**Candidate Information Pack**

**Consultant Physician in Geriatric Medicine (Rehabilitation)**

Our Lady of Lourdes Hospital, Drogheda 9 hours per week/

Louth County Hospital, Dundalk 28 hours per week



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| **Job Title:** | Consultant Physician in Geriatric Medicine (Rehabilitation) post no LDGEGE03 |
| **Closing date for applications:** | 12 noon on Monday 10th February, 2025 |
| **Contract duration:** | Permanent  |
| **Contract Type:** | Public Only Consultants’ Contract 2023 |
| **Hours per week:** | Our Lady of Lourdes Hospital, Drogheda 9 hours per week Louth County Hopsital 28 hours per week  |
| **Contact Details:** | ConsultantHR@beaumont.ie – for application queries. Enquiries relating specifically to this post or informal visits should be directed to: Dr. Bláithín Ní Bhuachalla, Consultant Physician in Geriatric Medicine at Our Lady of Lourdes Hospital, Drogheda. Tel: 041-9837601, blaithin.nibhuachalla@hse.ie |





**HSE Dublin and North East Profile**

The HSE has created six new health regions. Each region is responsible for providing both hospital and community care for the people in that area. Bringing community health services and hospitals together means we can take a more patient-centred approach to healthcare.

HSE Dublin and North East provides health and social care to North Dublin, Louth, Meath, Monaghan and most areas of Cavan.

HSE Dublin and North East Region includes the following hospitals;

* Beaumont Hospital
* Cavan General Hospital
* Connolly Hospital
* Louth County Hospital
* Monaghan General Hospital
* Mater Misericordiae University Hospital
* National Orthopaedic Hospital Cappagh
* Our Lady’s Hospital Navan
* Our Lady of Lourdes Hospital
* Rotunda Hospital

**Our Lady of Lourdes Hospital, Drogheda Profile**

Our Lady of Lourdes Hospital, Drogheda is a 485 bed, model 3 Acute General and Maternity hospital located in the North East of Ireland.

Our Lady of Lourdes Hospital is the main acute hospital in the North East and the Hospital Services include Critical Care, Orthopaedic Trauma, Surgery, Medicine (wide range of specialties), Acute Stroke Unit, Cardiology, Gynaecology, Obstetrics and Paediatrics.

Our Lady of Lourdes Hospital is an acute academic teaching hospital and our academic partner is the Royal College of Surgeons University (RCSI). Our relationship with RSCI University is important in improving standards of care, fostering education, clinical research and innovation.

Our Lady of Lourdes Hospital has a workforce of approximately 2,600 staff, providing a 24/7, 365 emergency care and related services. The services include scheduled and unscheduled care activity, with inpatient acute services being primarily of unscheduled care origin. The hospital team deliver safe and timely access to our patients and community and perform highly in national unscheduled care and ED Key performance indicators. The hospital team are committed to the delivery of world-class care and exceptional clinical services with respect & compassion.

**Useful Links**

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| **Our website:** | <https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/lourdes/> |

**Geriatric Service**

Currently the Care of the Older Person Service operates across Our Lady of Lourdes Hospital (OLOL) and Louth County Hospital (LCH). The department operates a day hospital out of the Cottage Hospital, Drogheda (The Cottage Community Hub- CCH) and the LARCH unit in Louth County Hospital, the former of which is a newly established service and both of which are in development. There are currently seven Consultant Geriatricians, (one of whom is 0.5 community/ acute hospital). Five physicians participate in approximately 1:20 acute general medicine (GIM) on-call rota. In addition all acute strokes in the hospital are taken over by the Care of the Older Person service. Acute strokes are admitted to the Stroke Ward (OLOL) and all are discussed in a weekly meeting (Geriatricians, Neurologist and Stroke Clinical Nurse Specialist (CNS). One Geriatrician is dedicated to the Ortho-geriatric service. All acute hip fractures are reviewed on presentation and followed through admission and a fracture liaison service has also been established. The recent appointment of two Geriatricians, one of whom is 0.5 community, has led to the establishment and continuing development of a Frailty at the Front Door Service in the emergency department and an Integrated Programme for Older People (ICPOP) team in the community. There has been a significant expansion of ambulatory care with Consultant-led, Advanced Nurse Practitioner-led and Multidisciplinary team led- clinics operating in both the CCH and the LARCH. This includes comprehensive geriatric assessment clinics (GAU), fracture liaison service clinics, ICPOP, frailty at the front door, falls and syncope, stroke and GIM clinics.

One Geriatrician leads the acute medical rehabilitation service which assesses and provides rehabilitation as needed to patients’ ≥65 years admitted under the acute medicine, general surgery and orthopedics. Another Geriatrician has governance for stroke rehabilitation. Both Medical and Stroke rehabilitation beds are located in LCH. Currently patients in OLOL referred to the medical rehabilitation service are reviewed by the Consultant Geriatrician assisted by a Clinical Nurse (CNS), thus delivering comprehensive geriatric assessment (CGA) to these patients, assessing if they have rehabilitation needs and if so if their care can safely be delivered in LCH, a Model 2 hospital. A patient may be listed for rehabilitation directly. If a patient is medically not ready for transfer to rehabilitation unit, but is found likely to need rehabilitation once more stable, they remain on the services consult list and are re-reviewed on consult rounds to determine the optimal time to transfer to rehabilitation. All patients referred to the service are discussed at a weekly Consultant-led cross site multidisciplinary (MDT) conference with representatives from the rehabilitation team in LCH at that meeting as well as MDT representatives on the OLOL site. If a patient is deemed not to need off-site inpatient rehabilitation, the Consultant review and MDT discussion guides referral of older patients into the appropriate pathways to met their care needs. There is a SpR/Registrar attached to the service. Other aspects of the rehab service include twice weekly Consultant-led ward rounds LCH, SpR/ Registrar led rounds LCH 3/7, weekly MDT LCH, family meetings, MDT led home visits and Consultant-led and ANP-led post rehab clinics, GAU clinics and a Falls and Syncope clinic. Care of Older Person Services are aligned with the National Clinical Programme for Older People and the Integrated Care Programme for Older People (NCPOP).

**Purpose of Post**

Access to rehabilitation beds to meet the needs of older patients in this catchment area is limited and insuffient to meet the current and future demand. Enhanced dedicated cross-site Consultant-led rehabilitation is necessary to meet the increasing demands of the acute service in Drogheda.

Egress of patients from medical and non-medical specialties, via the correct patient-centred pathway, is key to ensuring access to the acute hospital

The post-holder will assist with the acute medical on take in Drogheda.

The new Consultant appointment will share the rehabilitation consults in Our Lady of Lourdes Hospital with the existent Consultant Geriatrician and also provide a direct rehabilitation pathway from the acute site with a focus on timely acute decision making. Senior Specialist decision-making is a crucial tenet of good patient outcome. The post holder will assist in the roll-out of an expanded service to include early transfer of appropriate patients to rehabilitation and the future opening of further rehabilitation beds. Thus the post holder will help develop the current rehabilitation service to Older People to address the increasing numbers of older persons requiring acute care in hospital as well as the expanding bed capacity in Our Lady of Lourdes Hospital, Drogheda. The post holder through improved efficiency of service will support improved access to rehabilitation for older patients which is a clinical care model with a robust evidence base.

The new appointee will facilitate cross-cover of the rehabilitation ward and in-patients in the rehabilitation programme in Louth County Hospital. The new appointee will deliver a Geriatric Assessment Unit clinic in the Day Hospital and another specialist clinic.

Overall the new post holder will share management of the increasing workload through the service with the existent Consultant Geriatrician in Rehabilitation, such that the service is sustainable and in line with the national rehabilitation recommendations for older people policy paper from the Irish Society of Physicians in Geriatric Medicine (ISPGM) 2024.

The new post-holder will share in the governance, educational and quality initiatives of the department. It is anticipated that the post-holder will link with colleagues within the RCSI hospitals group with regard enhancing integrated clinical pathways, education, research, and quality improvement initiatives.

**Reporting Relationship**

The Employee will report to a line manager who will be the Clinical Director.

In the event that the Employee’s line manager’s title changes (e.g. because of changes in directorates within the Employer’s organisation, or because of a temporary vacancy in the role of CLINICAL DIRECTOR the Employer will inform the Employee of the title of the new line manager. Any such vacancy will be filled by a person who is:

* + - 1. qualified to fill the relevant clinical director role or
			2. the chief executive officer of the relevant hospital group, or the chief officer of the relevant community health organisation (and the expressions “chief executive officer” and “chief officer” also mean a person who holds an analogous role as chief officer of any structure that may, in due course, replace the structures of hospital groups and community health organisations), or an appropriate delegate of such a person; or

(if the Employer is not the HSE) the chief executive officer of the Employer.

**Job Description and Responsibilities**

Standard Duties and Responsibilities for all Consultant posts are as per Section 4 and Section 10 of the POCC23:

The Employee is hereby employed as a consultant. The Employee will be clinically independent in relation to decisions on the diagnosis, treatment and care of individual patients. This clinical independence derives from the specific relationship between the patient and the Employee. In that relationship, the patient places trust in the consultant who is personally involved in the patient’s care to make clinical decisions in the patient’s best interests and to take continuing responsibility for the consequences of that consultant’s decisions.

The Employee acknowledges that they are subject to statutory and regulatory requirements and corporate policies and procedures including those adopted for implementation by the national clinical programmes.

The Employee has a substantial and direct involvement in the medical diagnosis, treatment and delivery of care to patients.

The Employee may discharge their responsibilities through:

1. a direct professional relationship with the patient;
2. shared responsibility with other consultants who contribute significantly to patient management; and
3. (subject to the following paragraph of this clause) delegation of aspects of the patient’s care to other appropriate members of staff.

The Employee will only delegate responsibility to other doctors or staff members where the delegation is consistent with the continued provision of an appropriate level of diagnosis, treatment and care to the patient in respect of the relevant episode of care. Notwithstanding any such delegation, the Employee will retain a continuing overall responsibility for the care of the patient.

The determination of the range, volume and type of services to be provided and responsibility for the provision of same within available resources rests with the Employer. Services not provided because of a resource limit are the responsibility of the Employer and not the Employee.

The Employee will generally work as part of a consultant team. The primary purpose of consultant teams is to ensure consultant-provided services to patients on a continuing basis. In effect this requires that the Employee will provide diagnosis, treatment and care to patients who are under the care of other consultants on their consultant team and vice versa. This may include discharge and further treatment arrangements, as appropriate.

The membership of the Employee’s consultant team will be determined by the Employer in the context of the local working environment. The team may be defined at specialty/sub-speciality level or under a more broadly based categorisation, such as “general medicine” or “general surgery”.

The work of the Employee will be determined by reference to the Clinical Directorate Service Plan that applies from time to time. The principles underpinning the preparation of the Clinical Directorate Service Plan are set out in Appendix 3 of the POCC23.

The initial scope of this post is as set out in the letter of approval. The main duties of the Employee’s position (as of the Commencement Date) are set out in the job description attached at Appendix 2 of the POCC23. The scope and duties of the post may be changed by the Clinical Director from time to time provided the Clinical Director consults the Employee before making any such change.

In addition to or instead of their normal duties, the Employee may be required to undertake other duties as may be assigned to them provided such other duties are consistent with

* + - 1. the role of a consultant having regard to the letter of approval and the duties set out at Appendix 1 and Appendix 2 of the POCC23 respectively and
			2. the Employee’s clinical speciality (as recognised in their registration on the Specialist Division or the Register of Dental Specialist).

Any other duties that are assigned further to the preceding paragraph will be discussed between the Employee and their Clinical Director/Executive Clinical Director/line manager and will be incorporated into the Employee’s work plan.

The Employee is required to cooperate with the delivery of national clinical programmes, national health strategies and nationally agreed models of care. If any of these materially change the terms and conditions of this contract, the same will be subject to negotiation. Such cooperation will not impinge on the clinical independence set out in clause 4 of the POCC23.

**Job description**

1. The annual Clinical Directorate Service Plan will detail how plans are to be implemented and will be assessed by reference to a series of performance monitoring arrangements. The Employee agrees to complete and submit their plan (ie the consultant-level component of the Clinical Directorate Service Plan) on an annual basis or as required contributing to the Clinical Directorate Service Plan.

1. The Clinical Directorate Service Plan will set out how regulatory and legislative compliance requirements will be achieved by the Employee and the team in which the Employee works for the time being.
2. Certain decision-making functions and commensurate responsibilities may be delegated to the Employee by the Employer. These will be documented in the Clinical Directorate Service Plan.
3. In addition to their normal duties, the Employee may be required to undertake other duties appropriate to their position as may be assigned to them, including deputising as appropriate.
4. The Employer is required to comply with Government policy in respect of the future provision of healthcare. The Employee is required to cooperate and engage proactively with the implementation of such policy including by cooperating with any changes in the organisation of healthcare services (and any consequential changes in reporting relationships), arising from such policy. Subject to the compliance by the Employer with its legal obligations, any significant changes in the organisation of healthcare services implemented by the Employer further to its compliance with Government policy will, prior to implementation, be the subject of consultation by the Employer through established consultation processes.
5. The Employee will have line management responsibilities for NCHDs on their team.
6. The Employee is required to work to the Employee’s job description which may be amended during the course of the Employee’s employment. The Employee’s obligations will include the following.
	* + 1. To participate in the development of and undertake all duties and functions pertinent to the Employee’s specialty, as set out within the applicable Clinical Directorate Service Plan or alternative Plan for community-based services and in line with policies as specified by the Employer.
			2. To discharge any statutory obligations attaching to any particular consultant role held (e.g. the clinical director role under the *Mental Health Acts 2001 and 2018,* or the medical officer of health role under the *Health Acts 1947 to 2020*).
			3. To ensure that duties and functions are undertaken in a manner that minimises delays for patients and possible disruption of services.
			4. To work within the framework of the hospital/agency’s service plan and/or levels of service (volume, types etc.) as determined by the Employer. Service planning for individual clinical services will be progressed through the Clinical Directorate structure or other arrangements as apply.
			5. To be subject to the HSE’s *Performance Achievement Policy* which will be structured to take account of the particular needs of consultants and ensure regular review/appraisal of performance and individual needs for effective service delivery. The Clinical Director will be responsible for the implementation of the Performance Achievement Policy with the Employee.
			6. To co-operate with individual and team-based performance review processes as outlined by the Employer, the focus of which will be on quality, patient safety and supporting individual and/or team performance.
			7. To deliver a quantity and quality of care that is evidence-based and included in the Clinical Directorate Service Plan and appraised at performance meetings which is aimed at addressing patient care needs and supporting individual professional practice.
			8. To carry out the duties of the post in such a way as to achieve high standards of clinical care, conduct and performance of work. In the event that the Employee fails to achieve these standards the Employer’s disciplinary procedure that (for the time being) applies to the Employee will be invoked.
			9. To co-operate with the expeditious implementation of the Employer’s disciplinary procedure that (for the time being) applies to the Employee. Any update to the disciplinary policy will apply to the holder of this contract.
			10. To lead in clinical programmes of work which include quality improvement, education, both intra and inter-disciplinary, promotion of excellence, and information technology.
			11. To formally review the execution of the Clinical Directorate Service Plan with the Clinical Director periodically. The Clinical Directorate Service Plan will be reviewed periodically at the request of the Employee or Clinical Director. The Employee may initially seek internal review of the determinations of the Clinical Director regarding the Clinical Directorate Service Plan as it relates to the Employee’s commitment.
			12. To participate in the development and operation of the Clinical Directorate structure and in such management or representative structures as are in place or being developed. The Employee will receive training and support to enable the Employee to participate fully in such structures.
			13. To lead and manage the professional development of staff, including establishing and maintaining a positive team culture and enhancing staff engagement.
			14. To lead and manage the performance of the consultant team in which the Employee works for the time being to ensure the standards expected by the Employee and the Employer are met.
			15. To provide, as appropriate, clinical consultation in their area of designated expertise in respect of patients of other consultants at the request of such persons.
			16. To ensure in consultation with the Clinical Director that appropriate senior clinical decision makers cover is available at all times having due regard to the *Organisation of Working Time Act 1997*.
			17. To supervise and be responsible for diagnosis, treatment and care provided by NCHDs treating patients under the Employee’s care.
			18. To participate as an obligation in selection processes for NCHDs and other staff as appropriate. The Employer will provide training as required. Where practicable the Employer will ensure that a consultant representative of the relevant speciality/sub-speciality is involved in the selection process.
			19. To participate in clinical audit and proactive risk management and facilitate production of all data/information required for same in accordance with regulatory, statutory and corporate policies and procedures.
			20. To work within the governance structures and accountability of the organisation, to include both corporate and clinical governance arrangements.
			21. To participate in and facilitate production of all data/information required to
				- validate delivery of duties and functions,
				- inform planning and
				- manage service delivery in the best interest of quality and patient safety.
			22. To support assessment of patient outcomes and institute change in the best interest of patient care and safety.
			23. To participate in the use of best evidence to inform safe, high quality care and minimise variation across the health service including development and implementation of, and compliance with national clinical guidance.
			24. To support the Clinical Director to consider assessment of patient and health service outcomes as part of performance management and institute change on the basis of audit.
			25. To support the use of digital technology, data and quality improvement to improve patient care and service provision.

If the Employee is a consultant in public health medicine they will undertake relevant duties and functions in accordance with the foregoing sub-paragraphs and as provided for in the job description for their posts and the agreed public health model.

This post will have the following hourly commitment:

28 hours Our Lady of Lourdes Hospital, Drogheda

9 hours Louth County Hospital, Dundalk

**The above Job Description is not intended to be a comprehensive list of all duties involved and consequently, the post holder may be required to perform other duties as appropriate to the post which may be assigned to him/her from time to time and to contribute to the development of the post while in office.**

**Skills, competencies and/or knowledge**

**Clinical Competence – Delivering Clinical Expertise**

*(incorporating clinical knowledge & skills, clinical experience, Continuous Practitioner Development)*

* Possesses a detailed knowledge and understanding of the relevant specialist domain
* Has a clear understanding of the clinical challenges facing relevant population groups
* Demonstrates leadership skills to enhance patient care and safety
* Applies knowledge effectively to make clear and proactive decisions
* Anticipates rather than reacts; maintains knowledge of current research and practice
* Recognises and respond to the complexity, uncertainty and ambiguity inherent in medical practice
* Has track record of doing things thoroughly in challenging cases / complex referrals
* Adopts a patient-centred approach to understanding patient needs and delivering their care
* Makes a clear and decisive contribution within the multi-disciplinary team
* Regularly engages in further education to develop self and practice

**Organisational Competence – Leading & Governance**

*(Incorporating clinical leadership & accountability, clinical service planning)*

* Sees self as accountable for relevant issues related to clinical outcomes, patient safety, risk, quality, stewardship of resources and change management
* Manages people by providing direction, reviewing performance, motivating others and promoting equality and diversity
* Recognises respective areas of accountability of the CEO, General Manger / Service lead and others
* Efficient and organised; employs effective processes to manage and prioritise workload
* Open and honest; willing to admit mistakes and learns from experiences
* Is aware of resources available and manages these appropriately to ensure the delivery of safe and efficient services
* Contributes to the development of business and service plans to achieve service goals
* Reviews and monitors service provision
* Adequately identifies, assesses, manages and monitors risk within their area of responsibility

**Interpersonal Competence – Engaging Staff, Patients & Family**

*(Incorporating communication & listening skills, dealing with emotional situations, teamwork & collaboration, motivating and supporting others)*

* Listens attentively and accurately to others and tailors his/her communication to suit the individual and the situation (oral and written)
* Encourages people to collaborate towards a common goal or vision
* Helps people to identify and develop their strengths, supports people when things go wrong
* Demonstrates self-awareness; understands own limitations
* Manages own emotions and is resilient, remains calm under pressure
* Adopts an inclusive, collaborative approach / understands and respects others’ roles within the wider multi-disciplinary team / treats people with respect at all times
* Sees self as a team member; is willing to take as well as give direction / works within teams to deliver and improve services
* Effectively influences and persuades others

**Future Focused Competence – Improving Future Care**

*(Improving healthcare quality, Teaching & Research)*

* Identifies the contexts for change, demonstrating awareness of the political, social, technical, economic, organisational and professional environment
* Encourages improvement and innovation, creating a climate of continuous service improvement.
* Applies knowledge and evidence, gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvement
* Makes sound evidence based decisions consistent with the values and priorities of the organisation and profession
* Measures and evaluates outcomes taking corrective action where necessary and is accountable for decisions
* Contributes to an ongoing process to improve health in the community / population s/he serves, with a strong appreciation of the service user
* Shares learning with colleagues via formal and informal methods (thinking aloud)
* Makes time to coach and support others; shows empathy for the concerns of learners, promotes a safe learning environment.

**Eligibility Criteria**

**Qualifications and/ or experience**

**Professional Qualifications**

A candidate must, on the latest date for receiving completed application forms for the office have:-

Registration as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the specialties of geriatric medicine and general (internal) medicine.

**Health**

A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

**Character**

Each candidate for and any person holding the office must be of good character.

**Age**

Age restriction shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation Miscellaneous Provisions) Act, 2004). A candidate who is not classified as a new entrant must be under 65 years of age on the first day of the month in which the latest date for receiving completed application forms in the office occurs.

**Entry to competition / recruitment process and subsequent appointment**

For the purposes of eligibility for entry to any competition or recruitment process associated with this post:

(i) Applicants who have completed specialist training but who are not registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland may participate, provided they have applied to the Medical Council for registration before the closing date of the competition.

(ii) applicants currently in employment as Senior or Specialist Registrars in HSE or HSE-funded agencies may participate in the competition on the basis that, on the latest date for receipt of applications, they are within 6 months (26 weeks) of certification of completion of specialist training and that evidence for same is provided from the relevant recognised postgraduate medical training body in writing.

Please note no Doctor will be appointed as a Medical Consultant unless they are registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.

**Taking up Appointment**

The successful candidate will be required to take up duty no later than 6 months of being interviewed.

A panel may be formed from which other permanent vacancies for Consultant Physician in Geriatric Medicine, OLOLH may be filled.

Transport is required.

**Section 62 Post**

It is noted that this post of Consultant Physician in Geriatric Medicine is considered to carry with it duties involving the teaching of clinical medicine and/or the conduct of medical research under the direction of the Royal College of Surgeons in Ireland. Therefore, this post is considered a Section 62 post under the Heath Act 1953, as amended by the Health Act 2004.

**Competition Specific Selection process**

Short listing may be carried out on the basis of information supplied in your application form. The criteria for short listing are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements. **Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process.**

**Shortlisting**

Applicants may be shortlisted for interview based on information supplied in the application form at the closing date or in other specified assessment documentation.

Criteria for short listing are based on the requirements of the post as outlined in the post specific requirements, duties, skills, competencies and/ or knowledge section of this job specification and the information supplied in the competency based application form if used.

**Code of Practice**

This campaign will run in compliance with the Code of Practice prepared by the Commissioners for Public Service Appointments (CPSA). The Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, feedback facilities for applicants on matters relating to their application when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code of Practice, information for candidates. ”

Codes of practice are published by the CPSA and are available on www.careersinhealthcare.ie in the document posted with each vacancy entitled “Code of Practice, information for candidates or on www.cpsa-online.ie



**Terms and Conditions of Employment**
**Consultant Physician in Geriatric Medicine – post no LDGEGE03**

**Our Lady of Lourdes Hospital, Drogheda 9 hours per week /**

**Louth County Hospital, Dundalk 28 hours per week**

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| **Tenure**  | The appointment is whole-time, permanent and pensionable Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004.  |
| **Remuneration** | The annual salary will be as set out in the Public Only Consultants’ Contract 2023 Consultant contract 2023 – Clinical at 1.10.2024 (Points 1 – 6)€226,681, €238,934, €521,869, €258,676, €265,483, €272,290Note: \*Consultants taking up posts under these scales may benefit from incremental credit up to the 6th point. |
| **Working Week** | The standard working week applying to the post is: 37 hours per week  |
| **Annual Leave** | The annual leave associated with the post is: 30 Working Days per annum and as determined by the Organization of Working Time Act 1997  |
| **Superannuation**  | This is a pensionable position within the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Please be advised that pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on 1st January 2005 pursuant to Section 60 of the Health Act 2004 are entitled to superannuation benefit terms under the HSE Scheme which are no less favorable to those to which they were entitled at 31st December 2004.  |
| **Age** | The Public Service Superannuation (Age of Retirement) Act, 2018\* set 70 years as the compulsory retirement age for public servants.***\* Public Servants not affected by this legislation:*** Public servants recruited between 1 April 2004 and 31 December 2012 (new entrants) have no compulsory retirement age. Public servants recruited since 1 January 2013 are members of the Single Pension Scheme and have a compulsory retirement age of 70.  |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Protection of Persons Reporting Child Abuse Act 1998** | As this post is one of those designated under the Protection of Persons Reporting Child Abuse Act 1998, appointment to this post appoints one as a designated officer in accordance with Section 2 of the Act.  You will remain a designated officer for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Mandated Person Children First Act 2015** | As a mandated person under the Children First Act 2015 you will have a legal obligation:* To report child protection concerns at or above a defined threshold to TUSLA.
* To assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

You will remain a mandated person for the duration of your appointment to your current post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. You will receive full information on your responsibilities under the Act on appointment. |
| **Infection Control** | All HSE Employees must have a working knowledge of HIQA Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. |
| **Ethics in Public Office 1995 and 2001** **Positions remunerated at or above €174,688 at 1 October 2020.**  | Positions remunerated at or above €174,688 as at 1st October 2020 are designated positions under the Ethics in Public Office Acts 1995 and 2001. In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post.  This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year. In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest.  A person holding such a post should provide such statement to the Chief Executive Officer.  The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer. The Standards in Public Office Commission oversees compliance with the tax clearance provisions.  We will provide details of your appointment and contact details to the Commission. Non-compliance will be investigated by the Commission. A report will be furnished to the HSE and laid before each House of the Oireachtas, at which point it will be made public. Any continuing non-compliance will also be noted in the Commission’s Annual Report Under the Standards in Public Office Act 2001, the post holder must within nine months of the date of appointment provide the following documents to the Standards in Public Office Commission at 18 Lower Lesson Street, Dublin 2: 1.        A Statutory Declaration, which has been made by the post holder not more than one month before or after the date of the appointment, attesting to compliance with the tax obligations set out in section 25(1) of the Standards in Public Office Act and declaring that nothing in section 25(2) prevents the issue to the post holder of a tax clearance certificate 2.        and either (a)        a Tax Clearance Certificate issued by the Collector-General not more than 9 months before or after the date of the appointment or (b)        an Application Statement issued by the Collector-General not more than 9 months before or after the date of the appointment. A person holding such a post is required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public Office Acts 1995 and 2001 are available on the Standards Commission’s website <http://www.sipo.ie/> |