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Mr. Kevin Duffy
Chairman
Public Service Pay Commission
St. Stephen's Green House
Earlsfort Terrace
Dublin 2

28 February 2017

Dear Mr. Duffy,

The Irish Medical Organisation would like to once again thank the members of the Public Service Pay Commission, with whom our representatives met last week, for the opportunity to further express our concerns regarding pay in the medical profession. I hope that this meeting, and our submission to the Commission, proved informative and highlighted the pressing need for improvement in the remuneration of medical practitioners to stem the flow of practising doctors from this country.

During our meeting a question arose as to the number of consultant vacancies within the public health service that have attracted no applications. Recently released statistics by the Health Service Executive reveal that 32%, or approximately one-third, of advertised consultant posts attracted just one application or less. This information can be found in *Towards Successful Consultant Recruitment, Appointment and Retention*, a report of a committee appointed by the HSE regarding reform of the processes for creation, approval recruitment and appointment to consultant posts, on p. 5, where it states:

> *"A significant driver of Consultant vacancies is a Consultant recruitment and retention crisis. PAS, for example, has confirmed that of the 149 Consultant posts it advertised in 2015, 20 (13%) received no applicants. A further 28 (19%) had only one applicant. No information was available on the standard of applicants."*

Furthermore, this report concluded that income was of considerable importance in the recruitment and retention of consultants, finding at p. 25 that:

> *"A key concern for many potential candidates for Consultant posts in recent years has been income. Starting salary, progression through points on the salary scale, how new appointees compare to colleagues appointed in earlier years and access to private practice all influence decisions by potential candidates to apply or to accept an offer of a post."*

I have enclosed a copy of this report for your information, tabbed at the relevant sections, and I am happy to provide any other information that may aid you in your deliberations.

Yours sincerely,

Anthony Owens
Assistant Director of Industrial Relations
Irish Medical Organisation

Towards Successful Consultant Recruitment, Appointment and Retention

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Executive Summary

i) Purpose of report

This report analyses the current operational and administrative barriers to efficient creation, and approval of and recruitment to Consultant posts. It examines the factors influencing applications for such posts and related workforce and service planning, delays in the application and approval process, the implementation of the Health Service Executive's regulatory functions, the interaction between the range of agencies involved in Consultant recruitment and how successful candidates are supported in the early stages of appointment. The report proposes actions to address each of these issues.

The report reflects the considered view of a range of stakeholders, including health service employers, senior Consultants and Clinical Leads in a range of specialties, Hospital Groups, HSE Human Resources, National Doctors Training & Planning, Forum of Postgraduate Medical Training Bodies, the HSE National Recruitment Service, Acute Hospitals Division, Mental Health Division, the Public Appointments Service and Department of Health.

Notwithstanding the Terms of Reference set out by the Director-General (see below) the Committee felt that it was important to point out at the outset that simply correcting and providing rigour to the recruitment and appointment process was not of itself enough to address the present Consultant recruitment crisis but that other factors also needed to be addressed. These include shortfalls in Consultant numbers and the availability of Consultants, working conditions and, most particularly, concerns regarding remuneration.

ii) A health system facing unprecedented challenges and difficulties recruiting Consultants

The report concludes that the HSE is facing unprecedented challenges meeting increasing demands while delivering significant efficiency savings and managing changing health delivery systems - all within a new Hospital Group and CHO configuration. In this context, Consultants, working as part of coordinated Consultant and multi-disciplinary teams are fundamental to the delivery of safe, high quality medical care.

This requires that Consultants and managers work together collaboratively and innovatively. Consultant planning and appointment is an important mechanism for organising resources effectively to support patient care and ensure healthcare delivery organisations, Consultants and patients benefit.

National policy remains the development of a Consultant-provided service as per the Report of the National Task Force on Medical Staffing (Hanly Report) and the Reports of the Strategic Review of Medical Training and Career Structures (MacCraith Reports 2013-14).

A significant driver of Consultant vacancies is a Consultant recruitment and retention crisis. PAS, for example, has confirmed that of the 149 Consultant posts it advertised in 2015, 20 (13%) received no applicants. A further 28 (19%) had only one applicant. No information was available on the standard of applicants.

A range of factors contribute to this situation, many of them unrelated to the work of the Committee. Nevertheless, relevant contributing factors included:

financial crisis and an increased pressure on clinicians in all disciplines to maintain a high level of service with reducing resources.

iii) Flaws of governance and administration

The Committee noted that there is scope for significant improvement in governance and administration prior to and during the application and approval process for Consultant posts and subsequently in the recruitment and appointment process. Changes were required to ensure the health service could rapidly and efficiently create and fill Consultant posts.

The Committee identified a number of stages within which these process improvements could be categorised and addressed. These are described below:

- governance and administration
- prior to submission of applications for permanent posts
- during the application process
- during the recruitment process
- during the appointment process
- relating to the review and continuing support processes

Separately, a key concern for many potential candidates for Consultant posts in recent years has been salary. Starting salary, progression through points on the salary scale and how new appointees compare to colleagues appointed in earlier years are all reported as influencing decisions by potential candidates to apply or to accept an offer of a post.

iv) Findings and actions for implementation

The Committee identified a number of recent developments which have or have the potential to facilitate successful Consultant recruitment and retention prior to setting out 33 findings and related actions for implementation. These include:

- the creation and publication of a 'Proposed / Approved Consultant Appointment' document as part of a single pack of documentation which informs each stage of post application, approval and recruitment,
- the introduction of significantly shorter timescales for key aspects of the process,
- revised advertisement and interview arrangements,
- enhanced engagement and communication with potential candidates at an early career stage and throughout the process, recognising that appointments will always be made on merit following an open and transparent selection process,
- measures to accelerate the candidate clearance process, contract offer and identification of start dates,
- use of proleptic appointments (taking account of the CPSA Codes of Practice) and standardised approaches to induction and probation,
- use of Job Plans, provision of appropriate resources and ongoing appraisal and feedback,
- creation of a single point of information covering each stage of the process for candidates and health service employers,
- integration of the Committee's actions for implementation into the HSE's national performance and accountability processes.

Set out below is a summary of the position prior to and following the implementation of the actions as set out above.

1. Introduction

In December 2015 the Director General of the Health Service Executive (HSE) requested Prof. Frank Keane, National Clinical Lead Surgery, to lead a process to address a range of issues associated with the creation and approval of Consultant posts and successful recruitment to such posts.

This document comprises Prof. Keane's report to the Director General via the National Director Human Resources. Once approved by the Director General, this report becomes formal HSE policy. Attached to this report at Appendix V is guidance which it is proposed to issue to health service employers and other relevant parties regarding the creation and approval of Consultant posts and recruitment to Consultant posts.

2. Terms of reference and membership

The Director General emphasised that successful Consultant recruitment and retention was key to the delivery and development of services and reduction of agency costs. Noting that the Labour Relations Commission proposals of 7th January 2015 relating to a new Career and Pay Structure for Consultants were being implemented and that there was limited potential for further movement on Consultant salaries, he identified the need to address the operational and administrative barriers to successful Consultant recruitment and retention by addressing the following:

- Ensuring applications for Consultant posts are comprehensive, compliant with relevant national policies and submitted in a timely manner (particularly for replacement posts);
- Processing of applications for Consultant posts by HSE National Doctors Training & Planning;
- Delays in progressing Consultant posts to advertisement once approved;
- The need to explore the possibility of developing a framework for assessing candidate availability for Consultant posts;
- Developing a protocol setting out the required supports to be available to newly-appointed Consultants;
- An assessment of existing, advertised vacant Consultant posts with a particular focus on mechanisms to access and attract graduates of Irish training schemes and standard-setting for the Consultant post application process.

The Director General indicated that Prof. Keane would undertake his work supported by an executive group drawn from a larger committee which would include:

- National Director Human Resources (HR)
- Medical Workforce Lead
- Director of National Doctors Training & Planning (NDTP)
- Acute Hospital Division representative
- Mental Health Division representative
- HSE National Recruitment Service (NRS) representative
- National Clinical Advisor & Group Lead Acute Hospitals Division
- National Clinical Advisor & Group Lead Mental Health Division

3. Background to the establishment of the Committee

i) The current Consultant workforce

As of end May 2016 there are 2,933 approved permanent Consultant posts. An increase of 197 since January 2015 and of 986 since January 2005.

Data provided to the Committee indicates that approximately 200 of these permanent Consultant posts are vacant. There are approximately 300 non-permanent Consultant posts, most of which appear to be associated with vacant permanent posts. This means that service is maintained – to a certain degree – in the absence of a permanent appointee.

Each year approximately 55% of the Consultant posts approved by the HSE are additional, while 45% are replacement. In this context, in the decade since it assumed the functions of Comhairle na nOspidéal, the HSE has processed applications for and approved 1,415 posts, each of which represents a recruitment opportunity.

Based on the data above, at the current time the number of vacant Consultant posts is gradually reducing, albeit at a very slow rate. While this emphasises the challenge associated with filling particular Consultant posts, it illustrates the extent of growth in Consultant posts - for every vacant post which is being recruited/advertised and filled, another new post is being approved.

ii) Barriers to successful Consultant recruitment and retention

As noted above, the Director General identified the need to address operational and administrative barriers to successful Consultant recruitment and retention.

This followed an evaluation of the processing, approval and recruitment of Consultant posts undertaken by HSE HR in conjunction with the HSE NRS and the PAS following agreement on a new pay and career structure for Consultant posts in January 2015.

This evaluation identified a range of issues associated with Consultant vacancies, including:

- the extent to which Consultant posts – both new and replacement – are progressed without reference to potential candidate availability. At the current time, there is no relationship between the post being approved and whether there are sufficient candidates available in Ireland or abroad (e.g. number of trainees in Irish training schemes in that specialty / sub-specialty over recent years);
- the large number of Consultant Applications Advisory Committee (CAAC) approved posts for which NRS are awaiting Job Descriptions from the relevant acute hospital or mental health service before they can progress the post to the PAS. The effect of this is to maintain a vacancy with no permanent recruitment process initiated;
- that Hospitals and Mental Health Services often wait till a Consultant has retired before initiating the application to secure a replacement / reconfigured post. This has the effect of creating vacancies even where the impending potential vacancy was known years in advance.
- that Consultant vacancies are not uniform in terms of specialty or location. In this context, particular specialties including Psychiatry, Surgery, Emergency Medicine and Paediatrics are experiencing challenges irrespective of location while sites such as Waterford, Letterkenny, Naas and Portiuncula struggle to recruit Consultants in any specialty.

4. Methodology

As noted, the Committee met on five occasions, the Executive Group on three occasions. The Committee considered a range of background documentation and received presentations from key stakeholders describing particular aspects of existing processes and plans for reform. The Committee also discussed the approach adopted to particular issues and identified areas where change was required.

The Executive Group identified key issues for examination and discussion by the wider Committee, facilitated detailed analysis of particular areas and undertook preliminary review of documentation and proposals before consideration by the wider Committee.

Separately, Prof. Keane and the Secretariat engaged with key stakeholders, including NDTP, NRS and PAS to progress issues identified by the Committee / Executive Group and ensure there was agreement on the approach proposed.

The Committee decided that in order to meet its terms of reference, it would be necessary to:

- identify or develop a solution(s) to each "issue" and assign same to the appropriate agency for implementation,
- address specific Acute Hospital and Mental Health issues which influenced the efficient processing of applications,
- draft revised guidance to replace the 2009 "Procedures for the Regulation of Consultant Applications, Recruitment and Appointments" setting out the required standard of performance on each issue,
- facilitate the development of a new Consultant Appointment / Job Plan Template,
- engage following initial drafting with stakeholders not directly represented on the Committee, including Clinical Directors, the Irish Medical Organisation, Irish Hospital Consultants Association and the Forum of Postgraduate Medical Training Bodies.
- Structure actions for implementation as a report to the Director General of the HSE to be adopted as policy.

It was agreed that issues relating to variation in rates of Consultant remuneration and Consultant role substitution were not within the terms of reference and would not be addressed.

ii) Funding of Consultant posts and progression of applications

Consultant posts regulated by the HSE are, with the exception of Academic Consultant posts, almost entirely funded by the HSE.[1] Academic Consultant posts are jointly funded by the HSE, the Higher Education Authority via the relevant university[2] and other sources.

HSE-funded hospitals / agencies[3] / Mental Health Services utilise HSE funding to progress 1. replacement posts – where funding has been in place for a number of years, 2. additional posts - where funding is provided in the relevant annual HSE Service Plan approved by the Department of Health and, 3. additional posts - where funding which is not anticipated in the HSE Service Plan is identified within the Hospital / Mental Health Service / Agency / Mental Health Service, at a Hospital Group or CHO level or at national level. The majority of Mental Health Service are funded through the CHO structure. It should be noted that there is often significant local discretion in terms of how funding for service developments is used in terms of staff recruitment. There is often no specific requirement in the approved service plan or Divisional Operational Plans to hire specific grades or numbers of staff. Even where numbers are specified, location is sometimes left unclear.

In this context, Consultant posts can be progressed by hospitals / agencies in line with existing funding (replacement posts), service planning or outside the national service planning framework. The decision to progress a particular replacement or additional post is made at Hospital Group / CHO level and is subject to:

- Budgetary pressures – the extent to which funding is available within the relevant hospital, mental health service or agency budget;
- Hospital / Mental Health Service / Agency level, Mental Health Service / CHO and/or national prioritisation in terms of development or ongoing provision of clinical services;
- The HSE Pay and Numbers framework approved by the Department of Health (DoH) and the Department of Public Expenditure and Reform (DPER) which provides for creation and replacement of posts subject to availability of the required pay resource.

While the need for a Consultant post can be identified within a Hospital / Mental Health Service / Agency / Mental Health Service or at national level, the key determinant of whether an application is submitted for national approval is a decision by the relevant Hospital Group / CHO. Once that decision is made, the relevant Hospital Group / CHO progresses an application to the CAAC via NDTP. The Hospital Group / CHO formally confirms funding availability as part of the application.

A concern relating to replacement posts is that the process above can delay the submission of an application for a replacement post past the point where a Consultant has retired on age grounds, or having given notice, has resigned.

In general terms, replacement posts are already encompassed within the Hospital Group / CHO annual funding allocation. However, the position regarding funding for additional posts is not as clear. Taking that into account, as of June 2016, all applications for Consultant posts must be submitted in line with the Hospital Group / CHO Funded Workplan. This means that the Hospital Group CEO / CHO Chief Officer must certify that funding for the post is available.

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[1] There are a very small number of Consultant posts supported by research or other third party funding.

[2] The term 'university' includes the Royal College of Surgeons in Ireland (RCSI)

[3] Hospitals / Agencies funded under Section 38 or Section 39 of the Health Act 2004 – Section 38 hospitals include voluntary hospitals and St James's and Beaumont which are statutory agencies established by Ministerial Order

where the HSE has assessed the viability of and need for the post with regard to the safe delivery of Consultant services.

c) Assignment of regulatory functions within HSE

The HSE's regulatory functions regarding Consultants parallel those relating to Non-Consultant Hospital Doctor (NCHD) posts. Under the Health Act 2004 the HSE regulates the number and type of appointments and qualifications for appointment of Specialist Registrars and Senior Registrars. Under the Medical Practitioners' Act 2007 the HSE regulates the number and type of intern posts, of other medical training posts and is obliged to publish reports regarding same. The HSE also has statutory functions regarding the number of non-training NCHD posts. Since 2007 the HSE's statutory functions relating to NCHDs have been delivered by the National Doctors Training & Planning Unit (NDTP), part of the HSE Human Resources Division.

The work of NDTP comprises regulation of NCHD posts as described above, workforce planning including current state analysis of the medical workforce, international benchmarking, specialty workforce reports and design and implementation of the medical workforce planning system as part of overall health workforce planning; development and funding of medical education and training and continuous professional development; and the maintenance of information and publication of reports on same.

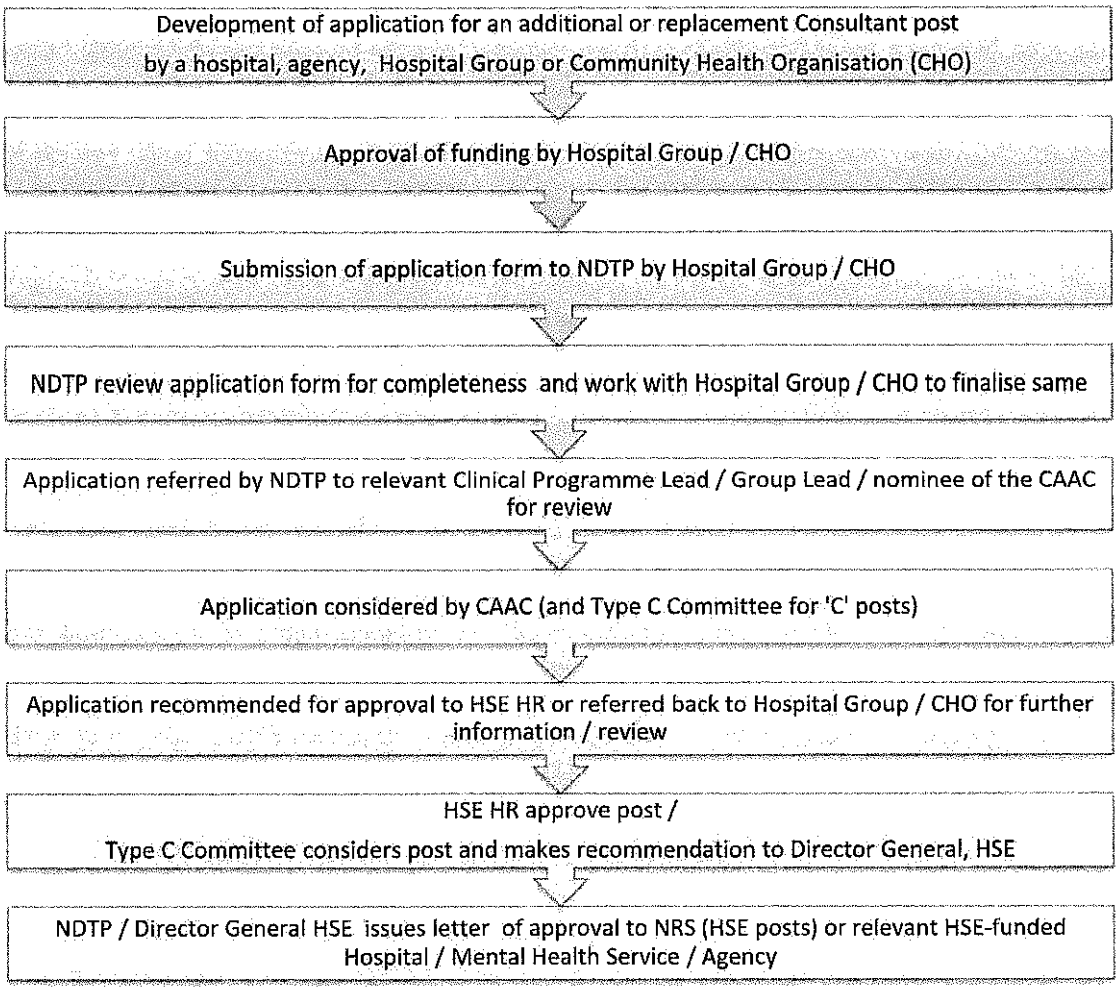
Between 2005 and 2014 the HSE's regulatory functions regarding Consultant posts were delivered by Consultants Appointment Unit (CAU) as part of the wider HSE Human Resources Division. In 2014 the Consultant Appointments Unit was incorporated into NDTP. In that regard NDTP supports the CAAC and Consultant post application process, maintains a statutory register of approved Consultant and NCHD (training) posts and sets qualifications for Consultant appointments - with input from the postgraduate medical training bodies, Clinical Programmes and the CAAC. NDTP also engages in regular review and streamlining of CAAC processes and is progressing development of an online process for applications to CAAC.

In general terms, applications submitted to NDTP are processed and presented to CAAC within six weeks of submission. This follows review by NDTP staff, revision or completion of the application as necessary by the Hospital Group / CHO and review by the relevant Clinical Lead on behalf of the Clinical Programme or by the National Clinical Advisor and Group Lead or other nominee of the CAAC.

d) Consultant Contract 2008

The Consultant Contract 2008 as agreed by the HSE, medical unions, Department of Health & Children and Department of Finance provided for two committees – the Consultant Applications Advisory Committee (CAAC) and Type C Committee - to advise the HSE on the regulation of Consultant posts (Appendix X of Consultant Contract 2008) and includes a series of provisions relating to individual Consultants changing contract type or restructuring their post. These provisions closely follow those set out in Consultant Contract 1997 – which had provided for similar functions to be delivered by Comhairle na nOspidéal.

In summary, Section 22 c) of the Contract provides for Consultants to have their Contract Type reviewed by the CAAC / Type C Committee where significant changes occur in a particular area in the delivery of acute hospital / Mental Health Service care. The Contract notes that a decision on applications for change will be considered by the CAAC together with the views of the Employer. Section 22 d) states that a decision on such application will be made following the advice of the



iv) Recruitment to Consultant posts

As a public sector agency, the HSE recruits staff under licence from the Commission for Public Service Appointments (CPSA). The Commission's primary statutory responsibility is to set standards for recruitment and selection of public sector employees. These standards are published as Codes of Practice. Implementation of the Codes is assessed via regular monitoring and auditing of recruitment and selection activities.

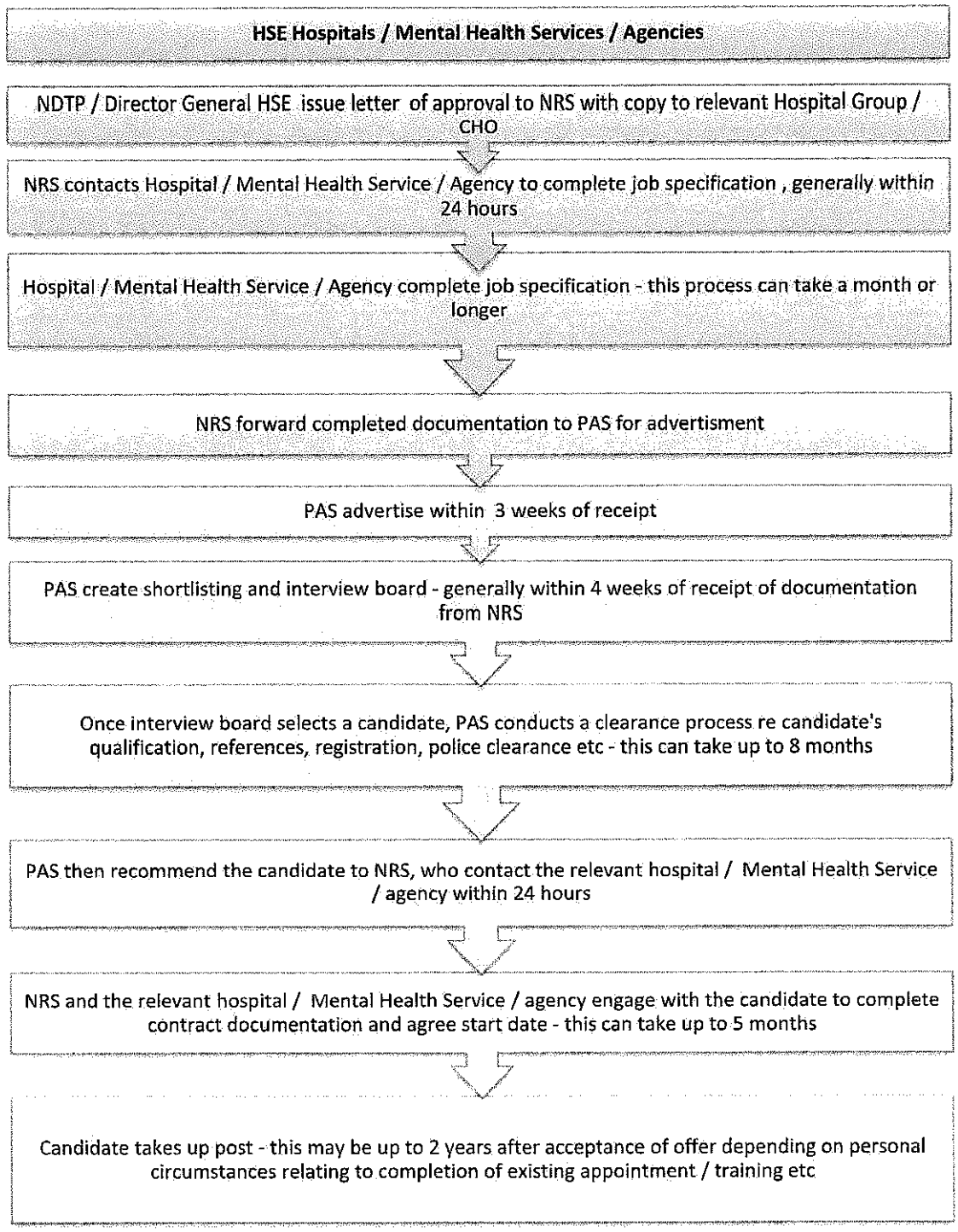
Permanent Consultant staff within the HSE are recruited via the HSE National Recruitment Service (NRS), which delivers recruitment services relating to all grades of staff to HSE hospitals, mental health services and agencies.[4]

Under the Public Service Management Act 2004 the HSE is licensed to recruit to positions in the HSE. Taking account of the HSE's obligations under its recruitment licence, the NRS uses the Public Appointments Service (PAS) as the centralised provider of recruitment, assessment and selection services relating to permanent Consultant posts. The PAS and its predecessor, the Local Appointments Commission have been responsible for recruiting Consultants on behalf of the public health service for over sixty years. The PAS has indicated that it has no objection, should the HSE

[4] with the sole exception of staff recruited via training bodies or NCHDs in non-training posts

this may not be for up a year, depending on whether they have employment or training commitments to fulfil or need to relocate, possibly with family members, from abroad and this delay may require the appointment of a non-permanent Consultant.

The following summarises the current process following issue of a letter of approval for a permanent Consultant post as it applies to posts in HSE Hospitals / Mental Health Services / Agencies and HSE-funded Hospitals / Agencies:



recruitment unless a fully approved Form A or B is submitted alongside other documentation for a post.

'Form A' is completed in cases where the post to be filled is either; a new service development provided for in a National Service Plan or, a new additional post arising from the reform programme, or a funded vacancy in the staff category of management/administration. In the latter case, the sanction of the National Director of Human Resources in required, where redeployment options have been exhausted. A form is completed for each individual post. 'Form B' is completed where the post is a replacement of an approved and funded vacancy, by recruitment or by redeployment/reassignment and by exception from general restrictions on recruitment. The post must be a critical front-line vacancy and essential to the delivery of public services or performance of an essential front-line function. Every effort must have been made to fill by restructuring or reorganisation of the previous post.

The 'Exposure Prone Procedure / Job Function Analysis Form' is completed by the applying Hospital / Mental Health Service / Agency. It arises from the requirements of the Department of Health's report on the Prevention of Blood Borne Diseases in the health care setting and recommendations made by the associated Committee. Exposure prone procedures are those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. This has implications for potential candidates in terms of work exposure and related occupational health screening. The HSE's obligations regarding exposure prone procedures are set out in HSE HR Circulars 19/2008 and 12/2009.

The 'Job Order' Form is a one page form setting out contact details for HR and other staff in the relevant Hospital / Mental Health Service / Agency and other information to support processing of the post.

The 'CAAC Application Form' (now termed 'Proposed / Approved Consultant Appointment' document) is the form used by the CAAC to evaluate the rationale and purpose of the post. As part of this process, Clinical Programme Leads / nominees of the CAAC are requested to provide comments on the application for the post and complete a short evaluation form setting out same.

v) Interaction with Candidates

As described above, HSE and HSE-funded agencies begin a formal interaction with potential candidates for Consultant posts once the post is advertised. Informal contact may have taken place during the final stages of specialist training, arising from candidate enquiries or contacts with Consultants or other staff in particular hospitals / Mental Health Services / agencies. As noted above, once recommended by an interview board for appointment, it can take a number of months – particularly where the candidate does not yet hold specialist registration in Ireland – to verify a candidate's qualifications, experience and training. Should a candidate be offered a post, a protracted discussion can occur regarding terms and conditions and placement on the salary scale.

A further delay arises where candidates seek to agree a start date which may be months or years into the future. While this is often to allow completion of training, completion of an existing employment contract or relocation from outside Ireland it often results in the appointment of a non-permanent Consultant pending the candidate taking up the post. In a limited number of cases, candidates indicate some time later that they will not be taking up the offer and the post must then be offered to the next on the panel, or in the absence of a panel, re-advertised. Potential candidates for Consultant posts can register their interest at any time on www.publicjobs.ie to be notified of Consultant vacancies when they arise.

- that the health service had not linked the creation of additional Consultant posts to the availability of potential candidates – many of whom were doctors in HSE-funded training or who had recently completed HSE-funded training.
- potential candidates for Consultant posts could not easily access information on forthcoming opportunities.
- employers took lengthy periods to progress applications for approval of replacement posts.
- central guidance dealt only with limited aspects of the application, approval and recruitment process and was out of date.
- once posts were approved there were further delays before posts were advertised.
- such delays required appointment of non-permanent Consultants to meet service needs pending the permanent appointment.
- advertisements lacked detailed information on the job and role which was commonly provided in other jurisdictions.
- once posts were offered candidates often delayed taking up appointment.
- when starting new Consultants experienced inconsistent induction processes and were often faced with limited resources and a struggle to access same.

iii) Income is an important determinant of successful recruitment and retention

A key concern for many potential candidates for Consultant posts in recent years has been income. Starting salary, progression through points on the salary scale, how new appointees compare to colleagues appointed in earlier years and access to private practice all influence decisions by potential candidates to apply or to accept an offer of a post.

In October 2012, during Ireland's financial crisis and following negotiations with medical representative organisations on the implementation of the Public Service Agreement, the Minister for Health unilaterally reduced new entrant Consultant salary rates by 30%. While this reduced the cost of Consultant posts to the health service, it resulted in significant challenges to successful recruitment in a range of settings.

In January 2015, arising from proposals by the Labour Relations Commission, revised, increased, salary rates were introduced as part of a new Consultant pay and career structure. Consultants who had been appointed on the 2012 salary rate received a pay increase and back pay to September 2014. New entrants Consultants were appointed on the new, increased rate.

The 2015 salary rates represent a partial restoration of pre-October 2012 rates, albeit Consultants appointed under these rates take longer to progress to the final point on the scale and the final point is below that paid to Consultants appointed prior to 1st October 2012.

While access to private practice differs depending on contract type, it also varies by specialty and location of the post. The Consultant Contract 2008 aimed to address this by providing for a substantial difference between Type A salary, where the Consultant has no access to private practice and Types B, B* and C. However, changes to Consultant remuneration have reduced the difference between Type A and other contract types.

iv) Deficiencies in governance and administration

In summary terms, poor governance and administration processes prior to and during the application and approval process and subsequently in the recruitment and appointment process made it difficult to rapidly and efficiently create and fill Consultant posts.

7. Findings and actions for implementation

i) Recent developments

The Committee's findings and associated actions for implementation are set out below. They are underpinned by the principle that all Consultant appointment must be based on merit and that recruitment processes are open and transparent and conform with all legal and regulatory obligations.

Prior to dealing with the wider issues, the Committee noted a number of recent developments which have facilitated or have the potential to facilitate Consultant recruitment. These include:

- Development of a standardised job description format for Consultant Psychiatrist posts, agreement between the HSE Mental Health Division and the PAS regarding fast-tracking of Consultant Psychiatrist posts, cessation of 'bulk interviewing' where a single interview process covered multiple posts and the nomination of potential external experts by the College of Psychiatrists of Ireland for all PAS interview panels for Consultant Psychiatrist posts.

- Agreement between the Forum of Irish Postgraduate Medical Training Bodies, the HSE and the PAS regarding the involvement of College/Faculty Assessors in providing lists of external experts who may be nominated by the PAS to the interview panels for Consultant posts in HSE Hospitals / Agencies. This ensures that the interview board for Consultant appointments is able to access, as standard, an external expert from the relevant postgraduate training body qualified to provide independent professional advice, to assess the candidate and to assure the panel that the successful appointee is suitably clinically qualified for the post.

- Significant work to progress standards for conduct of induction, probation and appraisal in relation to Consultant posts. In this regard it is noted that:
  - induction is a process by which employees are received and welcomed to the organisation. It is a method of formally introducing the Consultant to their work location and colleagues. It is intended to provide a clear understanding of their job, role and responsibilities and the mission and values of the wider organisation.
  - the probation process follows induction, and is used to assess whether the Consultant is suitable for permanent appointment and to allow both the Consultant and the employer to identify issues for resolution prior to confirmation of permanent appointment.
  - appraisal takes place for the duration of the Consultant's appointment. It is a two way process allowing the employer to assess the Consultant's performance and the Consultant to feedback and register any constraints or suggestions as to what may be done to improve the working environment. It is designed to assist Consultants to improve the way they work and the services they provide themselves and with others. Appraisal will be progressed subject to consultation with relevant medical representative organisations and will be in context of the wider approach to performance management / achievement across the health service.

  Further details are provided at Appendices II, III and IV of this report.

- Ongoing engagement with the PAS regarding the process associated with Consultant recruitment, including:
  - The conduct of a job analysis of the role of Consultant in the Irish public health service to ensure selection and interview processes are grounded in the skills, experience and personal qualities required
  - the number of people / agencies / processes involved in the current recruitment process

iii) Preparation of an application for a Consultant post			
Finding	**Actions for implementation**	**Action by**	**Timeline**
1.1 There are too many steps in the current processes for application, approval and recruitment of Consultant posts, particularly in relation to HSE posts. Documentation associated with current processes is bureaucratic and is not fit for purpose. Taken together, these have had the effect of creating unnecessary delays and promoting growth in non-permanent Consultant posts to meet service needs.	The Committee recommend that all documentation associated with approval of a Consultant appointment is included in a single Consultant Appointment Document pack – to include a 'Proposed / Approved Consultant Appointment' document. The pack should include proposed nominees for shortlisting and interview board membership and contact details for the relevant Clinical Director / Executive Clinical Director. The pack should be used throughout the post creation, approval and recruitment process and be made available to candidates as background information	NDTP NRS PAS	July 2016
	The Committee recommends that NDTP and NRS progress the development of an online application system for posts accessible to employers, regulatory and recruitment functions. This system should eliminate the multiple forms in use currently	NDTP NRS	July 2017
1.2 The Committee noted that clarity regarding funding was essential if posts were to progress without delay from application to appointment. In some cases posts had been placed on hold following approval as concerns had emerged regarding funding	The Committee recommends that both the 'Proposed / Approved Consultant Appointment' document and related pack explicitly provide for confirmation of funding in line with the Hospital Group / CHO Funded Workplan and same is certified by the Hospital Group CEO / CHO Chief Officer and National Directors, Acute Hospitals and Mental Health Divisions	NDTP Acute Hospitals Division	July 2016
1.3 The Committee noted that input from the universities regarding applications for Consultant posts varied between Hospital Groups and that there was no standard process in place to facilitate same. This meant that many of the links with universities were developed on an ad hoc basis	The Committee recommends that the Chief Academic Officer review and contribute to applications for Consultant posts within Hospital Groups	Hospital Groups	July 2016
1.4 The Committee found that in many cases, there was little or no consultation or engagement with the relevant Consultant grouping prior to submission of an application for a Consultant post	The Committee recommends that the relevant Consultant grouping is consulted prior to submission of an application and that this consultation is recorded on the 'Proposed / Approved Consultant Appointment' document	CEOs, Group CDs / ECDs and HR in CHOs and Hospital Groups	July 2016
1.5 The Committee was informed that additional and replacement posts were often progressed without appropriate workload evaluation, resulting in new appointees being assigned inappropriate workload and consequent retention difficulties	The Committee recommends that the 'Proposed / Approved Consultant Appointment' document provide for an evaluation of current practice and workload and confirmation from the relevant Clinical Programme / Group Lead / nominee of the CAAC that the proposed workload was appropriate to the post	Clinical Programme / Group Leads / nominee of the CAAC	July 2016

Finding	Actions for implementation	Action by	Timeline
1.11 The Committee found that limited and inadequate information on potential Irish-trained candidates for posts was available and that it did not inform national or group planning for Consultant posts	The Committee recommends that: - NDTP publish and distribute data on the output of training programmes on an annual basis and - NDTP together with NRS, engage regularly with Postgraduate Medical Training Bodies, trainees and graduates of training programmes regarding Consultant posts including by use of social networks and other communication tools	NDTP NRS	Ongoing
	The Committee recommends that the NRS undertake regular assessment of the candidate pool for Consultant posts internationally	NRS	Ongoing

v) The recruitment process			
Finding	**Actions for implementation**	**Action by**	**Timeline**
1.16 Following receipt of a letter of approval from NDTP, NRS is currently required to liaise with Hospital Groups / CHOs regarding the completion of a job specification for the post. This can result in delays of up to two months before the post can be progressed	Noting action 1.1 above, the Committee recommends that NRS seek only confirmation that the Hospital Group / CHO wishes to proceed with the post. In the absence of such confirmation within **10 working days**, NRS should revert to NDTP to ensure the letter of approval is rescinded	NRS	November 2016
1.17 There is no set time period within which Section 38 Hospitals / Agencies or the PAS must advertise posts once they receive authorisation to do so. This can result in significant delays in particular instances	The Committee recommends that on receipt of authorisation the Section 38 Hospital / Mental Health Service / Agency or the PAS should advertise the post (unless filled with by transfer between posts) within **two weeks**. It is noted that PAS require Interview Board membership prior to advertisement. In the case of Section 38 Hospitals / Mental Health Services / Agencies, failure to advertise should result in intervention by the relevant HSE Division	Section 38 Hospitals / Mental Health Services / Agencies	Sept 2016
1.18 The Committee found inconsistent advertisement practices associated with Consultant posts, including lack of provision for flexible working, no reference to approved permanent posts in advertisements for related non-permanent posts and other issues	The Committee recommends that: - standard advertisement content which includes reference to provision for flexible working is implemented; - publication of vacancies and Letters of Approval document on www.HSE.ie	NDTP / HSE HR	Sept 2016
1.19 The Committee identified delays in the period from advertisement to interview arising from difficulty establishing interview boards and – in some cases - the size of interview boards. It was noted that currently, interview boards for HSE posts are set at a maximum of 5 members	The Committee recommends that: - in circumstances where 2 or more sites with a commitment of at least 30% in the post or in the case of Section 62 or Academic Consultant appointments, provision be made – subject to agreement of each party - for expansion to a maximum of 6 members, including an Independent Chair, external expert, an academic, senior manager and two representatives of the department; - that CHO / Hospital Groups respond to PAS requests within **1 week**; - this will enable PAS to form interview / shortlisting boards within **2 weeks** of receipt of authorisation from the HSE; - that the PAS may draw the external nominee for the Interview Board from the Panels (of more than 1 member) provided by the Forum; - The Forum obtain Panels from the Postgraduate Training Bodies who will develop same on an annual basis; - Section 38 Hospitals / Agencies should retain discretion regarding the constitution of their own interview / shortlisting boards subject to implementation of a **two week** timeframe for forming boards	PAS Section 38 Hospitals / Agencies	November 2016

Finding	Actions for implementation	Action by	Timeline
1.24 The Committee noted the issues associated with medical registration costs and how the HSE determined eligibility to compete for Consultants posts in terms of specialist registration. Effectively, existing Medical Council and Postgraduate Training Body costs meant that specifying registration as an eligibility requirement would be a deterrent to applications from particular candidates	The Committee recommends that HSE HR work with the Medical Council to: - identify the most appropriate means of meeting registration costs while attracting the appropriate range of candidates, including final year specialist trainees - contact doctors formerly registered on the Specialist Division members to invite them to renew registration and provide support to them in doing same - ensure that the Medical Council and Postgraduate Training bodies work to proactively recognise qualifications granted / training certified in non-EEA states - make provision for reimbursement of registration fees by the employer to permanent / non-permanent candidates who remain in employment for more than two years following appointment	Relevant HSE Division Medical Council	Sept 2016
1.25 The Committee noted issues associated with delays in candidates progressing applications for specialist registration and / or agreeing start dates and the associated requirement to employ non-permanent Consultants, in some cases for over a year	The Committee recommends that: - Candidates for HSE posts in clearance with the PAS who are applying for specialist registration copy their Medical Council application to the PAS; - Within legal / regulatory constraints, PAS regularly apprise the HSE (and where relevant the Medical Council) of candidates in clearance; - Salary and superannuation information is provided to the candidate at the earliest possible point in the process and with regard to 1.27 below - Contract documentation is signed at the earliest possible point in the process - Implementation of HSE HR Circular 004/2014 or in certain circumstances candidates are required to agree a start date which is no later than **6 months** from the date of contract offer. In the absence of same, the offer should lapse	PAS / NRS	November 2016

Finding	Actions for implementation	Action by	Timeline
1.29 The Committee noted that employers made little use of the provision for proleptic appointments contained in Consultant Contract 2008 and in the HSE letter of approval for the post. This meant that the opportunity to appoint recently qualified candidates subject to further training / acquisition of qualifications was underused and retention of trainees reduced accordingly	Noting Action 1.1 above, the Committee recommends that the existing provision for proleptic appointments be detailed in revised Guidance on creation and recruitment to Consultant posts in accordance with CPSA codes and based on the merit principle	HSE HR Relevant HSE Division	July 2016
1.30The Committee noted that the absence of key clinical, administrative and professional resources required to ensure newly appointed Consultants can make the most effective contribution to service provision	The Committee recommends the inclusion in the 'Proposed / Approved Consultant Appointment' document of a Job Plan and statement of resources associated with the range of services to be provided as per Appendix I of this report	Hospital Groups / CHOs	July 2016
1.31 The Committee noted delays in the issue and/or finalisation of contract documentation for successful candidates. In some cases, delays of up to 5 months have occurred	The Committee recommends that Consultant recruitment is prioritised at Hospital Group / CHO level and that Hospitals / Agencies are required to complete contract documentation within **2 weeks** of notification of the successful candidate	Hospital Groups CHOs	November 2016
1.32 The Committee noted that induction (including onboarding) processes were absent in many instances and that newly appointed Consultants were introduced to employment in a limited and haphazard manner – a key driver of poor retention rates in some locations	The Committee recommends that - The induction policy set out at Appendix II of this report is adopted by the HSE and HSE-funded agencies - In addition to the policy areas highlighted in the Appendices, HSE HR develop training content to bring these policies to fruition. These incorporate the full Consultant life cycle from recruitment, on-boarding, induction and professional development - HSE HR ensure that this training is effectively delivered consistently to the HR community supported by the development of a check-list for each of the CEO / Hospital Manager / Clinical Director / Executive Clinical Director for any new employee confirming their role and responsibility in the recruitment processes	Relevant HSE Division HSE HR	December 2016
1.33 The Committee noted the inconsistent operation of the probation period provided by Consultant Contract 2008 and the risk of performance or other issues arising. This included a lack of engagement on supports needed for newly appointed Consultants	The Committee recommends that the approach to the implementation of Probation set out at Appendix III of this report be adopted and implemented by HSE and HSE-funded agencies	Relevant HSE Division	November 2016

vii) Information, guidance and implementation

Finding	Actions for implementation	Action by	Timeline
1.36 The Committee noted the absence of a single, national source of information on the process for creating and recruitment to Consultant posts and the consequent confusion and misinformation regarding existing processes	The Committee recommends a revision and expansion of the HSE website to rapidly address this information deficit	HSE HR	November 2016
1.37 The Committee noted that the existing guidance on the approval of and recruitment to Consultant posts was significantly out of date and did not address the range of issues required by health service employers	The Committee recommends that the revised Guidance on creation and recruitment to Consultant posts which is attached at Appendix VI of this report be issued to HSE and HSE-funded Hospitals / Agencies by HSE HR	HSE HR	November 2016
1.38 The Committee's actions for implementation must be integrated with HSE performance and accountability systems if they are to be implemented	The Committee recommends that: - Implementation of this report is led by HSE HR and HSE HR nominate a designated staff member to lead same; - implementation of these actions is integrated with HSE performance achievement and HSE National Performance Oversight Group (NPOG) processes and that where concerns exist regarding lack of implementation, these are initially raised with the relevant Clinical Directors / Executive Clinical Directors and Medical Manpower Managers; then with HR staff at Hospital Group / CHO level before being progressed to HSE HR nationally	HSE HR	ongoing

* * *

Appendix II - Induction

1. What is Induction?

Induction is a process by which employees are received and welcomed to the organisation. It is a method of formally introducing the employee to their work location and colleagues. A clear understanding of their job, role and responsibilities and the mission and values of the wider organisation will be provided. An effective Induction process – together with appropriate use of probation - will ensure that the Consultant is supported in achieving expected performance levels. It will also ensure that the new Consultant is aware of the importance of team-working within the HSE and their role within the team.

It is important to induct, so that Consultants can gain the necessary information to perform their duties to the highest standard possible.

2. Policy and guidance

The HSE issued guidelines on Induction for staff in 2006. Revised guidelines were agreed in 2015 are due for publication shortly. In that context, HSE hospitals / agencies have a single national induction policy and guidance. Set out below is guidance for HSE-funded agencies regarding induction as it may be applied to Consultants.

Induction should complement and support the probation process described at Appendix II of this document.

3. Aims of an effective Induction

The aim of induction is:

- To ensure that each Consultant receives a structured welcome and introduction to their immediate work environment and the wider organisation;
- To outline the organisation's responsibilities and values;
- To assist in the promotion of the culture and philosophy of the organisation;
- To clarify expectations of both Consultant and employer in relation to codes of conduct, policies and procedures, Consultant services etc.;
- To clarify the role of Consultant and performance expectations;
- To commence a process of structured feedback on performance;
- To promote an emphasis on customer/client focus;
- To promote an environment of effective health, safety and welfare.

4. Benefits of an effective Induction

An effective induction process provides the CEO / Hospital Manager / Clinical Director / Executive Clinical Director with a framework to clearly communicate policies and procedures to the

The CEO / Hospital Manager / Clinical Director or delegated person introduces the new Consultant to colleagues and other key staff in the organisation including the designated work colleague. The CEO / Hospital Manager / Clinical Director / Executive Clinical Director provide appropriate information to the new Consultant in relation to their role and responsibilities and expected level of performance. The Consultant will be given details of all training arranged by the CEO / Hospital Manager / Clinical Director.

The CEO / Hospital Manager / Clinical Director / Executive Clinical Director will progress from the induction to the probation process in the case of newly appointed Consultants who have not held a permanent post or acted in the post prior to commencing work.

Otherwise it will be necessary in the first weeks to set time aside to progress through a process that involves setting objectives/priorities/targets and discussing initial performance and development needs and ways of meeting these. Meetings should be arranged in the first few months between the CEO / Hospital Manager / Clinical Director / Executive Clinical Director and the Consultant to discuss how well the Consultant is performing their duties and to identify what other support is required by the Consultant if necessary.

* * *

i) avoid assuming that unsatisfactory performance is caused by something within the employee's control

j) invite the employee to comment on issues such as the extent to which he or she has integrated into the department and how well he or she is getting on with colleagues;

k) give the employee an opportunity to ask questions or raise concerns about any aspect of his or her employment."

4. Extension of probation

As noted above, the contract requires that employers operate a probationary period of 12 months. The employer may extend the period to 18 months, but must communicate the reasons for this to the Consultant in writing. During the probationary period, the employer must ensure that the probationary Consultant is subject to ongoing review.

5. The end of the probationary period

Consultant Contract 2008 requires that at the end of the probationary period, the Employer either certifies that the Consultant's service has been satisfactory and confirm the appointment on a permanent basis or certifies, with stated specified reasons, that the Consultant's service has not been satisfactory, in which case the Consultant will cease to hold his/her appointment.

The Contract notes that in the event that the Employer fails to certify that the Consultant's service is not satisfactory, they will be deemed to have been appointed on a permanent basis. Taking that into account, Employers must –without delay - communicate the outcome of the probationary period in writing to the Consultant at the earliest possible opportunity.

6. Serious misconduct during probation

In cases where an allegation of serious misconduct is made against a probationary Consultant, the Contract requires that the issue is dealt with in accordance with Stage 4 of the Disciplinary Procedure (attached at Appendix II to Consultant Contract 2008).

7. Termination

The Contract provides that employment may be terminated by either the Employer or Consultant during the probationary period. Should employment be terminated by the Employer, the Employer shall set out in writing the specific reasons for such termination.

8. Standardised form for review of Consultant probation

Set out below are standardised indicators which may be used during review of the probationary period

Negotiation, Communication and Influencing Skills

Definition: Gets a message across fluently and persuasively in a variety of different media (oral, written and electronic).
Makes a compelling case to positively influence the thinking of others. Is strategic in how he / she goes about influencing others; shows strong listening and sensing skills.

1. Rarely
2. Sometimes
3. Meets
4. Sometimes exceeds
5. Often exceeds

Behavioural Indicators	1	2	3	4	5
1. Marshals information cogently to make a persuasive case; communicates information clearly in the spoken word; makes well-structured and persuasive presentations.	☐	☐	☐	☐	☐
2. Can communicate in a rational mode as appropriate and is professional in managing all professional relationships and interactions	☐	☐	☐	☐	☐
3. Has strong two-way listening skills; is able to elicit information from others in a non-threatening way and can read between the lines. Can impart information in a non-threatening way	☐	☐	☐	☐	☐
4. Able to argue position, point of view, in a reasonable professional manner and tone	☐	☐	☐	☐	☐

Sustained Personal Commitment

Definition: Is personally committed to achieving end goals and the continuous improvement of the service.

Behavioural Indicators

1. Shows a strong degree of self-awareness, seeking feedback from colleagues.	☐	☐	☐	☐	☐
2. Accepts both negative and positive feedback and acts thereon.	☐	☐	☐	☐	☐

Clinical Development

Definition: Always demonstrates sound clinical judgement and clinical skills.

Behavioural Indicators

1. Participates in appropriate Continuing Medical Education.	☐	☐	☐	☐	☐
2. Utilises evidence based medicine in daily practice.	☐	☐	☐	☐	☐
3. Has shown evidence of undergraduate & postgraduate teaching abilities.	☐	☐	☐	☐	☐
4. Undertakes and encourages research in area of expertise.	☐	☐	☐	☐	☐
5. Demonstrates ability to work as part of a Multi-Disciplinary Team.	☐	☐	☐	☐	☐

Appendix IV – Consultant Appraisal in Ireland

1. What is appraisal?

Job appraisal is a process that takes place in many work settings and often includes the whole workforce hierarchy. It is largely a two way process allowing an employer to assess an employee's performance and an employee to feed back to their employer and register any constraints or suggestions as to what may be done to improve the working environment.

Appraisal in the medical setting is not a process of assessment that one passes or fails, and should not be about scrutinising doctors to see if they are performing poorly. Appraisal is about helping individuals to improve the way they work and the services they provide, themselves and with others. Appraisal goes beyond simply judging individuals on what they have achieved over the past year. It offers a framework for planned, constructive, professional dialogue. It provides the opportunity for reflection about current performance and progress. This is used as a platform to set goals for future professional practice and development which will also contribute to the needs of the organisation in which the individual works. Appraisal should therefore be a positive, constructive process which is mutually beneficial to both the individuals being appraised and also to the organisation in which they work.

As medical structures, institutions and reporting lines become more complex in Ireland, appraisal should be looked upon as a mechanism set up to value, clearly position and maximise the effectiveness of each and every Consultant within the health service for their patients and their own benefit and that of the institution within which they work. It is not part of any re-validation process in this jurisdiction.

2. Why introduce appraisal for Consultants now?

Both the Consultants Contract and the McCraith report suggest that Consultants should have a personal plan and that there should be a regular performance monitoring arrangement or review. For these purposes this is referred to as "appraisal".

Section 9 (Scope of Post) of the Consultants Contract 2008 states:

a) "The scope of this post is as set out in the HSE letter of approval for this position at Appendix 1 and the Job Description as issued by the Employer. These describe the Consultant's service commitments, accountabilities and specific duties.
b) The Consultant's annual Clinical Directorate Service Plan will detail how these are to be implemented and will be validated by a series of performance monitoring arrangements.
c) Certain decision-making functions and commensurate responsibilities may be delegated to the Consultant by the Employer. These will be documented in the Clinical Directorate Service Plan.
d) The Consultant may apply through the Employer to the Health Service Executive to change the structure of this post as set out in the HSE Letter of Approval. Any change in the structure of the post is subject to the determination of the HSE.
e) The Consultant may apply for atypical working arrangements under the relevant health service scheme."

appraiser and appraisee and will be restricted to the Hospital Manager / Chief Executive and Clinical Director / Executive Clinical Director.

5. Who will appraise me?

Firstly, it is a clear requirement that appraisal of a Consultant will always be carried out by another Consultant on the Medical Register. The recommended framework for "cascading" Consultant appraisal will be the medical management structure. Ideally, therefore, Consultants would be appraised by their respective Clinical Directors / Executive Clinical Directors who, in turn, would be appraised by their Group Clinical Director. In many situations the number of Consultants may be too great to expect the Clinical Director to be the appraiser for all of them. In such circumstances, local discussions will be required to agree an effective and acceptable "cascade" structure. For example, if there is a Medical Board Chairman or Head of Department structure, they might be identified as appraisers.

Special arrangements will also need to be made for the appraisal of clinical academics or Consultants who regularly work in more than one hospital or group. In both cases, the Consultant concerned should only have one appraisal and one appraiser, but there will have to be input from other hospitals or agencies where the Consultant has public commitments the university / group academic lead. The precise arrangements will have to be agreed between the organisations concerned and with the individual doctor to be appraised.

The Hospital Manager / Chief Executive / CHO Chief Officer is ultimately responsible for ensuring that appraisal takes place and that an appropriate appraiser is identified and that the person nominated is capable and appropriate to undertake the role.

* * *

4. Letters of approval

Letters of approval from CAAC are now sent to the Head of Operations in the Mental Health Division and copied to the local services. Within the Mental Health Division, the Head of Operations will have a shared database with the Mental Health Division Performance and Planning Section so that the Workforce Planner can be kept up to date with progress.

5. Expression of Interest in an Internal transfer

When the post is returned to the Chief Officer, there may be an application by an existing permanently appointed consultant in the relevant Specialty and on the Specialist Division of the Register working in that mental health service an Internal Transfer and this should be facilitated where appropriate.

It should be note that Consultants may transfer into an approved vacant Consultant post, subject to:

- The Consultant holding a permanent post;
- The Consultant holding the qualifications specified by the HSE for the post;
- The conduct of a formal interview or skills match process which includes the following elements:
  - Publication of the vacancy (e.g. advertisement, email notification)
  - Submission and evaluation of Curriculum Vitae
  - A formal interview / skills match process to include representation from outside the Hospital Group or Community Health Organisation
  - Written communication of the outcome of the process to NDTP and retention of records of the process

In such cases, the vacated post will then have to be resubmitted as a replacement post to CAAC. Otherwise the Job Plan, Job Description, work schedule and contact for induction in the CAAC application documentation is sent to the NRS. It should be possible for the NRS to, by return, forward it to the PAS for interview.

6. PAS

Details on the current process used by the Mental Health Division were agreed with the PAS in 2015 and include specialty representation nominated by the College of Psychiatrists of Ireland together with the ECD or the relevant specialty nominee from the local service. All consultant nominees must hold a permanent appointment in a HSE or publicly funded hospital/agency and be on the relevant Specialty Register.

The PAS currently seeks references for mental health posts in advance of the interview process and this should continue.

7. Joint Appointments

Joint appointments between the mental health services and acute hospitals are clinically appropriate in some specialty or subspecialty posts e.g. Psychiatry of Old Age or Child and Adolescent Psychiatry consultant posts with ring fenced hours for consultation/liaison work in acute hospitals.

Appendix VI – Guidance on creation, approval of and recruitment to Consultant posts

Guidance on successful Consultant recruitment, appointment and retention in Hospitals, Mental Services and Health Agencies is set out below