

Consultant Contract Implementation

**Guidance to health service management on
the implementation of Consultant Contract
2008**

Volume III, 28th August 2008

Purpose of guidance

Please note that this guidance is to health service management only. This document is the third volume of guidance. The document dated 25th July 2008 is referred to as 'Management Guidance, Volume I'. Management Guidance Volume II issued on 15th August 2008.

This document – as with Volumes I and II - is intended to clarify a range of issues associated with the transition to a new Consultant Contract and will be amended as is necessary over coming weeks. In addition, it addresses a range of issues associated with Consultant Contract 1997.

Neither this document nor Volume I or Volume II in any way supersede the terms and conditions of Consultant Contract 2008.

Andrew Condon

Consultant Contract Implementation

Email: andrew.condon@hse.ie

Table of Contents

1. Making the Contract offer and signing of the Contract	4
2. Contract documentation	4
3. Joint appointments	5
4. Information to be provided to the HSE Consultant Appointments Unit.....	5
5. Consultant Contract Type A and private patients	6
6. Appointment of Clinical Directors.....	6
7. Pension and superannuation entitlements.....	7
8. Salary Scales	7
9. Arbitration relating to Consultants in Emergency Medicine	7

1. Making the Contract offer and signing of the Contract

Further to previous guidance on this issue, it should be noted that following a meeting of the Health Service Executive and the Irish Hospital Consultants Association on Thursday 28th August, both parties reaffirmed their commitment to maximising the uptake of Consultant Contract 2008 by 31st August 2008.

The parties also reaffirmed that September 1st 2008 is the 'go-live' date for implementation of the provisions of Consultant Contract 2008 for those Consultants who have accepted the offer of the Contract.

Health Employers should now ensure that Consultants who have submitted letters of acceptance of the offer by 31st August 2008 are in possession of a personalised version of Consultant Contract 2008 and immediate arrangements are made for both parties to sign the Contract. It may be that some contracts will not be signed until the following week (1st September – 5th September), but it is accepted that the terms of Consultant Contract 2008 will apply from 1st September.

Consultants who comply with the above will benefit from the enhanced pay rates with effect from 1st June 2008.

The only exceptions to this are:

- Consultants who have not received a copy of Consultant Contract 2008 from their employer before the 31st August deadline date;
- Consultants who are appealing a decision by their employer to the Appeals Committee re. a category change application under Consultant Contract 1997;
- where there are very extenuating personal circumstances which have rendered it impossible for the Consultant to have met the 31 August 2008 deadline.

2. Contract documentation

The Consultant Contract 2008 document requires that the Employer insert information regarding a number of issues before signing the Contract.

Section 2 a) notes that "the Consultant is appointed to a post of _____." Employers should use the terminology contained in the Comhairle na nOspidéal / HSE letter of approval for the post in this instance. If unavailable, care should be taken to ensure the terminology reflects the correct specialty (and sub-specialty).

In relation to the recording of the ratios of public:private practice relating to the Consultant's clinical activities, including inpatient, daycase, outpatient and diagnostic, a standard text for insertion at Appendix I of Consultant Contract 2008 is set out below:

"For the purposes of the operation of Section 20 and Section 21 of Consultant Contract 2008, (*name Employer*) has agreed with (*name Consultant*) that the following ratios shall apply to (*name Consultant*)'s clinical activities on the (*name hospital / agency*) campus as regards:

Inpatients:

Daycases:

Outpatients:

Diagnostic:

(repeat for this Consultant by Employer / hospital / agency / location as necessary)

It is noted that such ratios have been agreed with reference to *(name Consultant)* holding a contract of employment as a Consultant with *(name Employer)* prior to the offer of Consultant Contract 2008 and the limit (as set out at Section 20, Section 21 and Appendix VII of Consultant Contract 2008) of up to 70:30 public:private practice applying to each of the Consultant's clinical activities including inpatient, daycase and outpatients.

Signed: _____ *(Consultant)*
 _____ *(Employer)*

Date: _____ ”

Where the Consultant currently holds the title of Clinical Director or another title or role which the employer wishes – having regard to any entitlement the Consultant may have under Fixed Term Work legislation – to reflect in Consultant Contract 2008, the following text may be used as the basis of a letter to the Consultant to be inserted at Appendix I.

“(name employer) notes that (name Consultant) fulfils the role of _____ under Consultant Contract 1997. This role attracts remuneration of _____.

(name employer) recognises that this role will continue under Consultant Contract 2008 for (state fixed term or fixed purpose if applicable) and will be remunerated on pro-rata basis under Consultant Contract 2008. The role of _____ does not limit the application of the terms of Consultant Contract 2008 in any way.

(name employer) reserves the right to review the role in consultation with (name Consultant) from time to time as required.”

As noted in Vol II, in relation to Section 2 Appointment and tenure (a), date of appointment, the following text may be used:

“accepts the appointment under Consultant Contract 2008 from (1st June 2008 or, if after 31st August 2008 insert date).”

3. Joint appointments

Ideally, where the Consultant has scheduled commitments to or has employment relationships with more than one agency, the Consultant should be provided with a single Contract document under Consultant Contract 2008.

While a representative of the funding agency must sign the Contract document, other - non-funding - agencies may choose whether or not a signature is required.

4. Information to be provided to the HSE Consultant Appointments Unit

When the Consultant has signed Consultant Contract 2008 the employer should take steps to notify the HSE Consultant Appointments Unit of same by completing the form entitled ‘Consultants’ Contract 2008 – Details required to record offer of contract.

A copy of this form is attached to this guidance.

On receipt of the required form, the HSE Consultant Appointments Unit will issue a letter to the Employer noting that the relevant Consultant has moved from existing contractual

arrangements to Consultant Contract 2008. This letter may then be inserted at Appendix I of Consultant Contract 2008.

5. Consultant Contract Type A and private patients

Volume II, Section 19 of this Guidance noted that

“Consultants holding Contract Type A may admit patients on a public basis only. Once admitted, the patient may opt to be designated as a private patient if an element of their care or treatment is being provided by a Consultant entitled to engage in private practice”.

This statement does not reflect the approach now adopted by the HSE and guidance on this issue is amended as set out below.

In line with the legislation relating to health service eligibility and access to public hospital services and related Department of Health Circulars, the determination of the public or private status of a patient must be specified on admission.

A patient identified as a private patient will be liable for the fees of all Consultants contractually entitled to charge fees involved in his or her care. The patient is considered to be availing of private Consultant services where available.

Consultants holding Contract Type A may treat private patients. While such Consultants may not charge fees for such services, the Contract Type held by the Consultant does not alter the patient's designation as a public or private patient.

Private patients continue to be liable for maintenance / accommodation charges when occupying private or semi-private accommodation.

The HSE will be liaising with the Department of Health and Children, the medical insurance companies and other relevant parties in the coming weeks on the detailed arrangements to apply.

6. Appointment of Clinical Directors

The number and specialty / sub-specialty configuration of Clinical Director posts has been addressed in a document entitled ‘Appointment of Clinical Directors throughout the Health Service – August 2008’.

Separately, Consultant Contract 2008, Appendix IV describes the process for the appointment of Clinical Directors and includes a profile of the Clinical Director's key functions. Consultant Contract 2008, Section 23 e) provides for the payment of an allowance of €50,000 per annum to those Consultants appointed as Clinical Directors.

Only those Consultants who have signed Consultant Contract 2008 are eligible to participate in the nomination of Clinical Directors under Consultant Contract 2008.

Only those Consultants who have signed Consultant Contract 2008 are eligible for nomination and/or appointment as a Clinical Director under Consultant Contract 2008.

While Consultants who hold Clinical Director or other leadership roles under Consultant Contract 1997 to which remuneration is attached may be offered pro-rata payments under Consultant Contract 2008, the appointment of Clinical Directors under Appendix IV Consultant Contract 2008 is a separate and unrelated process.

7. Pension and superannuation entitlements

There has been no change in the pension arrangements for Consultants as a result of Consultant Contract 2008. Consultants who opt for Consultant Contract 2008 will continue to be covered by the terms of the existing superannuation scheme which applies to all public health service employees.

Where a Consultant has accepted Consultant Contract 2008 and is retiring, calculation of pensionable remuneration should be based on Consultant Contract 2008 salary rates rather than any averaging of salary over the previous three years.

8. Salary Scales

The Enabling Circular notes that Consultants in Emergency Medicine holding a Category I Contract under Consultant Contract 1997 may opt for a Type B* Contract. Details of the assimilation rates for such Consultants are being drafted and will issue as soon as possible.

Table F of the Salary Scales sets out rates which apply to Consultants on Consultant Contract 1997 and Consultant Contract 2008.

9. Arbitration relating to Consultants in Emergency Medicine

A claim by Consultants in Emergency Medicine has recently been the subject of independent arbitration by Mr Tom Mallon SC. The HSE and health employers have accepted the arbitration and arrangements are being made to inform Consultants in Emergency Medicine of the monies they may expect as a result.

The arbitration states that payments should be made to individual Consultants not later than 1st November 2008, unless there is agreement between the Employer and the individual Consultant to delay payment for the purposes of ascertaining tax liabilities or for other agreed reasons.

* * *

Consultants' Contract 2008 – Details required to record offer of contract

Please complete one copy of this form for each post using the headings below.

Question	Answer format	Answer
Hospital Network		
Local Health Office	<i>For Psychiatry posts only</i>	
Hospital / Agency & sessional commitment:	<i>List hospitals / agencies post is attached to and sessional commitment e.g. Drogheda (7) / Dundalk (4)</i>	
Name:	<i>Please state first name & surname</i>	
Gender:		
Date of Birth:	<i>For retirement purposes</i>	
Specialty:	<i>e.g. Medicine</i>	
Sub-specialty:	<i>e.g. Rheumatology</i>	
Post approved by HSE Consultant Appointments Unit / Comhairle na nOspidéal:	<i>Yes / No If Yes please insert date of letter of approval</i>	
Type of post:	<i>State whether Permanent / Temporary / Locum / Contract of indefinite duration</i>	
Duration in post	<i>In months</i>	
Purpose and expiry date	<i>Re temporary / locum e.g. maternity leave</i>	
<u>Existing</u> Type of Contract	<i>Consultants' Contract 1997, Academic Contract 1998 or Other contract .(specify)</i>	
<u>Existing</u> Category of post held	<i>Category held (i.e. Cat 1 or Cat 2)</i>	
Acceptance of Contract offer	<i>Yes / No</i>	
<u>Proposed</u> Contract Type under Consultants' Contract 2008	<i>Type A, Type B or Type B*</i>	
<u>Proposed Hourly Commitment</u> under Consultants' Contract 2008	<i>Indicate breakdown of hours attached to each hospital / agency</i>	

Queries and completed forms to: consultant.applications@hse.ie

Consultant Contract 1997 sessions converted to Consultant Contract 2008 hours

Consultant Contract 1997 Sessions	Consultant Contract 2008 hours & minutes rounded to nearest half hour	Consultant Contract 1997 Sessions	Consultant Contract 2008 hours & minutes rounded to nearest half hour	Rounding to nearest half hour means:
1	3 hours, 30 minutes	10	33 hours, 30 minutes	minor commitment gains 8 minutes,
2	6 hours, 30 minutes	9	30 hours, 30 minutes	minor commitment loses 14 minutes,
3	10 hours	8	27 hours	minor commitment loses 5 minutes,
4	13 hours, 30 minutes	7	23 hours, 30 minutes	minor commitment gains 3 minutes,
5	17 hours	6	20 hours	minor commitment gains 11 minutes
5 1/2	18 hours, 30 minutes	5 1/2	18 hours, 30 minutes	no change
6	20 hours	5	17 hours	minor commitment gains 11 minutes
7	23 hours, 30 minutes	4	13 hours, 30 minutes	minor commitment gains 3 minutes
8	27 hours	3	10 hours	minor commitment loses 5 minutes
9	30 hours, 30 minutes	2	6 hours, 30 minutes	minor commitment loses 14 minutes,
10	33 hours, 30 minutes	1	3 hours, 30 minutes	minor commitment gains 8 minutes,
11	37 hours	0	0 hours, 0 minutes	no change