HEALTH ENDUCATION ENGLAND WORKING ACROSS KENT, SURREY & SUSSEX (HEEKSS) GP School Transfer of information (TOI)

GP trainee PLACEMENT ALTERATION

*This transfer form is intended to support both trainees and educators when trainees move between programs and where appropriate within programs*

The form SHOULD be completed by Training Programme Directors (TPDs) where a trainee is transferring programs and sent to the receiving program TPDs. A copy should also be submitted to the GP Training Department at gptrainingmanager@kss.hee.nhs.uk

The receiving TPDs are responsible for sharing information with the new Educational Supervisor and new employer.

For transfers between Supervisors in a program TPDs are advised to consider if sharing of information between parties and where appropriate utilize the TOI form

Trainees should be advised of the use of the TOI form

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| --- | --- | --- | --- |
| Trainee Name: | Click here to enter text. | Anticipated Transfer date: | Click here to enter text. |
| Original GP Program (Scheme) | Click here to enter text. | New GP Program (Scheme) | Click here to enter text. |
| Original Lead TPD: | Click here to enter text. | New TPD: | Click here to enter text. |
| Original Educational Supervisor  | Click here to enter text. | New ES (if known) | Click here to enter text. |

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| REASON FOR TRANSFER |
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| SUMMARY OF PROGRESS IN TRANING TO DATE (INCl arcp outcomes, MRCGP, GP OOH)  |
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| DETAILS OF ANY CLINICAL / DISCIPLINARY / EMPLOYER / PROFESSIONAL / HEALTH CONCERNS |
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| WILL THE TRAINEE’S EMPLOYER CHANGE AS A CONSEQUENCE OF THIS TRANSFER? |
| ☐No ☐Yes,(Guidance: SEAT ST1 ST2 and trainees entering ST3 would usually change employer. ST3 SEAT employed trainees entering an extension to training would usually remain with their current employer and non- SEAT ST3 extensions will change employer)  |
| HAS THERE BEEN ANY REASONABLE ADJUSTMENT MADE THAT MAY NEED TO BE CONTINUED?  |
| ☐No ☐Yes, please give details in the box belowDetails of any adjustments (enter below) |
| DETAILS OF ANY VERBAL HANDOVER – BETWEEN PADS / PDS / ESs |
|  |

**I confirm that this form will be shared with the new TPD and copied to** GPTrainingManager@kss.hee.nhs.uk

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| --- |
| original tpd signature |
|  |
| Date |

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| --- | --- |
| *☐* **I confirm that the trainee has been informed of this information transfer**  | **Date of form completion:***Click here to enter a date.* |
| *For Office Use: Information Updated:**Intrepid Insite E-Portfolio*  | **Signature:** **Date:***Click here to enter a date.* |