

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)

PART B CANDIDATE REVIEW INFORMATION

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RATIONALE FOR SUPPORT

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 No	Does the position workload expect to mirror this proxy's workload? Yes No
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 **Existing Secretary Name Proposed Secretary New Hire** 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	
Site	AM	PM	AM	PM	AM	PM	AM	PM	AM	РМ
UH										
VH										
SJH										

PART B	
CANDIDATE REVIEW INFORMA	

(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

0.44	MON		TUES		WED		THURS		FRI	
Site	AM	РМ	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:

		VOLU	JME		
MODALITY	<5 0	50- 100	>10 0	N/ A	COMMENTS
X-ray/Fluoroscopy		100	0	^	
Ultrasound					
СТ					
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 in	dentified as follows:						
The impact on laboratory services is i	dentified as follows:						
		PART B CANDIDATE REVIEW INFORMATION					
PART A POSITION REQUEST INFO		(Complete PART B once a candidate has been identified. It is not necessary to					
(Complete PART A when submitting a n		complete areas within PART B that do not differ from PART A)					
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		Are you able to meet all of the					
research space requirements of this position within your		research space requirements of this position within your program's					
program's existing research		existing research space?					
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.				
	CANDIDATE REVIEW INFORMATION (Complete PART B once a candidate has been identified. It is not necessary to				
POSITION REQUEST INFORMATION (Complete PART A when submitting a request for a position)	complete areas within PART B that do not differ from PART A)				
ACADEMIC ROLE CATEGORY POSIT Please indicate the percentage of time allocated for each category					
Clinician Teacher	Clinician Teacher				
Clinician Researcher	Clinician Researcher				
Clinician Educator	Clinician Educator				
Clinician Scientist	Clinician Scientist				
Clinician Administrator	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	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	
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

CANDIDATE REVIEW - PART B

Department Chair / Chief

Department Chair / Chief

Date

Date

Please send this form to Gloria Castelo at Medical Affairs Phone: 519-685-8500 (ext. 75127) / Fax: 667-6844 (76844) / Email: <u>Gloria.castelo@lhsc.on.ca</u>