The Health Service Executive (HSE) has introduced a simplified single application 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 application process.

NON CONSULTANT HOSPITAL DOCTOR

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 8
(Amendments may be made, changes will be in subsequent versions available on www.publicjobs.ie website)
Version 8 to show particular vacancies within particular hospital groups at particular hospitals or within particular services are listed on our NCHD web page on http://www.hse.ie/eng/staff/nchd/

Closing date Friday 22nd June 2012
Open again for applications 26th June 2012

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.

If you experience technical difficulties while registering with the Public Jobs website or with your online application, please contact the Public Appointments Service: Telephone: 00353 (0)1 858 7480 Address: Chapter House, 26 – 30 Abbey Street Upper, Dublin 1 Email: nchd@publicjobs.ie

Queries with regard to the status of your Irish Medical Council Registration Status should be addressed to: www.medicalcouncil.ie

All queries other than technical difficulties or Irish Medical Council Registration queries should be addressed to: HSE National Recruitment Service Email: recruitnchd@hse.ie
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Introduction:

The HSE National Recruitment Service (NRS) has introduced a single application 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 second specialty (if required), by Hospital Group / Mental Health Service Group and role of choice. (see Appendix 2 for list of Hospital Groups / Mental Health Service Groups). The list of specialties available within each hospital group is provided. Not all specialties are available in every hospital group nor are all specialties available by Role. Therefore if you apply for a Role and Specialty not available within that Hospital Group, it is unlikely that your application will be processed further.

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.

The purpose of this recruitment campaign is to fill current and anticipated Service Posts, that is non-training posts. Candidates who wish to apply for a Training post should do so through the relevant Irish postgraduate training body for that specialty. Training posts are filled through separate recruitment campaigns managed directly by the training colleges.

Doctors working in Service Posts are facilitated in maintaining 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 vacancy driven. This means that the HSE are running this campaign to fill upcoming vacancies. If you wish to be considered for opportunities in the areas listed below you should apply now. Not all specialties are available in every hospital group nor are all specialties available by Role (Appendix 2 shows a full listing by Hospital / Mental Health Service Group)

- **Anaesthesia** and sub-specialties of Anaesthesia.
- **Emergency Medicine** and Paediatric Emergency Medicine – **High number of live vacancies**
- **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 vacancies**
- **Radiology (including Radiation Oncology)**

Please note that Hospital Groups / Mental Health Service Groups sites do not provide all Specialties. **A full listing of Specialties available by Role within the Hospital / Mental Health Service Groups is available in Appendix 2 of this document.**
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).

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 (candidates with IMC registration will be prioritised for interview purposes)

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 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 for their Preferred Speciality may be considered for their second specialty. This means that candidates who are deemed ineligible, are not shortlisted or are unsuccessful at interview may be considered for their Second Specialty choice.

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. Doctors cannot practice in Ireland without IMC registration; therefore the HSE cannot employ Doctors who do not have IMC registration. The IMC are responsible for the registration of doctors, they are a separate statutory body to Irish Health Service Employers. The IMC determine what registration procedures applicants to the IMC register must undertake. Therefore if you wish to pursue a career in the HSE you should pursue your registration with the IMC. Full details for registration steps and requirements are provided on the IMC website:
http://www.medicalcouncil.ie/Registration/

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.
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 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 HSE 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.

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.

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.
Frequently Asked Questions

Q. Where are the vacancies?

There are vacancies nationwide within a variety of medical specialties. Therefore, you should choose on your application form, the Hospital Group / Mental Health Service in which you would really like to work. The candidate information booklet lists the medical specialties available within each of the Hospital Groups / Mental Health Services. Not all specialties are available within the Groups / Services, and certain specialties are available only to certain grades i.e. certain specialties are available to Senior House Officer and others or both are available to Registrar. There is a continuing and ongoing requirement particularly for Emergency Medicine and Psychiatry. The Hospital Group / Mental Health Service contact candidates as vacancies become available. Therefore, this is no list of pre defined list of vacancies.

Q. I submitted an application and I haven’t heard anything back?

Applications from those candidates with Irish Medical Council Registration will be prioritised in line with service need (vacancies). This means that candidates will be called for interview where the service have a requirement for a doctor within at particular grade with a particular specialty.

Q. I wish to apply for multiple Hospital Groups?

Candidates can apply per round for a single hospital group. Therefore you can choose a single hospital group per application.

Q. I want to apply for two specialties, can I do this?

Yes, candidates can apply for two specialties, but they must be within the same Area of Medicine. Candidates can apply per round for a single Area of Medicine, but for two specialties within that Area of Medicine.

   e.g. a candidate can apply for Area of Medicine: Paediatrics Specialties: choice 1. Paediatrics & Choice 2. Paediatric Cardiology
   e.g. a candidate cannot apply for Area of Medicine: Paediatrics Specialty Choice 1. Paediatrics AND Area of Medicine: Emergency Medicine Specialty Choice 2 Emergency Medicine

Q. I wish to apply for both Senior House Officer & Registrar?

Candidates can apply per round for a single role. Therefore you can choose a single role per application. However, interview boards can decide to “regrade” an applicant to a different role. E.g. a candidate applies for Senior House Officer, the interview board may decide to regrade that candidate to Registrar. E.g. a candidate applies for Registrar, the interview board may decide to regrade that candidate to Senior House Officer.

Q. I submitted an application for one of the first campaigns launched 14th February (or 28th February, or 20th March, or 10th April or a subsequent date), can I reapply now for this campaign?

Yes

Q. When will I know if I have been invited for interview?

Candidates will be contacted directly by the Hospital Group / Mental Health Service after they have received the applications. Applications will be distributed to the Hospital Groups / Mental Health Service Groups one week after the closing date.

Q. I need advance notice of interviews, in order to book airline tickets / get a visa?
Hospital Groups / Mental Health Services are responsible for organising interviews. They may choose to hold interviews for overseas candidates that do not require them to travel e.g. video conference.

**Q. Will interviews / or a recruitment campaign be held in overseas?**

The HSE has not scheduled any overseas recruitment campaigns at present.

**Q. What is the start date for jobs?**

The purpose of this campaign is for the July intake – start dates are from 1st July 2012. However, the services may contact applicants for locum positions as well.

**Q. I applied for the January 2012 intake, do I need to apply again?**

Yes, applications received for the January 2012 intake will expire and not be considered as applications for the July 2012 intake.

**Q. Do I need Irish Medical Council Registration to apply?**

Applicants are not required to have Irish Medical Council Registration to apply. However, Doctors cannot practice in Ireland without IMC registration; therefore the HSE cannot employ Doctors who do not have IMC registration. **Candidates with Irish Medical Council (IMC) registration at the closing date for applications will be prioritised for interview purposes.**

The IMC are responsible for the registration of doctors, they are a separate statutory body to Irish Health Service Employers. The IMC determine what registration procedures applicants to the IMC register must undertake. Therefore if you wish to pursue a career in the HSE you should pursue your registration with the IMC. Full details for registration steps and requirements are provided on the IMC website: [http://www.medicalcouncil.ie/Registration/](http://www.medicalcouncil.ie/Registration/)

**Q. What type of registration do I need?**

The majority of posts require doctors who have current General Division Registration. However it is the Hospital / Mental health Service who will decide based service need if other divisions are suitable for the post e.g. Trainee Specialist Division, Specialist Division etc.

**Q. I have applied for Irish Medical Council Registration a number of months ago, but am not yet registered – will I be called for interview?**

The IMC are responsible for the registration of doctors, they are a separate statutory body to Irish Health Service Employers. The HSE cannot answer questions with regard to registration procedures, registration requirements or registration timelines. It is a decision of the Hospital Group / Mental Health Service if they wish to interview candidates without IMC registration. **Candidates with Irish Medical Council (IMC) registration at the closing date for applications will be prioritised for interview purposes.**

**Q. Can I obtain an intern position from this campaign?**

The purpose of this campaign is to fill Senior House Officer / Registrar roles. Interns are recruited separately. See [http://www.hse.ie/eng/staff/nchd/](http://www.hse.ie/eng/staff/nchd/) for intern positions.
### Appendix 1 Job Specification

| Job Title, Grade | • Senior House Officer (Grade Code 1012)  
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<th></th>
<th>• Registrar (Grade Code 1538)</th>
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<tr>
<td>Competition</td>
<td>NRS0600</td>
</tr>
<tr>
<td>Reference</td>
<td></td>
</tr>
<tr>
<td>Closing Date</td>
<td></td>
</tr>
<tr>
<td>Proposed</td>
<td></td>
</tr>
<tr>
<td>Interview Date(s)</td>
<td></td>
</tr>
<tr>
<td>Taking up</td>
<td>From 1st July 2012</td>
</tr>
<tr>
<td>Appointment</td>
<td>Some posts may have a earlier/later start date, start dates will be notified on a post by post basis at job offer.</td>
</tr>
<tr>
<td>Organisational</td>
<td>All Health Service Executive (HSE) Areas</td>
</tr>
<tr>
<td>Area</td>
<td></td>
</tr>
<tr>
<td>Location of Post</td>
<td>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 job offer</td>
</tr>
<tr>
<td>Details of Service</td>
<td>Post specific information will be provided to candidates at job offer</td>
</tr>
<tr>
<td>Reporting</td>
<td>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.</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Purpose of the</td>
<td>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.</td>
</tr>
<tr>
<td>Post</td>
<td></td>
</tr>
<tr>
<td>Principal Duties</td>
<td>The NCHD’s standard duties and responsibilities include, as directed by the Consultant / Clinical Director / Employer to, inter alia:</td>
</tr>
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</table>
| and Responsibilities | • 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>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Candidates must possess, on the closing date:</th>
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<tbody>
<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>
<tr>
<td><strong>Before taking up the post:</strong></td>
<td>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 2012 or earlier to take up appointment.</td>
</tr>
</tbody>
</table>

**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](http://www.medicalcouncil.ie) for full details on registration.

**Post Specific Requirements**

Will be indicated at a later stage of the recruitment process if applicable.

**Other requirements specific to the post**

Further requirements may be outlined at a later stage of the recruitment process.

**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**

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](http://www.hse.ie) in the document posted with each vacancy entitled “Code of Practice, Information For Candidates” or on [www.cpsa-online.ie](http://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**

**Tenure**

**Remuneration**

The Department of Health salary scale (01/01/10) for the post is:

**Senior House Officer**: €38,839 to €54,749 (7 points)

**Registrar**: €50,578 to €60,305 (6 points)

**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.
<table>
<thead>
<tr>
<th><strong>Annual Leave</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superannuation</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Probation</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Protection of Persons Reporting Child Abuse Act 1998</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Ethics in Public Office 1995 and 2001</strong></td>
<td>Positions remunerated at or above the minimum point of the Grade VIII salary scale (€64,812 as at 01.01.10) 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;</td>
</tr>
<tr>
<td><strong>Positions remunerated at or above the minimum point of the Grade VIII salary scale (€64,812 as at 01.01.10)</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
# Appendix 2 a Hospital Groups / Mental Health Service Groups

## 1 of 6 – Dublin Mid Leinster

<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  
Midland Regional Hospital Portlaoise  
Naas General Hospital  
St Columcille’s Hospital, Loughlinstown  
Laois/Offaly Mental Health Service  
Longford/Westmeath Mental Health Service  
Kildare/West Wicklow Mental Health Service  
Dublin South Central Mental Health Service  
Dublin South West / Kildare/West Wicklow Mental Health Service  
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 Mid Leinster employ NCHDs by role for the below listed specialties:  

<table>
<thead>
<tr>
<th>Role</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior House Officer</strong></td>
<td>Anaesthesia, Emergency Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Surgery General</td>
</tr>
<tr>
<td><strong>Registrar</strong></td>
<td>Anaesthesia, Emergency Medicine, Haematology, General Internal Medicine, Medical Oncology, Obstetrics &amp; Gynaecology, Paediatrics, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Surgery General, Surgery Orthopaedics, Surgery Otolaryngology</td>
</tr>
</tbody>
</table>

Applicants who choose a role and specialty not available in the area will not be processed further. e.g. a candidate chooses Senior House Officer Radiology – **this is not available** in Dublin Mid Leinster Hospital Group.
## Appendix 2 a Hospital Groups / Mental Health Service Groups

### 2 of 6 – Dublin North East

<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>
<tbody>
<tr>
<td>Dublin North East</td>
<td>Cavan/Monaghan Hospital&lt;br&gt; Louth/Meath Hospital Group&lt;br&gt; Connolly Hospital&lt;br&gt; St Mary's Hospital, Phoenix Park&lt;br&gt; Cavan/Monaghan Mental Health Services&lt;br&gt; Louth/Meath Mental Health Services&lt;br&gt; St Vincent’s Hospital, Fairview (Psychiatry only)&lt;br&gt; Dublin North West &amp; Dublin North Mental Health Services including St Ita’s Hospital&lt;br&gt; St Brendan’s Hospital, Grangegorman (Psychiatry only)</td>
<td>In some cases, posts will include rotations between:&lt;br&gt; - Cavan/Monaghan Hospital Group &amp; Mater Misericordiae Hospital; or&lt;br&gt; - Cavan/Monaghan Hospital Group &amp; Children’s University Hospital Temple St; or&lt;br&gt; - Cavan/Monaghan Hospital Group &amp; Rotunda Hospital; or&lt;br&gt; - Louth/Meath Hospital Group &amp; Beaumont Hospital; or&lt;br&gt; - Louth/Meath Hospital Group &amp; Children’s University Hospital Temple St; or&lt;br&gt; - Louth/Meath Hospital Group &amp; Rotunda Hospital; or Connolly Hospital &amp; Beaumont Hospital</td>
</tr>
</tbody>
</table>

**Dublin North East employ NCHDs by role for the below listed specialties:**

<table>
<thead>
<tr>
<th>Role</th>
<th>Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Senior House Officer</strong></td>
<td>Emergency Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Surgery General</td>
</tr>
<tr>
<td><strong>Registrar</strong></td>
<td>Anaesthesia, Emergency Medicine, Intensive Care Medicine, Cardiology, Dermatology, General Internal Medicine, Gastroenterology, Endocrinology / Diabetes Mellitus, Respiratory Medicine, Rheumatology, Geriatric Medicine, Medical Oncology, Palliative Medicine, Rehabilitation Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Neonatology, Haematology, Psychiatry General Adult, Psychiatry of Old Age, Forensic Psychiatry, Surgery General, Surgery Orthopaedics, Surgery Paediatrics, Surgery Urology</td>
</tr>
</tbody>
</table>

Applicants who choose a role and specialty not available in the area will not be processed further. e.g. a candidate chooses Senior House Officer Anaesthesia – **this is not available** in Dublin North East Hospital Group. However, Registrar Anaesthesia – **is available** in this Hospital Group.
Appendix 2 a Hospital Groups / Mental Health Service Groups

3 of 6 – Mid West

<table>
<thead>
<tr>
<th>Mid West</th>
<th>Mid Western Regional Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clare Mental Health Service</td>
</tr>
<tr>
<td></td>
<td>Limerick Mental Health Service</td>
</tr>
<tr>
<td></td>
<td>Limerick East &amp; Tipperary North Mental Health Service</td>
</tr>
</tbody>
</table>

In some cases, posts will include rotations between:

- Mid Western Regional Hospital Limerick & General Hospitals in the Mid Western Region;
- Mid Western Regional Hospital Limerick & Psychiatric Units in the Mid Western Region

Mid West employ NCHDs by role for the below listed specialties

<table>
<thead>
<tr>
<th>Senior House Officer</th>
<th>Anaesthesia, Emergency Medicine, Intensive Care Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Histopathology, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, General Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrar</td>
<td>Anaesthesia, Anaesthesia Paediatric, Emergency Medicine, Intensive Care Medicine, Cardiology, Dermatology, General Internal Medicine, Gastroenterology, Endocrinology / Diabetes Mellitus, Nephrology, Respiratory Medicine, Rheumatology, Geriatric Medicine, Infectious Diseases, Medical Genetics, Medical Oncology, Neurology, Palliative Medicine, Rehabilitation Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Neonatology, Paediatric Cardiology, Paediatric Nephrology, Paediatric Neurology, Paediatric Oncology, Haematology, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Psychiatry of Learning Disability, Psychiatry of Old Age, Psychiatry Forensic, Psychotherapy, Surgery Cardiothoracic, Surgery General, Neurosurgery, Surgery Ophthalmic, Surgery Oral &amp; Maxillofacial, Surgery Orthopaedic, Surgery Otolaryngology, Surgery Paediatric, Surgery Plastic, Urology</td>
</tr>
</tbody>
</table>

Applicants who choose a role and specialty not available in the area will not be processed further. e.g. a candidate chooses Senior House Officer Radiology or Registrar Radiology – **this is not available** in Mid West Hospital Group.
## Appendix 2 a Hospital Groups / Mental Health Service Groups

### 4 of 6 – West

<table>
<thead>
<tr>
<th>West</th>
<th>Galway University Hospitals</th>
<th>Mayo General Hospital</th>
<th>Portiuncula Hospital</th>
<th>Roscommon County Hospital</th>
<th>Sligo General Hospital</th>
<th>Letterkenny General Hospital</th>
<th>Mayo Mental Health Service</th>
<th>Galway Mental Health Service</th>
<th>Sligo/Leitrim Mental Health Service</th>
<th>Donegal Mental Health Service</th>
<th>Roscommon Mental Health Service</th>
</tr>
</thead>
</table>

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

West employ NCHDs by role for the below listed specialties

<table>
<thead>
<tr>
<th>Senior House Officer</th>
<th>Anaesthesia (including a Foundation Year in Anaesthesia &amp; Intensive Care - Galway University Hospital), Emergency Medicine, Intensive Care Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Histopathology, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, General Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrar</td>
<td>Anaesthesia, Anaesthesia Paediatric, Emergency Medicine, Intensive Care Medicine, Cardiology, Clinical Pharmacology &amp; Therapeutics, Dermatology, General Internal Medicine, Gastroenterology, Endocrinology / Diabetes Mellitus, Nephrology, Respiratory Medicine, Rheumatology, Geriatric Medicine, Medical Oncology, Neurology, Palliative Medicine, Rehabilitation Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Neonatology, Haematology, Histopathology, Immunology, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Psychiatry of Learning Disability, Psychiatry of Old Age, Psychotherapy, Surgery Cardiothoracic, Surgery General, Surgery Ophthalmic, Surgery Oral &amp; Maxillofacial, Surgery Orthopaedic, Surgery Otolaryngology, Surgery Plastic, Urology</td>
</tr>
</tbody>
</table>

Applicants who choose a role and specialty not available in the area will not be processed further. e.g. a candidate chooses Senior House Officer Radiology or Registrar Radiology – **this is not available** in West Hospital Group
Appendix 2 a Hospital Groups / Mental Health Service Groups

5 of 6 – South East

<table>
<thead>
<tr>
<th>South East</th>
<th>Waterford Regional Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>St Luke’s Hospital, Kilkenny</td>
</tr>
<tr>
<td></td>
<td>Wexford General Hospital</td>
</tr>
<tr>
<td></td>
<td>South Tipperary General Hospital, Clonmel</td>
</tr>
<tr>
<td></td>
<td>Lourdes Orthopaedic Hospital, Kilcreene,</td>
</tr>
<tr>
<td></td>
<td>Kilkenny</td>
</tr>
<tr>
<td></td>
<td>Carlow/Kilkenny Mental Health Service</td>
</tr>
<tr>
<td></td>
<td>Wicklow Mental Health Service</td>
</tr>
<tr>
<td></td>
<td>Wexford Mental Health Service</td>
</tr>
<tr>
<td></td>
<td>Tipperary South Mental Health Service</td>
</tr>
</tbody>
</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

South East employ NCHDs by role for the below listed specialties

<table>
<thead>
<tr>
<th>Senior House Officer</th>
<th>Emergency Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Psychiatry Child &amp; Adolescent Psychiatry, General Adult Psychiatry, Psychiatry of Learning Disability, Psychiatry of Old Age Surgery General, Surgery Otolaryngology, Surgery Ophthalmology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrar</td>
<td>Anaesthesia, Emergency Medicine, General Internal Medicine, Endocrinology / Diabetes Mellitus, Nephrology, Respiratory Medicine, Rheumatology, Geriatric Medicine, Medical Oncology, Neurology, Palliative Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Haematology, Radiology, Surgery General, Surgery Ophthalmic, Surgery Orthopaedics</td>
</tr>
</tbody>
</table>

Applicants who choose a role and specialty not available in the area will not be processed further. e.g. a candidate chooses Senior House Officer Anaesthesia – this is not available in South East Hospital Group. However, Registrar Anaesthesia – is available in this Hospital Group
## Appendix 2 a Hospital Groups / Mental Health Service Groups

### 6 of 6 – South West

<table>
<thead>
<tr>
<th>South West</th>
<th>Cork University Hospital Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bantry General Hospital</td>
</tr>
<tr>
<td></td>
<td>Kerry General Hospital</td>
</tr>
<tr>
<td></td>
<td>Cork North Mental Health Services</td>
</tr>
<tr>
<td></td>
<td>Cork North Lee Mental Health Services</td>
</tr>
<tr>
<td></td>
<td>Cork South Lee Mental Health Services</td>
</tr>
<tr>
<td></td>
<td>Cork West Mental Health Services</td>
</tr>
<tr>
<td></td>
<td>Kerry Mental Health Services</td>
</tr>
</tbody>
</table>

| South West | Cork University Hospital Group & General Hospitals in the South West Region; or Cork University Hospital Group & Psychiatric Units in the South West Region |

In some cases, posts will include rotations between:

South West employ NCHDs by role for the below listed specialties

<table>
<thead>
<tr>
<th>Senior House Officer</th>
<th>Anaesthesia, Emergency Medicine, Intensive Care Medicine, General Internal Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Histopathology, Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Radiology (including Radiation Oncology) General Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrar</td>
<td>Anaesthesia, Anaesthesia Paediatric, Emergency Medicine, Intensive Care Medicine, Cardiology, Clinical Pharmacology &amp; Therapeutics, Dermatology, General Internal Medicine, Gastroenterology, Endocrinology / Diabetes Mellitus, Nephrology, Respiratory Medicine, Rheumatology, Genito-Urinary Medicine, Geriatric Medicine, Infectious Diseases, Medical Genetics, Medical Oncology, Neurophysiology, Neurology, Palliative Medicine, Rehabilitation Medicine, Obstetrics &amp; Gynaecology, Paediatrics, Paediatric Cardiology, Paediatric Nephrology, Paediatric Neurology, Paediatric Oncology, Neonatology, Biochemistry, Chemical Pathology, Haematology, Histopathology, Neuropathology, Immunology, Microbiology, Radiology (including Radiation Oncology), Psychiatry Child &amp; Adolescent, Psychiatry General Adult, Surgery Cardiothoracic, Surgery General, Neurosurgery, Surgery Ophthalmic, Surgery Oral &amp; Maxillofacial, Surgery Orthopaedic, Surgery Otolaryngology, Surgery Paediatrics, Surgery Plastic, Urology</td>
</tr>
</tbody>
</table>

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 histology conferences, 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 too. Within the Surgical Department services are provided by three Consultant Surgeons. A full range of general surgery is currently provided including extensive day surgery. The Unit caters for both elective and emergency admissions. There is also a dedicated Pre-Assessment Nurse attached to the Surgical Department whose main objectives is to improve patient education, reduce cancellations of surgery due to patients being assessed prior to admission, To facilitate informed consent, and to enhance efficiency and clinical excellence of patient care. This is a nurse-managed, patient focus initiative, insuring efficient and effective use of resources. All trainees in the department have excellent training opportunities. The Surgical Ward is a purposely built Unit with dedicated isolation room, private and semi-private accommodation together with six bedded wards. We have four main theatres and two day theatres with a 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.

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 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 in patient specialties including radiology. We are involved in a dynamic 24 hour stroke thrombolyis 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**
  - 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 subspecialities 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 MRCPI 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 Biliary 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 urology surgery is carried out. There 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.
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 involves 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.

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 RCPI. 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 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: **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 support courses. **General Medicine** 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 MRCP 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. **General Surgery** 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. **Obstetrics/Gynaecology** 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.

Naas General Hospital is a 243 bedded acute hospital based in the County of Kildare with a population 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 & 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. Naas 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 specialties 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 Transit 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 Loughlinstown 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 General Surgical on-site on-call services along with Surgical Regs, SHOs & 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 & SMH). A 2 day course on Emergency Medicine (www.emed-induction.ie) is held in December and all successful candidates are encouraged to attend. A weekly educational 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 Specialities include: General Medicine, Acute elderly assessment and...
Mental Health Services – Dublin Mid Leinster

Laois/Offaly Mental Health Services is based at St. Fintan’s Hospital, Portlaoise with sector based services in Birr, Tullamore and Portlaoise. There are 14 posts approved by the College of Psychiatry of Ireland as follows: 6 in general adult psychiatry, 2 in Psychiatry of old age, 1 in Rehabilitation/liaison psychiatry, 3 in Child & Adolescent Psychiatry and 2 in Intellectual disabilities (2 of the above posts are Srn Registrar posts). Clinical presentations, Audit and research are encouraged in each post. Internet access and library facilities are available for all NCHDs. Comprehensive in-house teaching, case conferences, tutorials and consultant supervision. Regular training and exam preparation for MRCPsych and CASC. Protected time for weekly Teaching Programme. Experience in Psychotherapy and Cognitive Behavioural Therapy also provided.

For further information please contact: Dr. Henry O’Connell, Consultant Psychiatrist/Clinical Tutor at (057) 8670245.

Longford/Westmeath Mental Health Services is based at St. Loman’s Hospital, Mullingar, Co Westmeath with sector based services in Athlone, Longford and Mullingar. There are 11 posts approved by the College of Psychiatry of Ireland as follows: 6 in General Adult Psychiatry, 2 in Psychiatry of Old Age, 1 in Child & Adolescent Psychiatry 1 in Substance Misuse and 1 in Intellectual Disabilities (rotated every 6 months with Laois/Offaly Scheme). Clinical presentations, Audit and Research are encouraged in each post. Internet access and library facilities are available for all NCHDs. Comprehensive in-house teaching, case conferences, tutorials and consultant supervision. Regular training and exam preparation for MRCPsych and CASC. Protected time for weekly Teaching Programme. Training in Psychodynamic, Psychotherapy and Cognitive Behavioural Therapy are also provided.

For further information please contact: Dr. Michael O’Cuill, Consultant in Old Age/Clinical Tutor at (044) 9384363.

Dublin South Central Mental Health Service, (based at ST JAMES’S HOSPITAL, 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: pscully@stjames.ie 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: acorvin@tcd.ie

Dublin South Central Mental Health Service, (Adelaide and Meath Hospital, Tallaght), Main Features: Regular training and exam preparation for MRCPsych from current CASC examiners (Dr. E. Kenny and Dr. P. Whitty). Unique opportunity to work in Homecare and Assertive Outreach Community Teams. Opportunities for Research and Audit and protected time for weekly Teaching Programme. Experience in First-Episode and Early Intervention Programme, Psychotherapy and Cognitive Behavioural Therapy for Psychosis. Dr. Peter Whitty MD, MRCPsych, Consultant Psychiatrist and Clinical Tutor, Adelaide and Meath Hospital, Tallaght, Dublin 24. Tel: +353 1 414 3300 Fax: +353 1 414 4734 email: peter.whitty@hse.ie, Dr. Eamonn Kenny MB, MRCPsych, 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
Addiction Services Cherry Orchard Hospital Ballyfermot Dublin10 – Youth Drug & Alcohol Service - The Youth Drug & Alcohol (YoDA) Service was established in 2005 to provide treatment to adolescents under the age of 18 who have drug and alcohol problems. The service deals with the full spectrum of adolescent substance misuse from abuse of solvents or alcohol to heroin dependence. The catchment area covers two LHO areas, Dublin South Central and Dublin South West, covering a population of about 300,000 people. Referrals from professionals are also taken from outside this area on a case by case basis. The service offers a comprehensive outpatient treatment to clients. In terms of the Department of Health report on services for under 18s, it is a Tier 3 service (Department of Health and Children, 2005). The clinical team comprises of: 1) Family Therapist, 2) Clinical Nurse Specialist, 3) Counsellor, 4) Consultant Child and Adolescent Psychiatrist, 5) Psychiatric Registrar. The core element of the services provided by YoDA is that of treatment of substance misuse difficulties in teenagers. There is an open referral system and following a referral, an assessment appointment is usually offered in a matter of days. A typical treatment plan involves (a) one-to-one psychological treatments such as Motivational Interviewing (MI), CBT (cognitive behavioural therapy), CBCS (cognitive behavioural coping skills), ACRA (Adolescent Community Reinforcement Approach), (b) family therapy. Additionally, we provide treatment of co-morbid psychiatric disorder, assessment of physical illness, nursing care and vaccination.

Dublin South West / Kildare/West Wicklow Mental Health Services is a community based, general adult, mental health service serving a population of 230,000 with 29 inpatient beds at Lakeview Unit, Naas General Hospital. There are 14 NCHD posts approved by the College of Psychiatry of Ireland and by the Royal College of Psychiatrists. Library facilities maintained for all NCHDs. Protected time for weekly in-house teaching programme, case conferences, tutorials, consultant supervision and opportunities for Research and Audit. The Tutor is Dr. Pat Gibbons, Celbridge Health Centre, Maynooth Road, Celbridge, Co. Kildare, Tel 01 630 3163, email pat.gibbons@hse.ie

Central Mental Hospital Dublin South East
**Hospitals – Dublin North East**

**Cavan / Monaghan Hospital Group** has comprised of two hospital sites since 1994, Cavan General Hospital and Monaghan Hospital with services operationalised as one hospital on two sites. Both sites deliver a wide range of services to the Cavan Monaghan population which includes assessment, diagnosis, treatment and rehabilitation of both acute and complex conditions as well as non-urgent/ non-acute conditions. The inter-dependency in the roles of the hospitals strives to provide a seamless patient service providing timely and appropriate care in the most appropriate setting. The current range of acute services is as follows:-

- Emergency Medicine, General Medicine, General Surgery, Obstetrics / Gynaecology including Midwifery Led Unit, Paediatrics, Acute Psychiatry, Day Services, Out-Patient Services, Renal Dialysis Services, Pathology Services, Radiology Services, Physical Medicine Services, ICU/CCU, Anaesthesia, Oncology – outreach service from Mater Hospital Dublin, Dermatology (sessional OPD clinic 1 day per week – visiting consultant), Orthopaedics (sessional OPD clinic 1 day a week – visiting consultant), Palliative Care. The Hospital has a total of 215 beds: 124 Adult Inpatient Beds, 33 Maternity Unit, 24 Paediatric/SCUB, 9 ICU/CCU, 25 Psychiatry
- The total number of Day beds is 45 – 8 Endoscopy, 11 Day Ward, 1 Minor ops, 10 Oncology, 2 DPP/Mat, 3 Paediatric, 10 Renal Dialysis. Non Designated beds total 47 – Delivery Suite - 4 trolleys, A&E - 13 trolleys, 24hr Observation Ward 6 beds, Admission Lounge 6 beds, MAU 6 beds, Transit Lounge 12 chairs.

Monaghan Hospital’s primary role includes the continuing care for medically discharged patients requiring in-patient step down and rehabilitation care and extensive OPD, theatre, day services and a Minor Injury Unit. Services currently provided in the Monaghan Hospital site include the following: Step Down Unit (6 beds) & Rehabilitation Unit (20 beds). The 6 Step Down Beds and the 20 Rehabilitation Beds allow patients to transfer from Cavan General Hospital and HSE DNE for rehabilitation and step down care, Day Medical services, Day Surgery, OPD, Radiology department, Physiotherapy department, ENT services, GUM services (commencing 6th December 2011), Minor Injury Unit.

**Louth/Meath Hospital Group** consists of 3 Hospital sites, Our Lady of Lourdes Hospital, Drogheda, Louth County Hospital, Dundalk and Our Lady’s Hospital, Navan all run by the Health Service Executive. The Lourdes Hospital site provides the following specialties, Anaesthetics, Cardiology, Dermatology, Emergency Medicine, ENT, Endocrinology, General Medicine, General Surgery, Gastroenterology, Haematology, Obstetrics/Gynaecology, Oncology, Ophthalmology, Orthopaedics, Paediatrics, Palliative Care, Pathology, Radiology, Respiratory Medicine and Urology. The hospital has a total of 340 beds: 160 Adult Inpatient Beds, 57 Maternity Unit, 30 Day Beds, 36 Paediatric/Neonatal with the following sub specialties a, Endocrinology, b, allergy, c. respiratory, d. community paediatrics, e. rapid paediatric assessment unit, 10 ICU/CCU, 27 Orthopaedic. A CT scanning service commenced in early 1996 and a dedicated self-contained Endoscopy Unit is in operation. MRI services commenced in the hospital in April 2005. The new Regional Emergency Department for adults and children opened in 2010 and there is a separate diagnostic Medical Assessment Unit. The hospital is affiliated to the RCSI. Our Lady’s Hospital, Navan is a General Hospital. It provides a general medical and general surgical service and acts as the Regional Elective Orthopaedic Centre for the North East. Louth County Hospital has a particular focus on diagnostic and day care services. Stroke rehabilitation, day surgical, day medical, step down gynaecology and radiology services are provided. In addition the care of the elderly service has transferred to the hospital. General orthopaedic rehabilitation services are being developed. A dedicated venesection service has been established and a new colposcopy unit has opened. Louth County Hospital has also been selected by the National Cancer Screening Service as one of the 15 candidate screening colonoscopy units.
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.

St. Mary’s Hospital, Phoenix Park specialises in Geriatric Medicine. It is a 350 bedded Unit which provides the following services: Subacute services: Rehabilitation services: Services are provided for stroke rehabilitation, general post acute rehabilitation and discharge planning. Community ‘step up’ service: Patients are admitted from the community for medical and multidisciplinary team input to optimise function. Extended care services: Medical cover is provided for the 257 beds providing extended nursing care where the residents are typically heavily dependent with multiple medical co morbidities. Outpatient services: A purpose built Day Hospital provides assessment of frail elderly people in the catchment area. Here patients have access to a Consultant Geriatrician and a full multidisciplinary team. The hospital has strong links with the Mater Misericordiae University Hospital with some or our NCHDs rotating to posts there. There is a culture of education and Medical students from both RCSI and UCD rotate to the hospital for training by the Consultant Geriatricians and Clinical lecturers attached to the hospital. NCHDs at St. Mary’s Hospital can attend some of the postgraduate educational meetings at the Mater Hospital. There are opportunities for carrying out clinical audit and research proposals are supported.

Cavan/Monaghan Mental Health service provides comprehensive, integrated, multi-disciplinary community based adult mental health services that are responsive to the needs of individuals, families/carers and the community and that assist patients to achieve their maximum potential. Services are delivered to the geographic catchment (approx.120,000 population) of counties Cavan and Monaghan, through four consultant-led specialist multidisciplinary teams. There are two Adult Community Mental Health Teams (CMHTs), one team per county, both incorporating Home-based Treatment as a core service. There is a single point of referral from the community through the patient’s general practitioner and an emphasis on effective primary care liaison as supporting best practice. A Community Rehabilitation Service (CRS) provides for patients with complex rehabilitation needs (serving both counties), Referrals to this service, which incorporates assertive outreach, are made from the 2 CMHTs. The Psychiatry of Later Life service also serves both counties and incorporates home-based assessment and treatment, active outreach to community residential settings and liaison with primary care for new referrals over age 65 years. There is a long-standing and successful partnership with the RCSI both in research and under-graduate medical education with established positions of RCSI Senior Lecturer, Tutor and Research Registrar. An ongoing stream of epidemiological and service-related research has resulted in a series of peer-reviewed
publications and recognition at a national and international level. There is an active clinical & academic programme for post-graduate training and peer review for consultant psychiatrists.

**Recent service developments:**
A single, custom-designed, Acute Admission Unit serving both counties Cavan Monaghan has been developed with an additional ½ time Consultant Psychiatrist position recruited with responsibility for acute in-patient care. A ½ time Consultant Psychiatrist position has been developed to lead on the Mental Health Liaison services to Cavan General Hospital.

An Early Intervention Programme for first episode psychosis has been developed. COPE (Care Pathway to Overcome Psychosis Early) is largely modelled on the successful DETECT programme. Offer the following sub specialties: General Adult Psychiatry, Psychiatry of Old Age, Rehabilitation Psychiatry and Child & Adolescent Psychiatry. CM Adult MHS is a community based service with an acute admission unit in Cavan General Hospital. Child & Adolescent Psychiatry is located in Rooskey in Monaghan and in Drumalee Cross in Cavan. There is a separate Child & Adolescent Psychiatry multidisciplinary team for each County and there is liaison to Cavan General Hospital from both teams.

NCHDs working in Child & Adolescent Psychiatry may be on the Adult Psychiatry on call rota. A population of 73,000 is served in Cavan and a population of 60,500 is served in Monaghan. The Child & Adolescent Psychiatry NCHDs also attend the organised teaching/training locally along with the NCHDs from the other Psychiatric Specialties. There is a strong emphasis on learning.

**Mental Health Services - Dublin North East**

**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. Child & Adolescent Psychiatry services are located on the Dublin road in Drogheda and in Navan, Co. Meath.

**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 [www.svhf.ie](http://www.svhf.ie). If you have any queries, please contact Dr. Aoife O’Neill, Consultant Psychiatrist and Mater UCD Scheme Coordinator: 01-8842465.

**Dublin North West / Dublin North Mental Health Services** The Dublin Northwest Mental Health Services and Dublin North Mental Health Services are the two major sub-training centres of Dublin RCSI psychiatric training scheme that provides high quality training for the trainees and the scheme is one of few
training schemes that have access to range of sub-specialities training. Currently the Dublin Northwest Mental Health Services have seven General Adult Consultant Psychiatrists and the Dublin North services also have the same number of General Adult Consultant Psychiatrists. Along with Wicklow Mental Health services, that provide rural mental health service experiences, there are 25 general adult basic psychiatric training places on the scheme. The scheme also has following sub-specialities training places- 4 psychiatry of old age, 3 liaison psychiatry, 2 rehabilitation psychiatry, 2 Intellectual Disability, 4 Child and Adolescent Psychiatry, 1 Drug Treatment Service and 1 Intensive Care Unit. There is also 1 Forensic psychiatry training place available each year in the Central Mental Hospital. Throughout the scheme range of psychotherapeutic trainings are provided by psychotherapy trained consultants and psychologists. Exam training programmes are also provided both formally in the academic programmes and also informally by the senior registrars and by the consultants. Audit and research experiences are available throughout the scheme and trainees are encouraged to present at least two posters and one paper before they complete the scheme. As part of RCSI scheme, NCHDs have very good opportunities to teach the undergraduates. All these training opportunities are provided in a comprehensive multidisciplinary treatment and care programme that are focused on the recovery rehabilitation model. The combined catchment area of both sectors is around 350,000 population and the population characteristics are such that the trainees will have very good opportunities to get work with both affluent and deprived populations. The main General Hospitals attached to the scheme are Connolly Hospital and Beaumont Hospital. The Connolly Hospital has psychiatric admission beds (49) and Beaumont Hospital is the tertiary hospital providing neuropsychiatry liaison services. The scheme also has 7 post-membership training places in lecturing/tutoring the undergraduates. If you have any more information please contact Dr. Raju Bangaru, Consultant Psychiatrist and RCSI scheme coordinator at 01 8694202 or raju.bangaru@hse.ie

St. Brendan’s Hospital, Grangeogorman, in north inner Dublin, is the oldest public psychiatric hospital in Ireland. It currently comprises a number of specialist mental health services. The Rehabilitation Service began as a resettlement project back in 1988. It offers comprehensive psychiatric care to patients, many of whom were ‘long-stay’ in St Brendan’s Hospital prior to being resettled into the community. This group are now living in a range of accommodations: nursing homes, nurse supported hostels and other types of supported accommodation such as the Salvation Army and Simon. Some are in transition to independent living. A considerable proportion was referred from other services when St Brendan’s Hospital functioned as the District Mental Hospital. There are now 32 patients left in the 2 continuing care wards, male and female. This group has unremitting symptoms, challenging behaviour, failed placements in other settings and need ongoing inpatient care. The service comprises a Placement Committee and service user involvement. It employs structured needs assessments, policies developed for the hostels in line with the Happy Living Here policy document, Wellness Recovery Action Plans and client information packs. The Special Care Units (one male and one female, 12 beds each) provide specialist tertiary low secure mental health care and treatment for adult patients with a mental disorder, whose difficult to manage behaviour cannot be managed safely in an open adult admission unit. These are tertiary services receiving referrals from the former Eastern Regional Health Authority region. They have fully staffed multi-disciplinary teams with psychologist, social worker, occupational therapist, mental health nurses and psychiatrist input. They work by MDT assessment and Care Planning. The psychiatrists also provide outpatient follow-up and may carry out off-campus assessments, prior to acceptance to service. The Programme for the Homeless is a specialist mental health service for homeless people. It was set up in 1979. It currently operates in north inner Dublin using an Assertive Outreach modality. It comprises a day centre, operating also as a staff city base. It is staffed by a multi-disciplinary team of social workers, mental health nurses, occupational therapists, outreach workers and psychiatrists.
Mid Western Hospitals Group provides acute hospital services in Limerick, Clare and North Tipperary. The Hospitals within the Group are: Mid Western Regional Hospital, Limerick (comprising Mid Western Regional Hospital, Dooradoyle, Limerick, Mid Western Regional Orthopaedic Hospital, Croom, Co. Limerick, Mid Western Regional Maternity Hospital, Ennis Road, Limerick, Mid Western Regional Hospital Ennis, Mid Western Regional Hospital Nenagh, St John's Hospital, Limerick The Mid-West Regional Hospitals, Limerick is a teaching hospital for the University of Limerick Graduate Medical School and the University College Cork Medical School. The Mid-Western Regional Hospital provides acute in-patient services in Medicine, Surgery, I.C.U, C.C.U and Psychiatry for the local catchment area (Limerick city and county, Clare and Tipperary N.R). In addition, regional in-patient services are provided for a range of specialties such as Paediatrics, E.N.T, Ophthalmology, Obstetrics and Gynaecology, Cardiology, Orthopaedics, Oncology, including Radiotherapy, Haematology, Dermatology, Rheumatology, Oral and Maxillofacial Surgery. Support services include Radiology, Pathology, Physiotherapy, Dietetics, Social Work and Pharmacy. Day care is provided in the surgical specialties and a Medical Day Unit is in place to treat medical patients without the need to admit them to hospital. A full range of out-patient services is provided in each of the above specialties. In addition, out-patient clinics are also provided in Neurology, STD/GUM and Orthodontics. The total bed complement in Dooradoyle is 425 inpatient beds and 76 day beds.

Maternity - The Mid-Western Regional Maternity Hospital is located on the Ennis Road and has 80 Obstetric beds and 19 Neo Natal cots. It is the only maternity hospital in the Mid-Western area and is categorised as a level three unit capable of providing clinical services to high risk women and their infants. The medium term proposal is to transfer services from the Regional Maternity Hospital site to the Mid Western Regional Hospital site in Dooradoyle, where access to clinical support services is guaranteed. This has been identified as one of the top priorities in the acute hospital area.

Orthopaedics The Regional Orthopaedic Hospital is located in Croom, Co. Limerick and has a bed complement of 68 beds with 10 day case beds and services include radiology, physiotherapy (with a hydrotherapy pool) and out-patient facilities.

Developments in the Mid Western Hospitals Group Many innovative developments are underway which will establish a fully integrated region wide system of acute health care, accessible to each person in the region. The objective is to provide, in partnership with all key stakeholders, a high quality, value driven patient centre service based on best practice, research and evidence which is sensitive and responsive to the needs of the population, service users and providers.

Development Projects Key to our development is becoming a single hospital system. The term hospital is generally considered to be a single organisational unit. However, the experience in Limerick over the past number of years is that three hospitals are organised to function as a single clinical unit providing acute care, orthopaedic and maternity services to the region. This concept is now extended to include Ennis, Nenagh and St. John's hospitals as part of the Mid-Western Hospitals Group and operating as one single hospital system with unified corporate and clinical governance.

Implementation of the Acute Medicine Programme In 2012 a new model of care will be rolled out for the acute medical patients in the region. It is envisaged that the national acute medicine programme (AMP) will be implemented in the Mid West in the next six months. General Medicine will continue to be provided in Ennis, Nenagh and St. John's Hospitals as part of this programme. The majority of medical patients will continue to be treated in the local hospitals. A replacement 50 bedded unit will be commissioned in Ennis in the next few weeks.

Mid Western Regional Hospital Limerick Construction of the new six-storey block to include 12 bedded ICU, 14 bedded HDU and a 16-bed coronary care unit with cardiac non-invasive investigations unit and two catheterisation laboratories with a nine-bed day ward is nearing completion and will be commissioned on a phased basis, commencing late 2012. Construction works are due to get underway in 2012 on a number of other significant acute services capital projects including a new Multi-storey Inpatient and Outpatient Block in Dooradoyle funded from charitable sources (by the Parkinson's Association, CF Association (TLCF4CF) and the Mid-Western Hospital's Trust)
**Ennis Hospital** A new inpatient accommodation block is being provided at the Ennis hospital comprising two 25 bed acute wards with single ensuite bedrooms including 4 bedrooms to full isolation room standard along with clinical assessment and treatment facilities and general support accommodation. The development will significantly enhance the patient experience at the hospital and enable staff to deliver services in a modern environment. The equipping of the new building is expected to be completed by mid May 2012 with the building ready for occupancy in late May 2012.

**Nenagh Hospital** Theatre Suite and Day Ward Redevelopment project in Nenagh Hospital is due to get underway in 2012

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**Mental Health Services Mid West**

**Mid Western Mental Health Services** (In-patient / Out-Patient) are provided for the counties of Limerick, Clare & Nr. Tipperary PCCC. The post holder will be placed in a designated Consultant led Team and will be under the supervision of the Consultant Psychiatrist. NCHD’s will be required to rotate between Service Locations. Access to own transportation required
## Appendix 2b Site Descriptions – Hospital Group / Mental Health Services

### Hospitals – South East

**Waterford Regional Hospital** is built on the site of the former Ardkeen Hospital. The new hospital was built during the late 1980’s and early 1990’s and is administered by the Health Service Executive. It is the Regional Hospital for the South Eastern Health Board providing regional services such as Ophthalmology, Oncology, Palliative Care, ENT, Neonatal, Haematology, Rheumatology, Dermatology, Nephrology, Neurology and Orthopaedic Trauma. The Hospital also provides Medical, Surgical, Paediatrics, Acute Psychiatry and Obstetrical services for Waterford City and County. Waterford Regional Hospital has at present 435 in-patient beds and another 100 day places/beds. At present, the complement of staff numbers is approximately 1700.

**St Luke’s Hospital Kilkenny**

**Wexford General Hospital** provides acute general hospital services. The hospital is a 220-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, Diabetes Care, ICU, Geriatric Medicine Respiratory Medicine, Cardiology and Gastroenterology and Medical Assessment Unit in keeping with the National Acute Medical Review. General Surgery, which includes Gastrointestinal surgery. Paediatrics, Obstetrics/Gynaecology and radiology services are also provided

**South Tipperary General Hospital** located in Clonmel provides acute general and maternity services. The hospital serves the catchment area of South Tipperary and also provides services to patients residing in North Tipperary and West Waterford. The hospital also provides obstetric outreach clinics in both Thurles and Tipperary Town. The Hospital currently has 242 patient beds which includes 25 day case beds. The Hospital Specialties are: Medicine – General, Geriatric, Endocrinology, Gastroenterology, Cardiology, Surgery – General and colo-rectal surgery Obstetrics & Gynaecology – Gynaecology and Obstetrics Paediatric – Paediatric Anaesthetics – Anaesthetics Emergency Medicine – 24 hour Emergency Medicine.

**Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny**

### Mental Health Services – South East

**Carlow/Kilkenny Mental Health Service** based in Acute Psychiatry Unit, St. Luke’s Hospital, Kilkenny, St. Canice’s Hospital, Kilkenny, St. Dympna’s Hospital, Carlow and Community Care, Kilkenny. Carlow Kilkenny Mental Health Services cover a catchment area of 120,000 people. Services provided include General Adult Psychiatry, Child & Adolescent Psychiatry and Psychiatry of Later Life. Experience is also offered in liaison/Consultation Psychiatry and Rehabilitation Psychiatry. The Department of Psychiatry, St. Luke’s Hospital, Kilkenny is a 44 bed unit catering for acute Admission from Kilkenny and Carlow. Continuing Care and rehabilitation services are located in St. Canice’s Hospital, Kilkenny and St. Dympna’s Hospital, Carlow. Each County has a Psychiatric Day Hospital, several community based outpatient clinics and several community based day facilities. The services are delivered by Consultant led Multidisciplinary teams which include, Psychologists, Nursing Personnel, Occupational Therapists, Psychiatric Social Workers, Family Therapists addition
counsellors and other sessional therapists. Training is provided to all trainees and consists of weekly teaching sessions, individual hourly Consultant supervision and a Regional Training Day. Regular audits are undertaken. Currently there are 11 trainees in Psychiatry, 1 GP Trainee and one Senior Registrar based in Carlow/Kilkenny. The on call commitment is 1:12 resident on call.

Wicklow Mental Health Service

Wexford Mental Health Service

Tipperary South Mental Health Service
Cork University Hospital is the major teaching hospital in the HSE South with a complement of 815 beds. The hospital is the only Level 1 trauma centre in the Republic of Ireland – a status conferred as a consequence of the wide range of on site medical and surgical specialties including Orthopaedic Surgery, Neurosurgery, Cardio Thoracic Surgery and Plastic Surgery along with acute medical, surgical and psychiatry services. The hospital has a state of the art Emergency Department which is designated as the National Maritime Advice Centre. Cork University Hospital is the principal teaching hospital attached to the School of Medicine, University College Cork. The university dental school, which is one of the two undergraduate dental schools in the Republic of Ireland, is located on the hospital site. The hospital is designated by the Health Research Board as a Clinical Trials Centre.

Cork University Hospital has a long tradition as a centre for nurse training. In addition, there are now new training programmes in Occupational Therapy, Speech & Language Therapy and Pharmacy in association with University College Cork.

Cork University Hospital is the main hospital of an associated group of hospitals together with St. Mary’s Orthopaedic Hospital and Mallow General Hospital. Geriatric rehabilitation is provided at St. Finbarr’s Hospital.

Currently the range of services provided at the Cork University Hospital include:

- Emergency Medicine, Anaesthesia & Intensive Care, Cardio Thoracic Surgery, Endocrinology, Gastroenterology, General Medicine, General & Vascular Surgery, Geriatric Medicine
- Obstetrics & Gynaecology, Haematology – Clinical & Laboratory, Histopathology, Infectious Diseases, Renal Medicine, Neurosurgery, Psychiatry, Medical Oncology, Microbiology, Ophthalmology, Oral & Maxillo Facial Surgery, Orthopaedic Surgery, Paediatrics, Plastic Surgery, Radiology, Radiation Oncology, Respiratory Medicine, Rheumatology

Current services at Cork University Maternity Hospital include

- Obstetrics, Gynaecology, Neonatology

Recent and forthcoming developments at the hospital include
- Phased opening of dedicated Cardiac & Renal Centre underway.
- The transfer to Cork University Hospital of a number of cancer services consequent to the specialist designation of the hospital by the NCCP.
- Establishment of AMU - AMAU (Acute Medical Assessment Unit) and MSSU (Medical Short Stay unit)
- Reconfiguration of Acute Services in Cork and Kerry

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, which includes Casualty Services, 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

Mental Health Services – South West

South West Mental Health Services Incorporating Cork North Lee, Cork North, Cork South Lee, Cork West, Kerry. 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.
Galway University Hospitals (GUH) provide a comprehensive range of services to emergency and elective patients on an inpatient, outpatient and day care basis across the two sites, the University Hospital Galway site (UHG) and Merlin Park University Hospital site (MPUH). It also provides acute paediatric and obstetric & gynaecology services at UHG. GUH employ over 3,000 Whole Time Equivalents with an approved budget allocation of €245,611 for 2011. GUH plays a leadership role in acute service delivery, providing regional services for a wide range of specialties listed below, to support the policy of regional self-sufficiency. GUH is a Supra-Regional Centre for Cancer and Cardiac Services and is working towards developing a Level 1 Trauma Centre. There are also clinical arrangements with hospitals outside the region, providing a number of tertiary services. As a designated supra-regional centre, Galway University Hospitals serve a catchment area in the region of 1 million people from Donegal down to North Tipperary. The HSE West Region accounts for almost one quarter of the Irish population and Galway accounts for a quarter of this. University Hospital Galway’s recent designation as one of the eight Cancer Centres, along with the roll out of BreastCheck, and expansion of Radiation Oncology services will ensure the continued development of University Hospital Galway as the major emergency, complex treatment and tertiary referral centre for the entire region. Galway University Hospitals also has strong links with NUIG for the training of medical and other health professionals and is the site for extensive academic training and research. As a tertiary referral hospital and a supra-regional centre for cancer & cardiac surgery in the west, GUH has strengthened its linkages with Letterkenny General Hospital, Sligo General Hospital and Mayo General Hospital. The recent appointment of the Clinical Director for Acute Services & Continuing Care-Galway/Roscommon will further strengthen the existing synergies with Roscommon & Portiuncula Hospitals.

### Activity

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<th>2005</th>
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<th>2007</th>
<th>2008</th>
<th>2009</th>
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<td>55%</td>
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<td>10703</td>
<td>11405</td>
<td>12617</td>
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Inpatient Waiting Lists Activity
Surgical Specialty / In Patient - Ear Nose & Throat 601, Ophthalmology 778, Orthopaedics 772, Plastics 913, Surgery 1060, Urology 798, Vascular 292, Cardiothoracic Surgery 28, Maxillofacial 516
Medical Specialty / In Patient – Cardiology 354, Dermatology 10, Gastroenterology 857, Neurology 52, Respiratory 208, Pain 329
Reconfiguration of Acute Services Galway & Roscommon

A non-executive reconfiguration group has been established to advise on the reconfiguration of acute hospital services in Galway & Roscommon counties. There are four hospitals in Galway/Roscommon Hospital Group: University Hospital Galway, Merlin Park University Hospital Galway, Portiuncula Hospital Ballinasloe and Roscommon County Hospital.

Reconfiguration of Acute Medicine at GUH

A proposal to reconfigure services across sites between UHG and MPUH, consistent within the agreed GUH development strategy ("A Strategy for the Future 2006–2010") and to facilitate the implementation of the National Acute Medicine Programme endorsed by the Hospital Management Team on 09/03/2011 is at an advanced stage. GUH and have commenced cross-site reconfiguration/integration process and are at advanced planning stage to develop an AMU and implement the AMP here in Galway with a completion date of November 2011 and are working closely with the National Acute Medicine Programme. Core Objectives: Consolidate acute medicine inpatient care on one site, Reduce risks associated with having acute medical patients on two sites, Develop a 24/7 acute medical unit (AMU), containing an assessment area and short-stay inpatient beds, consistent with the national Acute Medicine Programme (AMP) strategy. This is essential to address current waiting times in the emergency department (ED) and delays in accessing beds. It should reduce need for inpatient admission and improve efficiency and turn-over of beds. Develop stroke/rehabilitation services on the MPUH site. Develop elective medicine/surgery on the MPUH site. Develop outpatient activity on the MPUH site.

Theatre Services

Theatre service provision at GUH comprises the following: 16 Theatres at UHG serve the needs of all major specialties, ENT, Ophthalmology, Plastic Surgery, Urology, Upper & Lower GI, Maxillofacial, Vascular, Orthopaedic Trauma, Cardiac, Breast. Day surgery and Surgical Endoscopy services are also provided from this complement. 2 Theatres at MPUH serve the needs of Elective Orthopaedic Surgery. There are 36 surgeons providing these services. WTE nurse ceiling 129 – 2009. This has now reduced to 92 - 2011 Each surgeon utilises 3 sessions per week to a total of 46 weeks per year. Due to staffing deficits a rolling closure programme was introduced in the latter half of 2009. This closure affects all services every 5 weeks this now accounts for approximately 25% reduction of surgical time for all surgeons. With the appointment of new surgeons some specialties notably GI & Urology have reconfigured their services to share with colleagues, which mean a reduction of approx 40% for this group of surgeons. Impact: Currently surgical waiting lists are increasing which is impacting negatively on the hospitals health stat targets. Unable to provide theatre access for new appointments. Ability to meet NCCP targets for Breast, Prostate, Colorectal services is difficult. Orthopaedic Trauma access affected leading to extra pressure on the ED department. GUH is one of 6 designated national centres for provision on open heart & lung surgery. With reduced theatre staffing it will be difficult to meet targets for Cardiac Surgery and Lung surgery. Over all general health & safety for both staff and patients is compromised through working additional hours etc, in addition to maintaining standards in relation to control of infection. Challenges/Action to minimise impact The surgical committee and clinical directorate of surgery and TACC directorate are engaged in producing a theatre utilisation plan with particular importance and prioritisation of the nationally agreed NCCP tumour areas. This is important for a maximum utilisation of the scarce theatre nursing resource. Active effort to increase day case surgery with an increased of 10% on 2009 figures, reconfiguration of anaesthetics cover and reconfiguration of sessions has assisted with this. Following completion of the surgical day ward review, it is planned to match demand with capacity and ensure appropriate use of all available resources. Greater efficiency in use of surgical endoscopy capacity reaching 100% utilisation. This has enabled us to maintain our health stat targets for category 1 patients. Reconfiguration of resources to develop 1 additional pain clinic and 1 theatre session on MPUH site in an effort to reduce waiting lists for that speciality. Recent approval of 12 theatre nurses will assist with planning the theatre session allocation to concentrate on long waiters specifically; ENT, Plastics, Urology, Maxillofacial.

Main Theatre Activity - Summary Activity Report 2009 - 15,884, 2010 - 14,255, 2010 first Qtr 4819, 2011 first Qtr 4586

Emergency Surgical Unit Operational Model

On 7th June 2010 The Emergency Surgical Unit opened with a fast track facility for the assessment, diagnosis and treatment of emergency surgical patients referred from our Emergency Department. It is centrally located within the hospital, comprising of 17 dedicated beds within St. Mary’s Ward. The unit caters for two patient groups, firstly patients who have surgical conditions requiring intervention surgery and secondly, patients where a clinical uncertainty exists and require further assessment and treatment. The unit will focus on early discharge by making diagnosis and
initial treatment available 7 days a week. This will significantly reduce the number of patients being admitted into acute beds. To compliment and enhance the unit there is a 6 bay for day therapy chairs and pre-assessment which will assist in the fast tracking of day cases/day surgery.

National Cancer Control Programme GUH is one of the 8 designated centres for delivery of cancer care. Its services ensure that its catchment area is broadly self-sufficient in the diagnosis and treatment of cancer except for a relatively small number of rare and complex cancers. Additional funding and personnel was initially provided by the NCCP to support existing services and to develop new initiatives. However, we are experiencing difficulties in replacement of staff that have resigned or retired due to the current moratorium of staffing. At UHG breast cancer diagnosis rate has increased by 500% increasing from 110 per annum to 529 per annum (including BreastCheck). All patients are seen in accordance with the National Quality Assurance Standards. In November 2008, the symptomatic service from Mayo General Hospital transferred to the Galway unit and the Symptomatic service from Sligo transferred in 2009 and is now fully integrated. The satellite breast unit at Letterkenny General Hospital is linked to the Galway service, with joint multidisciplinary team meetings and sharing of expertise. The BreastCheck assessment and treatment service for the western seaboard is also based in UHG with screening being carried out both in the static unit on the hospital site and in mobile units.A Rapid Access Prostate Service started in GUH in June 2009 with the aim of providing quick access to men who fulfil criteria that suggest they are at higher risk of prostate cancer. Following assessment at the clinic, they have a definitive diagnosis within weeks and have immediate access to a multidisciplinary cancer team to direct appropriate management of their care. Rapid access service for patients who are suspected of having lung cancer also commenced this year and the transition of rectal surgery services to the designated centres is also being progressed.

Clinical Governance GUH over the number of years has reorganised its management structures with a strong clinician in management focus. This has changed the approach to the way patient care is delivered and is now an inherent part of the culture and how organisational change is managed in the transformation process. The development of the devolved management structure now facilitates decision making taking place closer to the level of care.

The six Clinical Directorate Teams are composed of a Clinical Director, Business Manager, Nurse Manager and an Allied Health Professional (AHP) Representative.

Quality and Risk GUH are currently revising the Governance and reporting Structures of the two hospital sites. An audit has been completed of the committee structures and the Hospital are currently preparing for the introduction of the revised HSE Quality and Clinical Care Programme. There is strong Clinical leadership and commitment on both the CQI and Risk Management Committees. The range of quality initiatives currently taking place includes:

- Development and implementation of policies and procedures to improve Health Stat and Organisational performance, Contributing to the development of the draft National Standards for Safer Better Healthcare (HIQA), Pilot site for the Development of Departmental / Specialist Risk Registrars, Collaboration with NUIG Engineering Masters programme of Applied Science in quality Improvement Projects
- Development and Implementation of Priority Organisational policies Procedures and Protocols, Ongoing review of HSE / HIQA Risk reports and audit of Hospitals response to the recommendations, Program of Internal Clinical audit agreed with Clinical Directorates, Participating in internal process mapping and lean management projects, HealthStat
- The individual measures of process and performance encompassed in the health start dashboard are receiving the attention of the continuous quality improvement group under the chairmanship of Prof Tim O'Brien. There is hospital management team buy into this process and a lean management training programme has commenced. The work of the continuous quality improvement group which is seen as the governance body to which the hospital management team is responsible through the general manager is exclusively devoted to the key performance indicators. Three subgroups have been formed under the chairmanship of the clinical director of medicine, deputy general manager, and information technology manager to address inpatient and outpatient and emergency department measures. These groups meet monthly. These groups report to CQI group. (This is quite distinct from the risk group).

Clinical Research Facility The progression of this Clinical Research Facility is a key strategic development for this Hospital in collaboration with Health Research Board (HRB) and National University of Ireland Galway (NUIG). Planning permission has been granted for the CRF on the UHG site with work due to commence on December 2010. This facility will have substantial opportunities to improve the health of the people of the region, result in revenue savings to the hospital in areas such as drug prescribing and diagnostics, contribute to the development of the knowledge economy and independently generate revenue through innovation resulting in new intellectual property.
ICRIN, a constituent body of the European Clinical Research Infrastructure Network (ECRIN). This infrastructure has been identified by the EU as crucial to Europe’s competitiveness. ICRIN will essentially allow Ireland to be presented as a single translational research entity and will be a major boost to IDA and EI in attracting industry to Ireland. The CRF in Galway has been identified by the Irish Medical Device Industry as particularly important in view of the cluster of medical device industries in the region. The recurring operational costs for the next five years (£10m) are funded by the Health Research Board (HRB) and key staff has been recruited. The development of this HSE/University Initiative has already attracted private funding of £11 million for the development of research laboratories which will support and enhance the CRF.

Acute Day Services Unit at Merlin Park University Hospital. The HSE Corporate Plan includes an Acute Day Services Unit at Merlin Park University Hospital. The design process is complete and is now progressing to planning and tender stage awaiting HSE approval to progress. Currently day surgery services are delivered across a number of units on both sites in facilities which are sub optimal and inhibit development of an integrated day surgery service. Shift to more elective/ambulatory day care including 23hr/5 day care in line with National, Network and Hospital objectives with resultant reduction in bed occupancy and length of stay for the hospital. Lower cost per case due to streamlined more integrated service for patients in a custom built unit. This will also facilitate the introduction of a pre-assessment programme for day surgery which research has demonstrated improves services efficiency, pathway of care, patient experience and ultimately outcomes for patients. This development will enable the extension of the working day within existing staffing levels and over time will expand the type of day surgery procedures performed, increasing the diversity and complexity of procedures. Through this shift to more day surgery – there will be a reduction in pressures in major theatre and reduce overtime costs for all staff. The integration of the service will lead to efficiencies and reduce the overall staffing ratio. An anticipated reduction in attendances and waiting times in the Emergency Department (A & E) arising from more timely access to day surgery services. The relocation and streamlining of day surgery services will alleviate congestion and capacity issues for the UHG site. This unit will facilitate the introduction of an integrated materials management top-up system and reduce stock levels across existing departments.

University Hospital Galway - Replacement Ward Accommodation. The National Hospitals Office has agreed to proceed to the design stage of a multi-storey ward block development which will replace five wards substantially unaltered since construction in the 1950’s. In addition it will provide the hospital with access to a single bed complement compliant with SARI recommendations and National Hygiene Standards. The significant ongoing costs incurred for essential maintenance and hygiene services due to suboptimal accommodation can be demonstrated using an example in 2008, where an expenditure of €800,000 was incurred following the emergence of a serious legionella risk. Albeit that this expenditure addressed the serious risk in water services, it provided little other service enhancement. The provision of new purpose built wards will provide the hospital with more single rooms which will enable more effective management of infectious outbreaks. Before the introduction of the designated infection control ward the average length of stay to treat MRSA was 25 - 30 days, this has now decreased to 10-15 days. The Provision of new single bed wards will reduce length of stay and antibiotic usage. Increased staff efficiencies and reduction in staffing levels due to improved configuration e.g. relocation of the remote paediatric unit will reduce transport costs and time management for nursing and support staff. Potential to increase income as currently single rooms are used primarily for infection control purposes. In addition the NHO also agreed that this block will also incorporate a new Pathology Laboratory facility which will provide for the immediate service and infrastructural deficit requirements for a regional pathology service at UHG.

Renal Service. GUH is a lead provider of haemodialysis services whose main unit is located in the MPUH site. Demand for dialysis has increased over the years due to ageing population, changing disease patterns and increased use of high cost technologies. A contracted service is also utilised to cope with demand.

2.5 Public Appointments Service Non Consultant Hospital Doctor (2012)
Implementation of Croke Park Agreement. Emergency Department presentations, Continued rollout of National Cancer Control Programme, Increasing number of referrals to GUH – reduced capacity, Increased demand for costly high-tech treatments and surgery, Robust IT Systems to support decision making and performance monitoring including Financial & HR Systems

- Electronic Patient Record
- Service Stability

Portiuncula Hospital is an acute General and Maternity Hospital which forms an integral part of the HSE West Region.. The Hospital aims to deliver a patient-centred, quality-driven focused service and provides a wide range of diagnostic and support services. Portiuncula Hospital is a teaching hospital with links to the Royal College of Surgeons, Royal College of Physicians, National University of Ireland Galway and the University of Limerick.. At Portiuncula Hospital, there is an emphasis on providing an environment conducive to quality learning for all NCHDs, with structured teaching programmes and supports. Portiuncula Hospital is a 196 bed hospital, and provides a wide range of acute hospital services on an in-patient, day-case and out-patient basis, which include Emergency Department, Outpatients Department, Radiology, Pharmacy, Laboratory, Medical Wards, Surgical, Theatre and Intensive Care, Paediatrics, Maternity, Cardiac/Stroke Care Unit, Oncology Unit, and Endoscopy Unit. We invite you to apply to this dynamic acute teaching hospital. For more information contact Eamonn Mc Manus, Medical Manpower Manager Portiuncula General Hospital 090 96 48270

Mayo General Hospital’s mission is to provide equitable, quality care to all our patients through skilled and valued staff in order to improve patient health. Mayo General Hospital is an acute General Hospital which provides a range of specialised services extending to 124,000 people in Mayo and 290,438 for Galway & Roscommon. The services include: Emergency Medicine, Surgery, Orthopaedics, Obstetrics/Gynaecology, Medicine, Respiratory Medicine, Geriatric Medicine, Anaesthesia, Radiology, Palliative Medicine and Histopathology. Additional Services include: Day Surgery, Oncology/Haematology, Renal Dialysis, Limb Fitting, Palliative Care, Age-related medicine (Geriatrics), Endoscopy and Radiology with computerised tomography, Visiting Regional Services: Ear, Nose Throat, Radiotherapy, Dermatology Nephrology, Urology Haematology, Genital/Urinary Medicine Oncology. The significant developments at MGH in 2010/2011 were: The reconfiguration of Medical, Surgical and Gynaecological beds took place in MGH in May 2010 for the purposes of the more effective use of beds at the hospital. This re-organisation of in-patient services has also ring-fenced the use of a reduced number of Surgical/Gynaecological beds in accordance with national policy thereby minimising the need to cancel elective surgical procedures at short notice. The Oncology Day Service was re-located to a more spacious location at the hospital in November 2010 thereby greatly improving the environment for the provision of chemotherapy and haematology services to Co Mayo patients. As a result of the fundraising efforts of voluntary groups in Co Mayo, a replacement CT scanner was provided at MGH in May 2010 and this provided a much enhanced CT service at the hospital. The reconfiguration of Medical, Surgical and Gynaecological beds will took place in 2011 to further streamline the use of surgical beds by means of an increased level of day of procedure admissions and a higher percentage of day surgical procedures. As a result of fundraising efforts by voluntary groups in Co Mayo, an MRI scanner was commissioned on the 9th March 2011. The scanner was installed in an area of the hospital close to the Radiology Department that was previously used for office accommodation. This service replaced the visiting MRI service at the hospital. The development and expansion of the Renal Dialysis service to accommodate patients from Co Mayo who require this service will take place in the first half of 2011. This will facilitate all such patients so that they will no longer have to travel outside the county for this service. Mayo General Hospital has been approved as a designated centre for the National Cancer Screening (Colonoscopy) service and this service will be further developed at the hospital in 2011 with a view to achieving full accreditation. Fund raising for a purpose built Cystic Fibrosis Unit at MGH is progressing well. It is anticipated that construction of this Day Unit which will have a connection to the Paediatric Outpatients area on the hospital site will commence by the end of this year.
Roscommon County Hospital is one of 4 hospitals in the Galway/Roscommon Hospital Group. Other hospitals in the group are University Hospital, Galway, Merlin Park Hospital, Galway and Portiuncula Hospital, Ballinasloe. The Galway/Roscommon Group is part of a network of hospitals in the HSE West area providing a range of clinical services for patients. In July 2011 the Emergency Department in RCH was changed to an Urgent Care Centre. These changes were made to ensure patient care; patient safety and patient outcomes are optimised. RCH continues to provide acute hospital care for the population of Roscommon and wider area. It will do this as part of a wider network of acute hospitals across western area and will be supported by others hospitals in the region. It is envisaged that RCH will be a centre of excellence for diagnostics for the West. Already new services have commenced in RCH. In September 2011 a new Plastic Surgery service commenced in RCH under the leadership of Dr. Deirdre Jones, Consultant in Plastic and Reconstructive Surgery. A new development is RCH is the introduction of Rheumatology Telemedicine on October 2011. This new service has been warmly welcomed by all and especially by the patients who have availed of it to date. A Medical Assessment Unit is in operation 5 days per week. Rapid Access Clinic service is also in place. Endoscopy Suite is being developed at Roscommon County Hospital in line with Health Service Executive proposals which will meet all JAG, Hygiene Regulations, Decontamination and Infection Control requirements, and Acute Medicine Programme. The function of the Endoscopy Unit will be to facilitate all scope procedures at Roscommon County Hospital in a dedicated unit and ensuring that it meets best practice and all relevant standards. The Department will provide a service for day attendees and will consist of a two roomed Endoscopy Suite and appropriate level of reception, preparation and recovery areas in line with national guidelines. It is expected that Roscommon County Hospital will become a recognised centre for the National Cancer Screening Programme and also be able to facilitate patients from other hospitals in order to reduce waiting times for diagnostic and surveillance scopes/procedures. With the provision of this development on site it is also hoped that we will also be able to widen the service to offer Bronchoscopy, Cystoscopy and a range of other such like scope services which will be facilitated by our own Consultants and visiting Consultants from GUH and other hospitals in the network. There is an emphasis on providing an environment conducive to quality learning for all NCHDs at Roscommon County Hospital, with structured teaching programmes and adequate time for study. For further information please contact Myra Mullaney, Human Resources Officer, Roscommon County Hospital at 090 6632347.

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 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

2.7 Public Appointments Service Non Consultant Hospital Doctor (2012)
Sligo General Hospital is an Acute General and Maternity Hospital. Our workforce of approx. 1400 staff provides a range of highly specialised services extending to 250,000 people in Sligo, Leitrim, Donegal, North Roscommon, West Cavan, and East Mayo. The mainstream acute services provided by SGH cover the following specialties: Emergency Medicine, Surgery, ENT, Ophthalmology, Orthopaedics, Paediatrics, Obstetrics/Gynaecology, Medicine, Cardiology, Diabetology, Dermatology, Gastroenterology, Geriatrics, Respiratory Medicine (including Adult CF Patients), Rheumatology, Nephrology (Consultant sessions from Letterkenny General Hospital), Neurology, Oncology, Palliative Medicine, Haematology, Microbiology, Oral and Maxillofacial Surgery, Orthodontics, Pathology, Anaesthesia, Intensive Care Medicine, Pain Service and Radiology. In addition, Services in Immunology and Radiation Oncology are provided from University College Hospital, Galway with supplementary consultant in Radiation Oncology services provided from St Luke’s Hospital, Dublin. A regional Rheumatology service is based at Our Lady’s Hospital, Manorhamilton (OLHM). Sligo General Hospital (SGH) is a teaching hospital with links to the Royal College of Surgeons, Royal College of Physicians and has the Medical Academy on site linked to the National University of Ireland Galway. A full range of clinical and non-clinical support services are provided, including Theatres, CSSD, Pharmacy, Laboratory, Clerical/Administrative, Social Work and Therapies. Services are provided on a regional basis with support provided to Letterkenny General Hospital and Longford in respect of ENT, Ophthalmology, Neurology and Dermatology Services. A number of specialties provide Outpatient clinics at Community Hospitals in our catchment area. Number of in-patient beds/cots: SGH currently has a total of 318 beds. For information contact Martha Saba Medical Manpower Manager 071-9171111 ext 4320

Mental Health Services – West

Mayo Mental Health Services is now a Community based service with the closure of St. Mary’s Hospital, Castlebar. The services are divided in 5 sectors. Each sector has one lead Consultant and dedicated teams. In addition one lead Consultant manages Psychiatry of Old Age and one lead Consultant manages the recently established rehabilitation service based at An Coillín in Castlebar. In all 460 staff are employed the majority being Psychiatric Nurses but also Occupational Therapists, Social Workers, Clinical Psychologists, specialist personnel such as Cognitive Therapists, Addiction Counsellors, Occupational Health Staff, Social Support Teams, Practice Development Co-ordinator, Management and Administration and Support Staff. The main concentration of staff are in the large urban areas. Mission Statement The ethos of Mayo Mental Health Services is to deliver optimal care in a partnership process with clients. We are subject to rigorous inspection by the Mental Health Commission who have laid down mandatory standards which must be followed for our practices and infrastructures. We must comply with all regulations of HIQA and all Statutory Bodies.

Galway Mental Health Services provides Acute and Community Care to the population of Galway. The catchment area covers a population of 250,000. In addition to General Adult Psychiatry provision there are also services for Child and Adolescent, Learning Disability, Rehabilitation and Recovery and Later Life. The service has an active academic dept and is extensively engaged in undergraduate teaching to NUIGalway medical students as well as postgraduate teaching and clinical training. There is an active clinical research programme and NCHDs are encouraged to participate in supervised clinical research and audit. Galway Mental Health Services offers the opportunity to be work and train in: -Clozapine Clinics & Relapse Prevention Clinic, Participation in Out Patients Clinics, Emergency on call roster, Liaison Consultations to the busy tertiary care academic centre of Galway University Hospitals, Training Scheme geared towards preparations for MRCPsych exams, Academic centre with medical students and postgraduate training opportunities and multiple supervised research opportunities, Diagnose & treat patients of Galway Mental Health Services, Order & interpret diagnostic tests under supervision, Initiate & monitor treatment in Galway Mental Health Services under supervision, Communicate effectively with patients, clients and colleagues & other specialities & disciplines, Participate
as a member of the multidisciplinary teams in the provision of medical care to patients. Assess Galway Mental Health Service patients on admission and/or discharge as required & write up detailed reports in the case notes in a concise and contemporaneous manner prioritising the safety & well being of patients. Participate in multidisciplinary Clinical Audit & proactive Risk Management & facilitate production of relevant data/information to influence service provision. Regular review of Day Hospital patients and assessment of new referrals. Actively participate in regular case conferences and journal clubs and research presentations. Participate in Psychotherapy, Learn Management Skills, Participate in teaching of Medical Students. Detailed planning is underway to construct a new Acute Mental Health Unit on the University Hospital campus with a projected finish date of 2013/14. For more detailed information contact Adrian Ahern, ~Manager, Galway Mental Health Services 09096 24250

**Sligo Leitrim Mental Health Services** provides Acute and Community Care to the population of counties Sligo, Leitrim, south Donegal and west Cavan. The catchment area covers a population of 100,000. In addition to General Adult Psychiatry provision there are also services for Child and Adolescent, Learning Disability, Rehabilitation and Recovery and Later Life. There are close links with the National University Ireland - Galway with monthly day release/training. Dr Geraldine McCarthy – Consultant Psychiatrist – Later Life is Dean of Medical Education in Sligo General – NUIG. There is an active teaching programme with psychotherapy training as well as opportunities for teaching medical students from Sligo Medical Academy - an affiliate school of the National University Ireland – Galway. Sligo Leitrim Mental Health Services offers the opportunity to be involved in: - Clozapine Clinics & Relapse Prevention Clinic, Participation in Out Patients Clinics, Emergency on call roster, Liaison Consultations with Sligo General Hospital, Training Scheme geared towards preparations for MRCPsych exams, Diagnose & treat patients of Sligo Leitrim Mental Health Services, Order & interpret diagnostic test under supervision, Initiate & monitor treatment in Sligo Leitrim Mental Health Services under supervision, Communicate effectively with patients, clients and colleagues & other specialities & disciplines. Participate as a member of the multidisciplinary teams in the provision of medical care to patients. Assess Sligo Leitrim Mental Health Service patients on admission and/or discharge as required & write up detailed reports in the case notes in a concise and contemporaneous manner prioritising the safety & well being of patients. Participate in multidisciplinary Clinical Audit & proactive Risk Management & facilitate production of all data/information, Daily Review of Day Hospital patients, Weekly assessment of new referrals, Actively participate in weekly case conferences and journal clubs, Participate in Cognitive Behavioural Therapy & Balint group training, Learn Management Skills, Participate in teaching of Medical Students on clinical attachment from Sligo General Hospital, Attend the Western Postgraduate Training Programme in the National University Ireland - Galway on a fortnightly basis. Detailed planning is underway to construct a new Acute Mental Health Unit on the Sligo General Hospital campus with a projected finish date of 2014/15. For more detailed information contact Joy Synnott, Administrator, Sligo Leitrim Mental Health Services 071 914 4834

**Donegal Mental Health Services** The Donegal Mental Health Services (HSE West) provides a comprehensive multidisciplinary community and hospital based psychiatric service to 138,442. County Donegal has a total population of 147,264 persons. Services are provided to service users with mental health needs, to their families, carers, statutory and non-statutory voluntary groups and also locally based community groups with the aim of achieving the best quality of life for each individual. A full range of Community Services provides a comprehensive range of integrated care in partnership with our Primary Health Care Services to clients and their families. These include Community Mental Health multi-disciplinary teams consisting of a broad range of disciplines e.g. Social Workers, Occupational Therapists, Psychologists, Clinical Nurse Specialists and Consultant Psychiatrists. **Profile of services:** 4 Adult Community Mental Health Teams. Rehabilitation Team (Catchment Area Service) Mental Health Services for Older persons (Catchment Area Service) Alcohol and Drug Team (Catchment Area Service) Child and Adolescent Teams (Catchment Area Service) Mental Health/Intellectual Disability Service (Catchment Area Service) 1 Day Hospital (Letterkenny) 6 Day Centres 1 in each Sector Area (Letterkenny, Dungloe, Falcarragh, Donegal Town, Buncrana, Carndonagh. 4 Supervised Residential Units who provide 24/7 care, aligned to the Community Mental Health teams New purpose build 34 bed Acute unit located on the Letterkenny General Hospital Campus (opened September 2012). For further information on services and opportunities to work in a dynamic and progressive service contact Donegal Mental Health Services at 074 91 23727

29 Public Appointments Service Non Consultant Hospital Doctor (2012)
Roscommon Mental Health Services

Roscommon Mental Health Services covers a population of 64,000 people, mainly covering Co. Roscommon but also with a small part of East Galway. It is primarily a community based psychiatric service. The Admission Unit, which has 22 beds, is based in Roscommon County Hospital, a general hospital. 24/7 medical cover is provided. The Unit is modern, spacious and attractive and was well rated by the Inspector of Mental Hospitals following the last inspection visit. There are three general adult Consultant Psychiatrists, each working with community-based Multidisciplinary teams. These teams include Community Mental Health Nurses, Addiction Counsellors, Psychiatric Occupational Therapists, Psychiatric Social Worker and Clinical Psychologist. The NCHD attached to each Consultant will have direct experience of community psychiatry and attends the community Multidisciplinary team meetings. There is also opportunity for consult liaison work on the medical and surgical wards and this work is supervised by Consultant Psychiatrists. There is a newly built Day Hospital in Roscommon Town providing acute treatment by a Multidisciplinary team working in the Day Hospital. There is also an active Clozapine treatment service with a Clozapine Nurse. Active teaching is provided in the Unit with weekly Case Conferences and Journal Clubs supervised by the Clinical Tutor. These are normally attended by all the Consultants and NCHDs and in addition, Clinical Audit occurs. We provide a very dynamic community-orientated service and there are also good opportunities for research with several research projects currently ongoing in the Unit. Staff relations are generally good and NCHDs provide positive feedback in relation to their clinical and educational experience in Roscommon.
# Appendix 3 Specialties & Sub-specialties

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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.
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 a _____________ (state 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 _____________.
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.\(^3\)

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 2 pm and then have a break until 8 pm 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\(^4\) 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).

\(^4\) 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 (2012)
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) 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 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.

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.
(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
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:

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\(^8\) 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 in 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\(^{th}\) June 2010 will refund costs incurred by the NCHD:

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\(^8\) 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:

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<tr>
<th>Year</th>
<th>Specialist Registrar Point of Scale</th>
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<tbody>
<tr>
<td>2\textsuperscript{nd} / 3\textsuperscript{rd} SHO</td>
<td>1\textsuperscript{st} Point</td>
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<tr>
<td>4\textsuperscript{th} SHO and 1\textsuperscript{st} Registrar</td>
<td>2\textsuperscript{nd} Point</td>
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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/Policе 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.
Appendix I – NCHDs basic salary and allowances as of 1 January 2010

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Living out allowance: €55.08 per week

Sunday / Public Holidays:
- Single time extra for each hour worked
- Shift premium of T + 1/6th where continuous rotating shift over a 24 hour, 7 day week cycle applies

Overtime Rates:
- Monday – Saturday: All overtime hours = T + 1/2
- Sunday: All overtime hours = T x 2
- Public Holidays: All overtime hours = T x 2

On off-site call rates:
- Half of all hours, up to a maximum of 10 hours spent on call = T + 1/4
- Balance of Hours = 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
- www.north-wales.police.uk
- www.psnipolice.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 bodies10 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