

HEE Training Programme Director

London and KSS Handbook



Version 3.0 (February 2023)

Developing people
for health and
healthcare

www.hee.nhs.uk

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Updates February 2023:

- 8. Deferrals - added
- 19. Less than Full Time Training - updated categories as per [Gold Guide 9th Edition](#)
- 26. Recruitment – National - updated
- 27. Responsible Officer Advisory Group (formerly known as Case Management) - added
- 29. Revalidation – updated Responsible Officers
- 30. Rotations – updated Code of Practice Link
- 31. Specialty Schools – mailboxes added
- 34. Time out of Training (OOP) – re written, links updated. OOP panels
- 35. Trainee Information System (TIS) – updated information
- 35.1 TIS Self Service - added

INTRODUCTION

We hope that you find this Training Programme Director (TPD) Handbook useful, either as a newly appointed TPD or as someone who has been in the role for a number of years. It contains links to documents and websites which cover the remit of work which you will be involved in with all the staff members in the Healthcare Education Team (HET).

HEE provides leadership for the education and training system and ensures that the workforce has the right skills, behaviours and training to support the delivery of excellent healthcare and drive improvements through supporting healthcare providers and clinicians to take greater responsibility for planning and commissioning education and training.

As a TPD your role is to work with and support the Head of School in leading the delivery of a wide range of functions, aligned to the HEE mandate. You are professionally and managerially accountable to the Head of School, who in turn is accountable to the Postgraduate Dean.

You will focus upon the improvement of learner supervision, assessment and experience, engagement of faculty and ensure effective educational outcomes, both now and in the future. As you will know change is constant in the NHS and your role will also evolve to focus on workforce transformation and develop multi-professional links. To keep abreast of developments within HEE TPDs are required to attend TPD Development days throughout the year.

To support the Postgraduate Dean, TPD's will work across the spectrum of health and where relevant, social care, within the context of a team, so that the provision of education reflects changing service models. This will deliver an integrated workforce comprising individuals from a spectrum of professional and other backgrounds.

You will work closely with the Specialty Officer, Operations Managers and Heads of School

The Specialty Officer who is supported by their administrator will need your help on:

- managing the recruitment of trainees (including calculating vacancies, website information, participating in local / national career fairs; analysis of recruitment data).
- managing the assessment (ARCP/) process for trainees (ie approving ARCP timetable with Officer, attending assessment panels, drafting paperwork / management reports for assessment appeals and presenting the specialty case at any appeal panels), convert Outcome 5, attend reviews and appeals.
- Planning trainee rotations: submitting rotation grids which account for all trainees including those who are on maternity leave; OOP, new starters, sick leave etc.

Key areas of the TPD Role include:

- Ensuring that the curriculum can be delivered within the local training programme; and that all posts are in line with this
- Developing a network of (ES) educational supervisors who may need to be trained in the necessary tools for assessing trainees.
- Providing careers information, guidance and advice to trainees and be involved in the Induction. Point trainees in the direction of PSU.
- Supporting doctors with differing/individual training needs;
- Ensuring that the interests of less than full time and academic trainees are accommodated
- Attending regional and national meetings (potentially including School Board / STC / SAC – affiliated with colleges)
- Potentially arranging and participate in specialty / School visits to Local Education Providers Key liaisons
- Liaise closely with Health Education England staff i.e. Post Graduate Deans as RO's, Regional Clinical Advisors, Heads of School, Responsible Officer Advisor Group (formerly Case Management Team), other TPDs, the HET Senior Leadership Team and Service Delivery Managers.
- Liaise with Local Employer Trust staff for example change to rotas, training site, trainee absence

Healthcare Education Team (HET)

HET works closely to deliver the training programmes across London, Kent, Surrey and Sussex.

The offices are usually based at Stewart House 32 Russell Square London WC1B 5DN.

The HET team is normally available on weekdays from 8am to 5.30pm.

The HET organogram inc team contact details available at:

<https://london.hee.nhs.uk/%3Cfront%3E/contact/how-contact-us>

HET TEAMS

Team 1: Surgery, Ophthalmology, Anaesthetics, ICM, Emergency Medicine, Obstetrics & Gynaecology (incl. Community Sexual and Reproductive Health), Clinical Radiology

Team 2: General Practice, Foundation, Public Health, Psychiatry, Dental

Team 3: Medicine specialties, Clinical Oncology, Pathology, Occupational Health, Paediatrics. Academic Team

HET Recruitment Team

HEE and HET– ORGANISATIONAL STRUCTURE

HEE – Leaders and Structure

<https://www.hee.nhs.uk/about/how-we-work/our-leaders-structure>

PGMDE SUPPORT PORTAL - PSP ([see also here](#))

This is the main portal for communications with trainees and trusts and you will see references made throughout this guide. The portal contains information for both trainees and trainers.

The link to the portal is here <https://lasepgmdesupport.hee.nhs.uk/support/home>

TPD TIMELINE

The timeline in [Appendix 2](#), will assist you with rotation planning and should be used in conjunction with the information in this guidance.

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TPD TIMELINE

1. ACADEMIC

Academic Associate Dean – Dr Vivienne Curtis

Academic TPDs

Medicine	Steffen Peterson
Pathology	Silvia Marino (also GIM/ID/Neurology)
Surgery	Nick Watkin
Anaesthetics	Gudrun Kunst
Paediatrics	Sandia Naik and Chris Gale
O&G	Ranjit Manchanda

Responsibilities of the Specialty TPD

It is important to note that the vast majority of ACF and CL posts are all ‘in addition’ and this needs to be born in mind when managing rotations

- Bids process: liaising with Academic Lead that academics can or cannot be accommodated
- Recruitment: confirm level of grade and placement with academic lead
- Clinical Lecturers (CL) and Academic Clinical Fellow (ACF) JDs: to check and approve these with the academic lead
- Appointment of trainee and rotating them: identify placements (ACFs and CLs are both ‘in addition’) and start dates.
ARCPs: Academic trainees should have an academic rep on the ARCP panel
- The only exceptions to ‘in addition’ are part locally funded posts. These are posts that are 50% funded by a HEI and 50% by HEE. The HET team will ensure they inform TPDs of any posts with this funding model. The number across the department is extremely small with only around 26 across all specialties.

IAT team in HET

Contact via – academictraining.lase@hee.nhs.uk

IAT Handbook

https://healtheducationengland.sharepoint.com/:w:/r/sites/HETTeamHub-London/_layouts/15/Doc.aspx?sourcedoc=%7B31B862A8-9249-453A-8ECA-C62C6D40E41A%7D&file=IAT%20Handbook.docx&action=default&mobileredirect=true

Counting time

How much time research/academic training can count towards clinical training (which is a process that is very opaque and would be useful to develop clearer consistent guidelines across specialties/regions)

Categories of IATs: ACFs/CL and Locally Funded IAT posts

Information on NIHR:

<https://www.nihr.ac.uk/explore-nihr/academy-programmes/integrated-academic-training.htm>

ACFs

- 75% of time in specialist clinical training
- 25% of time in research or educationalist training.

CL

- 50% of time in specialist clinical training
- 50% research or educationalist training.

Locally Funded IAT ACF and CL posts

The NIHR will recognise locally funded posts developed by IAT partnerships providing they meet the following criteria relating to the appointment and support for doctors and/or dentists in schemes that:

- Appoint through national competition
- Offer 3 year ACF (4 years for GPs) and 4 year CL appointments with 25% and 50% protected academic training, respectively
- Provide access to formal training in research methods and research governance
- Have a joint clinical and academic Annual Review of Competence Progression (ARCP)
- Provide similar supervision/mentorship arrangements for ACF and CL appointees
- Offer a £1k per annum travel bursary to attend conferences.

It is very important to note that all locally funded posts are advertised and managed in exactly the same way as all NIHR funded posts. This also includes adhering to NIHR guidelines around academic awards.

IAT Information for the trainee

PSP FAQs for trainees on IAT:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000042099>

ACF: (FAQs) <https://www.nihr.ac.uk/documents/faq-cl-and-acf-2019/20230>

CL: (FAQ): <https://www.nihr.ac.uk/documents/faq-cl-and-acf-2019/20230>

National Institute for Health Research (NIHR): <https://www.nihr.ac.uk/>

2. ACTING UP

Trainees wishing to Act Up need to complete an On-line form via PSP:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/articles/7000019015-when-can-i-act-up-as-a-consultant->

Applications should reach the HEE local office a minimum of 16 weeks prior to the proposed start date of the 'Acting Up' arrangement (in line with contractual notice periods) and in order to meet Code of Practice requirements.

Trainees who are within one year of their anticipated completion of training date are eligible to 'Act Up' as consultants, for a fixed-term period of a maximum of three months. For LTFT trainees, the period of acting up may be pro rata of the three months. "Acting up" provides trainees with the experience of navigating the transition from junior doctor to consultant, whilst maintaining the supervision associated with being a trainee.

Trainees acting up as consultants will need to have appropriate named supervision arrangements in place at all times, including on call work. Approval will only be considered if the acting up placement is relevant to gaining competences, knowledge, skills and behaviours required by the curriculum. Trainees with unmet objectives, unsatisfactory ARCP outcomes or outstanding competences are not normally eligible to apply to act up. Trainees will maintain their National Training Number (NTN) throughout the acting up opportunity and the Postgraduate Dean will remain the Responsible Officer for the purposes of Revalidation.

The GMC and some Colleges/Faculties have guidance and/or additional requirements when applying for Acting Up to Consultant posts. It is the responsibility of the individual trainee to check their respective curriculum, Royal College/Faculty and GMC guidance and fully comply with any requirements.

3. ANNUAL REVIEW OF COMPETENCY PROGRESSION (ARCP)

HET will set three ARCP windows for the summer. Any out of synch ARCPs or “winter” catch up dates should be agreed in consultation with HET and your Head of School. These windows are set so that they specifically align with rotation dates, to allow enough time for planning, to get grids accurate and for this information to be validated through the HET systems before being published to the Trusts at 12 weeks according to Code of Practice. Specialties are expected to hold their ARCPs within these windows as HET can dedicate staff and resources to support ARCP panels. The specialty officer will contact the TPD to help set the dates; draft timetables and provide the latest HET guidance, such as the ARCP panel briefing,

ARCP panel

A minimum of 3 ARCP panel members are needed, of which one must be either the Postgraduate Dean (or their nominated deputy), the Head of School or a TPD (as per Gold Guide requirements). If there are any academic trainees there will need to be an academic representative on the panel.

ARCP panel briefing

Please ensure that the panel briefing remains part of the delivery of ARCPs on the day. Each year the panel briefing is updated to reflect developments within the ARCP process. In some cases, specialties such as Dental will have their own panel briefings.

ARCP Outcomes

Outcome 1 – achieved targets

Outcome 2 – Development of specific competencies require: targets set with no extended time

Outcome 3 – Inadequate Progress: targets set with extended training time

Outcome 4 – Released from training programme

Outcome 5 – Incomplete evidence presented – additional training time may be required

Outcome 6 – Gained all required competencies and capabilities – recommended for completion of programme

Outcome 8 – Out of Programme for clinical experience, research or a career break

When an outcome is not issued

There are circumstances when the ARCP panel would not issue an outcome, such as when the trainee is absent on statutory leave (e.g. maternity/paternity/adoption or sick leave) or where training has been paused. In these cases, the panel will record the reasons for this

Covid Outcomes

10.1 – ‘no fault outcome’ similar to Outcome 2. It can be used for trainees who have not been able to demonstrate required capabilities (because of Covid). Trainees can progress to the next stage in training.

10.2 - ‘no fault outcome’ similar to Outcome 3. It can be used for trainees who have not been able to demonstrate required capabilities (because of Covid) which cannot be made up at the next stage of training because they are at critical progression points. Trainees cannot progress and will require additional training time.

ARCP FAQs on PSP link:

<https://lasepgmdsupport.hee.nhs.uk/support/solutions/folders/7000009244>

4. CASE MANAGEMENT & TRAINEES IN DIFFICULTY (TiD)

Please go to Responsible Officer Advisory Group (formerly known as Case Management & Trainees in Difficulty - [Section 27](#)

5. CESR-CP

The GMC issues three types of specialist or general practice certificates that confirm eligibility for entry onto the Specialist Register or General Practice (GP) Register

- Certificate of completion of training (CCT)
- Certificate of eligibility for specialist registration (CESR)
- Certificate of eligibility for general practice (CEGPR)

The Certificate of Eligibility for Specialist Registration Combined Programme CESR(CP) – Confirms that a doctor has joined an approved specialist training programme and has previously trained in other, non-approved posts, that this has already provided some of the CCT curriculum competencies. The doctor can enter training at a later starting point, complete the rest of the programme and gain the remaining competencies. This is known as the 'combined programme', and confirms that the doctor is eligible to apply for entry onto the Specialist Register via a CESR (CP) or to the GP Register via a CEGPR (CP).

Within the UK, there's no difference in the recognition of a CESR/CEGPR and a CCT. Both certificates allow specialist or GP registration on exactly the same terms. [Please refer to the GMC website](#) for further information.

6. CODE OF PRACTICE ([see Rotations section](#))

7. CLINICAL GOVERNANCE

Seven Pillars of Clinical Governance:

- Clinical Effectiveness and Research.
- Audit.
- Risk Management.
- Education and Training.
- Patient and Public Involvement.
- Information and IT.
- Staff Management.

GMC handbook link:

<https://www.gmc-uk.org/registration-and-licensing/employers-medical-schools-and-colleges/effective-clinical-governance-for-the-medical-profession>

8. DEFFERALS

In line with the the Reference Guide for Postgraduate Foundation and Specialty training in the UK Gold Guide 9th Edition <https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf>, the start of training for foundation, core and specialty training may normally only be deferred for statutory reasons. These are personal long term ill health (for which they need to provide a medical certificate for) or maternity/paternity/adoption leave. No other deferral requests will be accepted.

To apply for deferral, trainees must complete the following form, applications will not be considered without this:

https://forms.office.com/Pages/ResponsePage.aspx?id=K5Gn_5ewMUGcD9DoB1Wyg7v_2Md1JfRNqg23zY9stDJURU5HOEVVTEFHQIILV1RaQzkyVFdEVU40NS4u

9. DIFFERENTIAL ATTAINMENT

Differential attainment is the unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic, for example, ethnicity, gender and disability.

Please click here for useful resources for clinical educators to help understand more and help to close the gap : <https://london.hee.nhs.uk/multiprofessional-faculty-development/differential-attainment#:~:text=Differential%20attainment%20is%20the%20unexplained,%2C%20ethnicity%2C%20gender%20and%20disability>.

10. EDUCATIONAL SUPERVISOR MODULES: FACULTY DEVELOPMENT

The HEE London site has a dedicated Faculty Development area with information for educators: <https://london.hee.nhs.uk/multiprofessional-faculty-development/fd-new-multiprofessional-framework-educators>

MSF tool for educators:

<https://london.hee.nhs.uk/multiprofessional-faculty-development/fd-multisource-feedback-tool>

E-learning for Health hosts modules or ES accreditation:

<https://london.hee.nhs.uk/multiprofessional-faculty-development/educator-hub-e-learning>

<https://www.e-lfh.org.uk/programmes/educational-and-clinical-supervisors/>

[See also Mentoring for educational supervisors](#)

11. ENHANCING JUNIOR DOCTORS' LIVES

In March 2016, the Enhancing Junior Doctors' Working Lives programme was established to address a range of issues that adversely affect the quality of life of junior doctors. Led by Health Education England, it is a cross-system collaboration to deliver meaningful change.

Working in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC, and the Academy of Medical Royal Colleges (AoMRC), HEE also drew on its own quality management and

reporting mechanisms to inform the focus of the group and the development and implementation of various initiatives to improve working lives for junior doctors.

For more information on EJDW please click here: <https://www.hee.nhs.uk/our-work/doctors-training/enhancing-working-lives>

12. E-PORTFOLIOS

Clinical Oncology

<https://www.rcr.ac.uk/clinical-oncology/specialty-training/kaizen>

Emergency Medicine

RCEM nhsportfolio to change to Kaizen portfolio:

<https://auth.kaizenep.com/interaction/JcQMO5NNS-wZ5cSYur7Az>

Foundation

Horus

<https://horus.hee.nhs.uk/sign-in>

GP

<https://www.rcgp.org.uk/training-exams/training/mrcgp-trainee-eportfolio.aspx>

Medicine - JRCPTB

<https://www.nhseportfolios.org>

ePortfolioteam@jrcptb.org.uk

Occupational Medicine

<https://www.fom.ac.uk/education/speciality-training/current-trainees/eportfolio>

Pathology

<https://www.rcpath.org/log-in.html>

Paediatrics

<https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-educational-clinical-supervisors>

Eportfolio team: eportfolio@rcpch.ac.uk

Tel: 44 020 7092 6000

Public Health

<https://www.fph.org.uk/training-careers/specialty-training/training-eportfolio/>

Psychiatry

<https://training.rcpsych.ac.uk/home>

Surgery (England)

<https://www.rcseng.ac.uk/>

Joint Committee on Surgical Training

Email: jcst@jcst.org

13. EVENT MANAGEMENT SYSTEM (EMS)

This is the system that is used to track who has booked onto an event, such as a regional training day. This system should send people an automated confirmation email once you have signed up for an event, and will also send them reminders as the event gets closer. Regional Training Day sign up links are posted on the websites KSS <https://kss.hee.nhs.uk/events/> and London <https://london.hee.nhs.uk/calendar4>

Who has access to EMS?

Events bookers within HET have editing rights to EMS and can book and edit events as required.

Faculty teams within HET and Medical Education Managers will be provided read only access so that they can support the monitoring of registration and attendance between reporting and also review numbers attending for venues purposes.

Information for Trainees on PSP on how to book an event, such as a training day, ARCP

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006222>

14. EXPENSES

Relocation expenses for trainee:

<https://www.lpmde.ac.uk/training-programme/training-matters/relocation-and-excess-travel-claims/relocation>

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000014646>

15. GMC TRAINEE SURVEY

HET's involvement with the GMC Survey involves running several reports on TIS prior to the Survey becoming live to make sure that:

- all trainees are correctly placed onto TIS and have the correct year of training
- all trainees' detail are up to date

PSP FAQ link for trainees on GMC Survey:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006999>

GMC link:

<https://www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys>

16. INTER DEANERY TRANSFERS (IDTs)

Windows

There are two IDT windows per year: February and August which are advertised on <https://specialtytraining.hee.nhs.uk/nationalIDT>

How trainees access the application form

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974>

Process for TPDs

The Specialty Officer will ask TPDs to confirm if they are able to accommodate any incoming IDTs into their training programme and identify posts with them.

The HoS will sign off a spreadsheet for all four regions once the TPDs have submitted information.

Once the national IDT team have processed the applications HET will be sent spreadsheets with details who has been approved and the specialty officer will liaise with the TPDs regarding start dates and placement.

TPDs SHOULD NOT discuss specific posts with any IDT applicant wishing to apply into London and KSS as this can lead to misunderstandings and complaints.

Trainees have to fill in a form and submit evidence via the LASE Support portal.

17. INTER-FOUNDATION SCHOOL TRANSFER (IFSTs)

The UKFPO has introduced a new Inter-Foundation School Transfer (IFST) process for 2019/2020. This will be a centralised process for F1s who are currently part of a 2-year Foundation Programme, but require to move to another location for F2 or prior to commencing F1. The process has been designed to support transfers across Schools in cases where individual circumstances have changed since initial allocation or application. More details can be found on the [UKFPO website](#). There are certain criteria that must be met for an IFST. Transfers will only be allowed if circumstances have changed.

<https://foundationprogramme.nhs.uk/faqs/stand-alone-faqs-ifst/>

18. LASE SUPPORT PORTAL

TPDs can liaise with their specialty teams via the specialty mail boxes. List of mailboxes is in the Specialty Schools section 31.

Trainee and Trusts are asked to send through enquiries through to the PGMDE Support Portal via: <https://lasepgmdesupport.hee.nhs.uk/support/home>

The HET team uses the support Portal (PSP) as it supports us with monitoring responses and helps us to overall maintain a high level of service.

The support portal is divided into two sections:

- FAQs and query submission for trainees, trainers and trusts in the HEE London and KSS regions
- FAQs and query submission for any applicant, panel member or referee relating to recruitment activity supported by the London and KSS Recruitment team

19. LEAD EMPLOYERS

Specialties with Lead Employers are:

General Practice London: Royal Free London rf.leademployerservice@nhs.net

Palliative Medicine: St Helen's and Knowsley <http://www.sthk.nhs.uk/workwithus/lead-employer-service>

The Lead Employer model provides the services for trainee, for example: Human Resources (maternity leave, pay); Health, Work and Wellbeing; Payroll; Safeguarding. HET holds meetings with the LE, TPDs and the Quality, Patient Safety and Commissioning Team.

The contract for LEs is managed by the [Quality, Patient Safety & Commissioning Team in HET London](#).

20. LESS THAN FULL TIME TRAINING

Health Education England, London and KSS is committed to helping doctors reach their full potential and to helping those with child-caring or other responsibilities, or health problems, to continue training. LTFT trainees must meet the same requirements in specialty and general practice training as full-time trainees. The only difference is the possibility of limiting participation of medical activities due to the number of hours worked per week. HEE fully endorse the principles set out in the Gold Guide. Essentially, LTFT and full-time trainees follow the same curriculum and will have the same requirements for completion of training.

Updated guidance means that HET will no longer operate LTFT Categories (1,2 or 3) and instead operate the national model of processing applications from eligible trainees that fit one/or more of the following criteria:

- i. Trainees with a disability or ill health – This may include ongoing medical procedures such as fertility treatment.
- ii. Trainees (men and women) with caring responsibilities (e.g. for children, or for an ill/disabled partner, relative or other dependant)
- iii. Welfare and wellbeing – There may be reasons not directly related to disability or ill health where trainees may benefit from a reduced working pattern. This could have a beneficial effect on their health and wellbeing (e.g., reducing potential burnout).
- iv. Unique opportunities – A trainee is offered a unique opportunity for their own personal/professional development, and this will affect their ability to train full time (e.g., training for national/international sporting events, or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).
- v. Religious commitment – A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
- vi. Non-medical development – A trainee is offered non-medical professional development (e.g., management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.
- vii. Flexibility for training and career development with the option to train less than full time with flexibility that might enable development of a broad career portfolio

LTFT Approval timeframes and sign off:

Applications will be submitted by trainees during certain 'windows' that will be determined according to their rotation month. The exceptions of this are below, and trainees can continue to submit an application under these criteria throughout their training year:

- Child Care -immediate approval by the HET team. Trainee must provide at least 16 weeks notice or evidence from Trust that they can accommodate an earlier request.
- Disability, Health and Caring Responsibilities – sign off required from TPD. Trainees must continue to provide appropriate supporting evidence. Trainee must also provide at least 16 weeks notice or evidence from Trust that they can accommodate an earlier request.

LTFT windows and sign off

Windows for application for all other criteria will be circulated by HET.

Applications must be reviewed and signed off by the relevant HoS. The time frame for approval will be set according to the Window end date and circulated to you by HET. All LTFT applications now only need sign off from relevant HoS. Applications should only be escalated to Deputy Deans on an exceptional basis (outlined below).

Exceptions:

Applications may be rejected if supporting evidence has not been supplied, for example, in the case of ill health. All other applications can only be rejected in exceptional circumstances, for example, if the training programme cannot accommodate it. These rejections must be escalated to the relevant Deputy Dean for final review.

LTFT Trainees typically train between 50-80% however in exceptional circumstances an application can be made to train at less than 50%. This application must be escalated to the Deputy Dean for approval and trainees should be advised that any training at less than 50% will not count towards training and will be time limited.

If necessary, each school can manage applications for new starters outside of the windows

Trainees need to give the trust 16 weeks' notice and complete a LTFT form when they wish to go LTFT or change their LTFT status. Trainees can find information via:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974>

GMC guidance link:

https://www.gmc-uk.org/-/media/documents/Less_than_full_time_training_position_statement_Nov_17.pdf_72374278.pdf

Application Process Step-by-Step:

1. Trainee to discuss intention to work LTFT with Training Programme Director/GP Scheme Manager/Foundation School Manager. They should try to do this as early as possible.
2. Complete and submit LTFT application form which is available via the PGMDE Support Portal. Forms must be submitted as early as possible, no later than 16 weeks before starting their placement.

21. Managing Rotations/Programmes

There are many elements to be aware of when planning your rotations - both for short, medium and long term planning. These include:

- Post management – know your posts, how many you have, how to utilise these to manage your trainees training pathways. If possible use a grid that shows the National Post Numbers (NPNs) that the HET team and Trusts use to identify posts.
- Recruitment and Inter-Deanery Transfers – knowing your post numbers helps you to accurately assess numbers for recruitment and if any IDTs can be accommodated.
- Deferrals
- Academic trainees
- Less than full time
- Out of Programme
- Parental leavers/returners
- Period of Grace
- Acting up
- Trainees in difficulty

It is important to work with your specialty officer and team closely to achieve the best management of programmes. TPDs should bear in mind that parental returners have the right to return to the same employing organisation that they were based, unless an alternative arrangement has been agreed with the TPD. Therefore, they should be placed first on the grids to avoid any need for supernumerary funding requests.

22. MEDICAL TRAINING INITIATIVE (MTI)

The Medical Training Initiative (MTI) is a national scheme that allows trainee doctors from outside the UK/EU/EEA to undertake up to 24 months of training and development in NHS services before returning to their home countries. The scheme is aimed at doctors from the Lower Income and Lower Middle-Income Countries as defined by the World Bank. The Academy of Medical Royal Colleges oversee the MTI scheme and are responsible for sponsoring doctors for their Tier 5 (Government Authorised Exchange) visa.

The HEE and Academy of Medical Royal Colleges' [National Standards for the administration and delivery of the MTI scheme](#) outlines the overarching minimum standards for the MTI scheme. The role of HEE is to approve MTI applications to ensure that the posts do not disadvantage UK trainees nor adversely affect the training of existing trainees in the training location and provides sufficient educational and training content.

Applications for the London and KSS regions should be submitted to mti.lase@hee.nhs.uk in the first instance and the team will process the approval.

Further information regarding the MTI scheme can be found on the following sites:

- [Academy of Medical Royal Colleges - MTI Scheme](https://www.aomrc.org.uk/medical-training-initiative/)
- [Medical Royal Colleges participating in the Medical Training Initiative](https://www.aomrc.org.uk/medical-training-initiative/medical-royal-colleges-participating-in-mti/)

23. MENTORING FOR EDUCATIONAL SUPERVISORS

Information here: <https://www.hee.nhs.uk/our-work/medicines-optimisation/supporting-educators-learners>

24. PENULTIMATE YEAR REVIEW (PYR) - Medicine – Replaces PYAs

PYAs were suspended during the COVID-19 pandemic, as requested by the four Statutory Education Bodies (SEBs) and supported by the JRCPTB and GMC. The purpose of the suspension was to free up as much administrative and clinical time as possible, given the vital contribution of trainees and educators in the physician specialties in dealing with the coronavirus outbreak.

The original purpose of the Penultimate Year Assessments (PYAs) for trainees who were 12-18 months away from their CCT was to identify any outstanding competencies they needed to achieve before their final ARCP.

Penultimate Year Reviews of GIM training – from the JRCPTB Website:

<https://www.jrcptb.org.uk/specialties/general-internal-medicine-gim>

Penultimate Year Assessments (PYAs) were suspended by the Statutory Education Bodies (SEBs) of England, Scotland, Wales and Northern Ireland in response to the COVID-19 pandemic.

The JRCPTB recognises that it is critically important that trainees approaching their final year of training know what they need to do to complete their training by their planned date of CCT. The Training Program Directors (TPDs) and trainee members of the GIM SAC propose that this be achieved by implementing a more structured approach to the assessment of GIM training at trainees' penultimate ARCPs, which should also help to reduce undesirable variation in process and outcomes for trainees in different regions. This structured approach will be termed a '**Penultimate Year Review**' (PYR).

To support PYRs in GIM, the GIM SAC have developed the following forms to allow trainees to document their GIM training and experience in a standardised manner, which should help those assessing GIM training on penultimate ARCP panels to make consistent assessments. Where Deaneries already have well-developed mechanisms for allowing trainees to provide the necessary information in a structured way, use of these newly developed forms is not mandatory (use will be at the discretion of the local GIM TPD).

25. PERIOD OF GRACE (POG)

Period of Grace enables doctors who have completed training and not yet obtained a consultant post to continue in the Specialty Registrar grade contract for a time limited period whilst they find employment. The standard POG is six calendar months following the date of the CCT/CESR (CP). The doctor is no longer considered to be in training but in a post for the purposes of service.

Trainees are required to notify their Postgraduate Dean or nominated deputy of their intentions regarding taking up a Period of Grace placement ideally 6 months prior to the date of CCT. If the Period of Grace Request Form is not submitted by the required deadline, the TPD will not arrange a Period of Grace for the trainee. The trainee's NTN will be relinquished at point of sign off for CCT. The doctor in training should have a discussion with their TPD to support their decision as to whether or not a Period of Grace will be required. If the POG is thought necessary this continued employment will not necessarily be in the same place of work as the final training placement. Whilst HEE is committed to finding a post, this may involve a non-training/Trust post.

Statutory leave during POG – if any individual takes statutory leave during the POG, the period is suspended on the date that the leave starts. A new POG intent application needs to be submitted for the remaining time on return from leave (maximum 6-months total time inclusive of the time used prior to the leave)

POG is not available on General Practice Training Programmes.

Information for trainees - FAQs: [HERE](#)

26. PROFESSIONAL SUPPORT UNIT (PSU)

The Professional Support Unit <https://london.hee.nhs.uk/professional-development>

This operates on a self-referral basis and can be accessed via the link above. The PSU team operates independently from the training programme and all enquiries are treated confidentially. The PSU team offers an array of support for trainees including educational assessments, and careers coaching.

27. RECRUITMENT (National)

National recruitment is coordinated across the country and between specialties with national timelines and processes. Recruitment is governed by the four-nation Medical and Dental Recruitment and Selection Programme Board, which sets the over-arching framework and rules. The 'Medical Training Recruitment' website is a hub for cross-specialty information like general applicant guidance, person specifications, high level recruitment data and national forms and documents: <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training>

Each specialty has a lead region, which manages the process on behalf of all others. All recruitment is managed on a central system called Oriel: <https://www.oriel.nhs.uk/Web>. Most specialties recruit via a single vacancy which covers all regions in England and usually in one or more of the devolved nations. Recruitment takes place within a national round.

Timetables approximately follow the dates in the table below and are published on the Medical Recruitment Training website: <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overview-of-specialty-training/recruitment-timelines>

Round	Who is it for	Application period	Assessment/offers
Academic clinical fellowships	For all ACF posts in England	October (there are ad hoc rounds throughout the rest of the year for unfilled posts and clinical lectureships)	Late-January
Round 1	primarily CT1/ST1 level for all specialties	November	January – early-April
Round 2	primarily higher specialty training	Mid-November – mid-December	January – early-May
Round 1 re-advert	posts not filled in Round 1 (no specialty entered in 2022)	March	April – May
Round 3	re-advert for round 2 and additional CT1/ST1 for specialties requiring it	Late July – Mid-August	September – October

Each specialty will have guidance specific to their process and this could be published on either the Medical Recruitment Training website, a separate website, via the Oriel vacancy or a combination.

All recruitment processes have been managed online since the pandemic and will be continuing for recruitment to posts starting from August 2023; a longer-term decision on whether recruitment will return to in-person assessment is yet to be made.

Post information

TPDs will work with the team in HET to provide post numbers at two points:

- **Indicative numbers** – provided before applications open and a high-level estimate to guide applicant about availability. It is common for ranges (e.g., 4-10) to be used due to the uncertainty about availability several months away from the start date.
- **Definitive numbers** – 'programme preference' information is required for each different option (location/rotations/start date) available. This comprises the offer to applicants and the more detail

the better for applicants. Though numbers can increase after this stage, ranges are not allowed at this stage.

Contact information

TPDs will usually liaise with their school team who will pass information to/from the lead region via the London/KSS recruitment team; usually post numbers and details of how to sign up to be an assessor.

The London/KSS recruitment team can be contacted directly if necessary:

- Applicant enquiries - <http://lasepgmdesupport.hee.nhs.uk>
- TPD/assessor enquiries - can come in either via the support portal or medicalrecruitment.lase@hee.nhs.uk.

28. RESPONSIBLE OFFICER ADVISORY GROUP (formerly known as Case Management) & TRAINEES IN DIFFICULTY (TiDs)

The Responsible Officer Advisory Group (ROAG) supports the duties of the HEE Responsible Officer and Postgraduate Dean in decision making in relation to fitness to practice issues, and where challenges have been raised, in relation to maintaining a national training number.

The ROAG Meeting occurs every two weeks and these meetings are also a forum for Heads of Specialty Schools to seek advice or guidance on the management of trainees with specific requirements or challenges to training progression. Core membership of the ROAG Meeting is the PG Dean (RO), Operations Manager from the ROAG team (formerly Case Management), the Service Delivery for the ROAG and the Senior Business & Education Manager from HET.

The framework for reaching a decision will be the current version of the Gold Guide, however it should be noted that the Gold Guide remains an advisory document, and the PGD can make derogations to the advice where there are sound educational, operational, and training reasons to reach such a decision.

The ROAG team are responsible for keeping timelines for each trainee to be discussed in a contemporaneous fashion, outlining training progression and a summary of the actions agreed at ROAG. The ROAG team circulate details of trainees to be discussed in advance of each ROAG Meeting.

The ROAG team monitor cases where there have been Serious Incidences; GMC investigations; Appeals; monitoring of high level TiDs; Supernumerary funding and will liaise with the Specialty Officer, OMs, Heads of School and the Postgraduate Dean.

Day to day management of all TiDs is by the Specialty Schools and therefore the Specialty Officer and Operations Managers should be the first and main point of contact. The ROAG team does not manage trainees per se.

Identifying Trainees who require extra support (Trainees in difficulty)

- TPDs should be working closely with their specialty officers, so that they will then know if there are any trainees in difficulty (TID) before ARCPs are held, ie those on long-term sick; those that have physical and mental health issues; issues like dyslexia/learning requirements/those not achieving competencies at the level expected, exam failure etc
- ES reports are very important in logging concerns during training.
- Support meetings with the trainee with a Head of School are sometimes needed and the HET Specialty Officer should be contacted in order to set this up

Resources

1. The Professional Support Unit: <https://london.hee.nhs.uk/professional-development>
2. The Practitioner Support Programme's crisis line: **Text NHSPH to 85258** or visit [Practitioner Health](#).

Practitioner Health is a free, confidential NHS mental health treatment service with expertise in treating healthcare professionals. The service can help with mental health conditions such as depression, anxiety and obsessive-compulsive disorder. They also see healthcare professionals with more severe illnesses, such as bipolar affective disorder, personality disorders and psychosis and with a range of addiction issues.

3. Bullying helpline: <https://www.nhs.uk/conditions/stress-anxiety-depression/bullying-at-work/>
4. Urgent/immediate psychological support in a crisis: Trainees can access free & confidential psychological or mental health support 24/7 via
5. The NHS Frontline service for all NHS staff: **Call 0300 131 7000** (between 7am-11pm) or Text 'FRONTLINE' to 85258 (**24hrs/day**)
6. The BMA's 24/7 counselling service for all doctors (including non BMA members): **Call 0330 123 1245** or visit [The BMA](#)
7. The Samaritans: **Call 116 123** or visit [Samaritans](#)

29. RETURN TO CLINICAL PRACTICE AND SuppoRTT

Trainees who have been out of training for a while, ie due to maternity leave can access SuppoRTT (Supported Return to Training). This was originally managed by PSU but is now managed by HET.

The London & Kent, Surrey and Sussex Supported Return to Training (SuppoRTT) programme aims to support all trainees to safely and confidently return to training after a sustained period of absence. The programme applies to all trainees absent for 3 months or more, regardless of the reason. Those absent for a shorter period may also opt in. Returning trainees are eligible for courses that are not covered by the usual study leave. They are able to claim for funding for supernumerary sessions. Each school within HET and Trust have SRTT champions that are useful as a first point of contact

SuppoRTT: <https://www.hee.nhs.uk/our-work/supporting-doctors-returning-training-after-time-out>

Trainees will be required to complete the 3 following forms with their ES:

- [CLICK HERE to complete the Pre-absence Form](#)

Before starting a period of planned absence of 3 months or more, all trainees should meet with their Educational Supervisor (ES) and complete a Pre-absence Form.

- [CLICK HERE to complete the Pre-absence Form](#)

Before starting a period of planned absence of 3 months or more, all trainees should meet with their Educational Supervisor (ES) and complete a Pre-absence Form.

- [CLICK HERE to complete the Follow-up Form](#)

All trainees should meet with their Educational Supervisor (ES) as soon as possible after returning to work and complete a Follow-up Form.

British Medical Association link on Return to Clinical Practice

<https://www.bma.org.uk/advice-and-support/career-progression/applying-for-a-job/returning-to-clinical-practice-after-absence>

30. REVALIDATION

For trainee doctors, the five-year revalidation cycle will start at the point of full registration with a license to practice, which usually occurs at the start of Foundation Year Two (F2).

The GMC have set revalidation dates for approximately 60 days after expected CCT date. For those whose training programme lasts less than five years, as in General Practice, their first revalidation will take place at CCT.

The designated body for trainees will be the Local Education and Training Board (LETB), and the Responsible Officer (RO) are:

London

- **Professor Geeta Menon (Postgraduate Dean for South London)**
- **Dr Gary Wares (Postgraduate Dean for North London – NCEL and NWL)**

KSS

- **Professor Jo Szram (Postgraduate Dean for KSS)**

They will base their recommendations for revalidation on information supplied for the Annual Review of Competence Progression (ARCP).

HET Officers and OMs are responsible on behalf of the ROs have three options in making a recommendation. These are, in summary:

1. Recommendation to revalidate
2. Deferral request
3. Notification of non-engagement

In order to incorporate [revalidation](#), the Annual Review of Competence Progression (ARCP) has been enhanced by developing the existing documents. The Form R part B, Educational Supervisor's report and ARCP Outcome form include sections relevant to revalidation. The ARCP panel will determine whether or not there are any causes for concern, and the chair of the panel will relay this to the Responsible Officer via the ARCP Outcome Form. This will happen annually, although revalidation itself is on a five-year cycle.

GMC guidance:

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

31. ROTATIONS

HET must adhere to the NHS Code of Practice rules and therefore has strict deadlines to meet. These deadlines are now part of the Junior Doctors Contract Terms and Conditions.

<https://www.nhsemployers.org/publications/doctors-and-dentists-training-terms-and-conditions-england-2016>

Version 10 Version (October 2022)

Code of Practice Key Points:

- HEE are committed to providing information to Trusts (and to Junior Doctors via Oriel) at last 12 weeks before posts are due to commence.
- Trusts can then ensure that relevant information is sent to trainees. This is to include a generic rota at 8 weeks and the actual duty rota at least 6 weeks prior to post start date.

Role of the TPD

- TPDs will be informed by the Specialty Officer of when they need to submit rotation grids. Should any delay be anticipated, the TPD will need to inform the Specialty Officer of the reasons.
- When submitting the grid the TPD will need to account for all trainees, including LTFT, academic trainees' placements, maternity leavers/returners and those on sick leave
- TPD will respond to HET's queries if there is any further information required, ie if there is perceived to have been an overfill of posts or if there is a vacant post whether this needs to be filled by the trust and for how long.
- TPD will inform HET if there are any last-minute changes to the rotation grid.

Rotation Change Request form

Should there be any changes once the 12-week CoP deadline has passed the Rotation Change Request form will need to be completed by the TPD.

The form is available here: [Rotation Change Request](#)

This form should be completed for every change made to a trainee placement once the 12-week CoP deadline has passed. A change constitutes any amendment to a trainee placement which will result in a trust needing to make changes to a work schedule and/or the contract.

Please note that HoS approval needs to be sought prior to TPDs submitting the change form.

HoS will only approve changes after the 12-week deadline on exceptional grounds, to ensure breaches to the CoP are minimised.

Any changes 6-weeks or less require PG Dean approval

PSP FAQs for trainees on rotations:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/folders/7000009270>

<https://lasepgmdesupport.hee.nhs.uk/support/home?trainer>

32. SPECIALTY SCHOOLS INFORMATION

School	Specialty	Mailbox
Anaesthesia: London	https://london.hee.nhs.uk/specialty-schools/anaesthesia	Anaes.lase@hee.nhs.uk
Anaesthesia: KSS	https://kss.hee.nhs.uk/anae/	
Clinical Oncology London	https://london.hee.nhs.uk/specialty-schools/clinical-oncology	ClinOnc.lase@hee.nhs.uk
Clinical Radiology London	https://london.hee.nhs.uk/specialty-schools/clinical-radiology	ClinRad.lase@hee.nhs.uk
Clinical Radiology KSS	https://kss.hee.nhs.uk/clinrad/	
Dental London	https://london.hee.nhs.uk/dental	dental.lase@hee.nhs.uk
Dental KSS	https://kss.hee.nhs.uk/training/dental/	
Emergency Medicine London	https://london.hee.nhs.uk/specialty-schools/emergency-medicine	EM.lase@hee.nhs.uk
Emergency Medicine KSS	https://kss.hee.nhs.uk/em/	
Foundation London	https://london.hee.nhs.uk/medical-training/foundation	FPenquiries.lase@hee.nhs.uk
Foundation KSS	https://kss.hee.nhs.uk/foundation/	
General Practice London	https://london.hee.nhs.uk/gp	GPnorth.lase@hee.nhs.uk
General Practice KSS	https://kss.hee.nhs.uk/primary-care/	GPSouth.lase@hee.nhs.uk
Medicine London	https://london.hee.nhs.uk/specialty-schools/medicine-and-medical-specialties	Individual specialty mailboxes
Medicine KSS	https://kss.hee.nhs.uk/medicine/	
National School of Occupational Medicine	https://london.hee.nhs.uk/specialty-schools/occupational-health	occmed@hee.nhs.uk
O&G London	https://london.hee.nhs.uk/specialty-schools/obstetrics-and-gynaecology	OandG.last@hee.nhs.uk
O&G KSS	https://kss.hee.nhs.uk/obs-gynae/	
Ophthalmology London	https://london.hee.nhs.uk/specialty-schools/ophthalmology	Ophthalmology.lase@hee.nhs.uk
Ophthalmology KSS	https://kss.hee.nhs.uk/ophtha/	

Pathology	https://london.hee.nhs.uk/specialty-schools/pathology	Pathology.lase@hee.nhs.uk
Paediatrics London	https://london.hee.nhs.uk/specialty-schools/paediatrics	Paeds.lase@hee.nhs.uk
Paediatrics KSS	https://kss.hee.nhs.uk/paeds/	
Psychiatry London	https://london.hee.nhs.uk/specialty-schools/psychiatry	Psych.lase@hee.nhs.uk
Psychiatry KSS	https://kss.hee.nhs.uk/psych/	
Public Health	https://london.hee.nhs.uk/specialty-schools/public-health	publichealth.lase@hee.nhs.uk
Surgery London	https://london.hee.nhs.uk/specialty-schools/surgery	surgery.lase@hee.nhs.uk
Surgery KSS	https://kss.hee.nhs.uk/surgery/	

33. SPECIALTY SCHOOL BOARD MEETINGS

These should be held minimum twice a year. The School Boards are accountable to the relevant Postgraduate Dean and are lead by Heads of schools, TPDs are expected to attend. Members are expected to contribute to decision making and share responsibility for the decisions.

A minimum of eight weeks' notice should be given for meetings, ideally dates should be set on an annual basis.

Meeting agenda and papers should be circulated to members at least one week prior to the meeting.

Standard agendas, updates and minutes to be provided by the HET team.

Minutes to be reviewed and distributed to the membership within three weeks after the meeting. Minutes to be shared with the relevant Postgraduate Dean, HET Senior Leadership and the HET Service Delivery Manager.

34. STUDY LEAVE

The heads of schools and training programme directors will monitor and evaluate the range of funded educational activities undertaken by trainees, to ensure that it is fit for purpose, providing quality and value for money.

An overview detailing the HEE-wide approach to study leave is available below. This guidance document has been developed through consultation with trainees, their representative bodies, colleges, specialty advisory committees and faculties.

An overview of the HEE approach document:

<https://www.hee.nhs.uk/sites/default/files/documents/Study%20leave%20guidance%20overview.pdf>

PGMDE Support Portal: FAQs on Study Leave

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000016490>

HEE Study Budget Reforms

<https://www.hee.nhs.uk/our-work/doctors-training/study-budget-reforms>

BMA guidance

<https://www.bma.org.uk/pay-and-contracts/leave/study-professional-and-special-leave/study-professional-and-special-leave>

35. TIME OUT OF TRAINING (Out of Programme OOP)

Trainees are allowed a period of OOP per programme and should discuss their plans with their ES and TPD ahead of providing 6 months' notice of their OOP plans. Application is via the online OOP form which is found Application is via the [online OOP form](#) which is found on the support portal. There is a signatory form that should be submitted with it. There are numerous FAQs on the portal [here](#).

Trainees should not take an OOP period in their first year on a training programme.

If trainees need to extend their OOP they must discuss this with their ES and TPD and submit another form for the extension.

A maximum of 3 years out of clinical training will be allowed. Extensions to this will only be allowed in exceptional circumstances and will require further written approval from the Head of Specialty/Postgraduate Dean and STC Chair / Training Programme Director.

Six months' notice must be given to the Training Programme Director of any changes to the anticipated date of return to the programme. Failure to do this may result in delayed re-entry to the programme or being allocated to another programme.

Trainees should also contact the HR and Pensions Departments at their Trust when considering OOP. This is important to clarify the implications for their continuity of NHS service and any possible effect on maintaining their license to practice during the proposed OOP period

The GMC have a legal duty to prospectively approve any training programme. OOPs taken place at unapproved sites require further approval from GMC once the OOP application has received our endorsement. If the OOP is at a GMC approved location, it requires no further approval. **The HET team is responsible for applying to the GMC if required.**

Internal Administration – OOP Panels

Traditionally, trainees have submitted applications for OOPs on an ad hoc basis. This has resulted in application deadlines being missed, and presents problems for programme management. With the move towards greater flexibility for trainees, in order to assist with the administration of programmes, we are moving towards the use of application windows and panels which will be aligned to rotation dates. This will allow Heads of Schools and TPDs greater oversight of trainees plans for OOP as well as overview of numbers of trainees that are out/are returning at any one time. It is anticipated that all schools will be running OOP panels by summer 2023.

Gold Guide (9th Edition)

<https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition>

Types of OOP

OOPT (Out of Programme Training and Acting Up)

This is for clinical training which isn't part of your training programme. This will normally be a maximum of one year. In exceptional circumstances it can be up to two years. This can count towards the CCT.

OOPR (Out of Programme Research) - maximum of 3 years is allowed

OOPE (Out of Programme Experience) - The General Medical Council (GMC) advises that time and competences gained in Out of Programme Experience posts cannot be counted towards training and will

therefore lead to an extension to your certification date. Time spent in a developing country* will normally be treated as Out of Programme Experience (OOPE), which would not count as part of the CCT/CESR (CP). The Specialty Advisory Committees (SACs) will, however, consider a maximum of three months to count towards training if a satisfactory application for SAC support is submitted.

OOPC (Out of Programme Career Break) – used for example by trainees who have to care for a relative

OOPP (Out of Programme Pause) –allows trainees to step out of formal for a period of time – currently up to one year - and have any competencies gained whilst out of training assessed upon their return. This may allow trainees to minimise the impact on the time out of programme has on their CCT date. for trainees who want to do training in another posting (time can be counted towards CCT)

- OOP-P FAQs [HERE](#)
- OOP-P initiation and scope of practice form [HERE](#)

GMC guidance

The GMC provides guidance for:

- [colleges/faculties](#)
- [deanery/LETB administrators](#)
- [doctors in training](#)

Guidance to be read whilst applying for OOP [A Reference Guide for Postgraduate Specialty Training in the UK – The Gold Guide](#), which provides further out of programme guidance.

- [postgraduate deans](#)
- [training programme directors and educational supervisors](#)

36. TRAINEE INFORMATION SYSTEM (TIS)

Trainee information system (TIS) programme is a national initiative to develop information systems for the management and administration of trainees.

All TPDs should now have access to the system. If you do not, please let your officer know who will be able to arrange access for you.

TIS Functions: When accessing TIS you will be able to see the trainees who are currently in your Specialty School as well as historical and future trainees once they are entered onto the database.

TIS contains details of the trainee record, their placements and all training posts.

Access Permissions

- You will have read only access.
- Your account will automatically be disabled if you do not log in for 6 months.
- TIS functionality works best with Google Chrome.

Please consider the following:

TIS Data: Please bear in mind that the data on TIS is live personal data and is subject to continuous updates and changes by the specialty teams at HEE. In regard to rotations, data can only be regarded as correct from the 12 week code of practice deadline. Until that point of publication, trainees are likely to have their details continuously amended.

Data Protection

Also remember that all staff have a professional duty to [protect](#) the data they work with:

- Do not share your password.
- Do not share or copy data outside of your immediate job-role.
- Ensure that you maintain up to date mandatory information governance training.

Support : If you are unable to log in or have any technical issue with the portal, please contact our IT support team who will be able to assist in resolving the issues - servicedesk@hee.nhs.uk.

Training: A short familiarization training video was developed for trusts to get started with TIS which provides an overview of how to navigate the system this useful video can be found on the following link - <https://sway.office.com/Yfnyqgh3848noFY4?ref=Link> and we encourage you to view this.

TIS URL - <https://apps.tis.nhs.uk/admin/>

36.1 TIS Self-service

From August 2022 Trainees who are new starters were granted access to their trainee portfolio.

In September 22 this was rolled out to any trainee undertaking an ARCP.

Trainees must self-register to the system using the email address HEE hold for them and they will be invited to do so as part of the ARCP preparatory work as this is where they will be expected to submit their Form R.

From 2023 new starters will invited to register as part of their onboarding process.

More information can be found here: <https://tis-support.hee.nhs.uk/about-tis/>

37. VISAS FOR DOCTORS

UK Government site

<https://www.gov.uk/browse/visas-immigration>

<https://www.healthcareers.nhs.uk/explore-roles/doctors/information-overseas-doctors>

BMA guidance

<https://www.bma.org.uk/advice-and-support/international-doctors/studying-and-training-in-the-uk/training-in-the-uk-and-your-visa>

38. WEBSITES AND USEFUL LINKS

London HEE Website – <https://london.hee.nhs.uk/>

TPD Training resources: <https://london.hee.nhs.uk/medical-training/training-programme-director-resources-2>

KSS HEE Website - <https://kss.hee.nhs.uk/>

HEE: <https://www.hee.nhs.uk/our-work>

BMA: <https://www.bma.org.uk>

COPMED: <https://www.copmed.org.uk/> and Gold Guide <https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition>

DOHSC: <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

GDC: <https://www.gdc-uk.org/>

GMC: <https://www.gmc-uk.org/>

GMC – Good Practice <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

GMC: Programme and Site training : <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/programme-and-site-approvals/educational-supervisors-and-training-programme-directors>

NHS Employers: <https://london.hee.nhs.uk/%3Cfront%3E/nhs-employers>

UK Postgraduate Deaneries: <https://www.hee.nhs.uk/our-work/postgraduate-medical-dental-education>

NACT: <http://www.nact.org.uk/>

APPENDIX 1

ACRONYM DICTIONARY

A	ACCS	Acute Care Common Stem
	AHP	Allied Health Professional
	AKT	Applied Knowledge Test
	APGD	Associate Postgraduate Dean
	ARCP	Annual Review of Competence Progression
c	CAMHS	Child and Adolescent Mental Health Service
	CAP	Child and Adolescent Psychiatry
	CbD	Case-based Discussion
	CCH	Community Child Health
	CCT	Certificate of Completion of Training
	CEGPR	Certificate of Eligibility for GP Registration
	CEGPR (AP)	Certificate of Eligibility for GP Registration (Approved Programme)
	CESR	Certificate of Eligibility for Specialist Registration
	CESR (CP)	Certificate of Eligibility for Specialist Registration (Combined Programme)

	CoE	Certificate of Experience
	COGPED	Committee Of General Practice Education Directors
	COPMED	Conference of Postgraduate Medical Deans
	CPD	Continuing Professional Development
	CPT	Core Psychiatry Training
	CSA	Clinical Skills Assessment
	CST	Core Surgical Training
	CT	Core Training
D	DME	Director of Medical Education
	DOPS	Directly Observed Procedures
	DRN	Deanery Reference Number
E	eLfH	eLearning for Healthcare
	EQIA	Equality Impact Assessment
F	FTPD	Foundation Training Programme Director
	FiY1	Foundation Interim Year 1
	FY1	Foundation Doctor Year 1
	FY2	Foundation Doctor Year 2
G	GAP	General Adult Psychiatry
	GIM	General Internal Medicine
	GMC	General Medical Council
	GPNRO	GP National Recruitment Office
H	HEE	Health Education England
	HET	Healthcare Education Team
I	IDT	Inter-Deanery Transfer
	IFST	Inter-Foundation School Transfer
	IOT	Interim Order Tribunal
J	JCST	Joint Committee on Surgical Training
	JRCPTB	Joint Royal College of Physicians Training Board
L	LAS	Locum Appointment for Service
	LAT	Locum Appointment for Training
	LEP	Local Education Provider
	LETB	Local Education and Training Board
	LIFT	Longitudinal Integrated Foundation Training
	LTFT	Less Than Full-time Training
M	MCR	Multiple Consultant Report
	MiniCEX	Mini-Clinical Exercise
	MSF	Multi-Source Feedback
	MTI	Medical Training Initiative
	MPT	Medical Practitioner Tribunal
	MPTS	Medical Practitioner Tribunal Service
N	NES	NHS Education for Scotland
	NMAHP	Nursing, Midwifery and Allied Health Professionals
	NTN	National Training Number

	NTS	National Training Survey
	NIMDTA	Northern Ireland Medical and Dental Training Agency
O	OD	Organisational Development
	OM	HET Operations Manager
	OOH	Out Of Hours
	OOP	Out Of Programme
	OOPC	Out Of Programme for Career Break
	OOPE	Out Of Programme for Experience
	OOPP	Out Of Programme Pause
	OOPR	Out Of Programme for Research
	OOPT	Out Of Programme for Training
P	PGD	Postgraduate Dean
	PSU	Professional Support Unit
	PYA	Penultimate Year Assessment
	PYR	Penultimate Year Review
Q	QA	Quality Assurance
	QM	Quality Management
S	SAS	Speciality Associate Doctors
	SDM	HET Service Delivery Manager
	SJT	Situational Judgement Test
	SOAR	Scottish Online Appraisal Resource
	STB	Speciality Training Board
	STC	Speciality Training Committee
	SAC	Speciality Advisory Committee
	SLE	Supervised Learning Event
	SpR	Speciality Registrar (Appointed prior to January 2007)
	StR	Speciality Registrar (Appointed from August 2007)
T	TPD	Training Programme Director
	TPM	Training Programme Management
	TRoG	Trust Rotation Grid
	TIS	Trainee Information System
U	UKFPO	UK Foundation Programme Office
W	WPBA	Workplace-Based Assessment

TPD TIMELINE

High level timeline of key activities, indicating where TPD input is required. Specialty officers will be able to give specific dates.

Event	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec
Rotations	Grids for May Starters APRIL ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for June Starters	Grids for July Starters	Grids for August Starters	Grids for September Starters AUGUST ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for October Starters SEPT ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for November Starters OCT ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for December Starters	Grids for January Starters	Grids for February Starters	Grids for March Starters FEB ROTATIONS PUBLISHED TO TRUSTS and TRAINEES	Grids for April Starters MARCH ROTATIONS PUBLISHED TO TRUSTS and TRAINEES
ARCP				ARCP Prep work starts	Window 1 Outcome 5 conversions	Window 2 Outcome 5 conversions	Window 3 Outcome 5 conversions	Outcome 5s	ARCP data validation for GMC Return	GMC return		
Recruitment	Round 1 interviews Round 2 interviews	Round 1 interviews Round 2 interviews Definitive post numbers for Round 1	Round 1 offers Round 2 interviews Definitive post numbers for Round 2	Round 1 offers Round 2 interview s complete Round 2 offers	Round 2 offers deadline					Indicative numbers for Round 1*	Round 1 applications Round 2 applications Indicative numbers for Round 2*	Round 1 applications close Round 2 applications close
Academic	ACF interviews complete ACF offers late Jan							ACF Awards announced Job description and clinical capacity checks by specialty TPDs	JDs to academic recruitment team for adverts	ACF applications	ACF applications close ACF Interviews	ACF interviews
IDT	IDT Waiting list to Jan	IDT Feb Windo	IDT Eligibility checks Vacancy Declaration	IDT Conditional offers process	IDT Waiting list to June			IDT August Window	IDT Eligibility checks Vacancy Declarations	IDT Conditional offers process	IDT Waiting list to Jan	IDT Waiting list to Jan

Round 1* CT1/ST1 and run through Aug-Dec starters

Round 2* ST3/ST4+ Aug-Dec Starters

Other activities that require TPD input throughout the year:

- **School Boards – attendance only twice a year**
- **STCs – attendance**
- **RTD - Planning**
- **Allocating academic in addition posts to trusts as part of rotation/grid timeline**
- **CL/Sub-spec – review quarterly**