

TPD Induction

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Congratulations on your appointment as TPD!

We hope you find the post stimulating, rewarding and enjoyable.

Please remember that:

- Just as in clinical medicine, the complexity of what we are trying to achieve is increasing. There is more choice and more flexibility than ever before.
- You are not expected to be an expert in all of this.
- You are not expected to manage this alone.
- The deanery is here to guide and support you; our aim is to offer a fantastic training for our doctors in training and support for our educators, together.

Aims

The aim of the induction is to enable and support you to deliver the generic objectives of a TPD. These are included in the appendix at the end of the paper. As TPD you are responsible for overseeing the effective delivery of the curriculum and training of the doctors within your specialty.

Introduction to the NHSE team

Your local office is NHSE-WTE Thames Valley (NHS England Workforce Training and Education Thames Valley (still known as 'the Deanery')).

The key people in your local NHSE team are:

- Education Programme Manager (EPM) and Education Programme Coordinator (EPC) for your school and the Head of School ([see your school contacts](#)).
- Revalidation team ([website](#))
- Quality team ([meet the team](#))
- Business and Education Manager (Mairi Hills, Mairi.Hills@nhs.net)
- Regional Dean (Prof Jo Szram), Locality Dean (Rebecca Black) and AD for your school ([meet the Deans](#))
- Oxford University Clinical Academic Graduate School (OUCAGS) team ([meet the team](#))

On your appointment

Firstly, arrange to speak to the exiting TPD to get a handover. Your Head of School and EPM can provide you with their details if you are not aware of them.

You will find it helpful to have an introductory meeting with your Head of School (and Deputy Head of School if appropriate), the EPM and EPC for your school and the revalidation and quality teams. These meetings give you the opportunity to meet the wider team and ask

any questions. The remit of these teams, links to website pages and the topics the meetings will routinely cover are outlined below:

Education Programme Manager

The role of the EPM is the day to day running of each School, for example the School of Anaesthetics or the School of Medicine. They are there to assist and work collaboratively with the TPDs and the Head of School. They are also involved in national recruitment.

The Education Programme Team Manager is Maxine Grout (Maxine.Grout@nhs.net). Maxine is also the Recruitment Lead for Thames Valley. Maxine describes the role of TPD as someone who works alongside the EPM to ensure the smooth running of the School and overseeing any recruitment days run by the School. It is a collaborative relationship and regular communication and sharing information between the TPD and EPM will ensure that Code of Practice (see below) deadlines are met. Key points of communication include the following:

- Submitting numbers for recruitment – be clear how many posts you can offer, ensure that Trusts are expecting and have confirmed any additional RDs (see expansion later) and do not offer more posts than you have available.
- Providing rotation grids in a timely fashion, making sure to meet national deadlines. The EPM will then pass on this information on to the Trusts via the Trainee Information System (TIS) who are receiving trainees. For the Trusts, TIS is the way in which they know who to pay, who is LTFT etc, so ensuring the correct information regarding rotations and LTFT status has been communicated to the EPM, and uploaded to TIS, is key to the RD being correctly paid.
- The EPM's will also support the TPD at ARCP time in both the preparation for and the running of the day. This will include liaising with the TPD to see which trainees need to be reviewed. The EPMs will then contact the trainees to inform them of their ARCP in good time (in line with Gold Guide). They are able to review the Form R and WSOP which are also within TIS.

Gold Guide

The Gold Guide is the reference document for all matters related to Doctors in Training (DiT) in the UK. No-one is expected to memorise this! It is just a highly useful reference and do look here first for any questions.

<https://www.copmed.org.uk/publications/gold-guide/gold-guide-10th-edition>

Code of Practice

The Code of Practice is a document that sets the standards for communication and timelines for the recruitment of doctors and dentists in training. It covers the organisations managing the recruitment process (NHSE WTE local offices such as Thames Valley), the employing NHS organisations (the NHS Trusts) and the doctors and dentists in training (DiT) themselves. It sets timelines, for example, on when rotation information must be shared with a DiT or when the local Thames Valley office must provide information to the employing Trusts about which doctors will be rotating there. Again, you do not need to read this, but it does explain

why there are specific deadlines and timelines you will be asked to meet in your role. [Code of Practice](#)

Business Manager

Understanding the funding of your higher specialty training posts will help you in the planning of rotations, the managing of rota gaps and in your communication with the individual Trusts. The educational contract ([link to full document](#)) outlines this in detail. Having this for reference is useful. Training posts are either tariff funded or trust funded.

Tariff funded post: A % of the salary is funded by NHSE and the Trust receive a placement tariff of £13,933 +MFF. The salary contributions and details on the tariff for 2025-26 can be found [here](#). For example, for a ST4+ trainee the contribution is £35,436. Please check the latest version of this guidance as it changes each year.

The remaining salary and any on call payments need to have funding agreement from the Trust. Please consider this when new posts are identified as Trusts need to commit to funding their part of the post – there is a process for this in which the Trust need to confirm in writing – please contact Business Managers for more information.

The recruitment to the post is through national recruitment. There are the usual risks for rotational gaps.

Trust funded post: The Trust fully fund the salary and the on call and there is no placement tariff. The recruitment to the post is through national recruitment. There are the usual risks for rotational gaps. The only part that is NHSE (tariff) funded is study leave.

Expansion post (see next section): This is a tariff funded post for the duration of a full time trainee's journey through a training scheme (typically 2-3 years for core and 4-7 years for higher specialty training (HST)). Then funding may cease and the post, if it continues, will then need to be Trust funded. With the Long Term Workforce Plan (LTWP) aims, recurrent funding may well be forthcoming - just not guaranteed at the outset.

Expansion process

Both of these initiatives will be covered in your induction with the EPM or Business Manager as part of understanding your rotation and funding of your specialty training posts. Not all specialties are affected by these programmes.

The expansion programme was developed by NHSE and the Department of Health and Social Care. They agreed a three-year expansion programme, starting in August 2022, to provide an increase in temporary funding for specialty training places across England. The programme increased specialty training posts by 333 per year for the 3 years, as a short-term solution to support recovery from Covid-19, elective recovery and manage patient flow following the pandemic. These posts only had funding for the lifecycle of one programme. Following this the post either needed to become fully Trust funded or the post ceased. More recently expansion has been requested for 4000 additional training places in NHS England. 1000 of these expansion places were to be offered in August 26, but the latest industrial action resulted in these places being removed. Expansion is going to continue, so having an awareness of which Trusts have both training and financial capacity for additional DiT is very helpful.

The Revalidation Team

This section covers revalidation, fitness to practise and appeals.

Contact the team at NHSE WTE Thames Valley.

Contact details: england.revalidation.tv@nhs.net

Overview

Resident doctors in training programmes are connected to the Postgraduate Dean, Prof Jo Szram, as Responsible Officer (under NHSE Education Thames Valley). Revalidation for resident doctors is managed by the Revalidation Team on behalf of the Responsible Officer. A recommendation for revalidation must be made every 5 years and again at the point of completing training (CCT).

The ARCP process is used in place of a yearly appraisal alongside Form R and other governance information that is held to inform the recommendation. There must be 5 ARCPs in a revalidation cycle, hence the requirement for ARCPs every 12 calendar months, even if LTFT (exceptions can be made for absences due to illness and parental leave).

Revalidation requirements at ARCP Panels

ARCPs have two purposes:

1. to assess progress against the curriculum
2. To support revalidation.

Any declared concerns and reflections (from Form Rs, Incident Reports or the ES Report) need to be considered by the panel and marked accordingly on both the Outcome Form and the 'Revalidation checklist'*.

Whole Scope of Practice Forms (if present) needs to be reviewed.

Any ARCPs that need to happen outside of the 'main' panels must be planned in conjunction with the programme team.

Timing is key – to allow revalidation evidence (e.g. Form R) to be completed / reviewed and sufficient time for a revalidation recommendation to be made if appropriate.

The 'Revalidation checklist' is a key record of how our processes have taken revalidation requirements into account. It must be completed, checked and signed for each ARCP panel and will be provided for you at each ARCP.

Fitness to practice issues (FTP)

The role of the TPD is to identify potential concerns or repeated issues.

As TPD you can flag significant or ongoing issues to the HoS/DME and RO (via revalidation team).

The revalidation team alongside the TPD, ES and HoS will support resident doctors who have fitness to practise concerns to:

- Declare, reflect and demonstrate insight and learning
- Manage any restrictions to their practice either during or after an investigation
- Access appropriate support – Medical Defence Union (MDU), Professional Support & Wellbeing Service (PSWS) <https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/>

ARCP Appeals

Strict process and timescales in place – the revalidation team will guide you.

Decisions made at ARCP must be backed up with evidence. The more evidence the better.

Most resident doctors receiving an Outcome 4 will appeal.

Be prepared for an outcome being overturned at appeal.

New evidence is allowed at an appeal where as an ARCP can only take into account the e- portfolio.

Avoiding issues

Plan ahead, especially for Outcome 6s, and liaise with your programme manager.

Flag concerns re resident doctors early to HoS and revalidation team.

Document concerns and actions clearly as this will help if there is an appeal or if further fitness to practice issues occur.

If an outcome 4 is given and not appealed, the resident doctor will be removed from the training programme (after the end of the 10 working day appeal period). Most Trust's HR will use this date as the end of employment (no contractual right to notice period).

If the resident doctor is planning on continued employment with the Trust they are working in, they need to have discussed this and had the process agreed – it is not automatic. This will not be funded by NHSE as they are no longer in training.

If in doubt, contact the team – england.revalidation.tv@nhs.net

Additional reading

- Revalidation and FTP slides for TPDs (available upon request to england.revalidation.tv@nhs.net)
- Revalidation Information for ARCP Panels (available upon request to england.revalidation.tv@nhs.net)
- Appeals Guidance for Educators – Thames Valley (available upon request to england.revalidation.tv@nhs.net)

<https://thamesvalley.hee.nhs.uk/resources-information/trainee-information/revalidation/>

<https://thamesvalley.hee.nhs.uk/resources-information/arcps/reviews-and-appeals/>

Academic Trainees

There are different 'flavours' of academic trainees and a short summary of these follows. For a more detailed power point presentation on this, please see this [link](#).

Academic clinical fellows

This is a 3 year programme where 25% time is spent on an academic project. This time can be taken as 1.25 days a week, or blocks of 3 / 6 / 9 months, and should be discussed with the academic supervisor and TPD as to what works. All the time counts as training time, so commitment is required when clinical to complete all competencies. The posts are either national (NIHR) with basic salary fully funded (so are additional to planned NTN but need an NTN to exit into) or locally funded – in which case the ACF occupies an NTN but there is a 25% contribution to their basic salary. Any ACF in core training in a specialty that is not usually run through is given a higher NTN if the ACF completes after core training ends without needing to go through national recruitment.

Academic clinical lecturers

4 year appointment for those with a higher degree. 50:50 clinical and academic. All time counts as training time. For those in a craft specialty e.g. anaesthetics the resident doctor and decide if they want to move their CCT further back to gain more clinical time. Again, national ACLs available (basic salary fully funded) or local (50% salary contribution).

ARCPs for academics

There must be an academic report submitted and signed by the academic supervisor, in addition to usual evidence. If difficulties are anticipated, OUCAGs are happy to send a representative to the ARCP panel.

Sponsored Trainees

Some of your trainees may be from overseas and need to be sponsored to be working in the UK.

It is the trainee's responsibility to ensure everything is in place and the Overseas Sponsorship Team is kept up to date. The Thames Valley office contact is Lisa Schulz (lisa.schulz@nhs.net).

Here is the link to the webpages.

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants>

Section on While Sponsored with NHSE <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/while-sponsored-with-hee> covers the key bits to be aware of.

The Quality team

The [Quality team](#) consists of four people in Thames Valley, headed up by Dr Simon Smith, our Associate Dean for Quality.

We are responsible (under the old HEE statutory duties) for assuring the quality of the learning experience (within the clinical learning environment) for all learners within the NHS. However, a large part of our work relates to post-graduate medical training.

We maintain a risk register, derived from data and intelligence received from several sources, and undertake interventions for the larger risks. However, most items on the risk register we monitor, as the provider and work with the Schools and the Trusts to resolve the issues.

More detailed information on our processes ([such as interventions](#)) and the NHSE Quality Strategy and Framework can be found on the [website](#)

The areas we have most engagement with TPDs (and HoS) are:

- 1: [Location approval](#). All locations (and programmes) where trainees learn need to be prospectively approved by GMC, and we facilitate this.
- 2: Trainer approval: all trainers need to be approved.
- 3: GMC NTS: this is our main data source, and we really appreciate TPDs work to encourage trainees to complete this.
- 4: Annual School Reviews: we meet every year, in Autumn, with Schools to review quality and risks.
- 5: Investigation of risks, and management of risks: this varies depending on detail, but we are there to guide, help and support. The busy time of year is after NTS (GMC National Training Survey) results - when the quality team have reviewed the data and outliers and are in the process of reviewing areas of (potential) concern.

The introductory meeting, with Liesa Moore, Quality Manager, will cover location approval, risk register items for your specialty (if any), GMC survey for your specialty and how to [interrogate](#) this, [NETS survey](#), encouraging trainees to escalate/raise concerns in accordance with the pathways and guidance at: <https://www.hee.nhs.uk/our-work/quality/raising-concerns/learners> and any other questions you have.

Committees and Boards

The Specialty Training Committee (STC)

The STC is the local specialty training committee and will meet typically 2-4 times a year. The role of the STC is to deliver and monitor the delivery of the training programme and curriculum for the specialty. There is an STC Chair, which can be the TPD but does not need to be. The STC is formed of ES and CT representation from each Trust that houses trainees in that specialty, trainee representative(s) and a Specialty Advisory Committee (SAC) representative (if this is not the TPD). For Schools that only have 1 curriculum then the School Board provides the function of the STC. For Schools with multiple specialties, the STC has an important role in and feeds into the School Board. The STC and School board also provide knowledge transfer to and from the SAC and down to the ES and CTs.

The School Board

The 'officers' of the School Board are the Head of School, Deputy Head of School (if relevant) and the EPM. The Chair of the School Board is the Head of School or the Deputy Head of School. The School Board oversees the delivery and monitoring of the training programs and curricula within that School.

The membership of the School Board consists of:

- Head of School
- Deputy Head of School
- Associate Dean
- TPDs within the School
- Trainee representatives covering core training, specialty training, LTFT and academic OUCAGS representative
- Representative from each Trust
- SAS representative if relevant
- MDT representatives if relevant
- In addition, input from the revalidation and quality teams is valued (via presence or a written update).

Each school board should have up to date terms of reference.

The Specialty Advisory Committee (SAC)

Each specialty has a national SAC (or equivalent), which is an advisory board to the GMC. The SAC is the intercollegiate body that advises on higher specialty training across the 4 nations. It advises on setting the standards for training through curricula, curricula delivery, assessment, and recruitment. Each SAC has a Lead PG Dean and each region has a representative on the SAC. For the School of Medicine, the representative is the TPD but this is not the case for other specialties; in O&G, for example, it is the Head of School. It is important to know who your SAC representatives are (if not you). As TPD you can provide important intelligence on delivering training within your region and, reciprocally, you are also the conduit for knowledge transfer from the SAC to your educational supervisors. For information, here is the link to the Academy of Medical Royal Colleges best practice for SACs document https://www.aomrc.org.uk/wp-content/uploads/2022/09/SAC_copmed_Academy_200922.pdf

Key relationships outside of NHSE-WTE Thames Valley

Director of Medical Education in each Trust (DME)

[Trainee Advisory Committee \(TAC\)](#)

Trainee Physician Committee (TPC) if you are in the School of Medicine

College Tutors

Colleges (through your Specialty and Advisory Committee (SAC)– see above and your College Tutors)

Trainee forums and specialty specific trainee reps

DMEs

The Director of Medical Education role can be known by a wide range of other titles including Clinical Tutor, Associate/Deputy Medical Director and Director of Education. Regardless of name, the role has overarching responsibility for postgraduate medical education within a local education provider (LEP), jointly appointed by (and responsible to) the LEP and NHSE WTE. Some LEP DME roles also include responsibility for undergraduate and multi-professional education.

The DME provides leadership, strategic direction and vision for the assurance, management and delivery of postgraduate +/- undergraduate & multidisciplinary education in the LEP. They are responsible for the quality of the learning environment provided by the LEP for the learners defined within their role.

The DME works with the Chief Medical Officer and/or the executive lead for Education/Chief People Officer to develop effective medical workforce plans and to ensure the smooth running of the education centres in the LEP. The DME is supported in their role by their Medical Education Manager (MEM). The DME oversees appropriate and transparent use of the educational tariff received by the LEP.

The DME creates and maintains a coherent, co-ordinated and inclusive medical education faculty in the LEP covering all learners. They support Educational Leads, Clinical/College Tutors, Foundation Programme Directors, SAS Tutor, LED Tutor, Specialty Tutors and Educational Supervisors, ensuring their role is maximised to support learners, deliver the medical education strategy and create an effective learning environment for all. They keep a record of trained Educational and named Clinical Supervisors and supply the information to NHSE/GMC to allow them to be recognised for their role.

The DME will

- assure all learners have an effective organisational/Trust and departmental induction before starting work and a recognised named and trained Educational and Clinical Supervisor
- produce/oversee any required action plans locally in response to GMC NTS results with the support of the TPD/HoS to help improve the learning environments
- oversee the management of learners who are involved in serious incidents, complaints, conduct and capability investigations to ensure there are appropriate support mechanisms in place and there is an effective reporting structure to inform the learner's responsible officer (normally the Postgraduate Dean)

- assure there is a robust system in place for supporting learners needing additional support and signposting them to local and regional support mechanisms
- assure there is an effective mechanism in place for learners to access study leave time and funds

In summary, the DME is your ally and the person who can ensure the delivery of the learning environment and curriculum needs for your trainees. They should be your first port of call for any training issues within a LEP. If you do nothing else, ensure you link with your DME early on for

- all things financial; including post expansion, bids for funds, SL underspend, etc.
- trainees rotating to the LEP, requiring additional support or those who have had an 'unconventional' training journey
- changing trainee numbers through post moves & expansion/redistribution
- learning environments that are not providing a high-quality experience

'DMEs are the ones who know how to get things done at a local level. Things don't work the same across every LEP, but the themes are similar. They can't fix everything but can advise, support and enable you to get things achieved for the benefit of your trainees'.

College Tutors

The College/Specialty Tutor is responsible, within their defined area, or department, for overseeing the delivery of the training programmes to all postgraduate medical trainees in a local education provider/NHS Trust. They should be appointed jointly by the Local Education Provider (Medical Director or DME) and appropriate Specialty/School representative. They are managerially accountable to the Clinical Director/Lead of the department with professional responsibility to the DME and Training Programme Directors.

College Tutors will work closely with Educational Supervisors and TPDs to ensure high quality training in line with college curriculum requirements. They should support trainees and trainers within their organisations, and work closely with the Royal College, NHS England and other relevant stakeholders.

The website provides extra information <https://mededleaders.co.uk/>

Associate College Tutors/Trainee Tutors

It is important to involve trainees as early as possible in education. Within each hospital there should be a thriving junior doctor forum, which might have several specialty specific groups/meetings. A number of Royal Colleges have job descriptions for Associate College Tutor roles. Whilst it is not an essential requirement for these roles to be present within Trusts, we support trainees to have opportunities to undertake this work. If there are ACTs in your specialty, they will be a useful source of information and improve communication with the trainee body.

Trainee Advisory Committee (TAC)

The TAC was formed in 2010 to act as a liaison between the 2400 trainees and the senior management team in NHSE WTE – Thames Valley, including the PG Dean. The TAC is

composed of a trainee lead for each School and working with your TAC representative will help you in your TPD role.

Out of Programme (OOP)

Trainees have the opportunity to take a variety of OOP opportunities. All of these need to be approved by the ES and TPD and are then submitted to the HoS and PG Dean or their representative. The key point is to encourage trainees to think about this early, starting at least 6 months in advance, as a minimum of 3 months' notice is required to approve this (once all the signatures are in). You must have had outcome 1 at your last ARCP to be able to be approved.

Here is the link to the [OOP resources](#) including the application form and guide. Please direct any trainee thinking about OOP here in the first instance.

There is an Associate Dean who oversees the OOP work, who is available for advice – please see the Meet the Deans page on our website for more information on Associate Dean portfolios: <https://thamesvalley.hee.nhs.uk/about-us/meet-the-deans/>

ARCPs

ARCP Panel Member and Chair training is provided several times per year via MS Teams. Ask your Education Programme Manager for dates and how to book. All panel members need to train every 3 years.

All panel members need up to date Equality and Diversity Training.

Key principles:

- The Purpose of the ARCP is to review the material in the trainee's portfolio and issue an outcome having mapped the evidence submitted to that required for demonstrating progress in the specialty curriculum.
- ONLY material submitted in the portfolio can be considered by the ARCP panel.
- The trainee's ES must not be involved in panel discussions if they are present at the review.
- The ESR (educational supervisors report) is key.
- Form R – completed on TIS (Trainee Information System) by the trainee, deadline 2 weeks ahead of ARCP (Outcome 5 if not submitted by the day before ARCP).

The Panel:

- Chair and educators (minimum of 3 members)
- Dean's Rep – recommended and good practice if expecting to issue non-standard outcomes (2, 3, 4), may not be available for the whole day.
- Lay Reps will be provided for the majority of panels.
- May also include: External, Military, Academic Reps

Preparation is Key:

- Appropriate timetable – take advice from your EPM
- Set ARCP dates a year in advance
- Set Outcome 5 review dates at the ARCP panel
- Ensure ARCPs are at least 6 weeks before CCT and critical progression points

- Give adequate notice to DiT and panel – at least 3 months
- Group ARCPs together that are likely to have a developmental outcome or there is a request for acceleration of training so an AD, lay rep and external (if required) can be there for that period
- Ensure Educational Supervisors receive feedback on their reports (there is a form)
- Review Form R and WSOP forms (has it been signed off at the place work carried out and by the ES?)

Appeals and process for developmental outcomes:

The revalidation team are always available for advice.

Notify trainee of outcome within 5 working days and advise of review or appeal process.

Record discussion within ePortfolio (preferably on the outcome form) confirming that the trainee has been advised of their right to request a review or appeal

Differential Attainment (DA)

DA is the attainment difference between UK qualified white doctors and UK qualified ethnic minority doctors or international medical graduates (IMG). The GMC measures DA on three parameters - examinations, ARCP outcomes and the GMC national training survey (NTS). The GMC refreshes data annually. The GMC data are presented as a rolling five-year average for exams and ARCPs, but the most recent annual NTS. The DA Quick Reference Guide can be found [here](#).

National recruitment

Each NHSE region is expected to contribute to the national recruitment process (evidence verification and interview) and this usually involves the TPD and some of the ES's.

Professional leave from your Trust can be used to support these activities. Each specialty has a NHSE lead office. The timetable for specialty recruitment is on the [NHSE website](#). Your EPM will also be aware of this and will liaise with you about available posts and recruitment timings.

Inter Deanery Transfer (IDT) process

The IDT process was set up to support doctors in training who have had an unforeseen and significant change in circumstances since being appointed to a training post and require a change in region. It is nationally run and strict in its process and transparency.

Local offices do not have any control over the IDT process. The windows for each stage are agreed the year before and published on the [website](#). As TPD you will be asked by the Thames Valley NHSE admin office to identify any posts that you have available for the IDT process and they will support you with the information that is required and throughout the process. You are not obliged to put any vacant posts into the IDT pot. The process is intended to be anonymous and equitable – you may be contacted in advance by DiT wishing to transfer, but communication outside the process is not encouraged.

Professional Support and Wellbeing Service (PSWS)

[link to website](#)

Contact details: england.PSWInfo.TV@nhs.net

The PSWS are a team of case managers and coaches dedicated to helping doctors, dentists and pharmacists in training across Thames Valley and the South East. Services include enhanced exam support, wellbeing services, personal coaching and mentoring to address performance and career improvement needs. These services are free to trainees in the Thames Valley region.

The PSWS team also provide support and advice to educators, supervisors, responsible officers and employers.

Please view the website and resources.

SuppoRTT process

[link to website](#)

Doctors in training take time out of training for a number of reasons, such as parental leave, sickness, carers leave and OOP. Returning to training, regardless of the reason, can be a difficult and stressful time.

The Supported Return to Training (SuppoRTT) initiative aims to support trainees with their confidence, skills and knowledge so that they can return with safely return to practise. It is for any period of absence of 3 months or longer but can be opted into if less than 3 months.

The process starts before a planned leave of absence and as soon as is possible for any unplanned absence. The website contains all the resources and the forms to complete prior to going out of training for prior to return.

LTFT process

Contact details: England.ltft.tv@nhs.net

At NHSE Thames Valley we are committed to supporting flexible working and all DiT are eligible to apply. Thinking about this well ahead of time and starting the paperwork early facilitates the process (there is a minimum timeline of 4 months for all the paperwork to be in, and the LTFT is expected to remain in place for at least 12 months). The SOP, application form and resources are all available on the [website](#).

Study Leave

Contact details: england.studyleave.tv@nhs.net

The study leave policy and application form is all on the [website](#). Please direct your trainees to this resource in the first instance. Most SACs have a list of the training that is mandatory for curriculum requirements and being familiar with this is useful. The study leave budget is there to support trainees to achieve curriculum requirements and capabilities.

Enhanced Oversight Group

The EOG meets every two months to discuss Doctors in Training (DiTs) who have more complex, long standing or serious issues, such as:

- Long term sickness
- Recurrent developmental outcomes at ARCP
- Resignation / removal from a training programme
- Involvement with the GMC or the police

The Group is chaired by the Locality Dean and attended by the PSWS, Associate Deans and Heads of School.

The aim is to ensure that:

- DiTs from all specialties are treated as equitably as possible
- All DiTs have access to the support the deanery can offer – such as the PSWS
- The Locality Dean is aware of these DiTs and can communicate with the Dean in her capacity as their Responsible Officer

Questions frequently asked at the meeting:

- Has the DiT been referred to the PSWS?
- Do they need any additional support?
- Is there a plan for their return to training?
- Are the SupportTT (supported return to training) team aware of their return date?
- Is the relevant DME aware?

This is a closed meeting, but the Chair would be happy to discuss the working of the EOG to anyone who may be interested.

GMC Recognition of Trainers and TPD development opportunities

As part of your role as TPD (and as an ES) you need to remain accredited as a trainer. This involves annual CPD relevant to being a trainer (total of 4 hours per year) and ensuring you remain on the GMC register. Your educator role should be included in your annual NHS appraisal. You will also be provided with an annual supportive educational review by your Head of School (or Deputy Head of School) to feed into your NHS appraisal and to support your educator development. This is the [link](#) to the relevant NHSE website and to the educational supervisor policy - [link](#).

To support your educator role there are excellent NHSE annual educator days and you are also able to attend CORBLIME, funded by the Deanery. This is in addition to the training available via your Trust and on eLfH.

If you would be interested in having a TPD mentor (a more senior TPD from Thames Valley) then discuss this with your HoS and we can identify a suitable person to provide mentorship over the first 6-12 months.

Relocation & Excess Travel

Postgraduate Doctors in Training can claim relocation or excess travel costs if they are having to relocate or travel further because of a rotational change / update. There is a framework associated with this along with some Frequently Asked Questions and all information can be found on the website <https://thamesvalley.hee.nhs.uk/about-us/policies-guidance/relocation-and-excess-travel/>

Any queries associated with this can be sent to: england.relocationexpenses.tv@nhs.net

Resources

The Gold Guide

<https://www.copmed.org.uk/publications/gold-guide/gold-guide-10th-edition>

The Code of Practice

<https://www.hee.nhs.uk/sites/default/files/documents/Code%20of%20Practice%202018%20FINAL.pdf>

The Educational Contract

[link to full document](#)

Expansion and Distribution Program

[website](#)

Trainee revalidation

<https://thamesvalley.hee.nhs.uk/resources-information/trainee-information/revalidation/>

Reviews and appeals

<https://thamesvalley.hee.nhs.uk/resources-information/arcps/reviews-and-appeals/>

Sponsored Trainees from overseas

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants>

<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/while-sponsored-with-hee>

Quality Team interventions

<https://thamesvalley.hee.nhs.uk/quality/quality-interventions/>

NHSE Quality Framework, Strategy and Standards

<https://thamesvalley.hee.nhs.uk/quality/>

Information for trainees raising concerns

<https://www.hee.nhs.uk/our-work/quality/raising-concerns/learners>

Best practise for SACs

https://www.aomrc.org.uk/wp-content/uploads/2022/09/SAC_copmed_Academy_200922.pdf

Additional reading on Thames Valley website under TPD induction/or available from revalidation team as indicated.

<https://thamesvalley.hee.nhs.uk/resources-information/training-programme-directors/>

Appendix 1

Training Programme Director Generic Objectives 2026-7

1. Demonstrate professionalism in this role.
2. Establish and maintain regular contact and an excellent working relationship with the Education Programme Manager and team, the Quality Team, DMEs and the Head of School.
3. Be assured, through working in conjunction with the Programme Team and DME's, the supervision of all doctors in postgraduate training is undertaken by recognised Educational and Clinical Supervisors.
4. Work with the Programme team to ensure ARCPs are conducted as per the Gold Guide, SoP, College and local agreements. This includes:
 - Working with the Programme and Revalidation teams to plan in a timely manner.
 - Keeping yourself up to date regarding any national, speciality or local NHSE changes before every ARCP.
 - Knowing your roles and responsibilities towards the Dean as ARCP Chair, including an awareness of the need to minimise cognitive bias from yourself and other panel members.
5. Actively work with the Programme Manager and others to meet Code of Practice requirements for rotation management.
6. Actively work with the Programme Team, DMEs and College/Clinical Tutors to ensure all doctors in postgraduate training are appropriately supported and have the correct educational placements for their needs. This includes:
 - meeting DA and EDI requirements.
 - liaison with the HoS, occupational health, the SRTT and PSWS as required
7. Maintain your own wellbeing and personal development. This should include an annual appraisal / educational review with the Head of School, which will feed into your main Trust appraisal.
8. Ensure you remain as a trainer recognised by the GMC.