

**Redeployment of Doctors in Training Returning to Service from OOPR**

**Part A**

Thank you for being willing to suspend your out of programme and return to provision of frontline services to help the NHS manage the response to COVID-19 and to support your colleagues.

Please complete the form below to advise the Deanery of your availability to return to the service. The Deanery will record your details and liaise with the Director of Medical Education (DME) in your preferred Health Board to arrange your return. Forms should be sent to your Lead Dean Director (LDD) and training programme administrator. Contact details can be found below:

Administrator details located [here](https://www.scotlanddeanery.nhs.scot/about-us/our-people/training-management-team/)

Lead Dean details located [here](https://www.scotlanddeanery.nhs.scot/about-us/our-people/deans-associate-deans-gp-directors-assistant-gp-directors/)

DME details located [here](https://www.scotlanddeanery.nhs.scot/about-us/our-people/directors-of-medical-education/)

Please retain this form and when you are ready to resume your OOP complete Part B.

Even if you have already made your own arrangements to return to service directly with a Health Board it is still important that you return this form the Deanery to allow appropriate recording of your activity and to facilitate any necessary payroll updates.

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| Name |  |
| GMC number |  |
| Training Programme |  |
| Name of TPD |  |
| Training Region |  |
| Home address |  |
| Mobile phone number |  |
| Institution where undertaking OOPR |  |
| When started OOPR |  |
| Name of research supervisor |  |
| Has funding body agreed to interruption of OOPR? |  |
| During your OOPR do you currently also hold an honorary contract with a Health Board to undertake clinical work? If yes, with which Health Board? |  |
| Following discussion with your research supervisor, taking into account the feasibility of continuing with your research during COVID surges, in terms of potential for redeployment to support service is there agreement that you would be available for the first wave of redeployment to service (A), second wave (B) or final wave (as required and as a last resort)(C) |  |
| Email address of finance department contact in the institution where you are undertaking your OOPR |  |
| From when available for redeployment to service? |  |
| Expected duration of return to service (estimated minimum)? |  |
| Which Health Board would you prefer to work in during your redeployment to service? |  |
| Section for Deanery Administrative purposes | |
| LDD notified |  |
| TPD notified |  |
| Training manager notified |  |
| DME notified |  |
| Turas updated |  |

**Retuning to Out of Programme**

**Part B**

When you are ready to resume your OOP activity please complete the details below and send the updated form to your training programme administrator, Lead Dean and DME as soon as possible. In most cases the expectation is that your return will be at the end of the expected duration you have outlined in part A. If this is the case, then you are not required to provide any additional notice of your resumption of OOP activity.

If you wish to resume your OOP earlier or later than originally planned, please refer to the guidance notes which can be found here (upload guidance notes to website and insert hyperlink). If returning early to your OOP then you will be required to provide notice as outlined in this guidance document.

Please be aware that it is important you follow these steps to ensure appropriate recording of the work you are undertaking and allow payroll to be updated in a timely manner. Agreement with local departments alone is not sufficient to facilitate this.

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| **Resumption of OOP** | |
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| Date you will return to OOP |  |
| Please confirm that facilities are available to support return to OOP  (i.e. labs, Universities open) |  |
| Please confirm the date that this period of research/ experience/ training etc. is expected to end |  |
| Please confirm that funding agreed to support this OOP remains in place for the anticipated duration |  |

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| --- | --- |
| For Deanery Use: | Date Updated: |
| Confirm DME had been informed |  |
| Turas Updated & Form saved in trainee file |  |
| Medical Staffing Advised |  |