# Out of Programme – Notice of Intention

Doctors in training must read the [YH Out of Programme Guidance](https://www.yorksandhumberdeanery.nhs.uk/professional-support/policies) prior to completing and submitting this form.

Doctors in training must complete all sections of this form prior to submission to the Deanery.

* Completed form to be emailed to the relevant YH Deanery mailbox:

Dental – england.dentalsupport.yh@nhs.net

Foundation – england.foundation.yh@nhs.net

General Practice – england.gpplacements.yh@nhs.net

Public Health – england.publichealth.yh@nhs.net

All other schools not listed above should be sent to england.stp-programmemanagement.yh@nhs.net

As per the NHS England Yorkshire and the Humber Out of Programme (OOP) Guidance, postgraduate doctors and dentists in training (excluding those on the Foundation training programme) are required to give a minimum of six months’ notice when submitting an application to go out of programme.

This form should be completed where a doctor or dentist in training is planning to go out of programme but does not yet have a confirmed OOP. If a confirmed OOP is in place then the application form should be completed, please [follow this link.](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/oop_application_and_extention_form_template.docx)

To assist postgraduate doctors and dentists when making their application, we have created submission windows based on the start date of the OOP being requested. This will ensure that sufficient notice is provided by the applicant and that the administrative team can prioritise approval of applications in chronological order.

From 1 June 2024, postgraduate doctors and dentists must submit their OOP application to the relevant School mailbox in line with the timeline below.

|  |  |  |
| --- | --- | --- |
| Start Date of OOP between | Application to be submitted before | Expected Outcome Confirmation Date |
| 1 – 31 January 2025 | 30 June 2024 | 1 September 2024 |
| 1 – 28 February 2025 | 31 July 2024 | 1 October 2024 |
| 1 – 31 March 2025 | 31 August 2024 | 1 November 2024 |
| 1– 30 April 2025 | 30 September 2024 | 1 December 2024 |
| 1 – 31 May 2025 | 31 October 2024 | 1 January 2025 |
| 1 – 30 June 2025 | 30 November 2024 | 1 February 2025 |
| 1 – 31 July 2025 | 31 December 2024 | 1 March 2025 |
| 1 – 31 August 2025 | 31 January 2025 | 1 April 2025 |
| 1 – 30 September 2025 | 28 February 2025 | 1 May 2025 |
| 1 – 31 October 2025 | 31 March 2025 | 1 June 2025 |
| 1 – 30 November 2025 | 30 April 2025 | 1 July 2025 |
| 1 – 31 December 2025 | 31 May 2025 | 1 August 2025 |

## Section A: Postgraduate Doctor in Training Information

|  |  |
| --- | --- |
| Surname  | Forename |
|  Click or tap here to enter text. |  Click or tap here to enter text. |
| Training Programme | GMC/GDC number  | Mobile No  |
|  Click or tap here to enter text. |  Click or tap here to enter text. |  Click or tap here to enter text. |
| Are you a Tier 2/4/Skilled Worker Visa Holder?  | Choose an item.*Please note, you are responsible for ensuring your application complies with immigration regulations and guidance and must inform the overseas sponsorship team of your application.*  |
| Current ARCP Outcome | Current Programme End Date |
|  Choose an item. |  Click or tap to enter a date. |
| Current training post  |
|  Click or tap here to enter text. |
| Grade at time of application: |
| Click or tap here to enter text. |
| Current email address (for contact regarding the application)  |  Click or tap here to enter text. |

## Section B: OOP Information

The information in this section is provisional and is to provide a guide to your future OOP. You must submit the OOP application form when your OOP placement is confirmed, please [follow this link.](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/oop_application_and_extention_form_template.docx)

|  |  |
| --- | --- |
| **Type of OOP** | Choose an item. |
| **Proposed dates**  | From: Click or tap to enter a date. To: Click or tap to enter a date. |
| **Please provide more details about your plans for OOP**  | Click or tap here to enter text. |

## Section C: Training Programme Director Declaration

|  |  |
| --- | --- |
| **Declaration** | **Yes/No** |
| I can confirm that the Trainee is meeting all educational requirements, and this application is appropriate. I support this application.  |   |
| The Trainee will remain in their current post until the further application is received.  |   |
| Training Programme Director Name  |   | Date  |   |
| Training Programme Director Signature  |   |