

**Chiropodist (Podiatrist) Staff Grade**

**Job Specification & Terms and Conditions**

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| **Job Title, Grade Code** | **Chiropodist (Podiatrist) Staff Grade** *Grade Code 3352)* |
| **Remuneration** | The salary scale for the post 01/03/2025 44,122 46,471 48,404 49,810 51,000 52,265 53,528 54,857 56,191 57,534 58,951 60,454 61,953 63,154 LSI Salary Scales are updated periodically and the most up to date versions can be found here: <https://healthservice.hse.ie/staff/benefits-services/pay/pay-scales.html>  |
| **Campaign Reference** | NRS14804 |
| **Closing Date** | **Thursday June 12th 2025 at 12:00pm (Noon)** |
| **Proposed Interview Date (s)** | Week commencing 14th July 2025. Candidates will normally be given at least two weeks' notice of interview. The timescale may be reduced in exceptional circumstances. |
| **Taking up Appointment** | A start date will be indicated at job offer stage. |
| **Location of Post** | Individual sites / location will be indicated at expression of interest stage to panel members for each individual job. A separate panel may be formed for each of the RHA’s as a result of this campaign from which current and future, permanent and specified purpose vacancies of full or part-time duration for Chiropodist (Podiatrist) Staff Grade may be filled. |
| **Details of Service** | The person appointed to this post will work as part of a multidisciplinary team, details of which will be made available at job offer stage. As the majority of the funding is currently provided under the Sláintecare plan under the remit of the national Diabetes Programme. Further details are provided below.In line with Sláintecare (2017) and the Department of Health’s Capacity review (2018), a shift in healthcare service provision is now required to place the focus on integrated, person-centred care, based as close to home as possible. In order to enable this, the Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD) is supporting the national implementation of a model of integrated care for the prevention and management of chronic disease as part of the Enhanced Community Care Programme (ECC). The Model of Care for the Integrated Prevention and Management of Chronic Disease has a particular focus on preventive healthcare, early intervention and the provision of supports to live well with chronic disease.The investment in the ECC programme will be delivered on a phased basis with a view to national coverage being achieved within a two to three year period. Three priority areas have been identified as follows: 1. Structural reform of healthcare delivery within the community with Community Health Networks (CHNs) becoming the basic building blocks for the organisation, management and delivery of community services across the country;
2. Creating Specialist Ambulatory Care Hubs within the community to support primary care management of chronic disease and older people with complex needs; and,
3. Scaling Integrated Care for Older People and Chronic Disease through the recruitment of specialist integrated care teams including Frailty at the Front Door Teams.

The focus is on providing an end-to-end pathway that will reduce admissions to acute hospitals by providing access to diagnostics and specialist services in the ambulatory care hubs in a timely manner. For patients who require hospital admission, the emphasis is on minimising the hospital length of stay, with the provision of post-discharge follow up and support for people in the community and in their own homes, where required. A shared local governance structure across the local acute hospitals and the associated CHO will ensure the development of a fully integrated service and end-to-end pathway for individuals living with chronic disease. The ECC Programme is underpinned by a set of key principles including: * Eighty percent of services delivered in Primary Care are through the GP and CHNs;
* Identifying and building health needs assessments at a CHN level (approximate population of 50,000) based on a population stratification approach to include identification of  people with chronic disease and frequent service users, thereby ensuring the right people get the right service based on the complexity of their health care needs;
* Utilisation of a whole system approach to integrating care based on person centred models, while promoting self-care in the community;
* The Older Persons and Chronic Disease Service Models set out an end to end service architecture for the identification and management of frail older adults with complex care needs and people living with chronic disease;
* Learning from, and delivering services, based on best practice models and the extensive work of the integrated care clinical programmes to date, particularly in the areas of Older Persons and Chronic Disease;
* Embed preventive approach to chronic disease into all services;
* Availability of a timely response to early presentations of identified conditions and the ability to manage appropriate levels of complexity related to same in the community;
* Resources applied intensively in a targeted manner to a defined population, implementing best practice models of care to demonstrate the delivery of specific outcomes and sustainable services; and,
* The need to frontload investment, coupled with reform to strengthen community services.

**Diabetes in Ireland**Diabetes is a serious global public health issue which has been described as the most challenging health problem in the 21st century. Cases of diabetes have progressively increased worldwide; between 1980 and 2008 there was a two-fold increase in the number of adults with diabetes. Type 2 diabetes is the main driver of the epidemic, accounting for approximately 90 % of all cases. In Ireland, in people aged 18 years and over, the prevalence of diagnosed diabetes increased from 2.2 % in 1998 to 5.2 % in 2015; representing an absolute mean increase of 0.17 % per year. In 2015, the incidence of diagnosed diabetes was 0.2/100 population. Diabetes places a significant burden of care on the individual, health care professionals and the wider health system. Individuals with diabetes are two to four times more likely to develop cardiovascular disease relative to the general population and have a two to five-fold greater risk of dying from these conditions. Diabetes is a significant cause of blindness in adults, non-traumatic lower limb amputations and end-stage renal disease resulting in transplantation and dialysis. In the Irish Longitudinal Study on Ageing (TILDA), among people aged 50 years and over with type 2 diabetes, 26% reported microvascular complications and 15% reported macrovascular complications. This means that as well as being an important public health issue, Type 2 diabetes is a huge financial burden to the Irish health service where diabetes care consumes up to 10% of the Irish healthcare budget. **National Clinical Programme for Diabetes**The National Clinical Programme for Diabetes (NCP Diabetes) was established in 2010 under the HSE’s Clinical Strategy and Programmes Division. Working under the direction of the National Clinical Advisor and Group Lead (NCAGL) for Chronic Disease and supported by the RCPI Diabetes Clinical Advisory Group, the aim of the NCP Diabetes is to save the lives, eyes and limbs of people living with diabetes in Ireland by:* Decreasing morbidity and mortality through correct and early diagnosis
* Providing correct treatment based on best practice guidelines for treatment (self-management, primary care and secondary care).

Guided by the model of care for chronic disease, the NCP Diabetes aims to influence positive change and improve care for people living with diabetes across the entire spectrum of healthcare delivery: self-management support; general practice; specialist support to general practice; specialist ambulatory care; and hospital inpatient specialist care. The person appointed to the role of Podiatrist Staff Grade (Diabetes) will work as part of the foot protection team in an Integrated Care structure with particular relevance to the Diabetes Model of Integrated Care. The Podiatrist will offer treatment packages to adult service users who present with at-risk foot and those in remission from Diabetic Foot Ulcers (DFU). Working collaboratively with Clinical Specialist Podiatrist (Diabetes) and podiatry colleagues in the Multidisciplinary Foot Teams, there may be opportunities to be involved in the care of people with active foot disease also, delivering services closer to the patient’s home. *Team Structure:* Acute Setting: As an Acute Staff grade Podiatrist in Diabetes, the post holder will augment and assist with the work being carried out by Senior and Clinical Specialist Podiatrists. These Senior Clinicians will provide clinical support and mentoring as required. The Staff grade Podiatrist Diabetes will assist in bringing professionals in the hospital group referral area together, from different areas of healthcare, to allow optimal diagnoses and treatment, and to improve outcomes for those with diabetic foot complications. CDM hub: Community Based: The person appointed to the post of Staff Grade Podiatrist Community Chronic Disease Hub (Diabetes) will work closely with the Chronic Disease Management Team. This team includes Endocrinologist, DNS, Dietician, GPs, PHNs and Practice Nurses. This Foot Protection Team (FPT) will provide integrated care for In Remission, High and Moderate Risk Diabetics within a designated community with a focus on prevention of Diabetes related foot complications. They may also share care for Active Diabetic Foot disease with the Acute Service, on occasion, through shared care agreement. This role will focus primarily on prevention with education and early intervention. The Staff grade Podiatrist will be mentored and supported by Senior and Clinical Specialist Podiatry Staff within the team.CHN: The person appointed to this post of Staff Grade Podiatrist Community health Network will work as part of the primary care team in an Integrated Care structure. These new post holders along with the existing podiatry workforce will be required to deliver services that aspire to the eight fundamental principles of the Sláintecare report. A person centred, quality, evidence based service to all other patients referred, who do not have Diabetes. This service will include Active foot Disease, In Remission, High and Moderate Risk groups within a designated Network area. Early Intervention, Health Education and prevention are key. The Staff grade Podiatrist will be mentored and supported by Senior and Clinical Specialist Podiatry Staff within the team. |
| **Reporting Relationship** | The reporting relationship will be in line with the operating model of the service.The reporting relationship will be outlined at expression of interest stage to panel members for each individual post.  |
| **Purpose of the Post**  | To work as part of multi-disciplinary teams in providing a quality, person centered, evidence based podiatry service to meet the needs of service users. |
| **Principal Duties and Responsibilities** | *The Podiatrist Staff Grade will:***Professional / Clinical*** Ensure professional standards are maintained in accordance with “The Society of Chiropodists and Podiatrists (UK) Guidelines on Minimum Standards of Clinical Practice for Podiatry.

Ensure professional standards are maintained in accordance with the requirements as set out by CORU <https://www.coru.ie/files-codes-of-conduct/podrb-code-of-professional-conduct-and-ethics-for-podiatrists.pdf> * Work as part of the podiatry team and assist in the day to day running, co-ordination and prioritisation of the podiatry service within the designated work / activity areas.
* Co-operate in the allocation of work amongst staff within the clinical area, so as to ensure a high standard of service to patients and a good staff morale.
* Communicate with senior staff, write reports and present data as required and specifically collect required access data of footcare service that will allow hospital site to be audited.
* Provide data reports to Primary Care using nationally agreed metric templates or for acute reports to the National Diabetes Programme, Working Group and Regional Co-ordinator of Clinical Programmes
* Manage a clinical caseload appropriate to the post
* Support models of best practice / evidence based practice
* Be directly responsible for the assessment and treatment of patients referred
* Inform and facilitate clients in assessing other appropriate healthcare and support services, including referral to more specialist services if required
* Be responsible for the recording and updating of notes following assessment and treatment of patients
* Monitor and evaluate outcomes of treatment for individual patients
* Work as part of a multi-disciplinary team and liaise with other staff and disciplines, attend case conferences, and meetings as appropriate
* Engage in team building and change management initiatives
* Participate in community needs assessment and ongoing community involvement
* Participate in the development and presentation of Health Promotion packages for service stakeholders
* Develop and maintain good working relationships with team members, hospital staff and specialist services to ensure an integrated service for clients
* Coordinate clinical appointments, manage time efficiently and ensure that deadlines are met
* Participate in specialised clinics under supervision
* Work independently or as part of a team
* Understand and adhere to the policies, procedures and protocols of the Service and to participate in the development of such policies as appropriate

**Education & Training*** Act at all times as an effective role model by demonstrating skilled podiatry practice within the clinical situation
* Maintain and develop personal specialist skills in the clinical area through personal study, attending lectures, courses, in-house training, and to act as a resource for other members of staff.
* Participate in continuous improvement and other quality initiatives supervised by a designated mentor/Podiatry Manager / Senior Podiatrist
* Provide training and supervision to other staff as required, sharing knowledge to maintain professional standards and good work practice
* Discuss present performance and future development needs with the Podiatry Manager / Senior Podiatrist or designated mentor
* Actively seek opportunities to improve client care within resources available
* Work effectively using common computer software and engage in Information Technology development as it applies to client and service administration
* Be responsible for keeping up to date with organisational development within the Health Service Executive
* To participate in the practice education of student Podiatrists

**Health & Safety*** Work in a safe manner with due care and attention to the safety of self and others
* Implement agreed policies, procedures and safe professional practice by adhering to relevant legislation, regulations and standards
* Be responsible for risk minimisation and management of own area of work and report any potential hazards of any aspect of the service to the line manager
* Document appropriately and report any near misses, hazards and accidents and bring them to the attention of the relevant person(s)
* Have a working knowledge of the 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. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role

**Administration*** Participate in relevant planning activities, to ensure that the podiatry services provided are adequate and developed according to patients needs in consultation and agreement with the Senior Podiatrist/Podiatry Manager.
* Contribute to the development and implementation of information sharing protocols, audit systems, referral pathways, individual care plans and shared care arrangements.
* Be responsible and accountable for the care and maintenance of equipment and stock control and other such duties that may be assigned by the Senior Podiatrist, e.g. to be responsible and accountable for the economical use of resources of the Service.
* Communicate with senior and/ junior staff and write reports and present data as required
* Collate and submit activity data / prepare and maintain such records as are required by the Senior Podiatrist /Podiatry Manager
* Ensure the correct completion storage and handling of records and reports
* Be aware of the implications of the Freedom of Information legislation
* Notify the Podiatry Manager of annual leave in advance and sick leave, as soon as possible in accordance with policy
* To support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service.
* Obligation to report child protection concerns at or above a define threshold to TUSLA & to assist Tusla, if requested, in assessing a concern which has been the subject of a mandated report.

**The above Job Specification 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.**  |
| **Eligibility Criteria****Qualifications and/ or experience** | ***We welcome applications from Podiatry undergraduates due to qualify no later than 31st December 2025. Please refer to page 1 of the Additional Campaign Information for more information*****Candidates must have at the latest date of application:** 1. **Statutory Registration, Professional Qualifications, Experience, etc.**
2. Eligible applicants will be those who on the closing date for the competition:
3. Be registered, or be eligible for registration, on the Podiatrist Register maintained by the Podiatrists Registration Board at CORU.

**And**(ii) Have the requisite knowledge and ability (including a high standard of suitability and professional ability) for the proper discharge of the duties of the office.**And**(iii) Provide proof of Statutory Registration on the Podiatrists Register maintained by the Podiatrists Registration Board at CORU before a contract of employment can be issued 1. **Annual Registration**
2. Practitioners must maintain annual registration on the Podiatrist Register maintained by the Podiatrist Registration Board at CORU.

**And**(ii) Confirm annual registration with CORU to the HSE by way of the annual Patient Safety Assurance Certificate (PSAC).1. **Health**

 Candidates 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..1. **Character**

 Candidates for and any person holding the office must be of good character. |
| **Post Specific Requirements** | Any specific requirements for individual posts will be indicated at “expression of interest” stage. |
| **Other requirements specific to the post** | Further requirements may be outlined at the “expression of interest” stage of the recruitment process e.g. access to transport, fluency in Irish etc.  |
| **Skills, competencies and/or knowledge** | **Knowledge/Experience Relevant to the Role*** Demonstrates knowledge and experience of effective models of Podiatric assessments and treatments
* Demonstrates clinical knowledge and understanding of quality issues relating to services
* Demonstrates good theoretical knowledge and at have at least some undergraduate experience in nail surgery and the use of local anaesthesia
* Demonstrates involvement in health promotion and disease management
* Demonstrate good working knowledge of common computer software packages
* Demonstrate knowledge of the HSE Primary Care Strategy and how it relates to Podiatry / Demonstrate knowledge of national developments in Podiatry

**Planning and Managing Resources** * Demonstrates evidence of effective planning and organising skills including awareness of resource management and importance of value for money

**Team Skills*** Demonstrates the ability to work independently as well as part of a team

**Commitment to Providing a Quality Service*** Demonstrates a commitment to providing a quality service and is sympathetic and understanding of the needs and expectations of others
* Is innovative, enthusiastic, and self-motivated in their approach to service delivery, health promotion and customer care

**Evaluating Information & Judging Situations*** Demonstrates the ability to evaluate information, problem solve and make effective decisions

**Communication & Interpersonal Skills*** Demonstrates effective communication and interpersonal skills
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| **Campaign Specific Selection Process****Ranking/Shortlisting / Interview** | A ranking and or shortlisting exercise may be carried out on the basis of information supplied in your application form. The criteria for ranking and or shortlisting are based on the requirements of the post as outlined in the eligibility criteria and skills, competencies and/or knowledge section of this job specification. Therefore it is very important that you think about your experience in light of those requirements. Failure to include information regarding these requirements may result in you not being called forward to the next stage of the selection process. Those successful at the ranking stage of this process (where applied) will be placed on an order of merit and will be called to interview in ‘bands’ depending on the service needs of the organisation. |
| **Diversity, Equality and Inclusion**  | The HSE is an equal opportunities employer.Employees of the HSE bring a range of skills, talents, diverse thinking and experience to the organisation. The HSE believes passionately that employing a diverse workforce is central to its success – we aim to develop the workforce of the HSE so that it reflects the diversity of HSE service users and to strengthen it through accommodating and valuing different perspectives. Ultimately this will result in improved service user and employee experience. The HSE is committed to creating a positive working environment whereby all employees inclusive of age, civil status, disability, ethnicity and race, family status, gender, membership of the Traveller community, religion and sexual orientation are respected, valued and can reach their full potential. The HSE aims to achieve this through development of an organisational culture where injustice, bias and discrimination are not tolerated. The HSE welcomes people with diverse backgrounds and offers a range of supports and resources to staff, such as those who require a reasonable accommodation at work because of a disability or long term health condition. For further information on the HSE commitment to Diversity, Equality and Inclusion, please visit the Diversity, Equality and Inclusion web page at <https://www.hse.ie/eng/staff/resources/diversity/>  |
| **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 CPSA is responsible for establishing the principles that should be followed when making an appointment. These are set out in the CPSA Code of Practice. The Code outlines the standards that should be adhered to at each stage of the selection process and sets out the review and appeal mechanisms open to candidates should they be unhappy with a selection process.The CPSA Code of Practice can be accessed via <https://www.cpsa.ie/>. |
| The reform programme outlined for the Health Services may impact on this role and as structures change the Job Specification may be reviewed.This Job Specification 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. |



**Chiropodist (Podiatrist) Staff Grade**

**Terms and Conditions of Employment**

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| **Tenure**  | The current vacancy available is **permanent/temporary** and **whole time/part-time.** The post is pensionable. A panel may be created from which permanent and specified purpose vacancies of full or part time duration may be filled. The tenure of these posts will be indicated at “expression of interest” stage. Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointments) Act 2004 and Public Service Management (Recruitment and Appointments) Amendment Act 2013. |
| **Remuneration**  | The salary scale for the post 01/03/2025 44,122 46,471 48,404 49,810 51,000 52,265 53,528 54,857 56,191 57,534 58,951 60,454 61,953 63,154 LSI Salary Scales are updated periodically and the most up to date versions can be found here: <https://healthservice.hse.ie/staff/benefits-services/pay/pay-scales.html>New appointees to any grade start at the minimum point of the scale. Incremental credit will be applied for recognised relevant service in Ireland and abroad (Department of Health Circular 2/2011). Incremental credit is normally granted on appointment, in respect of previous experience in the Civil Service, Local Authorities, Health Service and other Public Service Bodies and Statutory Agencies. |
| **Working Week** | The standard working week applying to the post is to be confirmed at Job Offer stage. HSE Circular 003-2009 “Matching Working Patterns to Service Needs (Extended Working Day / Week Arrangements); Framework for Implementation of Clause 30.4 of Towards 2016” applies. Under the terms of this circular, all new entrants and staff appointed to promotional posts from Dec 16th, 2008 will be required to work agreed roster / on call arrangements as advised by their line manager. Contracted hours of work are liable to change between the hours of 8am-8pm over seven days to meet the requirements for extended day services in accordance with the terms of the Framework Agreement (Implementation of Clause 30.4 of Towards 2016). |
| **Annual Leave** | The annual leave associated with the post will be confirmed at Contracting stage. |
| **Superannuation** | This is a pensionable position with the HSE. The successful candidate will upon appointment become a member of the appropriate pension scheme. Pension scheme membership will be notified within the contract of employment. Members of pre-existing pension schemes who transferred to the HSE on the 01st 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 which they were entitled to at 31st December 2004 |
| **Age** | The Public Service Superannuation (Age of Retirement) Act, 2018\* set 70 years as the compulsory retirement age for public servants.***\* Public Servants not affected by this legislation:***Public servants joining the public service or re-joining the public service with a 26 week break in service, between 1 April 2004 and 31 December 2012 (new entrants) have no compulsory retirement age.Public servants, joining the public service or re-joining the public service after a 26 week break, after 1 January 2013 are members of the Single Pension Scheme and have a compulsory retirement age of 70. |
| **Probation** | Every appointment of a person who is not already a permanent officer of the Health Service Executive or of a Local Authority shall be subject to a probationary period of 12 months as stipulated in the Department of Health Circular No.10/71. |
| **Protection of Children Guidance and Legislation** | The welfare and protection of children is the responsibility of all HSE staff. You must be aware of and understand your specific responsibilities under the Children First Act 2015, the Protections for Persons Reporting Child Abuse Act 1998 in accordance with Section 2, Children First National Guidance and other relevant child safeguarding legislation and policies. Some staff have additional responsibilities such as Line Managers, Designated Officers and Mandated Persons. You should check if you are a Designated Officer and / or a Mandated Person and be familiar with the related roles and legal responsibilities.For further information, guidance and resources please visit: [HSE Children First webpage](https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/). |
| **Infection Control** | Have a working knowledge of Health Information and Quality Authority (HIQA) Standards as they apply to the role for example, Standards for Healthcare, National Standards for the Prevention and Control of Healthcare Associated Infections, Hygiene Standards etc. and comply with associated HSE protocols for implementing and maintaining these standards as appropriate to the role. |
| **Health & Safety** | It is the responsibility of line managers to ensure that the management of safety, health and welfare is successfully integrated into all activities undertaken within their area of responsibility, so far as is reasonably practicable. Line managers are named and roles and responsibilities detailed in the relevant Site Specific Safety Statement (SSSS). Key responsibilities include:* Developing a SSSS for the department/service[[1]](#footnote-1), as applicable, based on the identification of hazards and the assessment of risks, and reviewing/updating same on a regular basis (at least annually) and in the event of any significant change in the work activity or place of work.
* Ensuring that Occupational Safety and Health (OSH) is integrated into day-to-day business, providing Systems Of Work (SOW) that are planned, organised, performed, maintained, and revised as appropriate, and ensuring that all safety related records are maintained and available for inspection.
* Consulting and communicating with staff and safety representatives on OSH matters.
* Ensuring a training needs assessment (TNA) is undertaken for employees, facilitating their attendance at statutory OSH training, and ensuring records are maintained for each employee.
* Ensuring that all incidents occurring within the relevant department/service are appropriately managed and investigated in accordance with HSE procedures[[2]](#footnote-2).
* Seeking advice from health and safety professionals through the National Health and Safety Function Helpdesk as appropriate.
* Reviewing the health and safety performance of the ward/department/service and staff through, respectively, local audit and performance achievement meetings for example.

**Note**: Detailed roles and responsibilities of Line Managers are outlined in local SSSS.  |

1. A template SSSS and guidelines are available on [writing your site or service safety statement](https://www2.healthservice.hse.ie/organisation/national-pppgs/writing-your-site-or-service-safety-statement/).

2 Structures and processes for effective [incident management](https://www2.healthservice.hse.ie/organisation/qps-incident-management/incident-management/) and review of incidents. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)