

**CONSULTANT APPOINTMENT PROCEDURES**  
**REPORT OF THE WORKING GROUP**

**June 2000**

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## **1 Introduction**

- 1.1 The time it takes to fill permanent consultant posts in health boards and some voluntary hospitals is too long and needs to be shortened. The reasons for this are multi-factorial, and, in order to bring about significant improvement, a variety of changes are necessary.
- 1.2 There is a need for a coherent strategy regarding the management of the process of planning, funding, regulation, recruitment, and filling of consultant posts. The current system is often unduly lengthy, entails a large number of stages, is cumbersome, frustrating and needs to be streamlined. There are too many steps in the process, significant time lags between steps, and a number of agencies are involved more than once in the process. The problem has been recognised by all the parties involved including the Minister and the Department of Health and Children, the employing authorities, Comhairle na nOspidéal and the Local Appointments Commission.

## **2 Working Group**

### **2.1 Establishment of the Working Group**

In 1999, in recognition of the problem, Comhairle na nOspidéal initiated a process of gathering information on the various steps and agencies involved in the process, the average time taken for each step, the rationale for such, and the legal and statutory requirements, if any. A committee of Comhairle na nOspidéal comprising Mr. Tommie Martin, Mr. Michael Lyons\* and Mr. Keith Comiskey carried out these tasks, held exploratory discussions with relevant bodies and officials and put forward ideas for consideration. This process culminated in the establishment of a small working group comprising representatives of Comhairle na nOspidéal, the Department of Health & Children and health boards.

### **2.2 Membership of the Working Group**

The membership of the Working Group comprised:

Mr. Tommie Martin, Chief Officer, Comhairle na nOspidéal was Chairman of the Working Group

Mr. Larry Bane, Personnel Officer, Midland Health Board

Mr. Tom Beegan, Deputy CEO & Regional Manager, South Eastern Health Board

Mr. Denis Doherty, CEO, Midland Health Board

Professor Brendan Drumm, Chairman, Comhairle na nOspidéal

Mr. Pat Gaughan, Assistant CEO, Hospital Care, North Western Health Board

Mr. Pat O'Byrne, Assistant Principal, Personnel Management & Development, Department of Health & Children

Mr. Denis O'Sullivan, Assistant Principal, Secondary Care Division, Department of Health & Children

Mr. Keith Comiskey, HEO, Comhairle na nOspidéal was Secretary to the Working Group

\* Mr. M. Lyons resigned from Comhairle and the committee upon his appointment in January 2000 as CEO, East Coast Area Health Board.

### **2.3 Methodology of the Working Group**

A variety of bodies and individuals involved in the process were consulted including representatives of the Department of Health, health boards, voluntary hospitals, Comhairle na nOspidéal and the LAC

The Working Group identified the matters of concern, analysed the issues and has set out in this report an integrated set of recommendations it believes are capable of early implementation. Its recommendations have received a wide degree of support from those consulted. Co-incidentally and separately from the working group, the issue was recognised as a matter requiring urgent attention and resolution by the Minister for Health & Children, Mr. Micheál Martin, T.D. On taking up office, discussions were held with the Minister on

the matter.

## **2.4 Acknowledgements**

The Working Group would like to express its appreciation to all those who met with representatives of the group or submitted documentation. In particular, the group would like to thank officials from the following organisations: Department of Health and Children, Office of the Civil Service and Local Appointments Commissioners, St. James's Hospital, Beaumont Hospital, The National Maternity Hospital, Mater Hospital, Health Board Personnel Officers Group and the Health Board Programme Managers (Hospital Services) Group for their identification of problems, and suggestions for improvement.

From them, we gained valuable information and insights into the roles of each agency and relevant officials in the process of consultant appointments and the recruitment systems in use by the LAC and voluntary hospitals. Their descriptions of existing processes and identification of solutions to issues have contributed significantly to this report and its recommendations.

### 3 Identification of Issues Requiring Change

- 3.1 There are many steps, agencies and individuals involved in the processing of a consultant post - from initial awareness of service needs to the consultant taking up duty. These set out in the flowchart on page 11. At a macro level there are four broad phases in the process:
1. **Proposal for the post** which involves the initial suggestion for the post and discussions between the health board/hospital and the Department of Health and Children.
  2. **The approval of the post** which involves the employing authority (health board or voluntary hospital), Comhairle na nOspidéal and the Department of Health and Children.
  3. **The selection process** which involves the L.A.C., the health board and the Department of Health and Children in respect of health board posts; the voluntary hospital in respect of voluntary hospital appointments; the voluntary hospital and health board in respect of certain joint appointments.
  4. **The negotiating and uptake of the post** which involves mainly the employing authority and the candidate.
- 3.2 The many steps in the process are set out in detail in Section 4. In short, a proposal is developed by a health board or voluntary agency for a service, which may include consultant posts and other staff. The proposal is made to the Department of Health and Children as funder of services and, if agreed, funds are allocated by the Department in the letter of (financial) determination for the following year. A service plan is then drawn up by the health board/agency detailing how the funds are to be spent. After the service plan is agreed with the Department, an application for financial clearance for the consultant post is made to the Department. When financial clearance / employment control sanction has been given by the Department, application is then made by the health board/agency to Comhairle na nOspidéal for the approval and regulation of the post. After Comhairle approval is granted, the post is then advertised. The different arrangements for recruitment for consultant posts in health board and voluntary agencies are set out later in this section.
- 3.3 The detail reflected in section 4 indicates that there are many agencies involved in putting in place consultant posts and that some agencies are involved at recurring stages of the process. While each element can be undertaken expeditiously, the overall time frame is unduly long.
- 3.4 Prior to 1983, applications for consultant posts, additional and replacement, were made to Comhairle na nOspidéal prior to agreement on funding from the Department. Financial clearance was then sought by the health board/agency from the Department based on the post as approved by Comhairle. However,

the adverse economic conditions in the early 1980s brought about a reduction in the level of public expenditure for health services. It was considered unsustainable by the Department for Comhairle to recommend consultant posts for which there was no immediate prospect of funding. The procedure was changed to requiring health boards and voluntary hospitals/agencies to obtain financial clearance/employment control sanction from the Department prior to making an application to Comhairle.

- 3.5 The average time taken by Comhairle na nOspidéal to approve consultant posts from the date of receipt of completed application is less than two months, many within one month. All parties involved agree that after Comhairle na nOspidéal approves a consultant post, often on urgent request, it is important that every effort should be made to ensure that the post is filled without delay.
- 3.6 It should be noted that there are additional steps in the process for health boards. They are faced with more onerous and time consuming requirements than voluntary hospitals. After Comhairle approves a consultant post, the health board must submit and agree certain documentation with the Department of Health and Children prior to the post being advertised and interviewed by the LAC. However, a voluntary hospital is free to advertise and fill a post without recourse to the Department or the LAC or any other body.
- 3.7 Nevertheless, the difference in time taken to advertise posts in voluntary hospitals and the time taken to advertise health board posts by the LAC is significant. In voluntary hospitals, 20% of consultant posts are advertised within 2 weeks; 50% within one month; and 80% within three months. In the health board / LAC system, 5% are advertised within one month; 60% within 5 months; and 80% within 8 months. The average time to fill a consultant post in a voluntary hospital or a joint appointment between a voluntary and health board hospital, after it has been approved by Comhairle, is almost one year, whereas for health board posts through the LAC is about six months longer.

The following table sets out in summary form the time differences between the health board/LAC system and the voluntary (and joint appointment) systems.

	<b>From Comhairle approval to advertisement</b>	<b>From advertisement to filling of post</b>	<b>From Comhairle approval to filling of post</b>
<b>Health Board/LAC Appointments</b>	5.5 months	12 months	17.5 months
<b>Voluntary/Joint Appointment</b>	1.5 months	10 months	11.5 months
<b><i>Difference</i></b>	<b><i>4 months</i></b>	<b><i>2 months</i></b>	<b><i>6 months</i></b>

- 3.8 It is noted from the sample post at Appendices 1-7 that this straightforward application to replace a post of consultant anaesthetist in a health board hospital was given financial clearance/employment control sanction by the

Department of Health & Children on 11 February 1999; was submitted to Comhairle on 26 March 1999; the post was approved by Comhairle na nOspidéal on 23 April 1999; the Comhairle letter of approval issued on 28 April 1999; the post was advertised on 29 July 1999; shortlisting of candidates took place on 30 September 1999; interviews were held on 23-24 November 1999; a candidate was recommended on 16 December 1999; and the successful candidate is expected to take up duty on 1 July 2000.

- 3.9 The proposals outlined in this report aim to reduce the time involved in filling most consultant appointments in both voluntary and health board hospitals after Comhairle approval. A more streamlined and co-ordinated approach is also recommended with regard to the development of proposals for consultant posts prior to formal consideration by Comhairle.

The following tabular statement sets out in general terms how long it could take for health boards and voluntary agencies to fill most posts.

Stage	Duration
As recommended by working group, documentation for advertising is compiled before submission of application to Comhairle. It may need revision after Comhairle approval in a small proportion of cases. Date for shortlisting and interview decided before advertising. Post advertised, including timeframe when successful candidate will be expected to take up duty.	Within 2 weeks from Comhairle approval
Advertisement – closing date	6 weeks (to allow for inclusion in national and specialised media)
Shortlisting	2 weeks after closing date
Interviews held. References checked before interview. Recommendation made on day of interview	4 weeks after shortlisting
Contract offered to candidate on satisfactory completion of medical	2 weeks from recommendation
Candidate takes up duty	2 to 5 months later
<b>Total time from Comhairle approval to filling post</b>	<b>Between 6 to 9 months depending on how soon the candidate takes up duty</b>

- 3.10 Of the consultant establishment of 1440 posts at 1 January 2000, 660 posts were under one health board only, 280 were in one voluntary hospital only, and 500 were joint appointments between two or more employing authorities including medical schools.
- 3.11 Many joint health board / voluntary hospital posts are advertised directly by the employing authorities rather than via the LAC. This results in a majority of consultant posts are filled outside the LAC system.
- 3.12 The fundamental issue of why different recruitment systems operate and whether they continue to be necessary needs to be examined from both legislative and administrative perspectives. The LAC administers a uniform recruitment system for health boards. There are over 20 other recruitment systems operated by individual voluntary hospitals/agencies. The LAC was established to ensure probity in the selection process and this is still a core



value for the organisation which carries a time overhead. The LAC is of the view that the voluntary sector is not subject to the same level of public scrutiny and accountability as the LAC. The key difference between the voluntary systems and the LAC system is that in the former, all members of the interview board are selected by the voluntary agency whereas in the latter only one member is nominated by the health board. As shown in paragraph 3.7, the voluntary systems are faster than the LAC system. New systems encompassing the best practices of existing recruitment systems deserve consideration.

- 3.13 It should be noted that with effect from 1 March 2000, the Eastern Health Board was replaced by the Eastern Regional Health Authority, whose functions include the funding, planning and co-ordination all of the health and personal social services, both statutory and voluntary, in counties Dublin, Kildare and Wicklow. The voluntary agencies and the three area health boards will in future be funded by the Eastern Regional Health Authority rather than directly by the Department of Health and Children. Procedures relating to service planning including financial clearance of consultant posts in the ERHA region are also to be devolved by the Department.
- 3.14 The stronger emphasis nowadays on formal service planning and recent accountability legislation (which has emanated from the Health Strategy and the Health (Amendment) (No. 3) Act, 1996) has resulted in greater clarity of roles and responsibilities of agencies and individuals, and offers the potential to streamline matters in respect of consultant posts.

**Figure 1 Current procedures for putting in place a consultant post**

## **4 Current Position - Steps Involved in Putting in Place a Consultant Post**

As indicated in paragraph 3.1 the process can be divided into four broad phases.

### **A. Proposal for the Consultant Post**

- 4.1 **A proposal is drawn up by a health board / voluntary agency for a new or expanded service.** This often includes a need for new consultant posts and support staff. This may be due to a need that is identified locally by the health board and/or voluntary agency; or due to a recommendation in a report from Comhairle na nOspidéal, the Department of Health and Children or a group established by it.
- 4.2 **Funding for new and expanded services is sought from the Department of Health and Children annually.** Discussions take place between the Department and the agencies. The proposal may not be agreed with the Department, or may require further clarification by the health board / voluntary agency. If agreed with the Department, additional funds are allocated to the health board / voluntary agency. This is often identified in the letter of financial determination issued by the Department in December for the following year.
- 4.3 **A Service Plan is drawn up by the health board / voluntary agency based on the funds allocated in the letter of determination.** The service plan sets out in detail the service to be provided and relevant financial considerations. Discussions take place between the Department of Health and Children and with the health board / agency regarding the plan.

### **B. Approval of the Consultant Post**

#### **Financial Sanction for the Post**

- 4.4 If the service plan is agreed a **financial implications (FI) form is submitted to the Department by the health board / agency for the new consultant post(s). A similar financial implications form is also submitted in respect of applications for replacement consultant posts.** This sets out the financial implications of the consultant post in terms of pay and non-pay costs, other staffing costs and equipment expenditure. Some of this information may have been included in the service plan. Discussions may take place with the agency regarding the application. However, if the application is straightforward and the funding is available, the financial clearance from the Department is issued relatively quickly.

#### **Comhairle na nOspidéal Regulation of the Post**

- 4.5 If financial clearance/employment control letter (see sample at Appendix 1)

has been received from the Department, **the health board / agency then makes application to Comhairle na nOspidéal to regulate (approve) the post.** The Comhairle application form concentrates on workload, staffing and organisational matters and consideration is given by Comhairle on the need for the posts and on how best to structure the post in the context of national and local policy, patient needs, hospital requirements etc.

The application is considered initially by the Applications Committee of Comhairle. Clarification may be sought from the health board / agency regarding the application or discussions may need to take place. On occasions vital information is omitted and has to be sought. Having satisfied itself, the Applications Committee then makes a recommendation. The recommendation of the Applications Committee is considered by Comhairle at its meeting two weeks later and a formal decision is made on the application.

- 4.6 Section 41 of the Health Act 1970 states that “the functions of Comhairle na nOspidéal shall be, *inter alia* “(i) to regulate the number and type of appointments of consultant medical staffs ..... and (ii) to specify qualifications for appointments ... subject to any general requirements determined by the Minister”. **If the post is approved by Comhairle, a letter of approval is issued usually within a week to the health board / agency after which the selection process can begin** (sample copy attached at Appendix 2). This letter sets out various information such as: the title of the post (with relevant special interest if necessary); employing authorities; location; sessional split between locations/employing authorities in the case of a joint appointment; category under the consultant contract; and the professional qualifications and experience as specified by Comhairle na nOspidéal. This letter is issued by Comhairle na nOspidéal to the health board / agency and is simultaneously copied by Comhairle to the Department and also to the LAC in cases of appointments involving health boards.

**Note: At this point a voluntary hospital is free to advertise, prepare a job description and fill a consultant post without further recourse to the Department or the LAC or any other agency. The steps set out in paragraphs 4.7 to 4.13, which apply to health board/LAC posts, add about four months to the process (see paragraph 3.7).**

#### **Additional Requirements for Health Board Posts**

- 4.7 **Four documents are prepared by the health board after receipt of the Comhairle letter.**
- (i) **Statutory Request:** this is a formal request from the health board to the LAC requesting the LAC to advertise and fill the post. (Sample attached at Appendix 3.) A copy is sent to the Department for information and checking. However, the LAC may not act on the request until the Statutory Request and the following 3 documents have been approved by the Department and sent to the LAC. These 3 documents are submitted by the health board to the Department for approval.

- (ii) **Qualifications:** Section 18 of the Health Act 1970 states: “*The qualifications for the appointment as an officer ... under a health board shall be approved of, or directed by the Minister ...*” The health board and/or the Department transposes the qualifications set by Comhairle into a document with general qualifications (age, health, character, etc.) which are approved by the Minister. This document is drawn up by the Department for each type of consultant post. Any changes which Comhairle, in exercising its statutory function, makes to the qualifications it specifies for a consultant post, or to the title of the post or specialty are transposed by a Department official into a document, which is signed by the Minister. This Ministerial order is available to the health board and it must be submitted by the health board to the Department for checking as part of its suite of documentation. (Sample copy attached at Appendix 5.)
- (iii) **Job description/Duties:** This sets out the duties for the post holder. It may contain details set out in the Comhairle letter of approval. (Sample copy attached at Appendix 6.)
- (iv) **Particulars of Office:** This sets out details regarding the salary, superannuation, probation, on-call payments, etc. (Sample copy attached at Appendix 7.)

4.8 **The qualifications, job description and particulars of office, together with copies of the Department’s Employment Control letter, the Comhairle letter of approval of the post and the Statutory Request to the LAC are submitted by the health board to the Department.** These are checked by Department officials against the professional qualifications and experience specified by Comhairle in its letter of approval. The particulars of office are checked to ensure that the correct contract category has been transcribed accurately from the Comhairle letter and whether a Section 62 appointment (involving a medical school) arises. The job description/duties are examined for suitability.

4.9 **Where deemed necessary, suggestions are made by the Department to the health board regarding changes to any of the documents.** The documents may either be re-submitted by the health board or changes made by the Department to the documents already submitted by the health board.

4.10 **If the professional qualifications and experience, title of post and specialty etc. as previously signed by the Minister, (e.g. for a Consultant Anaesthetist) do not match those specified by Comhairle in the letter of approval for the specific consultant post being processed, the Department copies the new/revised Comhairle qualifications into a document with the general qualifications set by the Minister.**

**This document is sent to the Local Appointments Commissioners for their observations. Following receipt of the views of the LAC, this new document is then signed by the Minister.** Where no change has been made by Comhairle to the qualifications for the post, the existing Ministerial order is used.

- 4.11 **There are additional requirements in the case of health board posts with teaching duties under Section 62 of the Health Act, 1953.** Under that Section, each particular type of post with teaching duties under a health board must be approved for teaching duties by the Minister for Health and Children. The hospital must also be approved by the Minister under that Section for teaching duties. A Ministerial Order must be signed approving a consultant post under a health board if the post, which has been approved by Comhairle, and for which the health board has now submitted its suite of documentation to the Department, has previously not been approved by the Minister. Similarly, if the hospital has previously not been approved by the Minister, a Ministerial Order must be signed.
- 4.12 When all of the documentation has been agreed by the Department, **a letter is then sent by the Department to the LAC approving and enclosing the qualifications, job description/duties and particulars of office** (see Appendix 4). A copy of the documentation issued to the LAC is forwarded to the health board for information. The LAC has pointed out that there are often significant delays between receipt of the Comhairle letter of approval and the submission of a Statutory Request from the health board with appropriate documentation as agreed between the health board and the Department.
- 4.13 **The documentation is reviewed by the LAC.** The LAC checks that the qualifications and duties in the documentation correspond to the conditions in the Comhairle letter of approval, which was copied to the LAC. Occasionally, typographical or other more substantial changes are made to the documentation. The LAC do not wish to be involved in the process of harmonising documentation received from Comhairle, the health board and the Department as frequently occurs at the moment. The LAC is working towards a situation where they will deal only with the client.
- 4.14 The Comhairle letter approving the post was not circulated to the interview board or to candidates even though it is the legal document creating the post and forms part of the contract of employment signed subsequently by the health board and the successful candidate. Since January 2000, the LAC has issued the Comhairle letter of approval to all candidates and board members arising from the Working Group's suggestion.
- 4.15 Voluntary Hospitals' Documentation
- Practice varies among voluntary hospitals. Most do not circulate the Comhairle letter; they incorporate the letter or key elements of it into the job description and/or advertisement. The contents of job descriptions/duties provided by voluntary hospitals to candidates vary. While there are some common elements, there is no uniformity.

### **C. The Selection Process**

- 4.16 **The LAC schedules the post for interviewing.** Until recently, posts were

grouped by specialty for the convenience of the LAC and candidates. The scheduling of interviews by specialty is no longer normal practice unless there is more than one post for a particular health board. As the CEOs of health boards now have the option of having a representative on each board, interviews are organised more on an individual health board basis. While this practice has not been challenged by the LAC, it is their view that such is in conflict with LAC legislation.

- 4.17 **The post is then advertised**, either by the LAC in the case of a health board post or directly by the voluntary hospital/agency. In the case of a joint appointment between a health board and a voluntary hospital/agency, there are various practices. Sometimes, if the majority of sessions are to the health board, the post is advertised by the LAC. **Where the majority of sessions are to the voluntary hospital, the post is advertised directly by the health board and voluntary agency on a joint basis without reference to the LAC or the Department. This is becoming a common practice even where the majority of sessions are to the health board.**

4.18 Composition and Selection of Interview Boards

The composition of an LAC interview board is determined by the LAC. The LAC approach is to convene a board of experts rather than a representative one. The size is kept small as they find it more effective. Typically boards would have four members, other than in the case of Section 62 (of the Health Act, 1953) boards where the academic institution is entitled to nominate members, usually two. While in the past local representation was not favoured, the LAC has revised its position on this over the past 2 years. In general, boards are now constituted as follows:-

- Chairperson (LAC nominee) often a retired senior public or civil servant;
- Consultant (from another Health Board);
- Consultant (from a Voluntary Agency) from the same specialty;
- Nominee of the CEO of the relevant health board.

In the case of health board posts with a formal academic component [Section 62 (of the Health Act 1953) posts], there are additional requirements regarding the convening of interview boards, which involves representation from the academic institution, usually the Dean of the Faculty of Medicine and a professor. For professorial posts there may be three nominees of the academic institution.

The CEO nominee is often a programme/hospital manager. However, if the CEO chooses to nominate a consultant, it will be from his/her own Health Board. If this occurs the LAC may adjust the balance of the interview board to compensate.

Each voluntary hospital has its own recruitment system and selection procedure. The composition of interview boards for voluntary hospital appointments is determined by the voluntary hospital. While there is no

uniformity, interview boards are generally representational. They usually comprise a number of hospital consultants from the specialty, representatives of the Medical Board, the Board of Management, the CEO or Personnel Officer and an extern chosen by the hospital.

- 4.19 **The shortlisting and interview boards are convened.** This may take some time due to the availability of interviewers. Invariably, the process of convening an interview board takes a shorter amount of time in a voluntary agency, as most of the interviewers would be staff of the agency with usually one extern interviewer chosen by the hospital.
- 4.20 **Interviews are held** for the post.
- 4.21 **References and qualifications of candidates are checked.**
- 4.22 **A recommendation is made for the post.** In the case of a health board appointment, the LAC makes a recommendation to the health board. The health board must accept the recommendation of the LAC. In voluntary hospitals, recommendations are subject to ratification by the Hospital Board.
- 4.23 **The successful candidate is informed.** If the recommended candidate rejects the offer of the post, another candidate is recommended. If no other suitable candidates are available, the post is advertised again.

#### **D. Negotiating and Uptake of Post by Successful Candidate**

- 4.24 If the candidate accepts the offer of the post, **the health board / voluntary hospital draws up the contract of employment for the consultant** which is based on the Consultants' Contract 1997 (to which is attached the Comhairle letter of approval which forms part of the contract). A date is set for the consultant to take up duty.
- 4.25 **The successful candidate may delay accepting the offer** for some time while making up his / her mind. He / she may live abroad and postpone taking up duty for six months (or longer in some cases) for work, family, housing or other reasons. Some candidates hold senior positions abroad and need to give notice. They may also be in significant research and wish to complete their work before returning to Ireland. This time lag for both health board and voluntary hospital posts can be the most lengthy element of the entire process.
- 4.26 In a voluntary hospital, the management of the process is on one site. The service proposal; the consultant posts and support staff to deliver the service; the service plan; the application for financial clearance; the application to Comhairle; subsequent administration of the advertising and appointment process is undertaken by a small number of people working in close physical and organisational proximity to each other. In a health board, certain elements of the preliminary proposal for the post may be prepared in different locations: at hospital level, CEO's office, programme manager's office, or personnel department for example. In some health boards, the application to the Department and to Comhairle is undertaken by the programme manager's



office, while the preparation of documents for the Department/LAC (statutory request, qualifications, job description, particulars of office) is prepared by the personnel department. The Department examines and approves the documentation and the recruitment is undertaken by the LAC. In health boards, the central departments may be removed from the hospital site, whereas in voluntary hospitals, the opposite is usually true. In short, there may be much greater ownership and control of the process in the voluntary systems.

- 4.27 There is evidence that the time taken for steps 16-25, i.e. the advertising and filling of the post, is about two months longer in the health board/LAC system than in the voluntary hospital system (see paragraph 3.7). This is probably due to the fact that an interview board can be planned faster by a voluntary hospital because most of the shortlisting and interview board is on site and arrangements can be easily made. In relation to LAC appointments, the members of the shortlisting and interview board are not on the hospital site or employees of the LAC and the time taken to co-ordinate agreeable dates for shortlisting and interviewing can therefore be longer. The LAC is not happy with the time taken for its selection process which is primarily a resource issue for the LAC. The Office of the LAC is currently being restructured along lines recommended by a recent PriceWaterhouseCoopers report. The time taken at the recruitment phase may be well spent in the context of the significant investment being made into recruiting a new consultant who will typically have a 20 to 30 year working life.

## **5 Recommendations for Improvements**

### **5.1 Advance Planning for Replacement Posts**

**Employing authorities should identify consultant retirements at least two years in advance of due retirement date and then initiate, without delay, the replacement process** with a view to having the new consultant taking up duty on the date the incumbent consultant retires. This was recommended by Comhairle na nOspidéal originally by Circular letter in 1986 and in subsequent reports. In a majority of cases, it is not acted on. Employers should request consultants to confirm their retirement date to facilitate the replacement process.

### **5.2 Service Planning Process**

**All consultant posts, new and replacement, and restructuring of existing posts should be dealt with in the service planning process.**

### **5.3 Service Planning and Applications for Consultant Posts**

On average, Comhairle na nOspidéal approves posts within two months. Many are approved within one month. A small proportion (about 10% of applications) can be delayed for significant periods for a variety of reasons. These include:

- the need to develop or review national or regional policy in the specialty;
- creation of posts in a new specialty or sub-specialty;
- sharing of services including consultant posts between hospitals;
- the development of consensus on the structure of a post;
- lack of clarity/agreement locally on how a service should be organised and how the consultant post sought fits into such.

In order to reduce delay and to bring a national dimension to the planning process at an earlier stage, the Working Group recommends that **before each health board/voluntary hospital finalises its service plan, it should send a copy of the relevant sections to Comhairle na nOspidéal for observations.** This will allow consideration of those elements relating to the organisation and operation of hospital services and identification of the consultant posts required and the structure proposed. The standard Comhairle application form should be completed and submitted at this stage in respect of each proposed consultant post. It is suggested that Comhairle na nOspidéal, through a sub-committee, perhaps its Applications Committee, would consider these documents, indicate agreement/disagreement with the proposals and/or identify issues requiring clarification/wider consideration. The Comhairle

observations/recommendations would inform the service planning process conducted by the health board/hospital in respect of hospital services and consultant posts.

Where issues are raised, these can then be reconsidered and resolved by the relevant agencies including the Department. The agency's proposal, including details re consultants and support staff, can then be incorporated into the detailed service plan to be submitted to the Department or the ERHA as appropriate.

Where no changes have been made to the proposal for the consultant post in the agreed service plan, the application (already submitted) can be formally considered by Comhairle na nOspidéal, together with the recommendation of the Applications Committee, and a decision made. If the proposal for the post is changed radically, a new or revised application to reflect the change may be required.

Applications for consultant posts in line with agreed policy could be processed without delay by Comhairle. As well as reducing delay in processing the 10% of applications affected, it will facilitate the statutory advisory functions of Comhairle na nOspidéal being formally involved in the planning process at an earlier stage. Under the Health Act 1970, one of the statutory functions of Comhairle na nOspidéal is *“to advise the Minister or any body established under this Act on matters relating to the organisation and operation of hospital services”*.

Some posts will not form part of the service plan process, e.g. unanticipated vacancies due to resignation, unexpected early retirement or death, or unexpected requirements for additional posts. Such posts will not as a general rule unduly affect the process and the system is, and should continue to be, capable of dealing with them without delay as they arise.

#### **5.4 Letter of Financial Clearance**

In view of the revised arrangements surrounding service planning suggested above, **the letter of financial clearance/employment control should issue at the time of agreement of the service plan with the health board/hospital.**

#### **5.5 Common Application Form**

It was commented that much of the information sought by and submitted to the Department of Health and Children in the Department's application form for financial clearance was a duplicate of the information already sought in the Comhairle application form. Comhairle and the Department/ERHA should consider whether all the information sought was actually required. While the Department's form concentrates on financial information and Comhairle's form concentrates on workload, staffing and organisational matters, there is a certain degree of overlap. **A common application form with separate sections to meet the complementary information requirements of the bodies should be developed.**

## **5.6 Nominating an official to take responsibility for the process**

The variety of officials involved in processing applications and recruitment in the health boards and voluntary hospitals is described in paragraph 4.26.

**Each employing authority should designate one named official with overall responsibility for this work in the interest of effective and efficient management of the process.**

## **5.7 Notifying the LAC of posts to be sought**

The LAC is not aware of health boards' forthcoming consultant staffing requirements until receipt from Comhairle of a copy of the letter of approval for each consultant post. While it takes account of Comhairle approvals when planning recruitment programmes, the LAC may not act until receipt, months later, of a Statutory Request from the health board requesting the LAC to advertise the post and also receipt of the Department's approval of the documentation. **Once agreement has been reached on its service plan with the Department/ERHA, each health board should forward to the LAC a list of consultant posts it intends to advertise that year.** The LAC would therefore be in a better position to plan its recruitment processes if it knew which posts were to be submitted that year.

## **5.8 Job Descriptions/Duties and other documentation**

**Consideration should be given by health boards, voluntary hospitals and the Department of Health and Children to reviewing the content of job descriptions and duties. All the documentation should be prepared and agreed in advance of submitting a formal application to the Department/ERHA/Comhairle na nOspidéal.** Following Comhairle approval, only a small proportion of posts would require the background documentation to be altered. It is important that the job description/duties are not at variance with the Comhairle letter of approval.

## **5.9 Role of Minister/Department vis-à-vis Duties, Particulars of Office, etc.**

**Consideration also needs to be given by the Minister/Department to examining their role in dealing with documentation setting out "duties" and "particulars of office" (see Appendices 6 and 7). The details in the particulars of office document are by and large standard and are contained in the consultant contract, which would be available to candidates if so required.**

## **5.10 Comhairle specification of qualifications for consultant appointments / Ministerial approval**

Section 18 of the Health Act 1970 states "*The qualifications for appointment as an officer, or for continuing as an officer, under a health board shall be approved of or directed by the Minister and, in the case of an office to be filled by selection by the Local Appointments Commissioners, after consultation with the Commissioners*".

Section 41(1) (b)(i) and (ii) of the Health Act 1970 states the functions of **Comhairle na nOspidéal** shall be “(i) to *regulate the number and type of appointments of consultant medical staffs and such other officers or staffs as may be prescribed, in hospitals engaged in the provision of services under this Act:*

*(ii) to specify qualifications for appointments referred to in subparagraph (i), subject to any general requirements determined by the Minister.”*

When Comhairle na nOspidéal specifies new qualifications or amends existing qualifications for consultant appointments, even very minor amendments, the current practice is that these are signed by the Minister. This is widely perceived as cumbersome and time-consuming. The Working Group had envisaged that it might be possible within the meaning of the Health Act for the **Minister to approve** the general requirements for consultant appointments, **and direct** that the professional qualifications would be those specified by Comhairle na nOspidéal. The preliminary legal advice available to the Working Group is that such a change would require an amendment to the Health Act 1970 as it would involve the delegation, to another body, of the Minister’s function under Section 18 of the Health Act, 1970, “*to approve or direct qualifications for appointment as an officer under a health board*”. **The Working Group recommends that the Department of Health and Children should examine this issue with a view to simplifying the process, which may require changes to current legislation.**

#### **5.11 Notifying the Department of changes to qualifications**

**As an interim measure pending the resolution of the above recommendation, the Working Group recommends that on each occasion Comhairle na nOspidéal specifies new qualifications or amends existing qualifications for consultant appointments, that it formally notify the Department of Health and Children of the matter, thereby facilitating the Minister to carry out his function under Section 18 of the Health Act, 1970.**

#### **5.12 Role of Minister/Department in approving hospitals and consultant posts for teaching duties under Section 62 of the Health Act, 1953**

**The Working Group recommends that the Minister and Department of Health and Children examine their roles under Section 62 of the Health Act 1953 in the approval of hospitals and consultant posts in particular specialties for teaching duties.** The Working Group considers that the requirement for the Minister to issue such approvals places additional administrative obstacles on the system and that the Department should examine this issue with a view to simplifying the process, which may involve changes to legislation.

#### **5.13 Why Different Recruitment Systems?**

**The fundamental issue of why different recruitment systems operate and whether they continue to be necessary needs to be examined from both**

**legislative and administrative perspectives.** The LAC administers a uniform recruitment system for health boards. There are about 30 other recruitment systems operated by individual voluntary hospitals/agencies. The LAC was established to ensure probity in the selection process and this is still a core value for the organisation which carries a time overhead. The LAC is of the view that the voluntary sector is not subject to the same level of public scrutiny and accountability as the LAC. The key difference between the voluntary systems and the LAC system is that in the former, all members of the interview board are selected by the voluntary agency whereas in the latter only one member is nominated by the health board. As demonstrated in paragraph 3.7, the voluntary systems are faster than the LAC system. **New systems encompassing the best practices of existing recruitment systems deserve consideration.**

#### **5.14 Composition of Interview Boards**

**While much emphasis is laid on teamwork and collegiality among consultants and other staff, in the interests of fairness and objectivity, it is suggested that each interview board have a mix of members associated with the employing authority and members not connected with it, including a representative of the consultant body from the hospital.**

In order to avoid delays arising from rescheduling dates for shortlisting or interview boards if one or more members become unavailable, the agency convening the board or the bodies nominating members to the board **should also nominate substitutes for each member** in the event that members are unable to attend the scheduled shortlisting or interview board meetings.

**Where not done already, consideration could also be given to shortlisting by proxy**, where shortlisting board members could, if unavailable to attend, submit a list of candidates they recommend for shortlisting.

#### **5.15 Setting the Shortlisting and Interview Date**

**The date for the shortlisting and interview should be set prior to advertising the post** to avoid delay and to inform candidates well in advance.

#### **5.16 Commitment of Candidates and References**

Successful candidates should be given a specified timeframe, e.g. one month, to accept or reject the offer of the consultant post. The advertisement for the post should indicate when the successful candidate will be expected to take up duty. The exact date for taking up duty can then be agreed with the successful candidate. A maximum of six months should be the norm. Local representation on the interview board may help in terms of the candidate giving the commitment to take up duty at an early date and in identifying the potential for flexibility in certain circumstances. **References should be taken up prior to interview.**

**Figure 2 Proposed procedures for putting in place a consultant post**

## **6 Summary of Recommendations**

These recommendations aim to reduce the time taken to process and fill a consultant post by up to 50% i.e. from 12 to 18 months down to 6 to 9 months on average.

1. Employing authorities should identify consultant retirements at least two years in advance of due retirement date and then initiate, without delay, the replacement process.
2. All consultant posts, new and replacement, and restructuring of existing posts should be dealt with in the service planning process
3. Before each health board/voluntary hospital finalises its service plan, it should send a copy to Comhairle na nOspidéal for observations. Comhairle na nOspidéal would consider the document and its observations/recommendations would inform the service planning process conducted by the health board/hospital. Following agreement on the service plan, the post can then be considered by Comhairle na nOspidéal and a formal decision given.
4. The letter of financial clearance/employment control should issue at the time of agreement of the service plan with the health board/hospital.
5. A common application form with separate sections to meet the complementary information requirements of the Department/ERHA and Comhairle should be developed.
6. Each employing authority should designate one named official with overall responsibility for consultant appointments in the interest of effective and efficient management of the process.
7. Once agreement has been reached on its service plan with the Department / ERHA, each health board should forward to the LAC a list of consultant posts it intends to advertise that year.
8. Consideration should be given by health boards, voluntary hospitals and the Department of Health to reviewing the content of job descriptions and duties. All the documentation should be prepared and agreed in advance of submitting a formal application to the Department/ERHA/Comhairle na nOspidéal.
9. Consideration also needs to be given by the Minister/Department to examining their role in dealing with documentation setting out “duties” and “particulars of office” (see Appendices 6 and 7). The details in the particulars of office document are by and large standard and are contained in the consultant contract, which would be available to candidates if so required.
10. The Working Group recommends that the Department of Health and Children examine whether it may be possible within the meaning of the Health Act for the Minister to approve the general requirements for consultant appointments,



and direct that the professional qualifications would be those specified by Comhairle na nOspidéal. This may require changes to current legislation.

11. As an interim measure pending the resolution of the above recommendation, the Working Group recommends that on each occasion Comhairle na nOspidéal specifies new qualifications or amends existing qualifications for consultant appointments, that it formally notify the Department of Health and Children of the matter, thereby facilitating the Minister to carry out his function under Section 18 of the Health Act, 1970.
12. The Working Group recommends that the Minister and Department of Health and Children examine their roles under Section 62 of the Health Act 1953 in the approval of hospitals and consultant posts for teaching duties.
13. The fundamental issue of why different recruitment systems operate and whether they continue to be necessary needs to be examined from both legislative and administrative perspectives. New systems encompassing the best practices of existing recruitment systems deserve consideration.
14. Each interview board should have a mix of members associated with the employing authority and members not connected with it, including a representative of the consultant body from the hospital. Substitutes should also be nominated for each member. Where not done already, consideration could also be given to shortlisting by proxy.
15. The date for the shortlisting and interview should be set prior to advertising
16. Successful candidates should be given a specified timeframe, e.g. one month, to accept or reject the offer of the consultant post. The advertisement for the post should indicate when the successful candidate will be expected to take up duty. References should be taken up prior to interview.

