

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

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 PART A)

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)

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 PART A)

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, Health
- ☐ 4. The known impact on diagnostic services can be accommodated as follows:

MODALITY	VOLUME				COMMENTS
	<5 0	50- 100	>10 0	N/ A	
X-ray/Fluoroscopy					
Ultrasound					
CT					
MRI					
Angio-Interventional					
Mammography					
Radioisotope (Nuclear Medicine)					
Other (please explain)					

The impact on the following health disciplines is identified as follows:

Health Discipline:	Impact:
Audiology	
Clinical Dietitians	
Occupational Therapy	
Physiotherapy	
Psychology	
Social Work	
Speech Language Pathology	

The impact on pharmacy services is identified as follows:

The impact on laboratory services is identified as follows:

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POSITION REQUEST INFORMATION**

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RESEARCH RESOURCE INFORMATION

Please indicate below the room number or N/A if not applicable. If research is a part of the candidate's practice profile, please complete the Research Impact Confirmation Form available from Medical Affairs

Dry Lab		Dry Lab	
Wet Lab		Wet Lab	
Clinical Trials		Clinical Trials	
Clinical Research Space		Clinical Research Space	
Other: i.e. Nurse Practitioner / Fellow Office / Research Asst.		Other: i.e. Nurse Practitioner / Fellow Office / Research Asst.	
Are you able to meet all of the research space requirements of this position within your program's existing research space?		Are you able to meet all of the research space requirements of this position within your program's existing research space?	

CAPITAL COSTS (EQUIPMENT, ETC)

Please provide a description of the capital funding required

If the position is a replacement, are incremental costs anticipated? Please explain below:

If the position is a new position, will the workload be redistributed or are incremental costs anticipated? Please explain below:

Describe the capital funding required to support the candidate and indicate Amount (\$) anticipated.

PART A

POSITION REQUEST INFORMATION

(Complete PART A when submitting a request for a position)

PART B

CANDIDATE REVIEW INFORMATION

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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 ☐

Clinician Researcher ☐

Clinician Educator ☐

Clinician Scientist ☐

Clinician Administrator ☐

Clinician Teacher ☐

Clinician Researcher ☐

Clinician Educator ☐

Clinician Scientist ☐

Clinician Administrator ☐

If the category selected is a Clinician Researcher, Educator or Scientist, does the candidate meet the specific requirements of that category: Yes ☐ No ☐

Clinical Service

Teaching

Research

Administration

Health Care Leadership/Role Model/General Contributions

Clinical Service

Teaching

Research

Administration

Health Care Leadership/Role Model/General Contributions

AFP INFORMATION

Please indicate Yes, No, or N/A – Not applicable

Is the position replacing a physician who was/is a Phase 3 participant?

Will the candidate be eligible for Phase 3 AFP funding?

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.
- There is no apparent or potential conflict of interest with this candidate and any misrepresentation of information on this form may be grounds for denial of appointment.
- The interview of this candidate included multiple individuals involved in the review and decision process and retention of analysis documentation is available for review.

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
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