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**Clinical Specialist Physiotherapist**

**Fisiteiripeoir, Speisialtóir Cliniciúil**

**Job Specification, Terms & Conditions**

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| **Job Title & Grade** | **Clinical Specialist Physiotherapist (Pulmonary Rehabilitation Coordinator)**  *(Grade Code 3707)* |
| **Competition Reference** | SLPC2505 |
| **Closing Date** | Monday 19th May 2025 @4pm |
| **Informal Enquiries** | Suzanne Keenan, Operational Lead, Benbulbin CDM, Hub Clarion Rd Sligo [Suzanne.keenan@hse.ie](mailto:Suzanne.keenan@hse.ie) 0879334471  Audrey Colreavy, Physiotherapy Manager, SDSLWC [Audrey.Colreavy@hse.ie](mailto:Audrey.Colreavy@hse.ie) 0874516095 |
| **Proposed Interview Date(s)** | Proposed interview dates will be indicated at a later stage. Please note you may be called forward for interview at short notice**.** |
| **Taking up appointment** | A start date will be indicated at job offer stage |
| **Location of Post** | This is an appointment to Benbulbin CDM Hub, Clarion Rd., in Sligo covering the South Donegal, Sligo, Leitrim and West Cavan area.  Please note this campaign will create a recruitment panel to fill current and future vacancies, from which current and future, permanent and specified purpose vacancies of full or part-time duration may be filled.  By the Health Service Executive. The commitment for this post will be for 35 hours per week to work within the associated community-based ambulatory care hub. It is noted that the post must be congruent with the requirements of, and facilitate implementation of Sláintecare, and the HSE’s National Framework for the Integrated Prevention and Management of Chronic Respiratory Disease, the National Clinical Programme for Respiratory and the Enhanced Community Care Business Case, including commitment to deliver the relevant performance outcomes. |
| **Details of Service** | 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.   The role of the Pulmonary Rehabilitation Coordinator will differ according to the needs and configuration of existing services at the local level. The successful candidate will work and lead Community Pulmonary Rehabilitation services and integrate the service with ambulatory care between the hospital and community services and will work with colleagues across these services to develop and implement ambulatory care pathways and to manage respiratory disease, and associated co-morbidities, within the community setting, where appropriate.  Ambulatory care hubs are sites identified outside of the hospital setting that will provide access to specialist services within the community. Each hub will be affiliated with a local hospital and will serve a population of approximately 150,000 and will focus primarily on the prevention and management of chronic disease. These hubs will be established to support the provision of care closer to home and to facilitate ready access to diagnostics, specialist services and specialist opinions in order to enhance the delivery of patient-centred care, support early intervention and avoid hospital admission, where possible.  Each site with have a suite of alternative outpatient pathways, support from multidisciplinary Chronic Disease Specialist Teams and access to diagnostics including spirometry, radiology and laboratory testing as well as a Respiratory Consultants supporting the service to ensure the provision of the right care, in the right place, at the right time.  The Integrated Respiratory Service will support:   * A holistic, multidisciplinary approach to the care of individuals with chronic respiratory disease; * Provision of a reformed outpatient service that utilises telehealth and other ICT measures to facilitate more effective and efficient delivery of care; * Reduced waiting times for patients for hospital-based outpatient services; * Timely access to specialist services and specialist opinion for patients with respiratory disease; * Early intervention pathways/ rapid access clinics for acute, chronic or newly presenting respiratory conditions; * Development of pathways for the management of chronic conditions. The early assessment and implementation of pathways that will support GP-led primary care, efficient discharge back to the community where appropriate and reduce the need for repeated hospital-based outpatient reviews; * Provision of oversight and implementation of self-management support services for chronic respiratory disease, including pulmonary rehabilitation, in the ambulatory care hubs; * Facilitating access and reporting of non-invasive respiratory testing e.g. spirometry for GPs; and, * Providing improved integration of early discharge, outreach and potentially admission avoidance programmes * Developing and managing oxygen assessment and review clinics under the governance of the respiratory consultant.   The person appointed to this post will work as the coordinator of the Integrated Community Pulmonary Rehabilitation team which is a newly developed service within the overall respiratory service in one of the 11 sites.  The post holder will work as part of a multidisciplinary team to deliver a comprehensive pulmonary rehabilitation service to the locality, providing a multi-disciplinary and multi-agency approach to maximise patient function, wellbeing and self-care planning through evidence based care.   |  | | --- | | The Coordinator will work alongside the multidisciplinary team, providing supervision and education to junior staff and colleagues who participate in the delivery of pulmonary rehabilitation. The Coordinator also works to reduce the readmission of patients with PR qualifying diagnoses (e.g. COPD) by providing transitional support, follow up and timely access for this patient population. | |  |  * Post will be full time based in the community setting |
| **Reporting Relationship** | * Is professionally accountable to the Community Physiotherapy manager * Will report to the Operational lead Integrated Care ICPCD Specialist Community Team on operational and administrative matters. |
| **Key Working Relationships** | The post holder will:   * The post holder will: * Have a clinical working relationship with the GP and the Respiratory Specialist team in the hub including the Consultant Respiratory Integrated Care, the Pulmonary Rehabilitation team and the integrated Respiratory CNs/ANPs and other physiotherapists. * Work collaboratively with the COPD Outreach teams and with other healthcare professionals and stakeholders involved in the provision of integrated respiratory care in the acute setting. * Have a close working relationship with the secondary care Physiotherapy Manager for secondary care respiratory physiotherapy service development and delivery and the Operational lead ; * Work in partnership with the multi-disciplinary teams across primary and secondary care |
| **Purpose of the Post** | As outlined above, the need to reform the healthcare services in Ireland in order to provide a more sustainable, integrated and patient-centred approach has come to the fore in recent health policies and strategies. Integrated care requires health and social care services to work together across different levels and sites in order to provide end-to-end care that meets patient need.  The Pulmonary rehabilitation coordinator will offer dynamic leadership to promote and develop a high quality evidenced based pulmonary rehabilitation service championing innovation to improve and support service delivery.  They will act as the representative clinical lead at local and national strategic development meetings disseminating information and acting on initiatives and improvements within the resources available.  The post holder will coordinate resources and services for the Pulmonary Rehabilitation Program.  The post holder will also act as an expert clinical resource offering supervision, education and on-going support to staff and teams managing complex respiratory patients.    The Pulmonary Rehabilitation coordinator will be a highly competent, visible and experienced autonomous practitioner who uses specialist knowledge and advanced skills to support Pulmonary Rehabilitation services. They will have a good understanding of the vision of the HSE and Sláintecare and to be able to translate this into a local context for operational implementation within their team and locality area.  They will demonstrate advanced clinical judgement and critical decision-making skills based upon evidence based practice.  The post-holder will utilise their advanced level knowledge and skills to:   * Triage referrals and identify complex cases and optimise treatment with the Respiratory Consultant and GP before commencing Pulmonary rehabilitation * Accurately undertake specialist clinical skills including airway clearance techniques, breathlessness management, interpreting and analysing clinical and non-clinical tests to form an accurate assessment and decide suitability for pulmonary rehabilitation. * Demonstrate a strong working knowledge of guidelines for best practice, competence in physical assessment skills and treatment of complex respiratory patients for pulmonary rehabilitation * Assess, diagnose, plan, implement and evaluate treatments and interventions of Pulmonary rehabilitation * Integrate both pharmacological and non-pharmacological aspects of Pulmonary rehabilitation into patient care/management plans * Be a competent autonomous practitioner, leading innovation and demonstrating respiratory clinical expertise and acting as a role model for others. * Lead, support and develop the team of health care professionals delivering Pulmonary Rehabilitation and respiratory care to a wide range of patients. * Liaise with and give specialist advice to other members of the Multidisciplinary team (MDT) regarding the medical management of patients with respiratory problems, have knowledge of disease management pathways within secondary and primary care and be able to signpost and refer on where appropriate * Carry out risk assessment within the service, equipment and environment and to minimise risk within the team. * Continuously evaluate patient progress and outcomes. * Develop operational pathways, protocols and procedures to ensure the delivery of safe pulmonary rehabilitation in accordance with local and national clinical standards. * Effectively manage capacity within the team and performance including waiting list management * Work with the multidisciplinary respiratory team and the service lead to strategically develop and operationally manage the Pulmonary Rehabilitation service. * Undertake the evaluation of current practices through the use of evidence based practice, audit and outcome measures and act upon results through making recommendations and implementing change. * Supporting staff during the process of change within the team and organisation. |
| **Principal Duties and Responsibilities** | ***Communication and Working Relationships***   * To provide specialist exercise advice and support to multidisciplinary colleagues in the Respiratory Service and other professionals countywide involved in the delivery of pulmonary rehabilitation. * Develop strong links with Peer Support Groups and promote patient self-management in the community working in partnership with COPD Support Ireland and other relevant agencies. * Communicates with colleagues in the Respiratory Service and wider MDT’s, service users, carers, stakeholders, the public and their representatives, ensuring effective and accurate information is delivered. * To actively engage with, listen to and seek views of team members, patients/ carers and key stakeholders to influence, enhance and improve accessibility and inclusiveness of future service development. * To communicate with all team members and other relevant health, social care and education professionals e.g. social workers, specialist practitioners, GPs and practice staff, consultants, and any other statutory, voluntary and independent sector professionals. * To be responsible for the initiation of communication links with patients/ carers in highly stressful/complex situations to seek resolution, agreement regarding future treatment/ care and gain co-operation.   ***Managing a service***   * To take personal responsibility for maximising opportunities to improve the use of resources and the quality of services that you are accountable for and to ensure that your line manager is engaged in the plans particularly where support is required to make the change happen effectively. * To implement clinical governance and risk management and act upon aspects of service delivery that is identified as requiring attention. * To participate in and supervise all aspects of the pulmonary rehabilitation service including triage, assessment, reviewing and initiating treatment in the home or clinic setting. * To network with other pulmonary rehabilitation services locally, regionally and nationally, benchmarking the service against advances in respiratory care/ services ensure sharing and implementation of good practice * To facilitate the sharing of information across disciplines and agencies as appropriate acting as a resource for specialist knowledge and advice in relation to the management of complex respiratory patients * To develop and sustain dynamic and responsive multidisciplinary/multi agency community services delivering best practice. * To work with the Locality Clinical Lead and other team leaders/managers to proactively support the development and redesign of care pathways embracing the concept of care closer to home and expanding/enhancing multi-disciplinary/multi agency working, community services and community hospitals. * To coordinate the MDT rota, annual leave, study leave. * To develop appropriate support, teaching, mentorship mechanisms for all team members and facilitate the sharing of information across disciplines and agencies. * To adhere to professional codes of physiotherapy conduct and standards of competence relevant to team members and to provide specialist and expert clinical advice. * To use technology as an aid for data capture in order to plan, implement, monitor and report upon outcomes and information. * To offer innovative clinical leadership and management solutions to enable most effective use of resources for the benefit of patients. * To ensure referral, assessment, planning, review and closure/discharge procedures within the team are consistent with expectations. * To continuously review and integrate new developments and practice into the team to enhance service delivery. * To audit, monitor and research service delivery, in order to continuously improve and develop the service. * To assist the Locality Clinical Lead in producing reports to inform management groups, clinical forums, business development/planning and performance management monitoring. * To be accountable for the planning of evidenced based, proactive specialist interventions requiring a high level of expertise in clinical skills. * To promote health and wellbeing, the prevention of ill health and foster independence at every opportunity, whilst respecting the patient right to choose. * To offer creative and dynamic leadership and management solutions to enable the delivery of effective change and subsequent service improvement. * Responsible for the policy implementation and policy or service development within your team. * To initiate and encourage evidence based practice and research within team and service to drive improvements. * Chair meetings related to service delivery or case management where appropriate   ***Team and People Development***   * To ensure the skills and talents are actively recognised and developed within your team and the wider organisation. * To take active steps to encourage, support and promote a culture of development, improvement and learning within the team. * To encourage a proactive culture of 2 way communication and the sharing of information within the team and across disciplines that supports the philosophy of a well informed and positively engaged workforce. * To promote and publicise your team/service within the organisation.   ***Management and Personal Development***   * To provide leadership to junior staff and support staff through supervision, training and appraisal. * Provide supervision and appraisal for junior staff and students within the team. * Participates in in-service training with the respiratory team. * To manage and undertake audit and research in specific areas of clinical practice and service delivery using a range of research methodologies as part of a wider multidisciplinary team (MDT). * Take responsibility for own learning and performance including participation in clinical supervision and maintaining awareness of relevant research evidence. * Act as a constant source of clinical and theoretical knowledge for members of MDT as well as patients and their significant others, providing support and clinical advice. * Responsible for initiating and developing R&D programmes or activities.   **Clinical Activities**   * As an autonomous practitioner, undertake advanced assessments of patients with diverse or complex physical, psychological, cognitive and behavioural conditions in order to formulate a diagnosis and deliver appropriate treatment plans including exercise therapy e.g. Advanced COPD with co-morbidities and several anxiety related issues. * To undertake all aspects of clinical duties as an autonomous practitioner, including professional and legal accountability and managing clinical risk for all aspects of own work. * Aspects of work will include delivery of treatment as an individual practitioner or as part of a multi-disciplinary team. * To be responsible for the safe and competent assessment and treatment of patients with a complex history of respiratory conditions and co-morbidities within national and service guidelines and policies. * As an autonomous practitioner, undertake advanced assessment of patients with diverse or complex physical, psychological, cognitive or behavioural conditions in order to deliver appropriate exercise therapy. * Develop education in collaboration with the multi-disciplinary team ensuring that all patient care is based on current research and best practice.   **Strategic Development, Planning and Organising**   * To participate in service development and innovative ways of delivering exercise prescription for vulnerable people in the community with complex respiratory conditions, e.g. investigating and implementing the use of technology to support the delivery of pulmonary rehabilitation programmes to people at home. * Collation and interpretation of statistical data collected to measure outcomes and impact of pulmonary rehabilitation programmes. * Responsibility for planning and coordinating safe delivery of Pulmonary Rehabilitation. Includes access to groups and ensuring correct staff : patient ratio (National Guidelines) * To participate in the development of team policies as required. * Demonstrates clinical leadership in the effective and efficient use of resources, e.g. ordering stock, travel.   **Administrative**   * Maintain waiting list and appropriate KPIs in line with NCP Respiratory * Ensure that all accidents, incidents and hazards are reported and dealt with according to organisational requirements. * Maintains accurate documentation in line with professional and organisational policies and procedures. * Complies with the Data Protection Act and GDPR recommendations. * Compliance with organisational policy in reporting any untoward accident or incident using the appropriate recording system. * To comply with organisational Health and Safety policies   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** | 1. **Statutory Registration, Professional Qualifications, Experience, etc**   Candidates for appointment must:  (i) Hold a Physiotherapy qualification recognised by the Physiotherapists  Registration Board at CORU.  AND  (ii) Be registered on the Physiotherapists Register maintained by the  Physiotherapists Registration Board at CORU.  OR  (iii) Applicants who satisfy the conditions set out in Section 91 of the Health and  Social Care Professionals Act 2005, (see note 1 below\*), must submit proof of  application for registration with the Physiotherapists Registration Board at  CORU. The acceptable proof is correspondence from the Physiotherapists  Registration Board at CORU confirming their application for registration as a  Section 91 applicant.  AND  (iv) All candidates must have 5 years full time (or equivalent) years post  qualification clinical experience of which 4 years full time (or equivalent) must  be consecutive in the required area of specialism.  AND  (v) All candidates must demonstrate a proven record of clinical excellence in the  specialism.  AND  (b) Professional Development and Practice  All candidates must demonstrate evidence of continuing professional development  relevant to the required area of specialism, in the form of post-graduate qualifications  or relevant courses.  AND  All candidates must demonstrate achievement in the areas of clinical audit, quality  improvement initiatives, practice development, teaching and research.  AND  (c ) All candidates must have the requisite knowledge and ability (including a high  standard of suitability, management, leadership and professional ability) for the proper  discharge of the duties of the office.  Annual registration  (i) On appointment practitioners must maintain annual registration on  Physiotherapists Register maintained by the Physiotherapists Registration Board  at CORU  And  (ii) Practitioners must confirm annual registration with CORU to the HSE by way of the  annual Patient Safety Assurance Certificate (PSAC).  3. 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.  4. Character  Candidates for and any person holding the office must be of good character. |
| **Post specific requirements, additional qualifications and / or experience** | Experience  • Experience of working with respiratory patients including Bronchiectasis, asthma and COPD.  • Evidence of Exercise Training for Chronic Respiratory Disease  • Evidence of supervision and development of students, junior staff and/ assistants.  • Evidence of participation in research/audit  • Experience of running pulmonary rehabilitation programme  • Experience of working in a community setting  • Demonstrate experience working in respiratory care to include care/management of acute exacerbations/presentations and management of chronic lung disease   * Demonstrate ability to develop new initiatives and manage change * Experience of leading and developing teams   Evidence of further formal study e.g. Post Graduate course / Continuing Professional Development (CPD) in Pulmonary Rehabilitation relevant respiratory courses |
| **Other requirements specific to the post** | Access to own transport as a significant portion of the appointees work will be carried out “offsite”. This means that the appointee’s place of work will be in local health / primary care centres to perform duties related to the role. |
| **Skills, competencies and/or knowledge** | ***Skills***   * To provide specialist physiotherapy assessment of patients including those with highly complex presentations and from this formulate a diagnosis and treatment plan. * Knowledge and experience of working with respiratory patients including Bronchiectasis, asthma, COPD. * Knowledge of the evidence of Exercise Training for Chronic Respiratory Disease * Knowledge of the principles of Pulmonary rehabilitation * Knowledge of the management of acute exacerbations, admission avoidance and integrated care * Extensive experience of working within a multidisciplinary team * Comprehensive experience as a clinical educator of physiotherapy students and staff grade physiotherapists * An ability to work individually and as part of the wider MDT and communicate appropriately with all grades of staff, patients and their families. * Experience of presenting to mixed audiences e.g. Patient groups, nursing staff, other HSCP’s and GPs   ***Knowledge and abilities***   * Ability to motivate and develop junior members of the team to perform at a high level and be a good role model * Ability to motivate patients to participate in treatment and educate them and their families regarding different treatment modalities * Ability to manage own workloads and have the ability to manage, organise and supervise the workload of others when required   ***Personal Qualities***   * Be a team player and be instrumental in achieving team goals * An ability to empathise and reassure * To have a personal interest in fitness and wider healthy and active lifestyles and actively promote these values |
| **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 Code of Practice sets out how the core principles of probity, merit, equity and fairness might be applied on a principle basis. The Code also specifies the responsibilities placed on candidates, feedback facilities for candidates on matters relating to their application, when requested, and outlines procedures in relation to requests for a review of the recruitment and selection process, and review in relation to allegations of a breach of the Code of Practice. Additional information on the HSE’s review process is available in the document posted with each vacancy entitled “Code Of Practice, Information For Candidates”.  Codes of Practice are published by the CPSA and are available on [www.hse.ie](http://www.hse.ie) in the document posted with each vacancy entitled “Code of Practice, Information For Candidates” or on [www.cpsa-online.ie](http://www.cpsa-online.ie). |
| The reform programme outlined for the Health Services may impact on this role and as structures change the job description and reporting relationships may be reviewed.  This job description 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. | |

**Clinical Specialist Physiotherapist**

**Terms and Conditions of Employment**

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| **Tenure** | The appointment is permanent and pensionable. Appointment as an employee of the Health Service Executive is governed by the Health Act 2004 and the Public Service Management (Recruitment and Appointment) Act 2004. |
| **Remuneration** | The Salary Scale for the post as of March 2025 69,998 71,349 72,737 74,117 75,496 76,949 78,478 80,004 81,228  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 weekly working hours of attendance for your grade are **35** hours per week. Your normal weekly working hours are **35** hours. Contracted hours that are less than the standard weekly working hours for your grade will be paid pro rata to the full time equivalent. |
| **Annual Leave** | The annual leave associated with the post is: 30 days as per Circular 005/2009 |
| **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. |
| **Superannuation** | All pensionable staff becomes members of the pension scheme. |
| **Probation** | Every appointment of a person who is not already an 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 Persons Reporting Child Abuse Act 1998** | This post is one of those designated in accordance with Section 2 of the Protection of Persons Reporting Child Abuse Act, 1998. You will remain a designated officer for the duration of your appointment in this post or for the duration of your appointment to such other post as is included in the categories specified in the Ministerial Direction. Such officers will, on receiving a report of child abuse, formally notify the Senior Social Worker in the community care area in which the child is living. |