have been on that point for one or more years at that date, move to new Pt10, subject to existing agreed eligibility.
- Employees on Pt9 of the current PHN/CNM2/CMM2 pay scale who have been on that point for four or more years at that date, move to the new LSI (Pt11), subject to existing agreed eligibility.
- Employees on Pt9 of the current PHN/CNM2/CMM2 pay scale who have been on that point for 2 years, move to new Pt10 and reach the new LSI (Pt11) on achieving 2 years, subject to existing agreed eligibility.
- Employees on Pt9 of the current PHN/CNM2/CMM2 pay scale for 3 years move to Pt10 on 30.09.23 and reach the new LSI on achieving 1 year, subject to existing agreed eligibility.
- Increment dates are unchanged.
- The point-to-point merge will have no detrimental impact on incremental credit.

Overtime

Payment in respect of overtime rendered should be calculated by reference to the revised rates detailed above.

Allowances

Allowances which are calculated as a specific percentage or specified portion of basic pay should be calculated by reference to the revised rates detailed above.

(2) Implementation of LCR22714 re CHO Chief Officers

This section of the circular sets out that in line with LCR22714, employees serving in the post of CHO, Chief Officer, on 1.12.22, and new appointees to the grade since that date are aligned to the pay scale of HSE National Director 3 with retrospective effect from 1.12.22. These adjustments are included in the attached DoH consolidated salary scales.

(3) Implementation of LCR22780 re Medical Scientists Grades

This section of the circular sets out the following instructions regarding the implementation of LCR22780 with effect from 1 January 2024. These adjustments are included in the attached DoH consolidated salary scales.

Pay adjustments

- Medical Scientists (grade code 3875) shall be paid an equivalent scale as Biochemists (grade code 3751).
- Senior Medical Scientists (grade code 3877) shall be paid an equivalent scale as Senior Biochemists (grade code 376X). The existing Senior Medical Scientists qualification bar is removed and those held at the qualification bar point are entitled to progress along the scale under normal incremental progression with 1 January 2024 being their new increment date.
- Chief Medical Scientists (grade code 3876) shall be paid an equivalent scale as Principal Biochemists (grade code 3778), subject to a bar at the sixth point of the Principal Biochemist scale for Chief Medical Scientists who do not possess a qualification described in point 3 below.
- These changes, as well as revised rates of pay for the grades of Laboratory Managers (grade code 393X) and Specialist Medical Scientist (grade code 3878) are included in the associated pay scales.

Assimilation

Assimilation from Medical Scientist scales to Biochemist scales shall be on a point-to-point basis for all of the grades referenced above, subject to a bar at the sixth point of the Principal Biochemist scale for Chief Medical Scientists who do not

possess a qualification described below. This includes Medical Scientists on the 15-point and 16-point scale, who shall move on a point-to-point basis.

Chief Medical Scientists

It is agreed that Chief Medical Scientists (grade code 3876) can progress up to point 6 of the revised scale. To progress beyond point 6 of the revised scale, the employee must possess either of the following:

- i. an FRC Path part 1, or a relevant scientific or clinical PHD and where there is clear operational responsibility and accountability on the part of that Chief Medical Scientist for all laboratory staff within a recognised Pathology Specialty
- ii. an MBA or a Postgraduate qualification equivalent to or higher than NFQ Level 9 in the fields of healthcare management, quality management or Information Technology or Bioinformatics.

Chief Medical Scientists who already meet the criteria in (i) or (ii) above on the implementation date of this circular will progress to the equivalent point on the Principal Biochemist scale. Chief Medical Scientists should apply to their local HR Department, providing proof of qualification.

Chief Medical Scientists who obtain a qualification subsequently to satisfy the criteria should, upon obtainment of the necessary qualification, apply to their local HR Department, providing proof of qualification, for progression beyond point 6.

The HSE and MLSA will jointly review the list of relevant fields in section (ii) above after one year and thereafter every 3 years. Any such review must add value to the development of Laboratory services.

These changes introduced are applicable to those in post on or after 1 January 2024 and applies to pension benefit calculations for retirements from 1 January 2024 only.

(4) Implementation of 1.1.24 pay adjustments under the Public Service Agreement 2024-2026

In accordance with the *Public Service Agreement 2024-2026*, the adjustments set out below should be applied, as appropriate, from 1 January 2024.

General

This section of the circular sets out pay increases due on 1 January 2024 as provided for under the *Public Service Agreement 2024-2026*.

The adjustments should be rounded to the nearest euro on annual pay scales and to the nearest cent on weekly pay scales. Hourly rates should be rounded to the nearest €0.01.

This circular also sets out arrangements in respect of the Additional Superannuation Contribution (ASC) for the year 2024.

Public Service Agreement 2024-2026

In accordance with Section 3.1 of the Agreement, the annualised amount of the basic salary of public health sector employees will be increased by 2.25% or €1,125, whichever is greater, with effect from 1 January 2024.

Overtime

Payment in respect of overtime rendered on or subsequent to 1 January 2024 should be calculated by reference to the revised pay rates in effect from 1 January 2024.

Allowances

Allowances in the nature of pay for public health sector employees are increased by 2.25% from 1 January 2024.

Allowances which are calculated as a specific percentage or specified portion of basic pay should be calculated by reference to the revised rates of pay in effect from 1 January 2024.

Pensions

Pension Increases

The principle of pay parity in pension increases for pre-existing public service schemes has been agreed up to the end of 30 June 2026, in line with the Public Service Agreement 2024-2026. Public health sector pension increases should be passed on to pensions in line with that policy.

To determine if a historic increase is due to pensions in payment for pre-existing schemes, please refer to DPENDPR Circulars 20/2017, 02/2018, 19/2019, 10/2021 and DPENDR letter to HR Managers – Ref P18-013-2018 dated 8th June 2021, as well as DoH Circulars 16/2017, 1/2018, 11/2019, 15/2021, 9/2021, 10/2021, 10/2022 and 3/2023.

Single Public Service Pension Scheme ('Single Scheme') pensions are uprated in-line with the Consumer Price Index (CPI), subject to a separate instruction from DPENDPDR. Therefore, Single Scheme pensions in payment in respect of former public health sector employees, will not be adjusted with reference to the revisions of basic pay set out above.

Pension Contributions and Additional Superannuation Contributions (ASC)

Periodic contributions in respect of ASC, main scheme contributions, and spouses and children scheme contributions as appropriate shall be deducted from all arrears of pensionable remuneration payable under this circular.

The ASC rates for 2024 are unchanged. Below are the current rates of ASC, as provided for in Part 4 of the Public Service Pay and Pensions Act 2017.

Thresholds/Rates in 2024

Member of a standard accrual pension scheme	Member of a fast accrual pension scheme	Member of the Single Scheme
€0 - €34,500 @ 0%	€0 - €28,750 @ 0%	€0 - €34,500 @ 0%
>€34,500 - €60,000 @ 10%	>€28,750 - €60,000 @ 10%	>€34,500 - €60,000 @ 3.33%
>€60,000 @ 10.5%	>€60,000 @ 10.5%	>€60,000 @ 3.5%

Pension Revisions for pre-existing public service pension schemes

The pensions of those who are members of a pre-existing public service pension scheme (Non-Single Scheme) which are in payment from 1 January 2024 in respect of former public health sector employees will be adjusted as appropriate in the normal way, by reference to the revisions of basic pay set out above. Employers who, under delegated authority, grant pensions and lump sums may, subject to any necessary prior consultation with this Department, revise pension payments strictly in accordance with this circular.

The lump sums of public health sector employees who retired on or after 1 January 2024 should also be revised by reference to the revisions of basic pay set out above. Deductions from lump sums in respect of non-periodic contributions (such as under Spouses and Children's Pension Schemes) should also be adjusted in these cases. The lump sum of public health sector employees who retired before 1 January 2024 should not be adjusted.

Pensions for public health sector employees who retired after 1 January 2024 which were evaluated for the Pension Benefit Cap¹ under Section 52 of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012, will need to be re-evaluated in the context of the increases outlined in this circular.

Pensions for officers who are currently re-employed in the public service and whose pensions were evaluated for Pension Abatement² under Section 52 of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012, will need to be re-evaluated in the context of the increases outlined in this circular. A pensioner, not previously subject to abatement, may now be subject to abatement as a result of the increases.

¹ DPENDPR Circular 13/2020 Guidance on the application of the Pensions Benefit Cap under section 52 (6) and (7) of the Public Service Pensions (Single Scheme and Other Provisions) Act 2012.

² DPENDPR Circular 24/2022 Guidance on the application of Abatement of Public Service Occupational Pensions.

Pension Revisions for the Single Public Service Pension Scheme

For Single Scheme pensioners who were working in the public health sector on 1 January 2024 and subsequently retired in the period from 1 January 2024 until such date as this pay adjustment takes effect, their referable amounts accrued, and contribution deductions owed will be re-calculated. Lump sum and pensions paid will then be adjusted, as appropriate.

This aforementioned calculation should also be undertaken by Relevant Authorities for the following classes:

- Cost-Neutral Early Retirement (CNER)
- Ill-Health Retirement (including Short Service Gratuity)
- Pension Adjustment Orders (PAOs)
- Death-in-Service (Spouse / Partner / Eligible Child)
- Death Gratuity
- Any other relevant cases

Final Retirement Benefit Statements and Leaver Statements for Single Scheme members who were working as public health servants on the dates of the revision of basic pay and who subsequently retired or left their respective Relevant Authority may also have to be adjusted, as appropriate.

Please note that, as previously stated, the lump sum and pensions of public health sector employees who retired before 1 January 2024 should not be adjusted.

General Queries

Requests for clarification from individual employees should be directed to the employee's own HR Manager where they are employed. Requests for clarification from HR Managers in the NCSAs and from HSE National Employee Relations should be raised directly with National_HR_Unit@health.gov.ie

Circulation

Please bring this circular and attached set of Department of Health Consolidated Salary Scales to the attention of HR Managers, payroll and staff of your organisation. The HSE is also requested to bring this circular to the attention of Section 38 employers.

Yours sincerely



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