

Implementation of a Consultant-led Public Health Model

“investing in, and resourcing of, public health and the establishment of a strengthened and reformed consultant-led future public health model is a priority.” - COVID-19 Resilience and Recovery 2021 – The Path Ahead.

The agreed vision of all parties involved in this engagement is a pathway to deliver a public health model which is aligned with international best practice.

Following intensive engagement, the parties are agreed that fundamental reform and strengthening of the Public Health function is required in order for it to fulfil its strategic leadership role in the planning and development of health services. This will require the implementation of a Consultant-led and Consultant-delivered Public Health model.

Implementation of this model will enable recruitment and retention of Public Health Consultants with the capability, autonomy, authority, accountability and leadership of multidisciplinary teams. This model will deliver an agile, dynamic, intelligence-led public health medicine service to protect the population from health threats, promote health, improve health services and tackle inequalities in health.

It has been long recognised that major reform of the Public Health Model is necessary. The past year has particularly highlighted the global threat to population health posed by novel infectious agents. It has also highlighted the critical national importance of a public health workforce with the capability to provide a robust, resilient, and responsive health protection response to those threats.

The establishment of Consultant in Public Health Medicine posts will be implemented on a phased basis. A critical element of the implementation of the future Public Health Model will be the development of robust KPIs which can be monitored at a national and regional level.

The role of Consultant in Public Health Medicine will involve significant leadership and management responsibilities, with delivery of enhanced efficiencies and productivity arising from multi-disciplinary team working. Most consultants in the future Public Health model will operate within a single domain of practice, enabling the development of a specialism and providing autonomy and authority to drive service improvements and policy implementation within their remit, allowing for development of new functions and responsibilities, for example:

- Responsibility to develop, implement, and deliver national and regional policies and programs, developing interagency and interdisciplinary strategic plans to deliver key public health performance indicators, including for example, improvements in population health outcomes and reductions in risk factors,
- The establishment and management of robust public health support functions including, for example: Guideline process development unit, research training and statistics support, audit and quality assurance, business intelligence and IT systems,
- Defined public health responsibility and accountability to ensure evidence-based, data-driven decision making with a strong emphasis on prevention are core to the planning, monitoring and evaluation of services which will lead to improved population health, improved health services and will enable integrated health and social care, supporting and contributing to the implementation of Sláintecare.

Public Health Reform Model

There is agreement to the introduction of a fundamentally reformed and strengthened model for public health in Ireland in line with international best practice and the recommendations of the Crowe Horwath report.

There is agreement to establish and introduce the grade of Consultant in Public Health Medicine.

Supporting the Pandemic Workforce Plan and finalisation of the Public Health Reform Model

Provision has been made in Budget 2021 to double the public health workforce through implementation of Multi-Disciplinary Teams. Recruitment will be accelerated and supported by this agreement to ensure the availability of sufficiently resourced multi-disciplinary teams at a national and regional level.

Core multi-disciplinary teams are being introduced regionally for all domains of practice and resources are being recruited in line with the pandemic plan. There is agreement to continue to support the implementation of the Pandemic Workforce Plan in the first instance and the subsequent reallocation across other domains of public health practice.

There is agreement to participate in and co-operate with the process to finalise the Model as a matter of priority. A validation process in line with the work undertaken in relation to implementing Crowe Horwath will be completed.

Consultant in Public Health Medicine

Posts and timeline

Phase 1 - 34 priority posts in place by end June 2022

The priority posts in 2021 will include a focus on Health Protection and Regional Consultants – encompassing both Regional Leads and Consultant level posts.

Within the allocation of Consultant posts in each phase of implementation, the prioritisation of Consultant posts for establishment and recruitment will be at the discretion of HSE management based on service needs.

The first review will be completed by end February 2022 as set out below and the establishment of the phase 2 posts are contingent on the review demonstrating clear evidence that the desired outcomes are being delivered:

Phase 2 - 30 posts in place by end June 2023

The second review will be completed by end February 2023 as set out below and the establishment of the phase 3 posts are contingent on the review demonstrating clear evidence that the desired outcomes are being delivered:

Phase 3 - 20 posts by end December 2023

This is a total of 84 Consultant posts over the period June 2021 to December 2023.

Contract

In line with the Programme for Government, stated Government policy is that all future Consultant posts will be to the Sláintecare consultant contract. However, it is acknowledged that the terms of the new Sláintecare contract have not been finalised at this point and that the introduction of the grade of Consultant in Public Health Medicine must proceed.

Once introduced, in line with all other specialities, Public Health Consultant appointments will be to the Sláintecare contract.

As an interim measure, all persons appointed prior to the introduction of the Sláintecare contract will be appointed to the Common Consultant contract as amended at section 10A and agreed between the parties.

All Consultants in Public Health Medicine will transition to the first point of the Sláintecare consultant contract when it is introduced. In the event that introduction of the Sláintecare consultant contract is over a greater timeframe than anticipated it is agreed that no Consultant in Public Health Medicine will be appointed to a point lower than their existing salary prior to transitioning to the Sláintecare contract. The review, as set out below, will also consider the remuneration of the National Director and Regional Leads, including in the context of the introduction of the Sláintecare consultant contract.

Appointments will be on the basis of a public only contract (with no provision for private practice, on or offsite). The specific provisions relating to Consultant in Public Health Medicine will be set out in section 10A of the Contract.

The 'Consolidated Salary Scales' include those that would apply in respect of Consultants in Public Health Medicine, the 'New Entrant' Consultant Scales, Table C1(2) Type A (pending introduction of the Sláintecare Contract), and, de facto, the proposed Sláintecare Scales, Table C1(1) Type A.

Key Performance Indicators (KPIs) will be encompassed within section 10A with specified KPIs for each post included in the job descriptions and will include the following headings: enhanced efficiencies, performance measures, standards, quality improvement and productivity.

Remuneration

Pending the introduction of the Sláintecare Consultant Contract, Consultants in Public Health Medicine will be appointed to the 'New Entrant' Consultant Scales that apply in respect of Type A Consultants. Those appointed to the National Director Public Health and Regional Lead positions will commence at the third point of the "New Entrant Scales".

Recruitment

All appointments will be subject to an open and competitive recruitment process.

Review Process

Health service management (Health Service Executive and the Department of Health) and the Irish Medical Organisation (IMO) are committed to the full implementation of a Consultant-led new public health model/framework.

In order to progress the roll out of consultant posts beyond the initial priority 34 it is necessary to ensure that implementation of the model is delivering the required reform, and there is constructive

co-operation with this implementation. The Crowe Horwath Report stated that the achievement of consultant status and enhanced remuneration should be contingent upon significant progress being made in the revision and enhancement of the role and the function of public health physicians as a critical component of the new model. Verification of progress is also required given the scale of investment in the new model and in the proposed terms and conditions of Consultants in Public Health Medicine.

Therefore, the establishment and recruitment of future posts (Phase 2 and Phase 3 posts) will be contingent on the completion of a review process demonstrating clear evidence that the desired outcomes are being delivered.

A review, summary attached, will be completed by the Department of Health for the consideration of the Minister for Health in consultation with the Minister for Public Expenditure and Reform in February 2022 to examine whether the reforms and deliverables envisaged by the establishment of the Consultant posts and implementation of the Model are being achieved.

There will be an opportunity for the IMO and the HSE to formally provide input to the review. The objective of the parties involved, consistent with the overall agreement between the parties, is to ensure that the reforms and outcomes are being delivered and that there is clear evidence of this.

A further review process will be completed by February 2023.

Implementation Phase

Participation in the development of an appropriate out of hours/on call service in PHM is required and all cohorts will continue to provide an out of hours/on call service as required by the employer.

All cohorts of staff will be required to co-operate with the roll out and implementation of the Future Public Health Model and undertake any duties and functions required to support this.

There is a continuing requirement for all cohorts to provide training and development to trainees in Public Health Medicine.

The HSE is committed to the reform of public health, the introduction of a Consultant-led and delivered public health model, and the phasing out of the grade Specialist in Public Health Medicine as efficiently as possible. Where vacancies at Specialist-level arise during the reform implementation phase, the HSE can continue to recruit at Specialist grade to meet service need. Unless there are exceptional circumstances, the HSE will seek to offer such posts on a fixed-term contract basis.

The Programme for Public Health Reform will continue frequent structured engagement with the IMO.

The HSE will make all operational decisions on service needs throughout the implementation phase and beyond.

There is a continuing requirement for all cohorts to perform other functions as may be determined in line with operational service requirements, including temporary re-assignment/redeployment to deliver health protection services for the duration of the current Covid-19 pandemic response.

DoH, HSE and IMO

14/04/2021