

Ref: 46/2001

16 May 2001

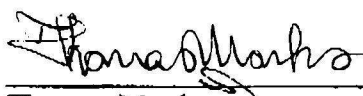
Each Chief Executive  
Health Boards/Voluntary Hospitals/Mental Handicap Agencies

A Chara

I refer to the agreement reached between the Health Service Employers Agency and IMPACT regarding the creation of Clinical Specialist Posts - Therapy Professions.

The sanction of the Minister for Health and Children can be assumed for the implementation of the arrangements set out in the attached circular.

Yours sincerely



Thomas Monks  
Personnel Management & Development Division



DEPARTMENT  
OF HEALTH AND  
CHILDREN  
AN ROINN  
SLÁINTE AGUS LEANAID

Shaping a  
Healthier Future



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To: CEO  
Health Boards/Vol. Hospitals/Mental Handicap Agencies

10<sup>th</sup> May 2001

**Re: Creation of Clinical Specialist Posts – Therapy Professions**

A Chara,

The Expert Group on various health professionals recommended that discussions take place regarding the introduction of the grade of Clinical Specialist in the Therapy Professions. Agreement has now been reached with the staff side regarding the introduction of the first tranche of Clinical Specialists across the various professions.

**Filling of Posts**

The first filling of the posts will be by way of confined competition within each particular agency and posts will be filled on a non-replacement basis. Core attributes, qualifying criteria and post responsibilities are attached together with suggestions towards the drawing up of a job description for the post.

The ultimate identification of clinical specialist requirements should be undertaken by the relevant Therapy Manager, subject to approval of General Manager/CEO and in consultation with local therapy profession representatives.

All posts will have a regional remit with the exception of those at Tertiary Referral Centres.

**Salary Scale**

The salary scale attached to the posts have been agreed as a differential of £2,959 P.A. over the Senior Therapist scale in April 1<sup>st</sup> 2001 terms.

The scale for the new grade is therefore as follows:

29,872, 30,466, 31,078, 31,686, 32,293, 33,606, 34,278, 34,817

The scales outlined will apply from June 1<sup>st</sup> 2001, and posts when filled, should be put in place from the same date.

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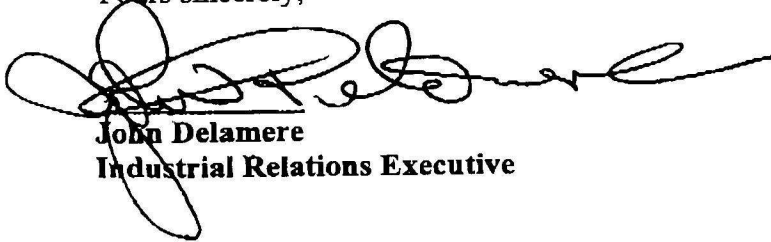
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**Allocation of Posts**

The allocation of posts to each agency is attached. It should be noted that an allocation has been reserved for the Speech and Language grade but final agreement has not been reached with this profession and separate correspondence will issue in due course in relation to the arrangements with this grade. Separate correspondence will also issue in respect of Orthoptists.

It has been agreed that an evaluation review process will take place twelve months after the first appointments to assess the operation of the new grade.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'John Delamere', is written over a horizontal line.

**John Delamere**  
**Industrial Relations Executive**

## **CLINICAL SPECIALIST**

### **AGREED CRITERIA AND AREAS OF COMMONALITY AMONG THE THERAPY PROFESSIONS INVOLVED IN DISCUSSIONS WITH THE AREA**

#### **Clinical Specialist Core Attributes\***

- Demonstrates advanced knowledge and skills within specified areas of practice.
- Demonstrates evidence-based practice through the process of clinical reasoning and decision making, allowing knowledge to be applied to complex/different situations.
- Demonstrates an educational role for example as a mentor.
- Participates in research.
- Generates new knowledge and skills.
- Disseminates advanced ethical awareness and responsibilities in specific areas.
- Demonstrates leadership.
- Demonstrates a critical understanding of the context in which practice occurs for example social, political and interprofessional collaboration.

The above attributes have sub groups providing specific criteria that may vary in detail across the individual professions.

#### **Qualification Criteria may include the following:**

- Postgraduate education in a recognised specialist area (specific criteria for each profession).
- Experience ranging from a minimum of 4 to 5 years in the designated area.
- Demonstrate a proven record of clinical/academic achievement including continuing development in their specialist field.

#### **Responsibilities will vary across individual professions but may include the following:**

In addition to the responsibilities of a senior therapist, a clinical specialist will be responsible for:

- The development, management and evaluation of the service provided in a designated specialist area.
- The development and maintenance of high standards of clinical practice within that specialist area
- The contribution to a structured process for education of colleagues, undergraduates and other disciplines in that specialist area.
- The undertaking of research relevant to their speciality.
- The provision of an information resource for junior colleagues.
- These attributes have been agreed by the World Confederation Physical Therapists (WCPT) European Region.

**August 2000**

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## **CLINICAL SPECIALIST**

1. Posts should be created on an **evolutionary** basis to allow proper consideration of the most appropriate areas of service need and to identify difficulties, which may emerge e.g. – a number of persons qualified to apply etc.
2. Posts should be **flexible** to allow for future changes in recognition of the continuously changing environment within the health services e.g. where a post becomes vacant, it should continue to be graded at Clinical Specialist level. It may be that the post would be used to develop a more appropriate specialism.
3. Posts should be created as a result of clearly established **service need** and must retain a strong client focus. This needs driven approach will take cognizances of changes in professional practices as well as changes in wider health services environment.
4. The identification of Clinical Specialist requirements should be undertaken by the Therapist Manager, but subject to approval by the General.
5. The recruitment and selection process to be undertaken according to **best** practice e.g. open competition, person specification, job specification and selection criteria to be established and independent selection process used. The staff side indicated that some individual cases may be more appropriately dealt with outside of this process.
6. Post holders to be appointed on a **permanent** and pensionable basis, but posts should be subject to on-going review as at 2 above.
7. Role, responsibilities and qualifications attaching to the posts, to be broadly as outlined in the agreed criteria and areas of commonality identified by the therapy professions. It was agreed that a strong direct **service provision** would be structured into each position.
8. Posts to have **regional remit** within each Health Board area except for those posts within a national tertiary centre. A client referral pathway may be established within a set geographical area with non-client service to the wider Board e.g. advisory, evaluation, research etc.
9. **Referrals** to Clinical Specialists will be multi-faceted and should be dealt with, within the referral process to the team, e.g. triage may be necessary to ensure the appropriate use of the Clinical Specialist and to avoid bottlenecks in the waiting list.
10. **Professional bodies** should play a key role in identifying the requirement for specialist positions.