

Towards Successful Consultant Recruitment, Appointment and Retention

***Recommendations of a Committee appointed by the HSE
regarding reform of the processes for creation, approval
recruitment and appointment to Consultant posts***

December 2016

Table of Contents

Executive Summary	4
1. Introduction	9
2. Terms of reference and membership	9
3. Background to the establishment of the Committee	11
i) The current Consultant workforce	11
ii) Barriers to successful Consultant recruitment and retention	11
4. Methodology	13
5. Process for creation and filling of a Consultant post	14
i) Planning / identification of existing or new service need for a Consultant post.....	14
ii) Funding of Consultant posts and progression of applications.....	15
iii) Approval of Consultant posts in line with regulatory and contractual obligations	16
iv) Recruitment to Consultant posts	19
v) Interaction with Candidates.....	23
6. Key findings	24
i) The role of Consultants.....	24
ii) Difficulties recruiting and retaining Consultants	24
iii) Income is an important determinant of successful recruitment and retention.....	25
iv) Deficiencies in governance and administration.....	25
7. Findings and actions for implementation	27
i) Recent developments	27
ii) A strategic approach to Consultant recruitment.....	28
iii) Preparation of an application for a Consultant post	29
iv) Assessment of applications for Consultant posts	32
v) The recruitment process.....	33
vi) Appointment to a Consultant post	36
vii) Information, guidance and implementation.....	39
Appendix I – Job Planning and resources to support Consultant appointment	40
Appendix II - Induction	41
Appendix III - Probation	44
Appendix IV – Consultant Appraisal in Ireland	49
Appendix V – Consultant recruitment in the Mental Health Services	52
Appendix VI – Guidance on creation, approval of and recruitment to Consultant posts	55

Glossary

The following acronyms and terms are used in this report:

CAAC – Consultant Applications Advisory Committee

CAU – Consultant Appointments Unit

CHO – Community Healthcare Organisation

CPSA – Commission for Public Service Appointments

DoH – Department of Health

DEPR – Department of Public Expenditure and Reform

Hanly Report – Report of the National Taskforce on Medical Staffing (DoH, 2003)

HSE – Health Service Executive

HR – Human Resources

Imrie Report - 'Training 21st Century Clinical Leaders, A review of the Royal College of Physicians of Ireland training programmes' RCPI 2015

MacCraith Reports - Reports of the Strategic Review of Medical Training and Career Structures (DoH 2013-14)

NDTP – National Doctors Training & Planning

NCHD – Non-Consultant Hospital Doctor

NRS – National Recruitment Service

PAS – Public Appointments Service

RCSI – Royal College of Surgeons in Ireland

RCPI – Royal College of Physicians of Ireland

Executive Summary

i) Purpose of report

This report analyses the current operational and administrative barriers to efficient creation, and approval of and recruitment to Consultant posts. It examines the factors influencing applications for such posts and related workforce and service planning, delays in the application and approval process, the implementation of the Health Service Executive's regulatory functions, the interaction between the range of agencies involved in Consultant recruitment and how successful candidates are supported in the early stages of appointment. The report proposes actions to address each of these issues.

The report reflects the considered view of a range of stakeholders, including health service employers, senior Consultants and Clinical Leads in a range of specialties, Hospital Groups, HSE Human Resources, National Doctors Training & Planning, Forum of Postgraduate Medical Training Bodies, the HSE National Recruitment Service, Acute Hospitals Division, Mental Health Division, the Public Appointments Service and Department of Health.

Notwithstanding the Terms of Reference set out by the Director-General (see below) the Committee felt that it was important to point out at the outset that simply correcting and providing rigour to the recruitment and appointment process was not of itself enough to address the present Consultant recruitment crisis but that other factors also needed to be addressed. These include shortfalls in Consultant numbers and the availability of Consultants, working conditions and, most particularly, concerns regarding remuneration.

ii) A health system facing unprecedented challenges and difficulties recruiting Consultants

The report concludes that the HSE is facing unprecedented challenges meeting increasing demands while delivering significant efficiency savings and managing changing health delivery systems - all within a new Hospital Group and CHO configuration. In this context, Consultants, working as part of coordinated Consultant and multi-disciplinary teams are fundamental to the delivery of safe, high quality medical care.

This requires that Consultants and managers work together collaboratively and innovatively. Consultant planning and appointment is an important mechanism for organising resources effectively to support patient care and ensure healthcare delivery organisations, Consultants and patients benefit.

National policy remains the development of a Consultant-provided service as per the Report of the National Task Force on Medical Staffing (Hanly Report) and the Reports of the Strategic Review of Medical Training and Career Structures (MacCraith Reports 2013-14).

A significant driver of Consultant vacancies is a Consultant recruitment and retention crisis. PAS, for example, has confirmed that of the 149 Consultant posts it advertised in 2015, 20 (13%) received no applicants. A further 28 (19%) had only one applicant. No information was available on the standard of applicants.

A range of factors contribute to this situation, many of them unrelated to the work of the Committee. Nevertheless, relevant contributing factors included:

- that the health service had not linked the creation of additional Consultant posts to the availability of potential candidates – many of whom were doctors in publicly-funded training or who had recently completed training.
- potential candidates for Consultant posts could not easily access information on forthcoming opportunities.
- employers took lengthy periods to progress applications for approval of replacement posts.
- inadequate job planning and allocation of resources.
- once posts were approved there were further delays before posts were advertised.
- such delays often required appointment of non-permanent Consultants to meet service needs pending the permanent appointment.
- lack of clarity regarding opportunities for flexible working.
- once posts were offered candidates often delayed taking up appointment.
- when starting, new Consultants experienced inconsistent induction processes and were often faced with limited resources and a struggle to access same.
- poorly utilised probation and appraisal processes.
- remuneration – while base salary and on-call payments have increased with effect from 1st September 2014 the difference between new and older salary scales at final point of the scale is a source of concern to candidates as well as a potential source of intra-departmental disharmony and a disruptive influence on the need for good team-working.

Research by the RCSI Doctor Migration Project provides useful context for the above. As part of its work, the Project has researched the outward migration or emigration of doctors from the Irish health system. Although Ireland now trains sufficient doctors to meet the needs of the Irish health system, increasing numbers are emigrating. High levels of doctor migration (inward and outward) distort the composition and skills mix of the health workforce and undermines attempts to match supply to need. These research findings are being used to support the work of HSE HR, NDTP and the Medical Council in developing feasible strategies to retain and attract back doctors.

Key findings from the RCSI research to date include that respondents stated that their emigration from Ireland had been driven by professional rather than personal reasons. Of the top five reasons for emigration given by respondents, all but one related to the workplace (in order of preference: working conditions, training, career progression, financial reasons, personal reasons). Doctors stated that the working conditions experienced in Ireland left them with *'no option but to leave'* and gave concrete examples of the working conditions they had experienced in the Irish health system, particularly in relation to long working hours.

Respondents stated that health employers' did not respect the health professionals in their employ, that poor working conditions were evidence of that disrespect and that significantly improved working conditions in the Irish health system would be necessary prior to their return.

Although the reforms identified by respondents are wide-reaching, the underlying goal, as articulated by respondents, was for a safe practice environment in which health professionals could perform to the best of their abilities and *'to feel pride at the end of a shift well done instead of dismay at feeling that slap-dash substandard care has been provided'*.

These findings are echoed in the Imrie Report (*'Training 21st Century Clinical Leaders, A review of the Royal College of Physicians of Ireland training programmes'* RCPI 2015), which noted that remaining in Ireland has become less attractive for doctors, specifically those undertaking postgraduate specialist training. Leading factors in the increased difficulties in the recruitment and retention of senior trainees include a 30% reduction in salary for new Consultants during Ireland's

financial crisis and an increased pressure on clinicians in all disciplines to maintain a high level of service with reducing resources.

iii) Flaws of governance and administration

The Committee noted that there is scope for significant improvement in governance and administration prior to and during the application and approval process for Consultant posts and subsequently in the recruitment and appointment process. Changes were required to ensure the health service could rapidly and efficiently create and fill Consultant posts.

The Committee identified a number of stages within which these process improvements could be categorised and addressed. These are described below:

- governance and administration
- prior to submission of applications for permanent posts
- during the application process
- during the recruitment process
- during the appointment process
- relating to the review and continuing support processes

Separately, a key concern for many potential candidates for Consultant posts in recent years has been salary. Starting salary, progression through points on the salary scale and how new appointees compare to colleagues appointed in earlier years are all reported as influencing decisions by potential candidates to apply or to accept an offer of a post.

iv) Findings and actions for implementation

The Committee identified a number of recent developments which have or have the potential to facilitate successful Consultant recruitment and retention prior to setting out 33 findings and related actions for implementation. These include:

- the creation and publication of a 'Proposed / Approved Consultant Appointment' document as part of a single pack of documentation which informs each stage of post application, approval and recruitment,
- the introduction of significantly shorter timescales for key aspects of the process,
- revised advertisement and interview arrangements,
- enhanced engagement and communication with potential candidates at an early career stage and throughout the process, recognising that appointments will always be made on merit following an open and transparent selection process,
- measures to accelerate the candidate clearance process, contract offer and identification of start dates,
- use of proleptic appointments (taking account of the CPSA Codes of Practice) and standardised approaches to induction and probation,
- use of Job Plans, provision of appropriate resources and ongoing appraisal and feedback,
- creation of a single point of information covering each stage of the process for candidates and health service employers,
- integration of the Committee's actions for implementation into the HSE's national performance and accountability processes.

Set out below is a summary of the position prior to and following the implementation of the actions as set out above.

Application, Approval and Recruitment process before implementation

Disconnect between posts approved and training programmes, limited engagement with trainees / potential candidates on opportunities

Hospitals / agencies submit applications to CAAC, once application approved, HSE hospitals / agencies submit further documentation to NRS

CAAC and NRS documentation is lengthy, complex and not available to candidates

Documentation often omitted strategic plan, job description or resources necessary to perform duties of post

No set timescale for advertising posts

PAS may wait weeks before receiving details of Interview Boards

Inconsistent or absent induction, probation, appraisal processes

Limited, out of date guidance on process for approval of and recruitment to Consultant post

Application, Approval and Recruitment process after implementation

Greater links between posts approved, workforce planning and training programmes, engagement with candidates and use of proleptic appointments

All documentation is now part of a single pack, submitted at the start of the process - reducing timescale

Documentation has been significantly revised, shortened and the Letter of Approval and Approved Consultant Appointment document are made available to candidates

Documentation includes strategic plan for service, job description and work practice plan and identifies resources needed to perform duties

PAS / HSE-funded hospitals and agencies should advertise within 2 weeks of approval

Interview Board nominees required before advertisement

Standardised and formal induction, probation, appraisal processes in place

Comprehensive guidance on each aspect of the process available to employers, applicants and appointees

1. Introduction

In December 2015 the Director General of the Health Service Executive (HSE) requested Prof. Frank Keane, National Clinical Lead Surgery, to lead a process to address a range of issues associated with the creation and approval of Consultant posts and successful recruitment to such posts.

This document comprises Prof. Keane's report to the Director General via the National Director Human Resources. Once approved by the Director General, this report becomes formal HSE policy. Attached to this report at Appendix V is guidance which it is proposed to issue to health service employers and other relevant parties regarding the creation and approval of Consultant posts and recruitment to Consultant posts.

2. Terms of reference and membership

The Director General emphasised that successful Consultant recruitment and retention was key to the delivery and development of services and reduction of agency costs. Noting that the Labour Relations Commission proposals of 7th January 2015 relating to a new Career and Pay Structure for Consultants were being implemented and that there was limited potential for further movement on Consultant salaries, he identified the need to address the operational and administrative barriers to successful Consultant recruitment and retention by addressing the following:

- Ensuring applications for Consultant posts are comprehensive, compliant with relevant national policies and submitted in a timely manner (particularly for replacement posts);
- Processing of applications for Consultant posts by HSE National Doctors Training & Planning;
- Delays in progressing Consultant posts to advertisement once approved;
- The need to explore the possibility of developing a framework for assessing candidate availability for Consultant posts;
- Developing a protocol setting out the required supports to be available to newly-appointed Consultants;
- An assessment of existing, advertised vacant Consultant posts with a particular focus on mechanisms to access and attract graduates of Irish training schemes and standard-setting for the Consultant post application process.

The Director General indicated that Prof. Keane would undertake his work supported by an executive group drawn from a larger committee which would include:

- National Director Human Resources (HR)
- Medical Workforce Lead
- Director of National Doctors Training & Planning (NDTP)
- Acute Hospital Division representative
- Mental Health Division representative
- HSE National Recruitment Service (NRS) representative
- National Clinical Advisor & Group Lead Acute Hospitals Division
- National Clinical Advisor & Group Lead Mental Health Division

- Medical Manpower Manager with significant national experience
- Clinical Leads Paediatrics, Emergency Medicine, Medicine, Surgery, Older persons.

The Director General further requested that a report be prepared for him via the National Director HR within a short period regarding the measures identified for action in the Acute Hospital and Mental Health settings and the extent to which they have implemented.

Taking the above into account a Committee was formed comprising the following:

- Prof. Frank Keane, Clinical Lead Surgery and Chair,
- Rosarii Mannion, National Director HSE HR
- Andrew Condon, Medical Workforce Lead, HSE HR
- Prof. Eilis McGovern, Director of NDTP
- Yvette Keating, HR Manager, Staff Health & Wellbeing, HSE HR
- Mary Doran, National Recruitment Manager, HSE NRS
- Margaret McCabe, Head of Recruitment and Selection, Public Appointments Service (PAS)
- Lara Hynes, Principal Officer, National Human Resources, Department of Health (DoH)
- Prof. Garry Courtney, Clinical Lead Medicine,
- Prof. John Crowe, Chair, Forum of Postgraduate Medical Training Bodies
- Adrienne Doherty, Workforce Planner, HSE Mental Health Division
- Angela Fitzgerald, Deputy National Director, HSE Acute Hospitals Division
- Dr Colm Henry, National Clinical Advisor & Group Lead Acute Hospitals
- Barry Holmes, Director of Human Resources, Royal College of Surgeons in Ireland (RCSI)
- James Keane, General Manager, Portiuncula Hospital Ballinasloe
- Dr Siobhan Kennelly, Clinical Lead Older Persons
- Dr Gerard McCarthy, Clinical Lead Emergency Medicine,
- Catriona McConnellogue, Communications Lead, HSE HR
- Dr John Murphy, Clinical Lead Neonatology,
- Mr Kevin O'Malley, Group Clinical Director, Ireland East Hospital Group
- Yvonne O'Neill, Assistant National Director, HSE Mental Health Division
- Prof. Alf Nicholson, Clinical Lead Paediatrics,
- Dr Margo Wrigley, National Clinical Advisor & Group Lead Mental Health

and an Executive Group established, including:

- Prof. Frank Keane, Clinical Lead Surgery and Chair,
- Rosarii Mannion, National Director HR
- Andrew Condon, Medical Workforce Lead, HSE HR
- Dr Colm Henry, National Clinical Advisor & Group Lead Acute Hospitals
- Barry Holmes, Director of Human Resources, RCSI
- Yvette Keating, HR Manager, Office of National Director of HR
- Catriona McConnellogue, Communications Lead, HSE HR
- Prof. Eilis McGovern, Director of National Doctors Training & Planning
- Mr Kevin O'Malley, Group Clinical Director, Ireland East Hospital Group
- Dr Margo Wrigley, National Clinical Advisor & Group Lead Mental Health

The Committee met on 26th January, 23rd February, 5th April, 23rd May and 13th June 2016. The Executive Group on 19th January, 16th February and 22nd March 2016.

Andrew Condon and Yvette Keating of HSE HR provided a secretariat and drafting resource to the Committee.

3. Background to the establishment of the Committee

i) The current Consultant workforce

As of end May 2016 there are 2,933 approved permanent Consultant posts. An increase of 197 since January 2015 and of 986 since January 2005.

Data provided to the Committee indicates that approximately 200 of these permanent Consultant posts are vacant. There are approximately 300 non-permanent Consultant posts, most of which appear to be associated with vacant permanent posts. This means that service is maintained – to a certain degree – in the absence of a permanent appointee.

Each year approximately 55% of the Consultant posts approved by the HSE are additional, while 45% are replacement. In this context, in the decade since it assumed the functions of Comhairle na nOspidéal, the HSE has processed applications for and approved 1,415 posts, each of which represents a recruitment opportunity.

Based on the data above, at the current time the number of vacant Consultant posts is gradually reducing, albeit at a very slow rate. While this emphasises the challenge associated with filling particular Consultant posts, it illustrates the extent of growth in Consultant posts - for every vacant post which is being recruited/advertised and filled, another new post is being approved.

ii) Barriers to successful Consultant recruitment and retention

As noted above, the Director General identified the need to address operational and administrative barriers to successful Consultant recruitment and retention.

This followed an evaluation of the processing, approval and recruitment of Consultant posts undertaken by HSE HR in conjunction with the HSE NRS and the PAS following agreement on a new pay and career structure for Consultant posts in January 2015.

This evaluation identified a range of issues associated with Consultant vacancies, including:

- the extent to which Consultant posts – both new and replacement – are progressed without reference to potential candidate availability. At the current time, there is no relationship between the post being approved and whether there are sufficient candidates available in Ireland or abroad (e.g. number of trainees in Irish training schemes in that specialty / sub-specialty over recent years);
- the large number of Consultant Applications Advisory Committee (CAAC) approved posts for which NRS are awaiting Job Descriptions from the relevant acute hospital or mental health service before they can progress the post to the PAS. The effect of this is to maintain a vacancy with no permanent recruitment process initiated;
- that Hospitals and Mental Health Services often wait till a Consultant has retired before initiating the application to secure a replacement / reconfigured post. This has the effect of creating vacancies even where the impending potential vacancy was known years in advance.
- that Consultant vacancies are not uniform in terms of specialty or location. In this context, particular specialties including Psychiatry, Surgery, Emergency Medicine and Paediatrics are experiencing challenges irrespective of location while sites such as Waterford, Letterkenny, Naas and Portlinculla struggle to recruit Consultants in any specialty.

The review noted that further factors influencing Consultant decisions to apply for or accept an offer of a post are:

- remuneration – while base salary and on-call payments have increased with effect from 1st September 2014 there remains a concern expressed by medical representative organisations and others that remuneration is not high enough, that Consultant Contract salary rates agreed in 2008 have not been paid and that specialist remuneration has not kept pace with other countries (e.g. United States, Australia) since 2008 - further reducing Ireland's competitiveness. The difference between new and older salary scales at final point of the scale is another source of concern to candidates as well as a potential source of intra-departmental disharmony and a disruptive influence on the need for good team-working.
- the perception held previously by staff in a number of hospitals / agencies that Consultant remuneration can be determined locally or be determined by the HSE itself rather than in line with Department of Health sanctioned salary rates has resulted in a number of successful candidates for Consultant posts holding a decision to accept an offer pending 'negotiation' with their prospective manager to secure rates of pay that are either not sanctioned or breach public pay policy requirements;
- lack of clarity with regard to access to facilities / resources – in a number of cases Consultants have commenced post in the absence of / with severely limited access to key resources or facilities to deliver services. Additionally, Consultants have commenced without administrative support, access to office space or appropriate clinical supports;
- what appears, in some cases, to be local "last in gets least resources" effect and an absence of collective responsibility within disciplines / specialties and hospitals to plan for and embrace new arrivals and share, in a balanced way, facilities and responsibilities;
- poor or variable 'welcoming' processes including induction and appraisal.

The review concluded that – in light of the above - vacancy figures for various specialties and locations often did not relate to the availability of qualified candidates but instead to poor processes, unnecessary delays and the lack of clarity as to the procedures needed for the creation, approval and filling of posts.

4. Methodology

As noted, the Committee met on five occasions, the Executive Group on three occasions. The Committee considered a range of background documentation and received presentations from key stakeholders describing particular aspects of existing processes and plans for reform. The Committee also discussed the approach adopted to particular issues and identified areas where change was required.

The Executive Group identified key issues for examination and discussion by the wider Committee, facilitated detailed analysis of particular areas and undertook preliminary review of documentation and proposals before consideration by the wider Committee.

Separately, Prof. Keane and the Secretariat engaged with key stakeholders, including NDTP, NRS and PAS to progress issues identified by the Committee / Executive Group and ensure there was agreement on the approach proposed.

The Committee decided that in order to meet its terms of reference, it would be necessary to:

- identify or develop a solution(s) to each “issue” and assign same to the appropriate agency for implementation,
- address specific Acute Hospital and Mental Health issues which influenced the efficient processing of applications,
- draft revised guidance to replace the 2009 “Procedures for the Regulation of Consultant Applications, Recruitment and Appointments” setting out the required standard of performance on each issue,
- facilitate the development of a new Consultant Appointment / Job Plan Template,
- engage following initial drafting with stakeholders not directly represented on the Committee, including Clinical Directors, the Irish Medical Organisation, Irish Hospital Consultants Association and the Forum of Postgraduate Medical Training Bodies.
- Structure actions for implementation as a report to the Director General of the HSE to be adopted as policy.

It was agreed that issues relating to variation in rates of Consultant remuneration and Consultant role substitution were not within the terms of reference and would not be addressed.

5. Process for creation and filling of a Consultant post

Prior to examination of the specific issues the Committee reviewed the current processes for creation and filling of Consultant posts. The key stages in the creation of a Consultant post are:

- i) planning / identification of an existing or new service need for a Consultant post,
- ii) funding and progression of applications,
- iii) the approval process for posts in line with the HSE's regulatory functions and contractual obligations,
- iv) recruitment.

These stages and the processes associated with same are described below.

i) Planning / identification of existing or new service need for a Consultant post

The decision that a Consultant post is required in a particular specialty, sub-specialty or location may be taken in response to either national plans for the development of services or specialties, plans initiated at Hospital Group or Community Health Organisation (CHO) level or arising from identification of a need within a particular hospital or agency.

Between 1971 and 2005 Comhairle na nOspidéal (see section 5 iii) a) below) published detailed plans for the development of Consultant services in a range of specialties as part of a statutory function to advise the Minister for Health on the organisation of hospital services. Comhairle's regulatory role regarding the approval of Consultant posts ensured that applications for posts were assessed against this planning framework.

Since 2005, Consultant posts are progressed with regard to:

- the HSE Service Plan approved by the Minister for Health,
- the Group, hospital or Mental Health Service specific plans,
- the views of HSE Clinical Strategy and Programmes Division.

Three additional planning frameworks inform the overall development of Consultant services – the Report of the National Task Force on Medical Staffing (Hanly Report) published by the Department of Health in 2003 which set out how many Consultant posts were required in each specialty, sub-specialty and in line with population needs to provide a Consultant-provided service and support implementation of the European Working Time Directive; the HSE National Doctors Training & Planning Medical Workforce Benchmarking Report 2014, which – inter alia – evaluated the ratio of specialists to population in Ireland compared to other states; and the specialty specific medical workforce planning reports as they are published by NDTP (General Practice published in 2015 and Emergency Medicine set to be published in 2016) which set out projected Consultant requirements and associated trainee numbers. The NDTP reports do not address the configuration of services or the appropriate location for particular posts.

Noting the above, a large number of Consultant posts are progressed as a result of local Hospital / Mental Health Service / Agency / Mental Health Service initiatives to replace existing posts arising from retirement or resignation or additional posts outside the scope of national, Group or CHO planning. There appears to be a lack of integration at national, specialty or Hospital Group and CHO level between plans regarding the number, type or proposed location of Consultant posts

ii) Funding of Consultant posts and progression of applications

Consultant posts regulated by the HSE are, with the exception of Academic Consultant posts, almost entirely funded by the HSE.¹ Academic Consultant posts are jointly funded by the HSE, the Higher Education Authority via the relevant university² and other sources.

HSE-funded hospitals / agencies³ / Mental Health Services utilise HSE funding to progress 1. replacement posts – where funding has been in place for a number of years, 2. additional posts - where funding is provided in the relevant annual HSE Service Plan approved by the Department of Health and, 3. additional posts - where funding which is not anticipated in the HSE Service Plan is identified within the Hospital / Mental Health Service / Agency / Mental Health Service, at a Hospital Group or CHO level or at national level. The majority of Mental Health Service are funded through the CHO structure. It should be noted that there is often significant local discretion in terms of how funding for service developments is used in terms of staff recruitment. There is often no specific requirement in the approved service plan or Divisional Operational Plans to hire specific grades or numbers of staff. Even where numbers are specified, location is sometimes left unclear.

In this context, Consultant posts can be progressed by hospitals / agencies in line with existing funding (replacement posts), service planning or outside the national service planning framework. The decision to progress a particular replacement or additional post is made at Hospital Group / CHO level and is subject to:

- Budgetary pressures – the extent to which funding is available within the relevant hospital, mental health service or agency budget;
- Hospital / Mental Health Service / Agency level, Mental Health Service / CHO and/or national prioritisation in terms of development or ongoing provision of clinical services;
- The HSE Pay and Numbers framework approved by the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) which provides for creation and replacement of posts subject to availability of the required pay resource.

While the need for a Consultant post can be identified within a Hospital / Mental Health Service / Agency / Mental Health Service or at national level, the key determinant of whether an application is submitted for national approval is a decision by the relevant Hospital Group / CHO. Once that decision is made, the relevant Hospital Group / CHO progresses an application to the CAAC via NDTP. The Hospital Group / CHO formally confirms funding availability as part of the application.

A concern relating to replacement posts is that the process above can delay the submission of an application for a replacement post past the point where a Consultant has retired on age grounds, or having given notice, has resigned.

In general terms, replacement posts are already encompassed within the Hospital Group / CHO annual funding allocation. However, the position regarding funding for additional posts is not as clear. Taking that into account, as of June 2016, all applications for Consultant posts must be submitted in line with the Hospital Group / CHO Funded Workplan. This means that the Hospital Group CEO / CHO Chief Officer must certify that funding for the post is available.

¹ There are a very small number of Consultant posts supported by research or other third party funding.

² The term 'university' includes the Royal College of Surgeons in Ireland (RCSI)

³ Hospitals / Agencies funded under Section 38 or Section 39 of the Health Act 2004 – Section 38 hospitals include voluntary hospitals and St James's and Beaumont which are statutory agencies established by Ministerial Order

iii) Approval of Consultant posts in line with regulatory and contractual obligations

a) prior to establishment of HSE

Consultant posts in publicly-funded hospitals, Mental Health Services and health agencies are regulated under law. Between 1971 and 2004 posts were regulated under the Health Act 1970 by Comhairle na nOspidéal. Comhairle was an independent statutory body under the Department of Health which alongside regulation of Consultant posts, provided reports advising the Minister for Health on the future development of acute hospital and mental health services and related Consultant staffing. From 1st January 2005 Section 57 of the Health Act, 2004 transferred the regulation of the number and type of appointments of Consultant medical staff from Comhairle na nOspidéal to the HSE. The advisory function ceased at that point.

b) Regulation of Consultant posts by the HSE

The HSE's regulatory function covers all Consultant appointments in the public health service in Ireland including the HSE hospitals, voluntary hospitals, Mental Health Services and other agencies whether additional, replacement, temporary or locum and irrespective of the extent of the commitment involved or source of funding of the appointment. It includes:

- new and replacement permanent Consultant posts;
- locum and temporary (non-permanent) Consultant posts;
- structuring / restructuring of Consultant posts;
- determination of the Type of Contract / Category of Contract to apply to Consultant posts and various functions relating to changes in Type of Contract / Category of Contract;
- determination of the qualifications to apply to Consultant posts;
- determination of the title of Consultant posts.

Taking account of the regulatory functions of the HSE, health service employers are required to seek the prior approval of the HSE before making a Consultant appointment (whether permanent or non-permanent) and comply with the HSE Letter of Approval in making the appointment. Where an application for an permanent, temporary or locum Consultant post is refused or deferred, it would be illegal for an employer to proceed with the appointment and any employer proceeding to create a post which has not been approved by the HSE leaves itself open to legal risks arising from claims involving holders of unregulated posts.

In addition to the delivery of Consultant services by persons who may not be appropriately qualified or competent, a key issue associated with unregulated Consultant appointments is that they may block or delay the submission of applications for HSE-approved posts and can contribute to the ad hoc development of services which may not be in line with local or national policy. The Protection of Employees (Fixed Term Work) Act, 2003 has particular implications for health employers offering repeated fixed-term (temporary and locum) appointments to individual candidates as repeated appointments can result in employees acquiring contracts of indefinite duration.

In summary, the purpose of regulation is to ensure that persons employed as Consultants in the public health service are appropriately qualified and competent to provide services as Consultants. Breaches by an employer of the HSE's regulatory requirements have significant implications for the organised and safe delivery of Consultant services. Individuals represented to the public as Consultants in the public health system must be appropriately qualified and competent to perform the duties and functions of a Consultant. Such individuals must be employed in regulated posts –

where the HSE has assessed the viability of and need for the post with regard to the safe delivery of Consultant services.

c) Assignment of regulatory functions within HSE

The HSE's regulatory functions regarding Consultants parallel those relating to Non-Consultant Hospital Doctor (NCHD) posts. Under the Health Act 2004 the HSE regulates the number and type of appointments and qualifications for appointment of Specialist Registrars and Senior Registrars. Under the Medical Practitioners' Act 2007 the HSE regulates the number and type of intern posts, of other medical training posts and is obliged to publish reports regarding same. The HSE also has statutory functions regarding the number of non-training NCHD posts. Since 2007 the HSE's statutory functions relating to NCHDs have been delivered by the National Doctors Training & Planning Unit (NDTP), part of the HSE Human Resources Division.

The work of NDTP comprises regulation of NCHD posts as described above, workforce planning including current state analysis of the medical workforce, international benchmarking, specialty workforce reports and design and implementation of the medical workforce planning system as part of overall health workforce planning; development and funding of medical education and training and continuous professional development; and the maintenance of information and publication of reports on same.

Between 2005 and 2014 the HSE's regulatory functions regarding Consultant posts were delivered by Consultants Appointment Unit (CAU) as part of the wider HSE Human Resources Division. In 2014 the Consultant Appointments Unit was incorporated into NDTP. In that regard NDTP supports the CAAC and Consultant post application process, maintains a statutory register of approved Consultant and NCHD (training) posts and sets qualifications for Consultant appointments - with input from the postgraduate medical training bodies, Clinical Programmes and the CAAC. NDTP also engages in regular review and streamlining of CAAC processes and is progressing development of an online process for applications to CAAC.

In general terms, applications submitted to NDTP are processed and presented to CAAC within six weeks of submission. This follows review by NDTP staff, revision or completion of the application as necessary by the Hospital Group / CHO and review by the relevant Clinical Lead on behalf of the Clinical Programme or by the National Clinical Advisor and Group Lead or other nominee of the CAAC.

d) Consultant Contract 2008

The Consultant Contract 2008 as agreed by the HSE, medical unions, Department of Health & Children and Department of Finance provided for two committees – the Consultant Applications Advisory Committee (CAAC) and Type C Committee - to advise the HSE on the regulation of Consultant posts (Appendix X of Consultant Contract 2008) and includes a series of provisions relating to individual Consultants changing contract type or restructuring their post. These provisions closely follow those set out in Consultant Contract 1997 – which had provided for similar functions to be delivered by Comhairle na nOspidéal.

In summary, Section 22 c) of the Contract provides for Consultants to have their Contract Type reviewed by the CAAC / Type C Committee where significant changes occur in a particular area in the delivery of acute hospital / Mental Health Service care. The Contract notes that a decision on applications for change will be considered by the CAAC together with the views of the Employer. Section 22 d) states that a decision on such application will be made following the advice of the

CAAC. Section 22 e) outlines the role of the Type C Committee in considering requests for designation of posts as Type C and indicates that a decision on such application will be made by the HSE following the advice of the Type C Committee. Section 9 d) relates to the restructuring of Consultant posts and states that applications for restructuring are made through the Employer to the HSE for advice by CAAC.

e) Consultant Applications Advisory Committee and Type C Committee

As noted above, the purpose of the CAAC and Type C Committees is to advise the HSE on the regulation of Consultant posts. The purpose of the CAAC is to provide independent and objective advice to the HSE on applications to create medical Consultant posts and the qualifications for Consultant posts. The agreement establishing the CAAC notes that it provides a significant opportunity for Consultants to contribute their expertise and professional knowledge to the decision-making process for the development of Consultant services throughout the country. The CAAC adds expert insight to the work undertaken as part of National Service Plans and HSE Divisional Operational Plans. The Committees also provide an agreed contractual mechanism for delivery of the HSE's statutory functions and decision-making regarding change of contract type, change of structure of post, change of title and related appeals. Both Committees include representation from a range of medical specialties, hospital and health management nominees, the Department of Health, Postgraduate Training Bodies, patient advocates and representatives of the Irish Medical Organisation and Irish Hospital Consultants Association. NDTP provides administrative support to the Committees, which meet monthly.

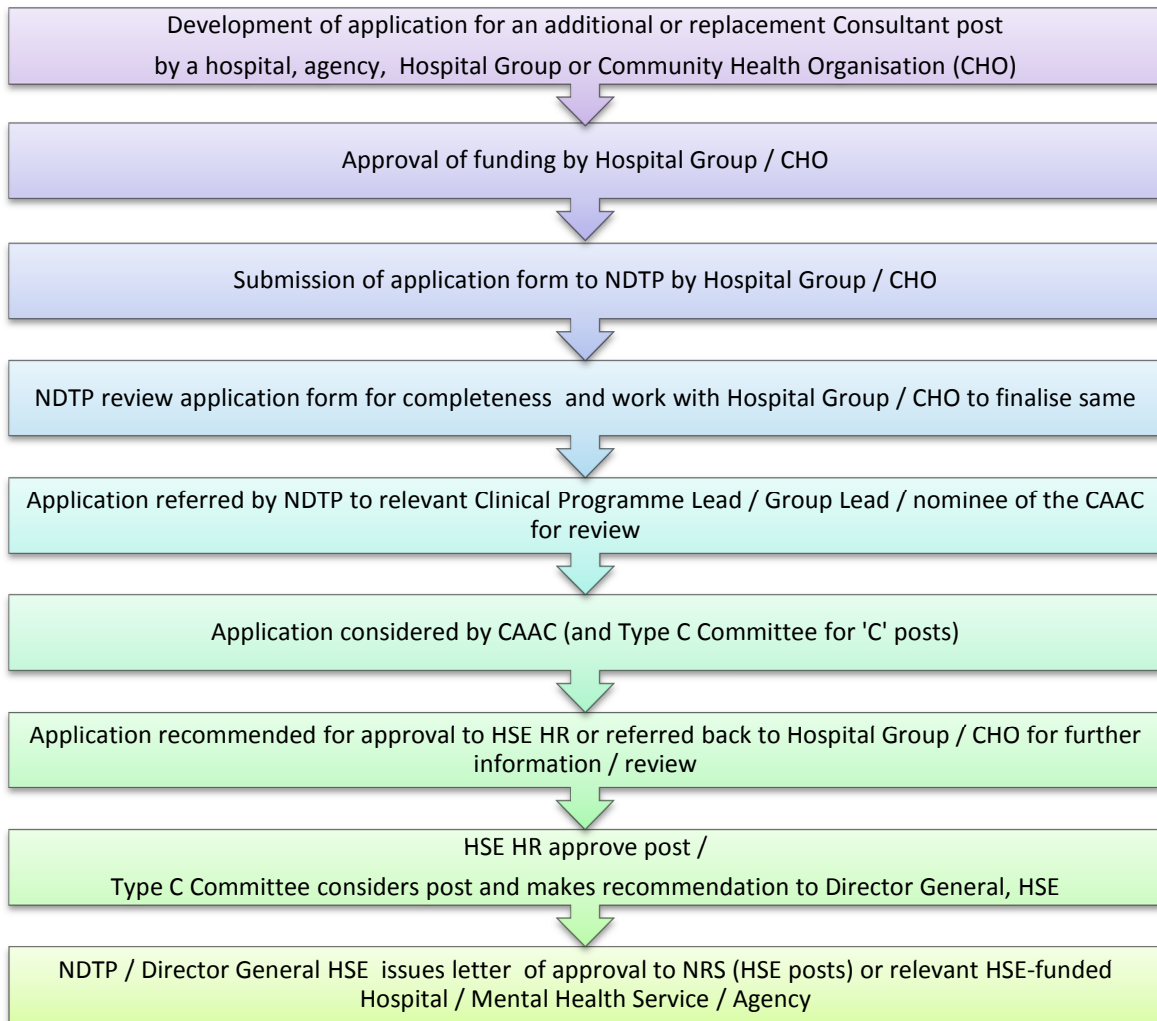
Applications for approval of permanent Consultant posts, change in contract type or restructuring of a Consultant post are submitted to the CAAC via NDTP and are considered by the CAAC. With the sole exception of applications for a change of contract type to Type C – which are sent to the Type C Committee and follow a similar process there – the CAAC considers the matter and either:

- makes a recommendation to the HSE,
- or
- in the case of applications for a Type C post, forwards the application to the Type C Committee for further consideration and recommendation.

Recommendations made to the HSE by the CAAC are subject to decision by the National Director of Human Resources to whom this function has been delegated by the Director General of the HSE. Recommendations made to the HSE by the Type C Committee are subject to decision by the Director General of the HSE.

In both cases, the HSE communicates approved decisions by way of a letter of approval, signed by either the Medical Workforce Lead, HSE HR or by the Director General. Such letters of approval issue within a fortnight of the Director General decision in the case of Type C applications.

The following summarises the current application and approval process for a Consultant post arising from the HSE's regulatory and contractual obligations:



iv) Recruitment to Consultant posts

As a public sector agency, the HSE recruits staff under licence from the Commission for Public Service Appointments (CPSA). The Commission's primary statutory responsibility is to set standards for recruitment and selection of public sector employees. These standards are published as Codes of Practice. Implementation of the Codes is assessed via regular monitoring and auditing of recruitment and selection activities.

Permanent Consultant staff within the HSE are recruited via the HSE National Recruitment Service (NRS), which delivers recruitment services relating to all grades of staff to HSE hospitals, mental health services and agencies.⁴

Under the Public Service Management Act 2004 the HSE is licensed to recruit to positions in the HSE. Taking account of the HSE's obligations under its recruitment licence, the NRS uses the Public Appointments Service (PAS) as the centralised provider of recruitment, assessment and selection services relating to permanent Consultant posts. The PAS and its predecessor, the Local Appointments Commission have been responsible for recruiting Consultants on behalf of the public health service for over sixty years. The PAS has indicated that it has no objection, should the HSE

⁴ with the sole exception of staff recruited via training bodies or NCHDs in non-training posts

wish to restructure the process, to the NRS taking full responsibility for all aspects of Consultant recruitment. Non-permanent Consultant staff are recruited directly by hospitals and mental health services.

Permanent and non-permanent Consultant staff within agencies funded by the HSE under Section 38 of the Health Act 2004 Section 38 Agencies (23 non-acute agencies and 16 acute hospitals (including 'voluntary' hospitals) are recruited directly by the relevant Hospital / Mental Health Service / Agency.

This means that there are significant differences in the processes and timescale for recruitment to HSE-funded hospitals or agencies as opposed to Consultant posts in HSE hospitals or agencies.

- HSE-funded hospitals / agencies may proceed to advertisement directly on receipt of the letter of approval from NDTP. They have discretion regarding interview board formation and the recommendation of the interview board is generally rapidly followed by a decision to offer the post and issue of contract documentation to the successful candidate. Once contract documentation is finalised, the candidate is free to take up appointment, however this may not be for up to a year, depending on whether they have employment or training commitments to fulfil or need to relocate, possibly with family members, from abroad. This delay may require the appointment of a non-permanent Consultant.
- In relation to HSE posts, once the NRS receives the letter of approval from NDTP, it contacts the relevant Hospital Group or CHO within twenty four hours to finalise a job specification. Once this is agreed – the timescale for same is generally less than a month but has exceeded six months on occasion - the NRS progresses the post to the Public Appointments Service.

The Public Appointments Service then advertises the post within three weeks of receipt of documentation from the NRS. While the post is being advertised, the PAS contact relevant parties regarding participation in the shortlisting and interview process. Once membership is finalised, shortlisting and interview dates are agreed. While formation of an interview board could previously take a long number of months, a decision in February 2015 by the Director General of the HSE to reduce interview boards to a maximum of five members has had the effect of reducing the timescale by 50%. Nevertheless, PAS informed the Committee that in some cases, the nomination of interview board members is taking much longer than can be reasonably expected.

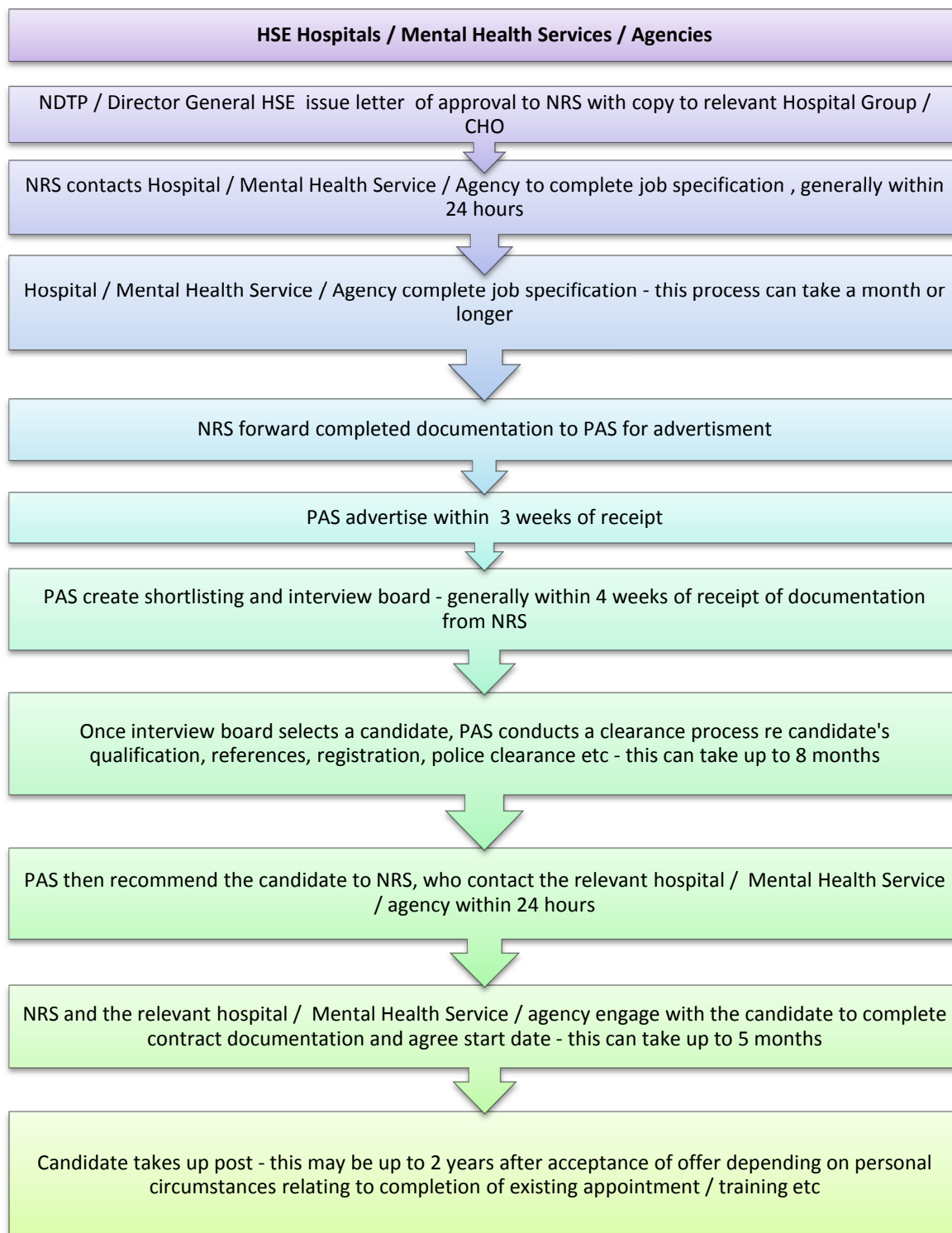
Following interview, PAS commences a clearance process for the candidate recommended by the interview board. On completion of clearance, PAS recommends the candidate to the NRS for appointment. This process can take up to eight months where, for example, the candidate requires specialist registration or delays to complete an employment or training contract abroad.

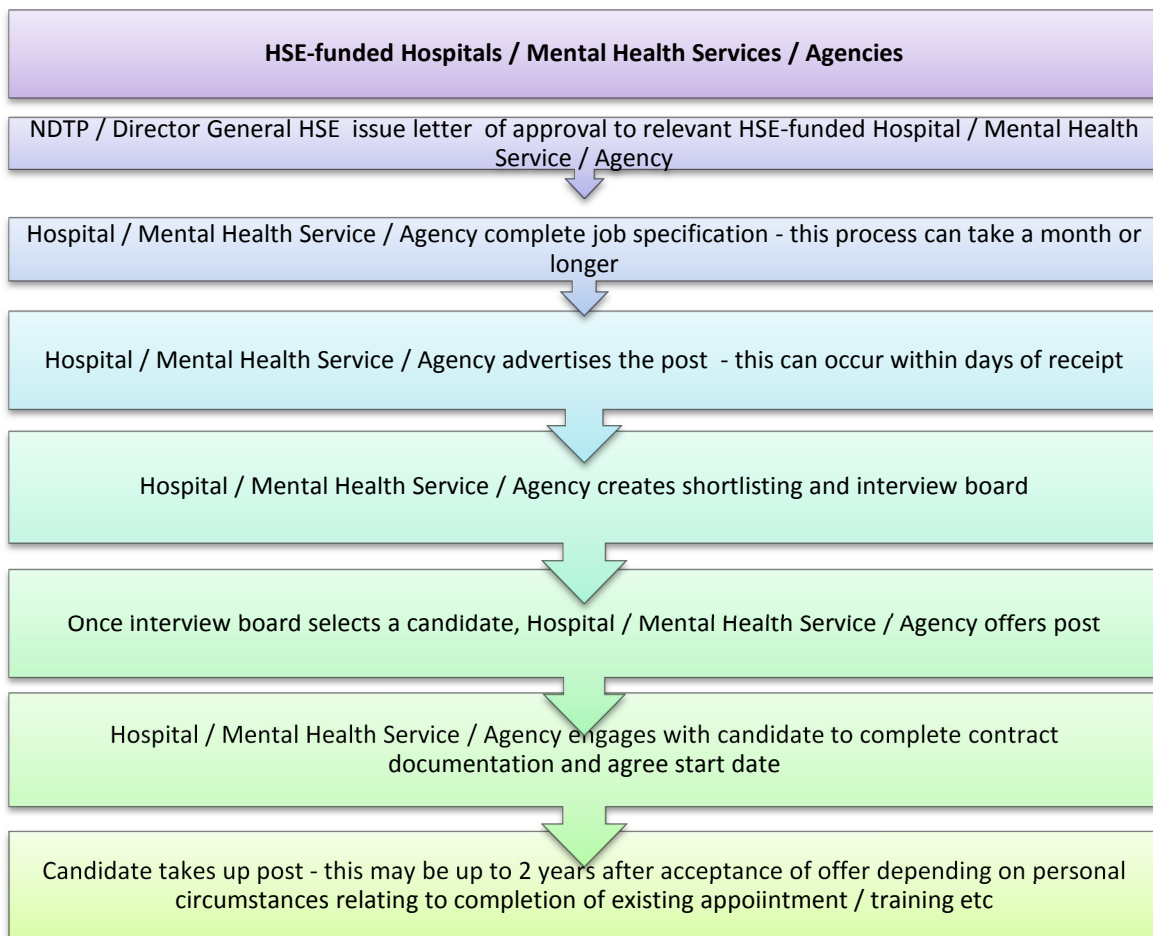
On receipt of this information, NRS request – within twenty four hours – management in the relevant hospital / / Mental Health Service / agency (generally the Clinical Director and Medical Manpower Manager) to liaise with the candidate regarding the signing of contract documentation. It is understood this process can take up to five months, depending on the extent to which the hospital / Mental Health Service / agency progresses the matter and the candidate attempts to negotiate particular terms and conditions.

Nevertheless, as with HSE-funded hospitals / Mental Health Services / agencies, once contract documentation is finalised, the candidate is free to take up appointment. However

this may not be for up a year, depending on whether they have employment or training commitments to fulfil or need to relocate, possibly with family members, from abroad and this delay may require the appointment of a non-permanent Consultant.

The following summarises the current process following issue of a letter of approval for a permanent Consultant post as it applies to posts in HSE Hospitals / Mental Health Services / Agencies and HSE-funded Hospitals / Agencies:





The process within the HSE prior to advertisement requires (as of June 2016) the following documentation:

- 'Form A' relating to approval of new posts – to be completed by the Hospital / Mental Health Service / Agency for review by NRS
- 'Form B' relating to replacement posts - to be completed by the Hospital / Mental Health Service / Agency for review by NRS
- Exposure Prone Procedure / Job Function Analysis Form (to be attached to Form A / Form B) - to be completed by the Hospital / Mental Health Service / Agency for review by NRS
- Job Order Form to be completed by Hospital / Mental Health Service / Agency for review by NRS
- Job Specification and Terms and Conditions – to be completed by the Hospital / Mental Health Service / Agency for review by NRS
- CAAC Application Form – completed by Hospital Agency, for review by NDTP and CAAC
- Clinical Programme Lead evaluation form – completed by Clinical Programme Lead / nominee of the CAAC for submission by Hospital / Mental Health Service / Agency and review by CAAC

Forms A and B arise from the need to ensure compliance with the employment control requirements of the Department of Health and Department of Public Expenditure and Reform. These requirements are set out in HSE HR Circulars 015/2009 and 001/2010. NRS cannot progress

recruitment unless a fully approved Form A or B is submitted alongside other documentation for a post.

'Form A' is completed in cases where the post to be filled is either; a new service development provided for in a National Service Plan or, a new additional post arising from the reform programme, or a funded vacancy in the staff category of management/administration. In the latter case, the sanction of the National Director of Human Resources is required, where redeployment options have been exhausted. A form is completed for each individual post. 'Form B' is completed where the post is a replacement of an approved and funded vacancy, by recruitment or by redeployment/reassignment and by exception from general restrictions on recruitment. The post must be a critical front-line vacancy and essential to the delivery of public services or performance of an essential front-line function. Every effort must have been made to fill by restructuring or reorganisation of the previous post.

The 'Exposure Prone Procedure / Job Function Analysis Form' is completed by the applying Hospital / Mental Health Service / Agency. It arises from the requirements of the Department of Health's report on the Prevention of Blood Borne Diseases in the health care setting and recommendations made by the associated Committee. Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. This has implications for potential candidates in terms of work exposure and related occupational health screening. The HSE's obligations regarding exposure prone procedures are set out in HSE HR Circulars 19/2008 and 12/2009.

The 'Job Order' Form is a one page form setting out contact details for HR and other staff in the relevant Hospital / Mental Health Service / Agency and other information to support processing of the post.

The 'CAAC Application Form' (now termed 'Proposed / Approved Consultant Appointment' document) is the form used by the CAAC to evaluate the rationale and purpose of the post. As part of this process, Clinical Programme Leads / nominees of the CAAC are requested to provide comments on the application for the post and complete a short evaluation form setting out same.

v) Interaction with Candidates

As described above, HSE and HSE-funded agencies begin a formal interaction with potential candidates for Consultant posts once the post is advertised. Informal contact may have taken place during the final stages of specialist training, arising from candidate enquiries or contacts with Consultants or other staff in particular hospitals / Mental Health Services / agencies. As noted above, once recommended by an interview board for appointment, it can take a number of months – particularly where the candidate does not yet hold specialist registration in Ireland – to verify a candidate's qualifications, experience and training. Should a candidate be offered a post, a protracted discussion can occur regarding terms and conditions and placement on the salary scale.

A further delay arises where candidates seek to agree a start date which may be months or years into the future. While this is often to allow completion of training, completion of an existing employment contract or relocation from outside Ireland it often results in the appointment of a non-permanent Consultant pending the candidate taking up the post. In a limited number of cases, candidates indicate some time later that they will not be taking up the offer and the post must then be offered to the next on the panel, or in the absence of a panel, re-advertised. Potential candidates for Consultant posts can register their interest at any time on www.publicjobs.ie to be notified of Consultant vacancies when they arise.

6. Key findings

Section 6 of this report sets out the various stages of the Consultant post application, approval, recruitment and candidate engagement process. Section 7 sets out the Group's findings and actions for implementation in each area.

Two key findings determined the structure and nature of the Group's actions for implementation – that Consultants remain central to the delivery of safe, high quality care to patients and service users and that a significant driver of the large number of vacant posts was a Consultant recruitment and retention crisis.

i) The role of Consultants

The HSE is facing unprecedented challenges meeting increasing demands while delivering significant efficiency savings and managing changing health delivery systems - all within a new Hospital Group and CHO configuration. In this context, Consultants, working as part of coordinated Consultant and multi-disciplinary teams are fundamental to the delivery of safe, high quality medical care.

Currently, noting the employer's role regarding the provision of appropriate resources, Consultants are responsible for the delivery of expert clinical care as both individuals and members of a team. Consultants must also contribute to teaching, training, management of departments and development of local services through their Clinical Directorate while being continuously challenged to improve the quality and safety of their and their team's patient care. Successful implementation of health service reform and improvement in service delivery requires that Consultants are involved in the wider management and leadership of the organisations they work in.

This requires that Consultants and managers work together collaboratively and innovatively. Consultant planning and appointment is an important mechanism for organising resources effectively to support patient care and ensure healthcare delivery organisations and Consultants benefit.

National policy remains the development of a Consultant-provided service as per the Report of the National Task Force on Medical Staffing (Hanly Report) and the Reports of the Strategic Review of Medical Training and Career Structures (MacCraith Reports 2013-14). The MacCraith Reports and associated agreements brokered by the Labour Relations Commission provide for a more differentiated Consultant career structure, within the existing contractual arrangements, where the Consultant participates in or focuses on clinical leadership and management, clinical and academic research, teaching, quality improvement and other roles. The MacCraith Report envisages that Consultants would undertake such activities as members of a team of Consultants at specialty / Clinical Directorate level and at various stages and levels of commitment throughout their careers.

ii) Difficulties recruiting and retaining Consultants

Noting the work undertaken prior to its establishment, the Committee took the view that a key driver of the large number of vacant posts was a Consultant recruitment and retention crisis. A range of factors contributed to this crisis, many of them unrelated to the work of the Committee. Nevertheless, relevant contributing factors included:

- that the health service had not linked the creation of additional Consultant posts to the availability of potential candidates – many of whom were doctors in HSE-funded training or who had recently completed HSE-funded training.
- potential candidates for Consultant posts could not easily access information on forthcoming opportunities.
- employers took lengthy periods to progress applications for approval of replacement posts.
- central guidance dealt only with limited aspects of the application, approval and recruitment process and was out of date.
- once posts were approved there were further delays before posts were advertised.
- such delays required appointment of non-permanent Consultants to meet service needs pending the permanent appointment.
- advertisements lacked detailed information on the job and role which was commonly provided in other jurisdictions.
- once posts were offered candidates often delayed taking up appointment.
- when starting new Consultants experienced inconsistent induction processes and were often faced with limited resources and a struggle to access same.

iii) Income is an important determinant of successful recruitment and retention

A key concern for many potential candidates for Consultant posts in recent years has been income. Starting salary, progression through points on the salary scale, how new appointees compare to colleagues appointed in earlier years and access to private practice all influence decisions by potential candidates to apply or to accept an offer of a post.

In October 2012, during Ireland's financial crisis and following negotiations with medical representative organisations on the implementation of the Public Service Agreement, the Minister for Health unilaterally reduced new entrant Consultant salary rates by 30%. While this reduced the cost of Consultant posts to the health service, it resulted in significant challenges to successful recruitment in a range of settings.

In January 2015, arising from proposals by the Labour Relations Commission, revised, increased, salary rates were introduced as part of a new Consultant pay and career structure. Consultants who had been appointed on the 2012 salary rate received a pay increase and back pay to September 2014. New entrants Consultants were appointed on the new, increased rate.

The 2015 salary rates represent a partial restoration of pre-October 2012 rates, albeit Consultants appointed under these rates take longer to progress to the final point on the scale and the final point is below that paid to Consultants appointed prior to 1st October 2012.

While access to private practice differs depending on contract type, it also varies by specialty and location of the post. The Consultant Contract 2008 aimed to address this by providing for a substantial difference between Type A salary, where the Consultant has no access to private practice and Types B, B* and C. However, changes to Consultant remuneration have reduced the difference between Type A and other contract types.

iv) Deficiencies in governance and administration

In summary terms, poor governance and administration processes prior to and during the application and approval process and subsequently in the recruitment and appointment process made it difficult to rapidly and efficiently create and fill Consultant posts.

The Committee identified a number of stages within which these process improvements could be categorised and addressed. These are described below:

- governance and administration
 - multi-step and over-complicated – endorsing the findings of the Reports of the Strategic Review of Medical Training and Career Structures (MacCraith Reports 2013-14),
 - historically inadequate workforce planning/monitoring – also a finding of the MacCraith Reports,
 - Hospital Groups / Hospitals / Mental Health Services are not explicit in services provided and deployed,
 - on / off decisions on recruitment affecting all stakeholders and creating credibility issues
 - many vacant posts filled by locums / temporary Consultants;
- prior to submission of applications for permanent posts
 - lack of Employer knowledge of potentially available Applicants,
 - lack of Applicant knowledge of potentially available Employers and or vacant posts;
- during the application process
 - poor Job Planning - unclear specialty strategy, lack of clarity on resource provision, poor in-house 'collegiate' planning; poor matching of posts to service requirement,
 - poor Applications for Consultant posts from Hospital Groups / CHOs and a poor Application Form,
 - delay in processing replacements – often after incumbent retires,
 - too many non-permanent posts;
- during the recruitment process
 - too many steps and delays e.g. NRS awaiting documentation,
 - remuneration issues resulting in delays to the decision to accept an offer pending 'negotiation',
 - on / off decisions on recruitment affecting all stakeholders and creating credibility issues,
 - some hospitals struggle to recruit Consultants in any specialty or in a particular specialty,
 - a mismatch between training/experience versus clinical /professional opportunity,
 - flexible options not facilitated,
 - unattractive rosters, particularly in Model 2 and 3 hospitals;
- during the appointment process
 - inadequate on-boarding and induction - a finding of the MacCraith Reports,
 - probation – inconsistent and no national guidance;
- relating to the review and continuing support processes
 - inadequate development of Consultant's Clinical Directorate Service Plan (Section 9 (a) and (b) Consultant Contract 2008 regarding the Job Plan)
 - not reviewed annually – for example, Recommendation 9(b) of the MacCraith Reports stated that "In relation to *improving supports for newly appointed Consultants*, the Working Committee recommends that the personal development/work planning process for Consultants outlined in Recommendation 2 above, should include an outline of the resources required to achieve the service and personal objectives set out in the plan. These should be agreed at time of appointment and should be reviewed annually by the Consultant and Clinical Director/Employer in the context of changing objectives and the resources available to the Consultant team".

7. Findings and actions for implementation

i) Recent developments

The Committee's findings and associated actions for implementation are set out below. They are underpinned by the principle that all Consultant appointment must be based on merit and that recruitment processes are open and transparent and conform with all legal and regulatory obligations.

Prior to dealing with the wider issues, the Committee noted a number of recent developments which have facilitated or have the potential to facilitate Consultant recruitment. These include:

- Development of a standardised job description format for Consultant Psychiatrist posts, agreement between the HSE Mental Health Division and the PAS regarding fast-tracking of Consultant Psychiatrist posts, cessation of 'bulk interviewing' where a single interview process covered multiple posts and the nomination of potential external experts by the College of Psychiatrists of Ireland for all PAS interview panels for Consultant Psychiatrist posts.
- Agreement between the Forum of Irish Postgraduate Medical Training Bodies, the HSE and the PAS regarding the involvement of College/Faculty Assessors in providing lists of external experts who may be nominated by the PAS to the interview panels for Consultant posts in HSE Hospitals / Agencies. This ensures that the interview board for Consultant appointments is able to access, as standard, an external expert from the relevant postgraduate training body qualified to provide independent professional advice, to assess the candidate and to assure the panel that the successful appointee is suitably clinically qualified for the post.
- Significant work to progress standards for conduct of induction, probation and appraisal in relation to Consultant posts. In this regard it is noted that:
 - induction is a process by which employees are received and welcomed to the organisation. It is a method of formally introducing the Consultant to their work location and colleagues. It is intended to provide a clear understanding of their job, role and responsibilities and the mission and values of the wider organisation.
 - the probation process follows induction, and is used to assess whether the Consultant is suitable for permanent appointment and to allow both the Consultant and the employer to identify issues for resolution prior to confirmation of permanent appointment.
 - appraisal takes place for the duration of the Consultant's appointment. It is a two way process allowing the employer to assess the Consultant's performance and the Consultant to feedback and register any constraints or suggestions as to what may be done to improve the working environment. It is designed to assist Consultants to improve the way they work and the services they provide themselves and with others. Appraisal will be progressed subject to consultation with relevant medical representative organisations and will be in context of the wider approach to performance management / achievement across the health service. Further details are provided at Appendices II, III and IV of this report.
- Ongoing engagement with the PAS regarding the process associated with Consultant recruitment, including:
 - The conduct of a job analysis of the role of Consultant in the Irish public health service to ensure selection and interview processes are grounded in the skills, experience and personal qualities required
 - the number of people / agencies / processes involved in the current recruitment process

- the potential to align the Consultant interview process with that used for other senior employees in the public service where separate interviews are used to assess the competencies associated with the role and the requirements of working as a senior employer.
- Greater use of videoconferencing / SKYPE / telecommunications in interview process – to promote greater access to candidates working outside Ireland

ii) A strategic approach to Consultant recruitment

It should be noted that at a strategic level, the Irish public health service has a need to continuously attract, recruit and retain experienced Medical Consultants. The landscape of medical recruitment has changed and reforms to our recruitment methodologies are needed to actively attract Medical Consultants to posts in Ireland.

This is a complex area with a number of concurrent themes which need to be drawn together in a cohesive strategy. There are many challenges including attracting and recruiting Consultants into particular specialist areas and to some geographical areas where there is a resultant need to increase the applicant base for Consultant posts. In order to address this a pro-active and dynamic attraction, recruitment and retention strategy is required to include:

- gaining market intelligence on existing or potential applicant pools
- establishing long-term relationships with potential applicants including the use of social media
- more positive targeting of specific individuals where appropriate within a merit-based selection process
- providing a more personal and supportive recruitment and appointment process in order to more practically support applicants
- offering greater opportunities for flexible working
- selling Ireland and its regions as a country of lifestyle and living standard opportunities and advantages

These initiatives when acted upon will help Consultant appointees experience more positive journeys through their appointment and employment with the Irish public health service.

The Committee has expanded on the areas addressed at i) and ii) above in the actions for implementation set out below. Appendix V provides detail on specific processes to support efficient Consultant recruitment in the Mental Health Services. For clarity and future reference, actions are presented in a tabular format.

iii) Preparation of an application for a Consultant post			
Finding	Actions for implementation	Action by	Timeline
1.1 There are too many steps in the current processes for application, approval and recruitment of Consultant posts, particularly in relation to HSE posts. Documentation associated with current processes is bureaucratic and is not fit for purpose. Taken together, these have had the effect of creating unnecessary delays and promoting growth in non-permanent Consultant posts to meet service needs.	The Committee recommend that all documentation associated with approval of a Consultant appointment is included in a single Consultant Appointment Document pack – to include a ‘Proposed / Approved Consultant Appointment’ document. The pack should include proposed nominees for shortlisting and interview board membership and contact details for the relevant Clinical Director / Executive Clinical Director. The pack should be used throughout the post creation, approval and recruitment process and be made available to candidates as background information	NDTP NRS PAS	July 2016
	The Committee recommends that NDTP and NRS progress the development of an online application system for posts accessible to employers, regulatory and recruitment functions. This system should eliminate the multiple forms in use currently	NDTP NRS	July 2017
1.2 The Committee noted that clarity regarding funding was essential if posts were to progress without delay from application to appointment. In some cases posts had been placed on hold following approval as concerns had emerged regarding funding	The Committee recommends that both the ‘Proposed / Approved Consultant Appointment’ document and related pack explicitly provide for confirmation of funding in line with the Hospital Group / CHO Funded Workplan and same is certified by the Hospital Group CEO / CHO Chief Officer and National Directors, Acute Hospitals and Mental Health Divisions	NDTP Acute Hospitals Division	July 2016
1.3 The Committee noted that input from the universities regarding applications for Consultant posts varied between Hospital Groups and that there was no standard process in place to facilitate same. This meant that many of the links with universities were developed on an ad hoc basis	The Committee recommends that the Chief Academic Officer review and contribute to applications for Consultant posts within Hospital Groups	Hospital Groups	July 2016
1.4 The Committee found that in many cases, there was little or no consultation or engagement with the relevant Consultant grouping prior to submission of an application for a Consultant post	The Committee recommends that the relevant Consultant grouping is consulted prior to submission of an application and that this consultation is recorded on the ‘Proposed / Approved Consultant Appointment’ document	CEOs, Group CDs / ECDs and HR in CHOs and Hospital Groups	July 2016
1.5 The Committee was informed that additional and replacement posts were often progressed without appropriate workload evaluation, resulting in new appointees being assigned inappropriate workload and consequent retention difficulties	The Committee recommends that the ‘Proposed / Approved Consultant Appointment’ document provide for an evaluation of current practice and workload and confirmation from the relevant Clinical Programme / Group Lead / nominee of the CAAC that the proposed workload was appropriate to the post	Clinical Programme / Group Leads / nominee of the CAAC	July 2016

Finding	Actions for implementation	Action by	Timeline
1.6 The Committee noted the significant delays associated with submission of replacement posts – often in excess of 6 months and in some cases lasting years. This is a significant driver of both Consultant vacancies and the creation of non-permanent Consultant posts and negatively affects recruitment, retention and career progression	The Committee recommends – subject to appropriate protection of personal data - collation and regular publication of retirement dates and notification of Hospital Groups and CHOs. The particular circumstances applying in the Mental Health Services in terms of retirement on the basis of ‘added years’ should be taken into account	NDTP	June 2017
	The Committee recommends that: <ul style="list-style-type: none"> - as a first step, ‘Proposed / Approved Consultant Appointment’ documents for new posts from the relevant Hospital Group / CHO are held pending action on replacements, - as a second step, the relevant HSE National Division progress replacement posts to approval where no action has been initiated locally in the last 12 months 	Acute Hospitals Division Mental Health Division	January 2017
1.7 The Committee noted that the current application documentation did not adequately reflect the job description, appraisal and performance processes and the supports necessary for the Consultant to provide an effective service. Further documentation was required at later stages in the process prior to advertisement	Noting Action 1.1 above, the Committee recommends that all documentation necessary to support the creation of a Consultant post is incorporated into a single set of documents that is used throughout the post creation, approval and recruitment process (the Consultant Appointment Document pack) and is made available to candidates as background information on the post. The documents should be piloted before full implementation	NDTP NRS	July 2016
1.8 The Committee noted that in most cases, the relevant Hospital Group / CHO did not have or did not include in application documentation a particular strategy for development of the specialty or sub-specialty service to which the Consultant post application related	The Committee recommends that the: <ul style="list-style-type: none"> - ‘Proposed / Approved Consultant Appointment’ document require a statement of Hospital Group / CHO / Mental Health Service specialty strategy - That consideration be given to development / revision of the ‘Clinical Directorate Service Plan’ at Appendix III of Consultant Contract 2008 to provide for development of the service in line with strategic planning 	Hospital Groups / CHOs	July 2016
1.9 The Committee noted a legacy of poor workforce planning regarding the medical workforce following the dissolution of Comhairle na nOspidéal and the Postgraduate Medical and Dental Board and merger of same with the HSE.	The Committee strongly recommended that the existing NDTP medical workforce planning project (a subset of wider health workforce planning) be resourced and prioritised. In the interim, the Committee recommends use of the 2014 NDTP Benchmarking report	NDTP	Ongoing
1.10 The Committee noted that while Clinical Programmes were in place in a wide range of areas, there was no national framework for appropriate specialty / sub-specialty development	HSE Clinical Strategy and Programmes, in collaboration with Hospital Groups and the HSE Mental Health and Acute Hospitals Divisions should lead the development of a National and Group Framework for specialty development	CS&P Hospital Groups Mental Health Division	March 2017

Finding	Actions for implementation	Action by	Timeline
1.11 The Committee found that limited and inadequate information on potential Irish-trained candidates for posts was available and that it did not inform national or group planning for Consultant posts	The Committee recommends that: <ul style="list-style-type: none"> - NDTP publish and distribute data on the output of training programmes on an annual basis and - NDTP together with NRS, engage regularly with Postgraduate Medical Training Bodies, trainees and graduates of training programmes regarding Consultant posts including by use of social networks and other communication tools 	NDTP NRS	Ongoing
	The Committee recommends that the NRS undertake regular assessment of the candidate pool for Consultant posts internationally	NRS	Ongoing

iv) Assessment of applications for Consultant posts			
Finding	Actions for implementation	Action by	Timeline
1.12 The Committee noted the need for formal and regular review of CAAC membership, participation, standing orders and output to ensure accountability and assurance that appropriate governance arrangements were in place	The Committee recommends that existing Standing Orders be reviewed and agreed and the CAAC output form part of standard HSE performance reporting	NDTP	Oct 2016
1.13 The time periods associated with assessment of applications by NDTP, Clinical / Group Leads / nominees of the CAAC and the Acute Hospital and Mental Health Divisions are not standardised, nor is feedback consistent. This results in delays in the consideration of applications and a lack of clarity regarding the rationale for decisions at this level	The Committee recommends that applications are submitted to NDTP once reviewed by the relevant Clinical Programme. A standard feedback form should be completed as part of this process for consideration by CAAC. This process should ensure that the relevant Clinical Programme as well as advising the Hospital / Mental Health Service / Agency, can advise the CAAC directly of any national / strategic issues arising in relation to a particular post. This process should take no more than 3 weeks .	Clinical Programme / Group Leads / nominee of the CAAC	July 2016
1.14 The CAAC is not currently required to conform to any particular timescale for the consideration of applications. This means that there is a lack of clarity as to timelines for progress of applications / resolution of issues	The Committee recommends that CAAC: <ul style="list-style-type: none"> - consider and make a decision as to approve, refer for resubmission or reject an application within 8 weeks of the closing date for receipt of appropriately completed applications by NDTP - Terminate consideration of applications where no response has been received from the applicant Hospital / Mental Health Service / Agency to queries after 3 months and inform Hospital / Mental Health Service / Agency of same 	NDTP CAAC	November 2016
1.15 The HSE is not currently required to conform to any particular timescale regarding a decision on a CAAC recommendation. This has the potential to delay issue of letters of approval and progress of approved posts	The Committee recommends that <ul style="list-style-type: none"> - HSE HR make a decision regarding posts recommended for approval by CAAC and authorise the issue of a letter of approval within 1 week of receipt from NDTP; - That letters of approval published on the HSE website - That prior to development of the website above letters of approval are copied on issue to the PAS and the Forum of Postgraduate Medical Training Bodies 	Medical Workforce Lead, HSE HR	November 2016

v) The recruitment process			
Finding	Actions for implementation	Action by	Timeline
1.16 Following receipt of a letter of approval from NDTP, NRS is currently required to liaise with Hospital Groups / CHOs regarding the completion of a job specification for the post. This can result in delays of up to two months before the post can be progressed	Noting action 1.1 above, the Committee recommends that NRS seek only confirmation that the Hospital Group / CHO wishes to proceed with the post. In the absence of such confirmation within 10 working days , NRS should revert to NDTP to ensure the letter of approval is rescinded	NRS	November 2016
1.17 There is no set time period within which Section 38 Hospitals / Agencies or the PAS must advertise posts once they receive authorisation to do so. This can result in significant delays in particular instances	The Committee recommends that on receipt of authorisation the Section 38 Hospital / Mental Health Service / Agency or the PAS should advertise the post (unless filled with by transfer between posts) within two weeks . It is noted that PAS require Interview Board membership prior to advertisement. In the case of Section 38 Hospitals / Mental Health Services / Agencies, failure to advertise should result in intervention by the relevant HSE Division	Section 38 Hospitals / Mental Health Services / Agencies	Sept 2016
1.18 The Committee found inconsistent advertisement practices associated with Consultant posts, including lack of provision for flexible working, no reference to approved permanent posts in advertisements for related non-permanent posts and other issues	The Committee recommends that: <ul style="list-style-type: none"> - standard advertisement content which includes reference to provision for flexible working is implemented; - publication of vacancies and Letters of Approval document on www.HSE.ie 	NDTP / HSE HR	Sept 2016
1.19 The Committee identified delays in the period from advertisement to interview arising from difficulty establishing interview boards and – in some cases - the size of interview boards. It was noted that currently, interview boards for HSE posts are set at a maximum of 5 members	The Committee recommends that: <ul style="list-style-type: none"> - in circumstances where 2 or more sites with a commitment of at least 30% in the post or in the case of Section 62 or Academic Consultant appointments, provision be made – subject to agreement of each party - for expansion to a maximum of 6 members, including an Independent Chair, external expert, an academic, senior manager and two representatives of the department; - that CHO / Hospital Groups respond to PAS requests within 1 week; - this will enable PAS to form interview / shortlisting boards within 2 weeks of receipt of authorisation from the HSE; - that the PAS may draw the external nominee for the Interview Board from the Panels (of more than 1 member) provided by the Forum; - The Forum obtain Panels from the Postgraduate Training Bodies who will develop same on an annual basis; - Section 38 Hospitals / Agencies should retain discretion regarding the constitution of their own interview / shortlisting boards subject to implementation of a two week timeframe for forming boards 	PAS Section 38 Hospitals / Agencies	November 2016

Finding	Actions for implementation	Action by	Timeline
1.20 The Committee noted the progress in the conduct of interviews for Consultant Psychiatrist posts albeit there was a need to formalise existing arrangements	<ul style="list-style-type: none"> - The Committee recommends that taking account of 1.19 above, that the 5 member board for Psychiatry posts include an Independent Chair, external expert (drawn from a panel provided by the College of Psychiatry of Ireland), senior manager and two clinicians – who is / are the relevant Executive Clinical Directors or local specialty lead; - Clinicians must be employees of the public service, permanent and on the relevant division of the Specialist Register; - Interview Boards should deal with posts in a maximum of two Community Health Organisations simultaneously. 	PAS	July 2016
1.21 The Committee found that delays in the ‘clearance’ process for candidates successful at PAS interviews can be up to 8-10 weeks arising from difficulties for the PAS obtaining information and delays in candidates providing required documentation	The Committee recommends that the HSE / PAS restructure the clearance process to the greatest extent possible within legal / regulatory constraints to ensure that clearance information sought from candidates is provided in a timely fashion	PAS HSE HR NRS	December 2016
1.22 The Committee found that a lack of clarity regarding the progression of the PAS process and the stages involved in same	The Committee recommends that the PAS provide statistics regarding the volume of Consultant recruitment and associated timescales including formation of interview boards, candidate clearance and recommendation to the HSE	PAS	July 2016
1.23 The Committee noted the PAS plans to review the Consultant interview process to align it with that in place for senior public service employees	<p>The Committee recommends that PAS progress its review of the Consultant recruitment process to:</p> <ul style="list-style-type: none"> - Progress a job analysis of the Consultant role - assess the need to comprehensively evaluate the candidate’s professional competencies and the extent to which the candidate has the management, leadership and other skills associated with the role of Consultant, including by use of presentations and other methodologies ; - evaluate use of occupational personality questionnaires and other assessment tools - evaluate the structure of interview boards and training of boards - Enable greater use of videoconferencing / SKYPE / telecommunications in interview process – to promote greater access to candidates working outside Ireland - Provide for limits to the term of any panels created as part of the interview process 	PAS (end year)	January 2017

Finding	Actions for implementation	Action by	Timeline
<p>1.24 The Committee noted the issues associated with medical registration costs and how the HSE determined eligibility to compete for Consultants posts in terms of specialist registration. Effectively, existing Medical Council and Postgraduate Training Body costs meant that specifying registration as an eligibility requirement would be a deterrent to applications from particular candidates</p>	<p>The Committee recommends that HSE HR work with the Medical Council to:</p> <ul style="list-style-type: none"> - identify the most appropriate means of meeting registration costs while attracting the appropriate range of candidates, including final year specialist trainees - contact doctors formerly registered on the Specialist Division members to invite them to renew registration and provide support to them in doing same - ensure that the Medical Council and Postgraduate Training bodies work to proactively recognise qualifications granted / training certified in non-EEA states - make provision for reimbursement of registration fees by the employer to permanent / non-permanent candidates who remain in employment for more than two years following appointment 	<p>Relevant HSE Division Medical Council</p>	<p>Sept 2016</p>
<p>1.25 The Committee noted issues associated with delays in candidates progressing applications for specialist registration and / or agreeing start dates and the associated requirement to employ non-permanent Consultants, in some cases for over a year</p>	<p>The Committee recommends that:</p> <ul style="list-style-type: none"> - Candidates for HSE posts in clearance with the PAS who are applying for specialist registration copy their Medical Council application to the PAS; - Within legal / regulatory constraints, PAS regularly apprise the HSE (and where relevant the Medical Council) of candidates in clearance; - Salary and superannuation information is provided to the candidate at the earliest possible point in the process and with regard to 1.27 below - Contract documentation is signed at the earliest possible point in the process - Implementation of HSE HR Circular 004/2014 or in certain circumstances candidates are required to agree a start date which is no later than 6 months from the date of contract offer. In the absence of same, the offer should lapse 	<p>PAS / NRS</p>	<p>November 2016</p>

vi) Appointment to a Consultant post

Finding	Actions for implementation	Action by	Timeline
<p>1.26 The Committee noted the significant risk issues arising from poor compliance by health service employers with national requirements regarding the creation and approval of non-permanent Consultant posts and subsequent issues regarding acquisition of Contracts of Indefinite Duration by individuals who did not meet the stated requirements to work as Consultants</p>	<p>The Committee recommends that measures are adopted to cease the poor employment practice which gives rise to contracts of indefinite duration and risk to the public arising from provision of services by persons who are not appropriately qualified. Taking account of individual contractual entitlements these measures should include the HSE:</p> <ul style="list-style-type: none"> - reviewing the extent to which permanent posts have been created or filled in breach of appropriate sanction - acting as a matter of urgency to enforce existing regulatory requirements and that sanctions are implemented for non-compliance with qualifications, to include funding - clarifying the scope of practice of the individuals referenced above and related designation as ‘Consultants’ - working with the Department of Health, the Medical Council and representative bodies to examine the use of the term ‘Consultant’ in relation to the Specialist Division 	<p>NDTP / HSE HR</p> <p>Relevant HSE Division</p> <p>HSE HR / DoH</p>	<p>June 2017</p>
<p>1.27 The Committee found delays of up to five months in the issue of contract documentation to successful candidates and in some cases, lengthy periods of negotiation prior to the candidate signing documentation</p>	<p>The Committee recommends that:</p> <ul style="list-style-type: none"> - NRS put in place an expert mechanism to determine candidates incremental credit entitlement, with provision for further discussion with the Hospital Group / CHO and continued appeal to the existing Incremental Credit Committee - subject to the above, contract documentation is issued to candidates within 2 weeks of confirmation of the successful candidate. - That candidates are clearly informed of the required start date and the provision for extension of same by a maximum of 3 months in line with HSE HR Circular 004/2013 	<p>NRS Section 38 Hospitals / Agencies</p>	<p>November 2016</p>
<p>1.28 The Committee noted the use of the facility for transfer of an existing permanent Consultant into a new, approved permanent post and the absence of a formal process relating to same</p>	<p>The Committee recommends that in the case of transfer between posts:</p> <ul style="list-style-type: none"> - a formal interview / skills match process is used to assess candidates and records of same are kept, - that successful candidates are released by their current employer with regard to the standard timeframe for appointment to the new post 	<p>CHOs Hospital Groups</p>	<p>November 2016</p>

Finding	Actions for implementation	Action by	Timeline
<p>1.29 The Committee noted that employers made little use of the provision for proleptic appointments contained in Consultant Contract 2008 and in the HSE letter of approval for the post. This meant that the opportunity to appoint recently qualified candidates subject to further training / acquisition of qualifications was underused and retention of trainees reduced accordingly</p>	<p>Noting Action 1.1 above, the Committee recommends that the existing provision for proleptic appointments be detailed in revised Guidance on creation and recruitment to Consultant posts in accordance with CPSA codes and based on the merit principle</p>	<p>HSE HR Relevant HSE Division</p>	<p>July 2016</p>
<p>1.30The Committee noted that the absence of key clinical, administrative and professional resources required to ensure newly appointed Consultants can make the most effective contribution to service provision</p>	<p>The Committee recommends the inclusion in the ‘Proposed / Approved Consultant Appointment’ document of a Job Plan and statement of resources associated with the range of services to be provided as per Appendix I of this report</p>	<p>Hospital Groups / CHOs</p>	<p>July 2016</p>
<p>1.31 The Committee noted delays in the issue and/or finalisation of contract documentation for successful candidates. In some cases, delays of up to 5 months have occurred</p>	<p>The Committee recommends that Consultant recruitment is prioritised at Hospital Group / CHO level and that Hospitals / Agencies are required to complete contract documentation within 2 weeks of notification of the successful candidate</p>	<p>Hospital Groups CHOs</p>	<p>November 2016</p>
<p>1.32 The Committee noted that induction (including onboarding) processes were absent in many instances and that newly appointed Consultants were introduced to employment in a limited and haphazard manner – a key driver of poor retention rates in some locations</p>	<p>The Committee recommends that</p> <ul style="list-style-type: none"> - The induction policy set out at Appendix II of this report is adopted by the HSE and HSE-funded agencies - In addition to the policy areas highlighted in the Appendices, HSE HR develop training content to bring these policies to fruition. These incorporate the full Consultant life cycle from recruitment, on-boarding, induction and professional development - HSE HR ensure that this training is effectively delivered consistently to the HR community supported by the development of a check-list for each of the CEO / Hospital Manager / Clinical Director / Executive Clinical Director for any new employee confirming their role and responsibility in the recruitment processes 	<p>Relevant HSE Division HSE HR</p>	<p>December 2016</p>
<p>1.33 The Committee noted the inconsistent operation of the probation period provided by Consultant Contract 2008 and the risk of performance or other issues arising. This included a lack of engagement on supports needed for newly appointed Consultants</p>	<p>The Committee recommends that the approach to the implementation of Probation set out at Appendix III of this report be adopted and implemented by HSE and HSE-funded agencies</p>	<p>Relevant HSE Division</p>	<p>November 2016</p>

Finding	Actions for implementation	Action by	Timeline
<p>1.34 The Committee noted the inconsistent use - or absence in some cases - of performance management / appraisal processes relating to Consultant posts, including a failure to regularly review job descriptions and associated requirements for implementation of same</p>	<p>The Committee recommends that:</p> <ul style="list-style-type: none"> - HSE NRS and PAS immediately commence a job analysis of the role of a Consultant to support interview / selection processes - the forthcoming HSE Performance Achievement Process be structured to take account of the particular needs of Consultants and ensure regular review / appraisal of performance and individual needs for effective service delivery; - Hospitals / Agencies implement – subject to consultation in line with the Public Service Agreements - the appraisal process described at Appendix IV of this report; - Hospitals / Agencies make full use of Section 12 e) of Consultant Contract 2008 and the related Clinical Directorate Service Plan 	<p>NRS PAS HSE HR</p> <p>Relevant HSE Division</p>	<p>November 2016</p>
<p>1.35 The Committee found that there was inconsistent use of exit interviews and related measures and a consequent absence of data on why Consultants left post and associated poor retention rates in some locations</p>	<p>The Committee recommends that Exit interview guidance and a related reporting system be detailed in revised Guidance on creation and recruitment to Consultant posts. This should involve exit interviews by the relevant Medical Manpower Manager and Clinical Director / Executive Clinical Director of each Consultant leaving post</p>	<p>HSE HR</p> <p>Relevant HSE Division</p>	<p>November 2016</p>

vii) Information, guidance and implementation

Finding	Actions for implementation	Action by	Timeline
1.36 The Committee noted the absence of a single, national source of information on the process for creating and recruitment to Consultant posts and the consequent confusion and misinformation regarding existing processes	The Committee recommends a revision and expansion of the HSE website to rapidly address this information deficit	HSE HR	November 2016
1.37 The Committee noted that the existing guidance on the approval of and recruitment to Consultant posts was significantly out of date and did not address the range of issues required by health service employers	The Committee recommends that the revised Guidance on creation and recruitment to Consultant posts which is attached at Appendix VI of this report be issued to HSE and HSE-funded Hospitals / Agencies by HSE HR	HSE HR	November 2016
1.38 The Committee's actions for implementation must be integrated with HSE performance and accountability systems if they are to be implemented	<p>The Committee recommends that:</p> <ul style="list-style-type: none"> - Implementation of this report is led by HSE HR and HSE HR nominate a designated staff member to lead same; - implementation of these actions is integrated with HSE performance achievement and HSE National Performance Oversight Group (NPOG) processes and that where concerns exist regarding lack of implementation, these are initially raised with the relevant Clinical Directors / Executive Clinical Directors and Medical Manpower Managers; then with HR staff at Hospital Group / CHO level before being progressed to HSE HR nationally 	HSE HR	ongoing

* * *

Appendix I – Job Planning and resources to support Consultant appointment

A key recommendation of the MacCraith Report was that there was a need to document the relationship between work objectives, flexible working, available resources, supports and other matters. Taking that into account, a key support for a new or replacement Consultant post is a Job Plan which includes provision for:

- the Consultant's role in implementation of a Consultant-provided service and measures to support development of same;
- what work the Consultant does for the public health service employer and in the case of Academic Consultants, what work the Consultant does for the academic institution;
- job objectives and related supports from the employer(s);
- timetabling and location of work;
- how timetabled work will align with service objectives and delivery targets;
- the extent and role of flexible working in relation to implementation of targets;
- the commitments that the Consultant may have outside their primary employment;
- the resources necessary for the work to be achieved, including

Generic resources:

- Dedicated workspace
- Computer facilities, internet access, offsite access
- Access to relevant databases / medical literature
- Multidisciplinary team (including medical staff as appropriate)
- Secretarial / administrative support
- Access to training opportunities
- Support for Continuing Professional Development
- Support for audit
- Time to participate in supporting professional activities

Specific items:

- Time – leave and external duties
- Access to clinical facilities appropriate to Consultant's specialty including, for example:
 - Theatre
 - Day Unit
 - Outpatient Department
 - Minor Operations
 - Endoscopy
 - Community facilities

The Job Plan should be reviewed as part of the appraisal process. This review should involve identification and documentation of the resources necessary to deliver the service required. Should absence of resources or organisational barriers limit the extent to which the Consultant can perform their duties effectively, the Consultant, Clinical Director / Executive Clinical Director / employer should meet to identify means of addressing the issues or identifying new, achievable objectives.

Finally, the Consultant's salary and superannuation arrangements should be confirmed in keeping with the Terms of Employment (Information) Acts 1994-2001.

Appendix II - Induction

1. What is Induction?

Induction is a process by which employees are received and welcomed to the organisation. It is a method of formally introducing the employee to their work location and colleagues. A clear understanding of their job, role and responsibilities and the mission and values of the wider organisation will be provided. An effective Induction process – together with appropriate use of probation - will ensure that the Consultant is supported in achieving expected performance levels. It will also ensure that the new Consultant is aware of the importance of team-working within the HSE and their role within the team.

It is important to induct, so that Consultants can gain the necessary information to perform their duties to the highest standard possible.

2. Policy and guidance

The HSE issued guidelines on Induction for staff in 2006. Revised guidelines were agreed in 2015 are due for publication shortly. In that context, HSE hospitals / agencies have a single national induction policy and guidance. Set out below is guidance for HSE-funded agencies regarding induction as it may be applied to Consultants.

Induction should complement and support the probation process described at Appendix II of this document.

3. Aims of an effective Induction

The aim of induction is:

- To ensure that each Consultant receives a structured welcome and introduction to their immediate work environment and the wider organisation;
- To outline the organisation's responsibilities and values;
- To assist in the promotion of the culture and philosophy of the organisation;
- To clarify expectations of both Consultant and employer in relation to codes of conduct, policies and procedures, Consultant services etc.;
- To clarify the role of Consultant and performance expectations;
- To commence a process of structured feedback on performance;
- To promote an emphasis on customer/client focus;
- To promote an environment of effective health, safety and welfare.

4. Benefits of an effective Induction

An effective induction process provides the CEO / Hospital Manager / Clinical Director / Executive Clinical Director with a framework to clearly communicate policies and procedures to the

Consultant; provides a structured welcome and support and clarity on role expectations for the individual Consultant on commencing employment, promotion, transfer or secondment; helps the Consultant to fit in, enabling integration into the service area, enhancing effectiveness and performance; promotes a shared vision within the organisation; and assists in fulfilling statutory obligations

5. Roles and responsibilities

Induction is the responsibility of both the employer and Consultant. The employer has the responsibility to ensure that all staff are inducted in a reasonable time frame and the Consultant has responsibility to fully engage with the process.

The employer is responsible for:

- Ensuring that Induction is a Key Performance Indicator for Senior Managers;
- Supporting the process and agreeing the release of staff to attend scheduled Induction;
- Training;
- Ensuring that managers in their areas release staff for the Site Induction Training, including where appropriate foreseeing resources for replacement of front-line staff;
- Tailoring the induction process to include local policies and procedures;
- Ensuring that all aspects of the Induction process are completed within the specified time frames and for progressing through each checklist with the new Consultant;
- Identifying a work colleague
- Reviewing and compiling the necessary back-up materials ahead of the new Consultants arrival;
- Ensuring that either the CEO / General Manager / Clinical Director / Executive Clinical Director or designated person is available on the first day to meet the new Consultant;
- Scheduling appointments over the first day, week, 3 months, 6 months to have regular, short meetings with the new Consultant.

The Consultant is responsible for cooperating fully with the process, attending scheduled training and seeking clarification on any documentation, if necessary, before sign-off.

The Work Colleague is responsible for welcoming the new Consultant into the organisation and to assist and support the new Consultant to become familiar with their work environment and surroundings

6. Induction schedule for the new Consultant

Before the new Consultant joins the Department, all necessary workspace, equipment and appropriate access to resources should be in place. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should contact the new Consultant before the agreed start date if appropriate. Separately, The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should ascertain if the new Consultant has any specific Disability or Diversity requirements. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should arrange all appropriate initial training. Relevant staff, including reception/security and other relevant people, should be notified of the Consultant's start date by the CEO / Hospital Manager / Clinical Director / Executive Clinical Director or delegated person.

It is essential that the new Consultant is met on the first day and welcomed into the Department.

The CEO / Hospital Manager / Clinical Director or delegated person introduces the new Consultant to colleagues and other key staff in the organisation including the designated work colleague. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director provide appropriate information to the new Consultant in relation to their role and responsibilities and expected level of performance. The Consultant will be given details of all training arranged by the CEO / Hospital Manager / Clinical Director.

The CEO / Hospital Manager / Clinical Director / Executive Clinical Director will progress from the induction to the probation process in the case of newly appointed Consultants who have not held a permanent post or acted in the post prior to commencing work.

Otherwise it will be necessary in the first weeks to set time aside to progress through a process that involves setting objectives/priorities/targets and discussing initial performance and development needs and ways of meeting these. Meetings should be arranged in the first few months between the CEO / Hospital Manager / Clinical Director / Executive Clinical Director and the Consultant to discuss how well the Consultant is performing their duties and to identify what other support is required by the Consultant if necessary.

* * *

Appendix III - Probation

1. Purpose of probation

A key element of the initial stages of a Consultant appointment is probation. The purpose of probation is to assess whether the Consultant is suitable for permanent appointment and to allow both the Consultant and the employer to identify issues for resolution prior to confirmation of permanent appointment. The following sets out guidance on the use of probation in relation to Consultant appointments.

2. Application of probation to Consultants

Section 3 of Consultant Contract 2008 – ‘Probation’ - deals with probation and provides for a 12 month probationary period for Consultants offered permanent appointments. In the case of joint appointments, it should be noted that the Consultant must successfully complete probation for each employer - failure to do so for one employer affects the entire appointment.

Consultants who either hold permanent posts in the Irish public health system or who have acted in the post on a non-permanent basis while the post is being filled permanently do not have to serve the probationary period.

Section 2 a) of the Contract explicitly excludes non-permanent Consultants – those offered fixed term, fixed purpose or locum appointments – from this 12 month period.

3. Reviews during probation

The employer is required to undertake a formal review not more than 6 months after the date of appointment. In this context, it is recommended that the review of the probationary period is aligned with review of the Consultant’s job plan and work schedule. The review should include the Consultant, the Clinical Director / Executive Clinical Director and a senior manager.

A key aspect of the probationary process is that the employer ensures that there is clarity regarding service and performance standards, particularly in relation to workload, working relationships, individual skills, including those relating to management and teaching / training of staff, policies and procedures. The Newcastle upon Tyne Hospitals NHS Foundation Trust Procedure for Managing Probationary Periods offers a useful summary of the responsibilities of the employer during probationary meetings. It states that at each meeting, the manager should aim to:

- “a) highlight areas where the employee is doing well;
- b) focus on successes, as well as, failures;
- c) explain clearly and in precise terms any areas in which the employee is falling below the required levels;
- d) explore the possible reasons for any failure to meet the required standards;
- e) listen to what the employee has to say;
- f) discuss and agree whether or not any specific training or coaching is required;
- g) discuss any other relevant matters such as timekeeping, attendance, general conduct or attitude;
- h) deliver any necessary criticism in a constructive way;

Consultant Review Form

- i) avoid assuming that unsatisfactory performance is caused by something within the employee's control
- j) invite the employee to comment on issues such as the extent to which he or she has integrated into the department and how well he or she is getting on with colleagues;
- k) give the employee an opportunity to ask questions or raise concerns about any aspect of his or her employment."

4. Extension of probation

As noted above, the contract requires that employers operate a probationary period of 12 months. The employer may extend the period to 18 months, but must communicate the reasons for this to the Consultant in writing. During the probationary period, the employer must ensure that the probationary Consultant is subject to ongoing review.

5. The end of the probationary period

Consultant Contract 2008 requires that at the end of the probationary period, the Employer either certifies that the Consultant's service has been satisfactory and confirm the appointment on a permanent basis or certifies, with stated specified reasons, that the Consultant's service has not been satisfactory, in which case the Consultant will cease to hold his/her appointment.

The Contract notes that in the event that the Employer fails to certify that the Consultant's service is not satisfactory, they will be deemed to have been appointed on a permanent basis. Taking that into account, Employers must –without delay - communicate the outcome of the probationary period in writing to the Consultant at the earliest possible opportunity.

6. Serious misconduct during probation

In cases where an allegation of serious misconduct is made against a probationary Consultant, the Contract requires that the issue is dealt with in accordance with Stage 4 of the Disciplinary Procedure (attached at Appendix II to Consultant Contract 2008).

7. Termination

The Contract provides that employment may be terminated by either the Employer or Consultant during the probationary period. Should employment be terminated by the Employer, the Employer shall set out in writing the specific reasons for such termination.

8. Standardised form for review of Consultant probation

Set out below are standardised indicators which may be used during review of the probationary period

Name:	
Department:	
Commencement Date:	
Review No:	
Date of Review:	
Review Committee	

Leading on Clinical Practice and Service Quality

Definition: Sets and monitors standards and quality of service, contributes to proactive improvement as part of a multi-disciplinary team.

1. Rarely
2. Sometimes
3. Meets
4. Sometimes exceeds
5. Often exceeds

Behavioural Indicators

	1	2	3	4	5
1. Regularly reviews practice and clinical standards of care and measures them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Possesses sound knowledge of procedures and protocols in operational matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates professional development and high standards in all aspects of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does a regular review of service user perspectives and of complaints and of incidents and seeks out methods to achieve better outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates high standards of practice in own work areas including punctuality and attendance and acts as a professional role model for the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Integrity and Ethical Stance

Definition: Holds an appropriate and effective set of professional and managerial values and beliefs and behaves in line with these. Promotes and consistently supports ethical and value-based staff practices.

Behavioural Indicators

	1	2	3	4	5
1. Always follows through on issues and behaves in a manner that is consistent with own and the organisation's espoused values and practices; will check back to others where there are value or integrity issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shows fairness and consistency in dealing with direct reports and other staff; doesn't generally operate hidden agendas and doesn't give preferential treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is able to treat personally sensitive information with confidentiality; is careful not to speak in an indiscrete or hurtful way about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Admits mistakes and is willing to take responsibility when things go wrong as a result; doesn't misrepresent self for personal gain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is generally honest and truthful in dealing with individuals; elicits trust from others on this basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negotiation, Communication and Influencing Skills

Definition: Gets a message across fluently and persuasively in a variety of different media (oral, written and electronic).

Makes a compelling case to positively influence the thinking of others. Is strategic in how he / she goes about influencing others; shows strong listening and sensing skills.

1.	Rarely
2.	Sometimes
3.	Meets
4.	Sometimes exceeds
5.	Often exceeds

Behavioural Indicators

	1	2	3	4	5
1. Marshals information cogently to make a persuasive case; communicates information clearly in the spoken word; makes well-structured and persuasive presentations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can communicate in a rational mode as appropriate and is professional in managing all professional relationships and interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has strong two-way listening skills; is able to elicit information from others in a non-threatening way and can read between the lines. Can impart information in a non-threatening way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Able to argue position, point of view, in a reasonable professional manner and tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sustained Personal Commitment

Definition: Is personally committed to achieving end goals and the continuous improvement of the service.

Behavioural Indicators

1. Shows a strong degree of self-awareness, seeking feedback from colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accepts both negative and positive feedback and acts thereon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical Development

Definition: Always demonstrates sound clinical judgement and clinical skills.

Behavioural Indicators

1. Participates in appropriate Continuing Medical Education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Utilises evidence based medicine in daily practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has shown evidence of undergraduate & postgraduate teaching abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Undertakes and encourages research in area of expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates ability to work as part of a Multi-Disciplinary Team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Committee Comments:

Consultant's Comments:

Signed by Chair of Committee:

Signed by Consultant:

Appendix IV – Consultant Appraisal in Ireland

1. What is appraisal?

Job appraisal is a process that takes place in many work settings and often includes the whole workforce hierarchy. It is largely a two way process allowing an employer to assess an employee's performance and an employee to feed back to their employer and register any constraints or suggestions as to what may be done to improve the working environment.

Appraisal in the medical setting is not a process of assessment that one passes or fails, and should not be about scrutinising doctors to see if they are performing poorly. Appraisal is about helping individuals to improve the way they work and the services they provide, themselves and with others. Appraisal goes beyond simply judging individuals on what they have achieved over the past year. It offers a framework for planned, constructive, professional dialogue. It provides the opportunity for reflection about current performance and progress. This is used as a platform to set goals for future professional practice and development which will also contribute to the needs of the organisation in which the individual works. Appraisal should therefore be a positive, constructive process which is mutually beneficial to both the individuals being appraised and also to the organisation in which they work.

As medical structures, institutions and reporting lines become more complex in Ireland, appraisal should be looked upon as a mechanism set up to value, clearly position and maximise the effectiveness of each and every Consultant within the health service for their patients and their own benefit and that of the institution within which they work. It is not part of any re-validation process in this jurisdiction.

2. Why introduce appraisal for Consultants now?

Both the Consultants Contract and the McCraith report suggest that Consultants should have a personal plan and that there should be a regular performance monitoring arrangement or review. For these purposes this is referred to as "appraisal".

Section 9 (Scope of Post) of the Consultants Contract 2008 states:

- a) "The scope of this post is as set out in the HSE letter of approval for this position at Appendix 1 and the Job Description as issued by the Employer. These describe the Consultant's service commitments, accountabilities and specific duties.
- b) The Consultant's annual Clinical Directorate Service Plan will detail how these are to be implemented and will be validated by a series of performance monitoring arrangements.
- c) Certain decision-making functions and commensurate responsibilities may be delegated to the Consultant by the Employer. These will be documented in the Clinical Directorate Service Plan.
- d) The Consultant may apply through the Employer to the Health Service Executive to change the structure of this post as set out in the HSE Letter of Approval. Any change in the structure of the post is subject to the determination of the HSE.
- e) The Consultant may apply for atypical working arrangements under the relevant health service scheme."

The McCraith 'Strategic Review Of Medical Training And Career Structures' stated: "In relation to improving supports for newly appointed Consultants, the Working Committee recommends that the personal development/work planning process for Consultants outlined in Recommendation 2 above, should include an outline of the resources required to achieve the service and personal objectives set out in the plan. These should be agreed at time of appointment and should be reviewed annually by the Consultant and (Executive) Clinical Director/Employer in the context of changing objectives and the resources available to the Consultant team."

3. What is in it for me?

Appraisal will only succeed, and be of value to individual participants, if they recognise that the process provides appraisees with opportunity and support for reflection, and constructive feedback on which personal and professional development can be based. Also, through this process, the appraisee can raise and discuss issues of concern relating to their contribution to the range and quality of clinical services provided.

4. How will the appraisal system work?

At the core of the appraisal process will be an annual meeting (or no greater than 3 yearly at the outset) between the Consultant (appraisee) and his/her appraiser. The purpose of this meeting is to ensure the opportunity for constructive dialogue through which the doctor being appraised can reflect on his/her work and consider how to progress his/her professional development. These meetings will provide a positive process to give Consultants feedback on their performance, to chart their continuing progress and to identify and plan for their work and development needs. The appraisal meeting should be arranged well in advance to afford the opportunity for the appraiser and appraisee to gather together the necessary data to support a meaningful and constructive dialogue at the meeting.

The following questions should be thought through in advance of and considered at the appraisal meeting:

- Am I a good Consultant and do I perform well?
- Am I up to date?
- Do I work well as part of a team?
- What resources and support do I need?
- Am I clear about my service objectives?
- Am I meeting my service objectives?
- What are my development needs and how might these be met?

Documentation will be required to support and record the evidence, discussion and outcomes associated with the appraisal process under the headings outlined above. This will be agreed and jointly signed off by the appraiser and appraisee.

The Hospital Manager / Chief Executive / CHO Chief Officer has overall responsibility for ensuring appraisal of Consultants takes place and he/she will receive copies of those completed forms which summarise the outcome of the appraisal.

Appraisal is a confidential process. The meetings will be held in private and the completed documentation will, at all times, be treated as confidential. Documentation will only be seen by the

appraiser and appraisee and will be restricted to the Hospital Manager / Chief Executive and Clinical Director / Executive Clinical Director.

5. Who will appraise me?

Firstly, it is a clear requirement that appraisal of a Consultant will always be carried out by another Consultant on the Medical Register. The recommended framework for “cascading” Consultant appraisal will be the medical management structure. Ideally, therefore, Consultants would be appraised by their respective Clinical Directors / Executive Clinical Directors who, in turn, would be appraised by their Group Clinical Director. In many situations the number of Consultants may be too great to expect the Clinical Director to be the appraiser for all of them. In such circumstances, local discussions will be required to agree an effective and acceptable “cascade” structure. For example, if there is a Medical Board Chairman or Head of Department structure, they might be identified as appraisers.

Special arrangements will also need to be made for the appraisal of clinical academics or Consultants who regularly work in more than one hospital or group. In both cases, the Consultant concerned should only have one appraisal and one appraiser, but there will have to be input from other hospitals or agencies where the Consultant has public commitments the university / group academic lead. The precise arrangements will have to be agreed between the organisations concerned and with the individual doctor to be appraised.

The Hospital Manager / Chief Executive / CHO Chief Officer is ultimately responsible for ensuring that appraisal takes place and that an appropriate appraiser is identified and that the person nominated is capable and appropriate to undertake the role.

* * *

Appendix V – Consultant recruitment in the Mental Health Services

1. Introduction

Consultant posts in the public mental health services in Ireland are deployed in line with A Vision for Change, the national policy on mental health services and the HSE Mental Health Division Service Plan priorities.

The following sets out measures to support efficient and informed processing of applications for new and replacement Consultant posts in the Mental Health Services. These should be read in conjunction with the rest of this report.

2. Applications for posts

The sequence of application within the mental health services is recommended to be as follows:

- (i) The preliminary application is the responsibility of the ECD supported by the Business Manager. This is in their role as line manager of Consultants with responsibility for clinical services and a particular role in strategic development of the mental health service. Hence, the ECD should coordinate the completion of the forms in consultation with the relevant Clinical Director/Lead Consultant for the specialty (CAMHS, General Adult, Psychiatry of Old Age, MHID) where appropriate.
- (ii) For replacement posts, consideration should be given to any necessary reconfiguration required in line with current service needs/developments locally and nationally.
- (iii) New posts must be based on identified local need and/or Service Plan priorities and must be in line with A Vision for Change.
- (iv) As part of the set of documents, the ECD will coordinate the completion of the job description/specification, a work schedule and identify with name and contact details the Consultant to be responsible for induction. The latter could be the ECD or the CD in the specialty as appropriate.
- (v) This application to be discussed and agreed with the Mental Health Management Team. In the current system the form is then sent to the ISA Manager for approval and then to the Chief Officer. The ISA Manager will change to the Head of Mental Health Services with the implementation of the CHO Report. The Chief Officer is required to sign the application which is then submitted to the CAAC for consideration.

3. CAAC

The Mental Health Division has a nominee to CAAC. The nominee is the NCAGL who also provides the opinion on behalf of the Mental Health Clinical Programmes. The College of Psychiatrists of Ireland also has a nominee on the CAAC.

4. Letters of approval

Letters of approval from CAAC are now sent to the Head of Operations in the Mental Health Division and copied to the local services. Within the Mental Health Division, the Head of Operations will have a shared database with the Mental Health Division Performance and Planning Section so that the Workforce Planner can be kept up to date with progress.

5. Expression of Interest in an Internal transfer

When the post is returned to the Chief Officer, there may be an application by an existing permanently appointed consultant in the relevant Specialty and on the Specialist Division of the Register working in that mental health service an Internal Transfer and this should be facilitated where appropriate.

It should be note that Consultants may transfer into an approved vacant Consultant post, subject to:

- The Consultant holding a permanent post;
- The Consultant holding the qualifications specified by the HSE for the post;
- The conduct of a formal interview or skills match process which includes the following elements:
 - Publication of the vacancy (e.g. advertisement, email notification)
 - Submission and evaluation of Curriculum Vitae
 - A formal interview / skills match process to include representation from outside the Hospital Group or Community Health Organisation
 - Written communication of the outcome of the process to NDTP and retention of records of the process

In such cases, the vacated post will then have to be resubmitted as a replacement post to CAAC. Otherwise the Job Plan, Job Description, work schedule and contact for induction in the CAAC application documentation is sent to the NRS. It should be possible for the NRS to, by return, forward it to the PAS for interview.

6. PAS

Details on the current process used by the Mental Health Division were agreed with the PAS in 2015 and include specialty representation nominated by the College of Psychiatrists of Ireland together with the ECD or the relevant specialty nominee from the local service. All consultant nominees must hold a permanent appointment in a HSE or publicly funded hospital/agency and be on the relevant Specialty Register.

The PAS currently seeks references for mental health posts in advance of the interview process and this should continue.

7. Joint Appointments

Joint appointments between the mental health services and acute hospitals are clinically appropriate in some specialty or subspecialty posts e.g. Psychiatry of Old Age or Child and Adolescent Psychiatry consultant posts with ring fenced hours for consultation/liaison work in acute hospitals.

At both Executive and ECD/CD level in the CHO and acute hospital, there must be agreement that a joint appointment is appropriate together with relevant details such as

- Hours of work
- Scope of work
- Interview process for Section 38 hospitals e.g. through PAS or the hospital
- Nominees

The reporting relationship will be to the service/hospital paying the postholder's salary. There are also other issues to be covered such as the induction and appraisal process to be agreed.

8. Workforce Planning

The Mental Health Division has appointed a Workforce Planner who, as part of her responsibility, and in conjunction with the Operational and Clinical Advice Sections of the Mental Health Division will work with the NDTP. This will involve liaison with the College of Psychiatrists of Ireland as required.

The Mental Health Division and its Workforce Planner will put in place a process whereby notification is simultaneously sent to the NDTP when a Consultant takes up a post, including those who transfer internally into a recently approved post.

* * *

Appendix VI – Guidance on creation, approval of and recruitment to Consultant posts

Guidance on successful Consultant recruitment, appointment and retention in Hospitals, Mental Services and Health Agencies is set out below

**Towards Successful Consultant
Recruitment, Appointment and Retention
in Hospitals, Mental Services and Health
Agencies**

Guidance

December 2016

Purpose of guidance

This document sets out guidance and standards relating to the creation and approval of Consultant posts by the HSE and recruitment to such posts. It takes account of the Health Service Executive (HSE) role in the regulation of Consultant posts under the Health Acts and the requirements of HSE and HSE-funded agencies under the Public Service Management Recruitment and Appointments Act.

The guidance is for the attention of and use by those involved in the decision to recruit a Consultant to a HSE or HSE-funded hospital / agency. It can also be provided to each stakeholder within the recruitment process, including prospective employees and interested candidates.

Queries may be made by email to doctors@hse.ie in relation to Section A and by email to andrew.condon@hse.ie in relation to Sections B and C.

Table of Contents

A – Guidance for Employers	6
1. What is a Consultant?	6
2. Consultant Contract and Contract Type	6
3. Regulation of Consultant posts by the HSE	7
4. Requirement to seek approval before making a Consultant appointment	7
5. Assignment of regulatory functions within HSE	8
6. Committees advising HSE on Consultant appointments	8
7. How is the need for a Consultant post identified?	8
8. Proposed / Approved Consultant Appointment document	9
9. Job Planning and resources to support Consultant appointment	10
10. Evaluation of applications	10
11. Applications for temporary or locum Consultant posts	11
12. Qualifications for Consultant appointments	12
13. Issuing of HSE approval for Consultant posts	13
B – Guidance for Applicants	14
14. Treatment as a new entrant	14
15. Qualifications for Consultant appointments	14
16. Eligibility to compete for a Consultant post	14
17. Proleptic appointments	15
18. Recruitment Standards	15
19. The recruitment process	15
a) Advertisement	15
b) Informal enquiries	16
c) Application and application documentation	16
d) Selection Boards: Short-listing and Interview Boards	16
e) The interview process	17
f) Validation of proposed appointee	17
g) Recommendation	17
h) Timeframes and start date	17

i) Appointment	17
20. Induction	18
a) What is Induction?.....	18
b) Policy and guidance.....	18
c) Aims of an effective Induction.....	18
d) Benefits of an effective Induction	18
e) Roles and responsibilities	19
f) Induction schedule for the new Consultant.....	19
C – Guidance for Consultants after appointment.....	21
21. Probation.....	21
a) Purpose of probation.....	21
b) Application of probation to Consultants.....	21
c) Reviews during probation.....	21
d) Extension of probation.....	21
e) The end of the probationary period.....	22
f) Serious misconduct during probation.....	22
g) Termination	22
22. Appraisal.....	25
a) What is appraisal?	25
b) Why introduce appraisal for Consultants now?.....	25
c) What is in it for me?	26
d) How will appraisal work?	26
e) Who will appraise me?.....	26
23. Movement between Type of Contract / Category of post.....	27
24. Restructuring of Consultant posts.....	27
25. Expression of interest to transfer between Consultant posts	27
26. Change of title of Consultant posts.....	28
27. Exit interviews	28

Glossary

The following acronyms and terms are used in this report:

CAAC – Consultant Applications Advisory Committee

CAU – Consultant Appointments Unit

CHO – Community Healthcare Organisation

CPSA – Commission for Public Service Appointments

DoH – Department of Health

DEPR – Department of Public Expenditure and Reform

HSE – Health Service Executive

HR – Human Resources

NDTP – National Doctors Training & Planning

NCHD – Non-Consultant Hospital Doctor

NRS – National Recruitment Service

PAS – Public Appointments Service

A – Guidance for Employers

1. What is a Consultant?

Consultant Contract 2008 sets out a definition of a Consultant in the Irish public health system. It states that a Consultant is defined as a registered medical or dental practitioner who by reason of his/her training, skill and expertise in a designated specialty, is consulted by other registered medical practitioners and who has a continuing clinical and professional responsibility for patients under his/her care, or that aspect of care on which (s)he has been consulted.

Consultants are clinically independent in relation to decisions on the diagnosis, treatment and care of individual patients. This clinical independence derives from the specific relationship between the patient and the Consultant in which the patient places trust in the Consultant personally involved in his/her care to make clinical decisions in the patient's best interests and to take continuing responsibility for their consequences.

Noting the above, Consultants are subject to statutory and regulatory requirements and corporate policies and procedures.

Consultants are expected to have a substantial and direct involvement in the medical diagnosis, treatment and delivery of care to patients. Each patient, either within a hospital or mental health service setting, should have a named Consultant who has continuing responsibility for his/her diagnosis, treatment and care.

The Consultant may discharge his / her responsibilities through a direct personal relationship with the patient; shared responsibility with other Consultants who contribute significantly to patient management or delegation of aspects of the patient's care to other appropriate staff. Delegation of responsibility to other doctors or staff by a Consultant is subject to the Consultant being satisfied that the relevant staff member has the necessary professional capability and the continued provision of a commensurate level of diagnosis, treatment and care to the patient.

In any event, the Consultant retains a continuing overall responsibility for the care of the patient.

Consultants generally work in a leadership role but invariably as part of a clinical team. The primary purpose of a specialist team is to ensure that Consultant provided services to patients are on a continuing basis. In effect this requires that Consultants provide diagnosis, treatment, care and discharge of patients under the care of other Consultants on his/her specialist team and vice versa, where appropriate. The membership of the Consultant specialist team will be determined in the context of the local working environment. The team may be defined at specialty/sub-specialty level or under a more broadly based category e.g. general medicine, general surgery.

2. Consultant Contract and Contract Type

Currently, a range of contractual arrangements apply to Consultants working in the public health system, including Consultant Contract 2008, Consultant Contract 1997, the Academic Consultant Contract 1998 and Consultant Contract 1991. These arise from legacy agreements. However, since 2008, the only contract available to either new entrants or Consultant moving to a different post is Consultant Contract 2008, which is held by over 80% of all permanent Consultants.

Consultant Contract 2008 varies in two important areas. Firstly, it varies in relation to access to private practice. The four different Contract Types – A, B, B* and C differ only in respect of access to private practice. Detailed guidance on same is available at Sections 20-22 of Consultant Contract 2008 and in HSE guidance [here](#). Secondly, the Contract varies depending on whether the post is classified as a standard clinical post or an academic post (a Professor, Associate Professor or Senior Lecturer). Section 15 of the Contract applies only to academic posts. In the case of part-time or posts where the Consultant has opted for flexible working pro-rata arrangements are made. Otherwise, identical contract terms apply.

3. Regulation of Consultant posts by the HSE

Consultant posts in publicly-funded hospitals and health agencies are regulated under Section 57 of the Health Act, 2004.

The HSE's regulatory function covers all Consultant appointments in the public health service in Ireland including the HSE hospitals, voluntary hospitals, Mental Health Services and other agencies whether additional, replacement, temporary or locum and irrespective of the extent of the commitment involved or source of funding of the appointment. It includes:

- new and replacement permanent Consultant posts;
- locum and temporary (non-permanent) Consultant posts;
- structuring / restructuring of Consultant posts;
- determination of the Type of Contract / Category of Contract to apply to Consultant posts and various functions relating to changes in Type of Contract / Category of Contract;
- determination of the qualifications to apply to Consultant posts;
- determination of the title of Consultant posts.

4. Requirement to seek approval before making a Consultant appointment

In summary terms, the requirement to seek approval before making a Consultant appointment arises from the following:

- the regulation of posts by the HSE to ensure that
 - that persons employed as Consultants in the public health service are appropriately qualified and competent, and
 - that the viability of and need for the post with regard to the safe delivery of Consultant services has been confirmed
- the need for employers to seek the prior approval of the HSE before making a Consultant appointment (whether permanent or non-permanent) and comply with the HSE Letter of Approval in making the appointment.
- that it is illegal for an employer to proceed with such an unregulated appointment which has not been approved by the HSE.
- the extent to which unregulated appointments may
 - not be appropriately qualified or competent,
 - block or delay the submission of applications for HSE-approved posts and
- contribute to the ad hoc development of services which may not be in line with local or national policy
- the Protection of Employees (Fixed Term Work) Act, 2003 - which has particular implications for health employers offering repeated fixed-term (temporary and locum) appointments to

individual candidates as repeated appointments can result in employees acquiring contracts of indefinite duration.

5. Assignment of regulatory functions within HSE

The HSE's regulatory functions regarding Consultants are delivered by the National Doctors Training & Planning Unit (NDTP), part of the HSE Human Resources Division.

6. Committees advising HSE on Consultant appointments

Consultant Contract 2008 as agreed by the HSE, medical unions, Department of Health & Children and Department of Finance provides (at Appendix X of Consultant Contract 2008) for two committees – the Consultant Applications Advisory Committee (CAAC) and Type C Committee - to advise the HSE on the regulation of Consultant posts.

The Committees also provide an agreed contractual mechanism for delivery of the HSE's statutory functions and decision-making regarding change of contract type, change of structure of post, qualifications, change of title and related appeals. Both Committees include representation from a range of medical specialties, hospital and health management nominees from the Department of Health, Postgraduate Training Bodies, patient advocates and representatives of the Irish Medical Organisation and Irish Hospital Consultants Association. NDTP provides administrative support to the Committees, which meet monthly.

Consultant Contract 2008 also includes a series of provisions relating to individual Consultants changing contract type or restructuring their post. These provisions closely follow those set out in Consultant Contract 1997.

In summary, Section 22 c) of the Contract provides for Consultants to have their Contract Type reviewed by the CAAC / Type C Committee where significant changes occur in a particular area in the delivery of acute hospital care. The Contract notes that a decision on applications for change will be considered by the CAAC together with the views of the Employer. Section 22 d) states that a decision on such application will be made following the advice of the CAAC. Section 22 e) outlines the role of the Type C Committee in considering requests for designation of posts as Type C and indicates that a decision on such application will be made by the HSE following the advice of the Type C Committee. Section 9 d) relates to the restructuring of Consultant posts and states that applications for restructuring are made through the local hospital / agency to the HSE for advice by CAAC.

7. How is the need for a Consultant post identified?

By way of summary, HSE and HSE-funded hospitals / Mental Health Services / agencies utilise HSE funding to progress

- Replacement posts (where funding has been in place for a number of years).
- Additional posts (where funding is provided in the relevant annual HSE Service Plan approved by the Department of Health).
- Additional posts (where funding which is not anticipated in the HSE Service Plan is identified within the hospital / Mental Health Service / agency, at a Hospital Group or CHO level or at

national level).

In this context, Consultant posts can be progressed by hospitals / Mental Health Service / agencies in line with existing funding (replacement posts), service planning or outside the national service planning framework.

The decision to progress a particular replacement or additional post is made at Hospital Group / CHO level and is subject to:

- Fiscal Parameters; the extent to which funding is available within the relevant hospital, mental health service or agency budget.
- Hospital / agency level, Hospital / CHO and/or national prioritisation in terms of development or ongoing provision of clinical services.
- The HSE Pay and Numbers framework approved by the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) which provides for the creation and replacement of posts subject to availability of the required pay resource.

The Accountability Framework governing the creation of Consultant posts can be summarised as: Funded Workforce Plan - Divisional Plan - Community Health Organisation Workforce Plan - Hospital Group Workforce Plan

Prior to making application for recruiting a Consultant, consideration needs to be given as to whether the post is required to be filled. This is a decision generally taken by Human Resources / Medical Manpower, Clinical Directors, Executive Clinical Directors and approved by the CEO of the Hospital Group or the Chief Officer, Community Health Organisation.

It is important to note that Consultant retirements can be anticipated and detailed reports provided by relevant HR systems.

8. Proposed / Approved Consultant Appointment document

The application process for creation, approval, recruitment and engagement of a Consultant post has been integrated into a single pack of documents, the most important of which is the Proposed Consultant Appointment document.

As part of the application process, employers are required to submit information on the post, the Business Case used to support approval of the post, an indicative Consultant Work Practice Plan for the post and a Job Description.

Once approved, the document is renamed as the 'Approved Consultant Appointment' document and should be made available to candidates.

Blank documents for completion by hospitals / Mental Health Services / agencies applying for posts are available from NDTP at www.hse.ie/doctors. Hospitals / Mental Health Services / Agencies that wish to recruit a permanent or additional temporary Consultant post should complete the form and submit to email: consultant.applications@hse.ie

9. Job Planning and resources to support Consultant appointment

Prior to submitting an application for a Consultant post, employers should note that a key support for a new or replacement Consultant post is a Job Plan which includes provision for:

- the Consultant's role in implementation of a Consultant-provided service and measures to support development of same, including extended consultant presence where appropriate;
- what work the Consultant does for the public health service employer and in the case of Academic Consultants, what work the Consultant does for the academic institution;
- job objectives and related supports from the employer(s);
- timetabling and location of work, including extended consultant presence;
- how timetabled work will align with service objectives and delivery targets;
- the extent and role of flexible working in relation to implementation of targets;
- the commitments that the Consultant may have outside their primary employment;
- the resources necessary for the work to be achieved, including

Generic resources:

- Dedicated workspace
- Computer facilities, internet access, offsite access
- Access to relevant databases / medical literature
- Multidisciplinary team (including medical staff as appropriate)
- Secretarial / administrative support
- Access to training opportunities
- Support for Continuing Professional Development
- Support for audit
- Time to participate in supporting professional activities

Specific items:

- Time – leave and external duties
- Access to clinical facilities appropriate to Consultant's specialty including, for example:
 - Theatre
 - Day Unit
 - Outpatient Department
 - Minor Operations
 - Endoscopy
 - Community facilities
 - Other, as appropriate

The Proposed Consultant Appointment document includes provision for a Job Plan which, following appointment, should be reviewed as part of the appraisal process.

10. Evaluation of applications

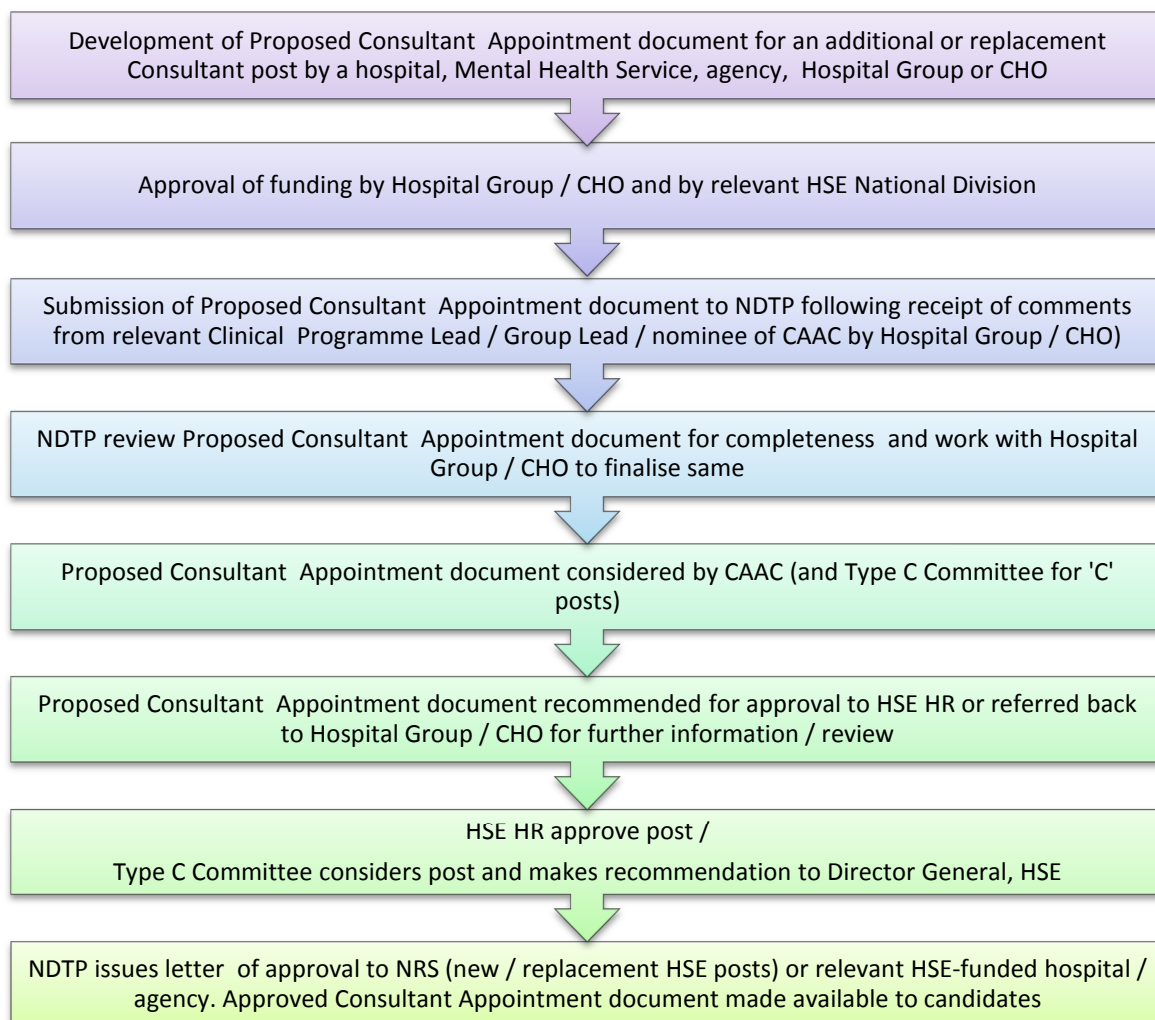
Applications for permanent Consultant posts, change in contract type or restructuring of a Consultant post are submitted to the CAAC via NDTP and are considered by the CAAC on the advice of the relevant Clinical Programme. The CAAC considers and advises on each application in the context of information received from NDTP staff, published policy, workload statistics, precedent, literature review, professional advice & knowledge, developments in medical education and training, relevant local information, demography and any other relevant advice (e.g. from relevant clinical programmes or expert advisory groups). With the sole exception of applications for a change of

contract type to Type C – which are sent to the Type C Committee and follow a similar process there – the CAAC considers the matter and either:

- makes a recommendation to the HSE, sometimes with particular conditions to be met prior to issue of a Letter of Approval or defers consideration of the post pending clarification
- or
- in the case of applications for a Type C post, forwards the application to the Type C Committee for further consideration and recommendation.

Recommendations made to the HSE by the CAAC are subject to decision by the National Director of Human Resources to whom this function has been delegated by the Director General of the HSE. Recommendations made to the HSE by the Type C Committee are subject to decision by the Director General of the HSE.

The following summarises the application and approval process for a permanent Consultant post arising from the HSE’s regulatory and contractual obligations: timescales



11. Applications for temporary or locum Consultant posts

Temporary Consultant appointments may be required between a permanent post becoming vacant

and it being filled on a permanent basis; in the interval between a permanent post having been approved by the HSE and it being filled on a permanent basis; or, in addition to the existing complement of Consultants, to provide services for a fixed period of time or purpose.

The essence of a locum appointment is that a post or office is occupied in a non-permanent capacity for a period by someone other than the legal post holder. The locum acts in place of the post holder. Such circumstances can arise where the holder of the permanent appointment is absent due to holiday, sick leave, study leave, career break etc.

When the anticipated period during which a locum will be required is short-term in nature, there is no need to seek approval from NDTP. However for any period exceeding one month where a locum is required, approval must be sought from NDTP and an application form submitted.

Applications should be submitted as follows:

- Health service employers seeking approval for a locum Consultant during the period when a permanent post holder is on a period of leave, e.g.: maternity leave, sick leave, unpaid leave, leave of absence or career break; or the permanent post holder is seconded to another role on a temporary basis, e.g. clinical programme lead, Clinical Director; or the permanent post holder has been appointed to the post, but has not yet commenced employment, should follow the procedure set out in the HSE HR Circular 021/2015, available at: http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ02115.html and submit to NDTP at email: consultant.applications@hse.ie.
- Health service employers seeking approval for a temporary Consultant post during the period between a permanent post becoming vacant and it being filled on a permanent basis; or the interval between a permanent post having been approved by the HSE and it being filled on a permanent basis should follow the procedure set out in in HSE HR Circular 021/2015, available at: http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ02115.html and submit to NDTP at email: consultant.applications@hse.ie

OR

- Health service employers seeking approval for a temporary post which is additional to the existing complement of Consultants and is to provide services for a fixed period of time or purpose should complete and submit the Proposed Consultant Appointment document available at www.hse.ie/doctors and submit to NDTP at email: consultant.applications@hse.ie

12. Qualifications for Consultant appointments

All qualifications specified by the HSE for medical Consultant posts require that Consultants be registered as a Specialist in the relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the relevant specialty. A schedule of the qualifications applicable to the different types of Consultant posts is available at: http://www.hse.ie/eng/staff/Leadership_Education_Development/MET/consultantapplications/qual_s1/

13. Issuing of HSE approval for Consultant posts

In the case of permanent or additional temporary posts, following a CAAC recommendation, the HSE communicates approved decisions by way of a Letter of Approval, signed by the Medical Workforce Lead, HSE HR; or in the case of decisions regarding Type C posts or a change of contract type to Type C, following a Type C Committee recommendation, by way of a letter from the Director General. Letters of Approval are not issued for temporary or locum posts where an approved permanent post is in place.

The Letter of Approval includes details relating to the post, such as the title, sub-specialty (if any), location of sessions, and the requisite professional qualifications. The Letter of Approval letter forms the basis of the job description and duties for the post and forms part of the Consultants' contract to be signed by the Consultant appointed to the post.

Letters of Approval are issued within a fortnight of the relevant CAAC meeting or the Direct General decision in the case of Type C applications and are published online on www.hse.ie

Where an application for an permanent, temporary or locum Consultant post is refused or deferred, it would be illegal to proceed with the appointment and any employer proceeding to create a post which has not been approved by the HSE leaves itself open to legal risks arising from claims involving holders of unregulated posts.

Once approval issues, HSE posts are progressed to the PAS for advertisement and competition. Posts for HSE-funded hospitals and agencies (including voluntary hospitals) are advertised and are filled by those hospitals / agencies. These steps are set out below in Guidance for Applicants.

B – Guidance for Applicants

14. Treatment as a new entrant

All potential applicants for Consultant posts should note that any appointee to a Consultant post in the Irish public health service will be treated as a new entrant for superannuation (pension) purposes irrespective of previous public service in Ireland or another EU member state if they have left public service employment in Ireland or another EU member state for more than six months and have not worked in the public service since. More information is available from the HSE National Recruitment Service (for applicants to HSE posts) or the employer (for applicants to posts in HSE-funded agencies) or from the HSE website here: http://www.hse.ie/eng/staff/benefitservices/Pension_Management/

One way for applicants who undertook medical training in Ireland and worked as a NCHD to avoid future treatment as a new entrant is to apply for a career break from their employer if they intend to leave public service employment for either work in the private sector in Ireland or work abroad for a period of six months or more. Information on career breaks for NCHDs is here: http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ0112014.html and here: http://www.hse.ie/eng/staff/Resources/HR_Circulars/circ102014.html

15. Qualifications for Consultant appointments

As noted above, all qualifications specified by the HSE for medical Consultant posts require that Consultants be registered as a Specialist in the relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council in Ireland in the relevant specialty. A schedule of the qualifications applicable to the different types of Consultant posts is available at: http://www.hse.ie/eng/staff/Leadership_Education_Development/MET/consultantapplications/qual_s1/.

16. Eligibility to compete for a Consultant post

The HSE Letter of Approval for a Consultant post sets out the eligibility requirements for entry to any competition or recruitment process associated with post.

It notes that while the successful interviewee must be registered as a Specialist in the relevant specialty on the Specialist Division of the Register of Medical Practitioners maintained by the Medical Council of Ireland before taking up appointment, candidates will be allowed a maximum of 180 calendar days from date of interview to secure this registration and produce evidence of special interest training where relevant

Should the successful candidate not be registered as a Specialist on the Specialist Division of the Medical Register at that time, the post may be offered to the next suitable candidate (or, in the case of HSE posts, the Public Appointments Service may choose not to recommend that candidate to the employer). Should no suitable candidate exist, a further recruitment process may be initiated.

17. Proleptic appointments

Proleptic appointments refer to appointments where the candidate is offered the post subject to them acquiring a particular qualification or skill within a certain period of time after appointment. Taking this into account, the HSE Letter of Approval for the post and Section 2 d) of Consultant Contract 2008 provide for proleptic appointment to a post as follows:

“Should the Consultant be required by the terms of the offer of appointment to comply with specified requirements or conditions (including a requirement or condition that (s)he shall acquire a specified qualification) before the expiration of a specified period the employment shall be terminated unless within that period the Consultant has complied with such requirements or conditions.”

It is open to the employer to make such an appointment subject to compliance by both the employer and the proleptic appointee to the requirements of the contract as set out above.

18. Recruitment Standards

As a public sector agency, the HSE recruits staff under licence from the Commission for Public Service Appointments (CPSA). The Commission’s primary statutory responsibility is to set standards for recruitment and selection of public sector employees. These standards are published as Codes of Practice. Implementation of the Codes is assessed via regular monitoring and auditing of recruitment and selection activities.

Permanent Consultant staff within the HSE are recruited via the HSE National Recruitment Service (NRS), which delivers recruitment services to HSE hospitals, mental health services and agencies.⁵

Taking account of the HSE’s obligations under its recruitment licence, the NRS uses the Public Appointments Service (PAS) as the centralised provider of recruitment, assessment and selection services relating to permanent Consultant posts.

Non-permanent Consultant staff are recruited directly by hospitals and mental health services.

Permanent and non-permanent Consultant staff within agencies funded by the HSE under Section 38 of the Health Act 2004 Section 38 Agencies (23 non-acute agencies and 16 acute hospitals (including ‘voluntary’ hospitals) are recruited directly by the relevant hospital / agency.

19. The recruitment process

The recruitment and appointment process is carried out jointly by the NRS and the PAS, as described above.

a) Advertisement

All HSE-funded Medical Consultant posts are advertised on www.publicjobs.ie and www.hse.ie In addition job alerts via email and text are issued to potential applicants who have registered with

⁵ In relation to medical staff this includes all grades with the exception of staff recruited via training bodies or NCHDs in non-training posts

www.publicjobs.ie

Hospitals and Community Healthcare Organisations can request and fund additional specialist advertising in medical journals, websites and elsewhere for individual roles if required and should make this request directly to the NRS.

b) Informal enquiries

A contact point for informal enquiries is included in the advertisement and in the job specification. The NRS seek an “informal enquiries” contact in the site where the vacancy exists. This contact should be knowledgeable about the post and the service and should be available during the weeks of advertisement to answer any queries that potential applicants may have.

c) Application and application documentation

The PAS prepare an information booklet which provides all necessary information about the post, the terms and conditions of employment and the selection process. This is available at advertisement stage and provides useful and practical information to any potential applicant. The relevant booklet for each individually advertised post is available at www.publicjobs.ie

In addition to this Guidance, the Approved Consultant Appointment document and HSE Letter of Approval for the post are made available to applicants. The Approved Consultant Appointment document contains information on the post, the Business Case used to support approval of the post and an indicative Consultant Work Practice Plan for the post and a Job Description.

Each applicant must complete an application form for each post they are interested in. This application form captures information about the applicants’ education and professional development, registration and work experience and skills. Written guidance is provided by the PAS for completion of application forms. Applicants must also submit a detailed Curriculum Vitae (CV). The application form and detailed CV are used as the foundation for determination of whether the applicant is eligible to apply for the post, short-listing and interview.

d) Selection Boards: Short-listing and Interview Boards

For posts in Acute Hospitals (other than Psychiatry) the PAS seek potential short listing and interview board nominations from the designated contact in the Hospital Group. For Psychiatry posts the PAS seek nominations from the Human Resources Manager, National Mental Health Division. Nominations and contact details must be provided within 5 work days of request.

The HSE Director General has stipulated there should no more than 5 short listing and interview board members other than in relation to small number of Academic posts or joint appointments between two or more employing institutions, where the number can be expanded to 6. The selection board – which should have a gender mix - compilation is as follows:

- An Independent Chair- nominated by PAS
- 1 Consultant in a relevant specialty/sub- specialty, nominated by PAS
- 1 Clinical Director or Consultant - nominated by the Hospital Group Clinical Director
- 1 Academic- nominated by the Chief Academic in the Group, or in the case of Joint Section 62 appointments, by the University
- Hospital Group CEO/ Senior Management Nominee

For Psychiatry posts the nominees are

- An Independent Chair - nominated by PAS
- The relevant ECD who may nominate the Lead in the specialty where appropriate (e.g. where ECD is in a different specialty in Psychiatry).
- Specialty nominee selected by PAS from nominees provided by the College of Psychiatrists of Ireland.
- Relevant CHO Chief Officer or nominee.

Short listing is carried out using pre-defined criteria based on the requirements of the role. Applicants are informed of the results of the short listing exercise. Any candidate short listed is invited to interview.

e) The interview process

Interviews are carried out using assessment criteria based on the requirements of the role. Individual marks are given for specific areas in the interview. Candidates must pass each individual assessment area. Recruitment panels of qualified individuals may be created from which vacancies may be filled. Qualification and placement on a panel is not a guarantee of appointment to a position. It should be noted that as of June 2016, the format of the recruitment and selection process is under review

f) Validation of proposed appointee

Following successful interview the highest scoring candidate is considered for the post. The candidate is required to undergo a pre-employment/ clearance process and are supported throughout the process by the PAS. This pre-employment process includes Garda/ International Police clearance, validation of IMC registration, pre-employment health assessment and validation of professional qualifications and experience. On successful completion of these pre-employment criteria the PAS recommends the candidate for appointment to the HSE NRS.

g) Recommendation

Following receipt of a recommendation from the PAS the NRS contacts the candidate and the site where the vacancy exists. The candidate is asked to contact the site and agree a start date with the named contact in the site. The candidate is supported throughout this process by the NRS. Should the candidate withdraw at any stage, the next ranked candidate may be recommended for appointment to the post, should they meet the standard required. Alternatively, the post may be readvertised.

h) Timeframes and start date

The NRS requests that the recommended candidate and receiving site agree a future start date **within 5 working days** of the request from NRS. Issues that impact agreement on start date are typically incremental credit entitlement, salary scale type and queries regarding terms of contract.

i) Appointment

Once the start date has been agreed by the candidate and the receiving site and confirmed in writing the NRS draw up and issue a contract of employment. The NRS sends an employee personnel file to the Medical Manpower Manager/ named HR contact which includes a signed copy of the contract,

terms and conditions and the PAS recruitment file. **Candidates are provided with a maximum period of 6 months to take up duty in the post.** Should the candidate not be available at that time, the employer may withdraw the offer.

20. Induction

a) What is Induction?

Induction is a process by which employees are received and welcomed to the organisation. It is a method of formally introducing the employee to their work location and colleagues. A clear understanding of their job, role and responsibilities and the mission and values of the wider organisation will be provided. An effective Induction process – together with appropriate use of probation - will ensure that the Consultant is supported in achieving expected performance levels. It will also ensure that the new Consultant is aware of the importance of team-working within the HSE and their role within the team.

It is important to induct, so that Consultants can gain the necessary information to perform their duties to the highest standard possible.

b) Policy and guidance

The HSE issued guidelines on Induction for staff in 2006. Revised guidelines were agreed in 2015 are due for publication in the third quarter of 2016. In that context, HSE hospitals / Mental Health Services / agencies have a single national induction policy and guidance. Set out below is current guidance for both HSE and HSE-funded Hospitals / Mental Health Services / agencies regarding induction as it may be applied to Consultants.

Induction should complement and support the probation process described at Appendix II of this document.

c) Aims of an effective Induction

The aim of induction is:

- To ensure that each Consultant receives a structured welcome and introduction to their immediate work environment and the wider organisation, including their clinical team and wider specialty group;
- To outline the organisations responsibilities and values;
- To assist in the promotion of the culture and philosophy of the organisation;
- To clarify expectations of both Consultant and employer in relation to codes of conduct, policies and procedures, Consultant services etc.;
- To clarify the role of Consultant and performance expectations;
- To commence a process of structured feedback on performance;
- To promote an emphasis on customer/client focus;
- To promote an environment of effective health, safety and welfare.

d) Benefits of an effective Induction

An effective induction process provides the CEO / Hospital Manager / Clinical Director / Executive Clinical Director with a framework to clearly communicate policies and procedures to the Consultant; provides a structured welcome and support and clarity on role expectations for the individual Consultant on commencing employment, promotion, transfer or secondment; helps the

Consultant to fit in, enabling integration into the service area, enhancing effectiveness and performance; promotes a shared vision within the organisation; and assists in fulfilling statutory obligations

e) Roles and responsibilities

Induction is the responsibility of both the employer and Consultant. The employer has the responsibility to ensure that all staff are inducted in a reasonable time frame and the Consultant has responsibility to co-operate fully with the process.

The employer is responsible for:

- Ensuring that Induction is a Key Performance Indicator for Senior Managers;
- Supporting the process and agreeing the release of staff to attend scheduled Induction;
- Training;
- Ensuring that managers in their areas release staff for the Site Induction Training, including, where appropriate, anticipating and securing resources for replacement of front-line staff;
- Tailoring the induction process to include local policies and procedures;
- Ensuring that all aspects of the Induction process are completed within the specified time frames and for progressing through each checklist with the new Consultant;
- Identifying a work colleague
- Reviewing and compiling the necessary back-up materials ahead of the new Consultants arrival;
- Ensuring that either the CEO / Hospital Manager / Clinical Director or designated person is available on the first day to meet the new Consultant;
- Scheduling appointments over the first day, week, 3 months, 6 months to have regular, short meetings with the new Consultant.

The Consultant is responsible for cooperating fully with the process, attending scheduled training and seeking clarification on any documentation, if necessary, before sign-off.

The Work Colleague(s) responsible for welcoming the new Consultant into the organisation; to assist and support the new Consultant to become familiar with their work environment and surroundings

f) Induction schedule for the new Consultant

Before the new Consultant joins the Department, all necessary workspace, equipment and appropriate access to resources should be in place. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should contact the new Consultant before the agreed start date if appropriate. Separately, The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should ascertain if the new Consultant has any specific disability or diversity requirements. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director should arrange all appropriate initial training. Relevant staff, including reception/security and other relevant people, should be notified of the Consultant's start date by the CEO / Hospital Manager / Clinical Director / Executive Clinical Director or delegated person.

It is essential that the new Consultant is met on the first day and welcomed into the Department.

The CEO / Hospital Manager / Clinical Director / Executive Clinical Director or delegated person introduces the new Consultant to colleagues and other key staff in the organisation including the designated work colleague. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director provides appropriate information to the new Consultant in relation to their role and

responsibilities and expected level of performance. The Consultant will be given details of all training arranged by the CEO / Hospital Manager / Clinical Director / Executive Clinical Director.

The CEO / Hospital Manager / Clinical Director / Executive Clinical Director will progress from the induction to the probation process in the case of newly appointed Consultants who have not previously held a permanent post or acted in that particular permanent post on a temporary basis prior to commencing permanent employment.

Otherwise it will be necessary in the first weeks to set time aside to progress through a process that involves setting objectives/priorities/targets and discussing initial performance and development needs and ways of meeting these. Meetings should be arranged in the first few months between the CEO / Hospital Manager / Clinical Director / Executive Clinical Director and the Consultant to discuss how well the Consultant is performing their duties and to identify what other support is required by the Consultant if necessary.

C – Guidance for Consultants after appointment

21. Probation

a) Purpose of probation

A key element of the initial stages of a Consultant appointment is probation. The purpose of probation is to assess whether the Consultant is suitable for permanent appointment and to allow both the Consultant and the employer to identify issues for resolution prior to confirmation of permanent appointment. The following sets out guidance on the use of probation in relation to Consultant appointments.

b) Application of probation to Consultants

Section 3 of Consultant Contract 2008 – ‘Probation’ - deals with probation and provides for a 12 month probationary period for Consultants offered permanent appointments. In the case of joint appointments, it should be noted that the Consultant must successfully complete probation for each employer - failure to do so for one employer affects the entire appointment.

Consultants who either hold permanent posts in the Irish public health system or who have acted in the post on a non-permanent basis while the post is being filled permanently do not have to serve the probationary period.

Section 2 a) of the Contract explicitly excludes non-permanent Consultants – those offered fixed term, fixed purpose or locum appointments – from this 12 month period.

c) Reviews during probation

The employer (CEO / Hospital Manager / Clinical Director / Executive Clinical Director) is required to undertake a formal review not more than 6 months after the date of appointment. In this context, it is recommended that the review of the probationary period is aligned with review of the Consultant’s job plan and work schedule. A key aspect of the probationary process is that the employer ensures that there is clarity regarding service and performance standards, particularly in relation to workload, working relationships, individual skills, including those relating to management and teaching / training of staff, policies and procedures.

- listen to what the employee has to say;
- focus and highlight successes but recognise, explore and explain failures to meet required standards;
- discuss and agree whether or not any specific training or coaching is required;
- discuss any other relevant matters such as timekeeping, attendance, general conduct or attitude;
- invite comment on issues concerning integration into the department and with colleagues;
- give the employee an opportunity to ask questions or raise concerns about any aspect of his or her employment.

d) Extension of probation

As noted above, the contract requires that employers operate a probationary period of 12 months. The employer may extend the period to 18 months, but must communicate the reasons for this to

the Consultant in writing. During the probationary period, the employer must ensure that the probationary Consultant is subject to ongoing review.

e) The end of the probationary period

Consultant Contract 2008 requires that at the end of the probationary period, the Employer either certifies that the Consultant's service has been satisfactory and confirm the appointment on a permanent basis or certifies, with stated specified reasons, that the Consultant's service has not been satisfactory, in which case the Consultant will cease to hold his/her appointment.

The Contract notes that in the event that the Employer fails to certify that the Consultant's service is not satisfactory, they will be deemed to have been appointed on a permanent basis. Taking that into account, Employers must - without delay - communicate the outcome of the probationary period in writing to the Consultant at the earliest possible opportunity. If the Consultant has not successfully completed probation, the Employer should inform NDTP by email to doctors@hse.ie that the post is now vacant.

f) Serious misconduct during probation

In cases where an allegation of serious misconduct is made against a probationary Consultant, the Contract requires that the issue is dealt with in accordance with Stage 4 of the Disciplinary Procedure (attached at Appendix II to Consultant Contract 2008).

g) Termination

The Contract provides that employment may be terminated by either the Employer or Consultant during the probationary period. Should employment be terminated by the Employer, the Employer shall set out in writing the specific reasons for such termination.

Set out below are standardised indicators which may be used during review of the probationary period

Consultant Review

Behavioural Indicators	1	2	3	4	5
1. Always follows through on issues and behaves in a manner that is consistent with own and the organisation's espoused values and practices; will check back to others where there are value or integrity issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shows fairness and consistency in dealing with direct reports and other staff; doesn't generally operate hidden agendas and doesn't give preferential treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is able to treat personally sensitive information with confidentiality; is careful not to speak in an indiscrete or hurtful way about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Admits mistakes and is willing to take responsibility when things go wrong as a result; doesn't misrepresent self for personal gain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is generally honest and truthful in dealing with individuals; elicits trust from others on this basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Negotiation, Communication and Influencing Skills

Definition: Gets a message across fluently and persuasively in a variety of different media (oral, written and electronic).
 Makes a compelling case to positively influence the thinking of others. Is strategic in how he / she goes about influencing others; shows strong listening and sensing skills.

6.	Rarely
7.	Sometimes
8.	Meets
9.	Sometimes exceeds
10.	Often exceeds

Behavioural Indicators	1	2	3	4	5
1. Marshals information cogently to make a persuasive case; communicates information clearly in the spoken word; makes well-structured and persuasive presentations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can communicate in a rational mode as appropriate and is professional in managing all professional relationships and interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has strong two-way listening skills; is able to elicit information from others in a non-threatening way and can read between the lines. Can impart information in a non-threatening way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Able to argue position, point of view, in a reasonable professional manner and tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sustained Personal Commitment

Definition: Is personally committed to achieving end goals and the continuous improvement of the service.

Behavioural Indicators

1. Shows a strong degree of self-awareness, seeking feedback from colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2. Accepts both negative and positive feedback and acts thereon.



Clinical Development

Definition: Always demonstrates sound clinical judgement and clinical skills.

Behavioural Indicators

1. Participates in appropriate Continuing Medical Education.



2. Utilises evidence based medicine in daily practice.



3. Has shown evidence of undergraduate & postgraduate teaching abilities.



4. Undertakes and encourages research in area of expertise.



5. Demonstrates ability to work as part of a Multi-Disciplinary Team.



Committee Comments:

Consultant's Comments:

Signed by Chair of Committee:

Signed by Consultant:

22. Appraisal

a) What is appraisal?

Job appraisal is a process that takes place in many work settings and often includes the whole workforce hierarchy. It is largely a two way process allowing an employer to assess an employee's performance and an employee to feed back to their employer and register any constraints or suggestions as to what may be done to improve the working environment.

Appraisal in the medical setting is not a process of assessment that one passes or fails, and should not be about scrutinising doctors to see if they are performing poorly. Appraisal is about helping individuals to improve the way they work and the services they provide, themselves and with others. Appraisal goes beyond simply judging individuals on what they have achieved over the past year. It offers a framework for planned, constructive, professional dialogue. It provides the opportunity for reflection about current performance and progress. This is used as a platform to set goals for future professional practice and development which will also contribute to the needs of the organisation in which the individual works. Appraisal should therefore be a positive, constructive process which is mutually beneficial to both the individuals being appraised and also to the organisation in which they work.

As medical structures, institutions and reporting lines become more complex in Ireland, appraisal should be looked upon as a mechanism set up to value, clearly position and maximise the effectiveness of each and every Consultant within the health service for their patients and their own benefit and that of the institution within which they work. It is not part of any re-validation process in this jurisdiction.

b) Why introduce appraisal for Consultants now?

Both the Consultants Contract and the McCraith report suggest that Consultants should have a personal plan and that there should be a regular performance monitoring arrangement or review. For these purposes this is referred to as "appraisal".

Section 9 (Scope of Post) of the Consultants Contract 2008 states:

- e) "The scope of this post is as set out in the HSE Letter of Approval for this position at Appendix 1 and the Job Description as issued by the Employer. These describe the Consultant's service commitments, accountabilities and specific duties.
- f) The Consultant's annual Clinical Directorate Service Plan will detail how these are to be implemented and will be validated by a series of performance monitoring arrangements.
- g) Certain decision-making functions and commensurate responsibilities may be delegated to the Consultant by the Employer. These will be documented in the Clinical Directorate Service Plan.
- h) The Consultant may apply through the Employer to the Health Service Executive to change the structure of this post as set out in the HSE Letter of Approval. Any change in the structure of the post is subject to the determination of the HSE.
- f) The Consultant may apply for atypical working arrangements under the relevant health service scheme."

The McCraith 'Strategic Review Of Medical Training And Career Structures' stated: "In relation to improving supports for newly appointed Consultants, the Working Committee recommends that the personal development/work planning process for Consultants outlined in Recommendation 2

above, should include an outline of the resources required to achieve the service and personal objectives set out in the plan. These should be agreed at time of appointment and should be reviewed annually by the Consultant and (Executive) Clinical Director/Employer in the context of changing objectives and the resources available to the Consultant team.”

c) What is in it for me?

Appraisal will only succeed, and be of value to individual participants, if they recognise that the process provides appraisees with opportunity and support for reflection, and constructive feedback on which personal and professional development can be based. Also, through this process, the appraisee can raise and discuss issues of concern relating to their contribution to the range and quality of clinical services provided.

d) How will appraisal work?

At the core of the appraisal process will be an annual meeting (or no greater than 3 yearly at the outset) between the Consultant (appraisee) and his/her appraiser. The purpose of this meeting is to ensure the opportunity for constructive dialogue through which the doctor being appraised can reflect on his/her work and consider how to progress his/her professional development. These meetings will provide a positive process to give Consultants feedback on their performance, to chart their continuing progress and to identify and plan for their work and development needs. The appraisal meeting should be arranged well in advance to afford the opportunity for the appraiser and appraisee to gather together the necessary data to support a meaningful and constructive dialogue at the meeting.

The following questions should be thought through in advance of and considered at the appraisal meeting:

- Am I a good Consultant and do I perform well?
- Am I up to date?
- Do I work well as part of a team?
- What resources and support do I need?
- Am I clear about my service objectives?
- Am I meeting my service objectives?
- What are my development needs and how might these be met?

Documentation will be required to support and record the evidence, discussion and outcomes associated with the appraisal process under the headings outlined above. This will be agreed and jointly signed off by the appraiser and appraisee.

The Chief Executive has overall responsibility for ensuring appraisal of Consultants takes place and he/she will receive copies of those completed forms which summarise the outcome of the appraisal. Appraisal is a confidential process. The meetings will be held in private and the completed documentation will, at all times, be treated as confidential. Documentation will only be seen by the appraiser and appraisee and will be restricted to the Chief Executive and (Executive) Clinical Director.

e) Who will appraise me?

Firstly, it is a clear requirement that appraisal of a Consultant will always be carried out by another Consultant on the Medical Register. The recommended framework for “cascading” Consultant

appraisal will be the medical management structure. Ideally, therefore, Consultants would be appraised by their respective Clinical Directors who, in turn, would be appraised by their Group / Executive Clinical Director. In many situations the number of Consultants may be too great to expect the Clinical Director to be the appraiser for all of them. In such circumstances, local discussions will be required to agree an effective and acceptable “cascade” structure. For example, if there is a Medical Board Chairman or Head of Department structure, they might be identified as appraisers.

Special arrangements will also need to be made for the appraisal of clinical academics or Consultants who regularly work in more than one hospital or group. In both cases, the Consultant concerned should only have one appraisal and one appraiser, but there will have to be input from the university/group academic lead. The precise arrangements will have to be agreed between the organisations concerned and with the individual doctor to be appraised.

The Hospital Chief Executive / Chief Officer CHO is ultimately responsible for ensuring that appraisal takes place and that an appropriate appraiser is identified and that the person nominated is capable and appropriate to undertake the role.

23. Movement between Type of Contract / Category of post

The procedures for movement between different Types of Contract under the Consultants Contract 2008 and categories of post under the Consultants Contract 1997 and related forms for completion are available from the NDTP website at www.hse.ie/doctors

24. Restructuring of Consultant posts

Applications to restructure a Consultant post should be submitted to NDTP via the Hospital Group CEO / Community Health Organisation CO setting out the:

- circumstances giving rise to the restructuring;
- the current structure of the post;
- the proposed new structure;
- the view of the Consultant holding the post;
- the view of the Employer.

The view of the Hospital Group CEO / Community Health Organisation CO should be attached to the application prior to it being forwarded to NDTP. A form for completion is available from the NDTP website at www.hse.ie/doctors

25. Expression of interest to transfer between Consultant posts

Consultants may transfer into an approved vacant Consultant post, subject to:

- The Consultant holding a permanent post;
- The Consultant holding the qualifications specified by the HSE for the post;
- The conduct of a formal interview or skills match process which includes the following elements:
 - Publication of the vacancy (e.g. advertisement, email notification)
 - Submission and evaluation of Curriculum Vitae
 - A formal interview / skills match process to include representation from outside the Hospital

- Group or Community Health Organisation
- Written communication of the outcome of the process to NDTP and retention of records of the process

26. Change of title of Consultant posts

The procedures for change of title of Consultant post and a form for completion are available from the NDTP website at www.hse.ie/doctors

27. Exit interviews

Each Consultant leaving post should be invited to participate in an exit interview conducted either by the Clinical Director, HR or Medical Manpower Manager. A note should be taken of the interview and the reasons offered for leaving recorded. The employer should ensure that these reasons are communicated to NDTP as part of the application process for replacement.

Questions that should inform the exit interview include:

- What is your primary reason for leaving?
- Did anything trigger your decision to leave?
- What was most satisfying about your job?
- What was least satisfying about your job?
- What would you change about your job?
- Did you receive enough training to do your job effectively?
- Did you receive adequate support to do your job?
- Did you receive sufficient feedback about your performance?
- What would you improve to make the workplace better?
- Were you happy with you pay, benefits and other incentives?
- What was the quality of the supervision/management you received?
- Did any health service / employer policies or procedures (or any other obstacles) make your job more difficult?

A sample Exit Survey is attached below.

Exit Questionnaire

Thank you for taking the time to complete this questionnaire. This questionnaire is designed to provide you with an opportunity to comment **in confidence** on your experiences in the workplace.

Please note that this information will only be used to assess general employment trends and to make improvements to the workplace where possible.

Section 1: Employment Statistics

1.1 Position Title and/or Department: _____

1.2 Length of service: _____ years _____ months

1.3 Gender: Male Female

1.4 Age Range: 18 – 25 26 – 30 31 - 35 36 – 40 41 - 45
46 – 50 51 – 55 56 - 60 60 +

1.5 Country of origin: _____

Section 2: Reason for Leaving

2.1 Reason for leaving. Please rank top 3 reasons:
(1 = most significant reason, 2 = second most significant reason, etc)

Career change (e.g. commencing a new career in a different field of work)

Career development

Location (e.g. Travel time to and from work)

Retirement

Early retirement

Ill health

Dissatisfaction with job

Dissatisfaction with Line Management

Not granted a transfer within the Service

Other (Please Specify) _____

2.2 Please rate the following as factors influencing you to decide to leave the Service:

Influence →				
Factors within this Service	No Influence	1 Low	2 Medium	3 High
Higher salary in new job				
Better development & training opportunities in my new job				
Better promotional opportunities in my new job				
I am unhappy with relationships with my colleagues				
Working conditions / staff facilities within the service				
Other (please specify)				
Factors outside this Service	No Influence	1 Low	2 Medium	3 High
Lower cost of living & property				
Better quality of life				
Less commuting times in new employment				
Caring for family members				
Leaving the country to live abroad				
Relationship Related - Moving to live with spouse / partner in another part of the country / world				
Retirement				

