HSE National Job Specification Template V.23

Locum Consultant Medical Ophthalmologist

**Job Specification & Terms and Conditions**

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| **Job Title, Grade Code** | Locum Consultant Medical Ophthalmologist (0.5 WTE) (Grade Code 1150)  HSE West and North West Region  Oftalmeolaí Míochaine Comhairleach (0.5 WTE) |
| **Remuneration** | The salary scale for the post is:  The Department of Health Salary Scale (01/08/2025) for the post is:  €233,527, €246,150, €259,475, €266,489, €273,501, €280,513  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. |
| **Campaign Reference** | WNW014 |
| **Closing Date** | Tuesday 14th October 2025 @ 5pm |
| **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** | Ideally, the successful candidate will take up duty no later than 2 months of being interviewed |
| **Location of Post** | Roscommon Primary Care Centre  Galway University Hospital  There is currently specified purpose / part time vacancy available in Medical Ophthalmology  A panel may be formed as a result of this campaign for Locum Consultant Medical Ophthalmologist from which current and future, specified purpose vacancies of full or part-time duration may be filled. |
| **Informal Enquiries** | We welcome enquiries about the role.  Contact Colette McGinty, A/General Manager, Primary Care Services Email: gmpcmayo.rosc@hse.ie for further information about the role.  Contact Lorraine Gleeson, Medical Workforce Manager Email: Lorraine.gleeson@hse.ie for enquiries relating to the recruitment process. |
| **Details of Service** | The Roscommon Community Ophthalmic Service is one of three Medical Ophthalmic service sites in HSE West and North West Region, the other two being in Mayo & Galway. The service delivery model is to become closely aligned to the Primary Care Eye Model of Care (PCESRS, 2017) and provide multidisciplinary outreach Ophthalmic services in Community Health Networks in Roscommon organised from a central hub in Roscommon Primary Care Centre. There may be a requirement to deliver eye care in bordering parts of Mayo or Galway as required if Community Networks are reconfigured in response to changing patient demographics.  The service delivery model will be closely integrated with Galway University Hospital (the tertiary unit), Diabetic Retinopathy Screening Service, General Practitioners, Public Health Nurses, private Optometrists, the Irish College of Ophthalmology and voluntary agencies such as the NCBI. Medical Ophthalmology services in Roscommon are provided by a multidisciplinary team of a Consultant Ophthalmologist, an Orthoptist, and administration staff.  The team offers Ophthalmic assessments, diagnostics, treatment and evaluation of care on an outpatient / day case basis for the following conditions;   * cataracts, paediatric ophthalmology, glaucoma, diabetes, medical retina, macular degeneration, neurological and auto immune. |
| **Reporting Relationship** | The Consultant’s reporting relationship and accountability for the discharge of his/her contract is:   * + 1. to the Chief Executive Officer/General Manager/Master of the hospital (or other employing institution) through his/her Clinical Director[[1]](#footnote-2) (where such is in place). The Hospital Group Chief Executive Officer or Chief Officer, Community Health Organisation may require the Consultant to report to him/her from time to time.     2. The Consultant Medical Ophthalmologist will report through the Head of Primary Care to the Regional Clinical Director within the HSE West and North West Region Consultant's reporting relationship and accountability for the discharge of his/her contract is in the case of a Consultant Medical Ophthalmologist through the Clinical Lead Ophthalmology in Galway University Hospital and the Associate Clinical Director Medicine Directorate Galway University Hospital to the Chief Executive Officer of HSE West and North West Region.   This position affords the opportunity for the post holder to rotate between the community based post in Roscommon and the Ophthalmology Department Galway University Hospital as part of a local work practice arrangement as agreed within the Medicine Directorate and the Regional Clinical Director and Head of Primary Care HSE West and North West. |
| **Key Working Relationships** | The Roscommon Community Ophthalmic Service is structured as follows  •0.5 WTE Community Ophthalmic Physicians – (0.5 WTE posts vacant – suppressed to allow Consultant appointment)  •1 WTE Ophthalmic Technician (business case submitted)  •1 WTE Ophthalmic Nurse  •1 WTE Orthoptists – (newly appointed)  •1 WTE Manager – (Covering Galway, Mayo and Roscommon)  •2 WTE Clerical Administration Staff |
| **Purpose of the Post** | The Primary Care Consultant Medical Ophthalmologist will facilitate the enhancement of existing community eye care services in Roscommon linked to the tertiary Ophthalmology Unit in GUH as outlined in the PCESRG (2017). They will work with their counterparts in Mayo & Galway to provide clinical governance for the eye service in Roscommon, Galway, Mayo, HSE West and North West Region. |
| **Principal Duties and Responsibilities** | Standard Duties and responsibilities   1. To participate in development of and undertake all duties and functions pertinent to the Consultant’s area of competence, as set out within the Clinical Directorate Service Plan and in line with policies as specified by the Employer. 2. To ensure that duties and functions are undertaken in a manner that minimises delays for patients and possible disruption of services. 3. To work within the framework of the hospital / agency’s service plan and/or levels of service (volume, types etc.) as determined by the Employer. Service planning for individual clinical services will be progressed through the Clinical Directorate structure or other arrangements as apply. 4. To co-operate with the expeditious implementation of the Disciplinary Procedure (attached at Appendix II). 5. To formally review the execution of the Clinical Directorate Service Plan with the Clinical Director / Employer periodically. The Clinical Directorate Service Plan shall be reviewed periodically at the request of the Consultant or Clinical Director / Employer. The Consultant may initially seek internal review of the determinations of the Clinical Director regarding the Service Plan. 6. To participate in the development and operation of the Clinical Directorate structure and in such management or representative structures as are in place or being developed. The Consultant shall receive training and support to enable him/her to participate fully in such structures. 7. To provide, as appropriate, consultation in the Consultant’s area of designated expertise in respect of patients of other Consultants at their request. 8. To ensure in consultation with the Clinical Director that appropriate medical cover is available at all times having due regard to the implementation of the European Working Time Directive as it relates to doctors in training. 9. To supervise and be responsible for diagnosis, treatment and care provided by non-Consultant Hospital Doctors (NCHDs) treating patients under the Consultant’s care. 10. To participate as a right and obligation in selection processes for non-Consultant Hospital Doctors and other staff as appropriate. The Employer will provide training as required. The Employer shall ensure that a Consultant representative of the relevant specialty / sub-specialty is involved in the selection process. 11. To participate in clinical audit and proactive risk management and facilitate production of all data/information required for same in accordance with regulatory, statutory and corporate policies and procedures. 12. To participate in and facilitate production of all data/information required to validate delivery of duties and functions and inform planning and management of service delivery. 13. To carry out teaching as appropriate.   **Education, Learning & Professional Development**   * Regularly update own knowledge and demonstrate a commitment to personal and professional development. * Participate in mandatory training or other in-service training as required.   **Health and Safety**   * Advise on improvements that are required regarding equipment fixtures/fittings to provide quality care. * Assist in observing and ensuring implementation and adherence to established * Policies, and procedures e.g. health and safety, infection control, storage and use of controlled drugs etc. * Ensure a safe environment for patients, relatives, staff and visitors in accordance with the obligations under the Health and Safety Legislation 2005.   **Quality, Risk and Patient Safety**   * Participate in the Roscommon, Galway, Mayo, HSE West and North West Region Quality and Patient Safety Management agenda and contribute to on-going monitoring, audit and evaluation of the service as appropriate. * Participate in quality and patient safety improvement initiatives, as required.   **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** | **Professional Qualifications**  Registration as a specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the specialty of Ophthalmology.  **Entry to competition / recruitment process**  No candidate will be appointed as a Medical Consultant unless (s)he is registered as a Specialist in the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland.  **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** | **Clinical Practice Duties**   * The Primary Care Consultant Medical Ophthalmologist will provide specialist and subspecialist eye-care services.   **Subspecialist eye services delivered will include;**   * Medical retina * Paediatric Ophthalmology * Glaucoma * Minor procedures * Implementation of the cataract pathway.   **Medical retina will include;**   * The management of age-related macular degeneration, retinal vascular occlusions, hereditary eye diseases, diabetic eye disease and uveitis/ocular inflammation * The administration of intravitreal injections will be essential   **Paediatric Ophthalmology will include;**   * The management of children referred by GPs, acute hospitals, schools medical services etc. * Pre and post-operative management of patients requiring squint surgery * Clinical oversight of amblyopia treatment services.   **Development & management of glaucoma services in the community will include**   * Glaucoma laser treatments * Mainstreaming of selective laser trabeculoplasty * Review and medical management of glaucoma patients   **Delivery of the specialist and subspecialist eye care is dependent on local need and will include interpretation of complex imaging of the ocular anatomy including but not limited to;**   * Retinal photography * Optical coherence tomography (OCT) * OCT angiography (OCTA) * Fluorescein angiography (FFA) * Indocyanine green (ICG) * Perimetry, * Ocular electrophysiology   Other subspecialists may be required in the future based on local needs analysis.  The post holder will also be responsible for:   * Developing evidence based Medical Retina and intravitreal care pathways specific to the needs of the local population and context in CHO2 * Establishing a community intravitreal injection suite in Primary Care CHO2 * The administration of intravitreal Injections * Establishing a medical retina unit in CHO2 in collaboration with the Diabetic Retina Screening Service * Supporting digital systems that may be used to manage the caseload * Development and implementation of a cataract pathway in conjunction with GUH   Providing leadership and governance for the Ophthalmology Clinic in Roscommon, seeing both paediatrics and general Ophthalmology patients.   * The provision of clinical oversight and governance to the multidisciplinary eye team in Primary Care * The provision of a minor operations list * Support to patients with visual impairment and organisation of access to visual rehabilitation and social support services   Education, Learning & Professional Development   * Regularly update own knowledge and demonstrate a commitment to personal and professional development. * Participate in mandatory training or other in-service training as required.   Health and Safety   * Advise on improvements that are required regarding equipment fixtures/fittings to provide quality care. * Assist in observing and ensuring implementation and adherence to established * Policies, and procedures e.g. health and safety, infection control, storage and use of controlled drugs etc. * Ensure a safe environment for patients, relatives, staff and visitors in accordance with the obligations under the Health and Safety Legislation 2005.   Quality, Risk and Patient Safety   * Participate in the CHO2 Quality and Patient Safety Management agenda and contribute to on-going monitoring, audit and evaluation of the service as appropriate. * Participate in quality and patient safety improvement initiatives, as required.   The above Job Description 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 and to contribute to the development of the post while in office. |
| **Other requirements specific to the post** | * Access to own transport is essential as the post is community based and will involve travel * participate in an on-call rota |
| **Skills, competencies and/or knowledge** | **Working with Others**   * Develops networks and works in partnership with patients/service users, carers and colleagues within and across systems to deliver and improve services. * Builds and maintains relationships, listening, supporting others, gaining trust and showing understanding. * Encourages contribution creating an environment where others have the opportunity to contribute. * Works within teams to deliver and improve services.   **Managing Services**   * Contributes to the development of business and service plans to achieve service goals. * Manages resources to ensure the delivery of safe and efficient services. * Manages people by providing direction, reviewing performance, motivating others and promoting equality and diversity. * Manages performance, holding themselves and others accountable for service outcomes.   **Setting Direction**   * Identify the contexts for change, demonstrating awareness of the political, social, technical, economic, organisational and professional environment. * Applies knowledge and evidence, gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvement. * Makes sound evidence based decisions consistent with the values and priorities of the organisation and profession. * Measures and evaluates outcomes taking corrective action where necessary and being accountable for decisions.   **Improving Services**   * Ensures patient safety by assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety. * Critically evaluates services to identify where services can be improved, working individually or as part of a team. * Encourages improvement and innovation, creating a climate of continuous service improvement. * Facilitates transformation, actively contributing to change processes that lead to improved healthcare.   **Demonstrating Personal Qualities**   * Is aware of own values, principles and assumptions and is able to learn from experience. * Organises and manages self while taking account of the needs and priorities of others. * Learns through participating in continuing professional development and from experience and feedback.   Acts with integrity, behaving in an open, honest and ethical manner**.** |
| **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 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. | |

**Locum Consultant Medical Ophthalmologist**

**Terms and Conditions of Employment**

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| **Tenure** | The current vacancy available is temporary and part-time 18.5 hours per week.  The post is pensionable. A panel may be created from which 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. |
| **Working Week** | The standard weekly working hours of attendance for your grade are **37** hours per week. Your normal weekly working hours are **18.5** 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 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.  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[[2]](#footnote-3), 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[[3]](#footnote-4). * 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. [↑](#footnote-ref-2)
2. 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-3)
3. [↑](#footnote-ref-4)