

**Guide to**

**HSE National Supernumerary Flexible Training Scheme**

**Open to all trainees excluding 1st Year BST**

**HSE National Doctors Training & Planning**

**Sancton Wood Building, HSQ, St John’s Road West, Dublin 8**

**www.hse.ie/doctors**

**Title: HSE National Supernumerary Flexible Training Scheme**

**Lead Author: HSE National Doctors Training & Planning**

**Approved by: HSE National Doctors Training & Planning**

**Date Effective From: 2nd July 2021**

**Review Date: 31st June 2022**

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| **The HSE National Supernumerary Flexible Training Scheme**  The medical workforce is changing and, over recent years, numerous reports have pointed to the importance of providing flexible working arrangements for doctors. Up until the July 2015 intake the National Flexible Training Scheme was open to Higher Specialist Trainees & Streamline Training Year 3 onwards. The scheme has now been extended and with effect from July 2017 will be open to all trainees excluding 1st year BST. This scheme is not recommended for final year trainees however this is at the discretion of the relevant Training Body. This is a national scheme managed and funded by the Health Service Executive – National Doctors Training & Planning (NDTP).  The scheme provides for a limited number of supernumerary places to facilitate doctors to continue their training in a flexible manner for a set period of time. Trainees must be enrolled in a BST/ST/HST Programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland.  This guide sets out details of the National Flexible Training Scheme and provides information for trainees, training bodies and employers about the programme. | **Funding Arrangements and Flexible Training Places**  As of July 2016, the number of whole time equivalent funded places available on the scheme increased from 12 to 16. The number of trainees engaged in the scheme at any given time therefore increased from 24 to a maximum of 32.  Funding is provided by NDTP directly to the employing authority for each flexible trainee on the Scheme. The funding provided covers:   * Flexible trainee’s salary * Associated Employers PRSI   In addition, trainees on the National Supernumerary Flexible Training Scheme are entitled to apply through their training body for the HSE Specialist Training funding scheme (HST Trainees Only), the Training Supports Scheme through DIME, and through their employer for the HSE Clinical Course / Exam Refund Scheme.  Employers should note that all other costs, including on-call costs / other additional payments/ trainers’ grants/ overtime payments etc. are not provided within NDTP funding for this programme.  Overtime is paid at single time extra until whole time equivalent hours are reached i.e. 39 hours per week. |

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| **Principles of Flexible Training**  The following principles have been agreed between HSE National Doctors Training and Planning (NDTP) and the Forum of Irish Postgraduate Medical Training Bodies (Forum).   1. All doctors in training can apply for flexible training. 2. All efforts will be made to provide flexible training to every applicant where possible. 3. Applications for flexible training can be submitted within a defined period and will normally be processed within three months. 4. No existing trainee can be disadvantaged by the application for Flexible Training options. For example, a trainee cannot have their rotation changed without their agreement to accommodate a request for reassignment from another trainee. 5. The flexible training post must meet the training requirements and be appropriate to the trainees’ stage of training. 6. Flexible training should not extend the duration of training beyond the parameters laid out in the training regulations of an individual training body. 7. Flexible trainees will have their equivalent full-time salary protected and will continue to hold the NCHD contract. 8. Supernumerary Flexible training posts funded by NDTP will be administered by the training bodies from the July 2022 training year. 9. The annual allocation process should maximise the opportunities for trainees to access flexible training posts. | 1. Trainees who need flexible training at short notice and /or in exceptional circumstances should have their applications dealt with on a case by case basis by individual training bodies. 2. Appeals will be processed transparently and in accordance with the policies and procedures of the individual training bodies. 3. Trainees will also have the right to an independent appeals process, but only if they have utilised the training body appeals mechanism initially. 4. Data on Flexible Training applications and approvals will be collected centrally through the Forum, shared with HSE NDTP, and be made available publicly in order to monitor progress. 5. It is expected that the number of flexible trainees will increase in the future, subject to demand. This has been incorporated into the annual Service Level Agreement process between HSE- NDTP and each individual Training Body. 6. The requirement to enhance Flexible Training options is recognised by all and in this regard, each training body will designate a named advocate for Flexible Training Options. 7. The revised arrangements for access, implementation, promotion and feedback will be reviewed on an ongoing basis by a Steering Group representing all key stakeholders. |

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| **Who Can Apply to the National Flexible Training Scheme?**  Applications may be made for flexible training by all trainees excluding 1st year BST. This scheme is not recommended for final year trainees however this is at the discretion of the relevant Training Body. Such applicants may apply for flexible training prior to commencing their next stage of training.  Trainees must be enrolled in a specialist training programme under the auspices of one of the postgraduate medical training bodies recognised by the Medical Council in Ireland at the time of commencement of flexible training and throughout their flexible training post.  All applicants must have well founded individual reasons for flexible training. Applications for flexible training in order to pursue other paid work, paid non-medical interests or to engage in research will not be considered by NDTP. The most common reasons to date for individual trainees making an application to the National Flexible Training Scheme include :   * Responsibility for caring for others (e.g. children or elderly relatives) * Physical and mental health * Personal family circumstances. | **When Can Trainees Apply to the National Supernumerary Flexible Training Scheme?**  Flexible training posts will be assigned for the period July to July each year, in line with the training year.  In order to allow the timely management of the allocation of trainees to clinical sites, and to minimise any potential service implications if an application for flexible training is successful, applicants must give as much notice as possible to both NDTP and their respective training body.  Applications for flexible training may be made for the following training year from 31st August 2021 until 29th October 2021.  Applicants will be notified of the outcome of their application for the scheme by the end of 2021. |
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| **Structure of Flexible Training Posts on the National Supernumerary Flexible Training Scheme**  Applicants may propose the structure of flexible training posts within certain parameters. Flexible training posts have previously been 50% of full time, but provisions can be made to facilitate arrangements outside of 50% of full time, depending on circumstances. The working pattern of a flexible trainee must be managed over a maximum of a two-week reference period, meaning that of every two-week period the agreed percentage of full time must be worked, with the exception of approved leave in line with the NCHD Contract 2010.  Examples of acceptable flexible training working arrangements are   * 3 days one week, 2 the next; * 2.5 days on, 2.5 days off per working week; * 5 mornings per week; or * One week on, one week off.   It is important that a flexible trainee has similar exposure to learning and experience – including on-call duties – as their full-time colleagues. Therefore, trainees on the scheme will be expected to partake in on-call duties / on-call rotas on a pro-rata basis. (GP Trainees are referred to notes section)  Trainees who are accepted onto the scheme will be managed on a supernumerary basis. This means that such trainees join their designated clinical service / department and will be additional to the allocated establishment of trainees in that service or department, excluding GP registrars / Public Health SpRs. | It is essential that there is enough training capacity within the proposed department/service to enable the flexible trainee to continue to progress along their training pathway and achieve the required educational credit from their respective postgraduate medical training body.  In line with HSE regulations for the appointment of locum / temporary consultant posts, no flexible trainee is permitted to “act up” during their flexible training post.  **Duration of Flexible Training Posts**  The number of available flexible training posts is limited. Each approved flexible training post will be approved for 12 months, and will commence in July each year, in line with the training year.  Any trainee appointed to a flexible training post and who wishes to continue in flexible training after this period will be required to re-apply. No preference will be given to trainees already on the flexible training scheme for subsequent periods on the scheme.  Participation on the flexible training scheme will be restricted to a **maximum of two years** and will only be extended by NDTP in exceptional circumstances. This is to provide as many trainees as possible with the option to train flexibly.  Prospective applicants should note that deferral of flexible training places is not permitted. An applicant who cannot take up a flexible training post on the specified date of commencement must re-apply. |
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| Eligibility Criteria to Apply Applicants to the National Supernumerary Flexible Training Scheme must meet all the following eligibility criteria:   1. Be registered (or registered on the date of commencement) on the **Trainee Specialist Division** of the Register of Medical Practitioners maintained by the Medical Council (of Ireland). It is the applicant’s responsibility to ensure that they are appropriately registered; the process for registration is entirely separate to the process for application for flexible training. 2. Be enrolled on a BST/HST programme (excluding year 1 BST) under the auspices of one of the Irish postgraduate medical training bodies. This process is completely separate from the application process for the National Supernumerary Flexible Training Scheme and is managed directly by the relevant postgraduate training body. 3. Hold the **NCHD Contract 2010** at the time of commencement of the flexible training post. 4. Have a **valid reason** for applying for flexible training. 5. Have completed and submitted all of the **required documentation** at the required times, to the satisfaction of NDTP. | **Terms and Conditions of Employment**  All individuals participating in the HSE National Supernumerary Flexible Training Scheme are issued with the NCHD Contract 2010 by the relevant employing authority, and are subject to the terms and conditions of that employment contract.  Issues like salary, annual leave, educational leave etc. will be managed on a pro-rota basis by the employer in line with the agreed clinical work patterns of the individual trainee. |

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| **Application Process** The application process for the National Supernumerary Flexible Training Scheme is a two-step process. Each step is outlined below. Application forms referred to below are available in word format at [www.hse.ie/doctors](http://www.hse.ie/doctors) **Application Stage 1: Expression of Interest** The purpose of this stage is to allow the trainee to formally register their interest in the National Supernumerary Flexible Training Scheme with NDTP and to provide information to NDTP which will enable the HSE to make an initial assessment of the application. All applicants are strongly advised to speak with their current trainer or NSD so that training requirements and career development will be considered.If you wish to apply for flexible training, you should:Determine whether you are eligible to apply by consulting the eligibility criteria above and, if eligible,Complete and submit an *Expression of Interest Form*, a copy of which is provided at Appendix A, to the National Doctors Training and Planning (NDTP). NDTP will consider all applications positively. NDTP will contact the applicant, advising them whether:   1. A post is expected to be available and the trainee may proceed to stage 2 of the process, OR 2. A post is not available but the application is appropriate for inclusion on the reserve list for vacancies. The applicant will be informed of their position on the reserve list. Vacancies will be filled in the order of the placement of applicants on the reserve list OR 3. The application is not appropriate for a flexible training post. | All decisions by NDTP on each application received are final.  GP Trainees are referred to notes section for further information prior to making their application.  **Application Stage 2 – Detailed Application Form**  If an applicant is advised by NDTP that they may proceed to Stage Two of the application process, the applicant must complete and submit to NDTP the *Detailed Application Form*, a copy of which is provided at Appendix B.  The purpose of this stage is to provide NDTP with both the training details and the employment details of the proposed flexible training post. The *Detailed Application Form* must be signed by:  1. The applicant,  2. The relevant training body representative (Dean/National Speciality Director) and  3. The employer (HR Manager/ Medical Manpower Manager/ Hospital Manager).  It is the responsibility of the applicant to ensure that the necessary approval is obtained from both the training body and the employer in a timely manner. A deadline for submission of the Stage 2 application form may be applied by NDTP in order to secure the flexible training post.  **Refusing a Scheme Place**  ***If an applicant accepts a place on the scheme after relevant approvals******have been completed, and subsequently decides not to proceed with Flexible Training the applicant must notify NDTP no later than 28th Feburary 2022.******This is to provide applicants on the reserve list with sufficient time to make arrangements to accept a place on the scheme if they wish to. Late withdrawals may result in a Flexible Training place remaining unfilled*.** |

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| **Application Process for HSE National Supernumerary Flexible Training Scheme** | | | | | | | | | | | | | | |
|  | | | Trainee BST Year 2/ST Year 2 onwards/HST submits Expression of Interest to National Doctors Training & Planning (NDTP) | | | | | | | | **Stage 1** | | | |
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|  | | | NDTP informs trainee of outcome of Stage 1 application | | | | | | | |  | | | |
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|  | Application is appropriate but no post available. | | | | Post available & application is appropriate | | Application is not appropriate for flexible training scheme | | | | | |
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|  | Applicant is placed on reserve list | | | | Applicant advised to proceed to Stage 2 | | Application process ends | | | | | |
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|  | Post becomes available and applicant is at top of reserve list | | | |  | |  | | | | | |
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|  | | | Trainee liaises with Training Body and Employer and submits Stage 2 application to NDTP by specified deadline | | | | | | | | **Stage 2** | | | |
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|  | | | NDTP informs applicant, training body and employer of outcome | | | | | | | |  | | | |
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|  | | | Trainee commences flexible training on appointed date and completes on specified date. | | | | | | | |  | | | |
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|  | Trainee wishes to continue in flexible training  Must re-apply | | | | Trainee wishes to re-enter full-time training prior to specified end date of Flexible Training | |  | | |
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|  |  | | | | Notify NDTP & Training Body  Full-time post may not be available | |

Notes for General Practice Trainees applying for Flexible Training arrangements

1. Prior to application trainees must discuss their application for flexible training with the Programme Director/scheme to ensure that their request for flexible training can be accommodated on the scheme.
2. In making the application it will be assumed by NDTP that your application will be supported by the training scheme.
3. The training scheme should make every effort to accommodate and support the trainee’s application for flexible training.
4. Training time will not be accelerated as a result of flexible training arrangements. All elements for nomination of CSCST including out of hours arrangements over the course of training must be achieved.
5. To safeguard quality and continuity in training, a close mentorship and communication between trainees, trainers and programme directing teams prior to application, and at regular structured individual reviews (3-6 monthly) throughout the period of flexible training should be undertaken. This is necessary to protect the progress of the trainee and to highlight deficiencies and areas of difficulty early.

##### Appendix A:

**Stage 1: Expression of Interest for HSE National Supernumerary Flexible Training Scheme**

*Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

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| **Section A – Personal Details** | | | |
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| **1** | First Name: |  |  |
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| **2** | Last Name: |  |  |
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| **3** | Postal Address: |  |  |
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| **4** | E-mail Address (mandatory) |  |  |
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| **5** | Home Telephone Number (optional): |  |  |
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| **6** | Mobile Telephone Number (mandatory): |  |  |
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| **7** | Work Telephone Number (optional) |  |  |
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| For HSE Use only: |  | |
| HSE Date of Receipt | HSE Ref: |  |
| Reviewed: |  |
| Date: |  |
| Signed: |  |
| NDTP official: |  |
|  | Status: |  |

*NFTP Stage 1 Application Page 2*

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| **Section B – Medical Council Registration** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8** | Name in which you are registered with the Medical Council (of Ireland) | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **9** | Medical Council registration number | | |  | |  | | | | |  | | | |  | | |  | | | | |  | | | |
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| **10** | Please indicate (with an “**X**” in the appropriate box) the division of the Medical Council (of Ireland)’s register you are currently registered | | | (i) Trainee Specialist Division | | | | | | | | | | | | | | | | |  | | | | | |
|  | (ii) General Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (iii) Supervised Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (iv) Specialist Division | | | | | | | | | | | | | | | | |  | | | | | |
|  |  | | | (v) Not registered | | | | | | | | | | | | | | | | |  | | | | | |
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| **Section C – Details of Training Programme** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11** | | Name of Training Body enrolled with: |  | | | | | | | | | | | | | | | | | | | | | | |
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| **12** | | Name of Training Programme: |  | | | | | | | | | | | | | | | | | | | | | | |
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| **13** | | Date of entry onto Programme: (DD-MM-YYYY) |  | |  | | | | ▬ |  | | | |  | | ▬ |  | |  | | |  | |  |
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| **14** | | Current Year of Training: |  | | | | | | | | | | | | | | | | | | | | | | |
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| **15** | | Year of Training from July 2022: |  | | | | | | | | | | | | | | | | | | | | | | |
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| **16** | | Number of expected years of training remaining (on a full-time basis) prior to award of CSCST: |  | | | | | | | | | | | | | | | | | | | | | | |
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| **17** | | Name of National Specialty Director (/Dean of Training Programme) |  | | | | | | | | | | | | | | | | | | | | | | |
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| **18** | | Details of periods of leave taken on the scheme to-date (outside of normal annual and study leave undertaken)   |  |  |  |  | | --- | --- | --- | --- | | Start date | End date | Time in weeks | Reason  (sick, maternity, other) | |  |  |  |  | |  |  |  |  |   Have all assessments been satisfactorily completed to date: | Yes  No  If No please provide details | | | | | | | | | | | | | | | | | | | | | | |
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*NFTP Stage 1 Application Page 3*

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| **Section D – Previous Flexible Training** | | | | | | | | | | | | | | | | | |
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| **19** | Are you currently in a flexible training post? | Yes | | |  | | | |  | | | | | | | | | | | |
|  |  | No | | |  | | | |  | | | | | | | | | | | |
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| **20** | Have you previously been in a flexible training post? | Yes | | |  | | | |
|  |  | No | | |  | | | |
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| **21** | If you answered “yes” to either of the above questions, please state the start date and end date of the post, or most recent post if more than one: (DD-MM-YYYY) |  | |  | | |  |  | | |  |  |  |  | |  |  |
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|  | Start date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
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|  | End Date: |  | |  | | | ▬ |  | | |  | ▬ |  |  | |  |  |
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| **Section E – Reason for Application to National Flexible Training Scheme** | | | | |
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| **22** | Please outline below your reasons for seeking a position on the National Flexible Training. You may attach additional sheets, medical certs or other documentation as required. Please note that all information provided in this section will be treated as confidential by NDTP. | | | | |
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*NFTP Stage 1 Application Page 4*

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| **Section F – Proposed Structure of Flexible Training** | | | | | | | | | | | | | | |
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| **23** | Proposed start date for flexible training: |  |  | | ▬ |  | |  | ▬ |  |  | |  |  |
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| **24** | Proposed end date for flexible training: |  |  | | ▬ |  | |  | ▬ |  |  | |  |  |
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| **25** | Proposed % work commitment: |  | | | | | | | | | | | | |
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| **26** | Proposed clinical practice working pattern (e.g. 2 days on/3 days off; one week on/one week off; 2.5/2.5 per week; 5 mornings a week etc.) |  | | | | | | | | | | | | |
|  | *Note: working pattern must be over a reference period of 2 weeks i.e. at least 50%. of every 2-week period must be worked* |
|  |  |  | |  | | |  | | | | | | | | |
| **27** | Details of the Post due to commence in July 2022 i.e. Specialty / Sub Specialty plus Location (if known) |  | |  | | |  | | | | | | | | |

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| **Section G – Declarations** | | | | | | | | | | | | | | | | | | | | | | |
| * I have discussed my reason for seeking part-time training with my training scheme prior to applying. * I agree to adhere to the minimum hours per week including education release time and out of hours commitment as required by the training body * I have informed my future training post of my decision to train part-time * I understand that I will not be able to accelerate my training * All assessments have been satisfactorily completed to date | | | | | | | | | | | | | | | | |
| **Section H – Signature** | | | | | | | | | | | | | | | | | | | | | | |
| **28** | Signature of Applicant: |  | | | | | | | | | | | | | | | | | | | |
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| **29** | Printed name of Applicant: |  | | | | | | | | | | | | | | | | | | | |
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| **30** | Date (DD-MM-YYYY): |  |  | | ▬ | |  | |  | | ▬ | |  | |  | | |  | |  | |

**Please ensure all declarations have been reviewed and ticked if appropriate.**

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**Submission of completed form:**

Please return the completed application form by 29th October 2021

1. by e-mail to [Ellen.odoherty@hse.ie](mailto:Ellen.odoherty@hse.ie)

AND

1. Original signed copy by post to Ms. Ellen O’Doherty, HSE National Flexible Training Scheme Coordinator, National Doctors Training & Planning, Block 9E, Sancton Wood Building, Heuston South Quarter, St John’s Road West, Dublin 8.

Queries to: Ellen O’Doherty

E: [Ellen.odoherty@hse.ie](mailto:Ellen.odoherty@hse.ie)

T: 01 795 9919

##### Appendix B:

**Stage 2: Detailed Application Form for HSE National Supernumerary Flexible Training Scheme**

*Note: Stage 1 & Stage 2 application forms must be completed by typing in the responses and signing the form. Hand-written applications will not be accepted.*

Note - This form must be completed and signed by:

1. The applicant

**And**

1. The relevant training body representative (Dean / National Specialty Director)

**And**

3. The relevant employer representative (HR Manager / Medical Manpower Manager / Hospital Manager)

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| **Section 1 – Personal Details** | | | |
| ***(To be completed by Applicant)*** | | | |
| **1** | First Name: |  |  |
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| **2** | Last Name: |  |  |
|  |  |  |  |
| **3** | E-mail Address: |  |  |
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| **4** | Mobile Telephone Number: |  |  |
|  |  |  |  |
| **5** | Medical Council Registration Number: |  |  |
|  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For HSE Use only: |  | | | | |
| HSE Date of Receipt | HSE Ref: |  | | | |
| Reviewed: |  | | | |
| Date: |  | | | |
| Signed: |  | | | |
| NDTP official: |  | | | |
|  | Status: |  | | | |
|  | Post: | Database ref: |  | TB ref: |  |

*NFTP Stage 2 Application Page 2*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| **Section 2 – Details of Training Programme** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(To be completed by Training Scheme & Training Body Representative)* | | | | | | | | | | | | | | | | | | | | | | |
| **6** | | Name of Training Body: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | |  | | | | |  | | | | | | | | | | | | | |
| **7** | | Name of Programme: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **8** | | Original date of entry onto Programme: (DD-MM-YYYY) |  | | |  | | | | ▬ | |  | | | |  | | ▬ | |  | |  | | |  | |  |
|  | |  |  | | |  | | | |  | |  | | | |  | |  | |  | |  | | |  | |  |
| **9** | | Original expected date of completion of training:  (DD-MM-YYYY) – based on full-time training |  | | |  | | | | ▬ | |  | | | |  | | ▬ | |  | |  | | |  | |  |
|  | |  |  | | | | | |  | | | | |  | | | | | | | | | | | | | |
| **10** | | Duration of training completed to date: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **11** | | Duration of training remaining (on a full-time basis) prior to award of CSCST: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **12** | | Is the Training Body supportive of the trainee’s application for flexible training? | Yes | | | | | |  | | | | | | |
|  | |  | No | | | | | |  | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **13** | | Proposed date of commencement for next period of flexible training: |  | |  | | ▬ | | | |  | | | |  | | ▬ | |  | |  | | |  | |  | |
|  | |  |  | |  | |  | | | |  | | | |  | |  | |  | |  | | |  | |  | |
| **14** | | Proposed date of completion of flexible training: |  | |  | | ▬ | | | |  | | | |  | | ▬ | |  | |  | | |  | |  | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **15** | | Proposed host institution for applicant (name of hospital / service): |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **16** | | Name of trainer to whom trainee will be assigned: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **17** | | Proposed % of full-time working which the training body is in agreement with: |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | |

*NFTP Stage 2 Application Page 3*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **18** | Proposed clinical work pattern | Typical weekly timetable (exclusive of on-call commitments)  *State “work” or “off” in each box as appropriate* | | | | | | |
|  |  |  | | | AM | | PM | |
|  |  | Monday | | |  | |  | |
|  |  | Tuesday | | |  | |  | |
|  |  | Wednesday | | |  | |  | |
|  |  | Thursday | | |  | |  | |
|  |  | Friday | | |  | |  | |
|  |  | Saturday | | |  | |  | |
|  |  | Sunday | | |  | |  | |
|  |  | | |  | | | | |
|  |  | If the working pattern is different in the second of the 2-week reference period, please complete the table below in respect of the second week  Typical weekly timetable Week 2 (exclusive of on-call commitments)  *State “work” or “off” in each box as appropriate* | | | | | | |
|  |  | |  | | AM | | PM | |
|  |  | | Monday | |  | |  | |
|  |  | | Tuesday | |  | |  | |
|  |  | | Wednesday | |  | |  | |
|  |  | | Thursday | |  | |  | |
|  |  | | Friday | |  | |  | |
|  |  | | Saturday | |  | |  | |
|  |  | | Sunday | |  | |  | |
|  |  | | |  | | | | |
|  |  | | |  | | | | |
| **19** | Proposed on-call commitment: | Typical Full-time on-call commitment: | | | | | 1 in |  |
|  |  | | |  | | | | |
|  |  | Pro-rata on-call commitment: | | | | | 1 in |  |
|  | (*20 & 21 to be answered by GP Trainees)* | | |  | | | | |
| **20** | Proposed educational commitment (day release): |  | | | | |  |  |
|  |  |  | | | | | | |
|  |  | | |  | | | | |
| **21** | **Name of Training Scheme Director**  **Signature of Training Scheme Director**  **Name of National Specialty Director (or Dean of Training Programme)** | | |  | | | | |
|  |  | | |  | | | | |
|  |  | | |  | |  | | |

Training Body representative: please sign accompanying signature page (page 5)

*NFTP Stage 2 Application Page 4*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  |  | |  | | | | | | | | |
| **Section 3 – Employment Details for post as agreed with Training Body** | | | | | | | | | | | | | | |
| *(To be completed by Employer representative – HR Manager / Medical Manpower Manager / Hospital Manager/Primary Care Manager)*  *Employers please note that NDTP will transfer the basic salary cost and employer’s PRSI to the hospital / service and will transfer the WTE for the duration of the flexible trainee’s period of employment at the hospital / service whilst in an approved flexible training post.* | | | | | | | | | | | |
| **22** | | Name of Employing Authority: |  | | | | | | | | | | | |
|  | |  |  | | |  | |  | | | | | | |
| **23** | | Address of Employing Authority: |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | |
| **24** | | Is the Employer supportive of the trainee’s application for flexible training within the capacity of the service / department and within the proposed start and end dates and within available funding? | Yes | | |  | | |
|  | | No | | |  | | |
|  | |  |  | | |  | | |
|  | | *Employers should note that the funding available for flexible trainees is for the trainee’s salary and associated employer’s PRSI. Other costs, including on-call, other additional payments, trainers’ grants etc. are not available within the NDTP funding for this programme.* | | | | | | | | | | | |
|  | |  |  | | |  | | |
| **25** | | Does the Employer approve of the proposed work pattern and on-call commitment for the proposed flexible training post? | Yes | | |  | | |
|  | | No | | |  | | |
|  | |  | | | | | | | |  |  | |
| **26** | | Comments from Employer  *The Employer should use the box below to provide any comments on the application, if required.* | | | | | | | | | | |
|  | |  | | | | | | | | | | |

Employer: please sign accompanying signature page (page 5) *NFTP Stage 2 Application Page 5*

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| **Section 4 – Signatures** | | | | | | | | | | | | | |
|  | | | | | | | | | |
| **27** | Signature of **Applicant**: |  | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |  |  |
|  | Date: |  | | | | | | | | | | |
| **28** | Signature of **Training Body** representative:(Must be Dean/NSD) |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Printed Name of Training Body representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Title of Training Body representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Date: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
| **29** | Signature of **Employer**’s representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Printed Name of Employer representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Title of Employer representative: |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  | Date: |  | | | | | | | | | | |

**Submission of completed form:**

Please return the completed application form:

1. by e-mail to [Ellen.odoherty@hse.ie](mailto:Ellen.odoherty@hse.ie)

AND

1. Original signed copy by post to Ms. Ellen O’Doherty, HSE National Flexible Training Scheme Coordinator, National Doctors Training and Planning, Block 9E, Sancton Wood Building, Heuston South Quarter, St John’s Road West, Dublin 8.

Queries to: Ellen O’Doherty

E: [Ellen.odoherty@hse.ie](mailto:Ellen.odoherty@hse.ie)

T: 07669 59919

Hard copy forms without the required three signatures should not be submitted to NDTP.