

**NHS England– North West**

**Training Programme Management**

**Policy and Process for Out of Programme Applications  
(Hospital Specialty Resident doctors)**

<b>Document Title</b>	Policy and Process for Out of Programme Applications
<b>Purpose</b>	To provide guidance to hospital specialty resident doctors, Clinical/Educational Supervisors, Training Programme Directors/Heads of School, NHSE operational staff, Host Organisations and Lead Employers on the policy and process to be followed for Out of Programme applications from hospital specialty resident doctors.
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## **TAKING TIME OUT OF PROGRAMME (OOP)**

### **1. Background**

- 1.1 The purpose of Out of Programme (OOP) is to allow a resident doctor to gain additional clinical experience, clinical training or to undertake a period of research outside the training programme to which they were appointed. Resident doctors may also request to take a career break or a pause in training.
- 1.2 OOP options exist to support the resident doctor in achieving their individual educational/personal needs, subject to the approval of NHSE North West. As per the Gold Guide (10<sup>th</sup> edition) 3.143, time OOP can only be taken with the agreement of the Postgraduate Dean, who will consult as necessary with those managing the specific training programme. There are some limiting factors including:
- The ability of the programme to fill resulting gaps in the interests of patient care and others on the training programme
  - The capacity of the programme to accommodate the resident doctor's return at the end of the planned break
  - Evidence of the resident doctor's on-going commitment to and suitability for training in the specialty.

Therefore, resident doctors must not assume that their request will be approved.

- 1.3 Further detail about OOP can be found in the Gold Guide 3.143 – 3.176 and on the GMC website [GMC/Out of programme \(OOP\)](#). Each Royal College also has specific requirements relating to OOP and resident doctors are advised to contact their College for further details.
- 1.4 Trainees may be approved for more than one OOP per training programme (including dual and triple CCT programmes) if the period of time out does not compromise clinical skills and currency. All requests for a second period of OOP will require Postgraduate Dean's approval. Normally, OOPs that run consecutively would not be approved. However, the Postgraduate Dean has discretion to consider exceptional circumstances and approve OOPs where there are sound educational reasons to do so. (For example, academic trainees may be required to undertake time out of programme for clinical experience (OOPE) in preparation for OOPR to undertake a PhD degree.)

### **2. Categories of OOP**

- 2.1 OOP for Clinical Training (OOPT) - allows the resident doctor to spend time in clinical training that has been prospectively approved by the GMC, and which is not part of the resident doctor's specialty training programme. This includes time 'acting-up' as a consultant. The duration of OOPT will normally be for a period of up

to 12 months ('acting up' is limited to 3 months, pro rata for LTFT resident doctors, and can only take place in the final year of the programme).

- 2.2 OOP for Clinical Research (OOPR) - allows the resident doctor to undertake research, normally for a higher registerable degree, e.g. PhD. Time spent out of programme for research purposes can be recognised towards the award of CCT when the relevant curriculum includes such research as an optional element. The duration of OOPR is normally up to a maximum of 3 years, with a 4-year maximum in exceptional circumstances which requires the prospective approval of the Postgraduate Dean.
- 2.3 OOP for Clinical Experience (OOPE) - allows the resident doctor to gain clinical experience, which is not a requirement of the specialty training programme curriculum. This does not require prospective GMC approval and does not count towards CCT. This includes working overseas in developing countries. The duration of OOPE will normally be for a period of up to 12 months.
- 2.4 OOP for Career Break (OOPC) - allows the resident doctor to take a planned career break 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 Lead Employer occupational health services as for other staff. OOPC is an inappropriate way of managing health issues (Gold Guide 3.174). Further guidance on training and health is outlined in the Gold Guide 3.177 – 3.182. If resident doctors are considering applying for OOPC for health reasons or domestic circumstances, they must explore other options first such as Less Than Full Time Training or statutory leave such as sick leave. The duration of OOPC is normally for a period of up to 12 months, with a second year at the discretion of the Postgraduate Dean.
- 2.5 OOP Pause (OOPP) - allows resident doctors in specialty training to step off the training ladder and **undertake work in the NHS or a similar patient-facing role in the UK**. Experience and competencies gained outside of training may then be considered on the resident doctor's return to their training programme. The duration of OOPP will normally be for a period up to 12 months.

### 3. Eligibility

- 3.1 Full details of out of programme guidance can be found in sections 3.143 – 3.176 of the Gold Guide (10th edition) and on the GMC website:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme>

Resident doctors are advised to familiarise themselves with this guidance, and with the OOP guidance from the relevant Royal College, before proceeding with their application.

- 3.2 OOP will not normally be granted, unless a resident doctor has been in post for one year. Core resident doctors (with the exception of Academic Clinical Fellows) are therefore eligible for OOP options after satisfactorily completing their first year of

training, as are resident doctors in ST3 posts in uncoupled specialties. However, occasions where OOP is granted for core resident doctors are likely to be exceptional (usually for OOPC), given the short period and the nature of their training. The time spent OOP when in core training does not count towards CCT. Academic Clinical Fellows would only be allowed to undertake OOP on completion of their post. Resident doctors undertaking LAT posts cannot request time out of their post.

- 3.3 OOPs may be considered in the final year of training if the trainee is on track for an ARCP outcome 6.
- 3.4 A trainee with insufficient progress at the ARCP or with unmet objectives identified at their ARCP will not normally be granted a period of OOP.
- 3.5 It is possible that some of the time spent OOPT or OOPR may be counted towards CCT. This must be prospectively approved by the GMC; retrospective applications will not be approved. GMC approval for the time to count towards CCT is a requirement of [‘The Directive on Recognition of Professional Qualifications’](#).
- 3.6 Resident doctors would not be allowed to commence OOP if the application to the GMC is retrospective, unless it can be demonstrated there has been a failure of the process which was beyond the control of the applicant. In such circumstances the OOP may still proceed but the time will not count towards training until GMC approval is obtained. Resident doctors are reminded that approval also needs to be sought from the relevant Royal College/Faculty.

#### 4. The Process

- 4.1 Resident doctors must discuss any proposed OOPT/R/E/P with their Educational Supervisor and Training Programme Director (TPD) prior to submitting an application. They are obliged to consider the programme’s whole training environment as part of the approval process. They will be able to inform a resident doctor as to how the proposed OOP fits in with the curriculum for the specialty (OOPT/R/E), and whether the programme can currently accommodate the application. If supported at this stage, the resident doctor should also inform their clinical department (rota organiser/clinical director/leave supervisor) of the intended OOP start and finish date.
- 4.2 The TPD must provide a statement as to whether they support or do not support the proposed application, which the resident doctor must attach to their application paperwork. Where applications are supported, the TPD must specify the areas of the curriculum that are relevant to the proposed placement (OOPT/R/E), together with an assurance that the programme can accommodate the gap and proposed return date. Where an application is not supported, the TPD must also provide a statement detailing the reasons why. Resident doctors applying for OOPR also require a statement from their research supervisor which outlines the programme of research and any associated funding.

- 4.3 Where a TPD supports an application, resident doctors should be aware that this is not final approval. Formal approval by the Postgraduate Dean is required and this function is delegated to the Lead Associate Dean for the Specialty.
- 4.4 The resident doctor must then apply for time OOP by completing and returning the application form to the Programme Support Manager (PSM) for the School (see section 21) at least 6 months in advance of the proposed start date. The 6 months' notice period starts on receipt of the paperwork by NHSE. Resident doctors must not commence OOP until they have received written confirmation of approval.
- 4.5 The PSM may delegate processing of the form to a NHSE administrator; applications will be reviewed by the Associate Dean for the School, who is authorised to approve or reject applications on behalf of the Postgraduate Dean.
- 4.6 To assist completing the OOP application form, each type of OOP is described below in its own section. An incorrectly completed or incomplete application will **NOT** be processed and will be returned to the resident doctor.
- 4.7 If resident doctors are considering applying for OOP**C/P** for health or domestic reasons, they must explore other options first such as Less Than Full Time Training or statutory leave such as sick leave. Resident doctors must discuss such options with their TPD **and** the Lead Employer before proceeding with an OOP**C/P** application. Resident doctors must then apply to the PSM as outlined above.
- 4.8 Resident doctors wishing to apply for an extension to OOP**C/E/R/T** must discuss this with their TPD, complete the application form and return it to the relevant PSM at least 6 months before the expiry of the current OOP approval. The most recent ARCP documentation and Form R must be attached to the application. If the extension is a continuation of an existing post, the previous GMC approval remains, although additional time towards training would not be given beyond that already prospectively approved by the GMC. If the extension is to undertake a different post, a new, prospective application is required.
- 4.9 Resident doctors wishing to curtail their time OOP and return early to the programme must contact their TPD immediately to discuss their changed circumstances. Resident doctors must also make a formal application by completing the OOP cancellation and curtailment form and return it to the relevant PSM. Resident doctors are reminded that an early return to the programme cannot be guaranteed, given the arrangements that will have been implemented to accommodate the planned absence from the programme. In such circumstances, the resident doctor will remain OOP until the mutually agreed return date.
- 4.10 Resident doctors whose circumstances change whilst OOP**E/OOPC/OOPP** but wish to remain OOP for the approved time, must contact the relevant PSM immediately to discuss the change, who will then discuss this with the relevant Associate Dean.
- 4.11 Resident doctors should be aware that if they commence a period of OOP without having followed this application process and associated timescales, they will be deemed by the employer to be taking unauthorised absence. Failure to complete

the required process may also be considered as non-engagement (Gold Guide 3.44) and may compromise revalidation.

- 4.12 Resident doctors should be aware that if after receiving OOP approval they subsequently receive a developmental ARCP outcome, OOP approval may be withdrawn.
- 4.13 Resident doctors must advise NHSE NW of any matters which may affect their CCT date (e.g. statutory leave) during their period of OOP which may require an extension.

## 5. Timescales

- 5.1 Resident doctors must indicate the dates (inclusive) that they anticipate they will be out of programme. Resident doctors must allow 6 months for the forms to be processed and GMC approval granted (if required) prior to the OOP start date. Start and end dates of the time OOP are normally expected to align with post change-over dates with the training programme.
- 5.2 Due to the number of necessary components involved in OOP approval, if a resident doctor fails to submit an OOP Application Form 6 months' in advance of the proposed OOP start date to the relevant PSM, it is likely that an otherwise acceptable application will not be processed by the proposed OOP start date. It should also be noted that many Schools in NHSE North West and related Royal Colleges/Faculties have additional unique requirements that also apply to OOP, some of which may require significantly more than 6 months' notice for an application to be successful. As stated above in point 4.3, the 6 months' notice period starts on receipt of the paperwork by NHSE and resident doctors must not commence OOP until they have received written confirmation of approval.
- 5.3 The timescales enable the Postgraduate Dean and those managing the programme to consider the impact of the application on the programme and to enable Host Organisations to make appropriate plans to maintain patient care and safety. It is acknowledged that there may be exceptional circumstances where a resident doctor may need to apply for urgent OOPC and not be able to give 6 months' notice. Please see section 20 for the eligibility criteria for urgent applications for OOPC. It is also acknowledged that the selection processes for some prestigious research awards and other national opportunities may not align with the 6 months' notice period. In such circumstances, resident doctors are advised to submit a prospective application for OOPR or OOPE as soon as possible.
- 5.4 Resident doctors must give at least 6 months' notice of their expected return date to the relevant TPD. They will be accommodated into the next suitable vacancy in their programme although it may take time for such a placement to arise. Resident doctors are therefore advised that their return to the programme may not be within six months of indicating their wish to return to training. In such circumstances, the resident doctor will remain OOP until the mutually agreed return date.



## **6. Application Approval**

- 6.1 Resident doctors must supply all the details requested on the form. These details are essential to facilitate the approval process.
- 6.2 The order with which approval for OOPT or OOPR applications must be sought varies across the Royal Colleges. Some Royal Colleges require NHSE approval first, whilst others will grant approval subject to NHSE approval. Therefore, resident doctors must check with their Royal College when commencing the application process. Guidance should also be sought from the relevant PSM within NHSE. Resident doctors should indicate whether they have obtained College approval for their OOP on the OOP application form. Although OOP must be approved by NHSE and GMC to count towards training, evidence of College approval is necessary for GMC to consider an application.
- 6.3 The application must be supported by the resident doctor's Educational Supervisor, TPD and Royal College (if applicable) and approved by the Postgraduate Dean, in order to be presented to the GMC. If resident doctors experience difficulty in securing all the required support, they are advised to contact the lead Associate Dean for their specialty. (As outlined in 6.2 above, enquiries regarding the order of the approval process should be directed to the relevant PSM).
- 6.4 Once completed, the form should be emailed to the relevant PSM. Contact details for the PSMs for all Schools are included in section 22 on page 21.
- 6.5 The School team will then process the application and if it is approved, will forward it to the GMC for approval.

## **7. Personal Details**

- 7.1 Personal details should be provided on the application form as accurately and fully as possible, including an indication as to whether a resident doctor will be on a visa during their time OOP. It is the resident doctor's responsibility to ensure any OOP request is within the regulations for their visa status. Any associated costs will be the responsibility of the resident doctor.
- 7.2 NHSE/Royal College/GMC may need to contact a resident doctor during their OOP so full contact details for the period of OOP must be provided on the application form. If contact details change during the period of OOP, resident doctors must inform their School team and the Lead Employer.

## **8. National Training Number**

- 8.1 Resident doctors retain their NTN whilst OOP, providing they comply with the requirements outlined within this policy and the conditions on which their application was approved.

## 9. ARCP Process and OOP

9.1 The annual ARCP process applies to **all** resident doctors who are OOP and they must submit the required information and may be expected to attend an annual review if based in the UK. The following information is required:

- Completion by the resident doctor of the Form R, Parts A and B to support revalidation
- An annual OOP report form (this can take the form of the resident doctor's original OOP application form if no changes have taken place)
- For clinical-based OOP - the normal assessment forms for the specialty, together with a Clinical Supervisor's report
- For research-based OOP – a report on progress of research towards the stated objectives from the research supervisor
- For career break OOP – update from resident doctor, which may include an Occupational Health report if applicable
- Confirmation of the return date agreed at the start of OOP
- In all cases where resident doctors are clinically active or working where a licence to practise is necessary, they must be able to demonstrate and document compliance with Good Medical Practice, including evidence of appraisal.

9.2 If in any doubt of the requirements, it is the resident doctor's responsibility to contact their TPD for further information, at least 4 months before the ARCP.

## 10. Revalidation and OOP

10.1 The Postgraduate Dean will remain a resident doctor's Responsible Officer (RO) whilst they are OOP and the designated body is Health Education North West Office.

10.2 Whilst resident doctors are OOP they will need to do the following, on at least an annual basis:

- Engage with and complete the requirements of any training component of the work they are undertaking, including provision of a Supervisor's Report, completion of online portfolios and any workplace-based assessments as specified by the specialty curriculum. This continues during any work overseas. Where possible the Educational Supervisor's report should be completed via the relevant e-Portfolio. If this is not possible a paper report should be completed
- Engage in and provide documentary evidence of involvement with the appraisal or review process in their Host Organisation, and retain any paperwork for submission to the ARCP panel
- Complete the Form R, listing any wider work that they perform, and answering the revalidation questions about any incidents, complaints, health and probity in readiness for revalidation

- Maintain their licence to practise, including their Postgraduate Dean RO connection on GMC Connect. Resident doctors should not relinquish their licence whilst OOP. Once appointed to the training programme resident doctors remain the responsibility of the Postgraduate Dean RO until they have completed their training and resigned their NTN.

## 11. Funding and Contractual Issues

- 11.1 Resident doctors whose **OOPT/R/E/P** applications are successful will be granted unpaid leave for the period of the OOP. NHSE does not provide funding for periods out of programme and therefore resident doctors must seek external funding e.g. Clinical Research Fellowship.
- 11.2 Resident doctors must ensure that the Host Organisation offering the OOP post issues a statement of terms and conditions of service. Resident doctors are not eligible to claim expenses from NHSE and it is the responsibility of the organisation hosting the post to meet any expenses associated with it.
- 11.3 **OOPT/E/P** placements must be fully funded as resident doctors cannot normally undertake other paid work whilst **OOPT/E/P**. Any additional paid work is at the discretion of the Postgraduate Dean. This must be discussed and agreed prior to undertaking, and the resident doctor must have appropriate indemnity.
- 11.4 Resident doctors undertaking **OOPR** must also discuss and agree the scope of any clinical work at the time of their application, and ensure they have appropriate indemnity.
- 11.5 Salary payments for posts when **OOPT/R/E/P** are the responsibility of the Host Organisation and not the Lead Employer.
- 11.6 Study Leave in OOP will only be available to trainees who are **OOPT**. There must be clear evidence linking the application to the specific curriculum requirement for the trainee's individual specialty. It may be appropriate for other resident doctors to access Supported Return To Training ('SuppoRTT') funding/opportunities in preparation for returning from OOP.
- 11.7 It is the responsibility of the doctor to contact the Lead Employer to establish how the OOP will affect their:
- Continuous employment
  - Incremental progression
  - Maternity leave entitlement
  - Employer's contributions to superannuation
  - Any other employment issues
- 11.8 Doctors in training taking career breaks should get advice from their employers on all statutory rights in relation to career breaks.

## 12. NHS Pensions Guidance

- 12.1 Please follow the link below for guidance on NHS Pensions whilst OOP. Resident doctors may wish to provide a copy to their Host Organisation for their OOP placement (unless OOPC):

[NHS Pensions - Authorised leave/career breaks](#)

- 12.2 In addition to the above, resident doctors are also advised to discuss the impact of any time OOP on their pension commitments and entitlements with the Lead Employer **prior** to commencing OOP. This will enable them to make an informed decision as to whether they remain in the scheme whilst OOP.

## 13. Returning to Training

- 13.1 Resident doctors must liaise with their TPD towards the end of their period OOP to plan and agree a return to work programme that will ensure an effective return to the training programme whilst also maintaining patient safety. The details of this will vary according to each individual's stage of training, experiences whilst OOP including any clinical work undertaken, as well as the length of time away from the training programme.

## 14. Appeals

- 14.1 If resident doctors wish to appeal against a refusal to grant OOP, they should refer to the Appeals Process (Non-ARCP), which can be found on our website:  
<https://www.nwpgmd.nhs.uk/policies-procedures>

**15. Out of Programme Training (OOPT)**  
*(Section 2.1 on the OOP Application Form)*

Out of Programme Training is a period of clinical training outside the resident doctor's own training scheme, which may be abroad or within the UK, and is to be counted towards their CCT. The clinical experience must be clearly different to that which is available within the home programme. The duration of OOPT will normally be for a period of up to 12 months. Prospective GMC approval is essential. If the post has been previously recognised by GMC, NHSE approval will be fast-tracked. Approval from the relevant Royal College must also be sought.

**Process map overleaf**

## Out of Programme Training (OOPT) - Process map

Resident doctor discusses going on OOPT with Educational Supervisor and TPD. If supported in principle, resident doctor informs their clinical department of intended OOP start and finish date. Resident doctors must apply at least 6 months in advance to allow enough time for gaining approval and for their current Host Organisation to meet the needs of patients.



Resident doctor clarifies process for securing Royal College approval, seeking guidance from the College and PSM regarding the order for College and NHSE approval (see 6.2 above). The application forms can be found on the Royal College and NHSE websites.



Resident doctor completes NHSE OOP application form, with 2 signatures (TPD and Educational Supervisor) and submits the application at least six months before the proposed OOP start date, along with the Royal College letter of support if required at this stage, to the relevant PSM for Postgraduate Dean approval.

### APPROVED



If approved, NHSE will apply to the GMC for approval. Royal College approval must be available at this stage. The GMC review the application and if required, requests any additional information. Once reviewed, the GMC sends the NHSE administrator a GMC approval letter.



Once approval is granted and GMC approval received, the NHSE administrator sends a NHSE OOP approval letter with a copy of OOPT application and GMC confirmation letter to: Resident doctor, Royal College, TPD and Lead Employer.



Lead Employer writes to resident doctor to confirm contractual conditions relating to OOP, including continuing employment and failure to return

### NOT APPROVED



If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website <https://www.nwpgmd.nhs.uk/policies-procedures>

## 16. Out of Programme Training - Acting Up Consultant

Resident doctors can apply to take time OOP and credit time towards CCT as an 'acting up' consultant (AUC) if it is permitted in the relevant specialty curriculum. Posts must enable resident doctors to gain the competences, knowledge, skills and behaviours relevant to their curriculum. If the post is formally included in the approved specialty curriculum and is within the NHSE North West area, additional prospective approval is not required from the GMC. If the post is in a different training programme, prospective GMC approval must be obtained.

If the specialty curriculum does not refer to a period of acting up as a consultant, then the subsequent acting up period will not be recognised as training by the relevant College/Faculty and GMC and therefore cannot be counted towards training time. In these situations, the resident doctor will need to consult the out of programme policy and apply for out of programme experience (OOPE). In these circumstances the subsequent OOPE application should be clearly marked as acting up.

Resident doctors are advised to discuss the arrangement with their Lead Employer so they are aware of the contractual arrangements during this period.

The following conditions must be met in order to "act up".

1. Attachments are restricted to the UK, normally within the resident doctor's NHSE region.
2. Attachments are restricted to the final year of training.
3. The resident doctor is only allowed to act up for a maximum period of 3 months (pro rata for LTFT resident doctors) prior to CCT.
4. The resident doctor must have a named Clinical Supervisor for the period of training in the hospital/organisation in which they are acting up. The Supervisor must be from the same specialty and be able to give advice not only on clinical matters, but also on administrative, ethical or legal matters. They must always be available for support, including out of hours or during on-call work.
5. The resident doctor must have access to a named Educational Supervisor in the same specialty in the same or a nearby hospital to provide managerial and specialty support.
6. The term "acting up" and not "locum" must be applied.
7. Locum consultant appointments cannot be taken up by resident doctors before they have achieved registration on the GMC specialist register. (Resident doctors who are post CCT and in their 'Period of Grace' are not eligible to 'Act Up' but will be expected to take up the post as a Locum consultant. Upon taking up such a post, they will be expected to resign their NTN).
8. **There is a separate Acting Up a Consultant application [form](#) which must be completed.**

## Out of Programme Training - Acting Up Consultant – Process Map

Resident doctor discusses acting up with Educational Supervisor and TPD. If supported in principle, resident doctor informs their clinical department of intended start and finish date. Resident doctors must apply at least 6 months in advance to allow enough time for gaining approval and for their current Host Organisation to meet the needs of patients.



If the time is to count towards CCT, the resident doctor clarifies this with the relevant Royal College, seeking guidance from the College and PSM regarding the order for College and NHSE approval (see 6.2 above). The application forms can be found on the Royal College and NHSE websites.



Resident doctor completes an AUC application form and submits the application at least six months before the proposed start date, to the relevant PSM for Postgraduate Dean approval. If the AUC is not approved in the specialty curriculum the resident doctor completes an OOPE application



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The NHSE administrator will seek Postgraduate Dean approval. Once approval is granted the NHSE administrator sends an AUC approval letter & copy of the completed form to: Resident doctor, TPD, MSM(s) and Lead Employer.

OOPE approval is as per section 18.



Lead Employer writes to resident doctor to confirm contractual conditions relating to AUC



### NOT APPROVED

If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website

<https://www.nwpgmd.nhs.uk/policies-procedures>



## **17. Out of Programme Research (OOPR)** *(Section 2.2 on the OOP Application Form)*

Resident doctors can apply for a period of dedicated research for a higher degree such as Ph.D. We will usually approve a maximum of three years of OOPR, with a possible further year extension dependent on individual circumstances. Extensions for a further year will only be granted in exceptional circumstances and will require the specific prospective approval of the Postgraduate Dean (Gold Guide 3.168).

It is acknowledged that a small number of PhDs require 4 years from the outset. In such circumstances, NHSE will seek advice from its partner Higher Education Institutions to help assess the academic merit of the proposed research. The Lead Associate Dean for Integrated Clinical Academic Training will facilitate the assessment of such proposals. However, granting 4 years OOPR in the first instance is not the norm and resident doctors will be expected to provide detailed information to support any such request, which will require the specific prospective approval of the Postgraduate Dean.

An element of the time spent out of OOPR will be recognised towards the award of a CCT when the relevant curriculum includes such research as an optional element or there is a significant clinical training component.

Applications for OOPR must be supported by a statement from the research supervisor which confirms the programme of research and any associated funding. A copy of the statement must be attached to the application form.

**Process map overleaf**

## Out of Programme Research (OOPR) – Process Map

Resident doctor discusses going on OOPR with Educational Supervisor and TPD. If supported in principle, resident doctor informs their clinical department of intended OOP start and finish date. Resident doctors should apply at least 6 months in advance to allow enough time for gaining approval and for their current Host Organisation to meet the needs of patients.



Resident doctor clarifies process for securing Royal College approval, seeking guidance from the College and PSM regarding the order for College and NHSE approval (see 6.2 above). The application forms can be found on the Royal College and NHSE websites.



Resident doctor completes NHSE OOP application form, with 2 signatures (TPD and Educational Supervisor) and submits the application at least six months before the proposed OOP start date, along with the Royal College letter of support if required at this stage, to the relevant PSM for Postgraduate Dean approval.



### APPROVED



### NOT APPROVED

If approved, NHSE will apply to the GMC for approval. Royal College approval must be available at this stage. The GMC review the application and if required, requests any additional information. Once reviewed, the GMC sends the NHSE administrator a GMC approval letter.

If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website  
<https://www.nwpgmd.nhs.uk/policies-procedures>



Once approval is granted and GMC approval received, the NHSE administrator sends a NHSE OOP approval letter with a copy of OOPR application and GMC confirmation letter to: Resident doctor, Royal College, TPD and Lead Employer.



Lead Employer writes to resident doctor to confirm contractual conditions relating to OOP, including continuing employment and failure to return.

## 18. Out of Programme Experience (OOPE) (Section 2.3 on the OOP Application Form)

Out of Programme Experience enables a resident doctor to undertake clinical experience that has not been approved by the GMC and will not contribute to the award of a CCT. Therefore, it is likely that the CCT date will need to be extended. The duration of OOPE will normally be for a period of up to 12 months. OOPE may benefit the resident doctor by enabling them to experience different working practices or gain specific experience in an area of practice or help support the health needs of other countries.

### Out of Programme Experience (OOPE) Process map

Resident doctor discusses going on OOPE with Educational Supervisor and TPD. If supported in principle, resident doctor informs their clinical department of intended OOP start and finish date. Resident doctors should apply at least 6 months in advance to allow enough time for gaining approval and for their current Host Organisation to



Resident doctor completes NHSE OOP application form, with 2 signatures (TPD and Educational Supervisor) at least six months before the proposed OOP start date and submits the application to the relevant PSM for Postgraduate Dean approval.



#### APPROVED

Once approval is granted the NHSE administrator sends a NHSE OOP approval letter with a copy of OOPE application to: Resident doctor, Royal College, TPD and Lead Employer.



#### NOT APPROVED

If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website  
<https://www.nwpgmd.nhs.uk/policies-procedures>



Lead Employer writes to resident doctor to confirm contractual conditions relating to OOP, including continuing employment and failure to return.

## 19. Out of Programme Career Break (OOPC) (Section 2.4 on the OOP Application Form)

Out of Programme Career Break allows the resident doctor to take a planned career break 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 Lead Employer's occupational health services as for other staff. OOPC is an inappropriate way of managing health issues (Gold Guide 3.174), which should be managed via the Lead Employer management of sickness absence policy.

Each application will be considered on their individual merits and prioritised on a need's basis. If all requests for a career break within a programme cannot be accommodated, priority will be given to resident doctors with any of the following:

- those with health issues where statutory leave or flexible training options have been explored and the benefits of OOPC have been identified and supported by Occupational Health
- those who have caring responsibilities for dealing with serious illness in family members that cannot be accommodated through flexible training
- those who have childcare responsibilities that cannot be accommodated through flexible training options
- (at the discretion of the Postgraduate Dean) those with a clearly identified life goal which cannot be deferred.

OOPC lengthens the resident doctor's CCT date and GMC approval is not required. The duration of OOPC is normally for a period of up to 12 months, with a second year at the discretion of the Postgraduate Dean, who may take into account prior periods out of training for other reasons.

Requests for an extension to OOPC taking the duration of OOPC to over 12 months must be passed to the Postgraduate Dean for consideration of exceptional mitigation in accordance with GG9:3.176 iv.

There are good educational and training reasons why an overall period out of training should be no longer than two years. Resident doctors may need to consider the effect of a career break on their ability to revalidate and maintain their licence to practise with the GMC. Any further extension beyond a two-year period may only be granted in exceptional circumstances with the prospective agreement of the Postgraduate Dean.

Generally, career breaks are limited to 2 years and resident doctors wishing to take longer will be required to relinquish their NTN and return to training via open competition. Resident doctors should be aware of the [GMC's expectations about the currency of examinations](#) when relinquishing their NTN.

If resident doctors are considering applying for OOPC for health or domestic reasons, they must explore other options first such as Less Than Full Time Training or statutory leave

such as sick leave. Resident doctors must discuss such options with their TPD and the Lead Employer. The Lead Employer may arrange an Occupational Health review to inform the decision-making process. The outcome of these discussions must be documented and attached to the OOPC application.

Resident doctors who are OOPC for health or domestic circumstances must liaise with the Lead Employer to undertake regular Occupational Health review. Where resident doctors are exceptionally granted 2 years OOP, a review must be held 6 months prior to the return date. If at this stage it appears a resident doctor maybe unfit to return after 2 years, the Lead Employer's attendance management/sickness absence policy will be followed to determine the consequences for future employment.

Resident doctors are advised that any payment for work whilst OOPC cannot be made via the existing contract with the Lead Employer and must be paid directly by the employing organisation. Resident doctors also need to make an informed decision about whether to remain in the NHS Pension Scheme whilst OOPC and are advised to discuss their pension commitments and entitlements with the Lead Employer **prior** to commencing OOPC.

When a resident doctor is undertaking a career break, a yearly OOPC request should be sent to the ARCP panel, indicating that they are still on a career break and including an indicative intended date of return.

Resident doctors will need to undertake a return to work programme at the end of their period OOPC and this should be planned with the TPD and Educational Supervisor, prior to the scheduled return date.

**Process map overleaf**

## Out of Programme Career Break (OOPC) - Process map

Resident doctor discusses going on OOPC with Educational Supervisor, TPD and Lead Employer. If supported in principle, resident doctor informs their clinical department of intended OOP start and finish date. Resident doctors should apply at least 6 months in advance to allow enough time for gaining approval and their current Host Organisation to meet the needs of patients.



Resident doctor completes NHSE OOP application form, with 2 signatures (TPD and Educational Supervisor) and submits the application at least six months before the proposed OOP start date to the relevant PSM for Postgraduate Dean approval.

**APPROVED**



Once approval is granted the NHSE administrator sends a NHSE OOP approval letter with a copy of OOPC application to: Resident doctor, Royal College, TPD and Lead Employer.



**NOT APPROVED**

If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website  
<https://www.nwpgmd.nhs.uk/policies-procedures>



Lead Employer writes to resident doctor to confirm contractual conditions relating to OOP, including continuing employment and failure to return.

## 20. Criteria for Urgent OOPC

Where a resident doctor needs to apply urgently for OOPC and cannot meet the 6-month deadline, the following criteria must be met:

1. A significant change in circumstances must have occurred since the start of the programme and within 6 months of the application for urgent OOPC.
2. A significant change in circumstances must be one of the following:
  - Development of a personal health problem that requires time out of programme that cannot be managed through either current statutory leave policies (e.g. sickness, maternity etc) or Less Than Full Time Training. In such circumstances, the resident doctor must have an Occupational Health assessment arranged through the Lead Employer which supports the application.

Or

- Development of a primary caring responsibility for a close relative who has a disability (as defined under the Equality Act 2010) and requires substantial personal care (more than 1 hour per day) provided by the resident doctor and this cannot be managed through statutory leave policies.
3. The resident doctor must have had a discussion with their Educational Supervisor, the TPD and Lead Employer to explore alternative solutions (e.g. statutory leave, Less Than Full Time Training) and have documented the outcome. This must include documentary evidence of the significant change of circumstances outlined above in point 2.
  4. In very urgent circumstances, the resident doctor should discuss their OOPC request with their Educational Supervisor, as a period of urgent annual leave or special leave may be considered by the Host Organisation to meet immediate need. However, the resident doctor must ensure that the OOP application form is submitted to cover the start of the requested OOPC time to ensure they are not recorded as being on unauthorised leave from the workplace.

## 21. Out of Programme Pause (OOPP) (Section 2.5 on the OOP Application Form)

Out of programme pause (OOPP) allows resident doctors in specialty training to step off the training ladder and undertake work in the NHS or a similar patient-facing role in the UK. Experience and competencies gained outside of training may then be considered on the resident doctor's return to their training programme. The duration of OOP will normally be for a period up to 12 months. A maximum of 5-10% of resident doctors in any speciality will be allowed OOPP and will depend on speciality size.

### Out of Programme Pause (OOPP) Process map

Resident doctor discusses going on OOPP with Educational Supervisor and TPD. If supported in principle, resident doctor informs their clinical department of intended OOP start and finish date. Resident doctors should apply at least 6 months in advance to allow enough time for gaining approval and for their current Host Organisation to meet the needs of patients.



Resident doctor completes NHSE OOP application form, with 2 signatures (TPD and Educational Supervisor) at least 6 months before the proposed OOP start date and submits the application to the relevant PSM for Postgraduate Dean approval.



#### APPROVED

Once approval is granted the NHSE administrator sends a NHSE OOP approval letter with a copy of OOPP application to: Resident doctor, Royal College, TPD and Lead Employer.



Lead Employer writes to resident doctor to confirm contractual conditions relating to OOP, including continuing employment and failure to return.



#### NOT APPROVED

If approval is not granted the PSM will write to the resident doctor with an explanation as to why their application has not been approved. Resident doctors have the right to appeal declined OOP. Please refer to the Appeals Process (Non-ARCP) on the website <https://www.nwpgmd.nhs.uk/policies-procedures>



## 22. Sponsorship Considerations

- a NHSE can continue to sponsor during an OOPT and specific OOPE, for all other OOPs NHSE would need to withdraw sponsorship for the duration of the OOP.
- b For full details on the types of OOP and sponsorship implication contact the NHSE National Overseas Sponsorship team on [sponsorship@NHSE.nhs.uk](mailto:sponsorship@NHSE.nhs.uk)
- c When returning to training, NHSE will be able to provide trainees with a Certificate of Sponsorship (without the requirement for recruitment) so that they can apply for a further sponsored Skilled Worker visa.
- d When an OOP has been approved, trainees must complete the Reporting Form and submit to the NHSE National Overseas Sponsorship team to confirm the dates of the OOP

## 23. Contacts

- [Associate Deans](#)
- [Specialty School Teams](#)
- [Lead Employer](#)