# Out of Programme Application and Extension Form

* Doctors and dentists 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 and dentists in training must complete all sections of this form prior to submission to the Deanery, including signatures of support, collecting written evidence, etc.
* Completed form to be emailed to the relevant YH Deanery School mailbox:

Anaesthesia – [england.anaesthetics.yh@nhs.net](mailto:england.anaesthetics.yh@nhs.net)

Dental – [england.dentalsupport.yh@nhs.net](mailto:england.dentalsupport.yh@nhs.net)

Emergency Medicine – [england.emsupport.yh@nhs.net](mailto:england.emsupport.yh@nhs.net)

Foundation – [england.foundation.yh@nhs.net](mailto:england.foundation.yh@nhs.net)

General Practice – [england.gpplacements.yh@nhs.net](mailto:england.gpplacements.yh@nhs.net)

Medicine – [england.medicine.yh@nhs.net](mailto:england.medicine.yh@nhs.net)

Obstetrics and Gynaecology – [england.oandg.yh@nhs.net](mailto:england.oandg.yh@nhs.net)

Ophthalmology – [england.ophthalmology.yh@nhs.net](mailto:england.ophthalmology.yh@nhs.net)

Paediatrics – [england.paediatricsupport.yh@nhs.net](mailto:england.paediatricsupport.yh@nhs.net)

Pathology – [england.pathology.yh@nhs.net](mailto:england.pathology.yh@nhs.net)

Psychiatry – [england.psychiatry.yh@nhs.net](mailto:england.psychiatry.yh@nhs.net)

Public Health – [england.publichealth.yh@nhs.net](mailto:england.publichealth.yh@nhs.net)

Radiology – [england.radiology.yh@nhs.net](mailto:england.radiology.yh@nhs.net)

Surgery – [england.surgery.yh@nhs.net](mailto:england.surgery.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.

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 |

The outcome of all OOP applications will be confirmed in writing, in line with the above timeline.

## 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. | | | |
| Address of current training post | | | |
| Click or tap here to enter text. | |  | |
| Current employer (if different to above) | | | |
| Click or tap here to enter text. | |  | |
| Current email address (for contact regarding the application) | | Click or tap here to enter text. | |
| Email address for contact during OOP (if  approved). *It is essential that you provide us with an email that will allow us to contact you whilst Out of Programme.* | | Click or tap here to enter text. | |
| If you have taken any other period(s) of OOP during this training programme, please provide details. (*Include dates and type of OOP)* | | Click or tap here to enter text. | |

## Section B: OOP Information

|  |  |  |  |
| --- | --- | --- | --- |
| Type of OOP | | Choose an item. | |
| Title of OOP Post  *(not required for OOPC or OOPP)* | | Click or tap here to enter text. | |
| Proposed dates  *If you are applying with less than 6 months’ notice (or 3 months for OOPP), please note you are required to submit a statement confirming the reason(s) for the delay.* | | From: Click or tap to enter a date. To: Click or tap to enter a date. | |
| Location of OOP placement where applicable *(full address)* | | Click or tap here to enter text. | |
| Where applicable, state how much time you intend to be counted towards training | | Click or tap here to enter text. | |
| Name of Current Clinical Supervisor | Click or tap here to enter text. | Email address of Clinical Supervisor | Click or tap here to enter text. |
| Name of Current Educational Supervisor | Click or tap here to enter text. | Email address of Educational Supervisor | Click or tap here to enter text. |

## Section C: Training Programme Director Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | **Yes/No or N/A** |
| I can confirm that the Trainee is meeting all educational requirements, and this application is appropriate. I support the approval of this application. | | |  |
| The Trainee will remain in their current post until the application receives Deanery approval. | | |  |
| I am aware of the Trainee’s anticipated return date (following OOP) and have planned the training programme placements accordingly. | | |  |
| Where you have been unable to tick any of the above boxes, please explain why in the field below. | | | |
|  | | | |
| Training Programme Director Name |  | Date |  |
| Training Programme Director Signature |  | | |

## Section D: Postgraduate Doctor in Training Declaration

|  |  |
| --- | --- |
| **Declaration:** |  |
| I have completed all relevant parts of the form and, to my knowledge, all information is correct. | Choose an item. |
| I have discussed this application with my Educational Supervisor and Training Programme Director and they both support my application. | Choose an item. |
| I have obtained the approval/signature of my Training Programme Director above (section C) | Choose an item. |
| I understand that I must not begin my OOP post until I have approval from the Deanery. | Choose an item. |
| I have contacted the YH Deanery Sponsorship team to discuss the impact of my OOP upon my visa (where relevant). [england.sponsorshipsupport.yh@nhs.net](mailto:england.sponsorshipsupport.yh@nhs.net) | Choose an item. |
| I understand that where the notice period is less than 6 months, I must liaise with my employer to agree the end date of my employment contract to enable the start of my OOP. I recognise that Deanery approval and approval from my employer are two separate processes/discussions, for which I am fully responsible for, and that my employer may insist on my full notice period being served | Choose an item. |

## Section E: Supporting Information Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supporting Information:** | | | |  |
| **All applications**: I have provided a statement of aims and objectives to support my OOP application. *NOTE: these are your personal aims and objectives, not the research proposal. This should include such information as why the period of OOP is important to you, how it will improve/impact upon your training/future practice, and your long-term plans.* | | | | Choose an item. |
| I have provided proof of funding and appointment for the OOP opportunity (OOPE, OOPR, OOPT only) | | | | Choose an item. |
| I have provided a statement outlining why my application has not met the 6-month deadline. | | | | Choose an item. |
| I have provided evidence of College approval (OOPR, OOPT only, where relevant) | | | | Choose an item. |
| I have provided a copy of the research proposal (OOPR only, where applicable). | | | | Choose an item. |
| I have provided a statement explaining why I am requesting a career break (OOPC only) | | | | Choose an item. |
| I have provided a job description and/or brief outline of the structure of the OOP which includes a weekly timetable and confirmation of any out-of-hours duties (OOPE, OOPR, OOPT only). | | | | Choose an item. |
| **NOTE: if you do not include the above supporting information, your application will be returned and will not be reviewed by the Postgraduate Dean until this is received.** | | | | |
| Trainee Name | Click or tap here to enter text. | Date | Click or tap to enter a date. | |
| Trainee Signature |  | | | |

## Section F: Postgraduate Dean/ Dental Dean (or Associate Dean) Decision

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the OOP approved or declined? | | Approved  *Please see conditions on support section below and complete if relevant* |  | Declined  *Please explain reasons fully below* | | |  |
| Are there any conditions on the approval?  *This may be proposed dates to be changed to fit with rotational changeover. If none, please write n/a.* | | | | | | | |
|  | | | | | | | |
| If you have declined the application, you must complete the section below giving full reasons for your decision. | | | | | | | |
|  | | | | | | | |
| Name of Postgraduate Dean |  | | | | Date |  | |
| Signature |  | | | | | | |

## For Yorkshire and Humber Deanery Office use only:

|  |  |  |
| --- | --- | --- |
| **To be completed by YH Deanery Programme Support Team** |  | **Date** |
| Complete application received (including all supporting information as listed below) |  |  |
| *Statement of aims and objectives (all applications)* |  |  |
| *Proof of funding and appointment (OOPE, OOPR, OOPT only)* |  |  |
| *Statement explaining late application (where relevant)* |  |  |
| *College approval (OOPR, OOPT only and where required prior to PG Dean approval)* |  |  |
| *Research approval (OOPR only)* |  |  |
| *Statement explaining why requesting a career break (OOPC only)* |  |  |
| *Job description and timetable (OOPE, OOPR, OOPT only)* |  |  |
| Application returned to trainee with request for missing information |  |  |
| Application logged on OOP Tracker (NOTE: do not log an application until all relevant supporting information is received) |  |  |
| Eligibility checked with the YH Deanery Sponsorship Team (where applicable) |  |  |
| Associate Dean approval granted |  |  |
| Trainee notified of outcome |  |  |
| Rotation grid updated (where approved) |  |  |
| All correspondence saved to Trainee file |  |  |
| Copy of completed form and covering letter sent to:   * *Doctor/Dentist in training* * *Local Education Provider (current placement provider)* * *Employer (if different from the above)* * *Training Programme Director* * *Sponsorship team (where applicable)* * *Revalidation Team (where applicable)* * *Workforce Information and Contracts Team* |  |  |
| College/GMC Approval received from the Trainee (where applicable) |  |  |