

**Chief Medical Information Officer – National Electronic Health Record (CMIO EHR)**

**Job Specification & Terms and Conditions**

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| **Job Title, Grade Code** | Chief Medical Information Officer – National Electronic Health Record (CMIO EHR) |
| **Campaign Reference** | NRS14852 |
| **Closing Date** | 3:00pm on Thursday 26th June 2025 |
| **Proposed Interview Date (s)** | 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** | There is currently one specified purpose (3 year duration) vacancy available, (up to 0.8 WTE with the remaining 0.2 WTE on clinical activities).  The post will be based in one of the main T&T locations to be agreed between the successful candidate and the Chief Clinical Information Officer (CCIO).  The CCIO will engage with the successful candidate as regards the expected level of on-site attendance at the agreed T&T base, in the context of the requirements of this national role and the HSE’s Blended Working Policy.  A panel may be formed as a result of this campaign for **Chief Medical Information Officer – National Electronic Health Record (CMIO EHR) within the Office of the Chief Clinical Officer** from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled. |
| **Informal Enquiries** | Prof. Richard Greene  Email: [Richard.greene@hse.ie](mailto:Richard.greene@hse.ie)  Mobile: 087 7986972 |
| **Details of Service** | [Digital for Care 2030](https://www.ehealthireland.ie/technology-and-transformation-functions/digital-for-care-2030/digital-for-care-2030-overview/) is the Framework under which all digital health solutions for the HSE are co-ordinated, streamlined and implemented. It provides a strategic and innovative plan to advance key Slaintecáre programmes and deliver integrated care that is fully aligned with the Health Regions structure.  These programmes are critical in setting the future policy direction under Digital for Care, for considering opportunities offered by current and emerging technologies, and are fundamental in the delivery of digital health transformation in Ireland.    The National EHR Programme will deliver a unified Electronic Health Record across all publicly funded health and social care settings. This digitalisation of Irish healthcare is essential if the objectives of Digital for Care and Sláintecare are to be fulfilled.  The vision of the National EHR Programme is to provide an electronic health record that empowers patients and care providers to achieve better health outcomes using a shared digital platform to enhance quality and safety and to improve their efficiency and agility. The National EHR programme will be delivered in a manner that is patient centred, clinically led, operationally delivered and digitally enabled.  The National EHR programme will be the largest ever investment in digital health infrastructure and change, and will have a positive, transformational impact across all services and disciplines. The National EHR programme will submit a business case for approval in early 2025, with a view to commencing implementation in 2027.  **Technology & Transformation**  The core of the Digital for Care 2030 Framework is to provide seamless, safe, secure and connected digital health services that support health and wellbeing for both our patients and providers. The Technology and Transformation office is responsible for turning the Digital for Care 2030 Framework into a reality ensuring that technology supports healthcare efficiently and effectively throughout the whole system.  The Technology and Transformation office delivers transformational digital programmes of work by embracing all voice, video and data communications technologies and providing one central management point for all purchases of hardware, software, telecommunications, ICT developments and advisory services. |
| **Reporting Relationship** | This post will have a direct reporting relationship to the Chief Clinical Information Officer (CCIO) and the EHR Programme Director.  The post holder through the CCIO, will have a clinical governance relationship to the Chief Clinical Officer or as delegated for clinical professional matters; and to the appropriate Regional Clinical Director for direct clinical service aspects.  ***S/he may continue to practice in in their RHA service site for an agreed proportion of their time and will report to the relevant site personnel in keeping with approved local arrangements.*** |
| **Key Working Relationships** | In the execution of the role, the National EHR Chief Medical Information Officer will work in close collaboration with a range of professionals including   * EHR Programme Director * National Operations Lead for the EHR Programme * Clinical Informatics Roles on the EHR Programme (Chief Nursing Midwifery Information Officer (CNMIO), Health and Social Care Information Officer (HSCPIO), Chief Informatics Pharmacist, etc.) * National Chief Clinical Information Officers * Regional Executive Officer (REO) * RHA Technology & Transformation Director * Regional Clinical Directors * Clinical, Nursing and Operational Teams * Other clinical informatics leads * Technology & Transformation programme/project managers who are part of the overall T&T Programme; * External stakeholders including HSE, Department of Health, and Department of Public Expenditure, NDP Delivery and Reform. * Relevant internal and external stakeholders that will assist the change management   The successful execution of duties will involve the development of appropriate relationships with clinical, operational and technical colleagues across the EHR Programme, Digital for Care and the health service nationally. It will also require extensive communications with key stakeholders within the programme and beyond. |
| **Purpose of the Post** | The CMIO, EHR Programme role will provide the clinical leadership to drive the national programme to deliver a national EHR as a core component of Digital for Care 2030. The EHR Clinical lead is the clinical business change lead for the national EHR Solution - including:   * Achieving full commitment to the transformation to achieve integrated healthcare for patients and service users, through the evolution of the national EHR; * Utilising their clinical expertise and leadership in the design and delivery of clinical solutions in conjunction with the National EHR Programme manager and team. * Delivering the clinical governance framework for the national EHR ensuring clinical effectiveness and clinical safety * Ensuring clinical engagement in the adoption and use of technology, for continuous clinical process improvements, focussing on patient and service user outcomes. * Providing clinical leadership for the digital and information development to support the safe and efficient design, implementation and use of the EHR to deliver improvements in the quality and outcomes of care * Assisting the development of high quality clinical information and organisational reform * Driving and supporting the transformation opportunities afforded through the deployment of the National EHR   In addition, the EHR clinical Lead will provide advice and support to the CTTO management team through their role on the EHR Programme; providing expert clinical informatics advice and guidance and working collaboratively with key stakeholders to ensure patient and clinical involvement in the planning, development, delivery and evaluation of systems and services. |
| **Principal Duties and Responsibilities** | The EHR Chief Medical Information Officer will have the following duties and responsibility:   * Provide visionary leadership with a focus on digital transformation, innovation, collaboration and the ongoing implementation of the national EHR to drive better patient access, experience and outcomes. * Lead the clinical information strategy for the implementation of the National EHR within the Digital for Care Programme. There is a specific focus on aligning the implementation of all clinical IT systems with the EHR, within the Digital for Care Programme; * Develop the necessary governance structures related to clinical information for the EHR to ensure full engagement, input and feedback on Informatics related issues; liaising with the clinical staff, medical executive committees, clinical departments, and other constituents to use informatics to promote the clinical agenda; * Provide expert advice and thought leadership regarding digital health in the development and execution of the clinical improvement and development strategies, including clinical efforts for improved patient outcomes, reduced variations in care, and enhanced physician engagement as they relate to IT systems and processes within the EHR; * Oversee the implementation and continued use of the electronic health record and other clinical informatics systems, including analytics tools, to support quality and performance improvement initiatives; * Improve clinician adoption, acceptance, and use of the National EHR while enhancing physician satisfaction with clinical information systems; * Manage the expectations of clinical information system end-users; * Monitor operational and design criteria of the electronic medical record system to ensure that the organization is meeting criteria ahead of deadlines; * Develop and maintain effective collaborative relationships and partnerships with a broad range of internal and external stakeholders including staff, unions, professional bodies, regulatory bodies, the Department of Health, other government agencies, and the broader national public and private sector information and technology services. * Assist in creating an institutional culture that promotes patient safety and high standards of ethical conduct when using Informatics solutions * Work with the Chief Information Security Officer to support the development and maintenance of an effective Information Security Systems for the EHR. * Demonstrate the capacity to lead and work well with others in the spirit of teamwork and cooperation. * Demonstrate excellent skills in all forms of communication - effective verbal and written skills including the ability to deliver effective presentations to myriad audiences. * Adequately identifies, assesses, manages and monitors risk within their area of responsibility. * 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. Support, promote and actively participate in sustainable energy, water and waste initiatives to create a more sustainable, low carbon and efficient health service. * Engage in the HSE performance achievement process in conjunction with your Line Manager and staff as appropriate. * Act as spokesperson for the Organisation as required. * Demonstrate pro-active commitment to all communications with internal and external stakeholders   **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 them from time to time and to contribute to the development of the post while in office.** |
| **Eligibility Criteria**  **Qualifications and/ or experience** | **Candidates must have at the latest date of application**   * Be a CCST registered Medical practitioner with the Medical Council of Ireland * Hold a permanent post as a Consultant practicing in a medical specialty within the Irish Public Health service; * Have senior clinical leadership experience and be able to evidence same   **Desirable:**   * Experience of national digital solutions and the impact of such implementations on patient care and processes * Experience in information governance principles and their application in healthcare   **Health**  A candidate for and any person holding the office must be fully competent and capable of undertaking the duties attached to the office and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.  **Character**  Each candidate for and any person holding the office must be of good character. |
| **Post Specific Requirements** | * Significant medical informatics/digital health experience * Leading or making significant contributions to major or national programmes involving technology enabled change /significant digital solutions and managing the impact of such implementations on patient care and processes |
| **Other requirements specific to the post** | Access to appropriate transport to fulfil the requirements of the role |
| **Skills, competencies and/or knowledge** | **Information and Communications Technology**   * A medical clinician who contributes and assists in the development of an digital for care vision that will drive the Digital for Care and EHR strategy * A medical clinician who clearly understands clinical information technology and informatics and its potential impact on patient safety and health care quality * Passionate about clinical informatics as a tool to improve quality of care. * Previous experience of leading or being strongly involved in programmes involving technology enabled change * Desirable to have experience of national digital solutions and the impact of such implementations on patient care and processes * Desirable to have experience of information governance principles being applied in healthcare * Ability to analyse complex workflows and how these can be improved through the deployment of technology * Ability to understand the potential impact of digital tools on all staff and assess the learning needs; * Strong interest and drive to develop an Informatics based education and research agenda; * Ability to monitor and evaluate the effectiveness of the EHR system, ensuring it meets clinical and operational objectives.   **Leadership & Direction in a complex environment**   * Has the required clinical leadership skills, vision and passion to lead and manage wide scale change in a complex environment * Develops a shared sense of commitment and participation among staff in the management of change, the development of the workforce and in responding to the changing health needs of patients * Demonstrates competence in looking at the longer term and broader issues concerning the provision of better health services for the population served and the ability to develop a clear view of how digital capability can contribute to this * Is a positive driver for change; has the capacity to lead, organise and motivate staff to function effectively in times of rapid change * Recognises that optimising at an organisational level may involve compromising individual objectives * Leads on establishing enabling clinical and organisational governance * Works with the HSE, DOH and other relevant stakeholders to establish policies, standards, and guidelines for EHR use * Engages in national and international discussions and collaborations on EHR best practices and interoperability.   **Critical Analysis & Decision Making**   * Has the ability to analyse and evaluate, in a rational, objective, consistent and systematic manner, complex information and identify the core issues and arguments at hand * Has the ability to consider the range of options available, involving other parties at the appropriate time and level and makes balanced and timely choices\decisions; is confident in own judgement * Shows a strong degree of self-sufficiency, being capable of personally pushing proposals and recommending decisions on a proactive basis while actively suggesting improvements and adapting readiness to change   **Communication & Interpersonal Skills**   * Can communicate ideas, vision and information clearly and convincingly in a manner that is sensitive to wider issues and has the ability to advocate for and negotiate a favourable position for the achievement of overall objectives * Demonstrates the ability to interact in a professional manner with other health care staff and other key stakeholders. * Possesses the interpersonal skills to facilitate working effectively in multi-disciplinary teams, with healthcare workers and other key stakeholders; to establish mutual understanding and commonality of purpose to ensure effective outcomes * Possesses the ability to explain, advocate and express facts and ideas in a convincing manner, and actively liaise with individuals and groups internally and externally   **Working with and Through Others**   * Has excellent interpersonal, networking, negotiation and communication skills to influence others, create and sustain effective partnerships, and drive research and innovation within the portfolio and across the health service * Is committed to building a professional network to remain up to date with and influence internal and external politics * Is committed to working co-operatively with and influencing senior management and healthcare professionals to drive forward the designated agenda |
| **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 Key Achievements form and CV. 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 progressing 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.  Read more about the HSE’s commitment to [Diversity, Equality and Inclusion](https://www.hse.ie/eng/staff/resources/diversity/diversity.html) |
| **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 to be followed when making an appointment. These are set out in the CPSA Code of Practice. The Code outlines the standards to 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.  Read the [CPSA Code of Practice](https://www.cpsa.ie/pdf/?file=https://assets.cpsa.ie/media/275828/b88e3648-c663-4293-9471-d2d75bd1d685.pdf). |
| 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. | |

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**Terms and Conditions of Employment**

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| **Tenure** | The current vacancy available is specified purpose (3 year duration), (up to 0.8 WTE with the remaining 0.2 WTE on clinical activities).  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 successful applicant will be recruited on existing terms and conditions |
| **Working Week** | The successful applicant will be recruited on existing terms and conditions |
| **Annual Leave** | The successful applicant will be recruited on existing terms and conditions |
| **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.  Visit [HSE Children First](https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/) for further information, guidance and 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-2), 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-3). * 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. |
| **Ethics in Public Office 1995 and 2001** | Positions remunerated at or above the minimum point of the Grade VIII salary scale are designated positions under Section 18 of the Ethics in Public Office Act 1995. Any person appointed to a designated position must comply with the requirements of the Ethics in Public Office Acts 1995 and 2001 as outlined below:  A) In accordance with Section 18 of the Ethics in Public Office Act 1995, a person holding such a post is required to prepare and furnish an annual statement of any interests which could materially influence the performance of the official functions of the post. This annual statement of interest should be submitted to the Chief Executive Officer not later than 31st January in the following year.  B) In addition to the annual statement, a person holding such a post is required, whenever they are performing a function as an employee of the HSE and have actual knowledge, or a connected person, has a material interest in a matter to which the function relates, provide at the time a statement of the facts of that interest. A person holding such a post should provide such statement to the Chief Executive Officer. The function in question cannot be performed unless there are compelling reasons to do so and, if this is the case, those compelling reasons must be stated in writing and must be provided to the Chief Executive Officer.  C) A person holding such a post is 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](https://www.sipo.ie/). |

1. A template SSSS and guidelines are available on [writing your site or service safety statement](https://healthservice.hse.ie/staff/health-and-safety/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-2)
2. [↑](#footnote-ref-3)