Name of Document: Out of Programme (OOP) Guidance

Category: Standard Operating Procedure (SOP) - Trainee Management

Purpose:
This document is one of a suite of Standard Operating Procedures to support the management of doctors in training across England. This SOP is aligned to the principles of ‘A Reference Guide for Postgraduate Specialty Training in the UK’ (The Gold Guide). This SOP does not apply to Foundation and Dentistry trainees who are managed under separate Guides (‘The Foundation Programme Reference Guide’ and ‘A Guide to Postgraduate Dental Specialty Training in the UK’).

Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the Dean or their nominated representative who will be responsible for managing the process on their behalf.

This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of Postgraduate Medical Training, there will be occasions where local Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer).

This suite of SOPs will be screened against relevant Equality and Diversity documentation.

Authorised by: Health Education England Deans (HEEDs)

Date Authorised: 27/06/2017

Next Review Date: SOP to be reviewed in line with any future Gold Guide revisions, or every 12 months, whichever comes first

Document Author: HEEDs

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<th>Notes Reason for Change, what has changed, etc</th>
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<td>HEEDs</td>
<td>Document signed off at HEED</td>
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Related Documents
GMC approved training sites: [http://www.gmc-uk.org/education/28373.asp](http://www.gmc-uk.org/education/28373.asp)
Background

There are a number of circumstances in which a trainee may seek to spend some time out of the specialty training programme to which they have been appointed. All such requests need to be agreed by the Postgraduate Dean in advance. Trainees are therefore advised to discuss their proposals with trainers as early as possible. Requests for out of programme (OOP) relate either to obtaining clinical training (OOPT), clinical experience (OOPE), or research (OOPR) in a different setting or a career break (OOPC).

Section 1: General Principles

i. Doctors in training wishing to take time out of programme must have the written agreement of the Postgraduate Dean. Requests should be made by downloading the relevant guidance and application form from the local HEE office website.

ii. OOPs can be considered in the final year of training if the doctor is on track for an ARCP outcome 6.

iii. It is expected that doctors in training should notify their Postgraduate Dean and their Training Programme Director of any possible time out of programme, at least six months in advance of the proposed start date. This is in order to meet the code of practice requirements.

iv. Commencement of time OOP will not normally be agreed until a trainee has been in a training programme for a least one year.

v. A trainee whose annual review of progress is deemed unsatisfactory or with unmet objectives identified at their ARCP will not normally be granted a period of out of programme.

vi. Doctors in training will retain their National Training Number (NTN) for the duration of the OOP, unless the Certificate of Completion of Training (CCT) date falls within this time.

vii. Before requesting out of programme training or research (OOPT/R), trainees must seek support of the application from the appropriate Royal College or Faculty and comply with their requirements. The College/Faculty will indicate the length of time the OOPT/R should count towards CCT, where relevant. The trainee's CCT date will be reassessed on return to the programme in the light of educational progress and the time left in programme.

viii. The General Medical Council (GMC) is the only body that can educationally approve OOPT/R to count towards the award of a CCT. HEE is required to submit an application for prospective GMC approval for any OOP that is to count towards a CCT or CESR(CP)/CEGPR(CP) on behalf of the trainee and this application is required to include support from the relevant College/Faculty. If prospective approval for OOP is not sought from the GMC, then it cannot count towards a CCT or CESR(CP)/CEGPR(CP). Applications must be submitted to the GMC in advance of the OOPT/R as they will not approve applications retrospectively. Where the OOPT is in a GMC approved programme in the same specialty, an application for further GMC approval is not required.

ix. Trainees must ensure that HEE has an up-to-date contact address and e-mail address throughout the period of OOP.

x. Occasions where OOP is granted to core trainees are likely to be exceptional, given the short length and the nature of their training.
Section 2: Types of Application

i. **OOPT** – out of programme training that will be used towards the award of a CCT. All OOPT must have GMC prospective approval. A clinically-based OOP placement will not normally exceed the period approved as counting towards CCT, usually up to a maximum of two years, i.e. will not normally result in a delay to the trainee’s CCT date.

ii. **OOPE** – out of programme experience which will not be used towards the award of a CCT. OOPE will normally be for one year in total, but may be extended for up to two years with the agreement of the Postgraduate Dean.

iii. **OOPR** – out of programme which is research-based. Time spent out of programme for research purposes may be recognised towards the award of CCT where the relevant curriculum permits this.

Applications for OOPR should not normally exceed three years. Extensions beyond 3 years may be considered but any extension must be prospectively approved by the Postgraduate Dean. Trainees in their final year of training will not normally be granted OOPR. OOPR applicants should have secured approval for funding for the project or be in the process of doing so; the opportunity should enable the trainee to submit for an appropriate higher qualification, where 2 to 3 years are requested. Academic Clinical Fellows (ACFs) on the integrated academic training (IAT) pathway are expected, following completion of their three year programme, to successfully submit a Research Grant application and thereby gain a higher degree (e.g. PhD). This period of work usually requires 3 years as OOPR. There are Research Fellow opportunities which may be supported within the ACF post of no more than 12 months, which facilitate development of research training and the grant application process. Exceptionally these additional periods of OOPR may be approved.

ACFs should apply for OOPR in advance of confirmation of Research Grant acceptance to ensure sufficient notice is given for the OOPR application to be processed.

iv. **OOPC** – out of programme career break from training. Applications will be considered on individual merits. Career breaks will normally be limited to two years. Planned OOPC will permit a trainee to step out of the training programme for a designated and agreed period of time to pursue other interests (e.g. domestic responsibilities, work in industry, developing talents in other areas and entrepreneurship). Periods of ill health should in the first instance be managed under the guidance of the employer occupational health services, as for other staff. OOPC is an inappropriate way of managing health issues.

Section 3: Application Process

i. Doctors in training must complete the application form available on the HEE local office website, and submit the application to their local HEE office.

ii. 

iii. Doctors in training must complete the application form in full and provide all supporting documentation required as part of the process. Trainees should discuss the OOP with their Educational Supervisor and their Training Programme Director prior to application of OOP.

iv. The Training Programme Director will review the application on the basis of the appropriateness for the trainee and for the programme, and the Postgraduate Dean (or nominated Deputy) will make the final decision to approve, reject or request further information. GMC processes will be followed where appropriate.

v. Doctors in training will be notified in writing of the outcome of their application.

vi. The trainee may appeal the decision in writing to the Postgraduate Dean. The Postgraduate Dean’s decision is final.
vii. Some Colleges have additional requirements as part of the OOP process. Doctors in training should contact their relevant College to ascertain requirements.

Section 4: Employment/Contractual Issues

i. Doctors in training whose OOP applications are successful will normally be granted unpaid leave for the period of the OOP.

ii. Doctors in training should ensure that the organisation/authority offering the OOP post issues a statement of terms and conditions of service.

iii. It is the responsibility of the doctor to contact their current employer to establish how the OOP will affect their:

   • Continuous employment
   • Incremental progression
   • Maternity leave entitlement
   • Employer’s contributions to superannuation
   • Any other employment issue

iv. Doctors in training taking career breaks should get advice from their employers on all statutory rights in relation to career breaks.

v. Doctors in training on OOP are not normally eligible to apply for funded study leave from the specialty study leave budget.

vi. Doctors in training on OOP are not normally eligible to receive expenses from HEE.

Section 5: Changes to Approved OOP Applications

i. Doctors in training wishing to extend or curtail periods of OOP must have the approval of the Postgraduate Dean, and should discuss changes with supervisors and the Training Programme Director in the first instance, and at the earliest opportunity.

ii. Doctors in training must make a formal application to extend normally at least six months in advance of their initially approved end date. The doctor should submit details outlining the reason(s) for the extension/curtailment, and have the support of their clinical/research supervisor and Training Programme Director. Information about this process is detailed on HEE local office websites.

iii. Doctors in training wishing to extend OOP (T or R) should consult College/Faculty guidance in terms of the time that can count towards CCT.

iv. Requests should be submitted to the relevant HEE local office, following the process outlined on the website. The doctor in training will be notified in writing of the outcome of the decision.

Section 6: OOP and Revalidation

i. Whilst on any OOP, the Postgraduate Dean remains the Responsible Officer.

ii. Doctors in training should ensure that whilst they are on OOP they continue to meet all requirements of the revalidation process as per the Revalidation SOP. This should be confirmed prior to the OOP if any information is required by the local HEE Revalidation Team.

Section 7: ARCP Processes for OOP

i. Doctors in training on OOP will still be required to attend for an annual ARCP.
The ARCP panel should receive documentation from the trainee on the required form (Appendix 4 of the Gold Guide) indicating what they are doing during their OOP time, if the OOP is not recognised for training.

- **OOPE** – If the OOP period is to gain clinical experience that will not contribute towards the competences required by the training programme (OOPE), then an annual OOP report form should be submitted, including an indicative intended date of return. Outcome 8 is awarded.

- **OOPR** – If the purpose of the OOP is research, the trainee should normally produce a research supervisor’s report together with the annual OOP report form indicating that appropriate progress in research is being made, along with achievement of the relevant degree (if appropriate). If there is prospective approval by the GMC for the OOPR to contribute to the CCT or CESR(CP)/CEGPR(CP), then formal assessment documentation must be submitted annually to the review panel. Outcome 8 is awarded.

- **OOPC** – If a doctor is undertaking a career break, a yearly OOPC request should normally be sent to the panel, indicating that the trainee is still on a career break and including an indicative intended date of return. Outcome 8 is awarded.

- **OOPT** – If the trainee is out of programme on a training placement or OOPR that has been prospectively approved by the GMC and that will contribute to the competences of the trainee’s programme, then Outcome 8 should not be used. Instead, a routine assessment of progression should be made and Outcome 1, 2, 3, 4 or 5 should be awarded.

**Section 8: Return from OOP**

1. Return to program should be planned, both before and during the period of OOP. At least six months’ notice should be given if return to program is earlier than initially planned, with no guarantee that a specialty place will be available, although every effort will be made to identify a program placement at the earliest opportunity.

2. In the interest of patient safety, an assessment should be made by the School to agree an appropriate return to clinical training. The School will need to consider the type of OOP, length of time out of training, maintenance of clinical skills throughout the OOP, etc.

3. All doctors in training returning from an OOP should have a return to practice programme organised for them which may include a phased return to clinical practice. This will be accelerated as practically as possible but may result in a delay in recommencement of training.