

Consultant Application Process

Guidance to assist with applications progressing to the CAAC (Consultants Applications Advisory Committee)

Applications via the CAP (Consultants Applications Portal) must be accompanied by:

Clinical Programme Lead(s) comment form:

- CPL Comments must accompany all application types
- Dual specialty applications must have CPL comments from both specialties e.g. Consultant Rheumatologist & General Physician. CPL comments from Acute Medicine and Rheumatology Programmes
- CPLs required from all specialty leads with an interest in the post e.g. cancer care (NCCP), stroke, obesity, GIM.

The following is a link to the Department of Clinical Design and Innovation for further information. <https://www.hse.ie/eng/about/who/cspd/>

The above pertains to new, replacement/restructured and restructured posts and direct replacement posts. Please note that the form for direct replacements differs to that for other posts. Copies of forms are attached and available on as follows: <https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/doc1/>

Should the CPL have any queries/comments in relation to the post, these should be addressed prior to submitting the application to NDTP. Where a query has arisen and been addressed the site should provide evidence of communication with CPL and their acknowledgment (as relevant)

Confirmation of Funding form: This form should reflect the details of the post submitted and be signed appropriately. <https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/doc1/>

Other supporting documentation:

- Restructured posts must have letters from all interested parties/Hospitals to support the restructure. For restructures where there is an incumbent in post, a letter from the consultant is required.

N.B. Supporting documentation must be dated within six months of application.

Only completed applications, submitted by the deadline, with CPL Form and CoF Form attached, will progress to screening for the next CAAC meeting. [CAAC Meetings 2025 and Deadlines for Submission](#)

SECTION C – On-call and Work Practice Plans.

On-call: Should include frequency and type of Rota e.g. General Medicine, Stroke, Vascular, recognising that some consultants may have a commitment to more than one rota, e.g. Geriatrician may be on the GIM Rota as well as a separate stroke rota. If the Consultant is to partake in more than one rota these should be listed with frequency included.

NB. *Ref letter from Dr. Colm Henry (attached). There is an expectation that the majority of consultant posts will have a call commitment. Should there be no requirement for on-call at present, the reason for this should be included in the application and details of future requirements outlined.*

Indicative Work Schedule:

- Please include a gap in the schedule each day to facilitate a lunch break.
- Saturday working hours must be included. If current IWPP does not include Saturday hours "0" hours must be included to reflect the potential for rostering in the future as per the POCC.
- If the post does not currently have a commitment to on-call, the possible requirement for on-call in the future should be included in the WPP and job specification.
- Balance of Clinical: Non Clinical commitment approximately 70:30
- Where Consultant is rostered over a number of weeks e.g. One Saturday every eight weeks a narrative can be included either in the Rota section on the form. If a site wishes to demonstrate rotas which cycle over a number of weeks, this IWPP cycle can be uploaded in to Section H. Two consecutive days should be rostered off each week.

SECTIONS D, E, F: Existing Consultant Posts

- Please ensure all information is correct and updated on DIME as appropriate.
- Please ensure that Section B Q12 and Q13 are consistent with these sections.
- For posts submitted on a Regional basis rather than site specific a report of all posts in the region should be submitted as an attachment to the form. This report can be run from the DIME and edited as appropriate i.e. Consultant Post and Occupancy Report.

Other:

- Forms should be proofread to ensure information is accurate and relevant and formatting is correct.
- If copying and pasting information from a word document into CAP, editing of information will be required e.g. bullet points, tables. Please ensure correct formatting.
- The title of post must be consistent throughout the form and in supporting documentation and cross checked against the approved title [list of posts and qualifications](#).
- Ensure all sections of the form are completed.
- Ensure names and contact details are included for those responsible for Induction, Probationary Review and Appraisal. Timelines for Probationary Review should reflect the POCC23.
- If there are consultants in the specialty who have an entitlement to a contract of indefinite duration assurances must be provided that should the post be approved conditions for recruitment, as outline in LoA, will be adhered to.
- All applications must be validated by Regional Executive Officer (REO) and Regional Clinical Director (RCD)

It is the responsibility of the SUBMITTER to ensure that applications are complete and all the required supporting documents uploaded and in date (within six months) prior to submission to NDTP. Again, Should the CPL have any queries/comments in relation to the post, these should be addressed prior to submitting the application to NDTP. Where a query has arisen and been addressed the site should provide evidence of communication with CPL and their acknowledgment (as relevant).

If you have any queries in relation to the above or require any assistance or training please do not hesitate to contact the Consultants Division: consultant.applications@hse.ie