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National Doctors Training and Planning

Health Service Executive

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| ***POST CSCST FELLOWSHIP JULY 2023***  ***Approval Form*** |

|  |  |
| --- | --- |
| **Title of Proposed Post** |  |
|  |  |
| **Proposing Training Body** |  |
|  |  |
| **Site / Employer** |  |
|  |  |
| **Subspecialty** |  |
|  |  |
| **Brief description of the proposed fellowship** |  |

**Please indicate that the training body confirms the proposed fellowship adheres fully to the following conditions:**

|  |  |
| --- | --- |
| **Conditions** | **Yes/No** |
| The proposed posts provide a structured certifiable educational experience immediately following CSCST, designed to deliver the requirements of a particular subspecialty which are not readily available within the specialist training programme |  |
| The proposed posts have been evaluated and approved by the appropriate training body |  |
| Where appropriate, the posts fulfil training body requirements for Medical Council specialist registration (e.g. Intensive Care Medicine) and HSE employment requirements for consultant posts |  |
| The posts will not impinge on the training of pre-CSCST trainees |  |
| The posts have a supervisor assigned, with authority and accountability for the fellowship post |  |
| The posts will provides opportunities for audit and research |  |
| The posts will be filled under the auspices of the relevant Irish postgraduate medical training body |  |
| Candidates will be within 2 years of post CSCST |  |

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|  |  |
| **Signature on behalf of Training Body** |  |
|  |  |
| **Print Name** |  |

|  |  |
| --- | --- |
| **Date** |  |

**Notes**

Please note the following:

* In order to ensure that the clinical area of the fellowship post remains relevant to health service planning and medical workforce requirements a register is maintained by HSE-NDTP and reviewed on an annual basis.
* Following approval of a post-CSCST fellowship post, the Training Body is required to inform the site and HSE-NDTP when a candidate has been identified for position, the start date and the duration of the fellowship.
* Fellowship posts will not necessarily be occupied each year.
* HSE-NDTP maintains a register of all post-CSCST fellowships. Should a candidate withdraw from the fellowship, etc this should be brought to the attention of HSE-NDTP.

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| **Approval is confirmed for the proposed post subject to the conditions outlined above.** | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Yes** |  | **No** |  | |
|  |  | |
| **If no, comment** |  | |
|  |  | |
| **Signature on behalf of HSE - NDTP** |  | |
|  |  | |
| **Date** |  | |

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| --- | --- | --- | --- | --- |
| For Office Use Only: | | | | |
| Received By: |  | | Date of receipt: |  |
|  | |  | | |
| Date application made to HSE-NDTP: | |  | | |
|  | |  | | |
| Date approved: | |  | | |
| Date of review: | |  | | |
| Notes: | | | | |