The relevant clinical programme lead (or nominee of CAAC) must complete this evaluation form on receipt of a proposed consultant appointment document from a Health Region REO and return the completed evaluation form to the respective Health Region REO within *10* working days of receipt of the document. A completed form is required for all posts being considered by CAAC i.e. New, Restructured and Replacement Restructured Posts.

|  |  |
| --- | --- |
| **Name of Clinical Programme Lead/Nominee of CAAC:** |  |
| **Title of proposed consultant appointment:** |  |
| **Health Region submitting proposed consultant appointment:** |  |
| **Clinical Programme Lead/Nominee of CAAC must complete 1 (a), (b) and (c) and then complete *one of either* 2, 3 or 4 depending on their decision following review of the document.** | |
| **1(a) Are there any items missing from the proposed consultant appointment document that need to be addressed prior to it being submitted for consideration by CAAC?** | |
| **1(b) My evaluation of current practice and workload for this speciality in this service/hospital is as follows:** | |
| **1(c) I confirm that the proposed workload for this post is appropriate:**     |  |  |  |  |  | | --- | --- | --- | --- | --- | | Yes |  |  | No |  | | |
|  | |
| **2. I have reviewed the proposed consultant appointment in the context of the clinical programme and support it fully for the following reasons:** | |
|  | |
| **3. I have reviewed the proposed consultant appointment in the context of the clinical programme and cannot support it in its current format for the following reasons:** | |
|  | |
| **4. I have reviewed the proposed consultant appointment in the context of the clinical programme and do not believe it has merit and would need to be substantially reworked. The reasons for this are:** | |

Clinical Lead Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

28.4.25