



## Temporary Consultant in Rehabilitation Medicine

Full Time – 6 months Contract

NRH	19.5 hours
Peamount Health Care & DML	19.5 hours

### **1. Professional Qualifications, Experience etc**

Each candidate must have the following qualifications and experience for the office of Consultant in Rehabilitation Medicine as directed by the Health Service Executive:-

Registration as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the specialty of Rehabilitation Medicine.

### **2. Entry to Competition / Recruitment Process**

No candidate will be appointed as a Medical Consultant unless (s)he is registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.

### **3. Health**

A candidate for and any person holding the office must be fully competent and capable of undertaking the duties 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. Appointment to this post is subject to receipt of satisfactory Occupational Health clearance.

National policy as detailed in the document “The Prevention of Transmission of Blood-Borne Diseases in the Health-Care Setting” dictates that all health care staff involved in exposure-prone procedures (EPP) should be screened for markers of infectivity of Hepatitis B and C. Agreement has been reached between the Health Service Executive and the Medical Unions where all medical staff must be compliant.

### **4. Character**

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

### **5. Entry to Competition and subsequent appointment**

For the purposes of eligibility for entry to any competition or recruitment process associated with this post, a candidate must fulfil the eligibility requirements laid down in the information pack for the post.

The successful interviewee must be registered as a Specialist in the relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland before taking up appointment. The candidate will be

allowed a max of 180 calendar days from date of interview to secure this registration and produce evidence of special interest training where relevant. Should the successful candidate not be registered as a Specialist at that time, the post may be offered to the next suitable candidate (or, in the case of HSE posts, the Public Appointments Service may choose not to recommend that candidate to the employer). Should no suitable candidate exist, a further recruitment process may be initiated.

## **6. Age**

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

## **5. Entry to Competition/ Recruitment Process**

For the purposes of eligibility for entry to any competition or recruitment process associated with this post, applicants currently in employment as Senior or Specialist Registrars in HSE or HSE-funded agencies may participate in the competition on the basis that, on the latest date for receipt of applications, they are within 6 months (26 weeks) of certification of completion of specialist training and that evidence for same is provided from the relevant recognized postgraduate medical training body in writing.

## **7. Other Requirements Specific to the Post**

Access to transport in order to fulfil on-call commitment.

## **8. Remuneration**

Remuneration is in accordance with the salary scale for the specified Type Contract as approved by the Department of Health & Children and consists of payment in respect of the following groups of services, namely:-

- a) The scheduled commitment, hours per week
- b) Factor (On Call) Payment
- c) Factor (Call Out) Payment
- d) Structured on-site attendance at weekends and on public holidays, as approved by the Clinical Director/Manager or in his/her absence the Chief Executive Officer(s) at National Rehabilitation Hospital.

## **7. Superannuation**

For existing Public Servants (i.e. those who have entered the public service on or before the 31st March 2004), retirement is compulsory on reaching the age of 65 years. However, candidates should note that changes have been made in the superannuation provisions and retirement ages for public servants who take up duty with effect from 1st of April 2004. In this context, new entrants, within the meaning of the Public Superannuation (Miscellaneous Provisions) Act, 2004, to the public service should note:

- the minimum pension age has been increased to 65 for most new entrants to the public service;

- this includes new entrant civil servants, teachers, staff in local government, the health service and non -commercial State Sponsored bodies;
- Pension benefits for new entrants will accrue on a standard basis (i.e. one year's credit for one year's service up to a maximum of 40 years' service) while normal abatement of pension provision will apply to all public sector posts.

The terms of the Voluntary Hospitals Superannuation Scheme and the Voluntary Hospitals Spouses and Children's Scheme will apply to the position and superannuation contributions at the appropriate rate will be payable in accordance with the provisions of the scheme. In general, 65 is the minimum age at which pension is payable, however, for appointees who are deemed not to be 'new entrants' as defined in the Public Service Superannuation. Miscellaneous Provisions Act 2004 an earlier minimum pension age may apply.

Should:

i) the Consultant be deemed to be a new entrant (as defined in the Public Service Superannuation (Miscellaneous Provisions) Act 2004), there is no specified retirement age in respect of his/her appointment to this position.

**Or**

ii) the Consultant be deemed not to be a new entrant (as defined in the Public Service Superannuation (Miscellaneous Provisions) Act 2004), retirement is compulsory on reaching 65 years of age.

**New Single Public Service Pension Scheme**

1. Superannuation is a condition of this appointment and as an entrant to the public service you must be a member of the single public service pension scheme which came into effect on the 1st January 2013 and applies to all new public servants employed after that date.
2. A former public servant returning to the public service after a break of more than 26 weeks is considered an entrant under the rules of the Single Public Service Pension Scheme.
3. Continued employment is conditional upon capacity and conduct of the employee.

## **8. Duties**

The successful candidate will perform such duties as are outlined in the attached Consultant Job Description.

## **9. Hours of Work**

The Consultants' Contract 2008 provides for a normal working week of 39 hours. This 39 hour commitment will normally be delivered across a span of 12 hours between the hours of 8am and 8pm Monday to Friday.

## **10. Probation**

a) Appointment to a Consultant post is dependent upon the satisfactory completion of a probationary period of 12 months. The probationary period may be extended at the discretion of the Employer(s) for a period of not more than 6 months. In such event

the specific reasons for the extension shall be furnished in writing to the probationary Consultant.

b) At the end of the probationary period, the Employer(s) shall either:

- i. certify that the Consultant's service has been satisfactory and confirm the appointment on a permanent basis;
- Or
- ii. certify, with stated specified reasons, that the Consultant's service has not been satisfactory, in which case the Consultant will cease to hold his/her appointment;

c) If the Employer(s) should fail to certify in accordance with (b) above, the Consultant shall be deemed to have been appointed on a permanent basis.

d) The Employer(s) undertakes to advise the probationary Consultant on a timely basis of issues likely to result in the termination or extension of the probationary period.

e) A Consultant who currently holds a permanent Consultant appointment in the Irish public health service will not be required to complete a probationary period should (s)he have done so already.

f) A Consultant will not be required to complete the probationary period where (s)he has for a period of not less than 12 months acted in the post pending its filling on a permanent basis.

g) During the probationary period, the probationary Consultant will be subject to ongoing review and a formal review will take place not more than 6 months after the date of first appointment on a probationary basis.

h) In cases where an allegation of serious misconduct is made against a probationary Consultant, the matter will be dealt with in accordance with Stage 4 of the Disciplinary Procedure (as detailed in Appendix II of the Consultant Contract 2008). This does not affect the Consultant's statutory rights under the Industrial Relations Acts, 1946-2004 or any other statute.

- i. In the case of joint appointments, the holding of any one part of the post is contingent on continuing to hold the other part or parts of the post.
- ii. Employment may be terminated by either party during the probationary period. Should employment be terminated by the Employer(s), the Employer(s) shall set out in writing the specific reasons for such termination.

## **11. Retirement**

No age restrictions shall apply to a candidate except where he/she is not classified as a new entrant (within the meaning of the Public Service Superannuation (Miscellaneous provisions) Act, 2004). In this case the candidate must be under 65 years of age on the 1st day of the month in which the latest date for

receiving completed application forms for the office occur. Continued employment is conditional upon capacity and conduct of the employee.

## **12. Leave, Holidays and Rest Days**

a) All leave or planned absences, other than those described under (e) and (f), must have prior approval from the Clinical Director/Manager or in his/her absence the Chief Executive Officer at the National Rehabilitation Hospital.

b) Leave and absences from work will normally be planned and scheduled in advance in conjunction with the Clinical Director/Manager or in his/her absence the Chief Executive Officer. Leave will be approved by the Clinical Director / Manager or in his/her absence the Chief Executive Officer in line with agreed rota and service requirements and notice is required in accordance with Medical Staff Coverage Policy.

### c) Annual Leave:

The Consultant's annual leave entitlement is 31 working days per annum (or pro rate of same, if applicable) as detailed under Consultant Contract 2008 and as determined by the Organisation of Working Time Act 1997.

### d) Public Holidays Entitlement:

Public holidays shall be granted in accordance with the Organisation of Working Time Act 1997 as follows:

In respect of each public holiday, an employee's entitlement is as follows:

- (1) a paid day off on the public holiday; or
- (2) paid day off within the month; or
- (3) an extra day's annual leave; or
- (4) an extra day's pay as the Employer(s) may decide

### e) Sick Leave:

The Consultant may be paid under the Sick Pay Scheme for absences due to illness or injury. Granting of sick pay is subject to a requirement to comply with the Employer's sick leave policy. Details of the scheme are set out at Appendix VI of the Consultant Contract 2008.

### f) Other Leave:

Details regarding Maternity, Adoptive, Paternity, Parental, Force Majeure, Compassionate and other leave in accordance with procedures can be obtained from the Medical Administration Department(s) of the Employer(s).

### g) Sabbatical Leave / Career Breaks:

The Consultant may apply for Sabbatical Leave or Career breaks in accordance with the terms of the relevant circulars. The Employer(s) has the right to approve or refuse such leave.

### h) Leave to provide services abroad:

The Consultant may apply for special leave to provide services in countries where health services are underdeveloped in accordance with the relevant circular. The Employer(s) may grant or refuse such leave.

i) Special Leave:

Leave for special circumstances shall be available to the Consultant in accordance with the relevant circulars and subject to the agreement of the Employer(s).

j) In addition and unless otherwise addressed by circular the provisions below and those set out at Appendix VIII of the Consultant Contract 2008 shall apply.

The Employer(s) may grant leave with pay for:

- (1) Continuing education or attendance at clinical meetings of societies appropriate to the Consultant's specialty of not more than seven days in any one year excluding travel time.
- (2) Attendance at courses, conferences, etc. approved by the Minister for Health and Children and which the Employer(s) is satisfied are relevant to the work on which the Consultant is engaged.
- (3) World Health Organisation or Council of Europe Fellowships.

k) Rest Days

Consultants with an on-call liability shall have an entitlement to avail of rest days on the following basis:

- (1) 1: 1 on-call roster entitles the Consultant to 5 days in lieu per 4 week period;
- (2) 1: 2 on-call roster entitles the Consultant to 3 days in lieu per 4 week period;
- (3) 1: 3 on-call roster entitles the Consultant to 2 days in lieu per 4 week period;
- (4) 1: 4 on-call roster entitles the Consultant to 1 day in lieu per 4 week period.

Rest days should be taken as soon as possible following the on-call liability to which they relate. Where service demands do not permit them to be taken immediately, rest days may be accumulated:

- for a maximum of six months from the earliest date of the on-call liability to which they relate and at that point they must be availed of or forfeited,

or

- for a maximum of three months from the earliest date of the on-call liability to which they relate.

If it is not possible to avail of them at the end of the three-month period the Consultant may seek to be compensated for them at a rate equivalent to the daily rate for the type of post which (s) he occupies.

j) Historic Rest Days

A Consultant who established an entitlement to historic rest days under the Consultant Contract 1997 (i.e. by 30th June 1998) retains such entitlement.

k) Other Human Resources' Policies

All other generally applicable human resource policies, e.g., Trust in Care, Dignity at Work, etc. shall apply to the Consultant.

**13. Termination of office**

If the Consultant wishes to terminate this employment (s) he shall provide the Employer(s) with three months' notice of his/her proposed termination date. Except in cases of serious misconduct, the Employer(s) will provide the Consultant with three months' notice of the intention to terminate his or her employment.

**14. An Garda Síochana (Garda)/ Police Vetting Checks**

Arrangements have been introduced, on a national level, for the provision of Garda Vetting Checks in respect of candidates for employment in areas of the Health Service, where it is envisaged that potential employees would have substantial access to children or vulnerable adults in the course of their duties. Garda vetting is done for the protection of these groups and the National Rehabilitation Hospital reserves the right to re-verify employees at any future point, as deemed appropriate by Hospital Management.

**15. Confidentiality**

In the course of your employment you may have access to or hear information concerning the medical or personal affairs of patients and/or staff, or other health services business. Such records and information are strictly confidential and unless acting on the instructions of an authorised officer, on no account must information concerning staff, patients or other health service business be divulged or discussed except in the performance of normal duty. In addition records must never be left in such a manner that unauthorised person can obtain access to them and must be kept in safe custody when no longer required.

The Consultant must also abide by the Employer's policy with respect to confidentiality.

**16. Management**

Acceptance of the medical and administrative structures of HSE- South and the National Rehabilitation Hospital is necessary. The appointee shall participate in the development and operation of the Clinical Management structure and in such management or representative structures as are in place or being developed.

**17. Medical Council Registration**

The appointee should be registered as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the specialty of Rehabilitation Medicine.

Documentary evidence of Medical Council Registration is required and must be produced annually to Medical Administration at the National Rehabilitation Hospital.

**18. Private Practice**

Subject to the provisions of Section A (20) of the Consultant Contract 2008, the Consultant may engage in privately remunerated professional medical practice as

determined by his/her Contract Type as described in Section A (21) of the Consultant Contract 2008.

**19. Clinical Indemnity**

- a) The Consultant will be provided with an indemnity 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 Consultant's non-clinical duties arising under this contract.
- c) Notwithstanding (a) above, the Consultant is strongly advised and encouraged to take out supplementary membership with a defense organisation or insurer of his/her choice, so that (s)he has adequate cover for matters not covered by this indemnity such as representation at disciplinary and fitness to practice hearings or Good Samaritan acts outside of the jurisdiction of the Republic of Ireland.
- d) Under the terms of this indemnity the Consultant is required to report to an officer designated by the Employer in such form which may be prescribed, all adverse incidents which might give rise to a claim and to otherwise participate in the Employer's risk management programme as may be required from time to time.

**20. Ethics in Public Office Acts 1995 and 2001**

As you occupy a designated position of employment in the HSE, you are required to comply with the requirements of the Ethics in Public Office Acts 1995 and 2001. In accordance with Section 18 of the Ethics in Public Office Act 1995, you are required to prepare and furnish an annual statement of any interests which could materially influence you in the performance of your official functions. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.

In addition to the annual statement, you must whenever you are performing a function as an employee of the HSE and you have actual knowledge that you, or a connected person, have a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. You 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. Under the Standards in Public Office Act 2001, you must within nine months of the date of your appointment provide the following documents to the Standards in Public Office Commission at 18 Lower Leeson Street, Dublin 2.

- i. A Statutory Declaration, which has been made by you not more than one month before or after the date of your appointment, attesting to compliance with the tax obligations set out in section 25 (1) of the Standards in Public Office Act and declaring that nothing in section 25(2) prevents the issue to you of a tax clearance certificate.



ii. and either

(a) Tax Clearance Certificate issued by the Collector-General not more than 9 months before or after the date of your appointment or

(b) an Application Statement issued by the Collector-General not more than 9 months before or after the date of your appointment. You are required under the Ethics in Public Office Acts 1995 and 2001 to act in accordance with any guidelines or advice published or given by the Standards in Public Office Commission. Guidelines for public servants on compliance with the provisions of the Ethics in Public office Acts 1995 and 2001 are available on the Standards Commission's website <http://www.sipo.gov.ie/>

**21. Medical Ethics**

All Consultants appointed to the National Rehabilitation Hospital shall abide by the decisions of the Ethics Committees of the Hospitals.

**22. Continuing Medical Education**

The CME allowance is €3,000 per annum. Annual carry over must be agreed with the Financial Controller on a year to year basis.

**23. Disciplinary & Grievance Procedures**

There exists Disciplinary and Grievance Procedures as contained in Section A (28) of the Consultant Contract 2008.

**24.** Other provisions as per the Consultant Contract 2008.



## **JOB DESCRIPTION Part B**

### Temporary Consultant in Rehabilitation Medicine Full Time – 6 months Contract

NRH	19.5 hours
Peamount Health Care & DML	19.5 hours

**1. Title:**

Consultant in Rehabilitation Medicine with a special interest in Brain Injury

**2. Purpose of the Position:**

The Consultant in Rehabilitation Medicine will provide rehabilitation services on a Type A basis under Consultant Contract 2008 (as of 8 December 2014) with a commitment of 39 hours per week, and will be based at the Peamount Healthcare, National Rehabilitation Hospital, and HSE Dublin Midlands.

**3. Accountable to:**

The Consultant's reporting relationship and accountability for the discharge of his/her contract is:  
to the Chief Executive Officer/General Manager/Master of the hospital (or other employing institution) through his/her Clinical Director. The Hospital Group Chief Executive Officer or Chief Officer, Community Health Organisation may require the Consultant to report to him/her from time to time.

**4. Liaison / Communication:**

To discharge the duties of this post he/she will require a good level of communication primarily with the patients, consultants and other medical staff, allied health professionals and other stakeholders at the Peamount Healthcare, National Rehabilitation Hospital, and HSE Dublin Midlands.

**5. Location of Post:**

This is a joint appointment to the Peamount Healthcare, National Rehabilitation Hospital, and HSE Dublin Midlands.

## 6. Overview of the Role

### NRH/Peamount – Dublin Midlands Hospital Group

#### Background

The HSE Disability Strategy & Planning and the National Clinical Programme for Rehab Medicine are working in tandem to progress the implementation of the National Policy & Strategy for the provision of Neuro- Rehab Service in Ireland.

The Neuro-rehabilitation Strategy Implementation Framework (IF) was launched in 02/2019. The overarching aim is the development of neuro- rehab services to improve patient outcomes by providing safe, high quality, person -centred neuro-rehabilitation at the lowest appropriate level of complexity. This must be integrated across the care pathway and provided as close to home as possible. These services should be configured into population based managed clinical rehabilitation networks (MCRNs).

Peamount Healthcare is one of the organizations engaged in the Managed Clinical Rehabilitation

Network Demonstrator Project which includes;

- National Rehabilitation Hospital
- Peamount Healthcare
- Dublin Midlands Hospital Group
- CHO 7

Funding has been approved which will see the introduction of an inpatient neurorehabilitation unit at Peamount Healthcare. The additional inpatient service at Peamount will be a key development within the managed clinical rehabilitation network demonstrator project.

Peamount Healthcare has a long history of provision of rehabilitation services as well as long-term care services for those with neuro-disability. The neurorehabilitation unit will add to the breadth of rehabilitation services provided at Peamount which includes age related rehabilitation and respiratory rehabilitation.

This post will be one of 3 WTE posts supporting the delivery of specialist rehabilitation services across NRH, Peamount/CHO 7 and Dublin Midlands Hospital Group. The 3 posts are configured to ensure that;

- There is adequate allocation for consultant hours and consultants to open 10 new neurorehabilitation beds at Peamount Healthcare with a 1:3 on-call commitment
- Each consultant has inpatient beds which require on-call commitments at no more than 1 facility
- 3 additional hospitals within the DML hospital group have Consultant Commitment
- Enhanced OPD services at the National Rehabilitation Hospital
- No service or consultant is exposed to risk with respect to consultants working in isolation

The new Consultant will have the following specific commitments which may be subject to change depending on demands across Services or within the Consultant Team;

- 19.5 hours at the National Rehabilitation Hospital, specifically allocated to Out-patient/outreach services
- 19.5 hours at Peamount Healthcare and acute referring hospitals across Dublin Midlands Hospital Group where they will be one of 3 admitting consultants and have OPD commitments also. It is envisaged that the role of primary admitting consultant

would be rotational and as such, the commitment in terms of actual hours on site may increase when post holder is primary consultant. The consultations at the acute referring hospitals will involve assessment of new referrals/rehabilitative needs assessment/monitoring and review of those awaiting access to inpatient facilities either at NRH or Peamount. The acute referring hospitals include Naas, Portlaoise & Tullamore

The 19.5 hours at NRH will mostly comprise 2 full days of out-patients per week (to include the associated administrative work) plus ½ day for peer-based education.

### **NCHD staffing**

NCHD staffing at the National Rehabilitation Hospital comprises eight registrars and six senior house officers (SHOs) who, together with an off-site consultant-on-call, provide 24-hour medical cover. At any one time two to four of the registrars are on the Irish Higher Specialist Training (HST) scheme for Rehabilitation Medicine. The Hospital is also accredited for basic specialist training (BST) by the Royal College of Physicians of Ireland (RCPI). Recruitment of SHOs and specialist registrars, and ongoing educational appraisal, is organised by the Irish Committee for Higher Medical Training, ICHMT.

### **Undergraduate Teaching**

The National Rehabilitation Hospital has strong educational links with the Faculties of Medicine at University College Dublin (UCD), Trinity College Dublin (TCD) and the Royal College of Surgeons in Ireland (RCSI). All NRH consultants hold honorary senior lectureships in UCD, TCD or RCSI. A clinical lecturer post has been funded by TCD since 2010.

### **Principal Duties and Responsibilities**

This is a full time temporary post at the Peamount Healthcare, National Rehabilitation Hospital, and HSE Dublin Midlands. The following conditions apply:-

#### **1. Standard Duties and Responsibilities**

- The person chosen will:
- •maintain throughout the Hospitals listed above awareness of the primacy of the patient in relation to all of the Hospitals' activities.
- Demonstrate behaviour consistent with the values of the Hospital.  
promote open communications throughout the Hospital.

#### **2. Principle Duties: -**

- Act as Consultant in Rehabilitation Medicine under the Board of the National Rehabilitation Hospital complying with the Constitution.
- Adhere to the Standard Duties and Responsibilities (Section 12 a – 1) as detailed in the Consultant Contract 2008.
- Participate in the provision and administration of the Rehabilitation services for

patients at the National Rehabilitation Hospital and Work within the Hospitals' Clinical Management structures.

- Participate in education and teaching, including undergraduate and postgraduate teaching and conference commitments of the Hospitals for medical, nursing and other staff.
- Develop and collaborate with others in clinical or other research as appropriate to the specialty on a local, regional and national basis.
- Hold a leadership role in shaping policy in the Hospitals with regard to the management of rehabilitation services in the Brain Injury Programme, in line with best practice and international accreditation standards.
- Be easily accessible to clinical staff in person or by phone during normal working hours to advise on the treatment and management of patients
- Attend and participate in meetings relevant to the post e.g. Medical Board, Medical Executive and appropriate other Committees.
- Be committed to research and audit in the hospitals.
- Liaise with Chief Executive Officer, Management Teams/ Programme Managers, Senior Medical and Nursing staff in all matters pertaining to the general efficiencies and effectiveness of the Hospitals.
- Be familiar with the day-to-day security of the work area to which assigned, with particular awareness of fire regulations and security arrangements.
- Keep up-to-date with all relevant mandatory training for the department.
- Participate in business/service planning, including the introduction and assessment of new methods, evaluation and organization of staff and equipment requirements.
- Perform such other duties appropriate to his/her office as may be assigned to him/her by the Chief Executive Officer or designated officers of the NRH.
- To participate in development of and undertake all duties and functions pertinent to the Consultant's area of competence, as set out within the Clinical Directorate Service Plan and in line with policies as specified by the Employer.
- To ensure that duties and functions are undertaken in a manner that minimizes delays for patients and possible disruption of services.
- To work within the framework of the hospital /agency's service plan and/or levels of service (volume, types etc.) as determined by the Employer. Service planning for individual clinical services will be progressed through the Clinical Directorate structure or other arrangements as apply.
- To co-operate with the expeditious implementation of the Disciplinary Procedure
- To formally review the execution of the Clinical Directorate Service Plan with the Clinical Director /Employer periodically. The Clinical Directorate Service Plan shall be reviewed periodically at the request of the Consultant or Clinical Director /Employer. The Consultant may initially seek internal review of the determinations of the Clinical Director regarding the Service Plan.
- To participate in the development and operation of the Clinical Directorate structure and in such management or representative structures as are in place or being developed.
- To provide, as appropriate, consultation in the Consultant's area of designated expertise in respect of patients of other Consultants at their request.
- To ensure in consultation with the Clinical Director that appropriate medical cover is available at all times having due regard to the implementation of the European Working Time Directive as it relates to doctors in training.
- To supervise and be responsible for diagnosis, treatment and care provided by non-Consultant Hospital Doctors (NCHDs) treating patients under the

Consultant's care.

- To participate as a right and obligation in selection processes for Non-Consultant Hospital Doctors and other staff as appropriate. The Employer will provide training as required. The Employer shall ensure that a Consultant representative of the relevant specialty / sub-specialty is involved in the selection process.
- To participate in clinical audit and proactive risk management and facilitate production of all data/information required for same in accordance with regulatory, statutory and corporate policies and procedures.
- To participate in and facilitate production of all data/information required to validate delivery of duties and functions and inform planning and management of service delivery.

### **3. Skills Competencies and/or knowledge**

- The successful applicant will play a major role in shaping the development and lead the design of rehabilitation and neurological care pathways in line with the Implementation Framework of the Neurorehabilitation Strategy and the Model of Care of the Rehabilitation medicine programme.
- The successful applicant will play a full and positive role in facilitating and planning service change at the National Rehabilitation Hospital and across the managed clinical rehabilitation network.
- Contribute to and maintain all aspects of the existing rehabilitation service, including providing a service to inpatients and outpatients at the Peamount and outpatients at the NRH.
- It is expected that the appointee will make use of opportunities for continuing medical education on a regular basis in the form of local, regional, national and international clinical meetings in order to accrue the number of Continuing Medical Educational (CME) credits determined by the Royal College of Physicians. There is a requirement to participate in the annual consultant appraisal programme.
- Display evidence of professional knowledge and attainment in all aspects of Rehabilitation Medicine required fulfilling the role and duties of a Consultant in Rehabilitation Medicine.
- Demonstrate evidence of capacity to manage and direct the service in its administrative, financial, personnel and other activities.
- Demonstrate evidence of effective planning and organizational skills including awareness of resource management and importance of value for money.
- Demonstrate ability to manage deadlines and effectively handle multiple tasks
- Demonstrate leadership and team management skills including the ability to work with multidisciplinary team members.
- Display the ability to build teams and to devolve responsibility appropriately and the talent to develop, manage and work in partnership with his/her team.

- Demonstrate commitment to the delivery of a patient focused service.  
Demonstrate evidence of ability to empathize with and treat patients, relatives and colleagues with dignity and respect

NOTE: The extent of speed and change in the delivery of health care is such that adaptability is essential at this level of management. The incumbent will be required to maintain, enhance and develop their professional knowledge, skills and aptitudes necessary to respond to a changing situation. The hospitals are at the developmental stage therefore, the Job Description must be regarded as an outline of the major areas of accountability at the present time, which will be reviewed and assessed on an on-going basis.

### **Patient Safety & Quality**

The NRH prioritises the delivery of quality and safe patient care under HIQA and other quality standards. It is the responsibility of all staff at all levels to ensure that the highest level of quality services required for each patient is maintained. If you have a concern regarding any issue of patient safety and well-being please bring this to the immediate attention of your manager.

Quality and Patient Safety supports the Health Service to deliver high quality and safe services to patients and service users. The post-holder is responsible and accountable to deliver a quality service that ensures patient safety. The post holder will work within a risk management framework that complies with the Health Information and Quality Authority (HIQA) National Standards and other quality standards as appropriate.

### **Quality, Patient Safety & Risk Management**

The NRH is committed to supporting a culture of continuous quality improvement through effective governance, clinical effectiveness and outcome measurement. Quality and Patient Safety supports the Health Service to deliver high quality and safe services to patients and service users. This involves developing appropriate standards of practice that can be measured from the clinician and service user perspective and requires that the Manager is:

- Responsible to ensure compliance with Health Information and Quality Authority (HIQA) National Standards, Health Service Executive (HSE) , CARF/adopted Accreditation Standards, National and Local policies, procedures, guidelines, best practice standards, relevant government legislation and regulations.
- Participate in various standards, NRH accreditation and quality control groups to support the overall achievement and maintenance of the designated NRH quality and accreditation standards.
- To promote and effect a Continuous Quality Improvement (CQI) environment for services at NRH in line with existing and future regulatory requirements.

- To work closely with the Risk Management Department, clinical programmes and services in order to organise and assure implementation of all hospital and external quality, safety and risk management policies, procedures and requirements pertinent to services at the Hospital.

*The extent of speed and change in the delivery of health care is such that adaptability is essential for all staff. The post-holder will be required to maintain, develop and enhance the necessary professional knowledge, skills and aptitudes required to respond to a changing situation.*

*This job description does not contain an exhaustive list of duties, and the post holder may be required to undertake additional responsibilities. It will be reviewed from time to time in order to adapt and develop the role, according to service needs and Hospital policies.*

*I agree that this position description clearly outlines the specific responsibilities and duties that are to be carried out as part of this role. I also understand that these represent the minimum requirements to perform the duties at the current level.*

**To be signed by the post holder.**

Employee Name: \_\_\_\_\_ Clinical Director: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Chief Executive Officer: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_