**Appendix III - Consultant Contract 2008 Type A Approval Letter 2021**

HSE post reference number:

Dr XXXX

Consultant XXXX,

XXXX Hospital

Date 2021

Dear Dr XXXX,

I refer to your application for a temporary change of contract type under Section 22 of the Consultants Contract 2008 and subsequent HR Circular XXX/2021 dated XXX July 2021.

I approve your request for a temporary change of contract type from XXXX to Consultant Contract 2008 Type A. This approval is subject to:

* The provisions as set out in Section 20 and Section 21 of the Consultant Contract 2008 (as at June 2019) regarding Type A consultants engaging in public only professional medical practice; **and**
* Your contractual commitments in respect of the public health service being fully met in line with commitments.

In order to implement the temporary change of contract type, a copy of this letter should be signed by you and the Hospital Group CEO/CHO Chief Officer. The appropriately signed letter will be attached by your employer to your existing Consultants Contract. A signed copy of the attached letter should then be returned to the Consultants Division, NDTP no later than one month from the date of this letter.

**Please note the date of this letter is the effective date of your temporary contract change.**

Yours sincerely

Hospital Group CEO

cc [consultant.applications@hse.ie](mailto:consultant.applications@hse.ie) Consultants Division, National Doctors Training & Planning

(NDTP)

**To be signed by the individual consultant and returned to their employer for attachment to their existing Consultants Contract. The effective date of the change of contract should also be notified to the Consultants Division, NDTP.**

In accepting the temporary change of my contract type to Consultant Contract 2008 Type A, I agree to fulfil my contractual commitments in respect of the public health service.

Signature of the consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be signed by the employer and returned to the Consultants Division, National Doctors Training and Planning, Health Service Executive, Block 9E, Sancton Wood Building, Heuston South Quarter, Saint John's Road West, Dublin 8 by email to** [**consultant.applications@hse.ie**](mailto:consultant.applications@hse.ie)

I hereby approve this request for a change of contract to Consultant Contract 2008 Type A under the current COVID-19 Public Health Emergency and that funding will be forthcoming to meet any salary increases arising from change in category.

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature on behalf of the employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employers please append to the consultant’s existing contract on the HR file**