The Health Service Executive (HSE) has introduced a simplified single recruitment process for Senior House Officer, Registrar, Tutor & Research Fellow posts in HSE Hospitals and Agencies. The Public Appointments Service will be assisting the HSE in this recruitment process.

NON CONSULTANT HOSPITAL DOCTOR
Round 3

Candidates who applied for Round 1 & Round 2 need not apply again

CANDIDATE INFORMATION BOOKLET
We strongly recommend that you read this Information Booklet in full and print off a copy that you can refer to at various stages throughout the process.

VERSION 4
(Amendments may be made, changes will be in subsequent versions available on www.publicjobs.ie website)
Version 2 = additional individual Service descriptions
Version 3 = Launch Round 2 New Closing Date
Version 4 = Launch Round 3 New Closing Date

The Public Appointments Service and the HSE are committed to a policy of equal opportunity. The Public Appointments Service/HSE will run this campaign in compliance with the codes of practice for appointment to positions in the Civil Service and Public Service prepared by the Commission for Public Service Appointments (CPSA) - available on www.cpsa.ie.
The Job Specification, Terms & Conditions of Employment and all other post application elements of the campaign will be carried out under the Health Service Executive’s own recruitment licence.

Contact Details
Telephone: 00353 (0)1 858 7480
Address: Chapter House, 26 – 30 Abbey Street Upper, Dublin 1
Email: nchd@publicjobs.ie
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Section 1

Introduction:

The HSE National Recruitment Service (NRS) has introduced a single recruitment process for Senior House Officer (SHO), Registrar, Tutor and Research Fellow posts in HSE Hospitals and Agencies. Candidates need only submit one application, indicating their preferred specialty, sub-specialty (where relevant), and by Hospital Group / Mental Health Service Group and role of choice. (see Appendix 2 for list of Hospital Groups / Mental Health Service Groups).

The purpose of this single process is to ensure that the needs of the services are met and that each applicant has equal access to opportunities based on their preferences and their order of merit.

This process includes posts on Registrar Training Programmes (RTP posts).

Doctors who are not enrolled on a RTP programme or other HSE supported structured specialist training programme under the auspices of one of the Irish medical postgraduate training bodies will have the opportunity to participate in a HSE funded Professional Development Programme. These Professional Development Programmes will be delivered by the relevant Irish postgraduate training body in the doctor's specialty and will facilitate the doctor to maintain their professional competence as required under the Medical Practitioners Act 2007.

The Positions:

This recruitment event is being run to ensure that there are sufficient numbers of NCHDs to meet the needs of the services. It is both vacancy and non vacancy driven. This means that the HSE are running this campaign to fill current vacancies and upcoming vacancies. Therefore if you wish to be considered for job opportunities in the areas listed below you should apply now.

- **Anaesthesia** and sub-specialties of Anaesthesia.
- **Emergency Medicine & Paediatric Emergency Medicine. HIGH NUMBER OF LIVE JOBS**
- **General Internal Medicine** and other specialties of medicine including Cardiology, Dermatology, Gastroenterology, Endocrinology, Nephrology, Respiratory Medicine, Rheumatology, Geriatric Medicine, Infectious Diseases, Medical Oncology, Neurology and Palliative Medicine.
- **Obstetrics and Gynaecology** and sub-specialties.
- **Paediatrics** and sub-specialties including Neonatology.
- **Histopathology, Haematology** and specialties of Pathology.
- **General Adult Psychiatry, Child & Adolescent Psychiatry** and other specialties of psychiatry including Psychiatry of Old Age, Forensic Psychiatry and Psychiatry of Learning Disability. **HIGH NUMBER OF LIVE JOBS**
- **Radiology.**

Please see Appendix 3 for a full listing of Specialties & Sub Specialties. Please note that some Hospital Groups / Mental Health Service Groups sites may not provide all Sub Specialties associated with a Specialty.

Section 2
Selection Process:
Candidates who meet the minimum eligibility criteria will be entered into the selection process. The criteria are outlined in the job specification Appendix 1. The selection process will consist of an eligibility check and short listing exercise. Eligible candidates successfully shortlisted will be invited for interview*. The selection process will result in an overall order of merit being formed by Hospital Group / Mental Health Service Group, Role, Speciality and Sub Speciality (where relevant). Candidates will be given an instruction at each stage of the process as to next steps.

The Health Service Executive will convene expert selection boards to carry out the competitive stages of the selection process to the highest standards of best practice. These boards will be convened at Hospital Group Level (see Appendix 2 for Hospital Groups) and include representation from hospitals / agencies involved in the recruitment process. The approach employed will include the following:

- an eligibility check
- a shortlisting exercise (based on the information contained in the application forms);
- an interview

As part of the application process you will be asked to identify your choices with regard to:

- Role (Senior House Officer, Registrar, Tutor, Research Fellow)
- Preferred Speciality;
- A Sub Speciality (if relevant);
- Second Speciality
- Sub Specialties if relevant
- Hospital group / Mental Health Service Group

The closing date for this third round of the campaign is Thursday 15th December 2011. If you applied for Round 1 (advertised between 3rd October – 16th October 2011) or Round 2 (advertised 31st October – 9th November 2011) *there is NO requirement for you to reapply.*

The initial selection process (i.e. eligibility/shortlisting/interview) will be made on the basis of your Preferred Speciality for your chosen Hospital Group / Mental Health Service Group. This means that candidates who have chosen Registrar (Role), Anaesthesia (Preferred Speciality), South West (Hospital Group) will be submitted to HSE South West to have their application reviewed for vacancies that occur for Registrar in Anaesthesia in any site in HSE South West. Candidates who are unsuccessful at any of the Preferred Speciality recruitment stages will automatically be brought forward to the next recruitment round based on the basis of their second speciality choice. This means that candidates who are deemed ineligible, are not shortlisted or are unsuccessful at interview will be included for the next round based on their Second Specialty choice. No further rounds are scheduled at present.

Candidates who are unsuccessful at any stage of the recruitment process for their Preferred Speciality will be informed by the NRS that their application has been included for round two for their second speciality.

Therefore, it is most important that candidates have given due consideration to their choices in the Role, Preferred Specialty and Hospital / Mental Health Group categories as no changes will be accepted after the closing date of 15th December 2011. Candidates cannot apply for further campaigns until they have a result from their preferred speciality and second specialty applications.

Interviews will be conducted in the region of the Hospital Group / Mental Health Service Group. *Candidates with Irish Medical Council (IMC) registration or an IMC Acceptance Letter Reference Number at the closing date for applications will be prioritised for interview purposes.*

Expressions of Interest / Job Notifications
Candidates successful at interview will be notified by text and email of posts for their Role (e.g. SHO, Registrar) in their Speciality (e.g. Anaesthesia, Emergency Medicine etc) as vacancies occur for their chosen Hospital Group (e.g. HSE West, HSE South East etc), or vacancies in other Hospital Groups. This is called an expression of interest, which are sent to multiple successful candidates at the same time.
An expression of interest contains details relevant to the vacancy such as work site, any associated rotations, contract duration, start date, department, supervisory structure and contact details for the site so that candidates can speak in more detail about the role should they wish to. Based on this information candidates interested in the post simply respond by email within the time deadlines outlined in the email. An expression of interest is not a job offer.

The candidate who expresses an interest in the post and is highest in order of merit (i.e. the candidate with the highest score from interview first and so on) will be offered the post. Candidates who do not express an interest or who reject a post when formally offered will not be moved on the panel and their ranking on the panel will not change. If a candidate is not interested in a post they do not need to take any action and can ignore the job notification text and email. It is most important for candidates not to express interest in posts that there is little chance they would accept if offered as this can cause large UNNECESSARY delays in the filling of posts and thus the provision of services. Candidates will be given an instruction at expression of interest stage as to next steps.

Candidates who accept a formal offer, will no longer receive expressions of interest or be made any further offers. Applications for further rounds to fill the January 2012 intake will not be accepted from candidates who have accepted a formal offer, or who remain on the listings of successful candidates (panel). However we will welcome applications from these candidates again for the July 2012 intake.

Interviews form a part of the selection process. The HSE reserves the right to remove candidates from specific recruitment panels and retract job offers if satisfactory clearances (e.g. past /current employment references, security clearances) cannot be obtained or are unsatisfactory.

The HSE reserves the right to retract a job offer should the successful candidate be unable to fulfil the provisions / criteria of the specific post in line with service need.

Each candidate will be assessed as to their suitability for a Role, their specialty area, their preferred sub-specialty area (if relevant). Should the interview board determine that a candidate is suitable for a Role, Speciality, Sub-Speciality other than that which they have applied for, this is the panel to which you will be added. Interview boards will also determine a candidate’s suitability for stand alone or team based roles.
How to apply:
Applications must be made online through www.publicjobs.ie. Candidates must log-on to the website and if they have not already done so must follow the website “registration” process before applying.

Candidates who applied for Round 1 (advertised 03/10/11 – 16/10/11) or Round 2 (advertised 31/10/11 – 9/11/11) should not apply as their application is already within the process. Applications will not be accepted, for this round (i.e. round 3), of NCHD recruitment after the closing date of 15th December 2011.

Candidates who have successfully completed an application form will receive a confirmation email to the email address provided in the application stating that their application has been successfully submitted. Confirmation emails will arrive within 30 minutes. Candidates who do not receive a confirmation email should double check the email address provided in their application. Only submitted applications will be accepted into the campaign.

Please note, that from application stage onwards, the National Recruitment Services will contact candidates by mobile phone, e-mail. Some communications from other departments may be sent by post (e.g. Invitations to interview), therefore **it is most important that candidate’s mobile telephone number & e-mail address are included in their application** as well as a postal address.

It is the candidate’s responsibility to ensure that they have access to their mobile voice mails, text messages and emails. This means that if a candidate chooses to use a work mobile and email addresses they may receive communications that have a time deadline requirement while working away or on leave.

The admission of a person to a competition, or invitation to attend an interview, is not to be taken as implying that the Public Appointments Service or Health Service Executive are satisfied that such person fulfils the requirements of the competition or is not disqualified by law from holding the position and does not carry a guarantee that your application will receive further consideration. It is important, therefore, for you to note that the onus is on you to ensure that you meet the eligibility requirements for the competition before attending for interview. If you do not meet these essential entry requirements but nevertheless attend for interview you will be putting yourself to unnecessary expense as the Public Appointments Service or Health Service Executive will not be responsible for refunding any expenses incurred.

**Closing Date:**
Your application form must be forwarded so as to reach the Public Appointments Service not later than midnight on 15th December 2011 to be considered for round 3.

If you do not receive an acknowledgement of receipt of your application within 2 working days of applying, please contact the Public Appointments Service Recruitment Unit on 00353 (0) 1 858 7480.

Please note that you cannot apply a second time, until after your first application has been processed completely (i.e. gone through the selection process for both your Preferred Specialty and Second Specialty).

**Security Clearances:**
All appointments will require satisfactory security clearances. You will be required to complete and return a Garda vetting form should you come under consideration for appointment.

If you lived in any country from 6 months or more other than the Republic of Ireland or Northern Ireland you will be required to provide security clearance for each jurisdiction in which you have resided. Your security clearance must be dated AFTER you left that county and cover the entire period of your residence. **Seeking security clearances from other countries (e.g. UK, USA etc) are the responsibility of the candidate.** It is a process which can take an amount of time. Therefore if you are interested in pursing a career within the HSE we would strongly advise that you commence the seeking of international security clearances now.

Candidates should provide documentation in the English and/or Irish language. Translations must be provided by a registered translation company / institute in the Republic of Ireland; all costs will be borne by the Candidate. Only original version documents will only be accepted.
Candidates should be aware that any information obtained during the vetting process can be made available to the employing authority. Please see Appendix 5 for more information on international clearances.

Please note if you require overseas security clearance and are unable to produce it at the time of job offer then the job offer may be withdrawn.

Language Requirements:

Each candidate must have sufficient command of the English language to effectively carry out the full range of duties and responsibilities associated with the role. Your ability to communicate effectively in English will be assessed at the interview stage of the recruitment process. Should they not have already completed an appropriate English language competency test and obtained certification of same, applicants may be required to demonstrate to the HSE their proficiency in the English language. Any doctor whom the HSE deems not to be proficient in English will be required to undertake the International English Language Testing System (IELTS). In such circumstances, continued employment will be contingent on a minimum of 7.5 being achieved in each of the four domains of the academic test.
## Appendix 1 Job Specification

### Senior House Officer

**Job Title, Grade**
- Senior House Officer (Grade Code 1012)
- Registrar (Grade Code 1538)

**Competition Reference**
NRS0507

**Closing Date**
15th December 2011

**Proposed Interview Date(s)**
To be confirmed

**Taking up Appointment**
From 6th January 2012
Some posts may have an earlier start date, start dates will be notified on a post by post basis at 'expression of interest stage'.

**Organisational Area**
All Health Service Executive (HSE) Areas

**Location of Post**
Please note the panel created from this recruitment campaign will be used to fill all vacancies at all HSE sites as appropriate. Exact sites will be notified on a post by post basis at ‘expression of interest stage’.

**Details of Service**
Post specific information will be provided to candidates at the ‘expression of interest’ stage of the recruitment process.

**Reporting Relationship**
The NCHD’s reporting relationship is to the Employer via his/her supervisory Consultant and Clinical Director (if such is in place). The NCHD may be required to report to the designated supervisory Consultant / Clinical Director / Head of Academic Department on matters relating to medical education, training and research. The NCHD will report directly to the Employer as required.

**Purpose of the Post**
During the appointment the successful candidate will, under the supervision of the Consultant / Clinical Director / Employer, participate in and deliver a quality health care service. Appointees will be required to actively engage in continuing professional education and development in accordance with organisational / professional requirements.

**Principal Duties and Responsibilities**
The NCHD’s standard duties and responsibilities include, as directed by the Consultant / Clinical Director / Employer to, inter alia:
- participate as a member of a multi-disciplinary team in the provision of medical care to patients;
- diagnose and treat patients;
- ensure that duties and functions are undertaken in a manner that prioritises the safety and well being of patients;
- assess patients on admission and/or discharge as required and write detailed reports in the case notes;
- order and interpret diagnostic tests;
- initiate and monitor treatment;
- communicate effectively with patients and clients;
- attend clinics and participate in relevant meetings, case conferences and ward rounds; followed by documentation of findings on each patients chart; follow through with actions arising from the round;
- represent the department / profession / team at meetings and conferences as appropriate
- further progress knowledge of diagnosis and management;
- participate in multi-disciplinary clinical audit and proactive risk management and facilitate production of all data / information for same;
- co-operate with investigations, enquiries or audit relating to the provision of health services;
• maintain professional standards in relation to confidentiality and ethics; abide by the Irish Medical Council ‘Guide to Ethical Conduct and Behaviour’ (www.medicalcouncil.ie);
• seek advice and assistance from the Consultant / Clinical Director / Employer with any assigned cases or issues that prove to be beyond the scope of his / her professional competence in line with principles of best practice and clinical governance;
• engage in technological developments as they apply to the patient and service administration;
• cover for occasional unplanned absence of colleagues;
• perform other duties as required by the supervising Consultant / Clinical Director / Employer.

Legislation / Policy / Procedures:
• co-operate with such measures as are necessary to ensure compliance with the requirements of the European Working Time Directive and related Irish legislation comply with statutory and regulatory requirements, agreed training principles where appropriate, corporate policies and procedures and human resource policies and procedures (e.g. Dignity At Work, Trust in Care, Flexible Working Scheme etc);
• co-operate with such arrangements as are put into pace to verify the delivery of all contractual commitments;
• document appropriately and report any near misses, hazards and accidents and bring them to the attention of relevant / designated individual(s) in line with best practice;
• be aware of risk management issues, identify risks and take appropriate action.

Education and Training:
• attend at NCHD Induction;
• participate in mandatory and recommended educational and professional development programmes in accordance with organisational / professional requirements;
• maintain and develop professional expertise and knowledge by actively engaging in continuing professional education and development;
• make satisfactory progress in his / her training and development as per the requirements of the training body;
• engage in planning and performance reviews as required with the supervising Consultant / Clinical Director / Head of Academic Department.

Health & Safety:
• Comply with the policies, procedures and safe professional practice of the Irish Healthcare System by adhering to relevant legislation, regulations and standards;
• Document appropriately and report any near misses, hazards and accidents and bring them to the attention of relevant / designated individual(s) in line with best practice;
• Work in a safe manner with due care and attention to the safety of self and others;
• Be aware of risk management issues, identify risks and take appropriate action;
• Promote a culture that values diversity and respect.

Administrative:
• Ensure good working practice and adherence to standards of best practice;
• Promote quality by reviewing and evaluating the service, identifying changing needs and opportunities to improve services;
• Assist the Consultant / Clinical Director / Employer in service development, including policy development and implementation;
• Ensure the maintenance of accurate records in line with best clinical governance, the organisation’s requirements and the Freedom of Information Act, and provide reports and other information / statistics as required;
• Engage in service audit and demonstrate the achievement of the service objectives;
• Represent the department / profession / team at meetings and conferences as appropriate;
• Keep up to date with change and developments within the Irish Health Service.

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.
This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned.

1 “Training principles to be incorporated into new working arrangements for doctors in training” published by the Medical Education and Training Group, July 2004

<table>
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<tr>
<th>Eligibility Criteria</th>
<th>Qualifications and/or experience</th>
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<tr>
<td>Education / Experience</td>
<td>Candidates are not required to be registered* in the Register of Medical Practitioners maintained by the Medical Council of Ireland during the application process but are strongly encouraged to apply for registration as soon as possible as doctors who are not registered cannot take up appointment.</td>
</tr>
</tbody>
</table>

Before taking up the post: Each successful candidate must be registered in the Register of Medical Practitioners, maintained by the Medical Council of Ireland, in accordance with the Medical Practitioners Act 2007 by 11th July 2011 to take up appointment from that time.

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 restrictions shall only apply to a candidate where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation 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 for the office occurs.

* Candidates with Irish Medical Council (IMC) registration or an IMC Acceptance Letter Reference Number at the closing date for applications will be prioritised for interview purposes. Registration is the responsibility of the applicant. Please visit www.medicalcouncil.ie for full details on registration.

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<th>Post Specific Requirements</th>
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<tbody>
<tr>
<td>Other requirements specific to the post</td>
<td>Further requirements may be outlined at the “expression of interest” stage of the recruitment process</td>
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</table>

Skills, competencies and/or knowledge
- sufficient command of the English language to effectively carry out the duties and responsibilities of the role. The HSE reserves the right to require appointees to undertake a test of English language competency at any point in their employment;
- sufficient clinical knowledge and evidence based practice to carry out the duties and responsibilities of the role;
- an ability to apply knowledge to evidence based practice;
- effective team skills and leadership potential;
- the ability to plan and deliver care in an effective and resourceful manner;
- an ability to manage and develop self in a busy working environment;
- the ability to effectively evaluate clinical information and make appropriate decisions;
- a commitment to assuring high standards and strive for a patient centred service;
- effective team skills;
- effective communication and interpersonal skills including the ability to collaborate with colleagues, families etc and good presentation skills;
- awareness and appreciation of the patient and the ability to empathise with and treat others with dignity and respect;
- flexibility and openness to change;
- ability to utilise supervision effectively;
- a willingness to develop IT skills relevant to the role.

### Competition Specific Selection Process

**Ranking / Shortlisting / Interview**

A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting 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.

Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation.

### Code of Practice

The Health Service Executive will run this campaign in compliance with the Code of Practice prepared by the Commission 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 Codes also specifies the responsibilities placed on candidates, feedback facilities for candidates 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.hse.ie in the document posted with each vacancy entitled “Code of Practice, Information For Candidates” or on www.cpsa-online.ie.

The reform programme outlined for the Health Services may impact on this role and as structures change the job description may be reviewed.

This job description is a guide to the general range of duties assigned to the post holder. It is intended to be neither definitive nor restrictive and is subject to periodic review with the employee concerned.

### Terms and Conditions of Employment

<table>
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<th>Tenure</th>
<th>Remuneration</th>
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<tr>
<td></td>
<td>The Department of Health salary scale (01/01/10) for the post is:</td>
</tr>
<tr>
<td></td>
<td><strong>Senior House Officer:</strong> €38,839 to €54,749 (7 points)</td>
</tr>
<tr>
<td></td>
<td><strong>Registrar:</strong> €50,578 to €60,305 (6 points)</td>
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</tbody>
</table>

**Working Week**

Successful candidates will be contracted to undertake duties and provide such services as are set out in the job description and in the manner specified in the NCHD contract for 39 hours per week. The 39 hours are as determined by the relevant service roster and include a paid lunch break. The successful candidate will be required to deliver these hours on any five days out of the seven in a week as determined by the Employer.

Please see Section 5 of Appendix 4 (NCHD contract) for further information.
| **Annual Leave** | Annual leave is granted in accordance with the provisions of the Organisation of Working Time Act 1997. Please see Section 9 (c) of Appendix 4 (NCHD contract) for further information. |
| **Superannuation** | Membership of the HSE Employee Superannuation Scheme applies to this appointment. Existing Members 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 favourable to those to which they were entitled at 31st December 2004. Appointees to posts in the Mental Health Services which formerly attracted fast accrual of service should note that the terms of Section 65 of the Mental Treatment Act 1945 do not apply to New Entrant Public Servants as defined by Section 12 of the Public Service Superannuation (Miscellaneous Provisions) Act 2004 |
| **Probation** | Every appointment of a person who is not already an 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** | This post is one of those designated in accordance with Section 2 of the Protection of Persons Reporting Child Abuse Act, 1998. You will remain a designated officer for the duration of your appointment in this post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. Such officers will, on receiving a report of child abuse, formally notify the Senior Social Worker in the community care area in which the child is living. |
| **Ethics in Public Office 1995 and 2001** | Positions remunerated at or above the minimum point of the Grade VIII salary scale (€ 64,812 as at 01.01.2010) are designated positions under Section 18 of the Ethics in Public Office Act 1995. Any person appointed to a designated position must comply with the requirements of the Ethics in Public Office Acts 1995 and 2001 as outlined below; |
|  | A) 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. |
|  | B) 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. |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (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. |
### Appendix 2 a Hospital Groups / Mental Health Service Groups

<table>
<thead>
<tr>
<th>Hospital Group / Mental Health Service Group</th>
<th>Sites / Services – Sample of Sites within Group – this is not an exhaustive list</th>
<th>Rotations</th>
</tr>
</thead>
</table>
| **Dublin Mid Leinster**                     | Midland Regional Hospital Tullamore  
Midland Regional Hospital Mullingar  
Naas General Hospital  
St Columcille’s Hospital, Loughlinstown  
Laois/Offaly Mental Health Service  
Longford/Westmeath Mental Health Service  
Kildare/West Wicklow Mental Health Service  
St Loman’s Hospital Dublin (Psychiatry only)  
Central Mental Hospital Dublin | In some cases, posts will include rotations between:  
- Midlands Regional Hospitals & St James’s Hospital Dublin; or  
- Naas General Hospital & Adelaide / Meath incorporating National Children’s Hospital Dublin; or  
- St Columcille’s Hospital & St Vincent’s University Hospital; or  
- Midlands Regional Hospitals & Our Lady’s Children’s Hospital Crumlin; or  
- Midlands Regional Hospitals & Coombe Women & Infants University Hospital; or  
- Midlands Regional Hospitals & National Maternity Hospital |
| **Dublin North East**                        | Cavan/Monaghan Hospital  
Louth/Meath Hospital Group  
Connolly Hospital  
Cavan/Monaghan Mental Health Services  
St Brigid’s Ardee (Psychiatry only)  
St Vincent’s Hospital, Fairview (Psychiatry only)  
St Brendan’s Hospital, Grangegorman (Psychiatry only) | In some cases, posts will include rotations between:  
- Cavan/Monaghan Hospital Group & Mater Misericordiae Hospital; or  
- Cavan/Monaghan Hospital Group & Children’s University Hospital Temple St; or  
- Cavan/Monaghan Hospital Group & Rotunda Hospital; or  
- Louth/Meath Hospital Group & Beaumont Hospital; or  
- Louth/Meath Hospital Group & Children’s University Hospital Temple St; or  
- Louth/Meath Hospital Group & Rotunda Hospital; or Connolly Hospital & Beaumont Hospital |
| **Mid West**                                | Mid Western Regional Hospitals  
Clare Mental Health Service  
Limerick Mental Health Service  
Limerick East & Tipperary North Mental Health Service | In some cases, posts will include rotations between:  
- Mid Western Regional Hospital Limerick & General Hospitals in the Mid Western Region; or  
- Mid Western Regional Hospital Limerick & Psychiatric Units in the Mid Western Region |
| **West**                                    | Galway University Hospitals  
Mayo General Hospital  
Portiuncula Hospital  
Roscommon County Hospital  
Sligo General Hospital  
Letterkenny General Hospital  
Mayo Mental Health Service  
Galway Mental Health Service | In some cases, posts will include rotations between:  
- Galway University Hospitals and General Hospitals in the West  
- Galway University Hospitals and Psychiatric Units in the West |
<table>
<thead>
<tr>
<th>South East</th>
<th>South West</th>
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<tr>
<td>Sligo/Leitrim Mental Health Service</td>
<td>Cork University Hospital Group</td>
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<tr>
<td>Donegal Mental Health Service</td>
<td>Bantry General Hospital</td>
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<td>Roscommon Mental Health Service</td>
<td>Kerry General Hospital</td>
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<td>Waterford Regional Hospital</td>
<td>Cork North Mental Health Services</td>
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<td>St Luke’s Hospital, Kilkenny</td>
<td>Cork North Lee Mental Health Services</td>
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<td>Wexford General Hospital</td>
<td>Cork South Lee Mental Health Services</td>
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<tr>
<td>South Tipperary General Hospital, Clonmel</td>
<td>Cork West Mental Health Services</td>
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<tr>
<td>Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny</td>
<td>Kerry Mental Health Services</td>
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<tr>
<td>Carlow/Kilkenny Mental Health Service</td>
<td>In some cases, posts will include rotations between:</td>
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<tr>
<td>Wicklow Mental Health Service</td>
<td>- Cork University Hospital Group &amp; General Hospitals in the South West Region; or</td>
</tr>
<tr>
<td>Wexford Mental Health Service</td>
<td>- Cork University Hospital Group &amp; Psychiatric Units in the South West Region</td>
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<tr>
<td>Tipperary South Mental Health Service</td>
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</table>

In some cases, posts will include rotations between:
- Waterford Regional Hospital & General Hospitals in the South Eastern Region; or
- Waterford Regional Hospital & Psychiatric Units in the South Eastern Region

Please see Appendix 3 for a full listing of Specialties & Sub Specialties. Please note that individual Hospital / Mental Health Service sites may not provide all Specialties / Sub Specialties, more details on specific sites / services are provided in the next table.
Midland Regional Hospital, Tullamore is one of the few purpose-built, stand alone hospital buildings outside of Dublin and was opened on a phased basis between May, 2007 and December, 2008. The hospital currently has 231 beds in operation spread across the specialties including a 21 bed day hospital. In 2010 there were 9,337 in patient discharges and 16,507 day cases treated at the hospital and in excess of 81,822 people were seen at outpatient clinics. In 2010 there were 28,531 attendances at the Emergency Department. Within the Department of Medicine at Midland Regional Hospital the doctors will work across a range of specialties ensuring excellent exposure to acute medicine. Tullamore is the regional centre for renal medicine (with a busy and expanding dialysis service), rheumatology, oncology and haematology. Tullamore also has a busy cardiac department offering a full range of cardiac diagnostics including transoesophageal echo and angiography on-site. Other medical specialties include gastroenterology and care of the elderly medicine. Tullamore is a designated screening centre for the planned national colorectal cancer screening programme. Current service developments include a new Acute Medical Assessment Unit; rapid access clinics and enhanced day hospital services. Tullamore is an affiliated teaching centre of both University College Dublin and Limerick University medical schools. All doctors enjoy good access to library facilities, on line educational resources and teleconference links to external educational meetings. There is an active local educational programme with regular grand rounds, X-ray and pathology taught both internally and externally, journal club and medical audit meetings. Tullamore is a centre for RCPI membership examinations and offers consultant tutorials to individuals preparing for this examination. There is an active research programme at the hospital with an opportunity for all staff to get involved. Previous doctors working at Tullamore have enjoyed the friendly atmosphere and have consistently rated highly the learning experience here, we hope you will
| Midland Regional Hospital Mullingar | The Midland Regional Hospital at Mullingar is part of the Dublin/Midlands Hospital Group. The aim of the Hospital is to deliver a quality driven people centred service to the population of

| | dedicated Endoscopy Suite attached to the Day Ward. We also have an on site MRI Scanner, 16 Slice CT Scanner with 4.5 Consultant Radiologist attached to the Radiology Department we also have a PACS System available in Theatres, Out-Patients and every Ward. The hospital has four major operating theatres along with two day theatres, an endoscopy suite and a minor procedures room. The **Orthopaedic Unit** at the Midland Regional Hospital Tullamore is the Regional Centre for the Midlands with a population of 250,000 approximately. Outlying outpatient clinics are held in Mullingar on a weekly basis and monthly in Athlone. It is a combined trauma and elective unit with 2 state of the art clean air theatres and 2 dedicated orthopaedic wards. There are a wide variety of auxiliary services at the Hospital to assist with the quick turnaround of patients. The **ENT Department** at the Midland Regional Hospital Tullamore is the Regional Centre for the Midlands. There are three Consultants in this department. Teaching is consultant led with hands on teaching experience in Theatre and in the Out Patient Department. All doctors have access to library facilities, on-line educational resources and teleconference links to external educational meetings. **Emergency Medicine Department** (ED) in Tullamore is staffed by 3 Consultants, 2 Specialist Registrars, 1 Clinical Fellow, 3 Registrars and 5 SHOs. There is a dedicated ED induction programme and regular protected teaching. Successful applicants will be supported in attending appropriate life support courses and in the completion of audit and research projects. Presentation at national and international Emergency Medicine meetings is encouraged. Consultants’ special interests include Orthopaedics, Sports Medicine, Emergency Ultrasound and Research. The department has now developed a separate research unit. The consultants are examiners for the Membership and Fellowship of the College of Emergency Medicine (MCEM/FCEM). The Department is recognised for basic and higher specialist training in Emergency Medicine. All Rotas are European Working Time Directive compliant. **The Anaesthetic Department** has an active teaching programme and provides a high level of training and supervision for all trainees. There are seven full time Consultant Anaesthetists attached to the Department who also have responsibility for the ICU Department. The ICU Unit has the following available: -- ABG Machine; Hemodynamic monitoring – invasive and non-invasive facility for renal dialysis and Haemofiltration. Site-rite for central venous cannulation and PICCO for Cardiac Output Monitoring. We recently installed the Ward Watcher IT package especially dedicated to the ICU Unit for recording and reporting on information on critical care patients. The Anaesthetic Department was commissioned together with the new Theatres in December 2008 and all facilities are state of the art, newly purchased and commissioned. Regional Specialties provided at Midland Regional Hospital Tullamore include: Ear, Nose & Throat, Orthopaedics, Oncology, Haematology, MRI, Renal Dialysis Ophthalmic Services are provided on an out-patient basis locally, with inpatient services provided at the Royal Victoria Eye and Ear Hospital, Dublin. |
Dublin/Midlands and in particular the Longford/Westmeath area. The Hospital is currently operating with 190 beds (172 inpatient, 12-day beds and a 6-bedded Medical Assessment Unit) and provides a range of services, on a 24-hour basis. In 2010, the Hospital had 19,121 inpatient discharges with an average length of stay of 3.28 days and dealt with 7,024 day case procedures. There were 3,001 deliveries recorded and 31,877 E.D. attendances.

A list of the specialties at the Hospital are set out hereunder: Services provided are: **Emergency Medicine** The clinical workload in the Emergency Department comprises acute medical, surgical and trauma emergencies and children with surgical and trauma related problems. The department is busy but the training opportunities and experience more than compensate for this. It is staffed from 08:00-24:00. Between midnight & 8am the on call teams provide cover. We enjoy excellent relations with the inpatient specialties including radiology. We are involved in a dynamic 24 hour stroke thrombolysis service which includes telemedicine consults using RP7 robot. Educational opportunities include departmental teaching, 5 mornings per week, grand rounds, and one to one teaching. Support will be provided with audits and research. **General Medicine** including Endoscopy, Gerontology, Respiratory Medicine, Endocrinology, Cardiology and Stroke We have a strong emphasis on acute medicine training and you will rotate through the medical assessment unit, emergency department, and several subspecialties from endocrinology, cardiology, respiratory medicine, gastroenterology and geriatric medicine, including acute stroke thrombolysis service. The on call rota is approximately 1 in 8. Each registrar will be mentored by one of the consultants to aide with career progression, and a lot of our registrars progress to posts in larger teaching hospitals or the SpR programmes. The registrar will be expected to partake in teaching of students and MRCP candidates, clinical audit and research. There is ample access to the library and internet and  weekly academic training include endocrine tutorials, journal club, ECG and data interpretation, live video linked Beaumont Grand Rounds, radiology conference, and in house grand rounds. There is periodic live webcast of the RCPI Masterclass series and RCP Edinburgh webcasts. **General Surgery** The Department of Surgery is a three Consultant Unit affiliated with The Royal College of Surgeons in Ireland. The Department provides a wide range of Surgical services to population of Westmeath and Longford Counties. One would expect NCHDs to gain extensive exposure to Laparoscopic Surgery as most of G I Surgery and Billiary Surgery is being carried out Laparoscopically. Paediatric and wide range of General surgery exposure would be provided. A very busy Paediatric and Maternity department is well served by Surgical department providing an ideal opportunity for an NCHD to gain experience in these fields. There is busy Surgical Endoscopy Service that provides in valuable experience in Upper and Lower GI Endoscopy, both Diagnostic and Therapeutic. Department is affiliated with College of Surgeons and NCHDs are expected to take active part in academic activities including research and audit. **Obstetrics & Gynaecology** Obstetrics and Gynaecology is a busy, progressive department with over 3000 deliveries per annum and a large and varied gynaecological workload. There is a dedicated EPU, urodynamics and ambulatory hysteroscopy. Advanced endoscopic and urogyn surgery is carried out.
are three Consultants in the Department. A 24 hour on call system is in place with a rest day off each week. There is a weekly departmental lunch meeting with additional monthly perinatal and xray / ultrasound meetings. The hospital is an affiliated teaching hospital of RCSI and ample opportunity is provided for preparation for higher exams. **Paediatrics** The Paediatric Department at the Midland Regional Hospital Mullingar is staffed by three Consultants Paediatricians. With just under 3,000 deliveries last year, a busy A&E and exposure to a variety of Paediatric subspecialties (Diabetes, Adolescent and community Paediatrics) through outpatient activity, the NCHDS are assured excellent exposure and training. Departmental teaching programme includes journal club, topic presentations, consultant led interactive sessions, in house grand rounds, X-Ray and Perinatal conference. There is great opportunity for research and audit and the Department publishes regularly in national and international journals. This is an affiliated teaching hospital for Royal College of Surgeons with the undergraduate teaching led by Consultant Paediatrician and Senior Lecturer for RCSI. **Anaesthesia** The Anaesthetic Department is accredited for BST Anaesthesia training by College of Anaesthetists in Ireland. It is a dynamic department with an active teaching programme. There are regular tutorials and practice examinations given by consultants who are College examiners. The Department has instructors for ACLS, APLS courses, conducts Echocardiography, Airway workshops and provides excellent training opportunities. Anaesthetic on-call commitment involve 1:5 roster covering ICU, maternity services and emergency department. The Hospital also provides diagnostic Radiological and Pathology services as well as Physiotherapy, Occupational Therapy, Speech & Language Therapy, Cardiac Diagnostic and Rehabilitation Services, Pulmonary Function Laboratory and Respiratory Services.

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**Midland Regional Hospital Portlaoise**

The Midland Regional Hospital at Portlaoise is part of the Dublin Midlands Hospital Group. It is a dynamic and efficient centre and is an affiliated teaching hospital of the RCSI. The hospital is located just off the M7 in the outskirts of Portlaoise town and is only 50 minutes away Dublin. The hospital is currently a 200-bed hospital, which includes a 50-bed Psychiatric Unit and provides a range of services. In 2010 the hospital treated 13,082 in patients, 4,683 day patients and 53,203 people were seen at outpatient clinics. There were 2,329 Births at the hospital in 2010. In 2010 there were 41,825 attendances at the Accident & Emergency Department (including Paediatric and Maternity). For the period January to May 2011 – 17,624 Accident & Emergency attendances (including Paediatric and Maternity) A list of the specialties at the Hospital are set out hereunder:- **Emergency Medicine** The Emergency Department at the Midlands Regional Hospital, Portlaoise is a new purpose built department attending to the needs of approximately 24,000 new patients each year. This position is suitable to applicants who have both experience in Emergency Medicine and in related surgical specialties and is supported by two visiting consultants in Emergency Medicine who provide education, training and review clinics for soft-tissue injuries. Care for medical patients will be provided by the General Medical Registrars team. Rosters are EWTD compatible and support is given for those who wish to attend examinations or life
<table>
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<tr>
<th>Department</th>
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<tr>
<td>General Medicine</td>
<td>There are three Consultant Physicians in the Medical Department. Weekly academic training includes journal club, ECG and data interpretations, radiology conference, and in-house grand rounds. There is periodic live webcast of the RCPI Masterclass series and RCP Edinburgh webcasts. We take pride in our SHOs passing the MRCPI exams and run a clinical tutorial programme leading up to the exam. We support career progression and engage in active mentoring of each SHO. There will be ample opportunity to get involved in clinical audit and research.</td>
</tr>
<tr>
<td>General Surgery</td>
<td>There are 3 Consultant Surgeons in the Surgical Department. There is periodic live webcast of the RCPI Masterclass series and RCP Edinburgh webcasts. We take pride in our SHOs passing the MRCS exams. We support career progression and engage in active mentoring of each SHO. There will be ample opportunity to get involved in clinical audit and research.</td>
</tr>
<tr>
<td>Obstetrics/Gynaecology</td>
<td>There are three Consultant Obstetrician/Gynaecologists in the Department. A 24 hour on call system is in place. There is a weekly departmental lunch meeting with additional monthly perinatal and x-ray/ultrasound meetings. The hospital will give ample opportunity for preparations for higher exams. Paediatrics - The Paediatric Department at the Midland Regional Hospital Portlaoise is a modern Paediatric unit with a dedicated Paediatric A/E. There is exposure to a variety of Paediatric subspecialties (Diabetes, Asthma and community Paediatrics) through outpatient activity, the NCHDS are assured excellent exposure and training. Departmental teaching programme includes journal club, topic presentations, consultant led interactive sessions, in house grand rounds, X-Ray and Perinatal conference. There is great opportunity for research and audit. This is an affiliated teaching hospital for UCD with the undergraduate teaching led by a Consultant Paediatrician. Anaesthesia - The Anaesthetic Department is accredited for BST Anaesthesia training by College of Anaesthetists in Ireland. It is a dynamic department with an active teaching programme. There are regular tutorials and practice examinations given by consultants who are College examiners. The Department has instructors for ACLS, APLS courses, conducts Echocardiography, Airway workshops and provides excellent training opportunities. Anaesthetic on-call commitment involve 1:4 roster covering ICU, maternity services and emergency department.</td>
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<tr>
<td>Naas General Hospital</td>
<td>Naas General Hospital is a 243 bedded acute hospital based in the County of Kildare with a popular base of 200,000 persons. The hospital provides general medical, surgical and acute psychiatric services and a 24 hour Emergency Department services to its immediate catchment population of Kildare/West Wicklow. A Day Hospital for the elderly provides services to the older population in the area and an Oncology Day ward provides treatment for patients with oncology and haematology conditions. Naas General Hospital is currently aligned with Adelaide &amp; Meath Hospital, Incorporating the National Children's Hospital (AMNCH) in Tallaght. Many of the hospitals consultant posts are joint appointments between the two sites. Naas General Hospital also provides facilities for the Antenatal services from the Women's Hospital in the Coombe and dental services for Kildare West/Wicklow.</td>
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</table>
General Hospital is a teaching hospital with students attending parts of their placements from Trinity College, University College Dublin, Royal College of Surgeons, Dublin Institute of Technology and University of Limerick. Naas General Hospital is also part of the Dublin Mid Leinster GP Training scheme and provides training posts and facilities for this programme. Naas General Hospital provides diagnostic facilities for over 100 General Practitioners in the catchment area and there is an active hospital GP group in operation. The hospital treats close on 10,000 inpatients per annum, over 3000 day cases, more than 25,000 patients attending the Emergency Department and in excess of 45,000 Outpatients per annum. The OPD specialities include: Diabetics/Endocrinology, Dietetics, Respiratory, Social Work, Pulmonary Function, Cardiology, Oncology, Dermatology, Orthopaedics. The hospital has an active Quality and Risk Programme in place that is committed to promoting a culture in which patient safety, clinical risk and quality management will continue to develop as an integral and seamless component of the care process. Our national health service is facing a period of considerable change and our hospital is well positioned to take advantage of these changes and to meet future challenges including requirement for new ways of working and the continued provision of a high quality safe service to our clients. The hospital moved into a new facility over a period of time from 2002 to 2005 when various areas of the new building were commissioned and populated including: 4 x 31-bed wards and new 4 bed ICU & 6 bed CCU, Day Hospital for the Elderly, Pharmacy Department, Accident & Emergency Department, Administration Block, Medical Physics Department, Out Patients Department, Cardiology / Cardiac Rehab Pulmonary Laboratory, Pathology Laboratory, Radiology, including CT Scanning Theatre, Oratory, Additional car parking. A new state of the art CSSD (Central Sterile Services Dept) was commissioned and became operational in December 2008. A ten bedded stroke unit was established in May 2008. A new Acute Medical Assessment Unit with 6 places and a Trans Unit for Discharged Patients came on stream August 2011. The latter facilitates the freeing up of beds earlier in the day. The 243 beds in Naas General Hospital are comprised of: Medical 154, Surgical 31, Acute Psychiatry 30, ICU, CCU 10, Medical/Surgical Day Ward 12, Oncology Day Ward 6. A range of diagnostic and support services, including radiology, pathology, physical medicine and pharmacy services are provided on site and the hospital continues to develop increased direct access to these services to the local primary care services. All Nurses, Doctors and Allied Health Professionals practice in a progressive, competent and knowledge based manner and provide patient centred care that is underpinned by best international practice /evidence and ongoing professional development.

St Columcille’s Hospital, Loughlinstown

St. Columcille’s is an acute hospital with 106 beds serving the population of SE Dublin and East Wicklow (Pop.160, 000). A 24/7 Emergency Medicine service is provided. Specialties include Cardiology, Endocrinology, Care of Elderly and Respiratory Medicine along with Orthopaedic, Urology, Vascular and General Surgery. There is an ICU/CCU unit, Day Care Hospital (Elderly) and cardiac rehabilitation unit. A 24 hr pathology service is provided. Radiology diagnostic services are on-site. Medical SpRs, Regs, SHOs & Interns rotate through the Medical Specialties during employment at the Hospital. They will also participate in the General Internal Medicine on-site, on-call services provided at the Hospital. Orthopaedic & Urology SHO participate in
<table>
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<tr>
<th>Service Area</th>
<th>Description</th>
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<tr>
<td>General Surgical on-site on-call</td>
<td>Services along with Surgical Regs, SHOs &amp; Interns. This service is also supported by the Urology Registrar. A comprehensive lunch time lecture and educational programme is well established at the hospital to support the educational and training experience during employment. Each team is allocated a day with responsibility for topic that is presented. The Emergency Medicine Service is operated on a regional basis across three sites (SCHL, SVUH &amp; SMH). A 2 day course on Emergency Medicine (<a href="http://www.emed-induction.ie">www.emed-induction.ie</a>) is held in December and all successful candidates are encouraged to attend. A weekly education programme is held in the ED at SCHL on Thursday mornings in addition to the Regional EM education programme at SVUH which all NCHDs employed within the region are welcome to attend. St. Columcille's Hospital Specialties include: General Medicine, Acute elderly assessment and rehabilitation, Intensive/Coronary care, General Surgery, Vascular Surgery, Gynaecology, Dental Surgery, Urology, Cardiology, Emergency Medicine (24/7) Tel: (01) 282 5800 Fax: (01) 282 5686 Hospital Manager: Mr. Tom Mernagh</td>
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<tr>
<td>Laois/Offaly Mental Health Service</td>
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<td>Longford/Westmeath Mental Health</td>
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<td>Service</td>
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<tr>
<td>Dublin South Central Mental Health</td>
<td>Service, (<a href="http://www.stjames.ie">based at ST JAMES'S HOSPITAL</a>, Dublin 8), Main Features Based at St James’s Hospital, the largest teaching hospital in Ireland. 13 posts approved by the College of Psychiatry of Ireland and the Royal College of Psychiatrists: 8 in general adult psychiatry, 2 psychiatry of old age, 2 liaison psychiatry and 1 homeless and perinatal psychiatry Special interests sessions available in substance misuse and addictions, liaison psychiatry, psychiatry of old age, psychiatry of intellectual disability, child and adolescent psychiatry, psycho-oncology, psychotherapy, neurology, neuro-imaging, neuropsychological testing, academic psychiatry, psychiatric genetics. Unrivalled experience and wide variety of clinical presentations Audit and research encouraged in each post. Internet access and library facilities maintained for all NCHDs. Comprehensive in-house teaching, case conferences, tutorials and consultant supervision. For further information please contact: Dr Paul Scully, MB, DPM, MRCPsych, MD, Consultant Psychiatrist, Jonathan Swift Clinic, St James’s Hospital, Dublin 8. Tel: +353 1 4162621 Fax: +353 1 4103474 Email: <a href="mailto:pscully@stjames.ie">pscully@stjames.ie</a> Prof Aiden Corvin, MB, MRCPsych, MD, Consultant Psychiatrist, Jonathan Swift Clinic, St James’s Hospital, Dublin 8. Tel: +353 1 4162621 Fax: +353 1 4103474 Email: <a href="mailto:acorvin@tcd.ie">acorvin@tcd.ie</a></td>
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Eamonn Kenny  MB, MRCPsy, Consultant Psychiatrist and Clinical Tutor, Adelaide and Meath Hospital, Tallaght, Dublin 24. Tel: +353 1 414 3300 Fax: +353 1 414 4734 email: eamonn.kenny@hse.ie

Dublin South West / Kildare/West Wicklow Mental Health Service

St Loman’s Hospital Dublin (Psychiatry only)

Central Mental Hospital Dublin

Dublin North East

Cavan/Monaghan Hospital

Louth/Meath Hospital Group

Connolly Hospital

Connolly Hospital is located in the West Dublin Village of Blanchardstown. It serves a catchment population of 331,000 in Dublin West, (including Finglas West and Lucan) North Kildare and South County Meath and is one of the fastest growing catchment population areas in the country. Connolly Hospital is a Major Academic Teaching Hospital providing a range of acute medical and surgical services, acute psychiatric services, long stay care, day care, out patient, diagnostic and support services. Emergency services are provided on a 365-day, 24 hour basis. Multi-disciplinary teams representative of medical, nursing, allied health professionals, management and general support staff play a pivotal role in the development, delivery, monitoring and evaluation of these services. The hospital is affiliated to the Royal College of Surgeons in Ireland (RCSI) for medical education to Dublin City University (DCU) for nursing education and to University College Dublin (UCD), Trinity College Dublin (TCD) and the Institute of Technology for allied health professional education. A Regional Centre for Nurse Education is located on site. The hospital completed a €96m development project in 2004. This has provided a range of new state of the art facilities including Wards, Theatres, Emergency Department, Intensive Care, Coronary Care, Day Surgery and Concourse/Reception. In 2009 a €12m capital project was completed including a new 64 slice CT Scanner, renovation of the old surgical block to facilitate transfer of rehabilitation, acute medicine for the elderly and endoscopy. Hospital Specialties Specialty areas included in service provision in Connolly Hospital are outlined below: Anaesthesia and Intensive Care, General Medicine, Orthopaedics, Acute Medicine for the Elderly / Rehab / Day Hospital / Extended Care, General Surgery, Pathology, Cardiology, Gynaecology, Plastic Surgery, Dermatology, Haematology, Radiology, Emergency Department, Intensive Therapy, Respiratory Medicine, Endocrinology, Microbiology, Rheumatology, ENT, Neurology, Urology, Gastroenterology, Oncology, Vascular Medicine, General Adult Psychiatry, Psychiatry of Old Age, Ophthalmology. Bed Numbers The hospital has a total of 354 inpatient beds and 53 day beds. Cancer Screening Centre In February 2011 Connolly Hospital was selected as one of 15 National Colorectal Cancer Screening centres, the only centre selected in North Dublin.
<table>
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<tr>
<th>Cavan/Monaghan Mental Health Services</th>
<th>Offer the following sub specialties: General Adult Psychiatry, Psychiatry of Old Age, Rehabilitation Psychiatry, Child &amp; Adolescent Psychiatry</th>
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<tr>
<td>Louth/Meath Mental Health Services including St Brigid’s Ardee (Psychiatry only)</td>
<td>Louth Meath Mental Health Services includes St. Brigid’s Hospital, Ardee, Co. Louth and The Department of Psychiatry based at Our Lady’s Hospital, Navan, Co. Meath - requires NCHDs in Psychiatry.</td>
</tr>
<tr>
<td>St. Vincent’s Hospital, Fairview (Psychiatry only)</td>
<td>St. Vincent’s Hospital Fairview is a stand alone psychiatric hospital serving much of the north inner city catchment area. There is a 30 bedded acute unit with 6 dedicated high dependency beds, a dedicated rehabilitation unit, an inpatient adolescent unit and a unit dedicated to Psychiatry of Old Age. Services are delivered in these dedicated inpatient units with multidisciplinary teams attached to each sector. A day hospital, day centres, supported hostels and sector outpatient clinics are all part of the community service. The hospital has strong links with the Mater Hospital with trainees rotating to liaison and community posts there. The Psychotherapy Department focus on providing both teaching and supervision in psychotherapy and run training courses on a regular basis. There are a number of training positions in General Adult Psychiatry and subspecialties such as Child and Adolescent Psychiatry and Rehabilitation Psychiatry are also represented. Most of these positions are part of the Mater/UCD Basic Specialist Scheme. A number of GP trainees attached to GP training schemes also work in St. Vincent’s. The training experience in St. Vincent’s Hospital, Fairview is broad in that trainees get to work in socially deprived catchment areas, with migrant and homeless groups over-represented offering a unique and challenging training experience. The community mental health teams are well developed allowing exposure to multidisciplinary team working with an ever-expanding home-based treatment service. There is a strong culture of clinical audit and research, with research links to UCD, Trinity College and the RCSI. If you require any more information, please log on to the hospital website <a href="http://www.svhf.ie">www.svhf.ie</a>. If you have any queries, please contact Dr. Aoife O’Neill, Consultant Psychiatrist and Mater UCD Scheme Coordinator : 01-8842465</td>
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<tr>
<td>St Brendan’s Hospital, Grangegorman (Psychiatry only)</td>
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<tr>
<td>Mid West</td>
<td>Mid Western Regional Hospitals</td>
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<td>Mid West Mental Health Services</td>
<td>NCHDs rotate between Mental Health Services in Limerick, Limerick East, Clare and Tipperary North</td>
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| Letterkenny General Hospital | Letterkenny General Hospital (LGH) is an acute general and maternity Hospital, which forms an
integral part of the Health Service Executive North West Region. The Hospital aims to deliver a patient-centred, quality-driven focused service and provides a wide range of diagnostic and support services. LGH is a teaching hospital with links to the Royal College of Surgeons, Royal College of Physicians and have a new Medical Academy on site linked to the National University of Ireland Galway. At Letterkenny General Hospital, there is an emphasis on providing an environment conducive to quality learning for all NCHDs, with structured teaching programmes and supports. Letterkenny General Hospital is a 340 bed hospital, and provides a wide range of acute hospital services on an in-patient, day-case and out-patient basis. The older part of the hospital includes the Emergency Department, Outpatients Department, Radiology, Pharmacy, Laboratory, 3 Medical Wards, Acute Psychiatric Unit, Cardiac Investigations, Haematology/Oncology Ward and Coronary Care Unit. Directly linked by a connecting corridor is a five storey block commissioned in 1981, incorporating Day Services (including Oncology & Endoscopy Unit), Gynaecology, Maternity, Medical Ward, Orthopaedics, Surgical Wards, Theatre, Intensive Care, Physiotherapy, Occupational Therapy and CSSD. In 2001, a new four storey block was commissioned consisting of the Oncology Unit, Maternity Suite/Theatre and Renal Dialysis Unit. Recently contract work has nearly finished on the new Emergency Department and Medical Wards at the Hospital with the project due to be completed in early 2012. The new Emergency Department will incorporate an 11 bedded Medical Assessment Unit and X-Ray room and will have 19 treatment spaces. The new facility will provide also 3 medical floors which will consist of a total of 72 beds, two thirds of which will be provided in single rooms, which will be state of the art and to the highest infection control standards. It is envisaged that this will greatly improve the facilities and waiting times for our patients. Work has also recently started on construction of a new Acute Mental Health Unit on campus with a projected finish date of March 2011. The catchment area incorporates patients residing in the County Donegal north of Laghey/Pettigo with a population of 140,000. The Hospital has a total of 340 in-patient beds and 18 Day Care beds. We will have NCHD vacancies in a number of different specialties and invite you to apply to this dynamic acute teaching hospital. For more information contact Janet Doherty Medical Manpower Manager Letterkenny General Hospital 074 91 23694

Mayo Mental Health Service
Galway Mental Health Service
Sligo/Leitrim Mental Health Service
Donegal Mental Health Service
Roscommon Mental Health Service

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<td>South West</td>
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<td>Bantry General Hospital</td>
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Bantry General Hospital provides acute general hospital services to the population of a unique, rural, very large geographical area encompassing West Cork and South Kerry. The area extends from the Beara and Sheep's Head Peninsulas in the south to Kenmare in the west, Macroom and Clonakilty in the north and Timoleague in the east and includes several inhabited islands. Travel times to Cork city are up to three hours by car from parts of the mainland catchment area of the hospital. The hospital is a 118-bedded acute general hospital and provides, within available resources, a large range of inpatient, outpatient and day case services in response to identifying needs and in accordance with the principles of equity, people centeredness, quality and accountability.

**Services**
- General Medicine, which includes coronary, Diabetes Care, ICU and Medical Assessment Unit in keeping with the National Acute Medical Review.
- General Surgery.
- Old Age Medicine, which includes a 12 bedded Rehabilitation and Assessment Unit and 4 Acute Stroke Beds.
- Care of the Elderly & Respite Care.
- Radiology.
- Palliative Care.
- Mental Health Services.
- Outpatient Department.
- Day surgery provided by Outreach Consultants in the following specialties: Laparoscopic surgery, Gynaecology.
- The following additional Specialist Out-Patient Services are provided by Visiting Consultants: - Orthopaedic, Paediatric, Maternity, Orthoptic, Gynaecology, Laparoscopic surgery, Dermatology Services.
- Support Services are provided as follows: Endoscopy Suite, Physiotherapy Department, Laboratory Department, Outpatient Department, Portering, Catering, Pharmacy, Housekeeping Medical Records Department/Administration Department.
- A 24-bed continuing care unit for older people serving the catchment area is also located in the hospital, with 5 beds allocated to respite care and 1 designated Palliative Care Suite.
- An 18-bedded Acute Psychiatric Unit serving the catchment area is also located in the hospital grounds.

**Kerry General Hospital**

Specialities / sub specialties available: General Surgery, General Medicine including Medicine for the Elderly (acute), Palliative Medicine, Orthopaedics, ENT, General Paediatrics, Gynaecology, ITU, CCU, Neonatal, Ante / Post, Geriatric, Geriatric, Endoscopy, Oncology, Dialysis, Labour Suite, Emergency Department, Psychiatry.
The area served comprises Cork & Kerry including a mix of urban and rural areas with a total population of 620,000. The main urban centres are Cork City, and Tralee, Co. Kerry. The full range of psychiatric services are provided including general adult, child & adolescent mental health, psychiatry of later life, liaison psychiatry, learning disability services, rehabilitation psychiatry along with psychiatric intensive care & forensic psychiatry. There are 5 catchment areas for General Adult services. The main clinical sites are: Kerry General Hospital in Tralee, providing general adult and rehabilitation psychiatry while Child & Adolescent mental health services are provided by the Brothers of Charity in Tralee. West Cork adult mental health services are based at Bantry which is an 18 bedded unit and has a well developed community psychiatry ethos. North Cork adult mental health services are based at St Stephen's Hospital near Glanmire in Co Cork. There is also a rehabilitation service located there with units throughout the catchment area. South Lee mental health services are the largest service in the region and are based at Cork University Hospital (CUH). The Professorial Psychiatric Unit is also located there, as are General adult mental health services, psychiatry of later life and liaison psychiatry services. CUH is a major tertiary hospital offering most medical and surgical subspecialties. North Lee mental health services are located at Mercy University Hospital and along with general adult and liaison psychiatry, the service also includes a Home Based Crisis Team serving the North side of Cork City. The psychiatric intensive care unit for the region is based at Carraig Mor Centre in the North Lee area & forensic psychiatry experience is available through this attachment. Child & Adolescent mental health services in Cork are provided through the HSE based at City General Hospital and the Brothers of Charity based at Mahon and Lota. An inpatient adolescent unit has recently opened at St Stephen's Hospital. There is a strong teaching programme on each site, including weekly case conferences and Journal Club along with supervision from the Supervising Consultant. The Academic Programme is held every Thursday. We are pleased to provide a Mock examination centre. There are mock written papers annually and mock CASC bi-annually. Professor Dinan's research spans both basic laboratory and clinical neuroscience. His laboratories are based in the Biosciences Institute on the UCC Campus and his clinical research takes place in Cork University Hospital. His research focuses both on depression and irritable bowel syndrome. The BST Scheme offers psychotherapy experience and supervision in a variety of modalities.
including psychodynamic psychotherapy and cognitive-behavioural therapy. The formal teaching programme includes theoretical teaching on psychotherapy also.
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Please note that some Hospital Groups / Mental Health Service Groups sites may not provide all Sub Specialties associated with a Specialty.
Appendix 4 NCHD Contract

Contract of Employment for Non-Consultant Hospital Doctors
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Preamble

This document is comprised of the following:

a) Terms and Conditions;
b) Appendices;

This contract takes precedence over any inconsistent provision in previously agreed documents regulating the terms and conditions of employment of Non-Consultant Hospital Doctors. Where there is any conflict between any provision of the contract document and any prior instrument, the provision in this contract document should prevail.

For the purposes of this contract, the term Non-Consultant Hospital Doctor (NCHD) refers to persons employed in the public health service in Ireland as Interns, Senior House Officers, Registrars, Senior Registrars, Specialist Registrars or otherwise for the purpose of providing medical or dental services and/or the pursuance of medical or dental training who for the purposes of such employment are not employed as Consultants.
1. Purpose and Commencement Date

a) This is a contract of employment between ________________ (name and address of Employer) and ________________ (name and address of employee). ________________ (Name of employee) is appointed to the post of ________________ (grade and specialty) with effect from the ________________ (insert date). The Contract is (delete as appropriate):

i) for a fixed term / purpose as follows: ________________;

Should the contract be for a fixed term, the Unfair Dismissals Act, 1977 – 2001 shall not apply to the NCHD’s dismissal consisting only of the expiry of the contract on the specified date. The NCHD’s employment may be terminated by notice in accordance with the Minimum Notice and Terms of Employment Act 1973 – 2001: or

ii) of indefinite duration.

b) A candidate for and any person holding the office must be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.

c) Should the contract be for a fixed term / purpose it will generally commence on the second Monday of January or the second Monday of July. This provision shall come into effect from 1st July 2010.

2. Registration Status and Designation of Post

a) Once the NCHD has commenced employment, continued employment in this post is contingent on (delete as appropriate):

i) the NCHD being registered in accordance with the Medical Practitioners Act 2007 with the Register of Medical Practitioners maintained by the Medical Council of Ireland and maintaining his/her professional competence on an on-going basis pursuant to any Medical Council professional competence scheme applicable to the NCHD as a medical practitioner registered by the Medical Council of Ireland; or

ii) in relation to a post designated as a Non-Training Post, the NCHD being registered in accordance with the Medical Practitioners Act 2007 on the General Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland maintaining his/her professional competence on an on-going basis pursuant to any Medical Council professional competence scheme applicable to the NCHD as a medical practitioner registered by the Medical Council of Ireland; or

iii) in relation to a post designated as a Training Post (including Intern posts), the NCHD being registered on the Specialist Trainee Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland and participating as required in a programme of Intern training recognised by the Medical Council of Ireland or in a programme of specialist training under the auspices of a postgraduate medical training body recognised by the Medical Council of Ireland.

3. Reporting Relationship

The NCHD’s reporting relationship is to the Employer via his/her supervisory Consultant and Clinical Director (if such is in place). The NCHD may be required to report to the designated supervisory Consultant / Clinical Director / Head of Academic Department on matters relating to medical education, training and research. The NCHD will report directly to the Employer as required.

4. Location and Residence

a) The NCHD’s appointment shall be to ________________ (name of HSE area / HSE funded Hospital / Agency). The NCHD’s employment location(s) is ________________.

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5 Public Appointments Service

Non Consultant Hospital Doctor (2011)
b) The NCHD’s employment location may be changed within the functional area and service range applicable to his/her Employer. Due consideration will be given to the registration status of the NCHD with the Medical Council of Ireland should a change in location be required.

c) In circumstances where a change of location is required, (e.g. - hospital closures or major changes taking place in the character of the work being carried out there) the NCHD will be offered an alternative appointment in an appropriate discipline. In the first instance this will be within the (Hospital Network Area / HSE funded Hospital / Agency). The NCHD shall be consulted should (s)he be required to change to an employment location outside the (Hospital Network Area / HSE-funded Hospital / Agency). Subject to the provisions of the removal expenses scheme for the Health Service Executive, removal expenses shall be payable, if claimed.

5. Hours of Work

a) The NCHD is contracted to undertake such duties / provide such services as are set out in this Contract in the manner specified for 39 hours per week. The 39 hours are as determined by the roster and include a paid lunch break.

b) The NCHD is required to deliver these hours on any 5 days out of the 7 in a week as determined by the Employer.

c) For the avoidance of doubt, the provisions of Section 5 a) and b) above are subject to amendment in accordance with Clause 2.3 of the agreement made between the Health Service Executive and the Irish Medical Organisation on the 22nd day of January 2010.

d) When rostered to attend on any day Monday to Friday, the NCHD must work a minimum shift of 6 hours. When rostered to attend on Saturday or Sunday, the NCHD must work a minimum shift of 5 hours.

e) The NCHD shall not be required to work for more than 24 consecutive hours on-site.

f) The Employer will ensure that the NCHD is rostered to work on-site for a period of 24 hours on no more than a 1 in 5 basis other than in exceptional circumstances.

g) Rosters must provide for a handover period between each shift. Handover periods must be of at least 30 minutes in duration.

h) The NCHD may not be rostered to work a split shift.  

i) The NCHD may be required to:

   i) provide overtime services (on-call on-site services) on-site in addition to the 39 hours.
   ii) provide on-call off-site services outside core and/or overtime hours as determined by the Clinical Director / Employer;
   iii) work beyond his/her rostered period in line with the exigencies of the service. The Employer will endeavour to ensure that this will be an exceptional rather than a standard requirement.

j) A minimum notice period of 2 weeks will apply for provision of initial rosters.

k) The NCHD shall not be required to attend on-site on a rostered day off (including leave) outside the 2 week minimum notice period where the requirement for such attendance can be reasonably anticipated by the employer.

l) A minimum notice period will apply for changes to published rosters taking account of the need for shorter notice to respond to clinical need on an unplanned basis.

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3 A split shift is an employment schedule where the employee’s normal work day is split into 2 or more segments. For example an NCHD could not be rostered to work from 9 am to 2pm and then have a break until 8pm at which point they would be rostered to return to work until midnight.
m) Where the NCHD is provided with more than one rostered day off during a week, the Employer should endeavour to ensure such days are consecutive.

n) The NCHD shall comply with such agreed arrangements as are put into place by the Employer for measurable and transparent systems of continuously monitoring adherence to working time legislation.

m) Work outside the confines of this contract is not permissible if the combined working time associated with this employment taken together with any other employment exceeds the maximum weekly working hours as set out in S.I. No. 494 of 2004 European Communities (Organisation of Working Time) (Activities of Doctors in Training) Regulations 2004.

6. Standard Duties and Responsibilities

a) The NCHD’s standard duties and responsibilities include, as directed by the Consultant / Clinical Director / Employer to, inter alia:

i) participate as a member of a multi-disciplinary team in the provision of medical care to patients;

ii) diagnose and treat patients;

iii) ensure that duties and functions are undertaken in a manner that prioritises the safety and well being of patients;

iv) assess patients on admission and/or discharge as required and write detailed reports in the case notes;

v) order and interpret diagnostic tests;

vi) initiate and monitor treatment;

vii) communicate effectively with patients and clients;

viii) further progress knowledge of diagnosis and management;

ix) participate in multidisciplinary clinical audit and proactive risk management and facilitate production of all data/information for same;

x) co-operate with such arrangements as are put into place to verify the delivery of all contractual commitments;

xi) co-operate with such measures as are necessary to ensure compliance with the requirements of the European Working Time Directive and related Irish legislation;

xii) co-operate with investigations, enquiries or audit relating to the provision of health services;

xiii) comply with statutory and regulatory requirements, agreed training principles where appropriate, corporate policies and procedures and human resource policies and procedures (e.g. Dignity at Work, Trust in Care, Flexible Working Scheme etc.);

xiv) attend at NCHD Induction. Induction training before the commencement of the employment relationship is not paid, while induction training during the currency of the employment relationship is paid;

xv) perform other duties as required by the supervising Consultant / Clinical Director / Employer.

b) Additional duties and responsibilities related to this post may be set out in the job description as issued by the Employer.

c) The NCHD is entitled during his/her employment to regular review of his/her performance - including MET/Research performance – by and together with the designated supervisory Consultant / Clinical Director / Head of Academic Department.

d) When carrying out these duties, the NCHD shall abide by the Irish Medical Council ‘Guide to Ethical Conduct and Behaviour’ (copy available directly from the Medical Council or at www.medicalcouncil.ie).

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4 Training Principles to be incorporated into new working arrangements for doctors in training” published by the Medical Education and Training Group, July 2004

7 Public Appointments Service Non Consultant Hospital Doctor (2011)
7. Locum cover

a) The NCHD will be expected to cover for occasional unplanned absence of colleagues.

b) Subject to a) above, in the event of the NCHD being absent, the Clinical Director / Employer will determine the requirement for locum cover and make necessary arrangements.

c) Management are obliged to operate this provision so as to ensure strict compliance with the requirements of the European Working Time Directive and related Irish legislation.

8. Medical Education and Training

a) For the purposes of NCHD education, training and the maintenance of NCHDs professional competence, the employer shall, in line with the requirements of the Medical Practitioners Act 2007, facilitate as appropriate the training / competence assurance requirements of NCHD posts.

b) For the purposes of education, training and the maintenance of professional competence, the NCHD shall, in line with the requirements of the Medical Practitioners Act 2007:

i) participate in and satisfy the requirements of any programme of Intern training (s)he is registered on as defined by the Medical Council of Ireland; or

ii) participate in and satisfy the requirements of any programme of specialist training (s)he is registered on as defined by the relevant postgraduate medical training body recognised by the Medical Council of Ireland; or

iii) participate in and satisfy the requirements of any competence assurance programme (s)he is registered on as defined and delivered by the Medical Council of Ireland and/or a postgraduate medical training body recognised by the Medical Council of Ireland for that purpose.

c) The NCHD may, subject to the agreement of the Employer, make an explicit structured and scheduled commitment to educational activities in line with the educational and training requirements described at b) above. This will include paid non-clinical training days (or part of as appropriate)\(^5\) as required by the relevant programme of specialist training / competence assurance. Such structured and scheduled commitment and responsibility and accountability for same will be agreed in advance by the Employer with the relevant Training Body or University, will be consistent with the agreed training principles for postgraduate medical education and training\(^6\) and shall be incorporated into rosters.

9. Leave and Holidays

a) All requests for leave must be recommended by the supervising Consultant / Clinical Director and approved by the Employer prior to actual leave dates. Leave will be approved in line with agreed rota and service requirements, and notice is required in accordance with the Employer’s policies.

b) Unplanned absence. The Employer is responsible for addressing any staffing requirement (if any) that arises from unplanned absence by the NCHD.

c) Annual leave

Annual leave is granted in accordance with the provisions of the Organisation of Working Time Act 1997. NCHDs are entitled to 16 calendar days leave per 6 month period. Calendar days are inclusive of weekends, hence if a doctor takes a full weeks annual leave, it equates to 7 calendar days. Payment of notional hours while on annual leave will be paid on the basis of average approved rostered hours over a reference period of 13 weeks.

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\(^{5}\) As of January 2010 these include paid non-clinical training days for Senior Registrars and Specialist Registrars – each of whom are entitled to the equivalent of one day per week with full pay for individual and specific research projects. It also applies to a range of trainees in Psychiatry and General Practice.

\(^{6}\) 'Training Principles to be incorporated into new working arrangements for doctors in training', published by the Medical Education and Training Group, July 2004.
The total hourly leave of an NCHD in a six month period is 93.6 hours. A single day's leave is calculated as being 7.8 hours, with a full weeks leave equating to 39 hours. The doctors leave for a 6 month period must not exceed the hourly total for the period.

An NCHD cannot be considered to have taken more than 39 hours leave in any one week.

d) Public holidays
Public holidays shall be granted in accordance with the Organisation of Working Time Act 1997. In respect of each public holiday the NCHD will receive one of the following (as the Employer may decide):

- An NCHD who normally works Monday – Friday and who has their public holidays off, is not entitled to an additional day off in lieu of the public holiday.
- An NCHD who is rostered for duty on the day on which a public holiday falls is entitled to single time extra remuneration in respect of hours worked on this day.
- NCHDs who work a ‘5 over 7’ roster are entitled to a total of 9 working days (7.8 hours per day) in lieu of the liability to be rostered on a public holiday. In terms of the practical implementation of this entitlement, 4 days fall due in respect of the period from the second Monday in January to the second Monday in July and 5 days apply in respect of the period from the second Monday in July to the second Monday in January.

e) Sick Leave
The NCHD shall comply with the Employer’s sick leave policy. The following points should be noted:

i) On the first day of illness, the NCHD should arrange to advise his/her supervising Consultant / Clinical Director and Medical Administration/Hospital Administration at the earliest possible time (where possible not later than 1 hour before starting time) of the absence from work. In the case of night duty, where possible notice should be given not later than 3.00 p.m. on the day in question. The supervisors should be advised of the reason(s) and the expected duration of the absence.

ii) If the absence exceeds two continuous days, a medical certificate must be submitted to the Employer on the third day. This certificate should specify the nature of the illness, the likely duration (but not exceeding one week) and should be signed by the NCHD’s General Practitioner or attending Consultant.

iii) The NCHD must give an indication of when he/she will be able to return to work as early as possible.

iv) The NCHD may be granted payment under the Sick Pay Scheme for absences due to illness or injury. Granting of sick pay is subject to compliance with the Employer’s sick leave policy.

v) To qualify for payment in respect of absence on sick leave, NCHDs must have completed 6 months service in the Irish public health service.

vi) During the first 12 months of service, NCHDs may be granted up to 6 weeks basic pay (less appropriate Social Welfare mandate).

vii) During the second and third years of service, NCHDs may be granted up to 12 weeks basic pay (less appropriate Social Welfare mandate).

viii) On completion of 3 years service, NCHDs may be granted sick pay in accordance with the sick pay provisions covering other officer grades (less appropriate Social Welfare mandate).

f) Maternity Leave

i) The Employer will give due regard to rostering of a pregnant NCHD who presents a medical certificate requiring a change in work pattern.

ii) Pregnant NCHDs are entitled to the following benefits:
   (1) 26 consecutive weeks maternity leave.
   (2) Up to 16 weeks additional unpaid maternity leave.
   (3) Time off work without loss of pay to attend ante natal and post natal appointments.
   (4) Health and safety leave in certain circumstances.
(5) Where the death of the mother occurs within 18 weeks of the birth, the balance of her leave is transferred to the father of the child.
(6) Protection of your job during maternity leave, additional maternity leave, fathers leave, health and safety leave and time off for ante natal and post natal care.
(7) The right not to be dismissed for any pregnancy related reason from the beginning of pregnancy until the end of maternity leave.

iii) While on maternity leave, an NCHD will receive her normal basic pay and Living Out Allowance, less any amount attributable to overtime, night work or shift work, unsocial hours payments, or on call fees. NCHDs are entitled to maternity pay from their existing employer for a full 26 week period, including in circumstances where the contract expires prior to the end of their maternity leave.

iv) Paid maternity leave will count as service in all respects e.g. for the purpose of annual leave, incremental credit etc. Maternity leave will not be treated as part of any other leave (including sick leave or annual leave) to which you are entitled. Full details are available in employee handbook.

g) Parental Leave
Arrangements for the taking of parental leave will be in accordance with the provisions of the Parental Leave Act, 1998.

h) Adoptive Leave
Arrangements for the taking of adoptive leave will be in accordance with the provisions of the Adoptive Leave Act, 1995 to 2005. An NCHD is entitled to 24 consecutive weeks’ (paid) adoptive leave and 16 consecutive weeks’ additional (unpaid) adoptive leave subject to compliance with the notification requirements.

i) Paternity Leave
A male NCHD is entitled to three days special leave with pay on the birth of his child. This leave may be taken at the time of the birth or up to four weeks after the birth. Job-sharers and other NCHDs with flexible working arrangements are entitled to paternity leave on a pro rata basis. In the case of adoption, the leave may be taken on or up to four weeks after the date of placement of the child. In respect of stillbirths, which occur after the 24th week of pregnancy, fathers are entitled to paternity leave. In the cases where two or more children are born or two or more children are adopted, the entitlement to paternity leave will be three days for each child, e.g. where twins are born the father is entitled to six days paid leave.

j) Educational Leave
i) The Employer may, taking account of the NCHD’s medical education and training status, grant the NCHD up to a maximum of 18 working days (based on a 7.8 hour working day) per 6-month period to facilitate:

(1) Attendance at courses, conferences, and educational events determined to be appropriate by the HSE, the recognised postgraduate training bodies and the Universities;
(2) Study leave prior to an examination or repeat examination for higher degrees or diplomas determined to be appropriate by the HSE, the recognised postgraduate training bodies and the Universities;
(3) Attendance at examinations determined to be appropriate by the HSE, the recognised postgraduate training bodies and the Universities;
(4) Attendance at interviews within the Irish public health service appropriate to the NCHD’s training / career pathway;

ii) All educational leave must:

(1) be relevant,
(2) take account of service and rota needs,
(3) be recommended by the supervising Consultant / Clinical Director and
(4) be approved by the Employer in advance in line with the Employer’s leave policy and with
cognisance of the requirements of any specialist training / professional competence
scheme the NCHD is participating in and related medical education and training
requirements.

k) Other types of leave
Details regarding paid and unpaid, Force Majeure, Trade Union, Compassionate and other leave
can be obtained from the Employer. The particular arrangements applying to NCHDs in respect of
Maternity leave are outlined in the Employer’s Terms & Conditions of Employment
documentation.

l) Other HR policies
All other generally applicable human resource policies, e.g., Flexible Working, Trust in Care,
Dignity at Work, etc. shall apply to the NCHD.

10. Salary

a) The salary scale for this post is __________. The starting point is €____ (the current salary scale
is attached as Appendix I). The NCHD’s salary is paid monthly/fortnightly by Credit Transfer
(state frequency of payment).

b) A shift premium of T1/6 is payable to NCHDs working in Emergency Departments in respect of
participation in a continuous rotating shift which requires delivery of the core 39 hours over a 24
hour, 7-day week cycle. Normal overtime arrangements apply after 39 hours.

c) This salary is fully inclusive of payment for all duties which the NCHD may be required to perform
within the average 39 hours worked each week apart from other fees payable by the Department
of Social and Family Affairs and/or other State Agencies on the basis of custom and practice.
The salary includes rostered lunch breaks.

d) This salary will be revised in accordance with relevant provisions of the National Pay Agreements
or other national agreements.

e) Statutory deductions in relation to PAYE and PRSI will be made from the NCHD’s remuneration.

f) The NCHD shall not demand or accept payment from any person in respect of the personal
provision of professional medical/dental services. The NCHD may engage in professional
medical/dental practice exclusively for an Employer(s) and on behalf of the Mental Health
Commission, the Coroner, other Irish statutory bodies7 and medical/dental education and training
bodies recognised by the Medical Council of Ireland.

11. Unsocial hours / premium payments

NCHDs, in line with all other health service staff, are paid at single time extra for normal rostered
hours during Sunday or a Public Holiday, i.e. for every hour that the NCHD works on a Sunday or
Public Holiday (s)he will receive one extra hours pay.

12. Overtime payments

a) Overtime refers to work on-call on-site as required by the Employer in excess of the average 39
hours worked in each week of the roster period.

b) All hours worked in excess of the averaged 39 hours each week are liable for payment at time
and a half.

c) Where the NCHD is rostered to work in excess of 39 hours in any week as part of a roster
covering a number of weeks, payment may be calculated in such a manner as to provide for
payment of:

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7 An indicative list of such bodies is available from the HSE Employers Agency, 63-64 Adelaide Road,
Dublin 2, tel: 01 6626966, web: www.hseea.ie
i) no more than 39 hours for each week worked during the roster period at the standard hourly rate;
ii) all additional hours\textsuperscript{8} in excess of i) above at the rate of time and a half.

d) All overtime hours worked on a Sunday or public holiday are paid the rate of single time extra.

e) Unrostered overtime approved by the relevant Consultant / Clinical Director will be paid to the NCHD. The Employer may query such unrostered overtime or approval of same. Should a query be made, the NCHD will be notified of same. Payment will be made subsequent to any queries regarding such unrostered overtime being resolved

13. On-call off-site

a) On-call off-site is defined as a period when the NCHD, is scheduled for a designated period to be off-site but available for emergency work. The NCHD providing on-call off-site makes a specific commitment to be readily available to attend or be in attendance at the employment locations specified during the on-call period.

b) The NCHD provides on-call off-site on a rostered basis.

c) On-call off-site is paid at the rate of time and 1/4 for the first 10 hours and the rate of 1/2 time thereafter. Additionally, NCHDs who are rostered for on-call off-site on a Sunday are paid at the rate of 0.75 time for those on-call from home and frequently called upon and 0.6 time for those on-call from home and infrequently called upon.

d) Once called and required to attend on-site, NCHDs are paid the normal overtime rate set out a Section 12 above.

e) The employer will pay the cost of landline telephone installation and rental to those NCHDs rostered off-site on-call.

14. Living Out Allowance

The NCHD shall receive a Living Out allowance where the employer does not provide adequate free accommodation in accordance with the relevant Department of Health and Children salary scales.

15. Training Supports

a) NCHDs are free to select particular structured specialised training programmes, opportunities or courses and make application to participate in same.

b) Individual NCHDs working within the public health service who are registered on and participate in structured specialised training programmes as defined by the relevant postgraduate medical training body recognised by the Medical Council of Ireland will not be required to make a financial contribution towards the cost of delivery of such programmes as they are defined in the contractual arrangements.

c) Individual NCHDs working within the public health service and who are registered on and participating in structured professional competence schemes, pursuant to the intended introduction of such schemes under the provisions of the Medical Practitioners Act 2007, will not be required to make a financial contribution towards the cost of delivery of such schemes as they are defined in the contractual arrangements.

d) Pending the introduction of such arrangements by the HSE in line with the structure of the academic year, the HSE / Employer up to the 30\textsuperscript{th} June 2010 will refund costs incurred by the NCHD:

\textsuperscript{8} This includes hours worked in excess of 39 hours for each week worked during the roster period which in themselves exceed 48 hours in any one week.
i) arising from continued registration and participation in programmes of specialist training delivered under the auspices of the relevant postgraduate medical training body recognised by the Medical Council of Ireland;

ii) previously claimable under the Postgraduate Medical and Dental Grant; and

iii) in respect of courses, examinations and attendance at clinical meetings – including travel - that have been accredited by the relevant postgraduate training body as being appropriate to the professional development of the NCHD.

Such costs must be vouched and refunds will be subject to the same controls as currently in operation.

e) NCHDs will also benefit from the purchase and commissioning by the HSE / employer of generic patient safety, mandatory training and skill courses, including, for example ACLS and infection control.

16. Allowances and payments to General Practice Registrars

a) General Practice Registrars shall receive an allowance of €11,428 per annum in respect of out of hours work and a payment of €3,809 per annum in respect of travelling expenses incurred while attending patients. General Practice Registrars are also entitled to travelling expenses in respect of attendance at training.

b) In accordance with the provisions of Labour Court Recommendation 19337, the HSE will reimburse General Practice Registrars who are required to provide their own transport for the carrying out of their duties, in respect of any additional loading over the normal cost of comprehensive insurance cover for such individual, that may be imposed specifically arising from the requirement to provide indemnification to the HSE as part of their insurance policy. Any such additional cost must be verified by the insurance provider.

17. Incremental Credit

a) Incremental credit is granted to the NCHD in respect of:

i) previous employment as an NCHD in Ireland.

ii) time spent gaining an B.Sc degree in an appropriate specialty (Pathology, Anatomy, Physiology).

iii) time spent gaining a postgraduate qualification provided that during such time (s)he was actively engaged in hospital work.

iv) time spent working as a junior lecturer in anatomy.

v) time spent as a University Demonstrator between the completion of internship and appointment to a non-consultant medical post will be regarded as being equivalent to hospital experience for the purpose of determining an NCHD’s entry point to the scale and his / her eligibility for appointment to registrar grade.

b) In relation to the appointment of a doctor to the post of registrar, he /she should have at least 24 months post qualification experience before being eligible for such an appointment.

c) An NCHD who takes up appointment as a Senior House Officer having previously held a Registrar post will be placed on the equivalent point of the SHO salary scale.

d) Periods spent in vocational training schemes for general practice are reckonable for incremental credit.

e) Locum NCHDs shall be granted incremental credit on the basis of previous recognised hospital experience.

f) An NCHD who was employed in foreign countries prior to taking up appointment in this country may be granted incremental credit where the experience was obtained in a recognised teaching hospital. Satisfactory evidence of same must be provided by the NCHD.
g) Up to two years incremental credit shall be granted to Maxillo-facial trainees based on previous postgraduate dental experience.

h) Assimilation to the Specialist Registrar salary scale shall be on the basis of completed years of service as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Specialist Registrar Point of Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>2(^{nd}) / 3(^{rd}) SHO</td>
<td>1(^{st}) Point</td>
</tr>
<tr>
<td>4(^{th}) SHO and 1(^{st}) Registrar</td>
<td>2(^{nd}) Point</td>
</tr>
<tr>
<td>2(^{nd}) Registrar</td>
<td>3(^{rd}) Point</td>
</tr>
<tr>
<td>3(^{rd}) Registrar</td>
<td>4(^{th}) Point</td>
</tr>
<tr>
<td>4(^{th}) Registrar</td>
<td>5(^{th}) Point</td>
</tr>
</tbody>
</table>

i) NCHDs appointed to posts of Senior Registrar who have been employed as Registrars for three years or more will be granted one increment for each year or part of a year employed in excess of the first three years. This shall be up to a maximum of three increments over and above the first point on the Senior Registrar scale.

j) Incremental credit is not granted to NCHDs in respect of:
   i) Service as locum general practitioner,
   ii) Service in a non-training post with the Irish Blood Transfusion Service.

18. Travelling expenses for attendance at interview

The NCHD shall be paid travelling expenses for attendance at interviews within the Irish public health service at public service rates.

19. Relocation expenses

a) All NCHDs on approved rotation schemes are entitled to claim relocation expenses within the state once per annum subject to a maximum payment of €500 in any case and such costs being vouched.

b) The following expenses are covered:

   i) Removal expenses of an NCHDs furniture and effects from the old to the new house;
   ii) Local short-term storage (up to 3 months) when required due to housing difficulties;
   iii) Cost of insuring (i) and (ii) above at normal insurance rates;
   iv) The cost of one journey for the NCHD (and dependants) at appropriate public service rates;
   v) Expenses incurred in lease of principal residence when the NCHD is the owner / occupier.

Original receipts must accompany any claims made.

20. Superannuation

On commencing employment, the NCHD will become a member of the HSE/VHSS/NHSS Superannuation Scheme (delete as appropriate). A copy of the Superannuation Code is available from the relevant HR Department and a statement of benefits will be provided on request. NCHDs are covered by the provisions of the Public Service Superannuation Miscellaneous Provisions Act 2004.

21. Disciplinary / Grievance Procedures
A copy of the Employer’s Disciplinary and Grievance Procedures will be issued to the NCHD upon his/her commencement of employment. The NCHD shall comply with these procedures.

22. Policies and Procedures

The extent to which the Employer's Policies and Procedures pertain to NCHDs is as outlined in the Employer’s Terms and Conditions of Employment booklet.

23. Confidentiality

In the course of the NCHD’s employment he/she may have access to, or hear information concerning the medical or personal affairs of patients and / or staff. Such records and information are strictly confidential and in whatever format and wherever kept, must be safeguarded.

24. Records and Property

a) The NCHD should take all reasonable measures to ensure that records, while in his/her possession, are stored in such a manner that ensures confidentiality, security and ready accessibility for clinical staff when required for patient management.

b) The NCHD shall not remove from the work setting any records in any format, electronic or otherwise, belonging to the Employer / Health Service Executive (HSE) at any time without having authorisation. Such authorisation will be issued in advance of the first instance and apply thereafter.

c) The NCHD will return to the Employer / HSE upon request, and, in any event, upon the termination of his/her employment, all records and property and equipment belonging to the Employer / HSE which are in his/her possession or control.

25. Clinical Indemnity

a) The NCHD will be provided with an indemnity under the Clinical Indemnity Scheme (administered by the State Claims Agency – www.stateclaims.ie) against the cost of meeting claims for personal injury arising out of bona fide actions taken in the course of his/her employment.

b) This indemnity is in addition to the Employer's(s') Public Liability / Professional Indemnity / Employer's(s') Liability in respect of the NCHD's non-clinical duties arising under this contract.

c) [Name of Employer] strongly advises and encourages the NCHD to take out supplementary membership with a defence organisation or insurer of the NCHD’s choice, so that the NCHD has adequate cover for matters not covered by the HSE / employing agency, such as representation at disciplinary and fitness to practice hearings or Good Samaritan acts out of the jurisdiction of the Republic of Ireland.

d) For details of the scheme please refer to the scope of coverage document available from the State Claims Agency at http://www.stateclaims.ie/

26. Review

a) The terms and conditions of employment as set out in this contract will be reviewed in 2014 by the representatives of the Employers and the NCHDs.

b) A Contract Implementation Committee, comprising representatives of the Employers and the organisation(s) representing NCHDs will be established and meet semi-annually as required.

27. Acceptance of Contract
a) This Contract, the associated Terms and Conditions and terms expressly incorporated by
reference or by statute contain the terms of the NCHD’s employment with _____ (insert name of
Employer).

b) The offer of this Contract by the Employer is subject to the NCHD accepting the offer within the
term specified by the Employer and in any event within two weeks.

c) Either party may withdraw from the offer or acceptance of the offer not later than two weeks prior
to date on which the term of employment is to commence.

d) The NCHD confirms his/her agreement to the following declaration by signing below:

i) I declare that I am not the subject of any investigation by a medical registration or licensing
body or authority in any jurisdiction with regard to my medical practice or conduct as a
practitioner. I have not been suspended from registration nor had my registration or licence
cancelled or revoked by any medical registration or licensing body or authority in any
jurisdiction in the last ten years nor am I the subject of any current suspension or any
restrictions on practise. In addition, I confirm that I am not aware that I am the subject of any
criminal investigation by the police in any jurisdiction.

ii) I am aware of the qualifications and particulars of this position and I hereby declare that all
the particulars furnished by me are true. I hereby declare that to the best of my knowledge
there is nothing that would adversely affect the position of trust in which I would be placed by
virtue of this appointment.

iii) I understand that any false or misleading information submitted by me will render me liable to
automatic disqualification or termination of employment if already employed. I understand
that this appointment is subject to the receipt of appropriate registration with the Medical
Council, satisfactory references, Garda/Police Clearance and Occupational Health clearance.

iv) I have read and understood the Medical Council’s ‘Guide to Ethical Conduct and Behaviour’
and any other relevant guidance provided by the Medical Council in relation to ethical or
professional conduct. I undertake to apply the Medical Council’s ethical and professional
conduct guidance to the clinical and professional situations in which I may work.

v) I have read this document and I hereby accept the post of _____________ in accordance
with the terms and conditions specified and I undertake to commence duty on

Name (Block Capitals):
Signature of NCHD:
Initials used by NCHD:
NCHD’s Medical Council Registration Number:
Date:
Employer (Block Capitals):
Signature on behalf of Employer:
Date:

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9 To be included in the letter of offer sent to the NCHD before (s)he commences employment.

Public Appointments Service Non Consultant Hospital Doctor (2011)
Appendix I – NCHDs basic salary and allowances as of 1 January 2010

<table>
<thead>
<tr>
<th>Intern</th>
<th>€30,257</th>
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<tr>
<td>Senior House Officer</td>
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<tr>
<td>1</td>
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<tr>
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<td>€72,995</td>
</tr>
<tr>
<td>7</td>
<td>€76,062</td>
</tr>
</tbody>
</table>

Living out allowance: €55.08 per week

Sunday / Public Holidays: Single time extra for each hour worked

NCHDs (A&E): Shift premium of T+1/6

Overtime Rates:

<table>
<thead>
<tr>
<th>Day</th>
<th>Overtime Payment</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Saturday</td>
<td>All overtime</td>
<td>T + 1/2</td>
</tr>
<tr>
<td>Sunday</td>
<td>All overtime</td>
<td>T x 2</td>
</tr>
<tr>
<td>Public Holidays</td>
<td>All overtime</td>
<td>T x 2</td>
</tr>
</tbody>
</table>

On off-site call rates:

Monday – Sunday: Half of all hours, up to a maximum of 10 hours spent on call – T + ¼

Balance of Hours: ½ 1/2 T

Additional payments are made to NCHDs who are rostered for on-call off site on Sunday for the first eight hours as follows:

On call and frequently called upon: 0.75 T
On call from home and infrequently called upon: 0.6 T
Appendix 5

Candidates who have resided overseas for a period of 6 months or more:

PLEASE NOTE: Garda clearance forms only cover addresses in the Republic of Ireland and Northern Ireland.

Candidates who have resided in countries outside of the Republic of Ireland and Northern Ireland for a period of 6 months or more, it will be mandatory to furnish the hiring site with a Police Clearance Certificate from those countries stating that no convictions are recorded against you while residing there. Candidates will need to provide a separate Police Clearance Certificate for each country in which they have resided. Clearance must be dated after the date the candidate left the country/countries.

Note: Candidates who studied outside of Ireland e.g. in the UK or elsewhere, please pay particular attention to this. You will require UK and other overseas disclosures to cover the entire period you were in that country. Clearance must be dated after you left the country.

The following websites may be of assistance to you in this regard:

www.met.police.uk
www.met.police.uk/dataprotection This covers the London area only.
www.police.uk/forces/forceslist.asp This website will provide you with a link to each police force site in the UK. Click on the relevant force covering the area where you resided. A search under Data Protection or Data Access Request or Subject Access Request will bring you to the relevant section of that Police Forces website.
www.disclosurescotland.co.uk
www.south-wales.police.uk/fe
www.north-wales.police.uk
www.police.uk/forces/forceslist.asp
www.police.uk
www.migrationint.com.au/office.asp (countries other than UK/NI)
www.crb.gov.uk (This website will provide you with a list of registered agencies to contact in the UK who may process your request for UK clearance with the Criminal Records Bureau).
www.afp.gov.au This website will provide you with information on obtaining a national police clearance certificate for Australia.
www.courts.govt.nz This website will provide you with information on obtaining police clearance in New Zealand.

For other countries not listed above you may find it helpful to contact the relevant embassies who could provide you with information on seeking Police Clearance.

Candidates please do not send us your overseas clearance or any other documentation unless specifically requested to do so. Candidates who receive job offers will have 5 working days in which to produce the required documentation; otherwise the job offer will be withdrawn.

When requested, a copy of your Clearance will be retained on file and the original returned to you by post. Any cost incurred in this process will be borne by the candidate.
General

review procedures and candidate obligations

NOTE: Under the Review procedures the Public Appointments Service will have responsibility for the application process and the HSE will have responsibility for all other aspects of the selection process.

The Public Appointments Service / HSE will consider requests for review in accordance with the provisions of the codes of practice published by the Commission for Public Service Appointments (CPSA). Where a candidate is unhappy with an action or decision in relation to their application he/she can seek a review under Section 7 of the code of practice governing the recruitment process by a person in the recruiting body (initial reviewer). Where a candidate remains dissatisfied following this initial review, he/she may seek to have the conduct of the initial review examined by a “decision arbitrator”.

As an alternative to the above, it is open to a candidate to seek to have the matter resolved on an informal basis, as set out below. If a candidate remains dissatisfied following any such discussion it is open to him/her to seek a formal review.

Informal process:
- The candidate can avail of the informal review within 5 working days of notification of the initial decision, and should normally take place between the candidate and the person who communicated the decision (or relevant person).
- Where the decision being conveyed relates to an interim stage of a selection process, the request for informal review must be received within 2 working days of the date of receipt of the decision.
- Where a candidate remains dissatisfied following any such informal discussion, he/she may adopt the formal procedures set out below.
- If the candidate wishes the matter to be dealt with by way of a formal review, he/she must do so within 2 working days of the notification of the outcome of the informal review.

Formal process: Initial review:
- The candidate must address his/her concerns in relation to the process in writing to the Chief Executive, setting out those aspects of the action or decision in relation to his/her candidature that he/she wishes to have reviewed.
- A request for review must be made within 10 working days of the notification of the initial decision. Where the decision relates to an interim stage of a selection process, the request for review must be received within 4 working days.
- Any extension of these time limits will only be granted in the most exceptional of circumstances and will be at the sole discretion of the Chief Executive.
- The outcome must generally be notified to the candidate within 20 working days of receipt of the complaint or request for review. The candidate will receive the outcome of the review by means of a written report.
- Should a candidate be dissatisfied with the outcome of the initial review, he/she may request a review by a decision arbitrator of the conduct of the initial review.

Review by the decision arbitrator
The decision arbitrator is appointed by the Chief Executive. The decision arbitrator is unconnected with the selection process and he/she will adjudicate on requests for review in cases where a candidate is not satisfied with the outcome of the initial review. The decision of the decision arbitrator in relation to such matters is final.
- A request made to the decision arbitrator must be received within 7 working days of the notification of the outcome of the initial review.
- The outcome of the investigation must be notified to the candidate in the form of a written report within 10 working days.

Where a candidate believes that an aspect of the process breached the CPSA’s Code of Practice, he/she can have it investigated under Section 8 of the code of practice.
Appendix 5 General Information

Informal process:

• The CPSA recommends that the candidate avail of the informal process to try to resolve the matter with the recruiting body. If the candidate is still dissatisfied he/she may resort to the formal process within 2 working days of receiving notification of the informal process.

Formal process:

• If you are requesting a formal review you must write to the licence holder (Chief Executive), providing details of the breach of the code of practice and enclosing any relevant documentation that might support the allegation.
• The outcome must generally be notified to the candidate within 20 working days of receipt of the complaint or request for review. If a decision cannot be made within this timeframe, the reviewer will keep the candidate informed of the status of the review.
• Should a candidate be dissatisfied with the outcome of this review, he/she may request a further review by referring the matter to the Commission for Public Service Appointments in the form of an appeal of the review of the licence Holder. He/She must write to the Commission for Public Service Appointments within 10 working days of receiving the outcome of the licence Holder’s review.

The codes of practice are available on the website of the Commission for Public Service Appointments, www.cpsa-online.ie.

Candidates' Obligations

Candidates should note that canvassing will disqualify and will result in their exclusion from the process. Candidates must not:

• knowingly or recklessly provide false information;
• canvass any person with or without inducements;
• interfere with or compromise the process in any way.

A third party must not personate a candidate at any stage of the process.

Any person who contravenes the above provisions or who assists another person in contravening the above provisions is guilty of an offence. A person who is found guilty of an offence is liable to a fine/or imprisonment. In addition, where a person found guilty of an offence was or is a candidate at a recruitment process, then:

• where he/she has not been appointed to a post, he/she will be disqualified as a candidate; and
• where he/she has been appointed subsequently to the recruitment process in question, he/she shall forfeit that appointment.

Deeming of candidature to be withdrawn

Candidates who do not attend for interview or other test when and where required by the Public Appointments Service / Health Service Executive, or who do not, when requested, furnish such evidence, as the Public Appointments Service / Health Service Executive require in regard to any matter relevant to their candidature, will have no further claim to consideration.

Quality Customer Service

We aim to provide an excellent quality service to all our customers. If, for whatever reason, you are unhappy with any aspect of the service you receive from us, we urge you to bring this to the attention of the unit or staff member concerned. This is important as it ensures that we are aware of the problem and can take the appropriate steps to resolve it.
Data Protection Acts 1988 & 2003:

When your application form is received, we create a record in your name, which contains much of the personal information you have supplied. This personal record is used solely in processing your candidature and should you be successful certain information you provide will be forwarded to the employing organisation. Such information held is subject to the rights and obligations set out in the Data Protection Acts, 1988 & 2003. To make a request under the Data Protection Acts 1988 & 2003, please submit your request in writing to: THE DATA PROTECTION CO-ORDINATOR, PUBLIC APPOINTMENTS SERVICE, “CHAPTER HOUSE”, 26-30 ABBEY STREET UPPER, DUBLIN 1, ensuring that you describe the records you seek in the greatest possible detail to enable us to identify the relevant record. A fee of €6.35 should accompany your request. Payment should be made by way of bank draft, money order, or personal cheque, made payable to the ‘Public Appointments Service’. Certain items of information, not specific to any individual, are extracted from records for general statistical purposes.

Exposure Prone Procedure Posts:

The Department of Health and Children have announced new guidance on the pre-employment medical screening of health care workers for blood borne diseases, who perform Exposure Prone Procedures (EPP’s) as part of their work. These are contained in the Department of Health and Children Document ‘Prevention of Blood Borne Diseases in the Health-Care Setting’. This document can be obtained at www.dohc.ie or by contacting the Department of Health and Children (00353 (0)1-6354000)

The successful candidate must provide satisfactory documentary evidence that he/she is not an infectious carrier of the Hepatitis B or Hepatitis C virus. Such documentation would include an original laboratory report or a certified copy (photocopies, faxes, e-mails not acceptable) showing

- Hepatitis B surface antigen (HBs Ag),
- Hepatitis B anti-core antibody (anti- HBc)
- Anti- Hepatitis B surface antibody (Anti HBs).
- Antibodies to Hepatitis C virus and if positive for Hepatitis C virus RNA.

Testing must be done in the designated occupational health department of a current Public Training Hospital or the Civil Service Occupational Health Department (CSOHD), and applicants will have to produce proof of identity (passport). Applicants will have to attend at their own expense for this testing. Additional visit(s) may be required depending on the test results.

Candidates who are successful at interview may not be made a job offer if they are found to be at risk of potentially transmitting infection to patients, or alternatively they may be appointed subject to certain conditions.

While the guidance does not currently recommend HIV testing at present, it re-iterates Irish Medical Council Ethical Guidelines that any healthcare worker who suspects that s/he may have been exposed to blood borne viruses through work or other risk behaviours must seek professional advice and diagnostic testing. Your attention is drawn to this.

Outside Employment:

The position will be whole time. The NCHD may engage in professional medical/dental practice exclusively for an Employer(s) and on behalf of the Mental Health Commission, the Coroner, other Irish statutory bodies 10 and medical/dental education and training bodies recognised by the Medical Council of Ireland. Sections 5 m) and 10 f) of Appendix A (NCHD contract).

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10 An indicative list of such bodies is available from the HSE Employers Agency, 63-64 Adelaide Road, Dublin 2, Tel: 01 6626966, web: www.hseea.ie