

DEPARTMENTAL AND GENERAL GOVERNANCE

Name: Norman Morrow

Title: Dr

Present position and institution:

Retired

Previous position and institution (2000-01):

Chief Pharmaceutical Officer, Department of Health, Social Services and Public Safety

Membership of Advisory Panels and Committees:

[Identify by date and title all of those since your Witness Statement of 29th July 2005]

I cannot recall specific dates but those I have listed have all been operational since 2005 and some from before.

Member of the Board, Department of Health, Social Services and Public Safety.

Member of the Northern Ireland Committee for Postgraduate Pharmaceutical Education and Training.

Chairman of the Regional Pharmaceutical Contracting Executive Group.

Joint Chairman, Pharmaceutical Clinical Effectiveness Programme.

Senior Responsible Officer for Medicines Management Technology Support Programme.

Member of Confidence in Care Board and Senior Responsible Officer for Confidence in Care, Pharmacy Workstream.

Chairman, Working Group on the Review of Development Needs of Pharmaceutical Staff in Hospital Practice.

Chairman of Building the Community - Pharmacy Partnership Programme.

Member of Pandemic Flu Programme Board.

Member of the Regional Clinical Frameworks Board.

Member of Safety In Health and Social Care Regional Group.

Chairman of Strategy Group on Pharmaceutical Services in the Community, DHSSPS

Previous Statements, Depositions and Reports:
[Identify by date and title all those since your Witness Statement of 29th July 2005]

None

OFFICIAL USE:
List of previous statements, depositions and reports:

Ref:	Date:	
WS-079/1	29.07.05	Witness Statement to the Inquiry

IMPORTANT INSTRUCTIONS FOR ANSWERING:

Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number.

If the document does not have an Inquiry reference number, then please provide a copy of the document attached to your statement.

N.B. In answering the below questions, and where appropriate, please detail the circumstances throughout your appointment as Chief Pharmaceutical Officer, including any changes that may have occurred during that period.

ROLE AS CHIEF PHARMACEUTICAL OFFICER

(1) State the dates on which:

- (a) You became Chief Pharmaceutical Officer
- (b) You ceased to hold that position.

I became Chief Pharmaceutical Officer in September 1995 and retired from that position in April 2013.

(2) Describe your career history prior to becoming Chief Pharmaceutical Officer.

1974 - 1975 Pre-registration pharmacist in hospital and community practice

1975 - 1978 Pharmacist, Royal Victoria Hospital, Belfast

1978 - 1983 Staff Pharmacist (Drug Information) The Ulster Hospital, Dundonald.

1983 - 1986 Pharmaceutical Officer, Department of Health and Social Services (DHSS) NI

1986 - 1991 Principal Pharmaceutical Officer, DHSS (NI) and Director of Continuing Pharmaceutical Education for Northern Ireland.

1991 - 1995 Senior Principal Pharmaceutical Officer, DHSS (NI) and Director of Continuing Pharmaceutical Education for Northern Ireland.

(3) Describe your career history since ceasing to be Chief Pharmaceutical Officer.

I have retired from full-time work but have been asked to assist the Commonwealth Pharmaceutical Association with some work on strategy development.

- (4) Please explain the Role of Chief Pharmaceutical Officer and the responsibilities the role entailed.

The Pharmaceutical Branch, under the direction of the Chief Pharmaceutical Officer, has direct responsibility for pharmaceutical policy, including prescribing policy, and for assurance of compliance with medicines legislation. The Chief Pharmaceutical Officer is responsible for the profession's contribution to the development and implementation of policy, the implications of policy for professional practice, education, research, workforce planning and service delivery, and for contributing to the management and development of the HSC. The Branch also serves to contribute to the wider policy and strategic planning responsibilities of the Department ensuring the appropriate integration of pharmaceutical skills and services to the delivery of health care.

The Branch has responsibility for the following:

- ensuring that the Minister and DHSSPS have timely and expert professional contributions and advice on all matters relating to the pharmacy, medicines management and medicines legislation;
 - leading on the development of pharmacy and medicines policy in relation to professional standards and practice, quality and safety, legislation, contractual matters, workforce planning for the profession, professional development and research;
 - leading and contributing as appropriate to the development of HSC-wide policy;
 - in co-operation with the HSC, Independent sector and Higher Education, acting as a catalyst for change and innovation and promoting professional knowledge and practice;
 - providing leadership to the pharmaceutical profession and ensuring that its skills are fully deployed to benefit the health and wellbeing of the population; and
 - participating in Departmental business planning and management processes.¹
- (a) If the duties/responsibilities changed while you were in the post, please give details of the changes and when they occurred.

From April 2011 I assumed responsibility for the wider policy matters relating to pharmacy and prescribing, formerly the responsibility of the Primary Care Directorate. Accountability has changed from originally being directly accountable to the Permanent Secretary to being accountable through the Deputy Secretary for Secondary Care (circa 2007/8) to the present arrangements as set out in Section 5.

¹ Taken from the Candidate Information Booklet for the Chief Pharmaceutical Officer post as advertised, July 2013.

- (5) Identify to whom you were accountable in carrying out the duties of Chief Pharmaceutical Officer.

The Chief Pharmaceutical Officer (CPO) works within the Group managed by the Chief Medical Officer, so that the CPO's policy and management functions are coordinated with related functions within the Department. The CPO reports to the Chief Medical Officer for administrative management purposes and is directly accountable to the Permanent Secretary and the Minister for the provision of professional advice and statutory functions.

- (6) In particular, please explain your responsibilities as Chief Pharmaceutical Officer in regard to the quality of care provided to patients by hospitals, including any responsibilities to ensure that Trusts exercised their statutory duty to provide quality care.

I understand these responsibilities particularly across two dimensions namely, professional and corporate; professional relating to the provision of pharmaceutical services and corporate relating to multidisciplinary working where there are overlapping and interfacing issues.

- (a) Please explain how those responsibilities were fulfilled.

The current Job Description for the Chief Pharmaceutical Officer (attached) sets out a number of responsibilities and how they are to be exercised allied to standards of practice and the quality of care including legislative responsibilities for the control of medicines and pharmaceutical services. Some practical examples of specific actions are set out below:-

Establishment of the Medicines Governance Team in 2001/02 (further details below).

Establishment of the Pharmaceutical Clinical Effectiveness Programme.

Issue of professional guidance/alerts/action to be taken under CPO or joint Chief Professional letters.

Establishment of a new Hospital Pharmacy IT system.

Introduction of new legislation to modernise the regulation of pharmacists in Northern Ireland.

Commissioning postgraduate pharmaceutical education and training

Managing the pharmaceutical defect-reporting system for Northern Ireland.

Leading a pharmacy workforce development review in the hospital sector to ensure a competent and adequate workforce to meet contemporary and emerging needs.

Supporting the development of the Commissioning Plan Direction and setting goals and targets within the pharmaceutical domain.

USE OF SOLUTION 18

- (7) State if the use of intravenous fluid administration fell within your remit as Chief Pharmaceutical Officer.

If I distinguish the product from the administration of the product, intravenous fluids are licensed medicinal products, are legally designated Prescription Only Medicines and would have fallen under my general medicines purview, as do all medicinal products.

- (8) State when you / the Department were first aware of any issues regarding the use of Solution No.18 as an intravenous fluid.

I cannot recall when I first became aware of issues relating to this solution.

- (9) You are referred to a letter dated 14th June 2001 between Drs. Nesbitt and Fulton of Altnagelvin Hospital (Ref: 022-102-317) in which Dr. Nesbitt wrote:

"The Children's Hospital Anaesthetists have recently changed their practice and have moved away from No.18 solution (fifth normal NaCl in 4% Dextrose) to Hartmann's solution. This change occurred 6 months ago and followed several deaths involving No.18 solution."

In addition, you are referred to a chart showing the change in the number of orders of Solution No. 18 over time. (Ref: 319-087c-003). Please also see a letter from the Directorate of Legal Services on behalf of the Belfast Trust in which they explain their position (Ref: 321-073-001) and in which they limit any change in practice to intra-operative fluids only.

- (a) Please state if you / the Department were aware of any change in practice within NI hospitals, and particularly RBHSC, in regard to the use of Solution No. 18 from 1995 on.

Not that I can recall.

- (b) Please state if you, as Chief Pharmaceutical Officer, would be made aware of any change in use of medication by a hospital/Trust, and in what circumstances you would be made aware.

Prescribing practice is apt to change quite frequently, partly as a consequence of experience, new clinical guidance, emerging research, newer products becoming available, procurement practice or indeed medicines shortages. I would not routinely be made aware and awareness of any changes would more likely be in the context of networking with colleagues.

- (c) Please state if you, as Chief Pharmaceutical Officer, would have expected to have been made aware of any change in practice in regard to the use of Solution No.18.

In the context of the circa 2001 timeframe, only in very specific circumstances such as a defect or suspected defect in a product as part of the Defect Reporting System.

MEDICINES GOVERNANCE TEAM

- (10) State when this was established.

August 2002

- (11) Identify the members of the Medicines Governance Team in 2001/02.

The original members of the team were;

Tracey Boyce, Brendan Moore, Barbara Milliken, Sharon O'Donnell, Jillian Redpath and Lisa Smith

- (12) Describe the role of the Medicines Governance Team.

To increase the level of reporting of adverse events due to medicines.

To manage (organise and analyse) medication incident data.

To develop and implement medicines safety initiatives.

To provide medication safety education for staff.

- (13) Explain how the Medicines Governance Team interacts with Trusts, hospitals and clinicians.

The team works closely with Risk Managers, Pharmacy, Medical and Nursing staff and others on encouraging reporting, incident investigation, the formulation of guidance and advice (Safety Memos), operational medicines policies and have a wide educational role, extending to undergraduate level. The team forms part of the pharmaceutical service within Trusts and while individual members are located in designated Trusts they work on a NI wide collaborative basis.

- (14) Explain the approach of the Medicines Governance Team in attempting to minimise the risk of adverse incidents due to medication.

In addition to the response above the Team also supports Trusts in implementing new guidance emanating from other national bodies (eg National Patient Safety Agency) and endorsed by DHSSPS

- (15) State if the Medicines Governance Team's remit includes that of Intravenous fluid administration.

All medicines, including intravenous fluids, fall into the scope of the Medicines Governance Team.

DEATHS OF ADAM, CLAIRE & LUCY

- (16) How and when did you first become aware of the death of Claire Roberts?

I cannot recall any specific time or circumstance becoming aware of Claire's death.

- (17) How and when did you first become aware of the death of Conor Mitchell?

I cannot recall any specific time or circumstance becoming aware of Conor's death.

- (18) As Chief Pharmaceutical Officer, would you have expected to have been notified if clinicians were reporting any issues with the use of intravenous fluids, particularly Solution No.18?

If there was concern that there was something defective with a product, I would have normally been informed as part of a defect reporting system. This concerns the intrinsic quality of the product and could be a concern about stability, contamination, labelling etc. No issues were raised with me regarding the quality of the product itself.

- (19) Would you / the Department have expected to have been notified if a clinician in a hospital in Northern Ireland made a Yellow Card report to the Medicines Control Agency in regard to the dangers of a particular medicine, drug or solution?

The Department is not routinely informed of Yellow Card reports made to MHRA.

- (20) Would you have expected to have been notified of any of the following deaths:

- (a) Adam
- (b) Claire
- (c) Lucy
- (d) Raychel

In particular, would you have expected to have been notified of any deaths seemingly attributable to a single medicine, drug or solution?

At the time no formal system was in place, apart from the system for reporting any defects or suspected defects in medicines and the Yellow Card system to MHRA.

- (21) If you had been notified of any of the deaths named above, what action would you have taken?

It is difficult to answer the question retrospectively and made more complex by the information that is now available but where a serious adverse event was to be reported to me the following initial actions were likely:-

Recording of the report.

Consulting with Departmental/HSSC colleagues given its likely multidisciplinary nature.

Agreeing respective actions including informing Minister.

- (22) Would you have expected to have been informed of the statement produced by the RBHSC following the Inquest of Adam Strain? (Ref: 011-014-107a)

No as it focused on electrolyte monitoring as distinct from intravenous fluids themselves.

- (23) Would you have expected to have been consulted regarding the hyponatraemia guidelines prior to their publication in March 2002?

I indicated in my previous statement that neither I or any member of my staff was involved in formulating the 2002 guidelines. However, it is now evident that where guidelines are being formulated and where there is a medicines dimension pharmacists are being involved.

- (24) What changes / revisions have there been to the undergraduate course at the School of Pharmacy, Queen's University, since the publication of the hyponatraemia guidelines?

At the Pharmacy School, QUB, the hyponatraemia guidelines have been incorporated into clinical teaching as part of the Applied Clinical Pharmacy module in Year 3 which also includes topic directed reading all of which is examinable.

I have also checked with the new School of Pharmacy at the University of Ulster (established 2009) and the hyponatraemia guidelines have been incorporated into clinical teaching at second year level and reinforced in a further module in final year.

DISSEMINATION OF INFORMATION

- (25) Please explain your role and responsibilities in the dissemination of information / guidelines / policies to Trusts and Hospitals. In particular:

- (a) How were new guidelines / practices which were developed elsewhere in the U.K. considered and adapted for use in Northern Ireland?

These would normally be considered either at individual Directorate/Branch level or through a specific Group eg. the Safety and Quality Group and endorsed, as appropriate, for dissemination in Northern Ireland eg. NPSA Safety Alerts.

- (b) How does new guidance find its way into medical training, at undergraduate and postgraduate level?

Departmental communications routinely, as appropriate, are disseminated to Heads of (Health Professions) Schools at the QUB and UU and to the various centres for postgraduate training.

- (c) How were issues that required the production of guidelines / policies flagged up to you or the Department by Trusts and Hospitals?

- (i) The quality of care provided to patients
- (ii) Ensuring that Trusts exercised their statutory duty to provide quality care
- (iii) The implementation of guidelines / practices

In my case a key conduit for raising issues was through routine meetings with Directors of Pharmaceutical Services of Trusts and Boards, and through this mechanism it was possible to initiate collaborative action on a regional basis

e.g. The Review of Clinical Pharmacy Services in Northern Ireland (2001), lead by the Department.

- (26) How is it decided that an issue is one which can be handled by, or is limited to, a local hospital as opposed to something that is of regional significance?

The evidence base is a critical factor, indeed the wider evidence base emanating from larger jurisdictions where there is potentially more patient experience. Situational factors may also be important whether the issue is of a general nature or confined to a specialist unit. National guidelines e.g. from NPSA or NICE militate in favour of regional wide action.

- (27) Prior to 2002, what would you have expected Trusts / Hospitals to have done (if anything) in regard to informing you when cases involving deaths due to possible maladministration of drugs / medicines / fluids were involved in:

- (a) Formal complaint procedures
- (b) Coroner's Inquests
- (c) Medical negligence actions

It is difficult to retrospectively determine what one might have expected in such cases, particularly in the light of the increased focus on safety. My recollection is that this was not normal practice, unless there were referrals into other parts of the Department.

- (28) Provide any further points and comments that you wish to make, together with any relevant documents.

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:



Dated: 25th September 2013

**Candidate
Information
Booklet**

**IRC182785 (re-advertisement)
Chief Pharmaceutical Officer
(Grade 5)
Department of Health, Social Services
and Public Safety**

**Completed Application Forms
must be returned to HRConnect
no later than 12 noon (UK time)
on
*Friday 2nd August 2013***

**Department of Health, Social
Services and Public Safety**

Improving health and social well-being

Communication between HRConnect and you

HRConnect will issue electronically as many competition communications as possible, you should therefore check your email account to make sure that you don't miss any important communications in relation to this competition. There may, however, still be a necessity to issue some correspondence by hard copy mail.

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FOREWORD

Thank you for your interest in this competition to fill the position of Chief Pharmaceutical Officer in the Department of Health, Social Services and Public Safety (DHSSPS).

The Department in its wider role ensures the provision of appropriate health and social care services, both in clinical settings such as hospitals and GP surgeries, and in the community through nursing, pharmacy, social work and other professional services. It also leads a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being.

The Chief Pharmaceutical Officer (CPO) has a key role in helping the Department to achieve its mission and, as the head of the Pharmaceutical profession, is responsible for the professional leadership, performance and development of the profession in Northern Ireland, and also assuring compliance with statutory controls pertaining to medicines.

As the Department's most senior advisor on pharmaceutical issues, the post holder will be responsible for providing expert professional advice and support to the Minister, Permanent Secretary/HSC Chief Executive, and senior administrative and professional colleagues, on all aspects of policy, which impact on pharmacy and medicines including education, research and practice. He or she will lead in establishing the strategic direction for pharmacy and medicines management, including governance matters, agreeing programmes of action, setting goals and targets and ensuring that progress is monitored and evaluated. The postholder will work within the Group managed by the Chief Medical Officer, so that the CPO's policy and management functions are co-ordinated with related functions within the Department, and he or she will report directly to the Permanent Secretary/HSC Chief Executive on professional pharmaceutical issues.

The post holder will also report on professional performance within Health and Social Care (HSC) in pursuit of high quality patient care and user experience, ensuring effective and efficient pharmacy practices are in place, supported by high quality professional training and development.

Working closely with the UK Chief Pharmaceutical Officers and colleagues in the Republic of Ireland, and in international fora, the post holder will have opportunity to contribute to the development, promotion and implementation of health and social policy at national and international level.

The post provides an excellent opportunity to deliver results that will make a real difference to people's lives, and offers significant job satisfaction.

If, after reading this candidate information pack, you would like to speak to someone before making an application, I would encourage you to contact Dr

Norman Morrow, the former Chief Pharmaceutical Officer, on 02890 [REDACTED]
or [REDACTED] or via email [REDACTED]

Thanks again for your interest in this competition.

Dr Andrew McCormick
Permanent Secretary and HSC Chief Executive
Department of Health, Social Services and Public Safety

BACKGROUND

ABOUT THE DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

The Department of Health, Social Services and Public Safety was established by the Departments (NI) Order 1999 and is one of the twelve Departments of the NI Civil Service. Its mission is to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by supporting programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes which will lead to better health and well-being. It will seek to ensure provision of appropriate health and social services, both in clinical settings, such as hospitals and GP surgeries, and in the community, through nursing, pharmacy, social work and other professional services.

The Department leads and manages the business of:

- Health and Social Care (HSC), which includes policy and legislation for hospitals, family practitioner services, community health and personal social services;
- Public Health, which covers responsibility for policy and legislation to promote and protect the health and well-being of the population of Northern Ireland; and
- Public Safety, which encompasses responsibility for the policy and legislation for the Ambulance Service, Fire and Rescue Service, food safety and emergency planning.

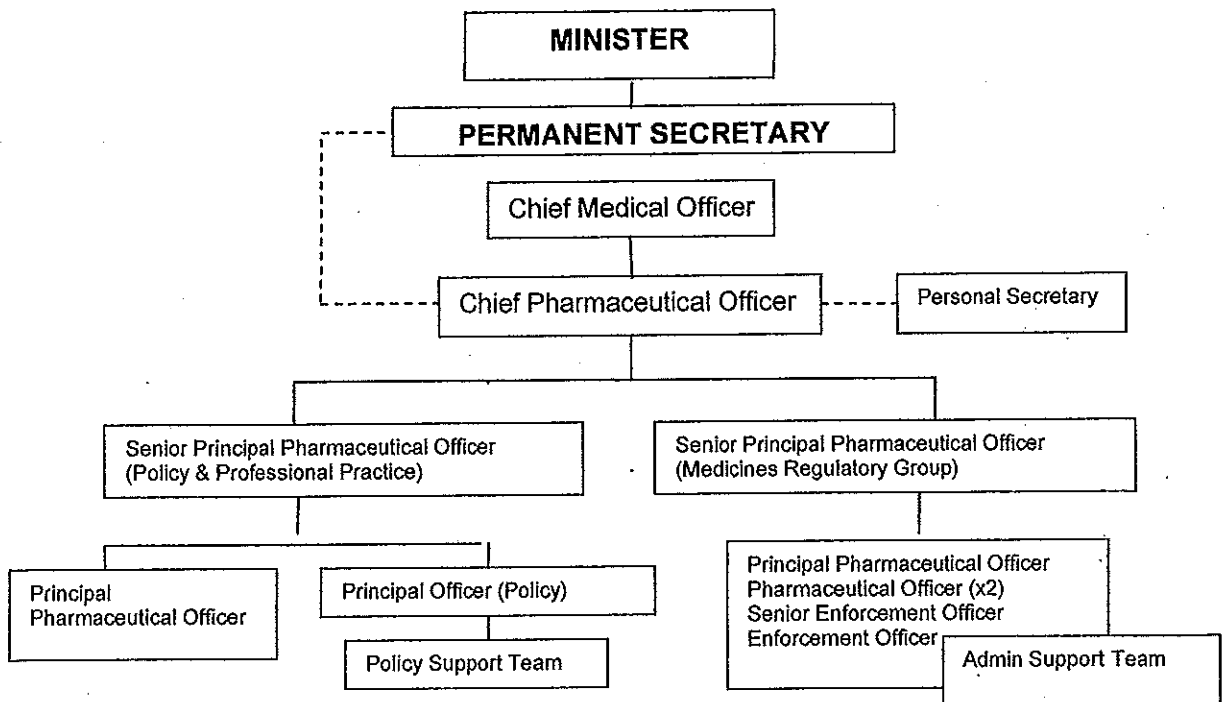
The Department is currently responsible for a budget of £4.6 billion a year and a capital investment programme which, whilst varying from year to year is usually around £240 million a year. The Department's core functions include healthcare policy, social policy, public health, quality and safety, professional advice, legislation, capital investment and project management, and resources and performance management.

Health and Social Care organisational structures have been substantively reformed over the period April 2007 to April 2009. This change sits in a context of a drive for reform and modernisation across all Health and Social Care services, and also within an environment of substantial political interest in the delivery of health and social services, and greater accountability for results and shortfalls. A structure of the HSC is provided on page 7.

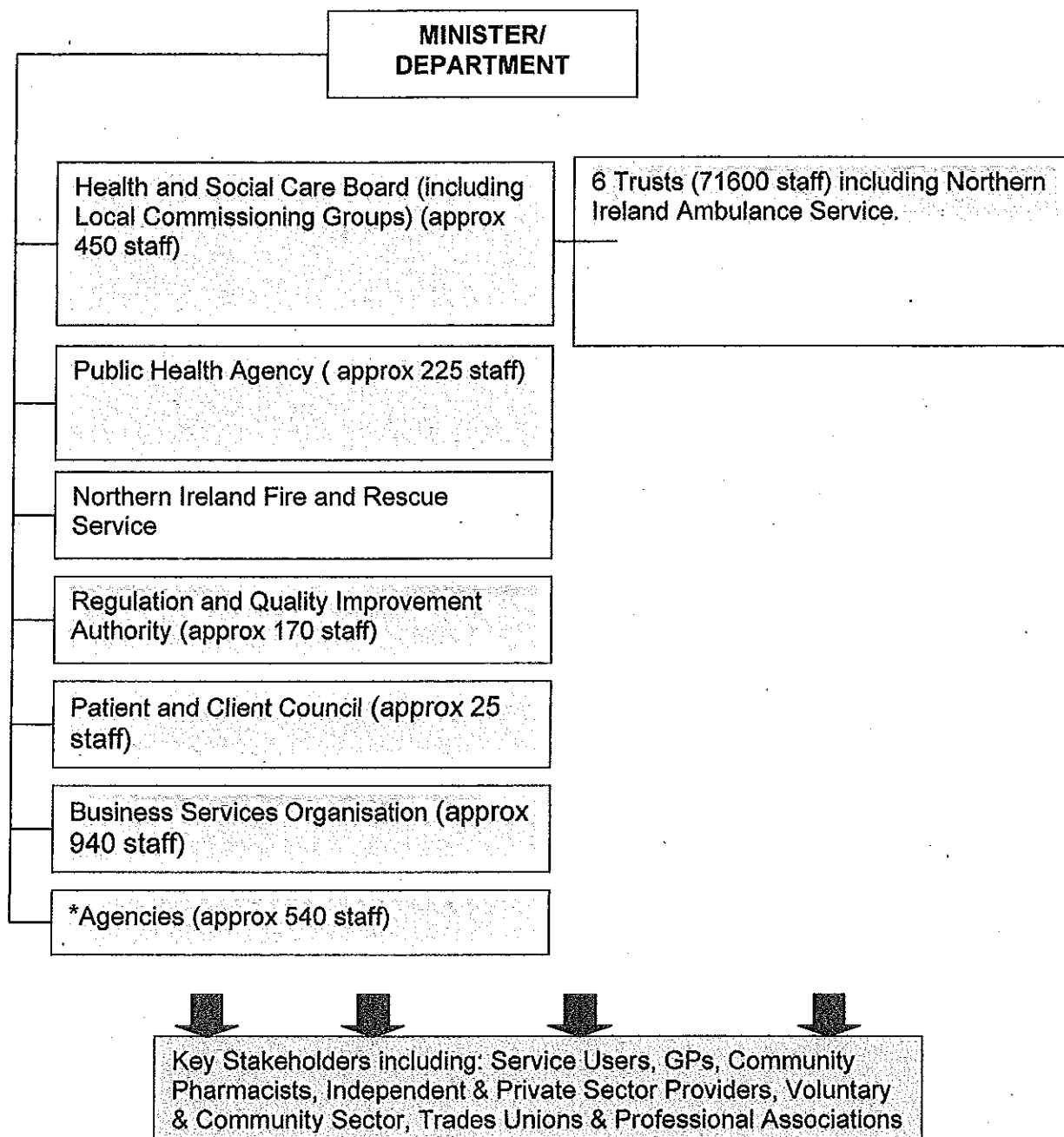
NORTHERN IRELAND HEALTH AND SOCIAL CARE

As indicated, the Northern Ireland health and social care structure has undergone substantive restructuring. The new model retains strategic direction, policy setting and legislation in the Department. The new Health and Social Care Board (HSCB), working with the Public Health Agency, is tasked with commissioning modern and effective health and social care services for the 1.8 million people who live in Northern Ireland. This involves deploying and managing its annual funding from the Northern Ireland Executive - currently £4.1 billion - to ensure that services are safe, effective and sustainable. The Board also works with the provider organisations – predominantly the 5 Northern Ireland Health and Social Care, and 1 Ambulance Service, Trusts – which are responsible for the delivery of all health and social care services. The Public Health Agency is the major regional organisation for health protection, and for the promotion and improvement of health and social wellbeing, with a commitment to addressing the causes and associated inequalities of preventable ill-health and lack of well-being. As indicated, it works closely with the HSCB to ensure a comprehensive range of services and commissioning from Trusts and other providers.

DEPARTMENTAL STRUCTURES



HEALTH AND SOCIAL CARE ORGANISATIONAL STRUCTURES



*Agencies = Special Agencies:

Northern Ireland Blood Transfusion Service

Northern Ireland Medical and Dental Training Agency

Northern Ireland Guardian ad Litem Agency

and Non-Departmental Public Bodies:

Northern Ireland Social Care Council (NISCC)

Northern Ireland Practice and Education Council (NIPEC)

BACKGROUND: PHARMACEUTICAL BRANCH

The post-holder reports to the Chief Medical Officer for administrative management purposes, and is directly accountable to the Permanent Secretary and to the Minister for the provision of professional advice and statutory functions. The Pharmaceutical Branch, under the direction of the Chief Pharmaceutical Officer, has direct responsibility for pharmaceutical policy, including prescribing policy, and for assurance of compliance with medicines legislation. The Chief Pharmaceutical Officer is responsible for the profession's contribution to the development and implementation of policy, the implications of policy for professional practice, education, research, workforce planning and service delivery, and for contributing to the management and development of the HSC. The Branch also serves to contribute to the wider policy and strategic planning responsibilities of the Department ensuring the appropriate integration of pharmaceutical skills and services to the delivery of health care.

The Branch has responsibility for the following:

- ensuring that the Minister and DHSSPS have timely and expert professional contributions and advice on all matters relating to the pharmacy, medicines management and medicines legislation;
- leading on the development of pharmacy and medicines policy in relation to professional standards and practice, quality and safety, legislation, contractual matters, workforce planning for the profession, professional development and research;
- leading and contributing as appropriate to the development of HSC-wide policy;
- in co-operation with the HSC, Independent sector and Higher Education, acting as a catalyst for change and innovation and promoting professional knowledge and practice;
- providing leadership to the pharmaceutical profession and ensuring that its skills are fully deployed to benefit the health and wellbeing of the population; and
- participating in Departmental business planning and management processes.

JOB DESCRIPTION

THE APPOINTMENT

This is a permanent full-time appointment and the successful candidate will be an employee of the Department of Health, Social Services and Public Safety, although secondment from a current employer will be considered.

The successful candidate will report to the Chief Medical Officer for administrative management purposes and to the Permanent Secretary on professional matters.

SALARY

The successful candidate will become a member of the Senior Civil Service (SCS), the NICS top-level leadership resource, with the potential for promotion or transfer to other SCS posts. Salary will be within the pay band range of £63,360 to £77,500 (rising to £63,994 – £78,275 from 1 August 2013) within which progression will be determined by performance. Candidates would normally be placed at the minimum of the range although a higher starting salary within the range will be available if a successful candidate has exceptionally relevant skills/experience. Reaching the maximum of the range would require a number of years' sustained good performance. If the successful candidate is an existing civil servant, starting pay on appointment will be determined by either promotion or re-grading terms, if these are more favourable than recruitment terms.

In order to comply with the disclosure requirements in our Annual Accounts, we will be required to disclose details of the total remuneration, including any taxable benefits in kind and pension benefits for this post in our annual accounts. Further information may be disclosed in line with any future disclosure requirements relating to the senior management of departments. It is a condition attaching to the appointment to any SCS post in Northern Ireland that appointees agree to these disclosure requirements.

A successful candidate who is an existing civil servant and not already a member of the SCS will, on appointment, become a member of the SCS. As a member of the SCS the postholder may in due course be transferred to other posts at the same level.

SECONDMENT

Alternatively, this post may be filled by secondment of the successful candidate from their current post. The duration of the secondment will be agreed by all parties at a later stage, prior to the start of any secondment but it is likely to be for an initial period of five years with the possibility of extension. Secondment would be on the candidate's current terms and conditions of service, with limited scope for the Department to consider offering an enhanced salary, though an increase of up to 10% could be considered. It is advisable that candidates interested in the secondment

option make their employers aware that under the NICS secondment arrangements, the successful candidate will remain an employee of their current employer. The necessary administration arrangements will be agreed between DHSSPS and the employer before secondment commences.

"Secondment" means a voluntary transfer from a permanent employer for a fixed period which does not sever the employment relationship of the person seconded with the permanent employer.

PENSION

The NICS offers all employees an attractive pensions package. Further details of this can be found on page 30 of this booklet.

LOCATION

The successful candidate will be based at Castle Buildings, Stormont, Belfast, but will be required to travel throughout Northern Ireland and beyond to attend meetings/conferences as necessary. The successful candidate must, therefore, have access to a form of transport which will enable them to fulfil the responsibilities of the post and be prepared to travel throughout Northern Ireland and elsewhere, as required, which may include overnight stays.

RELOCATION

The Department will consider any request for re-location expenses should the successful candidate be required to move home, in line with the NICS Staff Handbook.

CONFLICT OF INTEREST

Prior to taking up the appointment, the successful candidate will be required to sign a conflict of interest agreement.

PROBATION PERIOD

The successful candidate will be required to serve a one year probationary period.

HOLIDAYS

In addition to the 12 days' public and privilege holidays, there is an annual leave allowance of 30 days.

FURTHER INFORMATION

If you have any questions about the competition process, you should contact HRConnect on 0800 1 300 330 or email: recruitment@hrconnect.nigov.net.

KEY RESPONSIBILITIES

The Chief Pharmaceutical Officer is the Department's most senior advisor on Pharmacy and Medicines issues, and is responsible, as head of profession, for the professional leadership, performance and development of the profession in Northern Ireland, including pharmacy and medicines related policy, and ensuring compliance with statutory requirements pertaining to medicines' control.

Key Duties and Responsibilities

The main duties and responsibilities of the post include:

Professional Advice and Leadership

1. providing expert and authoritative professional advice and support to the Minister, Permanent Secretary, senior colleagues and other Departments on all aspects of policy relating to pharmaceutical matters;
2. providing accurate and relevant briefing to the NI Assembly Health Committee, other relevant Assembly Committees and the media;
3. promoting the standard, effectiveness, quality and safety of pharmaceutical services and medication practice;
4. providing professional leadership to the pharmaceutical profession across the HSC and to the wider health and social care sector on medicines management and pharmaceutical services;
5. ensuring the provision of pharmaceutical advice on relevant capital schemes including specialist services e.g. pharmaceutical manufacturing, aseptic dispensing and the application of medicines management technology support – customised Pharmacy IT and robotics.
6. ensuring that senior Departmental colleagues are aware of, and decisions and advice are informed by, the professional pharmaceutical perspective on how strategic decisions may affect the quality and safety of patient care and the wider patient experience by contributing to top level meetings and briefings including, on some occasions where appropriate, attendance at the Departmental Board;
7. attending and participating in service accountability reviews and advising the DHSSPS and HSC on quality assurance arrangements;

Pharmacy Practice and Medicines Management

8. developing pharmacy and medicines management policy and providing strategic direction to the planning and delivery of pharmaceutical services in primary and secondary care. This includes agreeing programmes of action, setting goals and targets and ensuring that progress is monitored and evaluated;
9. providing financial and clinical analysis of prescribing practice in NI along with comparative analysis of other contexts and identifying opportunities for improved performance and promoting pharmaceutical clinical effectiveness;
10. maintaining the Drug Tariff for Northern Ireland;
11. administration of the National Appeals Panel;
12. leading legislative change as it pertains to enabling the effective delivery of HSC pharmaceutical and medicines supply services, including prescription charging arrangements;
13. reporting on professional performance within the HSC in pursuit of high quality patient care and user experience as it relates to the safety, efficacy and efficiency of pharmaceutical practice;
14. supporting professional regulation, particularly through guidance, facilitating collaborative working and the development of legislation to support modern regulatory practice, including arrangements for undergraduate and post-qualification education and training. The post holder will also consider and contribute to decisions on issues affecting those workers who support the pharmaceutical function, for example, Pharmacy Technicians;
15. working with the Director of HSC Human Resources and other staff to ensure the provision of a sufficient and skilled pharmacy workforce to meet HSC workforce demands, including undertaking work on recruitment and retention, role development and career planning.
16. managing the pharmaceutical defect-reporting system for Northern Ireland and provide a rapid response to any medicines-related critical situations;
17. commissioning and monitoring postgraduate pharmaceutical education and training under Article 44 of the Health and Personal Services (Northern Ireland) Order 1972;
18. chairing, as necessary, strategic groups e.g. Regional Pharmaceutical Contracting Executive Group, and acting as Senior Responsible Officer

for individual programmes of work e.g. Medicines Management Technology Support programme; Confidence in Care Pharmacy Group on Professional Regulation. The postholder is also an ex-officio member of the Northern Ireland Committee for Postgraduate Pharmaceutical Education and Training;

19. working closely with the Chief Medical Officer to ensure good coordination on public health matters, including health protection, and the development of effective quality and safety standards for the population;
20. working closely with the UK Chief Pharmaceutical Officers and colleagues in the Republic of Ireland, and wider contacts, to contribute to the development, promotion and implementation of pharmaceutical policy and practice to meet the contemporary needs of the population. This is aimed at ensuring good public health, including health protection, community development, and the delivery of the highest standards of pharmaceutical care;

Medicines Legislative Responsibilities

This concerns achieving compliance with the National and International legislative requirements including those imposed by the Single Convention on Narcotic Drugs 1961, the Convention on Psychotropic Substances 1971 and the Rules governing Medicinal Products in the European Community. Medicines is a devolved issue and the Department has responsibility for inspection and enforcement under all medicines related legislation in Northern Ireland. This includes the Medicines Act 1968 and the Misuse of Drugs Act 1971 together with their attendant subordinate legislation, the Poisons (Northern Ireland) Order 1976 and the Pharmacy (Northern Ireland) Order 1976. It also embraces joint responsibility with the Department of Agriculture and Rural Development for the Veterinary Medicines Regulations 2005. The post holder is therefore charged with:-

21. ensuring, on behalf of the Minister, that the Department meets its statutory obligations in respect of compliance with medicines legislation through inspections, investigations and enforcement practice in the interests of public protection;
22. leading directly, or working with the Medicines and Healthcare Regulatory Agency (MHRA), to develop appropriate legislation to support medicines control across the UK and the provision of medicines supply and HSC pharmaceutical services;
23. approving licences for the possession and supply of controlled medicinal products;
24. working co-operatively with other enforcement agencies (MHRA, UK Borders Agency, Police Service of Northern Ireland) to combat the

- illegal importation and supply of medicines including counterfeit products;
25. contribute to the oversight of the managed entry of new innovative medicines.

Staff and Financial Management Responsibilities

26. The post holder has management responsibility for a group of professionals consisting of 7 Pharmacists, 2 investigation/enforcement officers and an administrative support team (10). There is an emphasis on team working and shared goals to deliver agreed objectives. The postholder's advice can also affect the work of pharmaceutical staff working across primary and secondary care and a range of private practice facilities including the pharmaceutical industry;
27. The post holder is accountable for DRC costs of approximately £1m and a further £1m of programme funds. In addition to direct financial responsibility, the Branch commissions postgraduate pharmaceutical education and training at a cost of approximately £800k and has a significant influence on primary care contractual expenditure (£90m) and on prescribing expenditure of £500m, through the provision of analysis, advice and recommendations;

Corporate Responsibilities

28. As a Head of Profession reporting directly to the Permanent Secretary on pharmaceutical professional issues, the successful candidate will contribute to the development of Corporate objectives for the Department and will share responsibility for collective decision-making on relevant cross-cutting and strategic issues. These will include the development and review of key policies, ensuring adherence to statutory commitments, supporting relevant Departmental Programme for Government commitments and discussion of issues such as financial and staff resourcing;
29. The post-holder will represent the Department at a local, national and international level, e.g. representing DHSSPS at professional fora and with Professional Bodies;

Relationships

30. The post holder will be required to build strong and positive relationships with key stakeholders, both internal and external, including:
- Minister/ Permanent Secretary;
 - Departmental colleagues, including chief professional officers;
 - the Northern Ireland Assembly's Health Committee ;

- Chief Executives and Directors of Pharmacy and Medicines Management , Health and Social Care (HSC) Board and HSC Trusts;
- Professional associations, including recognised Trade Unions and negotiating organisations (e.g. Community Pharmacy Northern Ireland)
- UK Chief Pharmaceutical Officers and the Rol Chief Pharmacist;
- the Regulation and Quality Improvement Authority (RQIA);
- the National Institute for Health and Clinical Excellence (NICE)
- international professional bodies e.g. International Pharmaceutical Federation (FIP); Pharmaceutical Group of the European Union (PGEU)
- national and international medicines regulatory bodies – Medicines and Healthcare Regulatory Agency (MHRA-UK), Irish Medicines Board, and in association with these, enforcement bodies e.g. Police Service of Northern Ireland, NI Public Prosecution Service, UK Borders Agency, Permanent Forum on International Pharmaceutical Crime;
- professional regulatory bodies, including the Pharmaceutical Society of Northern Ireland, the General Pharmaceutical Council and the Professional Standards Authority for Health and Social Care;
- the pharmaceutical industry particularly through the Association of the British Pharmaceutical Industry (ABPI)
- the academic/research sector, particularly the Schools of Pharmacy at the Queen's University, Belfast, and the University of Ulster.
- the Northern Ireland Centre for Pharmacy Learning and Development.

ELIGIBILITY CRITERIA

Applicants must, by the closing date for applications:

1. hold, or be entitled to hold, registration as a pharmacist with the Pharmaceutical Society of Northern Ireland (PSNI)*;

AND

2. have at least 4 years' experience within the last 7 years of working at a **senior level**** within the health and social care sector. The experience must be at strategic regional or national level concerned with pharmacy practice and education issues, medicines management, or pharmaceutical regulatory affairs.

The following additional clarification is provided:

***please note that any appointment will be subject to the successful candidate holding full registration with the PSNI by the date on which he/she will be required to take up appointment. The post-holder must remain on the register while in post. To register as a pharmacist with the Pharmaceutical Society of Northern Ireland, applicants must have completed a recognised degree, have undergone a 1-year period of practical training with a registered pharmaceutical chemist and, where appropriate, have successfully completed the pre-registration examination. Candidates who are currently registered with professional bodies outside Northern Ireland should contact the Northern Ireland Society with regard to registration.**

Before appointment, the successful candidate will be required to provide information about any previous history of registration they may have with a professional pharmaceutical regulator, in relation to any refusals, suspensions, removals of, or refusals to restore, such registration. The Department will consider the relevance of such information to the post and reserves the right to refuse appointment if it considers this appropriate.

**** the panel have provided the following guidance with regards to the definition of **senior level**. However, the panel reserve the right to consider all evidence presented by an applicant in meeting eligibility criterion 2.**

- (i) Head, lead or chief of pharmacy/ pharmaceutical services in an HSC Board or Trust in Northern Ireland or equivalent in Great Britain; or
- (ii) Principal Pharmaceutical Officer level (Grade 7) in the NICS or equivalent; or

- (iii) in respect of experience gained in the independent or education sectors or in agencies or professional bodies, or in another jurisdiction, the panel will judge whether, on the basis of the evidence presented, the level meets the necessary level of seniority.

NOTES

The selection panel will not make assumptions from the title of the applicant's post or the nature of the organisation as to the skills and experience gained. If you do not provide sufficient detail, including the appropriate dates needed to meet the eligibility criteria, in this part of your application form, the selection panel will reject your application.

Evidence should be provided for all of the elements of each criterion in your application form giving specific length of experience, examples and dates as required. It is not sufficient simply to list your duties and responsibilities.

SHORTLISTING CRITERIA

In addition applicants should be aware that after an eligibility sift, should it be necessary to shortlist candidates to go forward to interview, the following shortlisting criteria will be used:

Applicants must, by the closing date of applications (and by referring to eligibility criterion 2):

1. Provide evidence of the excellence of the impact / outcomes of their contribution at senior level to the areas outlined i.e. pharmacy practice and education issues, medicines management or pharmaceutical regulatory affairs.

Relevant or equivalent qualifications: give the type of qualification and date awarded (the date awarded is the date on which you were notified of your result by the official awarding body). If you believe your qualification is equivalent to the one required, the onus is on you to provide the panel with details of modules studied etc so that a well-informed decision can be made.

Please note:

- **You should ensure that you provide evidence of your experience in your application form, giving length of experience, examples and dates as required.**
- **It is not sufficient to simply list your duties and responsibilities.**
- **The Department will not make assumptions from the title of the applicant's post or the nature of the organisation as to the skills and experience gained.**
- **If you do not provide sufficient detail, including the appropriate dates needed to meet the eligibility criteria, the selection panel will reject your application.**
- **ONLY the details provided by you in your application form (the employment history and eligibility criteria) will be provided to the selection panel for the purpose of determining your eligibility for the post.**
- **The Department may decide to interview only those applicants who appear, from the information available, to be most suitable in terms of relevant experience and ability.**

PERSON SPECIFICATION

The Northern Ireland Civil Service has adopted the Professional Skills for Government as a framework for the purpose of personal and professional development

What is the PSfG competency framework?

The Professional Skills for Government (PSfG) competency framework is a structured way of thinking about jobs and careers for Senior Civil Service staff.

How does the PSfG framework look?

Leadership qualities sit at the centre of the PSfG framework. The roles the NICS expects leaders to play are to:

- provide/set direction
- deliver results
- develop our people

Leadership is supplemented by six core skills which are applicable at all levels of the Senior Civil Service:

- Analysis and use of evidence
- Financial management
- People management
- Programme and project management
- Communications and marketing
- Strategic thinking

The framework also covers:

- Professional expertise, job specific professional skills. These will be defined in line with the specific requirements of your job;
- Broader experience- depth and breadth of experience are important if you are working in the SCS. Deep professional knowledge accumulated progressively during the course of a career is essential to operate at senior levels. Work is frequently complex in nature and requires a profound understanding of the impacts and interactions with individuals, organisations and other sectors of the economy

Further information on the Professional Skills for Government framework can be accessed on www.nicsrecruitment.gov.uk.

ASSESSMENT

TWO-STAGE INTERVIEW PROCESS AND ASSESSMENT CRITERIA

The process will consist of an occupational personality questionnaire and two interviews, the second of which will include a presentation.

Part A (Interview 1)

The first interview will be conducted by a panel chaired by a Civil Service Commissioner and including the Permanent Secretary as a member. It will assess the following criteria:

1. Professional Skills (Policy)

- a. the ability to formulate, implement and evaluate policy, including an understanding of the related key issues presenting in a public sector context; and
- b. the ability to demonstrate a well developed political sensitivity and to balance analysis and advice across considerations of policy, efficiency and propriety, in the face of strong and competing stakeholder aspirations.

2. Leadership

Evidence of providing/setting direction, delivering results and developing people.

3. Financial Management

Evidence of planning, agreeing and monitoring the delivery of stretching financial targets, and of identifying and implementing innovative ways to improve efficiency and effectiveness in the use of resources and assets.

4. Strategic Thinking

Evidence of influencing the organisation's strategy and priorities, and knowledge and understanding of government priorities, wider policy, environment and institutional constraints and how to translate these into effective delivery of own work area.

5. Programme and Project Management

Evidence of taking responsibility for the definition and successful delivery of programme/project benefits, managing risks and communicating effectively with stakeholders.

6. Analysis and Use of Evidence

Evidence of predicting and securing appropriate evidence as a basis for decisions and ensuring the deployment of evidence is consistent with wider government requirements.

7. People Management

Able to develop team capability, champion equality and diversity, manage change effectively and work in partnership with HR experts.

8. Communications and Marketing

Evidence of using communications and marketing to put the citizen at the heart of policy development and operations, aligning policy and delivery with clear communications objectives, and understanding the wider ministerial and communications agenda across the department and government.

The first stage interview (Part A) will represent 40% of the total marks available.

Occupational Personality Questionnaire

Candidates who meet the minimum standard in the Part A interview must complete an occupational personality questionnaire, the findings of which will be used to inform supplementary questioning in the second interview. Candidates will be asked to complete a personality questionnaire online which looks at their preferred style of behaviour at work. Candidates can find information about completing a personality questionnaire at http://www.shldirect.com/personality_questionnaire_examples.html.

Part B (Presentation and Interview 2)

Candidates who pass the first stage interview will progress to the second-stage interview which will include a presentation and will assess criteria (a) to (g) below. The second interview panel will include pharmaceutical professional expertise, and will also be chaired by a Civil Service Commissioner, and include the Permanent Secretary as a member.

Presentation

At the start of the second interview, candidates will be required to deliver a short presentation of no more than 7 minutes to be followed by any necessary questions of clarification. The presentation topic will be provided on the day of interview and will be derived from Part B Interview 2, criteria (a) to (g) below – (Professional Skills (Pharmacy, Medicines Management and Medicines Legislation) – and 30 minutes' preparation time will be given. Paper and writing materials will be provided for candidates' use. Candidates will be allowed to bring some short speaking notes into the interview room for assistance during the presentation. No other materials or visual aids will be permitted.

Interview 2

Professional Skills (Pharmacy, Medicines Management and Medicines Legislation) – measured by presentation and interview questions:

- a) the ability to improve pharmacy, medicines management and health outcomes by helping to inform government policy and influence stakeholders through the constructive application of professional expertise and standards;
- b) have a sound knowledge of the key policies and issues affecting pharmacy and medicines management, in particular, contemporary practice, research and development, education, regulation and workforce development issues, both in a regional context, and also nationally and internationally;
- c) the knowledge and the ability to provide expert advice on the requirements and application of statutory 'medicines' demands, within and outwith the HSC, and to ensure that the Department meets its statutory obligations in respect of compliance with medicines legislation through inspections, investigations and enforcement practice in the interests of public protection;
- d) the ability to demonstrate strong leadership in managing teams and in providing strategic direction to the pharmaceutical profession and across the professions allied to pharmaceutical practice, medicines use and governance;
- e) the ability to act as a catalyst for change, bringing and stimulating innovative thinking to the application of pharmaceutical skills to benefit health and social care;
- f) the ability to act as a champion for pharmaceutical educational development and reform consistent with the evolving role of the profession and the contemporary needs of society;

- g) the ability to demonstrate a high level of competence in public presentations and dealing with the media.

The presentation and interview 2 (Part B) will represent 60% of the total marks available.

For those candidates who pass both interviews, the marks from both interviews will be added together to form the overall order of merit.

COMPETENCE BASED INTERVIEWS

Selection panels will design questions to test the applicant's knowledge and experience in each of the above areas and award marks accordingly.

OPQ and INTERVIEW INFORMATION

It is intended that the Occupational Personality Questionnaire will be issued to candidates who meet the minimum pass mark for Part A after the interview results have been issued.

It is intended that the Part A interviews will take place late August in Belfast and Part B interviews in October 2013, again in Belfast.

INTERVIEW GUIDANCE FOR APPLICANTS

If this is your first experience of a competence-based interview, bear in mind that it does not require you to:

- Talk through previous jobs or appointments from start to finish;
- Provide generalised information as to your background and experience; or
- Provide information that is not specifically relevant to the competence the question is designed to test.

A competence-based interview does however require you to:

- Focus exclusively, in your responses, on your ability to fulfill the competences required for effective performance in the role; and
- Provide specific examples of your experience in relation to the required competence areas.

In preparation for the interview you may wish to think about having a clear structure for each of your examples, such as:

- Situation – briefly outline the situation;
- Task – what was your objective, what were you trying to achieve;
- Action – what did you actually do, what was your unique contribution;
- Result – what happened, what was the outcome, what did you learn.

The panel will ask you to provide specific examples from your past experience in relation to each of the competences. You should therefore come to the interview prepared to discuss in detail a range of examples which best illustrate your skills and abilities in each competence area. You may draw examples from any area of your work / life experiences.

SELECTION PROCESS

The Merit Principle

In accordance with the Office of the Civil Service Commissioners' Recruitment Code, appointments to the NICS are made under the 'merit principle', where the best person for any given post is selected in fair and open competition.

Further information on the Civil Service Commissioners can be found at www.nicscommissioners.org.

Making your application:

The application form is designed to ensure that applicants provide the necessary information to determine how they meet the competition requirements and the eligibility/shortlisting criteria.

Guidance for Applicants

- The space available on the application form is the same for all applicants and must not be altered.
- We will not accept CVs, letters, additional pages or any other supplementary material in place of or in addition to completed application forms, unless it is specifically requested in the application form and candidate information booklet, eg an organisational chart.
- Should an organisational chart be required this must be submitted to HRConnect by the closing date for applications.
- Applicants must complete the application form in either typescript font size 12, or legible, block capitals using black ink.
- Applicants must not reformat application forms.
- Information in support of your application will not be accepted after the closing date for receipt of applications.
- HRConnect will not examine applications until after the closing deadline;
- Do not use acronyms, complex technical detail etc. Write for the reader who may not know your employer, your branch or your job.
- Write down clearly your personal involvement in any experience you quote. Write "I" statements e.g. I planned meetings, I managed a budget, I prepared a presentation. It is how you actually carried out a piece of work that the panel will be interested in.
- The examples you provide should be concise and relevant to the criteria. This is very important as the examples which you provide may be checked out at interview and you may need to be prepared to talk about these in detail if you are invited to interview. It is your *unique* role the panel are interested in, not that of your team or division.

Application Form Submission

- Please refer to the Candidate Information Booklet before completing an application.
- **All** parts of the application form **must** be completed by the applicant before this application can be considered. Failure to do so may result in disqualification.
- All applications must be received by the advertised closing date. Late applications or applications received by fax or by email will not be accepted. Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is also the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to HRConnect. HRConnect will not accept any application where they are asked to pay any shortfall in postage.
- Only the employment history, eligibility and shortlisting sections will be made available to the panel.
- Applicants are encouraged to submit online applications wherever possible. However, all requests for hard copy application packs are welcomed and all applications will be treated equally regardless of whether they are hard copy or online.
- When completing the online application, your information is saved as you move through the pages. You may leave the application at any time, providing you have clicked on the 'Save & Continue' button. Once your

application has been submitted the option to edit will no longer be available.

- Please note - the session timeout for the online application is 40 minutes, if you do not save or change page within this time you will automatically be logged out and any unsaved work will be lost.
- Please do not attempt to reformat application forms as this will result in disqualification.

Changes in personal circumstances

Please ensure HRConnect are informed immediately of any changes in personal circumstances.

Communication between HRConnect and you

HRConnect will issue electronically as many competition communications as possible, you should therefore check your email account to make sure that you don't miss any important communications in relation to this competition. There may, however, still be a necessity to issue some correspondence by hard copy mail.

Disability Requirements

We will ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend any part of the assessment process. Details of any disability are only used for this purpose and do not form any part of the selection process. If you have indicated on your application that you have a disability and are successful in the selection process and are being considered for appointment, you may be required to outline any adjustments you consider necessary in order for you to take up an appointment. If you wish to discuss your disability requirements further, please contact HRConnect.

Equal Opportunity Monitoring Form

Please note, this form is regarded as part of your application and failure to complete and return it will result in disqualification.

For guidance on completing the Monitoring Form and to read the NICS Equal Opportunities Policy Statement please refer to page 32.

The Northern Ireland Civil Service is an Equal Opportunities Employer.

ALL APPLICATIONS FOR EMPLOYMENT ARE CONSIDERED STRICTLY ON THE BASIS OF MERIT.

Assessment Information

It is HRConnect policy that all candidates invited to attend for assessment bring sufficient documentation to satisfy the eligibility/shortlisting criteria the Nationality and Vetting requirements. Further details regarding acceptable documentation will be issued with an invitation to attend for assessment.

You should ensure that these documents are readily available.

Nationality Requirements

HRConnect must ensure that you are legally entitled to work in the United Kingdom. The Chief Pharmaceutical Officer posts are classified as Non-Public

Service, therefore certain nationality requirements apply. Applicants must be either:

- (i) A UK national; or
- (ii) A Commonwealth citizen; or
- (iii) A British Protected Person; or
- (iv) An EEA national; or
- (v) A Swiss National; or
- (vi) A person who is not an EEA or Swiss national, but is a family member of an EEA national who has moved to the UK from another EEA Member State for an approved purpose.

For further guidance on Nationality requirements please see Annex A.

Advice on Nationality for (i), (ii) and (iii) above may be obtained from the Home Office website, www.ind.homeoffice.gov.uk.

Vetting Procedures

1. Baseline Personnel Security Standard

For Chief Pharmaceutical Officer posts in the NICS the level of vetting is a Counter Terrorist Check. For this check you will be required to provide the following:

- a) Your passport OR
- b) A document verifying your permanent National Insurance number (e.g. P45, P60 or National Insurance card) AND your birth certificate which includes the names of your parents (long version).
- c) Other acceptable documents are listed on www.ind.homeoffice.gov.uk.
- d) A specimen signature at any assessment event and have this validated against passport, driving licence, application form etc.

For more information, the address of the AccessNI website is: <http://www.accessni.gov.uk/>. Those applicants who are being considered for appointment will be contacted by HRConnect, normally after interview/test, and will be asked to complete the AccessNI application form. This can be downloaded from the AccessNI website. Guidance notes of the completion of the form are also included on the website. Please note that a request to complete this form should not be seen as a guarantee of an offer of appointment. Failure to complete the above form and return it within the specified time will be regarded as 'no longer interested in the position' and your application will be withdrawn.

Criminal Record information is subject to the provisions of the Rehabilitation of Offenders (NI) Order 1978.

2. Counter Terrorist Check (CTC): as point 1 plus check of Security Service records.

Order of Merit

The selection panel will assess candidates against the interview criteria. Those candidates who meet the required standard(s) and pass mark will be deemed suitable for appointment. The selection panel will then list those suitable for appointment in order of merit with the highest scoring applicant ranked first. HRConnect will allocate a candidate (or candidates) to a vacancy (or vacancies) in the order listed. The order of merit is valid for one year.

GENERAL INFORMATION

Pensions:

The NICS offers all new employees an attractive pension package. Further details can be found on the Principal Civil Service Pensions Scheme (Northern Ireland) website at:

<http://www.dfpni.gov.uk/civilservicepensions-ni/index/new-members.htm>

or

if you are unable to access the website please contact Civil Service Pensions as follows:

Civil Service Pensions
Waterside House
75 Duke Street
Londonderry
BT47 6FP
Tel: 02871 319000
Email: cspensions.cpg@dfpni.gov.uk

Feedback

The Northern Ireland Civil Service is committed to ensuring that the processes used to recruit and select staff are fair and in accordance with the principles of the Civil Service Commissioners Code. We are consequently committed to providing feedback in respect of decisions taken in determining eligibility/shortlisting as well as at interview. Feedback in respect of eligibility/shortlisting will be communicated automatically to those candidates who fail to satisfy any criteria. All requests for feedback are welcome.

THIS INFORMATION PACK DOES NOT FORM PART OF
CONDITIONS OF EMPLOYMENT

Completed application forms should be sent to the HRConnect Recruitment Team:

HRConnect
PO Box 1089
2nd Floor
The Metro Building
6-9 Donegall Square South
Belfast
BT1 9EW

NOTE: Late applications or applications received by fax or by email will not be accepted.

Contact Details:

If you have any queries regarding the competition process please contact HRConnect at the address above or by:

Email: Recruitment@HRConnect.nigov.net
Tel: 0800 1 300 330
Fax: 028 9024 1665

EQUAL OPPORTUNITIES

Policy Statement

The Northern Ireland Civil Service Equal Opportunities Policy statement is set out below.

"The Northern Ireland Civil Service (NICS) is committed to providing equality of opportunity. It is our policy that all eligible persons shall have equal opportunity for employment and advancement in the NICS on the basis of their ability, qualifications and aptitude for the work. Everyone has a right to equality of opportunity and to a good and harmonious working environment and atmosphere in which all workers are encouraged to apply their diverse talents and in which no worker feels under threat or intimidated. This right is protected in many instances by legislation.

In order to provide a high quality service to the people of Northern Ireland the NICS needs to recruit, retain and promote the best available people. Our equal opportunities policy is central to this strategy. We aim to foster a culture which encourages every member of staff to develop his or her full potential and which rewards achievement. Creating a working environment where individual differences are valued and respected enables all staff to give of their best and helps us to respond more effectively to the needs of the people we serve.

The NICS seeks to maintain the confidence of the whole community. It will continue to promote equality of opportunity and fair participation within the framework of the law and will strive to achieve a workforce that is broadly representative of the society which it serves.

It is the responsibility of all staff to be aware of and to apply this policy. Both Management and Trade Union Side are fully committed to the policy and will endeavour to ensure its full implementation."

Equal Opportunities Monitoring

Equality monitoring is the process of collecting, storing and analysing information that is relevant to and necessary for the purpose of promoting equality of opportunity between different categories of persons. This section sets out what information is collected, the reasons for doing so and what it is used for.

You should note that the Monitoring Form is regarded as part of your application and failure to fully complete and return it will result in disqualification. The Monitoring Form will be processed separately and neither the form nor the details contained in it will be available to those considering your application.

Legislative Context

This section explains the reasons for gathering this information by setting out the legislative background.

Gender

The Sex Discrimination (NI) Order 1976 (as amended) makes it unlawful to discriminate against an individual on the grounds of his or her sex. Information on gender is also necessary to enable the completion of the annual statutory monitoring return, as required by the Fair Employment and Treatment (NI) Order 1998. Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between men and women generally.

Age

The Employment Equality (Age) Regulations (NI) 2006 make it unlawful for employers and others to discriminate on grounds of age. Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons of different age.

Community Background

The Fair Employment and Treatment (NI) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information requested in the Community Background section of the monitoring form is required in connection with the requirements of the above Order and to enable the completion of the annual statutory monitoring return to the Equality Commission for NI.

Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons of different religious belief and political opinion. Following guidance issued in July 2007 by the Equality Commission for NI the NICS has decided to use "community background" information as a proxy for political opinion.

Disability

Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons with a disability and persons without. The Disability Discrimination Act 1995 (the DDA) provides protection for disabled persons against discrimination on the grounds of disability.

The DDA defines disability as a "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities."

This definition is interpreted as follows:-

Physical Impairment: this includes, for instance, a weakening of part of the body (eyes, ears, limbs, internal organs etc) caused through illness by

accident or from birth. Examples would be blindness, deafness, paralysis of a leg or heart disease.

Mental Impairment: this includes mental ill health and what is commonly known as learning disability.

Substantial: put simply, this means the effect of the physical or mental impairment on ability to carryout normal day to day activities is more than minor or trivial. It does not have to be a severe effect.

Long-term adverse effect: the effect has to have lasted or be likely to last overall for at least 12 months and the effect must be a detrimental one. A person with a life expectancy of less than 12 months is of course covered if the effect is likely to last for the whole of that time.

A normal day to day activity: this is something which is carried out by most people on a fairly regular and frequent basis such as washing, eating, catching a bus or turning on a television. It does not mean something so individual as playing a musical instrument to a professional standard or doing everything involved in a particular job.

What sort of effect must there be?

The person must be affected in at least one of the respects listed in the DDA: mobility; manual dexterity; physical co-ordination; continence; ability to lift, carry or otherwise move everyday objects; speech; hearing or eyesight; memory or ability to concentrate, learn or understand; or perception of risk of physical danger.

What happens if the effects are reduced by medication or other treatment?

Broadly speaking, the effects that matter are those that would be present if there was no medication or treatment taking place. The exception is people who wear spectacles or contact lenses when what matters is the effect that remain while the spectacles or contact lenses are being used.

Are there any types of condition covered by special provisions in the DDA?

Yes, because some people with particular conditions might not otherwise be counted as disabled. These are provisions covering:

Recurring or fluctuating conditions such as arthritis, where the effects can sometimes be less than substantial, which are treated as continuing to have a substantial adverse effect so long as that effect is likely to recur;

Conditions which progressively deteriorate, such as motor neuron disease, which count as having a substantial effect from the first time they have any effect at all on ability to carryout normal day to day activities even if it is not substantial, so long as there is eventually likely to be a substantial adverse effect; and

People with cancer, HIV, or multiple sclerosis are deemed to be disabled people from the point of diagnosis, regardless of whether or not they have any symptoms.

Are any conditions not covered?

Yes, the following conditions specifically do not count as impairments:

Addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed);

Seasonal allergic rhinitis (e.g. hay fever) unless it aggravates the effect of another condition;

Tendency to set fires, or steal, or physically or sexually abuse other persons;

Exhibitionism and voyeurism;

Severe disfigurements consisting of tattoos, non-medical body piercing or attachments to such piercing are not treated as having substantial adverse effects.

What if someone has recovered from a disability?

Much of the DDA also applies to people who have had a disability in the past (for example, someone who was disabled by mental ill health) but have now fully recovered. People who were registered disabled under the Disabled Persons (Employment) Act (NI) 1945 both on 12 January 1995 and 2 December 1996 will be regarded as having had a disability in the past if they do not in any case fall within the definition of the DDA.

Race

The Race Relations (NI) Order 1997 makes it unlawful to discriminate on grounds of colour, race, nationality or ethnic or national origin. Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons of different racial group.

Sexual Orientation

The Employment Equality (Sexual Orientation) Regulations (NI) Order 2003 makes it unlawful for employers and others to discriminate on the grounds of sexual orientation. In order to monitor the effectiveness of NICS policies information is gathered on sexual orientation. Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons of different sexual orientation.

Marital Status & Dependants

Section 75 of the Northern Ireland Act 1998 requires public authorities in carrying out their functions in NI to have due regard to the need to promote equality of opportunity between persons of different marital status and between persons with dependants and persons without.

Use of Monitoring Information

Monitoring information is used to enable the NICS to assess the effectiveness of its EO policies and to determine the impact (if any) of various policies and procedures on different categories of staff. In addition to this internal focus community background and gender information on both staff and applicants is used to complete the annual statutory monitoring return to the Equality Commission.

Confidentiality of Monitoring Information

As with other forms of personal data, the obtaining, use, storage and disclosure of monitoring information is covered by the Data Protection Act 1998 (DPA). Monitoring information is held on computer and is protected by a high level of security. Access to this data is restricted to those NICS staff, employees of HRConnect and Trade Union officials whose duties make it necessary for them to have it. Misuse of monitoring information is viewed as a disciplinary offence.

The confidentiality of community background information is also protected through regulations made under the Fair Employment and Treatment (NI) Order 1998 (FETO). These make it a criminal offence, subject to specific exceptions, for an employer or employee to disclose information on the community background of an individual which has been obtained or used for the purposes of monitoring under FETO.

The release of an individual's monitoring information is permitted by legislation as part of prospective or actual proceedings under equality legislation, e.g. where another individual has made a complaint of alleged discrimination.

Many people from all backgrounds in Northern Ireland and beyond are interested in the profile of the NICS workforce and the candidates who apply for jobs. For this reason the NICS regularly publishes data in the form of statistical summaries, graphs etc. On occasions it may also be necessary to use monitoring information to answer questions from Assembly Members, MPs and MEPs or to respond to requests for information under the Freedom of Information Act. In all cases where information is made public, the format of presentation will be such that it will not be possible to identify any individual's information.

ANNEX A

Nationality

(i) 'UK National' means a person who is a British citizen (including persons from the Channel Islands and the Isle of Man), a British subject under Part IV of the British Nationality Act 1981 having the right of abode in the UK or a British Dependent Territories citizen acquiring his/her citizenship from connection with Gibraltar.

(ii) 'Commonwealth Citizen' means any person who has the status of a Commonwealth citizen under the British Nationality Act 1981, not covered by the 'UK Nationality' definition above. This includes British Dependent Territories citizens (other than Gibraltarians), British Overseas citizens, and from 1986 those persons in the category British National (Overseas).

(iii) 'British Protected Person' means a member of any class of persons declared to be British Protected Persons by Order in Council under the British Nationality Act 1981, or by virtue of the Solomon Islands Act 1978.

(iv) 'EEA National' means a national of one of the following countries:

Austria	France	Liechtenstein	**Romania
Belgium	Germany	Lithuania	Slovakia
**Bulgaria	Greece	Luxembourg	Slovenia
Cyprus	Hungary	Malta	Spain
Czech Republic	Iceland	Netherlands	Sweden
Denmark	Ireland	Norway	United Kingdom
Estonia	Italy	Poland	
Finland	Latvia	Portugal	

N.B. nationals from Switzerland also have the same free movement and employment rights.

'Family member of an EEA national' means:

- (i) That national's spouse*; or
- (ii) A direct descendant (child, grandchild etc.) of that national or his/her spouse who is under 21 years of age or is their dependent; or
- (iii) A dependent relative in the ascending line (parent, grandparent etc) of the EEA national or his/her spouse.

*Note: 'Spouse' does not include a party to a marriage of convenience and in the case of EEA national vocational students; family members are restricted to spouses and dependent children only.

** Non-exempt Bulgarian and Romanian nationals are required to be registered under the Worker Authorisation Scheme prior to appointment. Guidance on this can be obtained from the Home Office website www.ind.homeoffice.gov.uk.

ANNEX B

CIVIL SERVICE COMMISSIONERS

CSC NI

CIVIL SERVICE COMMISSIONERS
FOR NORTHERN IRELAND

AN INTRODUCTION

Ensuring appointment on merit
And safeguarding ethics

WHO ARE WE?

Mr Brian Rowntree, CBE (Chairperson)
Mrs Vilma Patterson, MBE
Dr Raymond Mullan, OBE
Ms Marian Matchett, CBE
Mr James Scholes

LOCATION

Our Office is in Stormont House.
The full address is:

Stormont House
Room 105
Stormont Estate
Belfast
BT4 3SH

OPENING HOURS

The Office is open from 9.00am to 5.00pm,
Monday to Friday, except Public and Bank Holidays.

How to contact us

- write to us at the address at the top of the page
- telephone us on 028 90253599
- fax us at 028 90527705
- visit us at www.nicscommissioners.org

Annex B CIVIL SERVICE COMMISSIONERS

WHAT ARE WE HERE TO DO?

Civil Service Commissioners are appointed by the Crown to uphold the principle that selection for appointment to posts in the Civil Service should be on merit on the basis of fair and open competition.

WHERE DO WE GET OUR AUTHORITY FROM?

Commissioners derived their responsibilities from prerogative Orders made by the Secretary of State. Our authority currently derives from the Civil Service Commissioners (NI) Order 1999.

HOW DO WE DO IT?

We do it by:

- making General Regulations.
- publishing and maintaining a Recruitment Code setting out the essential principles and procedures on which recruitment to the Northern Ireland Civil Service must be based. Departments and Agencies must follow this Code. A copy is available online at: www.nicscommissioners.org
- it is inevitable that occasions will arise when special circumstances lead to Departments needing to depart from the Merit Principle. The Commissioners have set out the circumstances in which they are prepared to look at requests to depart from the Merit Principle. These 'exceptions' must be notified to, and in some instances approved by, the Commissioners before an appointment can be made.
- auditing recruitment policies and practices followed by Departments and Agencies in making appointment to the Northern Ireland Civil Service. Each year, the Commissioners decide on a particular aspect of recruitment to examine in detail (an audit) and request management consultants to carry out independent investigations on their behalf. The results of these audits are published in the Commissioners' Annual Report.
- requiring Departments and Agencies to publish information about their recruitment activity.

- approving procedures for appointment, through open competition, to the Senior Civil Service in Northern Ireland.
- hearing and determining appeals under the Northern Ireland Civil Service Code of Ethics. Under the Civil Service Commissioners (NI) Order 1999, we have been assigned the role of providing an independent appeals mechanism for Northern Ireland civil servants. The Code of Ethics sets out the constitutional framework within which civil servants work and the values they are expected to uphold. Details of the number and nature of the appeals received by the Commissioners are published each year in our Annual Report.

WHAT CAN WE DO FOR YOU?

If you have ever applied for a post in the Northern Ireland Civil Service, you can be assured that, whether or not you were successful, the Department or Agency was obliged to make that appointment in accordance with directions for good practice set out by the Commissioners.

We are concerned that civil servants are not fully aware of the appeals mechanism under the Code of Ethics. We would strongly encourage any civil servant who believes that he or she has been asked to act in a way which

- is illegal, improper or unethical;
- is in breach of constitutional convention or a professional code;
- may involve a possible maladministration; or
- is otherwise inconsistent with the Code

to report the matter in accordance with procedures laid down in the Northern Ireland Civil Service Pay and Conditions Code or Departmental guidance.

Where the matter has been reported in the appropriate manner and a civil servant believes the response does not represent a reasonable response to his or her concerns, s/he may report the matter in writing to the Civil Service Commissioners.