

Broadening your horizons:

a guide to taking time out to work
and train in developing countries

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This guidance document is based on national policies where applicable and has been checked for accuracy by relevant medical education and employment authorities and external bodies.

This document is intended for information purposes only and is not intended to supersede any statutory conditions of service or training agreements.

1. General principles

Working in developing countries has been a treasured opportunity for doctors at all stages of their careers. With an increasingly diverse patient population in the UK, an ever more integrated global healthcare system, and unprecedented access to people and places around the world, it is more important than ever before that UK doctors are able to access opportunities to gain international experiences for the good of patients and healthcare systems at home and abroad, as well as for their own professional and personal development.

Benefits to developing countries

UK doctors who work in developing countries can make significant contributions to health systems and the wider society both globally and nationally. The UK has a long history of international healthcare initiatives, with doctors contributing their knowledge to other healthcare systems and learning from them. It is essential that UK doctors continue to be given the opportunity to work in developing countries in order to continue the UK's commitment and support.

Benefit to the NHS and its patients

The UK patient population is ethnically diverse and the NHS benefits from staff with cross-cultural experience and awareness. Doctors at any level, from trainees to senior clinicians, working in developing countries can enhance their own experiences from the UK and enable them to develop clinical skills in a different setting. They become better equipped to cope with the changing face of the NHS and the diverse disease burden within the UK.

Benefit to the individual doctor

For trainees, gaining experience in developing countries can provide an opportunity to develop their ability to allocate resources, plan and monitor initiatives, cope with change, work in multidisciplinary teams and provide leadership. It can also enable learning about interactions between primary and secondary care and management of organisations. These skills are increasingly important for doctors in the modern NHS. It can also help them to identify career paths for the rest of their professional lives.

For doctors who have completed their training, the experience of working internationally can be invaluable to their continuing personal and professional development. UK doctors often choose to spend time in developing countries to share their skills and experiences with colleagues who work in health systems with low staff levels, limited equipment and medicines, and other pressures. These doctors can contribute to the education and training of their developing country colleagues as well as refining their own teaching skills. Further to this, and of great benefit to the staff and patients within the NHS, doctors return to the UK reinvigorated and refreshed, bringing both new ideas and new energy to their careers and feeling that they have made a significant contribution to the global health community.

Reports and policy

In recent years several UK Government reports have recognised these benefits and highlighted the importance to UK doctors of international experiences. The Tooke report recommended that health professionals should be allowed to interrupt their training to gain experience that enhances their career and the contribution they make to the NHS,¹ and the Crisp report recommended that 'an NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health workers and encourage educators, employers and regulators to make it easier to gain this experience and training... PMETB should work with the Department of Health, royal colleges, medical schools and others to facilitate overseas training and work experience'.² The UK Government's responses to these reports have echoed the importance of doctors taking time out to work in developing countries, and included specific commitments to support and facilitate these experiences.^{3,4}

BMA 'Broadening your horizons' guidance

This guidance has been developed in response to requests from BMA members throughout the NHS who have faced problems or have concerns about taking time out to work in developing countries. Recent changes in postgraduate medical training, the Modernising Medical Careers system, and the role of the regulator PMETB, provide challenges and opportunities for training overseas. This can mean that doctors are increasingly insecure about their future and have concerns that taking time out of work in the UK may jeopardise their career. Many young doctors have the impression that time out to gain experience in developing countries is not an option while in training. Doctors also face pressures to meet workforce demands at the cost of their own professional career or personal goals.

It is vital that those responsible for approving time out from employment and training for doctors recognise the value of experiences from developing countries for professional and personal development and provide advice and support to doctors considering applying to take time out.

This guidance aims to support doctors at all stages in their careers, from trainees, staff grade and associate specialists, to consultants and general practitioners (GPs), in successfully taking time out from working as a doctor in the NHS to gaining professional experience in developing countries. It also aims to support deans and employers in the NHS to understand how best to support doctors as part of the wider workforce.

The guidance gives a clear account of the application process and the responsibility of applicants, approvers and other key individuals, such as educational and professional mentors. It recommends best practice for both applicants and approvers to ensure that there is sufficient information exchanged and clear communication between all parties.

The benefits of UK doctors working internationally are immeasurable; the costs are minimal. The BMA hopes that this guidance helps doctors, deaneries and employers to continue to make working in developing countries an important part of a medical career in the NHS.

2. How to apply: step-by-step process

The following sections aim to explain the process of applying, and getting approval, for time out for doctors in training and employment. This section also includes recommendations for doctors and approving authorities to consider before, during and after the application process. While every attempt has been made to cover all the issues that doctors and relevant authorities should consider, these recommendations may not be exhaustive and are only indicators of the information and support individuals should be aware of and receive.

It is important that doctors consider the personal, professional and potential service impact of taking time out of employment and training. Doctors wanting to engage in global health challenges, for example, should consider time out in the context of their personal and professional aspirations, and make it an integral part of professional development plans. These plans should be discussed with existing mentors and professional supervisors as part of the regular appraisal or mentoring process, and the importance of such experiences to personal and professional goals highlighted. Such discussion, and planning, should take place as early as possible before the anticipated period of absence.

Further information and advice may also be obtained from experienced colleagues. BMA members can also obtain information from the BMA website or by contacting the BMA directly.

Time out of training

A. Process for taking time out of training

Specialty training is managed by the local postgraduate deanery and the relevant royal college or faculty and authorised by the Postgraduate Medical Education and Training Board (PMETB). Training programmes are subject to national guidelines set out by the Department of Health, in *A reference guide for postgraduate specialty training in the UK* (the 'Gold Guide').⁵ The guidelines allow trainees to take time out of programme (OOP) for a number of reasons (see below) and must be approved by the local postgraduate dean, royal college, and PMETB where applicable.

Before applying, trainees should be clear about their reasons for taking time out. Some OOP opportunities will deliver competencies recognised by PMETB, whereas others will contribute to an individual's growth as a doctor (see *Process for PMETB approval*). Opportunities also exist for OOP for personal reasons. Any application should detail what will take place during the OOP, the personal and professional benefit to the individual trainee, and other relevant information such as what skills it will develop beyond those acquired on the training programme. It may be beneficial to discuss the aims of the proposed OOP with senior colleagues or the educational supervisor. Applicants may also wish to refer to the benefits to the NHS and fulfilment of UK global health commitments outlined in the UK Government responses to the Tooke and Crisp reports.

It is important to note that deans are unlikely to approve OOP for those who are not progressing well in their training, unless time out is for health reasons. Those trainees who take a period of OOP retain their National Training Number (NTN), leaving gaps within the rotation. Deans may take into consideration the needs of the service and the impact on patient care and the training of colleagues when assessing OOP applications from trainee doctors.

It is important that individual doctors discuss their intention to take time OOP with educational supervisors and deanery representatives at the **earliest possible stage**. Trainee doctors considering taking time OOP should ensure that there is sufficient time before the proposed break to discuss their plans and to complete and submit a considered and thorough OOP application to the deanery (refer to section on *Notice periods*).

To gain the necessary permission for taking time out of the specialty training programme while retaining a NTN:

- *Trainees must complete the OOP application form used by their deanery (see section on Template application letters).*

This form must be countersigned by the educational supervisor before being submitted to the postgraduate dean for approval. Individual deaneries may require further documentation and evidence in addition to a completed OOP application form. It is important that applicants clarify the OOP policy and procedure of the approving deanery before submitting an application as practices vary. In some instances, the educational supervisor may need to provide a supporting statement or record of discussions with the trainee about the application. It is the responsibility of the trainee to ensure that full supporting documentation is sent to the deanery within the required timeframe. Once all the required information is received, the deanery will consider the application for approval.

- *Trainees should also contact the relevant royal college body with responsibility for postgraduate training, such as the Specialty Joint Committee (JRCPTB or JCST) and/or Specialty Advisory Committee (SAC).*

Details can be obtained from the educational department of the relevant medical royal college (see *Appendix 2: Contact information*). The deanery should be kept informed of all correspondence, and in some instances may liaise directly with the royal college.

- *It is essential that, before taking time out of training, trainees have decided whether or not they wish the time spent out of programme to count towards their Certificate of Completion of Training (CCT), and ensure that they have discussed this with their educational supervisor.*

If the time out of programme is to count towards CCT, the deanery will submit the application to PMETB on the applicant's behalf for their approval (see section on *Process for PMETB approval*).

If the period of OOP does not require approval, then the medical royal college should also be informed in order to amend the trainee's CCT date. Once the application has been approved, the educational supervisor and employer (current and/or next) need to be given notice of the proposed absence in writing as soon as possible. The process varies slightly between specialties but *Approval of OOP periods diagram* (page ref) outlines the approvals pathway.

PMETB do not retrospectively approve training for the Certificate of Completion of Training (CCT)

- *Trainees should ensure that their educational supervisor is aware of the anticipated date of their return in order to secure their re-entry to the training programme.*

Where the duration of the OOP is longer than a year, the OOP document should be returned on an annual basis to the deanery while the trainee is out of programme, and at least six months' notice must be given of the intended return date. Applicants should note that training placements depend on availability and they may have to wait for a placement on their return.

Applicants who wish to extend their OOP period will need permission from the deanery as if it were a new period of time out, and should inform the relevant medical royal college and PMETB, including requesting further approval where applicable.

All parties should also be informed about any changes to the OOP, such as advising if the OOP is not going ahead, if the start dates, duration or location change, or if the trainee's experiences during the placement differs from the original application. Failure to provide information to the relevant authorities could result in the loss of the trainee's NTN.

B. Taking time out of programme (OOP)

There are a number of OOP options, which are detailed in the Gold Guide (section 6.69 onwards). The decision about which OOP to apply for, and eligibility for accreditation to CCT, must be clarified by applicants with their educational supervisor **in advance of any application**, and applicants should ensure sufficient time to discuss the various options. Trainees who do not require prospective PMETB approval must indicate this on the application form.

Taking time out of programme to undertake research (OOPR)

Trainees will need the prospective agreement of the postgraduate dean to take time out of programme to undertake research or an appropriate higher degree, and should provide details of the research proposal and name/location of the research supervisor on the relevant form. If the time out of programme is to count towards CCT, the application will require prospective approval by PMETB.

Taking time out of programme for approved clinical training (OOPT)

Trainees can undertake a period of training outside the training scheme which counts towards CCT, and will require prospective approval by PMETB. This will include, for example, undertaking an approved training post in a different training programme in the UK, but could also include overseas posts, which have prospective training approval. Information on alternative posts can be obtained from the relevant medical royal college.

Trainees who undertake prospectively-approved overseas training will need to be able to provide evidence to demonstrate the relevant competencies were achieved. Evidence can include trainers' reports as well as any assessments that have been undertaken. Required evidence should be discussed with deaneries or employers before the period of time out (see section on *Recording experiences: trainees*). PMETB advise trainees to keep a record of experiences and to have written confirmation that the posts/placements are recognised as suitable for training experience from the host country's recognised competent authority.

Taking time out of programme for clinical experience (OOPE)

Trainees may seek agreement for OOP time to undertake clinical experience which has not been approved by PMETB and which **will not contribute to award of a CCT**. The purpose of the time out could be to enhance clinical experience through experiencing different working practices or gain specific experience in an area of practice and/or support the relevant recommendations in *Global health partnerships: the UK contribution to health in developing countries (2007)*.

See next section on OOPEs for further information

Time out of programme for career breaks (OOPC)

A planned career break will permit a trainee to step out of the training programme for a designated and agreed period of time. As the period of OOPC does not contribute towards training, arrangements should be made to amend the trainee's CCT date.

C. Process for PMETB approval

This section was checked for accuracy with PMETB representatives and was accurate at the time of publication

As stated above, PMETB approval is only required if a period of OOP is to count towards the award of a CCT. If the time spent out of programme is **not required to count towards the award of a CCT**, such as when the trainee's principle aim is to gain personal or professional experience by working in a different health environment or undertake international development work, then **PMETB approval or involvement is not necessary** (see below on OOPE/non-accredited time out of training).

PMETB cannot accept applications from individual trainees or colleges/faculties and OOP application forms must be submitted to PMETB by the deanery only. There is no designated form from PMETB to be completed, but trainee OOP applications to the deanery must include the three areas outlined below.

1. A formal covering letter from the deanery (the dean or their designated member of staff) to PMETB seeking prospective approval of the OOP placement and confirming that the placement has deanery support along with the following essential information: trainee's full name; date of birth; GMC number; NTN number; specialty.
2. Confirmation that the specialty, through appropriate college mechanisms, is aware of and supports the OOPT or OOPR placement. The specialty should also indicate the length of time the OOPT/OOPR should count towards the trainee's CCT.
3. A statement detailing the purpose and structure of the OOPT or OOPR placement, including confirmation that the placement is subject to quality management in line with PMETB requirements. Applicants should include appropriate evidence in their application to the deanery to demonstrate why the time out of training is appropriate and meets PMETB standards and requirements.

Applications for PMETB approval of the OOP placement should be sent by the deanery to quality.assurance@pmetb.org.uk. PMETB will respond to the deanery and the applicant will be informed of the final decision. If a decision from the medical royal college has not been received before an OOP application is submitted to the deanery, applicants should indicate this and provide any related information.

Further information on PMETB approval and accreditation of OOP can be found at www.pmetb.org.uk. FAQs specific to approval of training are available on this website.⁶

CCT training in another European Union (EU) member state

Prospective approval from PMETB is not required for training in another EU member state to count towards a CCT. PMETB recognises training approved by the competent authorities in other EU states. Providing the individual is transferring between posts that comply with European directive requirements and have **written confirmation that the competent authorities approve those posts**, this training can be recognised towards a CCT. This is applicable to non-EU nationals as well as EU nationals. PMETB do not need to receive any paperwork in this situation.⁷

NB This is not applicable to overseas posts where prospective approval must be granted.

D. Criteria for OOPEs in developing countries

It is strongly recommended that trainees identify the professional or personal goals of the proposed OOPE and ensure these are clearly expressed in the OOP application form or covering letter.

For OOPE in developing countries, specific objectives may include:

- enhancing the trainee's clinical experience outside that provided by the training programme, such as higher patient loads, perform more procedures, or work more independently than usual
- experience of practising cost-effective medicine in resource-poor settings
- experience of working in a small medical centre
- experience of setting up/developing a particular service
- experience of leading or being part of leading a service
- working in a mobile unit (eg cataract operations or flying doctors)
- promotion of health and disease prevention (eg family planning, vaccinations, malaria prevention)
- experience of working with medicines/procedures not used in NHS
- experience of patient care for illnesses uncommon in the UK (eg malaria, TB)
- experience of working with medicines/procedures not used in NHS
- treating patients from different socio-economic or cultural backgrounds
- experience that contributes to wider career goals, such as global health or development.

For work in developing countries, prospective approval by PMETB is often not possible as the quality of training and supervision cannot be guaranteed. Many trainees view experiences from developing countries as additional to their UK training and not as substitutes. PMETB approval for OOPE may be awarded if the steps outlined above are successfully completed but applicants should be aware that this is not common.⁸

E. Point in training to take time out

On average, trainees are expected to have undertaken at least a year of training prior to making a request for OOP. Each individual case will be considered on merit and all plans for taking time out of training, and its impact on the individual trainee's progression, should be discussed with educational supervisors. It is recommended to seek advice from those familiar with your specialty, such as

experienced colleagues or the royal college postgraduate clinical tutor, on the best time to take time out during training.

A trainee who has completed the foundation programme, or finished core training, and is yet to apply for a further training post may wish to consider taking time out prior to applying for an ST1 or ST3. It is important to note that you would **not be protected by a NTN** and your continuation of service would be affected.

Trainees who wish to take time out to work with a humanitarian or charitable organisation should note that most agencies require a minimum of two to three years' postgraduate clinical experience and training prior to working with a humanitarian or charitable organisation. One option is to take time out after finishing foundation programme training.

GP trainees

The nature of funding of GP training programmes can make arrangements for OOPs difficult as deaneries may find it problematic to split the three-year programme, or arrange an appropriate break point in the curriculum. Deaneries are still able to accommodate OOPs, with timing most often between ST2 and ST3. There may be local variation and competing pressures on approvals due to capacity and post availability.

One example of OOP for GP trainees is London Deanery schemes for six-month GP SHO placements in rural community hospitals in South Africa.⁹ Posts are available for time out of a training programme for clinical experience for one year (OOPE). London Deanery have also piloted a 12-month OOPT post (which has been running for two years), which is PMETB approved and counts as six months towards the award of a CCT.

Taking time out of employment

This section was checked for accuracy with NHS Employers representatives and was accurate at the time of publication

Health professionals working in the NHS have many different professional aims throughout their careers. Doctors may want to take time out of employment in the NHS with the reassurance that they can return to UK employment and continue involvement in their local service without having their career progression adversely affected. It is therefore important that policies are in place to enable flexibility in employment so employees can incorporate a period of absence into their careers. This is of benefit to UK employers due to the experiences gained by their employees spending time working in international health: additional knowledge may be gained that can transfer into the UK health system; links with health research centres overseas and ongoing collaborative relationships established; employees act as 'ambassadors' for their UK employer; and employee satisfaction is improved.

An employee wishing to take time out of employment should contact their human resources department for information on the terms and conditions under which various options for taking a break from employment are offered. Potential applicants should also discuss their plans with their clinical manager. Identifying and contacting other health professionals who have also taken advantage of the opportunity to work overseas can be useful, and can help facilitate arrangements, highlight any potential problems, and suggest solutions. A proposed employment break should also be discussed with colleagues, both one's peers and senior colleagues, to help minimise any disruption that may be caused by absence and to help overcome potential concerns.

There are different mechanisms for doctors to take time out of employment, according to specialty, position and location. Employers may grant periods of professional or study leave outside the United Kingdom with conditions such as pay or expenses to be agreed by individual employers, and subject to maintaining NHS services.

This section covers the most common methods available to health professionals including study leave and sabbaticals (see below for possible mechanisms) but in general:

- individuals should seek advice from both their employer and the medical royal college for their specialty
- employers should be contacted for guidance on local policies and procedures
- all applications should be submitted and agreed in writing
- terms of the break, such as notice periods, arrangements for keeping in touch, professional registration needs, and returning to work, should be discussed and clearly stated in an agreement between the employee and the employer (see relevant sections below for further detail).

NB There is no national requirement for individuals to have to resign from employment to take time out to work in developing countries.

BMA members are advised to contact *askBMA* (0300 123 123 3 or support@bma.org.uk) to ensure that the arrangements for any break in employment fully protect the member on return to work.

Employment policies: NHS Career Break Scheme

Working in developing countries often necessitates a period of absence that is longer than annual or study leave allocations or short sabbatical arrangements. National contracts for doctors and other NHS staff require that NHS employment authorities should provide access to an employment break scheme **for all NHS staff**, including time out to work in developing countries.

For medical staff this requirement is found in Schedule 25 of the consultant contract in England, Appendix 12 of Scottish consultant TCS, Schedule 22 of the specialty doctor contract, Schedule 23 in the associate specialist contract¹, and Appendix VI (ii) (VII in Scotland) of the junior doctor terms and conditions of service¹.

The NHS Career Break Scheme is an extended period of unpaid leave available for approved purposes, including working in developing countries or other career development reasons, and subject to specific conditions. All Trusts and health boards should have arrangements in place detailing how employees may take a period of unpaid leave as a career break. Doctors should consult their local human resources department to obtain their employer's career break policy and relevant guidance as soon as they are considering taking time out. These policies may be incorporated into policies covering flexible working.

Certain criteria for applicants may apply, such as length of continuous service and minimum and maximum length of career break, but the scheme should normally be open to all employees who have a minimum of 12 months' service (see below for criteria for local career break policies). Doctors should request information on local policies when considering taking time out.

Although there is no automatic entitlement to a career break, it is important that employers recognise that such mechanisms for taking **a temporary break in NHS employment play an essential role in the personal and professional development of their staff**. The experiences gained from a break in employment to work in developing countries can enable a doctor to gain skills that could not be achieved from regular work within the NHS (as detailed in *Criteria for OOPes in developing countries*). Employees should clearly state the anticipated benefits when applying for career breaks and employers should consider the benefits to both the individual and the health service when assessing applications. The applicant's request will be considered alongside service delivery considerations by their employers; however, only where substantial negative impact on service delivery is anticipated should a career break be declined.

Working outside the UK is a valid reason for a career break but NHS employees will not normally be allowed to take up paid employment with another employer outside the NHS during a career break. Those doctors with agreed sessions of private practice should clarify the terms of local practising privileges policy with their private employer and NHS employer.

Some types of work in developing countries, such as volunteering with a charitable organisation, may include payment of a modest living allowance or travel expenses but such examples of remuneration should not be reason to refuse a career break. It is recommended that any anticipated remuneration is stated when applying for a career break and written clarification from the proposed employer during the period of absence obtained if necessary.

Employers should ensure that their **local career break policies and procedures** are consistent with the criteria below, as outlined in national guidance. This is particularly important to help prevent potential employer discrimination.

Career breaks should be subject to an agreement between the employer and applicant before the break begins and should cover:¹⁰

- **duration** – national guidance states that the maximum length of break should be five years, taken either as a single period or more than one period. Policies should provide for breaks to be extended with appropriate notice or for early return from breaks
- **continuity of service** – policies should include a guarantee that, if the applicant returns to work within one year, the same job will be available, as far as is reasonably practicable. If the break is

longer than one year, the applicant may return to as similar a job as possible. Information about the implications for pensions should also be available

- **notice periods** – minimum of three months, ideally six months plus (see section on *Notice periods*)
- **arrangements for keeping in touch during the break** – including responsibilities for both the individual and the human resources department or relevant professional development personnel (see section on *Notice periods*)
- **re-introduction to employment** – including training arrangements if appropriate
- **Resignation** should not be required if returning to the NHS is expected.

Application process

The process for applying for a career break may vary between employers and local policies and practices should be consulted. For those doctors employed by an NHS Trust or health board, applications for a career break should be signed by the employee's manager and submitted in writing for consideration by the employee's manager/head of department, in consultation with the human resources manager.

Chief executives should ensure that NHS Trust or health board staff members who are involved in the application process are aware of the UK Government's commitments to improving global health,¹¹ and the key contributions made by doctors who take time out to gain experience of global health challenges or to support colleagues in developing countries.

Alternative mechanisms

Study leave

Use of study leave to work in developing countries is permissible for shorter periods of leave where an educational component is the principal reason for absence. The day-to-day administration of study leave rests with the employing NHS Trust¹² or health board.¹³

If the educational content of time out of employment to work in developing countries can be demonstrated, and budgetary resources agreed, then a period of absence may be granted. NHS Trusts or health boards may also permit one or more years' study leave allowance (both in time and financing) for a period greater than the customary allowance. In addition, NHS Trusts or health boards have at their discretion the ability to grant additional study leave to applicants where there is a sufficiently compelling case.

Staff may also apply to their employing NHS Trust or health board for a period of unpaid leave, either separate to or following on from a period of study leave, which can extend the time available to them.

Sabbaticals

A doctor may apply for sabbatical leave in accordance with the employing organisation's local arrangements.¹⁴ Copies of these arrangements should be available from the employing organisation's human resources department. There is no specific provision for consultants to be granted sabbatical leave although employers have the discretion to grant professional or study leave in the United Kingdom in excess of the recommended standards with or without pay and with or without expenses. Additionally, employers are able to grant special leave without pay, for example, in respect of a long period of study abroad. Service during sabbatical leave can also be counted towards seniority.¹⁵

Any proposal for sabbatical leave should be made before the annual appraisal and considered in the annual job plan review. Sabbatical leave may be difficult to arrange as employing NHS Trusts or health boards may have concerns about providing clinical service during the absence period or incurring

additional costs in providing cover for absence. Where possible, applicants should seek to develop potential solutions in consultation with colleagues as NHS Trusts or health boards, and aim to resolve potential problems at an early stage.

Appraisals and return to the NHS

NHS policy and national contracts require that every doctor, other than those in training, has an appraisal every 12 months.¹⁶ Compliance with this requirement is usually a contractual obligation and failure to undertake an appraisal may restrict incremental pay progression or access to clinical excellence awards or their equivalent. Doctors who are planning a period of absence from the NHS when an appraisal would otherwise be due should discuss and agree with their employer alternative arrangements to advance or postpone an appraisal. Maintaining regular appraisals will be particularly important in the future for doctors to inform the GMC's revalidation and re-certification procedures (see section on *Revalidation*).

Doctors returning from a prolonged period of absence from the NHS will need to participate in a short induction with their NHS Trust or health board in order to familiarise themselves with any service changes or new personnel and procedures while they have been absent. They may also need to complete any mandatory regular training which they have missed. Arrangements should also be made to update individuals on any IT and information governance-related developments, Care Records Service, and any local training requirements.

Applying for time out: template application letters

It is advisable that all deaneries and employers have a template application form on their website. The templates below have been developed based on current best practice

Deaneries and employers may have local processes in place and have developed forms for applying to take time out but, at present, there is no standard format or content for application letters for taking time out.

The following templates aim to promote best practice and enable uniformity of processes and have been developed with reference to current local policies and include key aspects of best practice.

Where local employer or deanery processes are already in place, it is recommended that they are cross-referenced with the templates below. Deaneries and employers are welcome to copy the templates for inclusion on their websites and make available in hard copies for applicants as part of their local policies and practices.

Template application letter: trainees

Applicants should ensure that the OOP application includes the following information, either by completing the deanery application form and/or a separate statement of professional aims. Providing this information can contribute to approval of the application.

Trainee details

- Personal information (full name, date of birth, contact details)
- Specialty
- Training number
- GMC number
- Current year of training/clinical programme
- Year of training/clinical programme when proposed OOP commences and ends
- Current provisional CCT date
- Proposed length of time out and provisional CCT date if time out of training is taken
- Contact details during proposed OOP

Outline of proposed OOP

- Discussion of plans to take time out of programme with educational supervisor?: Y/N
- Provision of supporting documentation of discussions (to be countersigned by the educational supervisor where possible): Y/N
- Proposed mechanism for taking time out (tick one):
 - Clinical experience not for prospective approval of PMETB (OOPE)
 - Clinical experience prospectively approved for training by PMETB (OOPT)
 - Research for a registered degree (OOPR)
 - Career break (OOPC)

Applicants should consider the following and provide details in a supporting statement

- Activities to be undertaken during time out of programme, location and supervisory structure of experience/work
- Detail of how the proposed time out of programme forms part of a personal development/learning plan as agreed with the educational supervisor
- Aims and objectives of time out of programme, including professional and personal benefits and contribution to project/placement to be undertaken during OOP
- Mechanism for maintaining contact agreed with educational supervisor (detailing agreed responsibilities of both the trainee and the educational supervisor)¹⁷
- Length of time out
- Dates for time out of programme, to be confirmed when finalised and no less than three months before the start date
 - Start (taking into account the required notice period)
 - Finish (planned date of return to the clinical programme)

Additional information required (as attachment)

OOPT: details of proposed training requiring PMETB prospective approval (for ongoing OOP this document should accompany the assessment documentation for ARCP)

OOPE: description of proposed experience eg overseas voluntary work, personal development (for ongoing OOP a short report from the educational supervisor confirming that clinical experience will be gained should accompany this for the ARCP)

OOPR: outline of research proposal including name, position and location of research supervisor (for ongoing OOP a report from the research supervisor needs to be attached to this document for the ARCP)

OOPC: outline of reasons for requesting a career break whilst retaining NTN

Statement for applicants

I am requesting approval from the postgraduate dean's office to undertake the time out of programme described above. I understand that:

- a) *three years out of my clinical training programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the postgraduate dean*
- b) *I will need to liaise closely with my training programme director so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months notice must be given of the date that I intend on returning to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement*
- c) *I will need to return an annual out of programme report for each year that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. Failure to do this could result in the loss of my training number*
- d) *I will need to give **at least three months' notice** to the postgraduate dean and to my employer before my time out of programme can commence.*

Signed approval required from educational supervisor before application is passed to the postgraduate dean

NB Applicants should be aware that, in addition to a completed application form, deaneries may require additional documentation including:

- up-to-date CV
- letter of support from the educational supervisor
- written confirmation of support from relevant medical royal medical college representative(s) for proposed OOP
- other relevant information (eg OOP offer letter, educational contract, timetable, statement of support from competent authority in country where OOP will take place).

Template application letter: employees

Employee application for employment break

Section A: to be completed by the employee after consultation with their manager

Personal information

Name
GMC number
Post held
Department
Location
Home Address
Telephone Number

Details of proposed break

Proposed duration of break
Proposed start date
Proposed return date

Reason for requested break

The following are areas of professional or personal development that may result from a break in employment. Highlight those that are applicable. It is also recommended that further detail is provided in an attachment.

- Prioritisation and allocation of staff and other resources in low-resource setting
- Experience from cross-cultural setting
- Relevance to diverse patient groups in UK
- Health needs assessment of local population
- Clinical (please specify)
- Managing change
- Training, teaching and human resources development

Arrangements for keeping in touch (as agreed with manager)

Employee responsibility:

Manager/HR responsibility:

I confirm that I have read and accept the conditions of the employment break scheme

Signature (employee)

Date

NB Trainees should also include relevant approval from the deanery when submitting this form to their employing authority

Section B: to be completed by the manager after consultation with the employee

I do/do not agree to:
(employee's name)

taking a break from _____ to _____

Reasons for decision:

I confirm that I will ensure appropriate arrangements are made to maintain contact with the employee including arranging temporary work and training for the duration of the break.

Signature (manager):
Position:
Date:

Copies to be sent to the employee and human resources department

Notice period

It is important that individual doctors discuss their intention to take time out of training or employment with relevant colleagues (educational supervisors, deanery representatives, and professional mentors and human resources representatives) **at the earliest possible stage**. Informing staff who are responsible for approving applications about the intention to take time out will help with any queries or issues that may arise, and any initial notification may include the understanding that final details will be confirmed at a later date.

National minimums for notice periods are stated below but it is advisable the applicant give **as much notice as possible** to those responsible for approving applications, as this may increase the likelihood of applications being approved. Colleagues responsible for filling the vacant training or employment post may also benefit.

Employees

Three months is the minimum period of notice recommended by national guidance¹⁸ to enable employers to ensure patients' needs are appropriately addressed in the doctor's absence. It is **strongly recommended** that the application process for taking time out of employment, particularly informing key personnel, is started at **least six months** prior to the proposed period of absence, or as early as possible.

Trainees

PMETB guidance states that 'the trainee should give their Postgraduate Dean and their employer (current and/or next) as much notice as possible. Three months is the *minimum* period of notice required so that employers can ensure that the needs of patients are appropriately addressed'¹⁹ It is **strongly recommended** that the application process for taking time out of training, particularly informing key personnel, is started at **least six months** prior to the proposed period of absence, or as early as possible.

Recommended timescales

- One year: inform professional mentor/HR representative and final approving authority (dean, employer) of intention to take time out during following year of employment or training.
- As soon as possible/minimum six months: submit application form.
- Three months: finalise dates and process for return.

Deferral of training

Applicants currently being allocated to higher specialist training (ST3 level or above):

In order to take time out of training, trainees will need to defer their start date. It is important to give as much notice to your educational supervisor and dean prior to ST3 (ST4 in psychiatry and paediatrics) allocation (see section on *Notice periods*).

Applicants for higher specialist training (ST3 level or above):

Trainees who do not have an NTN and are applying for a new post will need to clearly state that they wish to defer their start date when applying. Deaneries may not accept applications a year in advance, but consulting with the deanery is recommended before applying as successful candidates may be allocated with an NTN with a delayed start date.

Deferral with regard to research

A trainee may request deferral for up to three years before starting a run-through specialty training programme if they have been accepted to a higher degree programme (eg PhD, MD, MSc) at the time of being offered their clinical placement or if they are already undertaking research for a registered degree when their clinical placement is due to start.²⁰

Where training programmes are of short duration, such as in general practice, deferrals for OOP may be less likely to be agreed, and discussions with educational supervisors prior to applying is recommended.

Providing information to applicants

It is important that guidance and advice are available for doctors considering taking time out of training and employment throughout the application process. **Websites** are a useful way to make information available and deaneries and employers, as well as medical education authorities, medical royal colleges, professional representative bodies, the NHS and the Department of Health all provide relevant online resources (see *Appendix 2: Contact information*). It is recommended that this should be regularly reviewed and updated where appropriate.

Identified contact point

Applicants may also have specific questions or wish to seek clarification about their individual circumstances. It is therefore important that employers and deaneries have **an identified person** who is responsible for dealing with queries from applicants. Contact details should be clearly available on relevant websites. Deans, chief executives, educational supervisors or professional mentors, who may be the first point of contact from potential applicants for information, and also play a critical role in the application process, either in an advisory or approvals capacity, should be aware of key contacts and be able to forward any requests for information.

All relevant employer and deanery staff should be aware of their responsibility in dealing with queries and should be up to date with contractual obligations and local policies. They should also be aware of any relevant guidance or advisory documentation and relevant websites and be able to share this information with applicants.

Appeals process

An appeal is an opportunity for a doctor who has applied to take time out to question a decision or complain about a process, which they consider to be unfair. An appeal will allow all parties to have the case heard before an independent panel and for a decision to be reached on the facts that have been presented. Appeals processes provide not only a route for resolution of incorrect decisions or processes but enable feedback to deaneries and employers about how systems are working and lessons to be learnt by all parties. It is also important that all parties commit in advance to respect the final decision, irrespective of its outcome, to help maintain the professional relationship between all parties.

The process can be used to appeal when access to a deanery's OOP schemes or employer's employment career break policy is refused.

Appeals will not normally be considered when an application has been refused due to the applicant's failure to submit the required application documentation.

Reasons for appeal may include:

- incorrect procedure for assessing an application by deanery/employer
- evidence of prejudice or bias in assessment of application.

Employees

Local employment break policies should ensure that applicants are entitled to a written reason for the refusal of any application. Applicants may resort to the Trust's/health board's grievance procedure if they consider a request for a career break has been unreasonably refused.

A career break request may be declined or postponed if there are concerns about a substantial negative impact on service delivery, such as through inability to recruit additional staff or reorganise work amongst existing staff.²¹

Trainees

It is important to note that an appeal against an OOP can only be against the way that the decision was taken rather than the actual decision.

Before beginning the full appeals process, trainees and deans must first jointly attempt to resolve the issues of concern through informal discussion. A professional representative or colleague may also participate in these discussions. If, after due consideration, the matter can be resolved without recourse to the appeals procedure, then this agreement should be confirmed in writing by all parties.

If the trainee still wishes to formally appeal the deanery's decision, then it is recommended that the process below should be put in place. There are no national standards for what appeals processes must look like or contain, and the following proposes a system, which may enable uniformity between deaneries.

Circumstances in which appeals are not normally permitted

It is important that, before applying for OOP, trainees ensure that they are eligible and refer to both national guidance²² and local deanery policy.

Stage	Action
Trainee appeal against an initial decision	<p>Appeal the decision by writing to the postgraduate dean within 10 working days of receipt of rejection. If the dean is not the main contact point, then a named contact for complaints/appeals should be stated in relevant documentation for trainees.</p> <p>It is the trainee's responsibility to ensure the completed form is submitted to the deanery, therefore it is advisable that proof of postage is obtained at the time of sending.</p>
Appeal panel	<p>The deanery should organise an appeals panel to hear the appeal. The panel must include a trainee representative (such as BMA Junior Doctors Committee representative) and an educational supervisor not previously involved in the case. A panel should ensure six weeks/30 working days notice (this is necessary to ensure a trainee representative can attend).</p> <p>Trainee should provide a brief summary in advance of the panel meeting with:</p> <ul style="list-style-type: none"> • the grounds/reason for the appeal • simple list of events, in date order • copies of all relevant correspondence and written evidence <ul style="list-style-type: none"> • The deanery representative responsible for the initial decision should be given the opportunity to explain why the decision was made. • The trainee and deanery representative will withdraw and the Panel then will deliberate in private to arrive at a decision. • The decision of the panel, and the reasons for making that decision, should normally be announced at the end of the appeal; this decision should then be confirmed in writing within 10 working days. • If the panel upholds the complaint, the deanery should contact the trainee within 15 working days to decide on a future course of action. • In order to help the trainee, the panel decision may include separately a recommendation on the best remedy for the situation, if they uphold the complaint or appeal.
To appeal against panel's decision	<p>The trainee should request an appeal in writing to the postgraduate dean within 10 working days of the original decision or the date it was conveyed to the trainee.</p>
Dean's response	<p>A final written response from the dean should be provided within 10 working days. This decision is final and absolute.</p>

The panel decision may decide to recommend an alternative solution to the situation.

Keeping in touch

It is important that both the doctor and their trainer or employer determine how best to maintain a level of contact during the period of absence. For example, relevant staff newsletters, publications and information about the place of work or changes in service conditions may be forwarded to the employee, electronically where possible.

Out of training programme

Individuals should discuss with their educational supervisors how to provide regular updates on their professional experiences, the detail and format of which should be agreed before the period of absence.

Out of employment

Individuals should discuss with their manager/head of department how to maintain contact, particularly with regard to remaining informed on professional developments, such as service or training changes in the NHS or area of specialty. This will help facilitate re-entry to the health service on return.

If GMC registration is maintained during a period of absence (see next section on *GMC registration: advice for doctors taking time out*), GMC requirements need to be met and continued as, on return to the UK, compliance with CPD will need to be demonstrated in order to practise in the UK. It is recommended that doctors seek to maintain UK-standard CPD practices where possible or seek advice on equivalent CPDs available, which may be recommended by the relevant medical royal college. The situation regarding CPD during a period of absence should be clarified prior to the commencement of any absence.

Recording experiences: trainees

For time out of programme under OOPT, or for OOPE with a view to using experiences to apply via the CESR route, it is essential to keep a record of experiences and progress. Prior to undertaking OOPT/OOPE, trainees should discuss with the educational supervisor the information to be recorded and the agreed list of requirements should be documented.

Trainees may also wish to record their experiences and achievements for their own personal record, such as use in future job applications.

Examples of information to be collected may include, but are not limited to:

- original copies of any qualifications gained
- copies of curricula or exam syllabi followed
- details of posts held:
 - job title
 - hospital name
 - start/end dates
 - supervisor title and contact details
- record and proof of any publications/presentations made
- copies of any research undertaken
- CPD information or relevant certificates of attendance
- log books or e-portfolios maintained (including any workplace-based assessments completed abroad).

Annual Review of Competency Panel (ARCP)

At the end of the OOPT, or when undertaking OOPT if not returned at the time of ARCP, the assessments required by the specialty curriculum must be submitted to the deanery's annual outcome panel, along with an annual OOPT document. This is to maintain contact with the deanery and royal college/faculty and renews the trainee's commitment and registration to the training programme. The intended date of return to the programme, as well as the estimated date for completion of training, should also be included.²³

An ARCP must be completed in order to retain the NTN, and it is the trainee's responsibility to submit the OOPT document and annual return.

Reporting back to colleagues

Doctors who have taken time out of training and employment may wish to share with their colleagues the knowledge and experiences they have acquired.

There are a number of mechanisms open to them to do this, such as lunchtime seminars or presentation to medical and paramedical staff within their own organisation.

Doctors may also wish to share information about their experiences more widely through articles in journals such as the *BMJ* or other media, including *BMA News*, and medical web fora.

Pensions

Members of the NHS pension scheme may cease to become pensionable during a break in employment. There is some national guidance²⁴ but practices vary locally and it is therefore important to contact the national pensions scheme or pensions officer in the Trust's/health board's payroll department for further information. BMA members can obtain advice from BMA Services. **This area can be complicated and the implications of any break in service significant.** It is important to note that there are three separate NHS pension schemes in the UK: England and Wales, Scotland and Northern Ireland.

Careful consideration needs to be given to the options available, taking into account the individual doctor's future career plans. Doctors may wish to seek financial advice when considering the options available. BMA members can obtain independent financial advice from BMA Services.

Limited pensions support is available for doctors volunteering with certain charitable organisations. The UK Government has made limited funding available for pension contributions for public sector workers, including doctors, who volunteer with VSO or other BVALG members – CIIR, Skillshare International, and International Service (IS).²⁵

General Medical Council (GMC) registration: advice for doctors taking time out

This section has been approved for accuracy by representatives of the GMC and was correct at the time of publication

There is no requirement from the GMC for individuals to retain GMC registration when they are not engaged in medical practice in the UK, such as when they are taking time out to work overseas. Individuals may therefore wish to consider removal from the medical register (voluntary erasure) for the period they are out of programme or employment.

However, GMC registration may be required by the medical association or organisation in the destination country, so individuals should clarify the requirements of the country that they will be visiting. Doctors working abroad should ensure they comply with and are active on any foreign register prior to working abroad. While abroad doctors need to work within the guidance and standards of the GMC.

Employers' policies on this issue vary and individuals are strongly advised to consult their employer regarding GMC registration before making any decisions about whether to remain on the register. The GMC shares registration information with employers.

The following sections provide an overview of the registration options open to individuals undertaking a period of work in developing countries and offers guidance based on GMC requirements and procedures.

Maintaining registration

To maintain GMC registration during time spent working overseas, doctors must ensure that they pay their annual retention fee and keep the GMC informed of their up-to-date contact details, such as a registered address. For the purposes of continuity in registration, the GMC recommends that doctors pay their annual retention fee by Direct Debit. If doctors fail to maintain payment of the annual retention fee, the GMC may remove them from the register.

Relinquishing registration (voluntary erasure)

Doctors can apply to have their name erased from the register (voluntary erasure) while they are not engaged in medical practice within the UK and are working in a setting that does not require them to hold GMC registration.

If GMC registration is maintained during a period of absence, GMC requirements need to be met and continued as, on return to the UK, compliance with CPD will need to be demonstrated, normally to your UK employer or organisation you are providing medical services to, in order to practise safely in the UK. It is recommended that doctors seek to maintain UK-standard CPD practices where possible or seek advice on equivalent CPDs available, which may be recommended by the relevant medical royal college. The situation regarding CPD during a period of absence should be clarified prior to the commencement of any absence.

The main advantages of voluntary erasure are that doctors will not have to pay the annual registration fee if they have full or provisional registration during a period when they do not need to be registered and they will not be charged a restoration fee if they subsequently apply to have their name restored to the register.

When planning to apply for voluntary erasure whilst still holding a contract as a medical practitioner in the UK, applicants are advised by the GMC to discuss the matter with their employing authority. Applicants should not assume that their name has been removed from the register until they have

received written conformation from the GMC. There is no fee for individuals removing their name from the register.

Doctors can apply for voluntary erasure either online, via the GMC website²⁶ (which, in most cases, is the quickest route) or using a paper application form.

Restoring registration

If a doctor has voluntarily relinquished their registration (voluntary erasure), or has been erased after failing to pay or maintain an effective registered address, they may apply for restoration to the register.

Those who applied for voluntary erasure do not have to pay a fee for restoration. A restoration fee is applicable only for those who have failed to pay or maintain an effective registered address either while overseas or in the UK.

When applying for restoration to the register, individuals must submit an application, available via the GMC website at www.gmc-uk.org supply copies of supporting documentary evidence by post, and attend a GMC office, in either London or Manchester, for an identity check, before having their name restored to the register.

To be restored to the register, doctors who have been registered in other countries by the relevant medical authority must provide a **Certificate of Good Standing** from every country where they have been registered in the previous five years.

Where registration was not required during a period of absence from practising medicine in the UK, the application for restoration must include information about work experience undertaken in the previous five years, such as working for a voluntary organisation. All applications will be judged on a case-by-case basis, and a statement from any employers may be required by the GMC before registration can be restored.

In order to minimise potential delays in restoration that may prevent an individual from recommencing work immediately on their return to the UK, doctors can apply for re-registration up to three months before being restored to the register. For those who have opted for voluntary erasure, the re-registration process can be initiated online by completing an online application.

For further information on these steps, please refer to the GMC guidance notes on relinquishing and restoring registration.²⁷

Revalidation

The GMC is developing proposals for the revalidation of doctors. These proposals will require doctors practising in the UK to demonstrate, on a regular basis, that they remain up to date and fit to practise and are complying with the relevant professional standards.

Although the plans for revalidation are still being developed, doctors who are considering leaving the UK may wish to take advice from the GMC about the implications of leaving the UK for an extended period should they subsequently wish to return to practise in the UK.

Further information can be found on the GMC website.²⁸

Returning from time out of employment

When an NHS employee returns to work after an employment break of 12 months or longer their manager, in agreement with the employee, may put in place **training arrangements** for re-introduction to the workplace. For career breaks of less than 12 months, an appropriate **re-orientation or induction** may be proposed and should be agreed by close consultation between employer and employee. It is advisable that doctors clarify **before taking time out** what training will be required on return and what funding and other support will be available.

Consultant returnees

Schedule 25 of the TCS 2003 (England)²⁹ and Appendix 12 of the TCS 2004 (Scotland)³⁰ give clear and detailed information about arrangements for returning to work. The recommendation that the employer and applicant should agree requirements for returning to work before any break in employment begins should include training arrangements for re-induction to work.

GP returnees

In order to work as a GP in the NHS a doctor must be on the GMC's new GP register, and be on a primary care organisation's (PCO's) Performers List in the country where they are working or intend to work.

On returning from a period of absence, individuals should advise the PCO of their intention to return to NHS general practice, setting out when they last worked as a doctor in the UK and what they have undertaken to maintain skills and involvement in primary care developments in the UK. A review meeting with the PCO should be arranged to establish requirements for inclusion on the Performers List.

A requirement for inclusion on the Performers List is to supply the names and addresses of two clinical references relating to two recent posts. Where this is not possible, for example due to absence working in developing countries, a full explanation and the details of alternative referees should be provided (for example by a volunteer organisation).

There is **no legal obligation**, which requires GP returnees to undergo a period of refresher training in order to be included on the Performers List.³¹ If a GP can reasonably demonstrate that they have kept up to date with clinical practice then no refresher training may be needed, and full inclusion on the Performers List should be granted. If the PCO has genuine reasons for requiring refresher training, the PCO should allow conditional inclusion onto its List to allow a doctor to work in a supervised setting. It is advisable to seek a written agreement from the PCO as to when the conditional inclusion will be reviewed, with a view to full inclusion on the Performers List. One example would be a review in three months, on the understanding that this could be shorter depending on hours of work, previous experience and the length of career break.

If conditional inclusion is granted, it is recommended that a practice or out-of-hours organisation is found that is willing to provide a supervised setting.

Any doctor facing difficulty in joining a list, or when a PCO imposes conditions on returning to the List should seek advice from their local medical committee (LMC). **Department of Health (England) guidance states that 'PCTs are advised to act at all times with sensitivity and discretion'**,³² particularly with regard to removal or reinstating doctors to the list due to periods of absence to work internationally.

Despite basic centralised guidance from the UK Departments of Health on this issue, local policies differ about how GPs can be included on the Performers List. Some PCOs have a blanket policy requiring all GPs who have been out of practice for two or more years to undergo some degree of

refresher training and/or work in a supervised environment before they are fully included on the PCO's Performers List. While there is an understandable need to ensure that returning doctors' skills are up to date, it is unreasonable to assume that every GP who has been out of NHS practice for a certain amount of time is unable to practise competently. It is recommended that there is support and advice from the UK Departments of Health available to PCOs on how to enable doctors to return to practice.

Funding

GPs should establish whether there are local sources of funding for refresher training available, such as with the local deanery funding and/or training and careers support, or the Primary Care Development Scheme or other funds.

Appendix 1:

Attempts have been made to ensure that the web links are correct at the time of publication and that the information contained within them is current and accurate. However, the BMA is not responsible for any changes to the guidance.

A. National Guidance

NHS Employers

Agenda for Change – Final agreement (December 2004)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4095943

Agenda for Change: NHS terms and conditions of service handbook

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4095950.pdf

NHS Employers Agenda for Change webpage

<http://www.nhsemployers.org/pay-conditions/pay-conditions-198.cfm>

New pay scales for the 2008 salary uplift for GP registrars as recommended by DDRB

<http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm>

NHS terms and conditions of service handbook

Version 2 August 2007

http://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e_aboutus_3col_aboutus-2028

Record of amendments (Current at 21-07-08)

http://www.nhsemployers.org/restricted/downloads/download.asp?ref=4104&hash=bfeb983ce1727d7779ee09b497fe5e6a&itemplate=e_pay_conditions_3col_pay-conditions-3828

FAQs on annual leave and recognition of overseas experience

http://www.nhsemployers.org/restricted/downloads/download.asp?ref=875&hash=3b457470a34947a0ed0af9bd70a7e7ab&itemplate=e_pay_conditions_3col_consult_pay-conditions-348

General Medical Council

www.gmc-uk.org

www.gmc-uk.org/scotland/index.asp

www.gmc-uk.org/wales/index.asp

www.gmc-uk.org/northernireland/index.asp

Conference of Postgraduate Medical Deans

Information for Trainees

<http://www.copmed.org.uk/page.php?id=11>

PMETB

A reference guide for postgraduate specialty training in the UK (the 'Gold Guide') Postgraduate Medical Education and Training Board, (Second edition June 2008)

Reference sections: Taking time out of programme (6.69 – 6.92)

<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>

Applicable to trainees taking up appointments in specialty training which commence on or after 6 August 2008. Trainees taking up appointments in specialty training between 1 August 2007 and 5 August 2008 are covered by the First Edition of the Guide, issued June 2007

Guidance: PMETB approval of out of programme experience

http://www.pmetb.org.uk/fileadmin/user/QA/Post_and_programme_approval/Guidance_Out_of_programme_experience_16_April_2007.pdf

B. Pay Contracts Employment Terms and Conditions

Consultant

2003 Consultant contract (England)

http://www.nhsemployers.org/restricted/downloads/download.asp?ref=3835&hash=4021d0819712ff64733304bf303871f2&itemplate=e_aboutus_3col_aboutus-2028

2004 Scottish consultant contract

[http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)11.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)11.pdf)

Advance letter MD 5/01 Consultant's Contract: Annual Appraisal For Consultants

http://www.nbt.nhs.uk/researcheducation/staff_development/Documents/5+almd.pdf

Junior doctors

Junior doctors' terms and conditions of service and associated documents

<http://www.nhsemployers.org/pay-conditions/pay-conditions-467.cfm>

Junior doctors (and those on staff grade and other SAS grades) (Scotland)

[http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)10.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)10.pdf)

Staff and associate specialists

<http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm>

New Specialty Doctor and Associate Specialist (2008) (Scotland)

[http://www.show.scot.nhs.uk/sehd/pcs/PCS2008\(DD\)07.pdf](http://www.show.scot.nhs.uk/sehd/pcs/PCS2008(DD)07.pdf)

For staff and associate specialists, the same mechanisms to take time out are in place as for all doctors, and the Employment Break Scheme is explicitly mentioned in the 2008 contract term and conditions.

General practitioners

Salaried GPs

<http://www.nhsemployers.org/pay-conditions/pay-conditions-3340.cfm>

Delivering quality in primary care: primary care trust management of primary care practitioner lists – general practitioners. Section 24.5 Performers who work elsewhere

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4076812.pdf

Delivering quality in primary care: primary care trust management of primary care practitioner lists – general practitioners

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4076812.pdf

National Health Service (Performers List) Regulations 2004

<http://www.opsi.gov.uk/si/si2004/20040585.htm>

GP registrars

<http://www.nhsemployers.org/pay-conditions/pay-conditions-469.cfm>

Armed forces doctors

The following is not an excerpt from national contract but is a summary of working arrangements that may be of interest to potential trainees from this professional group.

The Defence Medical Services (DMS) train medical officers in secondary care specialties for practice in the Armed Forces. The Defence Postgraduate Medical Deanery is a separate and stand-alone unit whose structure is independent of, but largely based on, the NHS deanery structure to ensure compatibility with NHS.

There are a number of NHS trainees with commitments to the reserve forces and for whom accessing time out of training is of key importance. However, there may be restrictions on where military trainees are able to go during periods out of training due to political considerations.

C. Additional information

Medical royal colleges

Royal College of Anaesthetists: guidance on OOP

<http://www.rcoa.ac.uk/docs/OOPTform.pdf>

Joint Committee on Surgical Training: guidance on OOP

http://www.jcst.org/mmc_trainee_info/mmc_trainee_info/takingtimeout_html

Royal College of Obstetricians and Gynaecologists: guidance on OOP

<http://www.rcog.org.uk/resources/Public/pdf/RCOGguidanceontimeOutofProgrammeAmend.pdf>

Royal College of Obstetricians and Gynaecologists: guidance on fellowship with Voluntary Services Overseas

<http://www.rcog.org.uk/index.asp?pageID=1528>

Open to Specialist Registrars in years 4 and 5 of the Specialist Training Programme (UK) in obstetrics and gynaecology

Government reports

International humanitarian and health work: toolkit to support good practice.

Department of Health, July 2003

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4102935

Global health partnerships: the UK contribution to health in developing countries.

Lord Crisp, February 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374

Aspiring to Excellence – Independent inquiry into Modernising Medical Careers.

Professor Sir John Tooke, January 2008

http://www.mmcinquiry.org.uk/Final_8_Jan_08_MMC_all.pdf

The Secretary of State for Health's response to Aspiring to Excellence: final report of the independent inquiry into Modernising Medical Careers.

Department of Health, February 2008

<http://www.mmc.nhs.uk/pdf/New%20Tooke.pdf>

Global health partnerships: the UK contribution to health in developing countries.

Department of Health, February 2007 (also known as the 'Crisp report')

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374

Global health partnerships: the UK contribution to health in developing countries – the Government response.

Department of Health, March 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083509

Health is Global: a UK Government strategy 2008-13.

Department of Health, September 2008

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702

D. Additional resources

BMA

GP returners: guidance from GPC (November 2007)

http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/gpreturners.jsp

BMA letter to SHAs on GP Returners' Scheme and the Performers List Regulations

[http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpreturnerslettersSHA/\\$FILE/Letter+to+all+SHAs+and+PCTs+on+GP+returners+scheme.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpreturnerslettersSHA/$FILE/Letter+to+all+SHAs+and+PCTs+on+GP+returners+scheme.pdf)

Framework for a written contract of employment for GP specialty registrars, January 2008

http://www.bma.org.uk/employmentandcontracts/employmentcontracts/junior_doctors/framecontractGPPregs0707.jsp

BMA junior doctors' handbook (for BMA members)

<http://www.bma.org.uk/employmentandcontracts/employmentcontracts/jdhandbook.jsp>

BMA consultant contracts FAQs

<http://www.bma.org.uk/employmentandcontracts/employmentcontracts/consultantscontracts/CCSCfaqs.jsp>

The consultant handbook, 2009, Sixth Edition (England)

(to be published April 2009)

BMA medical academics handbook

(to be published April 2009)

<http://www.bma.org.uk/employmentandcontracts/index.jsp>

BMJ Careers

Time out

Emily Spry, 24 September 2008

<http://careers.bmj.com/careers/advice/view-article.html?id=3075>

MMC and overseas work

Liz Crawford, 31 January 2009

<http://careers.bmj.com/careers/advice/view-article.html?id=20000007>

Appendix 2: Contact information

Medical royal colleges

All medical royal colleges have procedures in place for reviewing OOP applications, though terminology may differ between colleges, and the standardised pathway in the main body of this guidance outlines the parties and their roles and responsibilities.

Trainees should contact the relevant medical royal college's educational secretary for full details about the process for taking time out.

Royal College of Anaesthetists

Training & Examinations Directorate
The Royal College of Anaesthetists
Churchill House
35 Red Lion Square
London, WC1R 4SG
Telephone: 020 7092 1554

Royal College of Physicians of Edinburgh

9 Queen Street,
Edinburgh, EH2 1JQ
Telephone: 0131 225 7324

Royal College of Physicians (London)

Joint Royal College Postgraduate Training Board

5 St. Andrews Place
Regent's Park
London, NW1 4LE
Telephone: 0207 935 1174 ext 561/287
Email: ptb@jrcptb.org.uk

Royal College of Physicians (London) International Department

11 St. Andrews Place
Regent's Park
London, NW1 4LE
Telephone: 020 7935 1174 303
Email: international@rcplondon.ac.uk

Royal College of Surgeons of Edinburgh Information Section

RCSEd
3 Hill Place
Edinburgh, EH8 9DS
Telephone: 0131 668 9222
Email: information@rcsed.ac.uk

**Royal College of Surgeons of England
Raven Department of Education**

35-43 Lincolns Inn Fields
London, WC2A 3PE
Telephone: 020 7869 6300
Email: education@rcseng.ac.uk

**Royal College of Surgeons of England
Joint Committee for Surgical Training**

35-43 Lincoln's Inn Fields
London, WC2A 3PE
Website: www.jcst.org/contacts

**Faculty of Public Health
Education and Training**

4 St Andrews Place
London, NW1 4LB
Telephone: 020 7224 0642
Contact point: Deputy International Faculty Advisor
Website: www.fph.org.uk/training/oope/default.asp

**Royal College of Paediatrics and Child Health
International Manager**

5-11 Theobalds Road
London, WC1X 8SH
Telephone: 020 7092 6004

Royal College of Obstetricians and Gynaecologists

27 Sussex Place,
Regent's Park,
London, NW1 4RG
Telephone: International Office: +44 (0)20 7772 6367
Telephone: Education Department: +44 (0)20 7772 6460

Professional indemnity organisations

Medical Protection Society (MPS)

MPS state that members are advised that check beforehand to ensure coverage and to clarify whether subscription rates may change. Most countries, with the exception of USA and Canada, are covered.

Medical Defence Union (MDU)

MDU state that members must discuss their circumstances with MDU before departure as levels of coverage will change depending on location and the nature of work. Benefits of coverage are determined on a case-by-case basis.

Medical and Dental Defence Union of Scotland (MDDUS)

MDDUS state that members are advised to contact the membership department before leaving the UK. Paid employment overseas is not covered but voluntary work with UK-registered charity is covered.

International organisations

Voluntary Services Overseas

<http://www.vso.org.uk/volunteering/index.asp>

Medecins Sans Frontieres

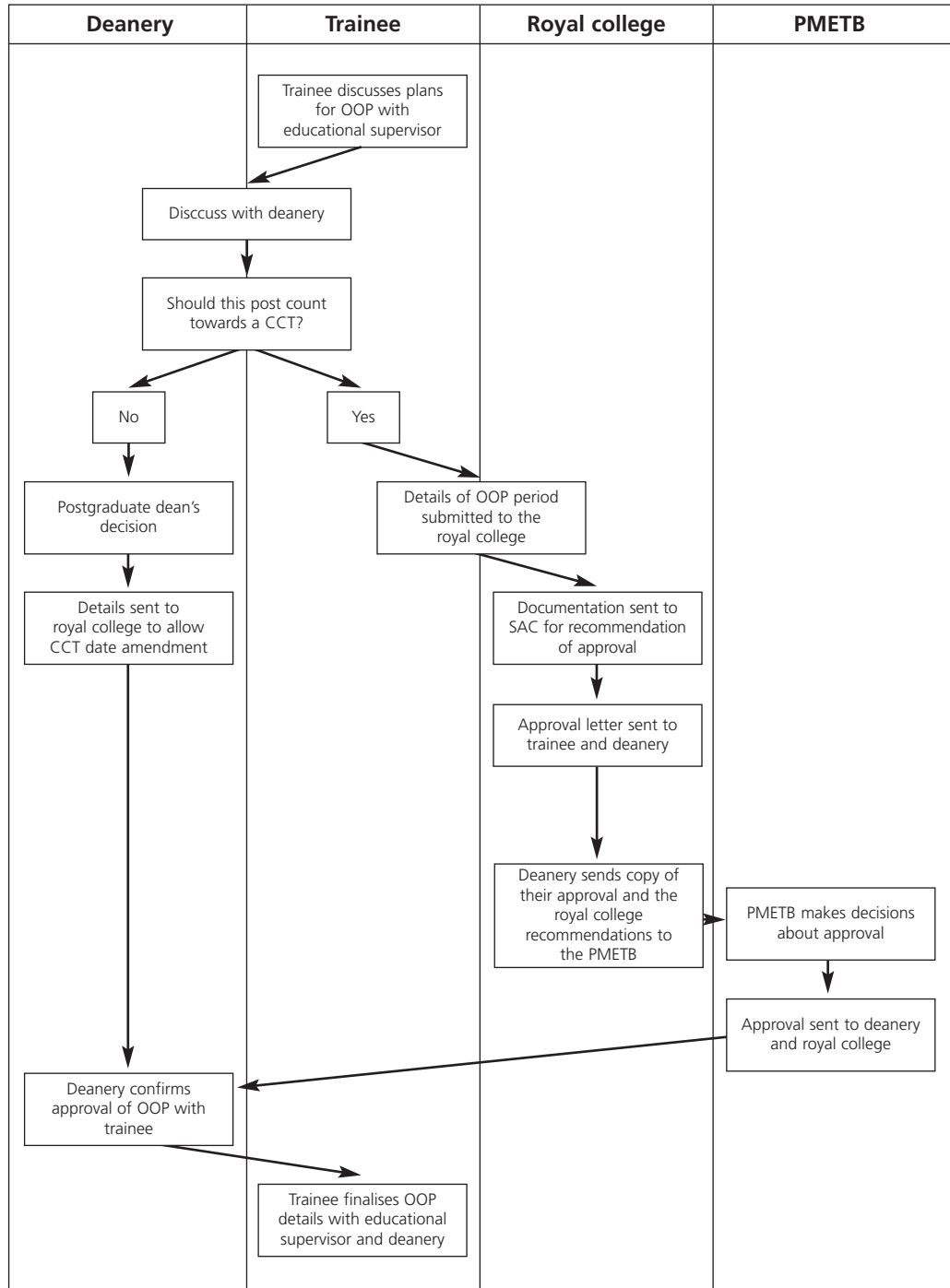
http://www.msf.org.uk/work_overseas.aspx

Medecins du Monde

<http://www.medecinsdumonde.org.uk/volunteering/volunteeringoverseas1.asp>

Appendix 3

Approvals pathway for time out of programme (OOP)



'Royal college' refers to the relevant royal college body with responsibility for postgraduate training, such as the specialty Joint Committee (JRCPTB or JCST) and/or Specialty Advisory Committee (SAC). Details can be obtained from the educational department of the relevant medical royal college.

With thanks to Kirstin Barnett, JRCPTB

References

- 1 http://www.mmcinquiry.org.uk/Final_8_Jan_08_MMC_all.pdf
- 2 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374
- 3 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083509
- 4 <http://www.mmc.nhs.uk/pdf/New%20Tooke.pdf>
- 5 <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 6 PMETB, Frequently Asked Questions <http://www.pmetb.org.uk/index.php?id=1038>
PMETB, Certification <http://www.pmetb.org.uk/index.php?id=certification>
- 7 PMETB: <http://www.pmetb.org.uk/index.php?id=1823>
- 8 Guidance: PMETB approval of out of programme experience
http://www.pmetb.org.uk/fileadmin/user/QA/Post_and_programme_approval/Guidance_Out_of_programme_experience_16_April_2007.pdf
- 9 Contact information http://www.londondeanery.ac.uk/general-practice/specialty-training-for-gp/specialty-training-schemes-in-london/ld_vs_details?scheme_id=27
- 10 Sections 36.10 – 36.15
http://www.nhsemployers.org/restricted/downloads/download.asp?ref=323&hash=a6608930068182ff4b3087508c2dda24&itemplate=e_pay_conditions_3col_pay-conditions-3828
- 11 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702
- 12 National guidance (Schedule 18 paragraph 15): 'Authorities may at their discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof'
http://www.nhsemployers.org/restricted/downloads/download.asp?ref=3835&hash=4021d0819712ff64733304bf303871f2&itemplate=e_aboutus_3col_aboutus-2028
- 13 2004 Scottish consultant contract: [http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)11.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)11.pdf)
New Specialty Doctor and Associate Specialist (2008):
[http://www.show.scot.nhs.uk/sehd/pcs/PCS2008\(DD\)07.pdf](http://www.show.scot.nhs.uk/sehd/pcs/PCS2008(DD)07.pdf)
Junior Doctors: [http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)10.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)10.pdf)
- 14 *ibid*
- 15 <http://www.bma.org.uk/employmentandcontracts/employmentcontracts/consultantscontracts/CCSCfaqs.jsp>

- 16 AL(MD)5/01 for consultants (England)
http://www.nbt.nhs.uk/researcheducation/staff_development/Documents/5+almd.pdf
Contract details for Specialty doctors <http://www.nhsemployers.org/pay-conditions/pay-conditions-1206.cfm>
PCS (DD) 2002/7 for SAS doctors in Scotland
<http://www.scotland.gov.uk/Publications/2003/03/16621/19298>
PCS (DD)_ 2001/2, 2001/7 and 2002/1 for consultants in Scotland
[http://www.sehd.scot.nhs.uk/pcs/PCS\(DD\)2001\(7\).pdf](http://www.sehd.scot.nhs.uk/pcs/PCS(DD)2001(7).pdf)
- 17 Section 6.71, <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 18 NHS Employers guidance states that applications for a career break must be submitted in writing giving a minimum of 3 months notice of the requested start date.
- 19 Section 6.70 <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 20 Section 6.67 <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 21 For example: Torbay Care Trust Career Break Policy, November 2007, Section 3.3
<http://www.torbaycaretrust.nhs.uk/publications/documents/HR24%20-%20Career%20Break%20Policy.pdf/view>
- 22 <http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 23 ARCP and OOPT documents can be found in
<http://www.mmc.nhs.uk/pdf/Gold%20Guide%202008%20-%20FINAL111.pdf>
- 24 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5044914
- 25 <http://www.dfid.gov.uk/news/files/pressreleases/volunteering-boost.asp>
- 26 http://www.gmc-uk.org/doctors/registration_applications/erasure/ve_p3.asp
- 27 http://www.gmc-uk.org/doctors/documents/nrf_uk_and_restoration.pdf
- 28 <http://www.gmc-uk.org/about/reform/index.asp>
- 29 http://www.nhsemployers.org/restricted/downloads/download.asp?ref=3835&hash=4021d0819712ff64733304bf303871f2&itemplate=e_aboutus_3col_aboutus-2028
- 30 [http://www.sehd.scot.nhs.uk/pcs/PCS2007\(DD\)11.pdf](http://www.sehd.scot.nhs.uk/pcs/PCS2007(DD)11.pdf)
- 31 [http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpreturnerslettersSHA/\\$FILE/Letter+to+all+SHAs+and+PCTs+on+GP+returners+scheme.pdf](http://www.bma.org.uk/ap.nsf/AttachmentsByTitle/PDFgpreturnerslettersSHA/$FILE/Letter+to+all+SHAs+and+PCTs+on+GP+returners+scheme.pdf)
- 32 Section 24.5 Performers Who Work Elsewhere
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4076812.pdf

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