



Position Request / Candidate Review Impact Summary Form

Please retain a copy of this form when you submit for a position request so that it can be used when submitting the candidate information.

PART A POSITION REQUEST INFORMATION <i>(Complete PART A when submitting a request for a position)</i>	PART B CANDIDATE REVIEW INFORMATION <i>(Complete PART B once a candidate has been identified. It is not necessary to complete areas within PART B that do not differ from PART A)</i>
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DEMOGRAPHIC INFORMATION

EXISTING POSITION NUMBER:

Anticipated Start Date		Anticipated Start Date	
Department		Department	
Division		Division	
Program (if applicable)		Program (if applicable)	
Primary Hospital		Primary Hospital	
Primary Site		Primary Site	
Name of Physician Leaving (if applicable)		Candidate Name	
Departure Date of Physician Leaving (if applicable)		Candidate Leadership Title (If applicable ie. Chair/Chief)	
Full or Partial FTE (1.0 / 0.75 / 0.50)		Full or Partial FTE (1.0 / 0.75 / 0.50)	

PART A POSITION REQUEST INFORMATION (Complete PART A when submitting a request for a position)	PART B CANDIDATE REVIEW INFORMATION (Complete PART B once a candidate has been identified. It is not necessary to complete areas within PART B that do not differ from PARTA)
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RATIONALE FOR SUPPORT

Please provide an IN-DEPTH statement including clinical, academic & research information in support of this request. Outline how this position request is required to meet an ongoing quality improvement initiative. If the position is "Mission Critical" please provide a brief statement to support.	Please reaffirm the original rationale that was submitted with the initial position request in PART A to ensure it is updated for the candidate review process.
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PROXY INFORMATION

Please provide the name of a physician whose practice is similar in terms of patient volumes, resource usage, etc. If this is a replacement position, the appropriate proxy may or may not be the departing physician. If there is a difference in resource impact, please specify in greater detail under the Rationale field.

Proxy Name:	Proxy Name:
Does the position workload expect to mirror this proxy's workload? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the position workload expect to mirror this proxy's workload? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please explain:	If no, please explain. If the candidate is requesting new special equipment, technology, or equipment that will result in incremental costs in your own or another department, please explain.

CLINICAL RESOURCE INFORMATION

Please indicate below the room number or N/A if not applicable

Physician Office Room Number		Physician Office Room Number	
Existing Secretary Name		Proposed Secretary	Existing <input type="checkbox"/> New Hire <input type="checkbox"/>
Secretary Office Room Number		Secretary Office Room Number	
OR Hours / Week		OR Hours / Week	
Avg Number of Inpatient (Beds)		Avg Number of Inpatient (Beds)	
Outpatient Clinic:		Outpatient Clinic:	
Clinic Hours / Week		Clinic Hours / Week	

PART A
POSITION REQUEST INFORMATION
 (Complete PART A when submitting a request for a position)

Site	MON		TUES		WED		THURS		FRI	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
UH										
VH										
SJH										

PART B
CANDIDATE REVIEW INFORMATION
 (Complete PART B once a candidate has been identified. It is not necessary to complete areas within PART B that do not differ from PARTA)

Site	MON		TUES		WED		THURS		FRI	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
UH										
VH										
SJH										

REQUEST FOR A NEW POSITION – PRIORITIZATION CRITERIA
 (if applicable and known)

Position Number for a NEW position will be assigned by Medical Affairs:

Please use the rationale section that follows to outline the evidence to support the following 4 criteria to prioritize the review of the NEW position. Check off each criteria that applies (if applicable):

- 1. Identified by the Department leader as “Mission Critical” which are positions that severely impact a service’s ability to sustain current level of service (clinical or academic) if not recruited , or addresses a pressing unmet clinical or academic need;
- 2. Addresses institutional priorities of Access, Infection Control or Research Capacity;
- 3. Has identified resources in place to support the new position (Office, Clinic, OR, Diagnostics – Imaging & Labs, Research and University commitments);
- 4. The known impact on diagnostic services can be accommodated as follows:

MODALITY	VOLUME				COMMENTS
	<50	50-100	>100	N/A	
Xray/Flouroscopy					
Ultrasound					
CT					
MRI					
Angio-Interventional					
Mammography					
Radioisotope (Nuclear Medicine)					
Other (please explain)					

The impact on pharmacy services is identified as follows:

The impact on laboratory services is identified as follows:

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ACADEMIC ROLE CATEGORY POSITION PROFILE Please indicate the percentage of time allocated for each category (must add up to 100%):

Clinician Teacher <input type="checkbox"/> Clinician Researcher <input type="checkbox"/> Clinician Educator <input type="checkbox"/> Clinician Scientist <input type="checkbox"/> Clinician Administrator <input type="checkbox"/>	Clinician Teacher <input type="checkbox"/> Clinician Researcher <input type="checkbox"/> Clinician Educator <input type="checkbox"/> Clinician Scientist <input type="checkbox"/> Clinician Administrator <input type="checkbox"/> If the category selected is a Clinician Researcher, Educator or Scientist, does the candidate meet the specific requirements of that category: Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical Service	Clinical Service
Teaching	Teaching
Research	Research
Administration	Administration
Health Care Leadership/Role Model/General Contributions	Health Care Leadership/Role Model/General Contributions

AFP INFORMATION Please indicate Yes, No, or N/A – Not applicable
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Is the position replacing a physician who was/is a Phase 3 participant?	Will the candidate be eligible for Phase 3 AFP funding?
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DECLARATION - The department has consulted with the appropriate university, hospital and research representatives and verified that the above-mentioned resource information is correct and that the position profile accurately reflects the planned activities of the position requested.

POSITION REVIEW - PART A

 Department Chair / Chief

 Date

CANDIDATE REVIEW - PART B

 Department Chair / Chief

 Date

Please send this form to Gloria Castelo at Medical Affairs
 Phone: 519-685-8500 (ext. 75127) / Fax: 667-6844 (76844)
 Email: Gloria.castelo@lhsc.on.ca
 Address: South Street Annex
 373 Hill Street, Room 232