**Guidance Note on completion of Benefit Realisation Reports for Type C Committee**

**Introduction**

The Type C Committee as part of its work requests the employer and individual consultant to provide it with a Benefit Realisation Report as to the extent to which the benefits identified in the original submission have been realised. Since it has commenced this process in 2015 over 90 BRRs have been requested, of which over 70 have been returned. The Committee, when submitting the BRRS to the Director General has reported that in broad terms the identified benefits are being realised on an individual consultant basis.

With the insights gained from the submissions the Committee has refined the report template and has drawn up the following guidance for employers and individual consultants to refer to when completing their BRR.

**Guidance**

Details of the benefits realised are asked for under the following headings

*Improved access for public patients*

*Skill retention/competence requirements*

*Continuity of care measures*

*Achievement of salary and pension savings*

*Other benefits not covered above.*

In providing details of the benefits realised reference is to be made to the original submission and presentation to the Committee and the extent to which the benefits proposed have been achieved or exceeded. In this regard the following guidance is offered so as to assist in the completion of the BRR and may also be of help when preparing the original request to change for consideration by the Committee.

Quantitative and measurable data, which is specific to the consultant’s own activity, should be provided as extensively as possible, showing where it was prior to award of change in contract to where it is when the BRR is being compiled. Where such data is not available other evidence may be provided which demonstrates the benefits arising from the change of contract type for the public system.

***Improved access for public patients***

Quantitative and measurable data could include, but not be limited to, the following

change in individual consultants public/private ratio, what it was when requesting the change in contract and what it is when compiling the BRR

change in numbers of public patients treated (in patient/day case/diagnostic as appropriate) resulting from your change in contract

change in public inpatient and day case waiting times resulting from your change in contract

Other quantitative/quantitative indicators not listed here or included in your original submission which provide quantifiable evidence for improved access for public patients.

***Skill retention/competence requirements***

Evidence of skill retention to include details of documented evidence of skill retention, e.g. course attendance, certification as appropriate,

Evidence of practice improvements, e.g. rate of clinical throughput through use of improved techniques

Other quantitative/quantitative indicators not listed here or included in your original submission which support Skill retention/competence requirements.

***Continuity of care measures***

Confirmation that the cross cover arrangements provided for in the original submission have been fulfilled/did not impinge on public patients.

Schedule of commitments to public hospital is being maintained

***Achievement of salary and pension savings***

Date when Type C taken up and confirmation of the financial savings accruing from change in salary arrangements.

***Other benefits not covered above.***

This section may include additional information in relation to qualitative and qualitative information specific to your own practice which is not readily incorporated into the headings above.

Any queries relating to this guidance can be emailed to CONSULTANT APPLICATIONS <consultant.applications@hse.ie>.

**Benefits Realisation Report for Type C Committee**

|  |  |
| --- | --- |
| **Post Title** |  |
| **Post reference** |  |
| **Individual** |  |
| **Location** |  |
| **Date of approval** |  |

**Introduction**

The Type C Committee, in making its recommendation to the CEO, was informed by the submission and subsequent presentation made to it in respect of the above post(s).

The Committee is now requesting an update in respect of the above post(s) as to actual benefits realised from the granting of the request to change to Type C. In submitting your report you are requested to provide details of the benefits realised with reference to your original submission, subsequent presentation and the following headings as appropriate.

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| --- |
| ***Improved access for public patients -*** *Where it is proposed that a transfer of patients with access to private health insurance will release capacity for public patients the following information is required in this section (please reference your original request for change of contract)* * *current composition of public/private work volume in the 12 month period prior to application,*
* *expected reduction in private work volume as it relates to applicants practice,*
* *expected increase in public work volume and impact on wait times*
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|  |
| ***Skill retention/competence requirements -*** *In completing this section, any actual or potential loss of competence in the skills must be demonstrated in the context of the requirements of the post currently occupied by you. In this regard, any competence requirements are to be referenced to appropriate national or international standards or evidence. Information is also to be provided as to steps taken to identify in your current practice plan whether the necessary volume can be facilitated for competency* |
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| ***Continuity of care measures*** |
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| ***Achievement of salary and pension savings*** |
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| ***Other benefits not covered above*** |
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*I confirm that the benefits realised and set out above are consistent with the proposed benefits as described in my original submission and presentation for change in contract to Type C.*

*Signed: Date:*

 *Consultant*

*I hereby confirm that I have reviewed the Benefits Realisation Report of the above consultant and can confirm that the report reflects achievement of the benefits originally proposed and has contributed to improvement in services for the public patient.*

*Signed: Date:*

 *CEO / Hospital Manager of the Principal Employer*