



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the National Director of Human Resources
Health Service Executive
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HSE HR Circular 001/2010

29th April, 2010.

**To: Each Member of Management Team, HSE;
Each CEO directly funded Voluntary Hospital/Voluntary Agency;
Each Regional Director of Operations (RDOs), HSE;
Each Assistant National Director, Integrated Services Directorate, HSE;
Each Assistant National Director of Human Resources, HSE,
Each Hospital Network Manager, HSE;
Each Local Health Office Manager, HSE.**

Re: Revised Employment Control Framework for the Health Services – 2010.

Dear Colleague,

1. Introduction:

- 1.1. Over the last number of years, the HSE's Employment Control Framework has been a critical tool in assisting managers deliver service plans within Vote. The revised framework introduced during 2009 as a result of the Government policy on public service numbers and costs has been particularly challenging and has had a significant impact on recruitment policy, activity, and employment monitoring and controls processes, as well as in the areas of promotions and the payment of allowances. The purpose of the Moratorium is to facilitate a permanent, structural reduction in the numbers of staff serving in the public service and to contribute significant and ongoing savings to the Exchequer. In this regard the health services have been tasked to reduce numbers employed by 6,000 WTEs by the end of 2012 and in 2009 employment levels reduced across the health services by approximately 1,300 WTEs and stood at 109,753 WTEs at the start of 2010. The health services will be required to reduce employment levels by another 4,500 over the next three years, with a reduction of 1,520 WTEs required by the end of 2010.
- 1.2. Consequently the health services will require a significantly revised Employment Control Framework where greater flexibility, within national rule sets, is afforded to local managers if it is to achieve this objective.
- 1.3. The 2009 Employment Control Framework, driven in particular by the restrictions imposed by the general Moratorium on recruitment and promotion, created a process of uncontrolled downsizing in many instance where staff, irregardless of the impact on services and clinical risk could not be replaced when or where they left the health services in a timely fashion. For the health sector this is unsustainable and too high a risk for patients and clients. Patient safety is clearly a key priority and therefore it must be ensured that where staff leave the health services, local managers at all levels must be in a position to make the decisions necessary in a timely fashion to deliver this safe service.
- 1.4. In order to support the delivery of this safe service while at the same time continuing to seek reductions in the numbers that are employed, the HSE is devolving the operation of the general Moratorium on recruitment and promotion to regional level in 2010. This devolution will allow

local clinicians and managers balance where the appropriate employment or recruitment of resources is required while at the same time meeting the reductions in the numbers employed.

- 1.5. The National Service Plan 2010, sets out a number of key fundamentals with regard to health services employment policy in line with current Government policy on public service numbers and costs as follows:
 - (a) A reduced approved employment ceiling for the health services from the start of 2010 from the previously notified overall ceiling of 111,800 WTEs. The initial ceiling has been set at 110,355 WTEs. This reflects an overall reduction of 1,445 WTEs from the approved employment ceiling at the start of 2010.
 - (b) A required reduction of 1,520 WTEs over this year, with a targeted reduction of 380 WTEs per quarter. Adherence to quarterly reductions will also ensure delivery of necessary payroll savings as year unfolds. This annual reduction for 2010 is in the context of an overall net reduction for the Health Sector of 4,560 WTEs by the end of 2012.
 - (c) Payroll allocation reduction of €103 million in 2010 (which has already occurred).
 - (d) Newly funded and approved Service Development Posts and funding to address demographic service pressures to be delivered in 2010.

2. Purpose of this Circular:

The circular sets out the revised Employment Control Framework to be operated across the health services (HSE, Voluntary Hospitals and Voluntary Agencies) in 2010. It is to be adhered to thereafter until further amended or revised. Robust and responsive employment control processes, with accountability, is being devolved to regional and service manager level, and will be a key driver for the health services in delivering reductions in employment levels in line with current Government policy on public sector numbers and costs while conforming to other employment aspects of these policies.

3. Employment Control Framework 2010:

The 2010 framework builds on the one set out in HSE HR Circular 015/2009 - Moratorium on Recruitment and Promotions in the Public Services – Revised Employment Control Framework for the Health Services with the following changes:

- 3.1. The operation of the framework is devolved to the four Regions through the Regional Area Employment Monitoring Groups (AEMGs) and National Corporate through the Corporate Employment Monitoring Group (CEMG).
- 3.2. Some filling of critical clinical posts/grades outside of the specified grades given delegated sanction by the Department of Health and Children/Department of Finance may be granted by RDOs subject to the rule-set below and adherence to the process of approval for business cases as set out later in this Circular.
- 3.3. In the case of grades within the staff category Management/Admin there is **no** devolvement to the HSE and the filling of any such posts in this staff category will require prior sanction from the Department of Health and Children/Department of Finance before any offer of appointment can be made.
- 3.4. Each Regional Director of Operations (RDO) will be assigned a Regional approved employment ceiling by the National Director of Integrated Services - Performance & Financial Management (ISD-P&FM) sub-allocated from the initial 2010 approved employment ceiling, notified to the HSE by the Department of Health and Children. This regional ceiling will be reduced Quarter on Quarter to reflect the requirement that the target is not just a year- end target but one that must be achieved throughout the year.
- 3.5. Each Region and National Corporate will be assigned a target reduction in employment levels in their areas, per quarter by the National Director of Human Resources in order to deliver the 1,520 WTEs overall reduction required by the end of 2010.
- 3.6. The filling of vacancies or new posts in the HSE, both for contracts of indefinite duration or fixed term or specified purpose, will be recruited through the National Recruitment Service (NRS), in Manorhamilton, with the exception of NCHD recruitment, which will continue to be carried out

regionally/locally in 2010. All other recruitment activity is proscribed by this Circular. NRS will issue further instructions under separate cover.

- 3.7. The current provision allowing emergency interventions/recruitment at local and area level to maintain frontline services is rescinded and all recruitment must have Regional sanction in line with the current rule-sets before requesting NRS to recruit. Other provisions, outside of external recruitment, to cater for emergency interventions are not affected and can be addressed by the RDO in the normal way. These actions cannot result in increases in employment levels or impact negatively on adherence to both targeted reductions and financial break-even.

4. High Level Principles:

When considering recruitment actions, requests and decisions, the following high level principles must be applied at Regional level. The Region **must**;

- 4.1. Operate within the approved regional employment ceiling.
- 4.2. Operate within approved financial allocation.
- 4.3. Achieve reduction in management/admin number of posts and costs to the 3% target set out in 2009 but not achieved by end of 2009.
- 4.4. Maintain/Increase levels of grades which have delegated sanction from the Moratorium on recruitment.
- 4.5. Increase number of Consultants commensurate with required reduction in NCHDs.
- 4.6. Reduce employment levels and costs in line with any internal cost reductions/VFM targets.
- 4.7. Reconfigure services from Corporate/Acute Hospital Services to Primary and Community Services in line with the strategy as set out by the National Director ISD-P&FM.
- 4.8. Provide for any rebalancing of WTEs and financial resources within and across regions to support national priorities as set out by the Senior Management Team of the HSE. Examples here include Vision for Change, development of Primary Care Teams, National Cancer Control Programme (NCCP), centralisation of medical card application processing, reconfiguration/transformation of services etc.
- 4.9. The provisions for exceptions from the Moratorium shall be kept to the **absolute minimum** so as to achieve the target growth in grades with delegated sanction as set out in appendix 2 and to support the transformation agenda. Exceptions may be made to maintain essential services at risk and to meet priority service change/reconfiguration requirements deemed to be necessary, once net reductions are achieved and suppressions of posts of an equivalent salary value is met.
- 4.10. Health Research Board (HRB) funded posts can be filled and maintained in line with the level of the funding allocations and service agreements between the HRB and the relevant Region/Hospital/Local Health Office.
- 4.11. Programme funding and posts approved in respect of the HSE meeting its obligations under the provisions of the Health Act, 2004 S 7(4) in relation to education, training and skills development should be utilised for the purposes intended. Similarly, student numbers should continue at agreed levels on the basis of the infrastructural financial support for national programmes. Posts required to maintain such education and training programmes may be filled on the basis that the overall national/regional employment ceilings are not exceeded.
- 4.12. Reconfigure services in line with any impact from any schemes designed to reduce public service numbers and costs. In particular the requirement is to reduce overall employment levels in 2010 by 1,520 WTEs.

5. Rule-set for the filling of vacant posts other than those already with delegated sanction:

The following rule-set will be applied:

- 5.1. Vacancy must be fully funded and critical to frontline service delivery.
- 5.2. Focus should be confined to specialist and critical service grades where specific training and necessary additional qualifications are required.

- 5.3. All options and alternatives, including redeployment of existing staff, reorganisation of current work and alternative options to provide the service from non-exchequer sources must be exhausted prior to seeking approval to fill such vacancies.
- 5.4. Regions must be within their approved employment ceiling and within their financial allocations before they can recruit.
- 5.5. Location/Service/Region must be on course to achieve assigned reductions in employment levels and within the timelines set out.
- 5.6. Filling of such vacancies must be offset by suppression where appropriate of other live vacancies post 1st January 2010 to the equivalent payroll value elsewhere in the location/Service/Region to ensure regions achieve targeted reductions, quarter by quarter.
- 5.7. Due cognisance must be taken of the need to maintain and/or increase employment levels in grades with delegated sanction where warranted/set out by services, and where such increases have to be offset by live vacancies elsewhere. Priority will be to replace as soon as vacancy arises, but should provide as necessary any changes of location where deemed by the service.

6. Approved employment ceiling at Region and Hospital/Agency/function level:

- 6.1. The sub-allocation of the Integrated Services Directorate (ISD) approved employment ceiling from the overall HSE approved employment ceiling notified by the Department of Health and Children is a matter for final decision by the National Director ISD-P&FM. The National Director will sub-allocate the ISD ceiling by region from the start of 2010. Each RDO in turn will sub-allocate regional approved employment ceiling by service function / hospital / Agency and should ensure ceilings are aligned to financial allocations. Where locations are in breach of their allocated approved employment ceiling, RDOs will require Service Managers/CEOs of Voluntary Hospitals/Agencies to submit action plans with timelines to achieve ceiling compliance, before authorising any further approvals to recruit.
- 6.2. See table below with initial sub-allocations, based on current approved employment ceilings as at the end of 2009, and with the modifications required in line with the initial allocated approved employment ceiling of 110,355 WTEs as at the start of 2010 and the required reduction of 1,520 WTEs to be achieved by the end of the year. It sets out targeted reductions by quarters by regions, but is subject to final decisions by the National Director, Integrated Services Directorate (Performance & Financial Management) in respect to of the Integrated Services Directorate.
- 6.3. The HSE's overall approved employment ceiling may be amended in the course of 2010 through the filling of new approved and funded service developments adjustments in respect of subsumed agencies into the HSE in line with Government policy and any other adjustments reflecting transfers of staff and functions.

Table setting out initial sub-allocation of the approved employment ceiling (based on sub-allocation of ceilings at the end of 2009) by Function and by Regions with targeted reductions to be achieved in 2010

Function/Region	End 2009	Start 2010	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Approved Employment Ceiling	111,800	110,355	109,975	109,595	109,215	108,835
Total ISD <i>of which is</i>	107,247	105,861	105,496	105,133	104,768	104,404
Acute Hospitals Services	51,304	50,641				
Ambulance Services	1,336	1,319				
Primary and Community Services	54,455	53,751				
Primary Care Reimbursement Service	152	150				
Corporate	3,213	3,171	3,161	3,150	3,139	3,128
Population Health	1,120	1,106	1,102	1,098	1,094	1,090
To be allocated*	220	217				
HSE Dublin Mid Leinster	33,381	32,950	32,836	32,723	32,609	32,496

Acute Hospitals Services	16,679	16,463				
Ambulance Services	445	439				
Primary and Community Services	15,447	15,247				
Corporate	506	499				
Population Health	305	301				
HSE Dublin North East	24,258	23,094	23,862	23,780	23,697	23,615
Acute Hospitals Services	11,972	11,817				
Ambulance Services	139	137				
Primary and Community Services	11,569	11,419				
Corporate	347	343				
Population Health	231	228				
HSE South	25,356	25,028	24,942	24,866	24,770	24,684
Acute Hospitals Services	11,342	11,195				
Ambulance Services	349	344				
Primary and Community Services	12,592	12,429				
Corporate	791	781				
Population Health	282	278				
HSE West	27,631	27,274	27,180	27,086	26,992	26,898
Acute Hospitals Services	11,282	11,136				
Ambulance Services	404	399				
Primary and Community Services	14,815	14,624				
Corporate	875	864				
Population Health	255	252				

* This figure refers to 2008/2009 new approved and funded service development posts in process and where adjustments will be allocated once posts are activated in LHO/Hospital/Agency.

7. New approved and funded Service Developments – 2010:

- 7.1. The opening approved employment ceiling of 110,355 WTEs for 2010 does not include 265 new approved and funded service developments under Children and Families – implementation of the Ryan Report on Child Abuse.
- 7.2. The procedures heretofore for new service developments will continue. Primary Notifications will issue from the National HR Directorate giving the necessary detail around such posts. Requests to Hire Form As will be initiated in respect of all such posts. Adjustments to the overall approved employment ceiling and to the relevant Region/LHO/Hospital/Voluntary Agency will be made on notification to the Performance Management & Management Information Unit of the National HR Directorate - National Employment Monitoring Unit (NEMU) - that posts have been activated on payroll.
- 7.3. A feature pertaining to the filling of many newly approved and funded service development posts has been in the past that many positions are not filled over the course of a calendar year even though additional financial resources and WTEs have been provided by Government for them. Effective immediately, no carry over of WTEs will be allowed at year end apart from Consultant appointments or by the direction of Government. In this regard all recruitment processes must be co-ordinated with NRS to ensure delivery by year-end and in line with the National Service Plan.

8. Filling of Senior Level Posts in the Staff Category Management/Admin:

The process for the filling of Senior Level Posts as set out in HSE HR Circular 006/2007 is **NOT** being devolved to the HSE/Regions. Approval to fill such posts that are deemed critical to fill from a governance and/or clinical service delivery perspective, and that cannot be filled by redeployment and/or reorganisation of existing work, will continue to require the sanction of the Department of Health and Children in line with current procedures. All redeployment options including the option of redeployment across the statutory and voluntary sectors and between employers within the health services must be fully exhausted prior to any request for approval to fill, is sent to the Department of Health and Children.

9. Consequences if rule-set is breached or Employment Control Framework not adhered to:

If there are any breaches of the Employment Control Framework as set out in a region, the devolved controls as set out in this Circular may be withdrawn by the direction of the HSE's National Director of Human Resources. In the case of any Voluntary Hospital or Voluntary Agency in Primary and Community Services encompassed by the approved employment ceiling, where there is a breach of these employment controls, these will be interpreted as a failure on their part to comply with Government efficiency measures and thus may be liable to having a 5% reduction applied to their 2010 financial sanction.

10. Incentivised Scheme for Early Retirement 2009:

See HSE HR Circular 016/2009 and letter from National Director of Human Resources dated 11th February 2010 with regard to the sanction to lift the suspension of the Scheme. The reductions arising from the implementation of the Scheme can be offset against the targeted reduction of 1,520 WTEs for the year as a whole and the 380 WTEs per Quarter.

11. Reporting – Retirements and Resignations:

Monthly returns on retirements and resignations in respect of all agencies encompassed by the Health Sector Employment Control Framework, for the preceding month will be submitted by the 10th day to Performance Management & Management Information (NEMU) giving location and employer, grade, date of retirement/resignation and whole-time equivalent value at time of final contract.

12. National Recruitment Services (NRS):

The National Recruitment Service will provide monthly reports to the National Director of Human Resources on the progress of the recruitment for development posts, grades with delegated sanction; the number of, type and location of exceptions to the general Moratorium approved; and the corresponding posts of equivalent value suppressed to facilitate the filling of grades with delegated sanction and other specific exceptions.

13. Reporting requirements where there is an increase in employment levels from previous month:

The number of staff employed within the HSE and in each Voluntary Hospital and Voluntary Agency cannot exceed the number employed in the previous month unless it is in accordance with the terms of this Employment Control Framework providing for delegated sanction or specific exceptions. Each agency making their monthly Health Service Census Returns to Performance Management & Management Information (NEMU) must include specific explanations for any such increases and associate it with their individual census return.

14. Miscellaneous Provisions

- 14.1. Business Cases: Guidelines for Business Cases seeking AEMG/CEMG/RDO approval to fill vacant posts/or new posts outside of new and approved funded service developments, which are subject of adjustments to the overall approved employment ceiling, are attached as Appendix 1. This feature of the revised Employment Control Framework is critical in ensuring compliance and accountability with current Government policy on public service numbers and costs.
- 14.2. Employment floors in Grades with delegated sanction: A feature of recent Government employment policy in the health services is to set employment floors for some specific grades/grade families, particularly in the staff category Health and Social Care Professionals, and to also provide for growth in some of these employment areas. Appendix 2 to this Circular set out these floors, changes in 2009 and targets by region. Some of the growth targets within grades with delegated sanction have been revised in the context of the 2010 revised Employment Control Framework and these revisions are also set out in the Appendix.
- 14.3. Rebalancing of numbers between Non-Consultant Hospital Doctors (NCHDs) and Consultants: Further to previous instructions issued regarding Medical Consultants the following revision will apply. Any net post of hospital Consultant will generally be created by the suppression of two

NCHD posts. This general rule may be relaxed, where it is absolutely necessary, after consideration of all other options (roster changes, redeployment, etc.) to deliver essential services, in particular in certain specialities to meet the requirements of the European Working Time Directive (EWTD) and to ensure appropriate and safe reconfiguration of acute services, or to meet particular local circumstances, needs, etc. In these cases there will be a suppression of at least one post and further posts or reductions in NCHD hours to total salary value equivalent to that of two NCHDs.

14.4. Agency Staff: While agency staff are not included in employment census returns and thus not included in the employment ceiling, such staff can only be made use of in exceptional circumstances to provide emergency relief for medical/professional staff providing essential frontline health, welfare and protection services. They may **NOT** be used to:

(a) *Substitute for management/administrative staff.*

(b) *Substitute or replace non permanent positions which have been terminated or posts which have been suppressed under this framework.*

(c) *Effectively increase the numbers of staff employed in a body.*

15. Review

The Framework will operate until 31st December 2010. Arrangements to apply thereafter will be reviewed and notified at an appropriate time.

Queries in relation to this Circular should be directed to Frank O'Leary, Assistant National Director of HR - Performance Management & Management Information (e-mail Frank.OLeary@hse.ie; Tel: 045 880454), or Paddy Duggan, (e-mail Paddy.Duggan2@hse.ie; Tel: 045-882541) or Eibhlín Smith (e-mail Eibhlin.Smith@hse.ie; Tel: 045 882522).

Yours sincerely,



Séan McGrath,
National Director of Human Resources.

Enc.

Appendix 1: Guidelines on process for business cases to fill posts/grades without delegated sanction.

Appendix 2: Employment Floors to be maintained in respect of specified grades/grade families by Region.

Appendix 1 to HSE HR Circular 001/2010

General Guidance on the process for the Replacement of Vacancies* in Grades without delegated sanction

Any vacancies that arise in grades outside of those specified with delegated sanction from the general moratorium on recruitment and promotion will require the sanction of the relevant Regional Director of Operations prior to any requests to recruit to NRS or offers of appointments being made. This will require in the first instance the necessary harvesting of posts and associated financial allocations prior to any sanction being granted. To provide the necessary audit trail to ensure compliance with current Government policy on Public Service Numbers and Costs, business case must be developed at local service level and forwarded to the Area Employment Monitoring Group (AEMG) level and sanctioned or otherwise by the relevant National Director/National Corporate level/Regional Director of Operations (RDO) as appropriate. The steps in the process are as follows:

1. Review and assess vacancy by Line Manager/CEO Voluntary Hospital/Voluntary Agency.
2. Decide if vacancy needs to be filled. Can post be suppressed or left vacant?
3. Consider redeployment of existing staff and/or reorganisation of work.
4. Consider basis for critical clinical/service need.
5. Prepare request to go to AEMG. To be supported by the relevant senior service manager in the Area.
6. AEMG to consider wider redeployment/reorganisation of work options.
7. If endorsed by the AEMG, RDO to sanction business case and forward a copy to the National Director, Integrated Services Directorate.
8. Business case format in line with suggested template attached:
 - a. Must address at a minimum the following issues:
 - b. Critical Clinical need.
 - c. Impact on service if not filled.
 - d. Additional live vacancy to be suppressed where warranted/appropriate to ensure adherence to requirement of moratorium on public service numbers and costs to reduce overall employment levels. The cost of the post may require the suppression of more than one post.
 - e. Why redeployment and/or reorganisation of work not possible. Reasons must be provided.
 - f. Confirmation that the filling of the post will not breach approved employment ceiling and budget allocation.
9. Business case when complete and sanctioned must be attached to request to hire form and sent to National Recruitment Services to recruit (where appropriate).
10. Copy of sanction and business case to be also sent to Performance Management & Management Information, National HR Directorate – National Employment Monitoring Unit.
11. Report to NEMU when post is activated.
12. It should be noted that any sanctions for the filling of such replacements is on the basis that the job description and terms and conditions are in line with revised standard terms in the case of HSE recruitment.

Failure to provide a comprehensive and robust business case with the completed relevant request to hire form attached and with appropriate service manager sign-off will result in the business case not being considered by the AEMG. The reasons why redeployment of staff and/or reorganisation of existing work are not an option to address vacancies in grades without delegated sanction **must** be fully addressed in the business case to be signed-off at AEMG level before RDO sanction can be applied.

*** This process shall also apply to instances where new posts are being created, outside of new approved and funded service developments as provided for in National Service Plans, and which will not be the subject of an adjustment to the overall approved employment ceiling.**

HSE Business Case Form to be sent to Area Employment Monitoring Group- Seeking approval/sanction by Regional Director of Operations to recruit Posts/Grades without Delegated Sanction from the General Moratorium on Recruitment and Promotion

Please attached relevant Request to Hire Forms A or B as appropriate		
SPECIFIC POST REQUESTED (Line Manager/CEO Voluntary Hospital/Voluntary Agency Completion)		
Post/Job title/grade and location (per Request to Hire Form attached)		
Clinical or Critical Need and/or Development Initiative		
Impact on Frontline Services if not approved		
Details on Live vacancy or Post(s) Suppressed (required harvesting of posts and funding for grades without delegated sanction)	Name	
	Grade	
	Date Left	
	Location	
	Annual Basic Pay	
Why Redeployment or reorganisation is not possible within the location (must show clear evidence why not possible)	Line Manager/CEO	
Why Redeployment or reorganisation is not possible within the HSE Area	Regional Performance and Recruitment Manager	
Why Redeployment or reorganisation is not possible within the HSE	Regional Director/National Corporate Assessment	
Any other relevant comments/information	As appropriate	
Recommended/Not Recommended - Regional Director of HR Regional Director of Finance		
Signature	Date:	Signature Date:
To be Completed by Regional Director of Operations		
HSE _____ AEMG – KEY PRINCIPLES		
1) Operate within its existing approved HR Ceiling	Regional Director of Operations	
2) Operate within its existing approved Finance Budget	Regional Director of Operations	
3) On target to reduce management Admin Grades by 3%	Regional Director of Operations	
4) On target with Internal Cost Reduction / VFM Targets	Regional Director of Operations	
Sanctioned by RDO	Yes/NO	
Signature and date of RDO		Date:
Comments by RDO as appropriate to accompany sanctioning of post – to include any additional requirements to be met before the post can be activated.		

Appendix 2 to HSE HR Circular 001/2010

Grades with delegated sanction to fill

The 2009 revised employment control framework provided delegated sanction for a number of specific grades/grade families from the general moratorium on recruitment and promotion. The purpose of the delegated sanction was to set employment floors within these grades/grade families and to allow for growth in some of the grades in order to meet the requirements of integrated health care delivery and particularly to address needs in the community in respect of the elderly, people with disabilities and in areas of mental health and child protection. The table below sets out the employment floors that need to be maintained based on the December 2008 reported levels and shows the recorded changes in 2009. The 2010 Employment control framework is further amended to allow for a revised level of additional posts from the December 2009 outturn as set out in the comments column. It should inform AEMGs/RDOs in the application of the revised employment control framework to ensure employment floors are reached/maintained and increased in line with current Government policy.

Employment Floors to be maintained by specified grade/grade family by Region

Grade Family/Region	31/12/2008	31/03/2009	31/12/2009	Comment
HSE Dublin Mid Leinster				
Counsellors	64.61	71.90	64.73	Provision in the Employment Control Framework 2009 for additional 450 therapists (amended for 2010 - up to 380 posts in addition to December 2009 outturn) + 250 counsellors and psychologists (230 posts in addition to December outturn) + 270 Social Workers (300 posts in addition to December outturn). Other grades to be maintained at levels at March 2009.
Occupational Therapists	378.47	381.29	377.41	
Physiotherapists	478.16	476.15	475.05	
Psychologists	197.68	203.52	203.43	
Social Workers*	681.01	698.56	706.61	
Speech & Language	228.60	243.04	243.05	
Radiation Therapists	77.56	70.56	78.60	
Clinical Engineering	51.50	53.69	51.71	
Dosimetrists	8.00	10.00	8.00	
Physicists	74.63	74.06	67.01	
HSE Dublin North East				
Counsellors	51.07	51.72	51.39	Some of the grades in NCCP are at national level and not within the four regions. Employment control framework for 2010 provides for an additional 79 new posts in NCCP but their creation will require them to be offset by suppressions elsewhere before activation.
Occupational Therapists	260.35	263.30	271.06	
Physiotherapists	347.27	353.40	354.51	
Psychologists	135.61	135.14	134.73	
Social Workers*	502.63	511.44	512.55	
Speech & Language	177.11	177.39	179.54	
Radiation Therapists	0.00	0.00	0.00	
Clinical Engineering	36.95	35.95	39.40	
Dosimetrists	0.00	0.00	0.00	
Physicists	20.90	21.90	19.30	
HSE South				
Counsellors	41.40	40.80	38.90	National – 31/12/2008 – Physicists – 6.00 + Psychologists – 0.80 WTEs 31/03/2009 – Physicists – 5.70 + Psychologist – 0.80 WTEs 31/12/2009 – Clinical Engineering – 1.00 + Physicists 12.00 + Psychologists – 0.80 WTEs There is provision in 2010 ECF for delegated sanction for up to 30 posts to facilitate appointment of successful students from Nurse Sponsorship Scheme and up to 70 posts to facilitate the recruitment of student public health nurses.
Occupational Therapists	206.12	210.75	219.66	
Physiotherapists	302.31	304.93	309.91	
Psychologists	137.01	145.58	143.19	
Social Workers*	440.69	448.98	452.56	
Speech & Language	186.46	181.82	196.90	
Radiation Therapists	28.10	28.35	31.12	
Clinical Engineering	24.00	25.00	25.00	
Dosimetrists	3.00	3.00	2.00	
Physicists	17.85	17.45	18.43	
HSE West				
Counsellors	33.61	34.12	32.10	Psychiatric Nurses. Up to 100 posts where they are required to support the implementation of A Vision for Change . The First 100 psychiatric nurse vacancies that arise in 2010 can be filled (by psychiatric nurses or otherwise) but the allocation will be identified by the National Care Group Lead for Mental Health in consultation with the Department of Health and Children
Occupational Therapists	235.80	237.59	234.88	
Physiotherapists	321.17	329.73	329.36	
Psychologists	144.52	150.23	150.98	
Social Workers*	454.35	460.88	467.63	
Speech & Language	158.30	158.20	156.97	
Radiation Therapists	12.56	15.21	17.00	
Clinical Engineering	22.00	21.98	20.78	
Dosimetrists	1.97	2.00	1.97	
Physicists	13.99	16.00	15.43	

* Social Workers excluding Non-professionally qualified. Source: HSPC