

NOCA Clinical Lead of the Irish Dementia Registry

About the National Office of Clinical Audit (NOCA)

The National Office of Clinical Audit (NOCA) was established in 2012 to create sustainable national clinical audit across the Irish healthcare system. NOCA is funded by the Health Service Executive's (HSE) National Quality and Patient Safety Directorate through the Office of the Chief Clinical Officer, governed by an independent voluntary Board and operationally supported by the Royal College of Surgeons in Ireland (RCSI). NOCA is the largest national clinical audit provider in Ireland. The current audit portfolio can be summarised into key areas including: Trauma and Surgery, Critical Care, Paediatrics, Chronic Disease and Mortality.

Internationally, clinical audit is a recognised approach to improving the quality of patient care and improving outcomes. Working with the HSE National Centre for Clinical Audit (NCCA), NOCA designs, establishes and supports a portfolio of national clinical audits based on national priorities that include burden of care, variation of care, availability of clinical standards and economic benefit. NOCA advocates for change at a national level, arising from key findings in our audits.

About the HSE National Centre for Clinical Audit

The HSE NCCA was launched in 2022. The establishment of the HSE NCCA aims to strengthen the development of an end-to-end process for clinical audit in accordance with the recommendations in the National Clinical Audit Review Report (2019). The HSE NCCA, is part of the wider HSE National Quality and Patient Safety and its programme of work is also strategically aligned to the HSE's commitment to patient safety outlined in the Patient Safety Strategy 2019-2024.

About the National Dementia Services

National Dementia Services (formerly the National Dementia Office) was established in 2015 to oversee the implementation of the National Dementia Strategy. National Dementia Services leads on the implementation of the Model of Care for Dementia in Ireland and the National Dementia Strategy through the following actions:

- Prepare and implement an action plan for the Model of Care for Dementia in Ireland and the National Dementia Strategy
- To monitor and assess progress on the implementation of the programmes of work against the agreed objectives and timelines
- To share information across the different strands of the programme so as to ensure a coherent approach across the programme.
- To provide regular updates on the progress of each programme of work
- To address issues arising in relation to the programme of work, and report such issues at a divisional level as necessary.
- To consider mechanisms for dissemination of findings from the strands of the programme
- To provide progress reports and responses to the different stakeholders including, the Department of Health Monitoring Group, HSE divisions.

Background to development of an Irish Dementia Registry

Dementia is a syndrome characterised by progressive cognitive impairment and is associated with loss in functional abilities and, in many cases, behavioural and psychological symptoms. Dementia is not a normal part of the ageing process; however, age is considered to be one of the main non-modifiable risk factors for developing dementia, along with gender and genetics. In 2024, the CSO highlighted that the number of people aged 65 years and over is estimated to have increased by more than 40% in the past 10 years, from 569,000 people in 2013 to 806,000 people in 2023. The CSO also estimates that the number of people 65 years and older is expected to double to 1.6 million by 2051. In Ireland, prevalence rates show there is approximately 64,000 people living with dementia. It is expected if current trends continue and in line with the CSO data, the incidence of dementia is estimated to increase to 150,000 people by 2045. The number of people living with prodromal/pre-dementia states is much higher than this (likely two to three times this number based on epidemiological estimates). Prodromal dementia manifests as the syndrome of mild cognitive impairment (MCI); the majority of people with MCI progress to dementia over time, emphasising the importance of also identifying and quantifying this cohort.

Ireland currently lacks a systematic approach to the collection and analysis of dementia data. Many countries have recognised the vital role that dementia information systems have in the development of many aspects of dementia health and social care services, and in ensuring equitable access to these.

National Dementia Services identified a Dementia Registry as a key enabler of improved dementia care in Ireland. Development has been outlined as a ministerial priority for 2025. Through the HSE National Service Plan 2025, funding was provided to develop a Dementia Registry. The project proposal was approved by the HSE NCCA and NOCA were the chosen clinical audit service provider.

Role of NOCA Clinical Lead for the Irish Dementia Registry

1. Purpose of this Role

The NOCA Clinical Lead provides clinical leadership for the successful implementation and management of a NOCA Irish Dementia Registry(IDR). They are operationally supported by a dedicated Project Manager and will work with data science, information governance and technology and quality teams in NOCA.

The role specification sets out the role and responsibilities for the NOCA Clinical Lead for the IDR. Appointment will be on the basis of a grade-to-grade confined competition and current remuneration applies. The contractual aspects of a secondment from current role are managed by the HSE. The role is 0.2 WTE.

2. Location

The successful candidate will maintain their existing base/location of work and will be expected to be available for meetings, as required, at other locations. NOCA is based at St Stephens Green, Dublin 2.

3. Key Responsibilities of the NOCA Clinical Lead – Irish Dementia Registry

3.1 Development of the Irish Dementia Registry

- Provide clinical leadership to the project team
- Member of the IDR working group
- Lead development of the IDR to guide service delivery, support improvement and research, inform policy and align with the Model of Care for Dementia in Ireland
- Engage and collaborate nationally with clinical colleagues (including those working in primary and secondary care), and with Public Health colleagues
- Establish effective working relationships and collaborate with all key stakeholders including (but not limited to) the HSE NCCA, the HSE National Clinical Programme for Neurology, National Clinical Programme for Older Persons, Integrated Information Services, the Health Intelligence Unit, the Irish College of General Practitioners, Department of Health, and key stakeholders in service development and delivery including service users and voluntary agencies
- Contribute as a subject matter expert to the development of key elements of the IDR including aim, objectives, scope, a minimum dataset, evidence-based metrics
- Engage with the healthcare community to garner support for IDR implementation.

3.2 Ongoing leadership of the Irish Dementia Registry

- Work closely with the Project Manager on operational issues as required
- Report to the NOCA governance committee and board as required.
- Recognise and handle appropriately any ethical issues including the failure to take action on findings that could represent a risk to patients or staff in line with NOCA and national health policies
- Encourage and support public and patient involvement in the IDR
- Promote the value of national clinical audit/ registry to drive improvement, celebrate excellence and share learnings to clinical colleagues, health service personnel and policy makers
- Represent the NOCA registry at local, national and international events and meetings
- Engage with the media as required.
- Oversee NOCA compliance with all statutory and contractual requirements such as but not limited to Freedom of Information and Data Protection legislation

- Continually evolve the IDR to meet the needs of the clinical community and international best practice
- Support the principles of good change management to ensure the best solutions are developed and successfully implemented.

3.3 Tenure

One day per week for a 3-year fixed term contract during development for the IDR. Clinical Practice will be facilitated. This post is subject to review every three years with the NOCA Clinical Director.

3.4 Essential Requirements/Qualifications for the role

3.4.1 Qualifications and/ or experience

Clinical expertise

- Registration as a Specialist in the Specialist Division of the Register of Medical Practitioners
- Substantial clinical expertise within the area of Dementia Care
- Clinically active and working as a Consultant in Ireland
- Experience in the creation and/or maintenance of registries or clinical databases.

3.4.2 Required knowledge and skills

Leadership and direction

- An in-depth understanding of the Irish healthcare system and the issues it faces at multiple levels from frontline to executive management and policymaking
- An understanding of national clinical audit, registry and research landscape
- Credibility and ability to command respect as a recognised clinical leader within the clinical community, with a good understanding of the HSE Corporate and Service Plans, Department of Health policy, Sláintecare
- Experience of providing significant clinical input to operational decision making related to dementia care in Ireland.
- A track record as an effective leader who has developed effective teams and driven and delivered sustainable change programmes to transform clinical services.
- A commitment to and focus on quality and promoting high standards to improve patient outcomes, by consistently putting service users and clinicians at the heart of decision making and involving patients and the public in their work.

Results focused with critical analysis and decision making

- Strong personal emphasis on achieving high standards of excellence and willingness to take personal responsibility to initiate activities and drive objectives through to a conclusion.
- Ability to rapidly assimilate and analyse complex information, make timely decisions and take ownership of those decisions and their implications as it relates to the development of the IDR
- Capacity to anticipate problems and to recognise when to involve other parties at the appropriate time and level.
- Uses evidence to make improvements and seeks out innovations.

Working with and through others

- An ability to influence and negotiate effectively in furthering the objectives of the role.

- An ability to build excellent collaborative networks and a track record of building and maintaining key internal and external relationships in furtherance of organisational goals.
- Highly developed communication skills which include an ability to convey priorities and complex messages to colleagues, various stakeholders, media and interest groups.

3.5 Key working relationships

The NOCA Clinical Lead works closely with the Project Manager and is supported by the NOCA executive team to implement the IDR. The Clinical Lead establishes effective working relationships with key stakeholders such as the HSE national clinical programmes, specialty bodies, Department of Health and key stakeholders in service development and delivery to champion and promote the value of the national clinical audit.

3.6 Key reporting relationship

Reporting relationship to the NOCA Clinical Director.

3.7 Accountability of the NOCA Clinical Lead

The NOCA Clinical Lead is accountable to the governance committee. The governance committee is accountable to the NOCA governance board. The NOCA executive team furnish regular status reports on behalf of the NOCA governance committee to the NOCA governance board.

4. Terms and conditions

Current terms and conditions of employment continue to be retained.

5. Selection process

Applications should be made by CV, together with a brief statement/application form clearly indicating your relevant experience by email to auditinfo@noca.ie stating "0.2 WTE Clinical Lead | Irish Dementia Registry" in the subject bar. The closing date for receipt of applications is Friday 25 July, 2025 at 12 noon.

Short listing may be carried out on the basis of information supplied in your application. The criteria for short listing are based on the requirements of the post as outlined in the 'Qualifications and/ or experience' and the 'Required knowledge and skills' sections of this job specification.

Those successful at the shortlisting stage of this process (where applied) will be called forward to a meeting with the selection panel. Interviews will take place as soon as possible once the closing date has passed. This means that you may be called for interview at short notice. Interviews will be virtual. The appointment of the successful candidate will be via a secondment arrangement, which will be managed by the HSE National Centre for Clinical Audit.

6. Informal enquiries

Informal enquiries should be directed to:

- Dr Sean O'Dowd, Consultant Neurologist, Tallaght University Hospital & Clinical Lead for National Dementia Services, Enhanced Community Care Programme & Primary Care Contracts, Email: sean.ODowd@tuh.ie
- Dr Brian Creedon, Consultant Palliative Medicine Physician in University Hospital Waterford and Clinical Director, NOCA. Email: brian.creedon@hse.ie Tel: 087 0667444

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