

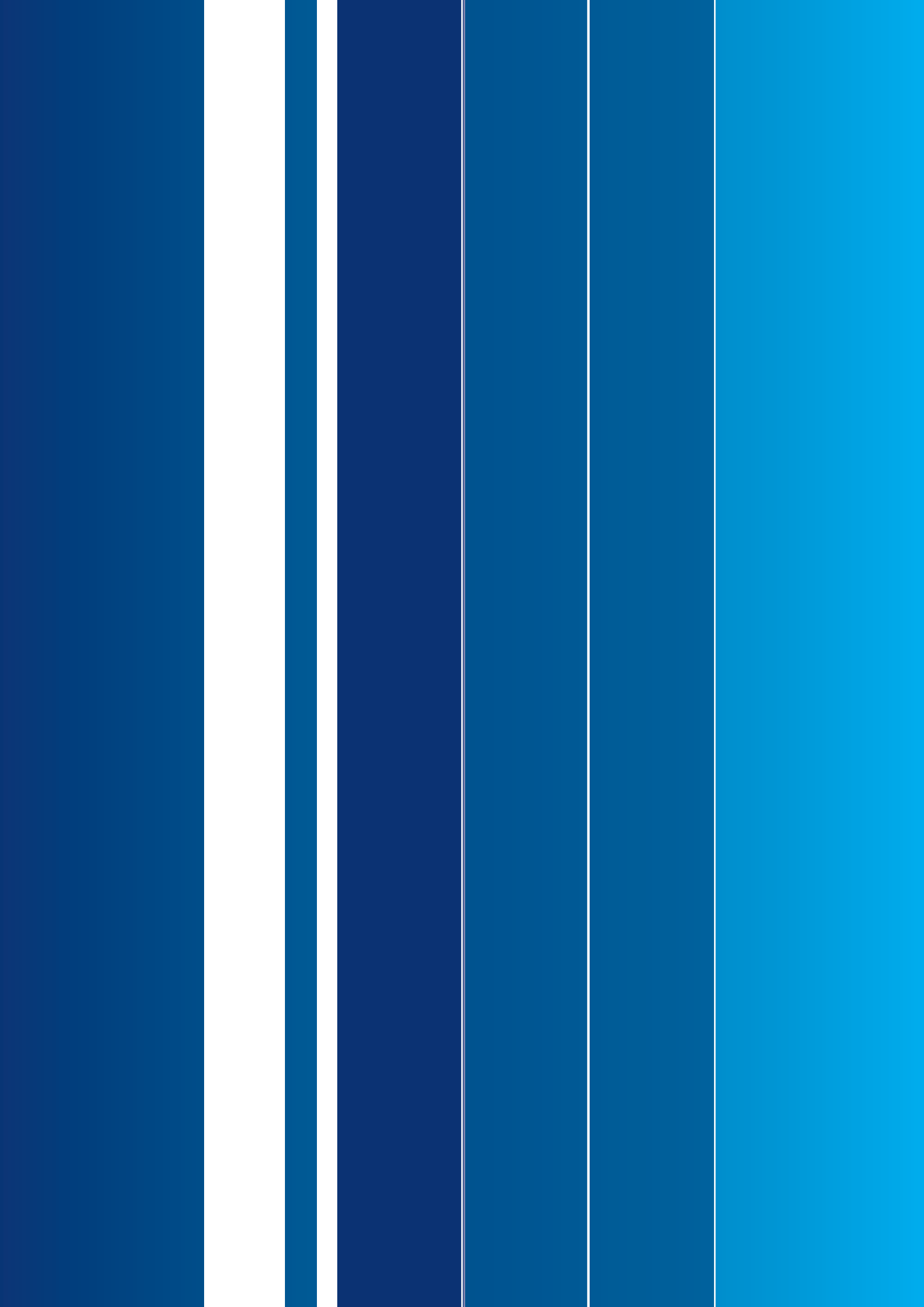
PRACTICE NURSE INFORMATION BOOKLET FOR GENERAL PRACTICE



Primary Care Unit
Block E, Westland Park
Nangor Road
Dublin 12



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



INTRODUCTION

This “Practice Nurse Information Booklet for General Practice” is compiled based on information that has been requested or questions I have been asked since taking up the post of Professional Development Co-Ordinator for Practice Nurses. The advice given is meant to be used as a template from the point of recruitment and the interview process through to the induction period for a practice nurse new to the general practice setting.

The job description and the sample contracts outline the recommended minimum requirements that an employer is obliged to provide as per the Health Service Employment Agency.

They can be **used as guideline or template for drawing up your own employment contract.**

If you have never recruited staff for your practice, the information contained in this pack should prove useful.

I would like to acknowledge the support of and express thanks to:

- Health Service Executive (HSE)
- Primary Care Unit
- Primary Care Manager
- GP Unit Doctors
- Health Service Employment Agency (HSEA)
- Employment Equality Agency
- Irish Nurse's Organisation

Rita Lawlor

September 2008





PRACTICE NURSE INFORMATION BOOKLET

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Rita Lawlor

Professional Development Co-Ordinator for Practice Nurses

Ph: 01 4609686, Mobile: 086 3837432, email: rita.lawlor@hse.ie

HSE- Dublin Mid Leinster

Role of the Professional Development Co-ordinator for Practice Nurses

The HSE Dublin Mid Leinster is committed to the support and development of primary care services. Practice nursing makes a contribution to service provision within general practice and in recognition of this, where applicable, the HSE provides subsidies for the employment of practice nurses. The role of the Professional Development Co-ordinator (PDC) is therefore a facilitative one, having regard to the independent contractor status of general practitioners (GP) and the GPs position as the employer of the practice nurse.

Background

The origins of the post of Professional Development Co-ordinator for Practice Nurses are based in the Commission on Nursing which undertook a review of all aspects of the nursing profession. The Commission made many recommendations regarding the future development of the nursing profession including:

“There is a need for the profession to take greater responsibility for its own regulation and practice...”(1)

The consultative process identified an increasing demand for and proliferation of post-registration education for the profession. The Commission recommended the establishment of a National Council for the Professional Development of Nursing and Midwifery. The brief given to this Council was ‘to bring a coherent approach to the progression of specialisation and the development of clinical career pathways for nursing and midwifery’. (2)

One of the new specialist areas of nursing, practice nursing sought professional support. *“Practice nurses in submissions to the Commission have requested a closer relationship with health boards to provide support for their professional development. The private contractual relationship between independent general practitioners and practice nurses is a unique relationship in nursing which offers numerous advantages to nursing. In addition to the support and assistance offered by general practitioners, the Commission considers that there is need for improved support and assistance for practice nurses from the health boards. The Commission recommends that the Nursing and Midwifery Planning and Development Unit in planning continuing professional development needs of nurses within the health board area should also assist the practice nurses in their professional development. The Commission also recommends that a practice nurse be attached to the General Practice Unit within the health board to assist in identifying and supporting the development needs of practice nurses.”*(3)

The position of Professional Development Co-ordinator for Practice Nurses was established by the Department of Health and Children following consultation with both the Irish Nurses Organisation and the Irish Medical Organisation. The post was welcomed by the Irish College of General Practitioners, Irish Practice Nurse Association and Irish Nurses Organisation.



Professional Development Co-ordinators (PDC) for practice nursing were appointed to each former health board area. In the Eastern Region they are based in the Primary Care Units with a professional reporting relationship to the Nursing Midwifery Planning and Development Unit (NMPDU). In recognition that practice nurses are accountable for decisions made in the course of their professional practice, the main responsibilities of the Professional Development Co-ordinator are as follows (4):

- **Liaison** – To liaise with the NMPDU on professional issues relating to practice nursing. To develop and maintain a good working relationship with practice nurses and general practitioners, and with all members of the primary/community services providers, including other professionals within the health service and other institutional and government bodies.
- **Support and Development of Practice Nurse Role** – To support the practice nurse in her role within primary care and to facilitate the professional development of practice nurses by assisting practice nurses to identify their own training needs.
- **Support and Assistance to General Practitioners** - To support and assist general practitioners on issues relating to practice nursing including, professional support, employment, and role.
- **Quality Assurance** - To support practice nurses in maintaining an up-to-date knowledge of trends in health and where possible sponsor and encourage attendance at courses/conferences.
- **Health Promotion** - Facilitating and providing practical advice and assistance to general practitioners and practice nurses in establishing health promotion activities with the aim of reducing the incidence of preventable diseases.
- **Research** - To undertake research appropriate to primary health care.

Continuing Professional Development

Practice nurses are accountable for decisions made in the course of their professional practice. They are accountable not only to their employer but also to the patient/client, and their regulatory body. It is vital for all nurses to engage in a process of lifelong learning to maintain his/her competencies and to practice effectively in a continuously changing health environment. "Continuing professional development is required in order to maintain and enhance professional standards and to provide the highest quality of health care; it should also contribute to the nurse's and midwife's personal development"(5) .

It is necessary for practice nurses to adhere to An Bord Altranais framework/guidelines when considering expanding their scope of practice. Currently post graduate training for general practitioners is four years, however the only stated educational requirement for a nurses to be employed as a practice nurse is that they are Registered General Nurses (RGN) or Public Health Nurses (PHN). Therefore while it is not compulsory to participate in post registration education, it is strongly recommended by An Bord Altranais in order to maintain the nurse's expertise. "Competence is not static"- Scope of Practice Framework, (2000) An Bord Altranais

It is essential that GPs support practice nurses in professional development. This support can be provided in a number of ways including provision of protected time, financial support for ongoing education, or provision/facilitation of on-site practice based training by the general practitioner.

Protocol for meeting GP's and practice nurses

The format for linking with practice nurses at present is as follows:

The PDC makes contact with the GP requesting that she meet with the GP and practice nurse in the surgery. A meeting is arranged for a suitable time and at an agreed venue. While it would be the intention to meet in the practice during working hours, meetings can be convened on or off site, within or outside working hours. These arrangements are a matter for local agreement between the practice nurse and the employing general practitioner and will be facilitated by the PDC.

Content of meeting

When the General Practitioner attends, his/her views on nursing within the practice are sought and consideration given as to how this can be supported.

The PDC's role focuses on continuing professional development of the practice nurse. Terms of employment are outside of this remit and are therefore not discussed.

The importance of ongoing education and lifelong learning is highlighted by the PDC, taking cognisance of the significant role of the GP in this regard.

The practice nurse may identify areas where training was received and may highlight areas where further education is required.

Areas that the practice nurse would like to develop in the practice based on the population needs are often identified.

The Scope of Practice Framework and its importance for nursing and midwifery practice are discussed.

Joint collaboration with other primary care professionals.

Contact details are given and a follow up meeting is arranged if necessary.

Linkages with General Practitioners

Periodically the PDC liaises with GPs and offers to assist and support them on issues relating to practice nursing including, employment, role and professional support.

References

Report of the Commission on Nursing A Blueprint for the Future. (1998) Government Publications Dublin p.8

Ibid p.11

Ibid 8.53 Professional Support for Practice Nurses page 159.

Circular 11/2002 Department of Health and Children, Hawkins House, Dublin 2

Scope of Nursing & Midwifery Practice Framework, An Bord Altranais, April 2000

Primary Care Unit

HSE - Dublin Mid Leinster



THE ROLE OF THE PRACTICE NURSE:

Many nurses who go into general practice have acquired a wealth of knowledge and skills gained in several areas of nursing. This experience is usually obtained in a secondary care setting, however with time and education new skills relevant to Primary Care can be achieved. Initially, working as a lone practitioner of nursing can be isolating and daunting for both the nurse and the general practitioner, especially if the doctor has not worked with nurses for some time. General practice nursing is a very varied role and has the potential to offer a holistic approach to primary care. In contrast with hospital care, most of the patient population are healthy. This is where the practice nurse has a vital role in preventative care through patient education and health promotion.

No two surgeries are the same. Therefore prior to recruiting a practice nurse, it is advisable for the employing GP to identify some areas of clinical practice where a nursing service would be beneficial to best serve your practice population. **Matching the qualifications of the nurse with the patient profile of the practice will ensure competency in the delivery of care.**

For example:

Are there a large number of elderly patients attending the surgery who require education and management of the following conditions?

- Cardio-Vascular Disease
- Diabetes Care
- Wound Management
- Respiratory Conditions
- Smoking Cessation
- Weight Management Clinics

Are the population attending your practice mainly young children where the management of the following is required?

- Asthma – management and education
- Immunisations (both the administration of and recalling defaulters)

Do you have many women/men attending the surgery for the following?

- Well women/man-screening checks
- Travel health and immunizations
- Ante natal care (the practice nurse should have a midwifery qualification to provide this service in total)
- Cervical screening
- Breast awareness education
- Continence promotion
- Sexual health screening
- Family planning/ pre conception advice

Do you have patients attending your surgery who are on a Methadone Treatment Programme?

It is recommended that any practice nurse involved in caring for this group of patients should complete the Substance Misuse Level 1 Training course conducted by the Irish College of General Practitioners (ICGP).

The above highlights areas where there is scope for professional development. It also highlights opportunities for practice nurses to expand the general practice services relevant to the needs of the practice population. However, if a nurse new to general practice does not have all the knowledge and skills initially required to manage the proposed caseload, there are various opportunities for ongoing education and professional development.

Like the medical profession, nurses have to practice within certain limits. The Scope of Practice Framework refers to the range of roles, functions, responsibilities and activities, which a registered nurse or registered midwife has the education, competencies and the authority to perform. (An Bord Altranais 2000). The nurses' knowledge and experience in the clinical area required must be considered when delegating tasks.



A GUIDE TO RECRUITING A PRACTICE NURSE

Primary Care is the only area of healthcare that does not have a waiting list policy. Therefore it is always very busy. In 1999 there were 500 practice nurses in Ireland, currently there over 1200 nurses employed in general practice. The time has come for you to recruit a Practice Nurse to join your Primary Care team but you are unsure how to go about the process. Having taken into account the benefits of providing a nursing service in general practice and the advantages a practice nurse will provide to the practice population, now where do you start?

This “Practice Nurse Resource Pack” is an information pack to assist general practitioners in this process by giving you the relevant information on getting started.

The Recruitment Process

Before advertising the post it is useful to identify the need to recruit a nurse to your practice. Consider the following:

- Why do I need to employ a nurse now?
- What are the nursing services that practice nurses provide in general practice?
- What volume of work is there for a nurse in this practice?

The Job Description

Setting out a job description highlights the main duties and responsibilities of the job. It informs the candidate with a clear understanding of what the role entails. It also enables applicants decide if they should apply or have the competences for the job e.g. full time position v nurse available for part time hours. Below is a template for a job description:

- **Job Title**
- **Location(s)**
- **Reporting Relationships**
- **Purpose of the Role**
- **Main duties and responsibilities-** a broad list of the main duties should be outlined. A flexibility clause may be included e.g. In addition to your normal duties, you may be required to undertake other duties appropriate to your position and in line with your level of competency.
- **Hours of Duty (including additional hours if necessary)**
- **Salary**
- **Any Special Conditions** e.g. to work unsocial hours

Advertising the Position

Many practice nurses are recruited by “word of mouth”. However, in order to broaden the range of applicants it is suggested to advertise in both nursing and medical journals, relevant web sites or nursing colleges all of which have a broad readership.

Below is a suggested list of relevant publications:

Title	Contact	Published
Nursing in General Practice Greencross Publishing Lower Ground Floor 5 Harrington St. Dublin 8	Maura Henderson 087 2780607 01 4789770 Email: maura@greencrosspublishing.ie	Bi- monthly
World of Irish Nursing 25 Adelaide St. Dun Laoghaire Co. Dublin	Ph 01 2803967 Fax 01 2807076 Email leon@medmedia.ie	Monthly
Irish Medical News Taney Hall Eglinton Terrace Dundrum, Dublin 14	Ph 01 2960000 Fax 01 2960383 Email: liam@imn.ie	Weekly
Irish Medical Times Medical Publications (Ireland) Ltd, 24-26 Upp Ormond Quay, Dublin 7	Dylan Conway Ph 01 8176330 Email dylan.conway@imt.ie	Weekly
Nursing in the Community 25 Adelaide St. Dun Laoghaire Co. Dublin	Ph 01 2803967 Fax 01 2807076 Email leon@medmedia.ie	Bi- monthly

The advertisement should include details on the position such as

- Title of Post e.g. Practice Nurse, Advanced Nurse Practitioner, Clinical Nurse Specialist
- Essential/desirable qualifications
- Previous experience essential/desirable
- Hours - fulltime or part time
- Closing Date for applicants
- Contact Person e.g. Practice Manager

Care should be taken that the wording used does not deter potential applicants from any of the nine groups which leave you liable for a claim of discrimination. (See page 12.)



The legislation prohibits discrimination on the following nine grounds:

- **The gender ground:** A man, a woman or a transsexual person (specific protection is provided for pregnant employees or in relation to maternity leave);
- **The marital status ground:** Single, married, separated, divorced or widowed;
- **The family status ground:** A parent of a person under 18 years or the resident primary carer or a parent of a person with a disability;
- **The sexual orientation ground:** Gay, lesbian, bisexual or heterosexual;
- **The religion ground:** Different religious belief, background, outlook or none;
- **The age ground:** This applies to all ages above the maximum age at which a person is statutorily obliged to attend school;
- **The disability ground:** This is broadly defined including people with physical, intellectual, learning, cognitive or emotional disabilities and a range of medical conditions;
- **The race ground:** A particular race, skin colour, nationality or ethnic origin;
- **The Traveller community ground:** People who are commonly called Travellers, who are identified both by Travellers and others as people with a shared history, culture and traditions, identified historically as a nomadic way of life on the island of Ireland.

The Selection Process

The selection criteria should be based on the requirements of the job as set out in the job description and person specification.

Most question styles are open ended and should be related to the position e.g. Why do you want to do practice nursing?

Closed questions are used for clarification only.

The largest percentage of any interview consists of probing questions e.g. who, what, when where and why.

Most organisations use a marking system to identify evidence of competencies in e.g.

- Team working
- Leadership skills
- Qualifications/Experience
- Continuing Professional Development

THE INTERVIEW PROCESS

Once you have identified the areas that you require a nursing input into in your practice, you can draw up the job description. Do a brief summary of the applicants Curriculum Vitae and compare this with what you have identified as the needs of the practice. This will help to match the applicant's skills with the practice population needs. For example if your practice serves a largely elderly population and one applicant has extensive experience in neo-natal care, is that the best nurse to recruit?

It is a good idea to have a colleague who has worked with a practice nurse or an experienced practice nurse on the interview panel. They can provide knowledge of and insight into the role. Draw up an agreed list of questions and decide who will ask what. This will avoid overlap and will put a structure to the process. Decide how long each candidate will have. It is essential to set aside protected time for interviews in order to be fair to all parties. Always get one or two references from previous employers.

ESSENTIAL REQUIREMENTS

REGISTRATION

All applicants must be currently registered with the general division of An Bord Altranais and provide you with their personal identification number (PIN)

QUALIFICATIONS

While there is no mandatory training for practice nurses, all must be qualified general nurses or public health nurses (Department of Health Circular 5-89). Many nurses have further post graduate training e.g. midwifery, children's nursing, mental health or intellectual disability nursing. Some may have completed the Post Graduate Diploma in Practice Nursing from the Royal College of Surgeons Ireland (RCSI) or National University of Ireland Galway (NUIG) and have completed further education in asthma, diabetes or women's health. These additional qualifications are desirable but not essential. Original copies of qualifications should be furnished with the application form. All should be returned post interview.

EXPERIENCE

It is recommended that practice nurses should have a minimum of two years experience although four to five years post graduate experience is more desirable. This gives the nurse a greater opportunity to develop a broad and more diverse clinical background. Evidence of continuing professional development is essential. While the successful candidate will not have all the skills for primary care initially, evidence of ongoing education shows a willingness to undertake continuing professional development.

SKILLS AND ATTRIBUTES

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• An ability to work alone• An ability to work under pressure• Good communication skills• Good organisational skills | <ul style="list-style-type: none">• Good time management – plan workload• Use initiative• Motivated• Willingness to learn and undertake relevant training | <ul style="list-style-type: none">• Adaptable• Flexible• Safe practitioner within agreed parameters• Competent clinical skills |
|---|--|---|



SAMPLE – Successful Applicant

October 2007

Ms. Mary Murphy
Sea View
Cork.

RE: Practice Nurse - The Medical Centre, Cork

Dear Ms. Murphy

Further to your application and interview for the above post, I am pleased to inform you that the practice is now in a position to offer you a permanent whole-time / temporary / part time appointment, subject to the agreed conditions.

I enclose herewith an acceptance form for the post of practice nurse at the _____ (medical centre), _____ (location) you should complete and return to the Practice Manager.

Yours sincerely

Dr

SAMPLE

October 2007

Ms. Mary Murphy
Sea View
Cork

I am available to accept the appointment of practice nurse at the _____ Clinic from

Date: _____

(Please give approximately 2 weeks for your appointment to be processed)

SIGNED: _____

DATE: _____



SAMPLE- Unsuccessful Applicant

October 2007

Ms. Mary Murphy
Sea View
Cork

RE: Practice Nurse Position – The Medical Centre, Cork

Dear Ms. Murphy

I refer to your recent application and interview for the above post. I regret to inform you that you were not successful on this occasion.

I would like to thank you for your interest in applying for this post and wish you well in the future.

Yours sincerely,

Dr

INDUCTION PERIOD

Once you have recruited a new nurse to your team, now what? A period of orientation is recommended for the smooth transition of the new team member. This is essential if the nurse is not familiar with Primary Care. Introductions to all staff and their roles are necessary initially. For some new practice nurses, the only time they stood in a GP's surgery is when they were a patient themselves!

For the first day or two I recommend that nurses new to the general practice setting should not see patients straight away as they will not be in a position to offer a quality service. This serves several purposes:

- An opportunity for the practice nurse to familiarize him/herself with the appointment system, computer system, recall, record keeping and filing system, forms e.g. Special Type Consultation (STC) forms
- Meet and greet - an opportunity for the nurse to be introduced to patients and to outline the new service as they come to the surgery
- Organise treatment room and equipment, health promotion literature
- Display in the waiting room that a practice nurse has joined the team and is available for the following consultations.....
- Inform the secretarial staff regarding the services the practice nurse will provide which can be passed on to patients as they need an opportunity to adapt to a new person providing care for them in the surgery

For most new practice nurses, the isolation of practice nursing may be the initial adjustment to their new role. This can occur if they have previously been used to working as part of a multidisciplinary team within a larger organisation. Furthermore, new practice nurses may feel isolated professionally if there is no other nurse in the practice from whom they can get advice or seek clarification on general practice issues. Therefore the Professional Development Co-Ordinator for Practice Nurses is a valuable resource for both GP's and practice nurses and is available to support both during the transition phase. This support can be provided by

- a "mentoring" type relationship in the practice where advice and encouragement are given. GP's are busy and may not always have the time for the induction period
- information on relevant training courses for nurses based on identified needs
- advice on time and caseload management

These are skills that practice nurses will acquire in time. However, support in the very early stages will speed up the process and facilitate a more seamless transition into working in primary care.



CRITERIA FOR A CONTRACT OF EMPLOYMENT

Mr. David Hughes, MA,

Director of Industrial Relations, Irish Nurses Organisation

CONTRACT OF EMPLOYMENT

Establishing a Contract

A contract of employment is established when an offer of employment from an employer is accepted by the worker.

For the contract to be valid, there must be some consideration, or remuneration, for work done. Anyone who works for an employer for a regular wage or salary has automatically a contract of employment, whether written or not.

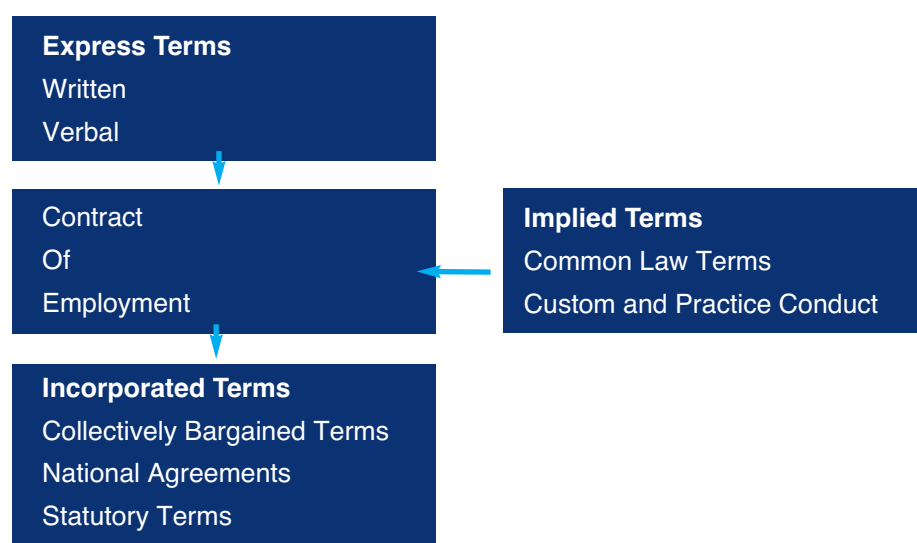
The contract may be either:

For the provision of ongoing employment.

For a fixed term.

For a specific purpose.

The contract is considered to involve express terms, implied terms and incorporated terms. The diagram below shows the relationship between the different terms.



The express terms are those which have been explicitly agreed between employee and employer in the verbal or written agreement.

The implied terms are the implications of common law which become part of the agreement. For example, the right to natural justice and the employer duty of care are implied terms on any contract of employment.

There are also implied terms which arise from custom and practice. An unusual feature of a contract of employment contract is that express terms can be modified by the implied terms of custom and practice.

Custom and practice refers to a consistent course of conduct which is observed by both workers and employers. The tea break is an example of a custom. Even if a tea break is not explicitly mentioned in a contract, it is established as a right by custom.

To be recognised by law, a custom must be reasonable, certain and notorious. The judge would decide whether the custom was reasonable. To be certain, it must be possible to specify precisely what the custom is. The requirement that it be notorious just means that it must be well known. Disputes over customs are more usually handled by industrial relations rather than through the law courts.

Workers must be cautious when asked to do something they feel is outside the normal range of duties of their job. They may agree to do it “under protest”. This would show that they accept the position of the person giving the order, whilst objecting to the content of the order. This way they ensure the range of duties in their contract is not modified “by custom and practice”.

The incorporated terms in a contract of employment arise from a variety of sources, such as collective bargaining agreements, national agreements or statutory requirements. For example, the principles of the Unfair Dismissals Acts, 1977-1993, are incorporated into all contracts of employments.

ENDING A CONTRACT

The contract begins when the offer of employment is accepted by the worker. It can come to an end in any of the following ways:

Expiry of Time Period

If the contract is a fixed term contract, then a specific period will be specified for the employment. The contract ceases when that time period is up.

Completion of Job or Task

If the contract is specified purpose, then it exists to do a specific job. The contract ceases when the job is done.

Resignation

The employee may choose to resign. The employer is entitled to at least one week’s notice from an employee who has been employed for thirteen weeks or more. A longer period of notice may be specified in the contract.

Retirement

An age of retirement may be specified in the contract, or the issue of voluntary retirement may arise.

Death or Ill Health

If the employee dies, then the contract is terminated. In certain cases, ill health can also terminate the contract.

Frustration

The contract may be brought to an end because circumstances have changed so that it is not possible to maintain it, though neither party intends to end it. For example, if the employee were unable to attend at the workplace for an extended period, the employer could claim that the contract was frustrated.



Dismissal

An employee may be dismissed for incapacity, incompetence or misconduct.

Constructive Dismissal

Constructive dismissal is where the employer reneges on some aspect of the contract, so that it becomes unacceptable for the worker to continue working.

Legal Requirement

If the continuation of the contract were to result in a breach of the law.

Other

The contract might also be ended through redundancy, lay-off or short-time, or the closure of the company.

CONTRACTS OF SERVICE AND CONTRACT FOR SERVICE

The law makes a distinction between a contract *of* service and a contract *for* service. Basically, a contract of service applies to an employee-employer relationship, while a contract for service applies in the case of an independent contractor. This distinction is of the utmost importance, since the protection of the employment legislation described in this course does not apply to independent contractors. See below a summary comparison of the two kinds of contract.

Contracts of Service	Contracts for Service
Employee-Employer relationship.	Employer-Independent Contractor relationship.
Usually a continuous relationship.	A relationship organised around the completion of a once-off piece of work.
A duty of care owed to employees.	The employer is generally not liable for the vicarious acts of independent contractors.
Protective legislation applies to contract.	In general, protective legislation does not apply, except for the Safety Health and Welfare at Work Act, 1989.
Wage/Salary payment method.	Various methods of payment including lump sum per job.
Subject of contract is to carry on continuous work.	Subject of contract is once-off job.

Source:

Adapted from Patrick Gunnigle, Gerry McMahon and Gerry Fitzgerald, *Industrial Relations in Ireland: Theory and Practice*, Gill and Macmillan, 1992, p.32.

THIS IS A SAMPLE CONTRACT ONLY- Indefinite Duration (Permanent employees)

Name & address of Employer

Name of Employee: _____

Reference Number: _____

Address of Employee: _____

Title

You are employed as _____

Commencement Date

Your employment with the _____ (*Employer*) will commence on _____ (*date*).

Probationary Period

A probationary period of one year shall apply from commencement of employment, during which the contract may be terminated by either party in accordance with the Minimum Notice and Terms of Employment Act, 1973-2001.

The probationary period may be extended at the discretion of management. Confirmation of your appointment as a permanent member of staff is subject to the successful completion of the probation period.

Location

You will be employed in _____ (*e.g. Surgery*).

Your initial assignment will be to _____ (*e.g. surgery if there is more than one premises*). You may be required to work in any service area within the vicinity as the need arises.

Reporting Relationship

You will report to _____ or other nominated manager (*e.g. GP Practice Manager*).

Duties

The main duties of your position are set out in the attached job description.

In addition to your normal duties, you may be required to undertake other duties appropriate to your position as may be assigned to you, including deputising as appropriate.

Policies/Legislation

You are required to comply with legislation /policies which have particular application to your position (*e.g. Trust in Care, Children First, etc.*). Details of these policies will be communicated to you by your manager.

Remuneration

The approved salary scale (*as at dd/mm/yyyy*) for your post is

(*list points on scale*)



You will be paid at the _____ point of the scale, i.e. ☐ _____ per annum, with an increment date of _____. This will be adjusted in line with any applicable nationally negotiated increases for your grade.

Statutory deductions will be made in respect of PAYE and PRSI (Class A).

You will be paid _____ (e.g. *fortnightly*) in arrears by paypath. Should you work part-time you will be paid on a pro-rata basis.

Required Hours of Attendance

The standard weekly working hours of attendance for your grade are _____ hours per week. Your normal weekly working hours are _____ hours. Contracted hours which are less than the standard weekly working hours for your grade will be paid pro rata to the full time equivalent.

You will be rostered over seven days of the week, i.e. Monday through Sunday. Starting / finishing times and duty days will be notified to you by your manager.

Where you are required to work unsocial hours and/or night duty you will be remunerated at the nationally approved rates for your grade.

You may be required to work overtime, remuneration for which will be in line with nationally approved rates for your grade.

Annual leave

Annual leave and public holidays are granted in accordance with the provisions of the Organisation of Working Time Act, 1997. The annual leave entitlement for your grade, based on the standard hours of attendance is _____ days per completed year of service. You are entitled to pro-rata of this amount for periods of employment of less than one year.

Superannuation / Pension

You will be covered by the terms of the _____ Superannuation Scheme. You will be required to contribute to the scheme. Details of the scheme are available from _____ **(This refers to HSE employees only)**

Performance Review

Your performance will be regularly reviewed during your employment which will involve discussions between you and your supervisor in relation to your performance and conduct.

Code of Conduct

You will be expected to abide by the staff rules, codes of conduct and dress as laid down by the _____ *(Employer)* from time to time.

Other employment

To ensure compliance with Section 33 of the Organisation of Working Time Act 1997, in respect of double employment and the number of hours worked during a reference period, the _____ *(Employer)* requests that you advise of any outside employment for which you receive remuneration.

You should not engage in any gainful occupation, other than as an employee of the _____ *(Employer)*, to such an extent as to impair the performance of your duties or which might be inconsistent with the discharge of your duties as an employee of the _____ *(Employer)*, or which conflicts with the interests of the _____ *(Employer)*.

Sick leave

You are covered by the _____ (*Employer's*) sick leave scheme, applicable to your grade, details of which are set out in the staff handbook.

Grievance Procedure

You have the right to seek redress in respect of any aspect of your terms and conditions of employment under the _____ (*Employer's*) grievance procedure. Should you have a grievance you should follow the grievance procedure which will be issued to you on commencement of your employment.

Disciplinary Procedure

The _____ (*Employer*) requires that you conduct your duties in such a way as to achieve high standards of work practice and patient care. In the event of your failure to achieve these standards the disciplinary procedure will be invoked. A copy of the _____ (*Employer's*) disciplinary procedure will be issued to you on commencement of your employment.

Health and Safety

The _____ (*Employer*) is committed to ensuring the safety, health and welfare of its staff and, to this end, a safety statement has been prepared setting out all the safety arrangements which are in force. All staff at the _____ (*Employer*) also have a legal obligation in relation to safety, health and welfare at work and are required to follow the guidelines contained in the _____ (*Employer's*) safety regulations / safety statement. You are obliged to familiarise yourself with the _____ (*Employer's*) safety regulations / safety statement arrangements in relation to your own employment and you have a responsibility to adhere to these at all times.

Confidentiality

You shall not discuss or disclose any information of a confidential nature except in the proper course of your employment.

Records / Property

You shall not remove any records belonging to the _____ (*Employer*) from the _____ (*Employer's*) premises at any time without proper advance authorisation.

You will return to the _____ (*Employer*) upon request, and, in any event, upon the termination of your employment, all records and property belonging to the _____ (*Employer*) which are in your possession or under your control.

Security

The _____ (*Employer*) reserves the right to search your person and property while on or while departing from the _____ (*Employer's*) premises.

Notice

The _____ (*Employer*) reserves the right to terminate this contract on the giving of the appropriate period of notice set down by the Minimum Notice and Terms of Employment Act, 1973-2001.

You will be required to give *the* _____ (*Employer*) at least two week's notice in writing of your intention to terminate your employment.



Retirement

The retirement age for staff employed by the _____(Employer) is 65 years*.

Staff handbook

A copy of the _____(Employer's) staff handbook is enclosed and forms an integral part of your contract.

Agreement

Your terms and conditions may be revised in accordance with agreements reached between the union representing your grade and the _____(Employer).

I accept and agree to be bound by the above terms and conditions.

SIGNED: (Employee)

DATE:

SIGNED: (Employer)

DATE:

THIS IS A SAMPLE CONTRACT ONLY - Fixed Term Employment - Temporary

Name & address of Employer

Name of Employee: _____

Reference Number: _____

Address of Employee: _____

Title

You are employed as _____.

Commencement Date

Your employment with the _____ (*Employer*) will commence on _____ (*date*).

Purpose, Duration and Termination

The _____ (*Employer*) requires short-term temporary staff for _____ (*e.g. summer period*). Your employment duration will be for the fixed-term period from _____ to _____.

Your employment with the _____ (*Employer*) shall cease on _____. The Unfair Dismissals Act, 1977-2001 shall not apply to your dismissal consisting only of the expiry of your contract on this date.

Location

You will be employed in _____ (*e.g. surgery*).

Your initial assignment will be to _____ (*e.g. surgery if there is more than one premises*).

You may be required to work in any service area within the vicinity as the need arises.

Reporting Relationship

You will report to _____ or other nominated manager (*e.g. GP, Practice Manager*)

Duties

The main duties of your position are set out in the attached job description.

In addition to your normal duties, you may be required to undertake other duties appropriate to your position as may be assigned to you, including deputising as appropriate.

Policies/Legislation

You are required to comply with legislation /policies which have particular application to your position (*e.g. Trust in Care, Children First, etc.*). Details of these policies will be communicated to you by your manager.



Remuneration

The approved salary scale (*as at dd/mm/yyyy*) for your post is

(*list points on scale*)

You will be paid at the _____ point of the scale, i.e. \square _____ per annum, with an increment date of _____. This will be adjusted in line with any applicable nationally negotiated increases for your grade.

Statutory deductions will be made in respect of PAYE and PRSI (Class A).

You will be paid _____ (*e.g. fortnightly*) in arrears by paypath. Should you work part-time you will be paid on a pro-rata basis.

Required Hours of Attendance

The standard weekly working hours of attendance for your grade are _____ hours per week. Your normal weekly working hours are _____ hours. Contracted hours which are less than the standard weekly working hours for your grade will be paid pro rata to the full time equivalent.

You will be rostered over seven days of the week, i.e. Monday through Sunday. Starting / finishing times and duty days will be notified to you by your manager.

Where you are required to work unsocial hours and/or night duty you will be remunerated at the nationally approved rates for your grade.

You may be required to work overtime, remuneration for which will be in line with nationally approved rates for your grade.

Annual leave

Annual leave and public holidays are granted in accordance with the provisions of the Organisation of Working Time Act, 1997. The annual leave entitlement for your grade, based on the standard hours of attendance is _____ days per completed year of service. You are entitled to pro-rata of this amount for periods of employment of less than one year.

Superannuation / Pension

You will be covered by the terms of the _____ Superannuation Scheme. You will be required to contribute to the scheme. Details of the scheme are available from _____ (**This refers to HSE employees only**).

Performance Review

Your performance will be regularly reviewed during your employment which will involve discussions between you and your supervisor in relation to your performance and conduct.

Code of Conduct

You will be expected to abide by the staff rules, codes of conduct and dress as laid down by the _____ (*Employer*) from time to time.

Other employment

To ensure compliance with Section 33 of the Organisation of Working Time Act 1997, in respect of double employment and the number of hours worked during a reference period, the _____ (Employer) requests that you advise of any outside employment for which you receive remuneration.

You should not engage in any gainful occupation, other than as an employee of the _____ (Employer), to such an extent as to impair the performance of your duties or which might be inconsistent with the discharge of your duties as an employee of the _____ (Employer), or which conflicts with the interests of the _____ (Employer).

Sick leave

You are covered by the _____ (Employer's) sick leave scheme, applicable to your grade, details of which are set out in the staff handbook.

Grievance Procedure

You have the right to seek redress in respect of any aspect of your terms and conditions of employment under the _____ (Employer's) grievance procedure. Should you have a grievance you should follow the grievance procedure which will be issued to you on commencement of your employment.

Disciplinary Procedure

The _____ (Employer) requires that you conduct your duties in such a way as to achieve high standards of work practice and patient care. In the event of your failure to achieve these standards the disciplinary procedure will be invoked. A copy of the _____ (Employer's) disciplinary procedure will be issued to you on commencement of your employment.

Health and Safety

The _____ (Employer) is committed to ensuring the safety, health and welfare of its staff and, to this end, a safety statement has been prepared setting out all the safety arrangements which are in force. All staff at the _____ (Employer) also have a legal obligation in relation to safety, health and welfare at work and are required to follow the guidelines contained in the _____ (Employer's) safety regulations / safety statement. You are obliged to familiarise yourself with the _____ (Employer's) safety regulations / safety statement arrangements in relation to your own employment and you have a responsibility to adhere to these at all times.

Confidentiality

You shall not discuss or disclose any information of a confidential nature except in the proper course of your employment.

Records / Property

You shall not remove any records belonging to the _____ (Employer) from the _____ (Employer's) premises at any time without proper advance authorisation.

You will return to the _____ (Employer) upon request, and in any event, upon termination of your employment, all records and property belonging to the _____ (Employer) which are in your possession and under your control.



Security

The _____ (*Employer*) reserves the right to search your person and property while on or while departing from the _____ (*Employer's*) premises.

Notice

The _____ (*Employer*) reserves the right to terminate this contract on the giving of the appropriate period of notice set down by the Minimum Notice and Terms of Employment Act, 1973-2001.

You will be required to give the _____ (*Employer*) at least two week's notice in writing of your intention to terminate your employment.

Retirement

The retirement age for staff employed by the _____ (*Employer*) is 65 years*.

Staff handbook

A copy of the _____ (*Employer's*) staff handbook is enclosed and forms an integral part of your contract.

Agreement

Your terms and conditions may be revised in accordance with agreements reached between the union representing your grade and the _____ (*Employer*).

I accept and agree to be bound by the above terms and conditions.

SIGNED: (*Employee*)

DATE:

SIGNED: (*Employer*)

DATE:

PRACTICE SUPPORT SUBSIDY – PRACTICE NURSE

A Practice Nurse Subsidy payment is made to doctors participating in the GMS scheme with a panel size of at least 100 patients. The payment will increase in bands of 100 with a maximum payment applicable at a panel size of 1,200. The subsidy rate applies to those staff employed on a full time basis and for staff not employed on a full time basis payment is made on a pro-rata basis.

G.P's in partnerships or group practices, may aggregate their panels when making an application for a subsidy. However in no circumstances shall a partnership or group practice qualify for a subsidy in respect of more than one practice secretary and/or practice nurse per contracting doctor in the practice.

Practice Support Subsidy Rates as of the 1st June 2007

Practice Nurse = Minimum subsidy based on panel size of 100 = € 3,220 per annum
Maximum subsidy based on panel size of 1200 + years experience **as a practice nurse**
outlined below

€34,041.47 per annum Year 1	€35,932.65 per annum Year 2
€37,823.85 per annum Year 3	€41,606.24 per annum Year 4

Over 70's only

Under the terms of the July 2001 Over 70's agreement, all GMS patients over 70 attract a weighting of 3:1 for the purposes of calculating panel size for Practice Nurse Support Subsidy. This reduces the effective maximum panel size for entitlement to a full practice support subsidy from 1200 to between 700 -900 patients.

In order to submit a claim for a practice subsidy the following must be submitted to the Primary Care Unit at the address below

- completed PSN 1 form (sample on next page)
- a copy of the contract of employment should be attached
- a current certificate of registration with An Bord Altranais
- evidence of relevant insurance

Where to obtain forms and send your claim:

Primary Care Unit,
Health Service Executive - Dublin Mid Leinster
Block E,
Westland Park,
Nangor Road,
Dublin 12.
Tel: 01 4609667 Fax: 01 4609697

SECTION A:

Notification to C.E.O. _____ HSE

By Dr. _____ Address _____

Re: Employment of

Practice Secretary

Practice Nurse

at my practice centre _____

with effect from _____

I request sanction for the payment of allowance(s) appropriate to my G.M.S. panel size (taken in conjunction with the panel size(s) of my partner(s).

Reg. No(s).

and the hours of employment of the practice staff indicated above.
Signed: Dr. _____

Reg. No.:

Date:

SECTION B:

A. Name of Practice Secretary/Nurse _____

Address _____

B. Date of commencement of Employment _____

C. Contract of Employment.

--

(Copy of Employment Contract must be supplied which will be returned after perusal by the HSE.)

D. Hours and Days of attendance

Total number of Hours per Week

--

E. Weekly Gross Salary (exclusive of Employer's P.R.S.I.) _____

Employer's P.R.S.I. No. _____ Employee's P.R.S.I. No. _____

F. Social Insurance Category _____

In the case of a Practice Nurse:

Insert P.I.N. No.

G. P.I.N. number with An Board Altranais

Current Certificate of Registration attached

H. Evidence of Insurance Cover in respect of the Terms of
Employment of the Practice Nurse attached

Name of Insurance Co.

Policy No.

Period of Cover

NOTES ON USE OF FORM

- (i) To facilitate processing of claims for payment of subsidies towards the cost of Practice Secretaries/Nurses, Doctors participating in the G.M.S. who are remunerated on a capitation basis should use a separate 4 part set to Notify their HSE of each Practice Secretary/Practice Nurse in their employ.
- (ii) **When completed, this 4 part set should be forwarded to the Primary Care Unit.**
- (iii) HSE will complete Section C on Parts 2, 3 and 4. Part 3 will be returned to the doctor indicating HSE approval to their claiming payment of subsidies provided for under Department of Health Circular 5/89. Part 2 will be forwarded to PCRS by HSE. Parts 1 and 4 will be retained by HSE.
- (iv) Upon receipt of the PSN/1 form from the HSE, the claim is processed by the PCRS. The Practice Support Subsidy is then generated.
- (v) Payment of Practice Support is paid on a monthly basis and is one month in arrears.
- (vi) Continuation of Practice Support Subsidy is dependant upon doctors returning to PCRS the P35, P35L and P60 forms at the end of the current tax year. A reminder form in respect of PSN/1P is sent before the end of the tax year. This can be photocopied for multiple employees.

PART 1

Nurse Start Up Grant.

A **once off Start Up Grant** of € 3,809 is available per practice in respect of preparation for the employment of a practice nurse, eg: purchase of equipment.

Funding is for the employment of a nurse in a practice for the first time.

The nurse must be registered with An Bord Altranais.

An application form must be completed and payment is subject to the submission of original receipts for expenditure incurred or in respect of work completed.

A sample of this form is shown on the next page.

Where to obtain forms and send your claims:

Primary Care Unit,
Health Service Executive - Dublin Mid Leinster
Block E,
Westland Park,
Nangor Road,
Dublin 12.

Tel: 01 4609667

Fax: 01 4609697



Application for the establishment of facilities to assist the Employment of a Practice Nurse

Funding in this regard is in respect of Practice Nurses employed in a practice in the year ____ only. Due to the limitation on funding not all applications received will be successful.

Funding is for the employment of a nurse in a practice for the first time.

Nurse must have commenced employment in your practice between 1st January 200__ and 31st December 200__.

Nurse must be registered with An Board Altranais.

Practice must have a GMS list.

Maximum Grant payable per practice is €3,809.00.

Doctors Name: _____

GMS Number: _____

Address: _____

Other Doctors Participating in Practice: _____

GMS Number (If Applicable): _____

Do you or have you in the past had a nurse employed in your practice? Yes / No ____

Brief description of work to be undertaken in preparation for the employment of a practice nurse:

Estimated Cost: _____

Have you received funding from the Primary care unit in the past for establishing facilities in preparation for the employment of a practice nurse? Yes / No _____

I understand that payment can be only made for preparation for the employment of a practice nurse who will commence employment in this practice for the first time prior to 31/12/200__. Allocations unclaimed at that date will be will automatically revert to the Primary Care unit for other development within general practice.

Payment will be made on submission of **original receipts** in respect of work completed and or equipment purchased in the provision of facilities for the employment of a practice nurse. Applications must be accompanied by confirmation that you are currently employing a practice nurse.

Signed (Doctor): _____ Date: _____

Please return completed form to: Primary Care Unit Health Service Executive Dublin Mid Leinster – Block E, Westland Park, Nangor Road, Dublin 12.

Irish Nurses Organisation Salary Scales from March 2008

(www.ino.ie)

Payment of 2.5% Towards 2016 Increase with effect from March 1 2008

Salary Scales Applicable from 1st March 2008 (Euro)										
Student Nurse(Degree Student 12 month rostered placement)	24,878									
Student Nurse Intellectual Disability (Degree student 12 month rostered placement)	24,878									
Staff Nurse (including...Registered Midwife Registered Sick Children's Nurse Registered Mental Handicap Nurse)	31,098	32,654	34,214	35,772	37,323	38,664	40,008	41,346	42,686	44,002
	LSI after 3 years on max									45,406
Senior Staff Nurse/Midwife	47,678									
Dual Qualified Nurse(Registered in any 2 of the 5 disciplines)	35,175	37,507	38,752	39,709	40,764	42,169	43,536	45,550		
	LSI after 3 years on max							46,956		
Senior Dual Qualified Nurse	49,304									
Clinical Nurse/Midwife Manager 1	44,866	45,721	46,929	48,156	49,365	50,581	51,938	53,201		
Clinical Nurse/Midwife Manager 2/ Clinical Nurse/Midwife Specialist	48,874	49,715	50,424	51,585	52,866	54,125	55,383	56,800	58,117	
	(plus allowance of €822 pa payable on a red-circle basis to Theatre/Night Sisters who were in posts on 5/11/'99)									
Clinical Instructor	51,076	51,932	52,566	53,743	54,929	56,203	57,495	58,779	60,062	



Frequently Asked Questions

When new personnel are recruited to join an existing team, they usually bring knowledge and experience gained from previous employments. New ideas and suggestions should be considered as an opportunity for discussion and change if that is necessary. Below are a sample of some of the day to day questions I have been asked by both the GPs and practice nurses in the past year.

Q. The practice nurse is interested in setting up an asthma clinic. Currently the practice operates a “walk-in, no appointment” policy. Are there any benefits in setting time aside for specialised clinics?

Many surgeries operate nurse-led clinics for a variety of conditions e.g. asthma, diabetes or women’s health. Some practice nurses may have done further education (either Diploma or Higher Diploma) in the relevant area. Setting protected time aside to manage certain conditions can be beneficial for both clients and clinicians. By completing a comprehensive assessment relevant to the condition and identifying areas of health promotion and education allows for a more structured approach to shared care. By GPs and practice nurses working collaboratively, they complement the care that each provides. It is useful to audit the clinic and review in perhaps six months. This will indicate its benefits or otherwise for both patients and practice.

Q. I am new to general practice nursing and find that there is a lot to learn across a wide variety of areas. In order to become competent in some of these areas, I require education and training. How do I go about this?

For most nurses who have previously worked in a secondary care setting, the broad scope of primary care can be daunting. Currently, there is no mandatory education for nurses who wish to work in general practice. However, initially it is important to identify the areas that you require training and education in. This is very much

dictated by the practice population needs and the local services available. Discuss these issues with the GP and with his/her permission-contact the Professional Development Co-Ordinator for Practice Nurses (PDC) in your area who will be able to advise you of training courses suitable to address your needs. Some practices have facilitated a “buddy system” where a new practice nurse can sit in and observe a more experienced practice nurse and will at first hand see the benefits of nursing in primary care.

Q. I would like the practice nurse to transcribe the hospital prescriptions onto the computer which I would check and then sign. This would save time. Is there any reason why this is not best practice?

Currently there is no legislation in Ireland for nurses to write (including transcribing) prescriptions. The Guidance to Nurses and Midwives on Medication Management (An Bord Altranais 2003 p5) states that “transcribing of medication orders should not occur in any setting where health care is provided. The responsibility for transcription should remain with the medical practitioner to prevent the possibility of error by another individual”.

Q. The Practice Nurse has suggested that we should have regular staff meetings. However, in a busy surgery this can be difficult to arrange. What do other practices do and how often should they be held.?

Sometimes when staff are used to working alone and autonomously the need to address the day to day issues of the practice may be overlooked. Some surgeries have clinical meetings and /or administrative meetings. The clinical meetings (for clinical staff only) are beneficial to reflect on clinical care and caseload management. They can also be used as a constructive teaching session. The practice administrative meetings (for all staff) are a useful method for the whole team to reflect on current practices and discuss any proposed changes in the surgery e.g. transferring from a ‘walk-in’ service to an appointment system. When the opinions of all staff are included in decisions they can feel a more valued team member and new changes may be implemented more efficiently. The regularity of the meetings will depend on the practice but quarterly meetings would seem sufficient.

USEFUL CONTACTS

An Bord Altranais,

18/20 Carysfort Avenue, Blackrock, Co. Dublin, Ireland

Tel: 01-639 8500

Fax: 01-639 8595

Website: www.nursingboard.ie

Department of Health and Children,

Hawkins House, Dublin 2 .

Tel: 01-6354000

Fax: 01-6354001

Website: www.dohc.ie

Email: customerservices@health.irlgov.ie

Health Promotion Department

3rd Floor, 52 Broomhill Road, Tallaght, Dublin 24.

Tel: 01-4632800

Fax: 01-4632840

Email: hpd@hse.ie

Provides free training course for all aspects of healthcare

Provides patient information leaflets immunisation record

booklets for surgeries

Library facilities

Cervical Check,

South West Wing, St. Joseph's Hospital,

Mulgrave Street, Limerick.

Tel: 1800 252 600

Website: www.cervicalcheck.ie

Email: info@cervicalcheck.ie

Responsible for the rollout of the national cervical programme

Provides training for GP's and practice nurses in smear taking

Irish College of General Practitioners,

4-5 Lincoln Place, Dublin 2.

Tel: 01-6763705

Website: www.icgp.ie

Email: info@icgp.ie

Continence Promotion Unit,

Health Services Executive, Shared Services,

Dr Steevens Hospital, Dublin 8.

Tel: 01-6352777/2775

Fax: 01-6352779

Email: cpu@hse.ie

Individual continence assessments for adults and children

Accepts referrals from GP's, practice nurses and public

health nurses

Immunisation: Marie Gleeson, Immunisation Co-Ordinator,

HSE Dublin Mid Leinster, Millennium Park, Oak House,

Naas, Co Kildare.

Tel: 045 882536

Fax: 1890 200 841

Email: marie.gleeson@hse.ie

Disseminates information on national issues in relation to immunisations to GP's and practice nurses.

National Information on www.immunisations.ie

Irish Practice Nurse Association, Local branches nationally

Tel: 087 1304115 - Administrator.

Email: ipna@gmail.com

A network for practice nurses to attend monthly educational meetings

National Council for the Professional Development of Nursing & Midwifery,

6-7 Manor Street Business Park, Manor St., Dublin 7.

Tel: 01-8825300

Fax: 01-8680366

Website: www.ncnm.ie

Email: admin@ncnm.ie

Supports funding applications for nurse practice development projects (not individual projects) nationally

Nursing and Midwifery Planning Development Unit (NMPDU),

Mill Lane, Palmerstown, Dublin 20.

Tel: 01-6201736

Processes Clinical Nurse Specialist and Advanced Nurse

Practitioner posts within the Eastern Region

Nursing & Midwifery Practice Development & Research

Nursing & Midwifery Workforce Planning

Nursing & Midwifery Education and Training

GP/HSE PARTNERSHIPS

A number of GP/HSE partnerships have been established which comprise of groups of GP's and local community health care professionals within the HSE. The partnership is headed by a management team structure. Based on the population needs, the following primary care services such as wound clinics, physiotherapy, smoking cessation clinics and the courier services have been developed through collaboration and multidisciplinary team working. In addition, links have also been established with secondary care providers.

South Inner City Partnership

Ellen O Dea, Manager, Primary Care, Meath Community Unit, Heytesbury St., Dublin 8.

Tel: 01-4545385

Fax: 01-4545553

Email: ellen.odea@hse.ie

Dublin South West Partnership

Dave Tully, Manager, Unit 10,

Cherry Orchard Hospital, Dublin 10.

Tel: 01-6206357

Fax: 01-6206394

Email: dswpartnership@hse.ie

Tallaght/Clondalkin Forum

Margaret Fitzpatrick, Manager, Health Centre,

Old County Rd., Crumlin Dublin 12

Tel: 01-4154708

Email: margaret.fitzpatrick@hse.ie

Kildare/West Wicklow Partnership

Siobhan Murphy, Manager, Beech House,

101-102 Naas Business Park,

Dublin Road, Naas, Co Kildare,

Tel: 045 981800

Fax: 045 981870

Email: siobhan.murphy2@hse.ie

Primary Care Unit
Block E, Westland Park
Nangor Road
Dublin 12



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive