**Application for Type C Contract under the Consultants Contract 2008**

Before completing this document, please refer to the attached Procedure for Change in Type of Contract under the Consultants Contract 2008. (Page 11 & 12)

**Please forward the completed application form along with all relevant documentation to the Consultants Division at** [consultant.applications@hse.ie](mailto:consultant.applications@hse.ie)

It should be noted that a failure to provide all of the required documentation will cause a delay in the application being considered. Accordingly, please ensure that all relevant documentation is submitted with the application. Incomplete applications will be returned to the office of the submitting Hospital Group CEO.

**Section A – Application Summary**

**please specify the request type by ticking the box below**

|  |  |
| --- | --- |
| This is an individual request for change in Contract Type to Type C under the Consultants Contract 2008 (as per standard text issued by the HSE) |  |
| This is a request for designation of an additional or replacement post *as a Type C post. Please note that the underlying post must be approved by the Consultant Applications Advisory Committee before being forwarded to the Type C Committee for consideration.* |  |

**Details of the employer, location and individual submitting the request**

|  |  |
| --- | --- |
| **Name of Consultant** (if applicable) |  |
| **Post Title** |  |
| **Post Reference Code** |  |
| **Principal Clinical Site (and number of hours)** |  |
| **Other Clinical Sites (and number of hours)** |  |
| **Current Contract Type** (if applicable) |  |
| **Contract Hours** |  |
| **Date Current Contract Type was signed** (if applicable) |  |
| **Contract Type requested** | Type C |
| **Date of appointment of Consultant** (if applicable) |  |
| **Date of last application for a change in Contract type** (if applicable) |  |

**Section B - Business and Clinical Case underpinning the request for a Type C Contract or post designation**

**Must be completed by the individual requesting the change of contract or**

**In the case of a request for the post to be designated Type C, by the Employer**

Please complete the following template setting out the clinical and business case and supporting evidence giving a clear demonstration as to the added patient, service and public system benefits and values to be achieved in acceding to the request for a Type C contract or designation giving a clear demonstration of the exceptional nature of the request

|  |  |
| --- | --- |
| **1.** | **Please provide evidence of the clinical service need underpinning the request, giving a clear demonstration of the nature of the request.** |
|  |  |

|  |  |
| --- | --- |
| **2.** | **A clear indication as to why the post requirements cannot be met through a Type A or B arrangement**  **(If this request relates to a post please provide details if the post has been advertised on a Type B basis).** |
|  |  |

|  |  |
| --- | --- |
| **3.** | **Please outline the benefits aimed to achieve on improving access for public patients. (Where it is proposed that a transfer of patients with access to private health insurance will release capacity for public patients the following information is required in this section,**   * ***current composition of public/private work volume in the 12 month period prior to application,*** * ***expected reduction in private work volume as it relates to applicants practice,*** * ***expected increase in public work volume and impact on wait times*** |
|  |  |

|  |  |
| --- | --- |
| **4.** | **Please outline the benefits aimed to achieve on skill retention/competence requirements. (*In completing this section, any actual or potential loss of competence in the skills must be demonstrated in the context of the requirements of the post currently occupied by you. In this regard, any competence requirements are to be referenced to appropriate national or international standards or evidence. Information is also to be provided as to steps taken to identify in your current practice plan whether the necessary volume can be facilitated for competency***  ***maintenance.)*** |
|  |  |

|  |  |
| --- | --- |
| **5.** | **Please outline the benefits aimed to achieve on continuity of care measures** |
|  |  |

|  |  |
| --- | --- |
| **6.** | **Please outline the benefits aimed to achieve on achievement of salary and pension savings** |
|  |  |

|  |  |
| --- | --- |
| **7.** | **Please outline the benefits aimed to achieve on any other benefits not covered under items 3 to 6.** |
|  |  |

**Section C - Practice Plans Current and Proposed and Cross Cover Arrangements**

**On Call Commitment**

|  |  |
| --- | --- |
| **On Call Commitment** |  |
| **Comments** |  |

**Current Work Practice Plan**

**Lunch breaks to be highlighted (please note allocated lunch breaks are not included in the contractual commitment)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Start Time** | **End Time** | **Activity** | **Clinical Site** | **Activity Total** |
| ***Example*** | ***8.30***  ***09.30***  ***12.00***  ***12.30*** | ***9.30***  ***12.00***  ***12.30***  ***17.00*** | ***Ward Rounds***  ***OPD***  ***Lunch***  ***Theatre*** | ***Name of Clinical Site***  ***Name of Clinical Site***  ***Name of Clinical Site***  ***Name of Clinical Site*** | ***1h***  ***2.5h***  ***0.5h***  ***4.5h*** |
| **Total Hours** | | | | | **8h** |
| Monday |  |  |  |  |  |
| Monday Hours | | | | |  |
| Tuesday |  |  |  |  |  |
| Tuesday Hours | | | | |  |
| Wednesday |  |  |  |  |  |
| Wednesday Hours | | | | |  |
| Thursday |  |  |  |  |  |
| Thursday Hours | | | | |  |
| Friday |  |  |  |  |  |
| Friday Hours | | | | |  |
| **Activity Total for all Sites** | | | | |  |

**Proposed Work Practice Plan**

**Lunch breaks to be highlighted (please note allocated lunch breaks are not included in the contractual commitment)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Start Time** | **End Time** | **Activity** | **Clinical Site** | **Activity Total** |
| ***Example*** | ***8.30***  ***09.30***  ***12.00*** | ***9.30***  ***12.00***  ***17.00*** | ***Ward Rounds***  ***OPD***  ***Private Practice*** | ***Name of Clinical Site***  ***Name of Clinical Site*** | ***1h***  ***2.5h*** |
| **Total Hours** | | | | | **3.5h** |
| Monday |  |  |  |  |  |
| Monday Hours | | | | |  |
| Tuesday |  |  |  |  |  |
| Tuesday Hours | | | | |  |
| Wednesday |  |  |  |  |  |
| Wednesday Hours | | | | |  |
| Thursday |  |  |  |  |  |
| Thursday Hours | | | | |  |
| Friday |  |  |  |  |  |
| Friday Hours | | | | |  |
| **Activity Total for all Sites** | | | | |  |

**Proposed Cross Cover Arrangements**

|  |  |
| --- | --- |
|  | **Y/N** |
| **We confirm that appropriate cross cover arrangements, consistent with the proposed work schedule, will be in place for the named consultant and will be cognisant of the primacy of the consultant’s public sector contractual commitments** |  |

**Section D – Rationale for support or lack of support**

**To be completed by the CEO/Hospital Manager.**

|  |  |
| --- | --- |
| **Principal Clinical Site:** |  |
| **Completed by:** |  |
| **Please provide the rationale for support or lack of support for the change of contract to Type C. If submitting a letter please ensure it is attached to the application.** | |
|  | |

|  |  |
| --- | --- |
| **Other Clinical Site (if applicable)** |  |
| **Completed by:** |  |
| **Please provide the rational for support or lack of support for the change of contract to Type C. If submitting a letter please ensure it is attached to the application.** | |
|  | |

|  |  |
| --- | --- |
| **Other Clinical Site (if applicable)** |  |
| **Completed by:** |  |
| **Please provide the rational for support or lack of support for the change of contract to Type C. If submitting a letter please ensure it is attached to the application.** | |
|  | |

**Section E - Supporting Documents**

|  |  |
| --- | --- |
| **File Name** | **File Type** |
| NCCP Letter (if applicable) |  |
|  |  |
|  |  |
|  |  |

**Section F - DECLARATION by Consultant requesting change in contract**

I hereby request for a change in contract to Type C and agree that this request will not impact on public patient care. Where a Type C contract is approved by the CEO, the employer and the consultant agree to provide the Committee with a Benefit Realisation Report setting out the extent to which the benefits identified in this submission have been realised, 12 months after taking up the contract.

In the event of my request being successful I am aware that the contract will be applied within two months of the date of the CEO’s approval.

|  |  |
| --- | --- |
| **Consultant Name:** |  |
| **Signed (Consultant):** |  |
| **Date:** |  |

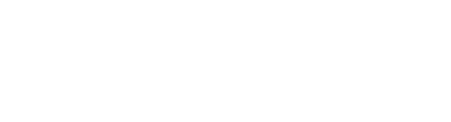
# Section G - DECLARATION by Employer with regard to the request for change in contract

I hereby confirm that I have reviewed the application documentation and I am satisfied that the request demonstrates the exceptional circumstances necessary to warrant a Type C Contract. Accordingly, I recommend that the request for a Type C Contract be acceded to.

|  |  |
| --- | --- |
| **CEO/Hospital Manager Principal Clinical Site:** |  |
| **Signed:** |  |
| **Date:** |  |
| **CEO/Hospital Manager Other Clinical Site: (if applicable)** |  |
| **Signed:** |  |
| **Date:** |  |
| **CEO/Hospital Manager Other Clinical Site: (if applicable)** |  |
| **Signed:** |  |
| **Date:** |  |
| **Hospital Group CEO** |  |
| **Signed:** |  |
| **Date:** |  |

# Section H – Corporate Sign Off Process

## For completion following submission of completed applications to the Consultants Division



*Date:*

*National Director of Acute Hospitals*

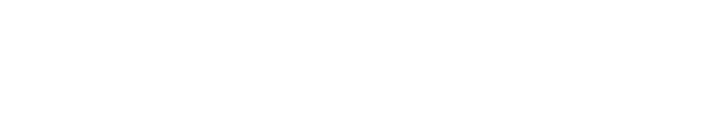
*Signed:*

***For completion by the National Director of the Acute Services***

*I have reviewed this application for a Type C contract and I endorse*

*I do not endorse*

*the recommendation of the Hospital Group CEO.*



*Date:*

*Signed:*

***For completion by the Director, National Doctors Training & Planning, where Type C is requested***

*I confirm that the request is within*

*not within*

*the upper limit for Cat 2/Type B\*/Type C appointments within the system as set out in Appendix VII of Consultants Contract 2008 ((as per standard text issued by the HSE)).*

**Procedures for change in Type of Contract under the Consultants Contract 2008**

1. **Provisions of Consultant Contract 2008 re change of Contract Type**

Section 22 of Consultant Contract 2008 states:

1. “Consultants may apply to change Contract Type to Type A, B or C at five-yearly intervals. An appeals process is set out at Section 22 (d) below.
2. Those Consultants who previously held a Category I or Category II Contract under the Consultants Contract 1997 may, 2 years after accepting the Consultant Contract 2008 and thereafter at 5 yearly intervals**,** make application to the Health Service Executive Consultant Applications Advisory Committee1 to transfer to Contract Type B\*. A decision on such application will be made by the HSE following the advice of the Committee. Applicants must demonstrate that the change in Contract Type is consistent with the public interest and that there is a demonstrable benefit to the public health system.
3. Where significant changes occur in a particular area in the delivery of acute hospital care (e.g. hospital closures or major changes taking place in the character of the work being carried out there2) or where the volume of private practice is significantly below 20% of total clinical workload, the Consultant shall be entitled to have his/her Contract Type reviewed by the Health Service Executive Consultant Applications Advisory Committee / Type C Committee within the 5 year period.
4. Applications for change of Contract Type A, B or B\* will be considered by the Health Service Executive Consultant Applications Advisory Committee together with the Employer’s views on the application. A decision on such application will be made by the HSE following the advice of the Committee. Applications for change of Contract Type to Contract Type B\* will be considered subject to the condition that the total number of Consultants holding B\*, Type C and Category 2 Contracts will be subject to an upper limit of such posts within the system. In the event that the HSE does not accede to the request, the Consultant may refer the matter to the Independent Appeals Panel for a recommendation. The Independent Appeals Panel shall be composed of:
   * an Independent Chairperson,
   * a representative of the Consultant (e.g. from the relevant medical organisation), and
   * an Employer representative.
5. Appointments for reclassification to a Type C post will be considered by the Health Service Executive Type C Committee[1.](#_bookmark0) A decision on such application will be made by the HSE following the advice of the Committee. Applications for change of Contract Type to Type C will be considered with reference to the total number of Consultants holding Type B\*, Type C and Category II Contracts not exceeding the specified limit. In the event that the Type C Committee does not accede to the request the matter will be referred to Chief Executive Officer of the Health Service Executive for a final decision.”

## Role of the HSE regarding movement between Contract Types

Section 57 of the Health Act, 2004 transferred a number of statutory functions previously performed by Comhairle na nOspidéal to the HSE with effect from 1st January 2005. These included regulating the number and type of appointments of consultant medical staff.

Under the Consultant Contract 2008, the HSE determines changes in Contract Type for all Consultants. The HSE will seek the advice of the Consultant Applications Advisory Committee or the Type C Committee on each application, as appropriate.

1 Please refer to Appendix IX of Consultant Contract 2008

## The role of the Type C Committee

The role of the Type C Committee, which was established in accordance with the provisions set out in the Consultants’ Contract 2008, is to make recommendations to the HSE on applications for Type C posts. This advice is then provided to the Chief Executive Officer of the HSE for a final decision on requests for Type C posts.

Where a Type C post is requested, the applicant organisation will be required to satisfy a number of criteria pertinent thereto, which would include but not be limited to the following:

* + A clear indication as to why the post requirements cannot be met through a Type A or B arrangement;
  + A clear demonstration as to the added patient, service and public system benefits and values to be achieved through establishment of the post as a Type C rather than a Type A or B position.

In considering such requests the Type C Committee are informed by correspondence from the Chief Executive Officer of the HSE to the Chairperson of the Type C Committee *(letter dated 30th Aug 2013)* that such approval can only be made if it can be clearly demonstrated that there exceptional circumstances pertaining. Therefore, the Committee should seek the submission by the requesting location of a business case and supporting evidence of a clinical services need to demonstrate the exceptional nature of the request.

## Procedure for submission of requests for Type C contracts under Consultant Contract 2008

The primary employer submits an application from an individual consultant or in respect of a vacant approved post for Type C contract to the Hospital Group CEO. The Hospital Group CEO confirms by way of letter that they have reviewed the request and are satisfied that the request does or does not demonstrate the exceptional circumstances necessary to warrant a Type C Contract and makes a recommendation that the request for a Type C Contract be acceded to, or not acceded to. The application is then submitted to the Consultants Division.

The Consultants Division reviews the documentation to ensure that all documentation required by has been included and all documents are appropriately signed. Where documentation is not complete, the Consultants Division will notify the office of the Hospital Group CEO of the outstanding items.

When the documentation is in order it is forwarded to if the first instance to the National Director of the Acute Hospitals Division to endorse or not endorse the recommendation of the Hospital Group CEO (or equivalent) and then to the National Director of Human Resources to confirm that the request is within or is not within the upper limit for CAT 2 / Type B\* / Type C appointments (as set out in Appendix VII of the Consultants’ Contract 2008). This is referred to as the Corporate Sign Off process.

When the required corporate sign off has been received from the National Direct of the Acute Hospitals Division and the National Director of Human Resources the application is included on the next available agenda of the Type C Committee for consideration.

The Type C Committee makes a recommendation on the application.

The recommendation of the Type C Committee and all documentation relating to the application is submitted to the HSE CEO for final decision.

The HSE CEO makes a final decision to accede to or not to accede to the request.

A letter issues from the HSE CEO to the individual approving or not approving the request for a change in contract, copied to the employer and the Consultants Division.