

Oifig an Stiúrthóra Náisiúnta, Acmhainní Daonna Feidhmeannacht na Seirbhísí Sláinte Ospidéal Dr. Steevens' Baile Átha Cliath 8

Office of the National Director of Human Resources
Health Service Executive
Dr. Steevens' Hospital
Dublin 8

Teil/Tel: (01) 635 2319

Rphost/ E-mail: nationalhr@hse.ie

To: Each Member of the Directorate and Leadership Team

Each Assistant National Director, HR

Each Chief Officer, CHO
Each CEO, Hospital Group
Each CEO, Section 38 Agency
Each Employee Relations Manager

HR Senior Staff

From: Rosarii Mannion, National Director Human Resources

Date: 19th June, 2017

Re: HR Circular 016/2017 re Conditions and process by which permanent consultant posts may

be filled with locum appointments or temporary appointments

Addendum to HSE HR Circular 021/2015

Dear Colleagues,

HSE HR Circular 021/2015 sets out the conditions and process pertaining to locum and temporary appointments for approved consultant posts in Acute Hospitals. This Addendum clarifies the approval process for requests for locum or temporary Type C appointments whereby the appropriate National Director makes the decision. For the avoidance of doubt, this Addendum applies only to **existing approved** permanent posts. Where an application is being made for a new post which is additional to the existing approved posts, the current application and approval process involving CAAC and Type C Committee is to be adhered to.

1.2 Conditions which apply to locum consultant appointments on a Type C basis

In addition to the existing conditions, Locum appointments may be permitted on a Contract Type C basis in **exceptional circumstances** only and subject to limits in each Hospital Group /Community Healthcare Organisation. Each application must come complete with a business case and supporting evidence of a clinical need.





1.3 Process to be followed to obtain approval for a locum Type C consultant appointment

- For approval for a locum appointment to be granted by the appropriate National Director confirmation must firstly be obtained from National Doctors Training & Planning (NDTP) that an approved permanent post exits. Please see *Appendix 1* which sets out how to do this.
- On receipt of formal confirmation from NDTP, the appropriate National Director will assess the
 application for demonstration of the exceptional circumstances pertaining to the request.
 Where the case for exceptional circumstances is met, the appropriate National Director issues a
 letter of locum approval and the Hospital / Community Healthcare Organisation may proceed to
 fill the post with a locum appointment. A template letter of approval for a locum appointment is
 provided at Appendix 2.
- The appropriate National Director will only grant approval for a locum appointment for the period of absence subject to a maximum period of 12 months.
- The appropriate National Director is required to review the use of locum Type C appointments on a quarterly basis to ensure their use is kept to a minimum and that applications for permanent posts are made without delay.

2.2 Conditions which apply to temporary consultant appointments on a Type C basis

In addition to the existing conditions, temporary appointments may be permitted on a Contract Type C basis in **exceptional circumstances** only and subject to limits in each Hospital Group / Community Healthcare Organisation. Each application must come complete with a business case and supporting evidence of a clinical need.

2.3 Process to be followed to obtain approval for a temporary consultant appointment

• For approval for a temporary appointment to be granted by the appropriate National Director, confirmation must first be obtained from NDTP that a fully completed application for the permanent replacement has been received. Please see *Appendix 3* which sets out how to do this. On receipt of formal confirmation from NDTP, the appropriate National Director will assess the application for demonstration of the exceptional circumstances pertaining to the request. Where the case for exceptional circumstances is met, the appropriate National Director issues a letter of approval and the Hospital /Community Healthcare Organisation may proceed to fill the post with a temporary appointment. A template letter of approval for temporary appointment is provided at *Appendix 4*.





 The appropriate National Director will only grant approval for a temporary appointment for a maximum period of 12 months. Where the need for the temporary appointment may extend beyond 12 months then the Hospital Group CEO/Chief Officer must submit a new application to

the appropriate National Director, three months before the expiry of the Letter of Approval.

The appropriate National Director is required to review the use of temporary appointments on a quarterly basis to ensure their use is kept to a minimum and that applications for permanent posts are made without

delay.

Notification to the Type C Committee

Every June and December a report is to be prepared by National Doctors Training and Planning and provided to the Type C Committee for its review and comment to the Director General. This report will set out the

details as to the number of approvals for locum and temporary Type C contracts.

Queries

All queries concerning this Circular / Addendum to Circular 021/2015 should be directed to National Doctors Training and Planning by email to Barbara.whiston@hse.ie or consultant.applications@hse.ie, or by phone to 076 6958799.

Yours sincerely,

Rosarii Mannion

National Director of Human Resources





Appendix 1: HSE HR Circular 021/2015

Approval Request for a Permanent Consultant Post to be filled with a Locum Appointment

Section 1 - For completion by the hospital/community healthcare organisation where the	
permanent post is located	

1.	Name of Hospital Group/CHO:	
2.	Location(s) of permanent post and broof hours:	eakdown
3.	Title of permanent post:	
4.	Approved post number:	
5.	Name of permanent post holder:	
6.	Reason a locum appointment is requi	red:
7.	Duration of locum appointment:	
8.	Date when locum appointment is requ	uired:
Hospita Comm	ce policies. al General Manager/CEO unity Organisation Manager: Print Name	Signature
Section	n 2 - For Completion by Hospital Group CEG	D/CHO Chief Officer
I appro confirm	ove this locum application and request conf mation that I may issue an approval letter fo al Group CEO/CHO Chief Officer:	irmation from NDTP that the above permanent post exists and or a locum appointment.
I appro confirm	ove this locum application and request conf mation that I may issue an approval letter fo al Group CEO/CHO Chief Officer:	rmation from NDTP that the above permanent post exists and
I appro confirm Hospita (Delete Hospita	ove this locum application and request conf mation that I may issue an approval letter fo al Group CEO/CHO Chief Officer:	irmation from NDTP that the above permanent post exists and or a locum appointment. Name
l appro confirm Hospita (Delete Hospita (Delete	ove this locum application and request conf mation that I may issue an approval letter for al Group CEO/CHO Chief Officer: e as appropriate) Print	irmation from NDTP that the above permanent post exists and or a locum appointment. Name
I approconfirm Hospita (Delete Hospita (Delete Date: _	ove this locum application and request confination that I may issue an approval letter for all Group CEO/CHO Chief Officer: e as appropriate) al Group CEO/CHO Chief Officer: e as appropriate) Signa	rmation from NDTP that the above permanent post exists and or a locum appointment. Name ture
I approconfirm Hospita (Delete Hospita (Delete Date:	ove this locum application and request confination that I may issue an approval letter for al Group CEO/CHO Chief Officer: e as appropriate) al Group CEO/CHO Chief Officer: e as appropriate) Signa	rmation from NDTP that the above permanent post exists and or a locum appointment. Name ture
I approconfirm Hospita (Delete Date: _ Section	ove this locum application and request confination that I may issue an approval letter for all Group CEO/CHO Chief Officer: e as appropriate) al Group CEO/CHO Chief Officer: e as appropriate) Signa n 3 – For Completion by National Doctors 1	rmation from NDTP that the above permanent post exists and or a locum appointment. Name ture Training and Planning
I approconfirm Hospita (Delete Hospita (Delete Date: _ Section This ap	ove this locum application and request confination that I may issue an approval letter for all Group CEO/CHO Chief Officer: e as appropriate) al Group CEO/CHO Chief Officer: e as appropriate) Signa on 3 – For Completion by National Doctors 1	raining and Planning Approval Granted





Name:	Signature:	Date:
NDTP will return this form to the	appropriate National Director for action.	





Appendix 2: HSE Circular 021/2015

Template Locum Appointment Approval Letter

Address

Date

Re: LOCUM CONSULTANT IN [insert name of speciality]

Dear Hospital General Manager/CEO or Community Healthcare Organisation Manager,

Further to your previous correspondence relating to the above, I write to confirm that this office has approved the appointment of a:-

LOCUM CONSULTANT [insert name of speciality]

This is a locum appointment on a **Type C** basis under the Consultants' Contract 2008 (as at 8th December 2014) by [insert name of employing hospital] ([insert no of hours] hours per week) for the specific purpose of [insert specific purpose, for example specific purpose of providing locum cover for Dr X during her period of maternity leave] and will terminate upon the expiry of the said specified purpose, no later than 12 months from date of commencement of the locum appointment. In the event that this locum requires extension a new and separate application in line with the terms of the circular is required.

The following qualifications shall apply to this appointment:-

[Insert the relevant section of the current Qualifications specified by the Health Service Executive for consultants document here.]

A specified purpose contract must be issued for this locum appointment. You are required to submit a copy of this contract no later than one month from the date of signing to my office.

I would be grateful if, in due course, you would let me have, for record purposes, details (the name, date of birth and date of appointment) of the person appointed on a locum basis. Please also forward these details to HSE - NDTP.

Yours sincerely,

National Director

cc: NDTP





Appendix 3: HSE HR Circular 021/2015

Approval Request for a Permanent Consultant Post to be filled with a **Temporary** Appointment

Section 1 - For completion by the hospital/community healthcare organisation where the permanent post is located

1.	Name of Hospital Group/CHO:	
2.	Location(s) of permanent posts and breakdown of hou	rs:
3.	Title of permanent post:	
4.	Approved post number:	
5.	Name of vacating permanent post holder:	
6.	Reason for vacation of the permanent post:	
7.	Date the post will be vacated:	
8.	Date when an application to fill the post permanently was submitted to NDTP:	
	rm that this request for a temporary appointment is for numan resource policies.	a permanent consultant post and is complia
	tal General Manager/CEO	
Comn	nunity Organisation Manager:	Cianatura
Date:	Print Name	Signature
Name (Delet Signat (Delet	e permanent replacement has been received and confirm prary appointment. of Hospital Group CEO/CHO Chief Officer: re as appropriate) Print Name rure of Hospital Group CEO/CHO Chief Officer: re as appropriate) Signature	nation that I may issue an approval letter for
Date.		
Section	on 3 – For Completion by National Doctors Training and	Planning
A fully	completed application has been received:	Approval Granted
A fully	completed application has <u>not</u> been received	Approval NOT Granted
H	Building a Better Health Service	Human Resources

I confirm that the request		is within			not within			
the upper limit for Cat 2/Typ Consultants Contract 2008 (as a		within th	ne system	as set	out in	Appendix	VII d)f
Name:	_Signature:		Date: _			_		

 ${\it NDTP\ will\ return\ this\ form\ to\ the\ appropriate\ National\ Director\ for\ action.}$





Appendix 4: HSE Circular 021/2015

Template Temporary Appointment Approval Letter

Address

Date

Re: TEMPORARY CONSULTANT IN [insert name of speciality]

Dear Hospital General Manager/CEO or Community Healthcare Organisation Manager,

Further to your previous correspondence relating to the above, I write to confirm that this office has approved the appointment of a:-

TEMPORARY CONSULTANT [insert name of speciality]

This is a temporary appointment on a **Type C** basis under the Consultants' Contract 2008 (as at 8th December 2014) by [insert name of employing hospital] ([insert no of hours] hours per week) for the specific purpose of [insert specific purpose, for example specific purpose of providing temporary cover pending the appointment of a permanent replacement/permanent post holder] and will terminate upon the expiry of the said specified purpose, no later than 12 months from date of commencement of the temporary appointment. In the event that this temporary appointment requires extension a new and separate application in line with the terms of the circular is required.

The following qualifications shall apply to this appointment:-

[Insert the relevant section of the current Qualifications specified by the Health Service Executive for consultants document here.]

A specified purpose contract must be issued for this temporary appointment. You are required to submit a copy of this contract no later than one month from the date of signing to my office.

I would be grateful if, in due course, you would let me have, for record purposes, details (the name, date of birth and date of appointment) of the person appointed on a temporary basis. Please also forward these details to HSE - NDTP.

Yours sincerely	
National Director	
cc: NDTP	



