|  |  |
| --- | --- |
| **CAP ID** |  |
| **Post Title** | Choose an item. |
| **Application Type** | Choose an item. |

* The Public Only Consultant Contract 2023 (POCC23) came into effect on the 8th March 2023 and is the only contract of employment that may be offered to new consultants, consultants who wish to transition from existing consultant contracts or consultants changing employers. All Letters of Approval issued since 8th March 2023 reference this contract.

*\* Consultants employed before 8th March 2023 who hold the Consultants Contract 2008 or the Consultants Contract 1997 retain the right to request a change of contract for consideration by CAAC.*

* CAAC Meeting and Application Submission Dates can be found [here](https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/comm1/caac-meeting-and-application-submission-dates-2025.pdf)

|  |  |  |
| --- | --- | --- |
| **Required Information for New Consultant Applications** | **Info completed/****submitted** | **Additional Notes** |
| Application submitted by deadline |[ ]   |
| **Required documents have been uploaded:*** Signed CPL form
	+ 2nd CPL form for a special interest addition
	+ 3rd CPL form if there is an oncology/cancer aspect to the post
* Confirmation of Funding form, signed off by the REO.
* Any other relevant documentation to support the application
 | [ ] [ ] [ ] [ ] [ ]  |  |
| **Section A: Clinical Sites & Details*** The job title selected determines the titles in Section B Q1 and Section G Q2 (they must all be the same) – NB check they match.

*Refer to HSE qualifications* [*here*](https://www.hse.ie/eng/staff/leadership-education-development/met/consultantapplications/quals1/consultant-titles-qualifications-updated-november-2023.pdf)* All fields completed – also, is this an academic post?
 | [ ] [ ]  |  |
| **Section B: Business Case** - All questions to be addressed.* Question 1 - Post title matches Section A.
* Question 13 – check against Sections D, E & F
* Clinical Facilities – all details included as requested.
* General Facilities – all details included as requested
* Performance Measurement – all details including names and contact details provided
 | [ ] [ ] [ ] [ ] [ ]  |  |
| **Section C:** **On-call Commitment and Work Practice Plan*** On Call detail has been provided - or rationale if there is no On Call
* A daily lunch break has been factored into the WPP between activities, but not included in the total of weekly hours
* Travel between sites (*if applicable)* has been indicated as an activity
* 2 hours’ protected teaching time for non-academic posts has been indicated for posts that are a full 1 WTE
* A minimum of 65 – 75% of hours has been assigned to Clinical Activity
 | [ ] [ ] [ ] [ ] [ ]  |  |
| **Sections D, E, F: Existing Post Information*** Information provided is accurate and matches any anomalies noted in Section B Q13
* Existing Permanent Posts have pulled through and been checked
 | [ ] [ ]  |  |
| * Is the Vacant Approved Posts information correct?
 | [ ]  |  |
| **Section G:**  **Information provided relevant to post*** Have all the questions been answered in full and details provided where requested?
 | [ ]  |  |
| **Section H***:* **Supporting Documents** * CPL form/s as required – *see list above*
* Confirmation of Funding form – Signed off by the Regional Executive Officer (REO).
 | [ ] [ ]  |  |
| **Section I: Declaration and Validation**Application validated by the REOandClinical Director  |[ ]   |

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| **Required Information for Restructure \ Replacement & Restructure Consultant Applications** | **Info completed/****submitted** | **Additional Notes** |
| Application submitted by deadline |[ ]   |
| **Required documents have been uploaded:*** Signed CPL form
	+ 2nd CPL form for a special interest addition
	+ 3rd CPL form if there is an oncology/cancer aspect to the role
* Confirmation of Funding form, signed off by the REO.
* Support letters from all sites affected by change
* Support letter from post holder if post is occupied
 | [ ] [ ] [ ] [ ] [ ] [ ]  |  |
| **Section A: Clinical Sites & Details*** The job title selected determines the titles in Section B Q1 and Section G Q2 (they must all be the same)
* All fields completed – also, is this an academic post?
* Replacement & Restructure details provided
 | [ ] [ ] [ ]  |  |
| **Section B: Business Case** - All questions to be addressed.* Question 1 – Post title change with rationale
* Question 13 – check against Sections D, E & F
* Clinical Facilities – all details included as requested
* General Facilities – all details included as requested
* Performance Measurement – all details including names and contact details provided
 | [ ] [ ] [ ] [ ] [ ]  |  |
| **Section C:** **On-call Commitment and Work Practice Plan*** On Call detail has been provided - or rationale if there is no On Call
* A daily lunch break has been factored into the WPP between activities, but not included in the total of weekly hours
* Travel between sites (*if applicable)* has been indicated as an activity
* 2 hours’ protected teaching time for non-academic posts has been indicated for posts that are a full 1 WTE
* A minimum of 65 – 75% of hours has been assigned to Clinical Activity
 | [ ] [ ] [ ] [ ] [ ]  |  |
| **Sections D, E, F: Existing Post Information*** Information provided is accurate and matches any anomalies noted in Section B Q13
* Existing Permanent Posts have pulled through and been checked
* Existing Non-Permanent posts have pulled through and been checked – are there any CIDs? If so, will the conditions of recruitment be adhered to if a LOA issues?
* Is the Vacant Approved Posts information correct?
 | [ ] [ ] [ ] [ ]  |  |
| **Section G:**  **Information provided relevant to post*** Have all the questions been answered in full and details provided where requested?
 | [ ]  |  |
| **Section H***:* **Supporting Documents** * CPL form/s as required – *see list above*
* Confirmation of Funding form – Signed off by the REO.
 | [ ] [ ]  |  |
| **Section I: Declaration and Validation**Application validated by the REO and Clinical Director  |[ ]   |

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| **Required Information for all Direct Replacement Consultant Applications** | **Info completed/****submitted** | **Additional Notes** |
| A **Direct Replacement Post** refers to a consultant post which has become, or is due to become, vacant with no significant structure changes to the post. |
| Application submitted by deadline. |[ ]   |
| **Section A**: * Time commitment to site/s exactly the same or a slight change up to and including a *maximum* of 8 hours’ difference only.
* Reason for resignation provided
 | [ ] [ ]  |  |
| **Section B:** **On-call commitment and rationale outlined.** * The WPP should allow for travel (*if applicable)*
* Protected teaching time should be a minimum of 2 hours per week at clinical site(s) for posts that are 1 WTE
* Min. 65 – 75% time assigned to Clinical Activity
* A daily lunch break must be factored *in between* activities
 | [ ] [ ] [ ] [ ]  |  |
| **Section C***:* **Relevant documents should be attached, to include:*** CPL form – *see list below*
* Confirmation of Funding form – Signed off by the REO.
* NCCP views for Oncology or cancer-related posts
* In the case of a change of hours, supporting documentation is needed from all sites impacted (signed by the CEO or CO) – as well as from the Consultant if the post is occupied.
 | [ ] [ ] [ ] [ ]  |  |
| **Section I: Declaration and Validation**Application must be validated by the appropriate Clinical Director and REO |[ ]   |

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| **Change of Contracts***(\*only applicable to Consultants seeking to apply for a change of contract under the Consultants Contract 2008 and change in category of Contract under the Consultants Contract 1997)* | **Info completed/****submitted** | **Additional Notes** |
| Check the following documents have been submitted / attached via CAP:* Completed (manual) application form
* Request letter from the Consultant
* 2 Work Practice Plans (*Current & Proposed*)
* Support letter from Hospital CEO and REO
 | [ ] [ ] [ ] [ ]  |  |
| **Section A: Please specify the request for change by ticking the box below*** Ensure a selection box has been ticked
 | [ ]  |  |
| **Section B: Details of employer, location & individual submitting the request*** Check that all fields have been completed
 | [ ]  |  |
| **Section C: Supporting documentation**See above for mandatory supporting documents and check that these items have been ticked off | [ ]  |  |
| **Section D: For completion by the Regional Executive Officer Health Region**Check that the REO and Clinical Director have signed off the application  | [ ]  |  |