



20th August 2025

NASRA Branch of the PNA have set out our position on the previous ballot proposals which were subsequently rejected by the workforce on the issue of modernisation and transformation. In it we rejected the terms based on the belief that terms and conditions should be improved and not traded or abandoned in order to achieve or establish, in this case again less favourable conditions.

Members have rightly criticised this new agreement with some describing it as a potential pay cut and certainly not a pay rise as in the case of the community paramedics. Some have complained of the exclusion of workers to vote this time around without reasonable explanation i.e., paramedic supervisor grades. Some have complained of the addressing of issues such as subsistence payments, pension entitlements, predictable rostering as being dependent on a yes vote, when these issues should have been addressed by the unions outside of the agreement as part of the union bread and butter work in representing their members.

Some have complained that the document in its entirety fails to properly outline the impact of its contents on the workers; in fact, the conflicting interpretation of most points is a concern in itself.

These are just some of the complaints that have been directed to us by our members and as such are directing us to reject acceptance of this agreement.

Outlined below are just some of the concerns expressed.

1. The abandonment of the 78 and 97 ambulance agreements and the subsequent replacement of the agreements by a framework document yet to be discussed with no proposals regarding its contents.
2. The rostering of all un-rostered staff with no plan on how this will be achieved and without guarantees that these rosters will be permanent and predictable.
3. Absence of clarity on what constitutes weekend hours for the purpose of allowance qualification.
4. The need to increase the number of weekends on most rosters in order to qualify for full allowance increase of 0.4%. when compared to existing allowance payments.
5. To be brought in line with current HSE practices but without identifying which area or group we will be aligned to.
6. The failure to include an improved pathway from EMT to paramedic grade.
7. The establishing of a new crewing model without the benefit of any risk assessment.
8. The establishment of a two-tiered Dublin crewing model.
9. Ambiguous reference to part time and volunteer workers.

In keeping with the expressed views of our members we do not endorse this agreement.