



Feidhmeannacht na Seirbhíse Sláinte

Health Service Executive

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NER Portal Quick Step User Guide for NCHDs



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Section 1 - Introduction

The National Employment Record (NER) Portal was developed by HSE NDTP in response to one of the key recommendations of the MacCraith Report. The recommendation was based on feedback received directly from NCHDs. The system was specifically designed to minimise repetitive paperwork requirements for NCHDs and eliminate as much duplication as possible when rotating employers within the Irish Health System.

The purpose of the NER Portal is to allow NCHDs to interact virtually with their Medical HR Department and Occupational Health Department in order to process pre-employment screening documentation, as well as their financial supports for both the Training Supports Scheme (TSS) and Clinical Course and Exam Refund Scheme (CCERS).

The NER Portal is constantly being developed and updated. This user guide has been developed to assist NCHDs with using the following sections of the NER Portal:

- The NER Hire Form
- The Occupational Health Form
- Uploading and Updating Training Certificates

Section 2- Registering a New NER Account

You can access the NER Portal from any PC, Laptop, Apple or Android device. The recommended browser when accessing NER is the latest version of Internet **Explorer or Google Chrome.**

2.1 Completing Registration Fields

To create an NER account, please follow the below steps:

1. Visit <u>www.nchder.ie</u> and click 'Register New Account' as shown in Figure 1. The screen as shown in Figure 2 will then be displayed

NER Portal Health Service Executive	Welcome to your secure National Employment Record			
LOGIN				
Welcome to the National	Employment Record (NER)			
The NER has been developed b Review of Medical Training and i from NCHDs. The system has b duplication as possible when rot	y HSE – National Doctors Training & Planning, in response to one of the key recommendations of the 'Strategic Zareer Structure Report' (MacCraith Report). This recommendation was based on feedback received directly ens specifically designed to minimise repetitive papervork requirements for NCHDs and eliminate as much ating employers.			
Your NER is completely private, relevant employer/prospective e your Medical HR/Manpower Dep details on access are available ii	Your NER is completely private, confidential and secure. The information contained within your NER will only be available to you and your relevant employer/prospective employer or Occupational Health Department (OHD)/prospective OHD. HR data will only be visible/accessible by your Medical HR/Manpower Department. Occupational Health data will only be visible/accessible by your Occupational Health Department coupational and secure and the visible/accessible by your Occupational Health Department. Full details on access are available in the NER terms and conditions, link at the bottom of this page.			
If you are a first time user of the system you must register a new account – click on the 'Register new account' link at the top right-hand side of the screen to begin.				
If you have already registered an Birth and Password.	NER account and wish to log on this will require three pieces of information. These are E-mail Address, Date of			
It is the responsibility of each ind 8 character, containing character	ividual that their password is in line with the requirement of the HSE Password Standards Policy i.e minimum of s both uppercase and lower case, numbers and 1 special character e.g. [*] , £, \$, %, ^, &, *, @, #, ?, I, €			
	Email			
	Lenail			
	Date of Birth			
	DD V MM V YYYY V			
	Password:			
	a password			
	Forgot your password?			

Figure 1: NER Home Page





2. Enter all the mandatory details. Please note mandatory details are denoted by an asterix.

O Medical Council Registration Number			
Click here to go to the Irish Medical Council			
 I am an Intern who has not y registration number 	vet received their Medical Counc		
(Reminder: Please update you	ir account with your Irish Medical		
Council number when you rec	eive it)		
O I am a Doctor who has not y	et received their Medical Counci		
registration number			
(Reminder: Please update you	Ir account with your Irish Medical		
Council number when you rec	eive it)		
mandatory to select one of the op	ptions above, in order to complete		
jistration process. *			
st Name *	Last Name *		
First Name	Last Name		
First Name	Last Name Date of Birth *		
First Name nical SiteNo value	Last Name Date of Birth * dd/mm/yyyy		
First Name nical Site -No value	Last Name Date of Birth * dd/mm/yyyy		
First Name nical SiteNo value v nail Address * Email Address	Last Name Date of Birth * dd/mm/yyyy		
rirst Name nical Site -No value Mail Address Tmail Address rfirm Email Address	Last Name Date of Birth * dd/mm/yyyy		
irist Name inical Site -No value Site ail Address mail Address firim Email Address Confirm Email Address	Last Name Date of Birth * dd/mm/yyyy		
irist Name inical Site -No value final Address finim Email Address confirm Email Address ssword *	Last Name Date of Birth * dd/mm/yyyy		
First Name nical Site -No value final Address finit Address finitm Email Address ssword assword	Last Name Date of Birth * dd/mm/yyyy		
First Name nical SiteNo value hail Address Email Address firm Email Address confirm Email Address ssword assword firm Password*	Last Name Date of Birth * dd/mm/yyyy		
First Name nical SiteNo value hail Address film Email Address film Email Address ssword a assword film Password Confirm Password	Last Name Date of Birth * dd/mm/yyyy		

Figure 2: Registration Screen for the NER Web Portal

3. Your Irish Medical Council (IMC) registration number should be entered when registering your NER account. If you have not yet been issued an IMC registration number (e.g. you are a recently appointed Intern and are awaiting registration) you may proceed with creating an account however, you must select an employment site from the Clinical Site Field. As soon as you receive your IMC Number you must update your Hire Form with this information.

If you enter your IMC registration number, the First Name, Last Name and Clinical Site fields will automatically populate with your details. These fields will be greyed out and you will not be required to enter this data.

2.2 Creating a Password

As part of the account setup process you will be required to provide your email address and date of birth. You must also create a password to access your NER account.

Please note the portal conforms to the HSE Password policy. Therefore your password must be a minimum of 9 characters in length, it must contain at least one capital letter, one number and one symbol (e.g.!, \$, %, *,). Using symbols other than the ones recommended may cause password issues.





2.3 Forgot Password

If you have forgotten your password please follow the below steps:

1. Click on the 'Forgotten Password' link beneath the logon fields as shown in Figure 3.

	Welcome to your secure National Employment Record			
- NER Portal	🛔 Register new account i Help			
Health Service Executive	·			
LOGIN				
Welcome to the Nationa	al Employment Record (NER)			
The NER has been developed Review of Medical Training an from NCHDs. The system has duplication as possible when n	by HSE – National Doctors Training & Planning, in response to one of the key recommendations of the 'Strategic I Career Structure Report' (MacCraith Report). This recommendation was based on feedback received directly been specifically designed to minimise repetitive paperwork requirements for NCHDs and eliminate as much otating employers.			
Your NER is completely private relevant employer/prospective your Medical HR/Manpower D details on access are available	Your NER is completely private, confidential and secure. The information contained within your NER will only be available to you and your relevant employer/prospective employer or Occupational Health Department (OHD)/prospective OHD. HR data will only be visible/accessible by your Medical HRMmanpowr Department. Occupational Health data will only be visible/accessible by your Occupational Health Department. Full details on access are available in the NER terms and conditions, link at the bottom of this page.			
If you are a first time user of th the screen to begin.	e system you must register a new account - click on the 'Register new account' link at the top right-hand side of			
If you have already registered Birth and Password.	an NER account and wish to log on this will require three pieces of information. These are E-mail Address, Date of			
It is the responsibility of each in 8 character, containing character	ndividual that their password is in line with the requirement of the HSE Password Standards Policy i.e minimum of ters both uppercase and lower case, numbers and 1 special character e.g. °, £, \$, %, ^, &, *, @, #, ?, !, €.			
	Email			
	Lemail			
	Date of Birth			
	Password:			
	a password			
	Forgot your password?			

Figure 3: NER Home Page

2. You will be asked to enter the email address that is associated with your NER Account and click 'Reset Password' as shown in Figure 4.

NER Portal Health Service Executive	Welcome to your secure National Employment Record
REQUEST PASSWORD	
	Please provide your email address to reset your password
	Email Address
	Please note that password re-set emails can take up to 2 hours to deliver. If you have not received an email with password reset details, please check your Spam / Junkmail folders. Do not resubmit your request as multiple resets can cause your account to lock. Apologies for the inconvenience this may cause.

Figure 4: Reset Password Screen

3. An email will be sent to you with a link to a 'Change Password' screen within 60 minutes (Please ensure to check Spam / Junk mail folders as email may appear here).

<u>Please do not click reset password more than once as this will result in your account being locked!</u>





2.4 Inactive NER Account

An NER Account becomes inactive after 365 days without the user logging in. If your account becomes inactive please contact your Medical HR Department to re-activate your account. If you do not have a Medical HR Department please contact <u>dime.team@hse.ie</u>.

2.5 Terms & Conditions

There is also a link to the T&Cs on the landing page and within your account on the Dashboard in the lower right hand section as shown in the images below. You must accept the T&Cs of the NER Portal in order to be able to create an NER Account.

			Welcome	to your secure National Employment Record
- Ser Portal				& Register new account i Help
Health Service Executive				
LOGIN				
Welcome to the National E	Employment Record	I (NER)		
The NER has been developed by Review of Medical Training and C from NCHDs. The system has be duplication as possible when rota	HSE – National Doctors areer Structure Report' (I en specifically designed t ting employers.	Training & Planning, in respo MacCraith Report). This reco o minimise repetitive paperw	onse to one of the mmendation was ork requirements	e key recommendations of the 'Strategic s based on feedback received directly for NCHDs and eliminate as much
Your NER is completely private, o relevant employer/prospective em your Medical HR/Manpower Depa details on access are available in	confidential and secure. T nployer or Occupational H artment. Occupational He the NER terms and cond	he information contained with lealth Department (OHD)/pro alth data will only be visible/a litions, link at the bottom of th	in your NER will spective OHD. H ccessible by you is page.	only be available to you and your IR data will only be visible/accessible by Ir Occupational Health Department. Full
If you are a first time user of the s the screen to begin.	system you must register	a new account - click on the	'Register new ad	count' link at the top right-hand side of
If you have already registered an NER account and wish to log on this will require three pieces of information. These are E-mail Address, Date of Birth and Password.				
It is the responsibility of each indi 8 character, containing characters	It is the responsibility of each individual that their password is in line with the requirement of the HSE Password Standards Policy i.e minimum of 8 character, containing characters both uppercase and lower case, numbers and 1 special character e.g. *, £, \$, %, ^, &, *, @, #, ?, !, €.			
	Email			
	🛔 Email			
	Date of Birth			
	DD 🗸	мм 🗸	YYYY	*
	Password:			
	a password			
			Forgot your pa	issword?
		+3 LOGIN		
HEALTH SERVICE EXECUTIVE		CONTACT US		NER PORTAL
ŀĿ	₽ N E	ational Doctors Training & Plannir Block 9E, Sancton Wood Building Heuston South Quarter Saint John's Road West	9	ver: 3.2.2.0 (11/03/2021) Terms and Conditions

Figure 5: Link to the NER Terms and Conditions for the NER Portal





Section 3 – Accessing your NER Portal Account

3.1 Logon Screen

Following registration you can access your NER account at <u>www.nchder.ie</u> by logging in using your email address, date of birth and password.

16	Welcome to your secure National Employment Record
- ~ NER Porta	& Register new account i Help
Health Service Executiv	
LOGIN	
Welcome to the Nati	onal Employment Record (NER)
The NER has been develo Review of Medical Training from NCHDs. The system duplication as possible wh	pade by HSE – National Doctors Training & Planning, in response to one of the key recommendations of the "Strategic and Career Structure Report (MacGrafth Report). This recommendation was based on feedback received directly has been specifically designed to minimise repetitive papervork requirements for NCHDs and eliminate as much en rotating employers.
Your NER is completely pr relevant employer/prospec your Medical HR/Manpow details on access are avail	ivate. confidential and secure. The information contained within your WER will only be available to you and your tive employers or Occupational Health Department (IOD)prospective VOH. DH clad sur ull only be visible/accessible by er Oepartment. Occupational Health data will only be visible/accessible by your Occupational Health Department. Full lable in the NER terms and conditions, link at the bottion of this page.
If you are a first time user the screen to begin.	of the system you must register a new account - click on the 'Register new account' link at the top right-hand side of
If you have already registe Birth and Password.	red an NER account and wish to log on this will require three pieces of information. These are E-mail Address, Date of
It is the responsibility of ea 8 character, containing cha	ach individual that their password is in line with the requirement of the HSE Password Standards Policy i.e minimum of aracters both uppercase and lower case, numbers and 1 special character e.g. ", €, \$, %, ^, \$, *, @, #, ?, !, €.
	Email
	Le Email
	Date of Birth
	DD V MM V YYYY V
	Password:
	password
	Forgot your password?

Figure 6: NER Login Screen

3.2 NER Hire Form

Your Hire Form will automatically open when you first log in. Your Hire Form consists of four sections; Personal Details, Contact Details, Next of Kin, and Bank Account Details. You must complete all mandatory fields marked with an asterisk before you can save your Hire form.

If you leave some required (but non-mandatory) fields blank, you will receive a warning alert advising that whilst you can save your Hire Form, it will automatically open each time you access your NER Portal Account, until all sections are complete.

Please complete your Hire Form. You will id	I be able to save your Hire Form if you haven't ente	ed your Bank Details, however you must provide Bank D s and must be submitted for the Hire Form to	Details before you can be be saved.
ase enter your details. The fields n	arked with an asterisk are mandatory fiel	s and must be submitted for the Hire Form to	be saved.
ase enter your details. The fields h	iarked with an asterisk are mandatory fiel	s and must be submitted for the Hire Form to	be saved.
Please enter your P	ersonal Details		
Please enter details for all mandatory fields (marked with an "). Medical Council is a required field un	ess you are not yet registered with the Medical Council. Only i	if you are not registered
with the Medical Council you are required to	select a clinical site.		· ·
First Name	Surname	Title	
First Name	Surname	Title Dr.	~
First Name Gender	Surname Known as	Title Dr. Marital Status	~
First Name Gender Male	Surname Known as Known as	Title Dr. Marital Status Single	~
First Name Gender Male Previous Surname (if applicable)	Surname Known as Known as Date of Birth	Title Dr. Marital Status Single Nationality	~
First Name Gender Male Previous Surname (if applicable) Previous Surname (if applicable)	Known as Known as Date of Birth 01/01/1980	Title Dr. Marital Status Single Nationality	~

Figure 7: NER Hire Form





3.2.1 Bank Account Details

In order to receive salary payments you must enter your Republic of Ireland Bank Account Details. BIC and IBAN account numbers are preferred however; bank account and sort codes may also be required by your Medical HR Department. Online converters are available to assist if required e.g. https://ipsosepaservice.sentenial.com/ipso/

Please note your NER Portal is secure and protected by a Secure Socket Layer (SSL) certificate. You will notice the browser displays a padlock symbol which means there is a secure connection; data transferred over the internet is encrypted and not visible to third parties. This technology is used e.g. for Internet Banking/Credit Card transactions.

For security reasons do not allow your browser to save your password.

-	•	
If you do not know your BIC and IBAN account detai supplied to insert your bank account and sort code i	ls please use an online converter to convert your accoun numbers.	t and sort code numbers or contact you Bank directly. Otherwise use the fields
Account Holder Name	Account Number	Bank Identifier (BIC)
TEST	123456	Bank Identifier (BIC)
Bank	IBAN	Sort Code
BOI	IBAN	
Bank Address Line 1	Bank Address Line 2	Bank Address Line 3
Bank Address Line 1	Bank Address Line 2	Bank Address Line 3
Bank Address Line 4		Town/City
Bank Address Line 4		Town/City
County	Post Code	Country
No value	✓ Post Code	Country

Figure 8: Bank Account Details Section of the Hire Form





3.3 Occupational Health Form

When the mandatory fields of the NER Hire Form are complete, you will be directed to the Occupational Health Section of NER. There are three sections to be completed in the Occupational Health Form; Employment History, Sickness Absence and Health and Ability.

3.3.1 Section 1: Employment History

- 1. You should complete all necessary fields by entering any previous Employment Details
- 2. Or alternatively click on the checkbox 'I have not been employed in the last five years'.
- 3. You should click 'Save and Continue' to proceed to the next stage of the OH Form. Please note that by clicking 'Save' the Occupational Health Form will not be submitted to your Occupational Health Department.

EDIT OH FORM	→ OH Form
Welcome to the Occupational Health section of NER. Ple Immunisation status documentation.	ase complete your Occupational Form and upload
Employment History	sence Health and Ability
Section 1: Employment History Please provide details of all employment over the last five years, including your current p	ost. Please do not include any future posts.
Clinical Site (or Other Employer):	Medical Discipline:
Please select a Clinical Location from the dropdown or select Other to enter a Non-Clinical Employment or Clinical Location not listed in the dropdown.	Please select a Medical Discipline from the dropdown or select Other to enter a Non-Clinical Job Title or Medical Discipline not listed in the dropdown.
Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy 🗎
Employment History	E SAVE & CONTINUE
Employer Job Title Start Date	End Date

Figure 9: Employment History Section of the Occupational Health Form





3.3.2 Section 2: Sickness Absence Details

You will then be directed to the Sickness Absence Section.

- 1. You should enter the details of any Sickness Absence you have had in the last Five Years
- 2. Or alternatively click the checkbox 'I have not had any sickness in the last five years'.
- 3. To proceed to the next stage of the Occupational Health Form click 'Save and Continue'. Please note by clicking 'Save' the Occupational Health Form will not be submitted to your Occupational Health Department.

EDIT OH FORM	ENER Portal → III Dashboard → OH F	orm		
Welcome to the Occupational Immunisation status document	Health section of NER. Please c ation.	omplete your Occup	ational Form and uplo	pad
Employment History	Sickness Absend	ce 🕨 H	lealth and Ability	
← Previous Section				Next Section ->
Section 2: Sickness Abs Please provide details of any time you have lost	ence from work or education in the last 5 years			
I have not had any Sickness Absence in the la	st 5 years.			
Reason for Absence:				
				1
Start Date:	End Date:	N	umber of working days absen	t
dd/mm/yyyy	dd/mm/yyyy	=		
		SAVE & CONTINUE		
Sickness Absence Histo	ry			
Reason for Absence	St	art Date End Date	Days Absent	

Figure 10: Sickness & Absence Section of the Occupational Health Form





3.3.3 Section 3: Heath and Ability

You will then be directed to a set of Health and Ability questions.

- 1. You should select 'Yes' or 'No' for each question in relation to information that affects your ability to perform your duties or if there are any adjustments required to your work environment. There is also space to provide further information if necessary.
- 2. If you select 'No' to the very first question, the remaining General Health Questions are collapsed and you will not be required to complete these remaining questions.
- 3. Please note that the TB related questions are all mandatory.
- 4. Click 'Continue/Proceed' to navigate to the Occupational Health Form submission screen as shown in Figure 11.

Welcome to the C Immunisation stat	ccupational Health se us documentation.	ction of NER. Please complete	your Occ	cupational Form and upload
Employment	History	Sickness Absence	Þ	Health and Ability
+ Previous Section				
Section 3: Hea Please provide details of any	Ith and Ability De health condition or disability	eclaration		
OYes ONo	Are you aware of any healt have been offered, and that	h condition and/or disability that might affect yo t might require special adjustments to your wo	our ability to u rk or your plac	ndertake effectively the duties of the position that you ce of work?
Under HSE Policy we need to	establish if you are at risk for eit	her active of latent Tuberculosis (TB) that may	require treatn	nent. Please answer the following questions:
⊖Yes ⊖No	Have you ever been diagno	osed with TB?		
OYes ONo	Do you have a BCG scar?			
OYes ONo	Do you have a family mem	ber or close contact who has been treated for	TB in the past	2 years?
⊖Yes ⊖No	In the last 2 years have you	u had unexplained cough for more than three v	veeks?	
OYes ONo	In the last 2 years have you	u coughed up blood?		
○Yes ○No	In the last 2 years have you	u suffered from unexplained weight loss?		
OYes ONo	In the last 2 years have you	u suffered from unexplained night sweats or fe	ver?	
OYes ONo	In the last two years have y	rou lived in or visited a country other than Irela	nd for more th	an one month?
		🗲 Back 🛛 🖺 SAVE 🔹 Ocontin	ue	

Figure 11: Health and Ability Section of the Occupational Health Form





3.3.4 Occupational Health Form Submission

Once you have completed all the sections of the Occupational Health Form you will be navigated to the Occupational Health Form submission screen as shown below.

EDIT OH FORM	■ NER Portal → III Dashboard → OH Form	
OH Form Submi	ssion	
You are about to submit the OH For please click the Continue button to	m. Before submitting please review your changes by clicking the Preview Form button move on to the next stage. Or if you want to make changes please click the Back butto	below. Once you are happy with the changes n.
	← Back	

Figure 12: Submitting the Occupational Health Form

1. Should you wish to preview your Occupational Health Form in a PDF Document please click the blue 'Preview Form' button. You may need to have Adobe installed successfully in order to view the document as a PDF.

		- + Ŀ	1 V) ±	-	
e: Alexis McVey En	naik stephen_odonnell2@ya	Date of Birth: 01/	o1/1980		
General Deta	ils	-		_	
First Name: Mobile Number(s):	275 (Mobile)	Email:			
Address Line 1:	gs	Address Line 2:			
Address Line 3:		Address Line 4:	_	_	
City: Post Code:	gs	County:	Co. Down		
Gender:	Male	Date of Birth:	01/01/1980		
Clinical Site:		Post:			
Note: Should any of the pre-populated details on your OHF be incorrect, you will be able to change these details at a later point by updating your NER Hite: form. Employment History					
I have not been employed in the last five years					

Figure 13: PDF format of Occupational Health Form

- 2. If you would like to make any changes to the information you have entered you can return to the appropriate section of the Occupational Health Form and update appropriately.
- 3. If you are happy with the information you have entered as part of the Occupational Health Form you can close the PDF by clicking the red 'Close' button. You should return to the Occupational Health Form Submission screen as shown in Figure 12.





3.3.5 Declaration

You will be required to sign an online Declaration before submitting your Occupational Health Form to your Occupational Health Department.

- 1. Once you are satisfied with the details you have entered, you should click the orange 'Continue/Proceed' button on the Occupational Health Submission screen (Figure 12).
- 2. You will then be invited to click on the checkbox to indicate that you accept the declaration.
- 3. Finally you should click 'Submit for Verification' to send the Occupational Health Form to your Occupational Health Department.

EDIT OH FORM
Declaration Acceptance
Applicant please read the declaration below carefully I accept that I have an ethical and professional obligation to inform the Occupational Health professionals, in confidence, if I have any illness which could be a risk to patients or which could seriously impair my judgement in accordance to the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners (https://www.medicalcouncil.le/News-and-Publications/Reports/Guide-to-Professional-Conduct-and-Ethics-8th-Edition-2016pdf) I understand that I may be required to undergo an assessment by the Occupational Health services if considered necessary. To the best of my knowledge: 1. The information that I have given is true and complete 2. I have not intentionally held back any material facts 3. I have not intentionally held back any material facts
I am aware that my employer may reject my application and/or terminate my employment if I have made a false statement or misrepresented myself in this statement. I agree to this information being kept electronically and confidentially. I agree to my medical information being shared with other Occupational Health services on a need-to-know basis. I understand that my medical information will not be shared with
other persons without my further written consent. To facilitate this, I agree to Occupational Health services uploading my medical information onto the DIME OH Module on my behalf if required, including immunisation reports and EPP documentation. The information I have given will form the basis of a fitness to work statement that will be provided to my medical manpower.
□ By submitting this form for verification, I am accepting the above Declaration. ← Back 🛯 Submit for Verification

Figure 14: Occupational Health Form Declaration Acceptance





3.4 Immunisation Status Documentation

You will be able to upload Immunisation status documentation, so that your Occupational Health Department may verify it. After submitting the Occupational Health form, you will be directed to the Immunisation Status screen as shown in Figure 15:

VIEW DOCUMEN DETAILS	T ≡ NER Portal →	View Document	↔ ✔Edit Hire Form ↔ & View H	lire Form	
Immunisation Sta	atus				
You will need to provide evidence of • TB • Rubella • Mumps • Measles • Varicella • Hepatitis B (Anti-HBs)	assessment for the following infectiou	is diseases:			
If you already have previous evidence For Exposure Prone Procedure (EPF • Hepatitis B (HBsAG and Anti- • Hepatitis C (Anti-HCV) Please take note that only evidence accepted for EPP clearance.	e of assessment to the mentioned infi) clearance, in addition to above, you HBC) te of EPP blood assessment carried	ectious diseases, pl are required to pro dout on an identity	ease upload them now. vide evidence of assessment for. <u>validated sample (IVS) from an l</u>	rish or UK Occup <u>ational</u>	l Health service will be
If you do not have sufficient evidence view OHD Service Providers link at the	e of assessment, please contact your he top right hand corner of the screen	new Occupational H I.	lealth department in order to comple	ete this. Contact details ar	re available by clicking the
23/03/2021 10:14:41					
Document Name			Document Type		
Immunisation Status			Immunisation Status		
Attachments		B SAVE	CLOSE		
File Name	Name		Added Date	🕹 Upload a	attachments

Figure 15: Adding Immunisation Status

- 1. To upload a document click the 'Upload Attachments' button and then the blue 'Choose File' button and select the appropriate document from your desktop.
- 2. You can edit the document name if necessary then click 'Next'
- 3. Once you are happy click the green 'Save' button to submit to your Occupational Health Department for verification.

ADD DOCUMENT	Service Add Document
Please add document details	;
Document Name	Document Type
Immunisation Status270317	Immunisation Status
	← Back Back ★ CANCEL

Figure 16: Editing the Immunisation Document Title





3.5 EPP Clearance

Once you have submitted your immunisation documentation and if you are considered EPP required, a pop-up message (as shown in Figure 17) will display saying that EPP clearance must be received before commencing employment. After clicking 'OKAY', you will be redirected to the NER Portal Dashboard.

Please note that the Occupational Health form and Immunisation Document Status are marked as Submitted however, your EPP Certificate will be uploaded by your Occupational Health Department if appropriate.

F He He	EPP Information		ment Record nin@gmail.com elp † (⇔ Log Off
VIEW DOC	▲ The post you will occupy requires EPP clearance. You must employment.	receive EPP clearance from your OHD before commencing	Form
Immunisa			DKAY
Updated date			
27/03/2017 22:	27:25		
Document Name		Document Type	
Immunisation St	atus270317	Immunisation Status	
	P SAVE	← CLOSE	
Attachment	S		

Figure 17: EPP Clearance Required Pop-Up





3.6 Portal Dashboard

When you save your Hire Form the system automatically brings you to your NER Portal Dashboard as shown in Figure 18. If you have fully completed your Hire Form, each time you login you will be brought directly to the NER Portal Dashboard.

ly Documents			⊖ Missing or Expired ♥ Rejected ♀ Submitted ▲ Warning: document nearing expiry ✔ V
Employment Documents			Occupational Health Documents A View OKD Service Providen and Canada Debate
Hire Form	0	Ø Edit	Occupational Health Form
Garda Vetting	•		Immunisation Status 🕜 🕼 View / Edit
Work Permit	•	View	EPP Certificate
			The Occupational Health Section of your Dashboard is only accessible by your Occupational Health Department. Information contained within the Occupational Health Form and documents uploaded to this section of the NER Portal are confidential between you and Occupational Health and will not be accessible or visit by Medical HR.
Training Certificates			
ACL 8	-	C Edit	APL8 🗸 🕼 Edit
BL8	•	🔁 Add	Compass/NEW8 😑 🖓 Add
Fire Training	-	🕼 Edit	GDPR 😑 🗞 Add
Haemovigiliance Training	•	🔁 Add	Hand Hyglene 🗸 🕼 Edit
Open Disolosure	1	🕼 Edit	Patient Handling 🗸 🕼 Edit
Radiation Protection	-	🕼 Edit	Sepcia 🗸 🕼 Edit
Children First Training Certificate	•	🔁 Add	Professional Competency Soheme 😑 🖓 Add Enrolment (PC S)
Personal Details & Other Docu	imente		Education and Training Financial Supports
Soanned Passport	•	원 Add	
Birth Certificate	•	62 Add	40 40
GNIB	•	Ø Edit	
International English Language Testing System (IELT 8) Certificate	~	G∕ Edit	
Currioulum Vitae	•	원 Add	TRAINING SUPPORT SCHEME (TSS) CLINICAL COURSE AND EXAM REFUND SCHEME (CCERS)
Evidence to Support incremental Credit	۰	42 Add	
Other	•	@]Add	

Figure 18: NER Dashboard Screen





3.7 Uploading a Document to the Dashboard

You should use the Dashboard to upload all of your relevant documents/certificates. There are three main sections to upload such documents/certificates; Personal Details, Training Certificates and Other Documents.

To upload a document for the first time, please see the below steps:

1. Click 'Add' on your dashboard beside the relevant certificate you want to upload as shown below.

Training Certificates		
ACLS	-	🗷 Edit
BLS	•	4 Add

2. Then click 'Choose File' and select the appropriate file from your desktop.

ADD DOCUMENT	팀 NER Portal	Add Document
Please add attach	ments to BLS	
Please drag and drop or cha	oose the files	

- 3. Once you have selected the appropriate document you can enter the document title and click 'Next'.
- 4. Enter the document valid from date if applicable. The valid to date will automatically populate where relevant.

	ι
Please add document details	
Document Name	Document Type
BLS	BLS
Valid From	Valid To
dd/mm/yyyy	dd/mm/yyyy
♦ Back Back SAVE	* CANCEL

5. Finally click 'Save' to submit the document to your Medical HR Department for verification

Only documents saved as pdf or jpeg will be accepted by NER. All other document types including MS Word cannot be uploaded. Please note that the maximum size of any individual file is 5mb.



Your Medical HR Department will upload the required documents in the Employment Documents section.eg Garda Vetting, Work Permit. You will **not** be able to upload these documents.

You can also view and edit your Hire Form and remove incorrectly uploaded documents prior to verification by your Medical HR Department and replace documents as necessary.

To replace a previously uploaded document please see the below steps:

1. Click 'Edit' on your dashboard beside the relevant certificate you want to upload. Please note you will only be able to edit a document that has not yet been verified or a document that is no longer valid.

APLS	✓	C Edit
Compass/NEWS	•	^ද ු Add

2. Click the 'Add Attachment' link on the black banner

Data unloaded				
ate uploaded				
)9/10/2020 09:42:35				
Jocument Name		Document Type		
APLS		APLS		
/alid From		Valid To		
08/10/2020		08/10/2024		
dates entered refer to the most recently	y uploaded doc	- CLOSE		
dates entered refer to the most recent	y upioaded doc	- CLOSE		
dates entered refer to the most recent ttachments	y uploaded doc	- CLOSE nd Valid To dates.	F	
e dates entered refer to the most recent ttachments If your document is replacing an out of d File Name	y uploaded doc Jate document please update the Valid From al Name	- CLOSE Ind Valid To dates. Added Date		▲ Upload attachments

3. Then click 'Choose File' and select the appropriate file from your desktop.

Upload documents for APLS		
Valid From	Valid To	
dd/mm/yyyy	dd/mm/yyyy	
Please drag and drop or choose the files		

- 4. Once you have selected the appropriate document you can enter the document title and click 'Next'.
- 5. Enter the document valid from date if applicable. The valid to date will automatically populate where relevant.
- 6. Finally click 'Save' to submit the document to your Medical HR Department for verification





Please note that there are mandatory documents such as Children's First, Fire Safety Training etc that must be uploaded to your portal. Some other documents may be marked as 'Not Required' by your Medical HR department and thus they will not be visible on your NER Portal. If you have any questions regarding your NER Portal documents please contact your Medical HR Department.

3.8 Email Reminders

In order to assist you in keeping your portal account up to date you will receive emails automatically from NER reminding you when documents are nearing expiry or expired.

Some of the documents associated with warning emails are:

- Occupational Health Documentation
- Garda Vetting
- Mandatory Training Certificates
- Work Permits / GNIB Documents if applicable.

Your dashboard symbols will also change depending on the status of your documents (i.e. valid, nearing expiry, expired or rejected).

As soon as you update your document the email reminders will cease.





Section 4 – Your Medical HR & Occupational Health Departments

4.1 Your Employer's Access

Your Medical HR Department will now be able to view and verify your NER Hire Form and Training Certificates once uploaded to your NER Portal. They will also upload your work permit and Garda vetting documentation on your behalf as you will not have the functionality to upload these documents yourself.

Your Occupational Health Departments will now be able to view and verify your Occupational Health Form and Immunisation status documentation. They will also upload your EPP certificate, if appropriate, on your behalf as you will not have the functionality to upload this document yourself.

You will notice that there is a legend at the top of your dashboard explaining the meaning of the symbols associated with the status of your documents.

4.2 Document Status Symbols Explained

Symbol	Explanation
0	Missing or Expired: The document in question has never been uploaded or has now expired and needs to be replaced.
-	Rejected: The document in question has been rejected by your Medical HR Department. You will receive an email explaining why eg document illegible or incorrect document type uploaded.
0	Submitted: The document in question has been submitted to your Medical HR Department and is awaiting verification.
A	Warning: The document in question is nearing expiry i.e. within the next 3 months.
~	Verified: The document in question has been viewed by your Medical HR Department and is in date

4.3 Further Assistance

If you have any queries or require assistance, please contact your local Medical HR Department.

NDTP have also developed a FAQ guide which is available on our website www.hse.ie/doctors.

