

**Allocation of Placements**

**Special Circumstances**

**Guidance for Specialty trainees**

**October 2010**

## 1 General Principles

The placement of doctors appointed to specialty training programmes/posts within Northern Ireland is managed by the Head of Specialty School in conjunction with the School Board and relevant Training Programme Director. In determining where a trainee should be placed account is taken of the training needs of the individual, their stated preferences and the requirement to spend time outside the greater Belfast area. Within General Practice trainees are allocated, on appointment, to placements within a specific geographical area. As with the other specialties, although the preferences of GP trainees are taken into account, it is not always possible to place trainees in their preferred location.

There may be circumstances where a trainee must remain within a geographical area for specific family, caring or health reasons. Where this situation arises a trainee can apply for consideration of special circumstances although an application may be rejected on the grounds that no suitable training placement is available. Approval of a special circumstances application does not guarantee a specific placement within a training programme.

## 2 The Criteria

In order to be considered for special circumstances, trainees must meet one or more of the following criteria:

**Criterion 1: The trainee is a parent or legal guardian with significant caring responsibilities for a child or children under the age of 18. This would normally mean the child(ren) residing primarily with the trainee.**

Significant caring responsibilities are deemed to be those over and above what is considered to be the normal responsibilities of a parent eg the trainee is a single parent or has a child with a disability.

It is expected that the child(ren) of trainees in this category will remain in their present residence.

If the trainee and the child(ren) do not normally reside together, this should be referred to on the application form, and information supplied as to why the caring responsibilities remain equally significant.

**Supporting evidence required** (mandatory for all trainees):

- Statement confirming that the trainee has significant caring responsibilities for the child(ren).  
(Appendix A: Criterion 1: Statement confirming parental responsibility)

**Criterion 2: The trainee is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) (expected to be a partner, sibling or parent).**

If the person they are caring for is not their partner, sibling or parent, trainees will be expected to explain clearly and put a strong case why they are taking on the role of **primary** carer for this person.

Trainees will be required to complete a care plan to demonstrate how they will combine the responsibilities of a doctor in training and primary carer and that local support resources have been fully considered.

**Supporting evidence required** (mandatory for all trainees):

- Statement from GP/Social Services confirming the trainee's role as **primary** carer for this person  
(Appendix B: Criterion 2 : Statement confirming trainee's role as primary carer)
- Care plan (Appendix C: Criterion 2 : Guidelines for care plan)

**Criterion 3: The trainee has a medical condition (physical or psychological) or disability for which local follow up and/or support is an absolute requirement, as confirmed by a report from an Occupational Health physician or an appropriate medical specialist.**

**Supporting evidence required** (mandatory for all trainees):

- A report by an Occupational Health physician or medical specialist, in which they will be required to
  - describe the current medical condition (be it physical or psychological) or disability
  - describe the nature of the ongoing treatment and frequency of follow up/support required
  - state why the follow up must be delivered locally, rather than by other treatment centres in NI

*(Appendix D: Criterion 3: Report by Occupational Health physician or medical specialist)*

### **3 Process for submission and consideration of applications**

Details of the process, the criteria, and the relevant forms will be published on the NIMDTA website.

The application for consideration of special circumstances, together with the supporting evidence, should be forwarded to the Head of School within 15 working days of the trainee's offer of appointment. The Head of School in conjunction with the Associate Dean for Secondary Care & Quality Management will decide if the trainee has adequately demonstrated that he/she meets one or more of the criteria and has provided the necessary supporting documentation. The trainee will be informed in writing of the outcome within 5 working days of receipt of application.

NIMDTA recognises that a trainee's circumstances may change over the course of their training, requiring special arrangements to be put in place at short notice. Trainees will be able to apply to the Head of School for consideration of their special circumstances.

Trainees with special circumstances will be subject to ongoing review.

### **4 Appeals Process**

NIMDTA recognises that a trainee may wish to question or appeal against the decision made by the Head of School.

Where the trainee considers there are grounds for appeal, he/she may lodge a formal appeal. The trainee will not be able to appeal if the decision is based on the fact that no suitable placement is available.

- A panel, consisting of the Associate Dean for Career and Personal Development, a Head of School from another specialty, a lay representative and a trainee representative, will be convened to hear the appeal. The appeal should be submitted in writing to the Associate Dean and lodged within 10 working days of notification of the Head of School's decision. The trainee will be invited to attend the Appeal Hearing, the date of which will be confirmed within 5 working days of the appeal being lodged. You will have the right to be represented by a representative of your professional organisation or trade union. Your representative may also be a work colleague, friend or any other person, other than someone acting in the capacity of a legally qualified practitioner.

The Appeals Panel, in making its decision, will take into consideration the evidence provided and the impact on other trainees if the appeal was upheld, including the potential for destabilising rotas and diluting the quality of training.

The decision will be confirmed to the trainee in writing within 5 working days of the Appeal being heard. The decision of the Appeals Panel is final.

## **APPENDICIES:**

### **APPENDIX A: Criterion 1: Statement confirming parental responsibility**

**Criterion 1:** **The trainee is a parent or legal guardian with significant caring responsibilities for a child or children under the age of 18. This would normally mean the child(ren) is/are residing primarily with the trainee.**

As part of demonstrating that they have a significant caring responsibility for a child or children under the age of 18, trainees must submit a completed and signed copy of the accompanying statement.

The signatory must be someone who works in a recognised profession and be in a position to confirm that the trainee has a significant caring responsibility for a child or children under 18. Significant caring responsibilities are deemed to be those over and above what is considered to be the normal responsibilities of a parent eg the trainee is a single parent or has a child with a disability.

The signatory must:

- be over 18
- have known the trainee for at least two years
- not be related to the trainee by birth or marriage
- not be in a personal relationship with the trainee
- not live at the same address as the trainee

### **Suggestions about whom to approach**

- Lawyer
- Councillor: local or county
- Doctor
- Dentist
- Teacher
- Justice of the Peace
- Nurse / Health Visitor (RGN and RMN)
- Police Officer
- Social worker

The statement should indicate the relationship of the individual supporting the trainee's application, e.g. head teacher of the child(ren)'s school.

## Statement Confirming Parental Responsibility

In support of an application on the grounds of special circumstances

### CRITERION 1

Please complete this form in BLOCK CAPITALS.

.....  
The trainee must include with his/her application this signed statement from someone who works in a recognised profession. The signatory must have known the trainee for at least two years, and be in a position to confirm that s/he has a significant caring responsibility for a child or children under 18. In order to be fair both to those with significant caring responsibilities and all other trainees, it is very important that such applications are verified as true.

Details of Trainee	
Trainee's Full Name	
Trainee's Address (including postcode)	
Telephone Number	
Specialty and Grade	
Details of Children	
Name of Child	Date of Birth
Address of Child(ren) (including postcode)	

As will be obvious, in signing to declare this to be true, the panel will be relying on your professional judgement and integrity.

<b>Details of Signatory</b>		
<b>Full Name</b>		
<b>Professional status :</b>		
<b>Address (including postcode)</b>		
<b>Phone Number (for queries)</b>		
<b>Relationship to Trainee: E.g. Head teacher of School attended by child/ren</b>		
<b>How long you have known the trainee?</b>	<b>Years</b>	<b>Months</b>
<b>Why do you consider the trainee's responsibility to be over and above the normal responsibilities of a parent eg is the trainee a single parent, does the trainee have a child with a disability?</b>		
<b>Declaration</b>		
<p><b>I the undersigned confirm that:</b></p> <ul style="list-style-type: none"> <li>• <b>I am over 18 years old</b></li> <li>• <b>I am not related to the trainee by birth or marriage</b></li> <li>• <b>I am not in a personal relationship with the trainee nor live at the same address</b></li> <li>• <b>I am not a personal friend of the trainee</b></li> </ul> <p><b>I further confirm that the trainee named above has a significant caring responsibility for the child(ren) under 18 named above.</b></p> <p><b>I am prepared to be contacted by NIMDTA to discuss this information if necessary.</b></p>		
<b>Signature:</b>		
<b>Print Name:</b>		
<b>Date:</b>		

***Trainees are advised to check that all sections have been completed.***

**APPENDIX B: Criterion 2 : Statement confirming trainee's role as a primary carer**

**Criterion 2: The trainee is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) (expected to be a partner, sibling or parent).**

If trainees are the primary carer for someone who is disabled (*see below for definition*) they are eligible to apply for special circumstances to remain within the same geographical area as the person they are caring for. In order to be fair both to those with significant caring responsibilities and all other trainees, it is very important that such applications are verified as true.

On the accompanying form, trainees are asked to give details of the person they are caring for and to obtain a signed declaration from the general practitioner or social worker of the person being cared for, certifying that they are the primary carer of the person they have named and the type and level of the care provided.

The general practitioner or social worker must:

- not be related to the trainee by birth or marriage
- not be in a personal relationship with the trainee
- not live at the same address as the trainee.
- not be a personal friend of the trainee

**Definition of 'disability' under the Disability Discrimination Act (DDA) 2005**

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purposes of the Act:

- substantial means neither minor nor trivial
- long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping
- a normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory

People who have had a disability in the past that meets this definition are also covered by the scope of the Act. There are additional provisions relating to people with progressive conditions.

The DDA 2005 amended the definition of disability. It ensured that people with HIV, cancer and multiple sclerosis are deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

**Statement confirming trainee’s role as a primary carer**

In support of an application for on the grounds of special circumstances

CRITERION 2

Please complete this form in BLOCK CAPITALS.

.....  
If a trainee is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) s/he is eligible to apply for special circumstances to remain within the same geographical area as the person they are caring for. In order to be fair both to those with significant caring responsibilities and all other trainees it is very important that applications are verified.

The trainee whose details are given is applying for consideration for special circumstances. S/he has asked for consideration under Criterion 2:

**The trainee is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) (expected to be a partner, sibling or parent).**

To support his/her application s/he needs a declaration from the general practitioner or social worker of the person for whom they care, to certify that they are the main carer of that person.

Please complete and sign the report in **PART 2** of this form; and return it to the trainee.

**PART 1: For completion by trainee**

<b>Details of Trainee</b>							
<b>Trainee's Full Name</b>							
<b>Trainee's Address (including postcode)</b>							
<b>Telephone Number</b>							
<b>Specialty and Grade</b>							
<b>Details of Person being cared for</b>							
<b>Full Name</b>							
<b>Address (including postcode)</b>							
<b>Age Group:</b>	<b>0 – 18</b>	<b>19 – 29</b>	<b>30 – 39</b>	<b>40 – 49</b>	<b>50 – 59</b>	<b>60- 69</b>	<b>70 or over</b>
<b>Gender</b>	<b>Male</b>			<b>Female</b>			
<b>Relationship of trainee to person being cared for:</b>							
<b>Does the person being cared for meet the definition of disability as outlined in the Disability Discrimination Act (2005)</b>	<b>YES</b>			<b>NO</b>			



## Declaration

I the undersigned confirm that:

- I am over 18 years old
- I am not related to the trainee by birth or marriage
- I am not in a personal relationship with the trainee nor live at the same address
- I am not a personal friend of the trainee

I further confirm that information about the trainee named above is correct and I certify that the trainee is the primary carer of the person named above who is my patient/client. As such, I support the trainee's request for consideration for special circumstances, Criterion 2.

I am prepared to be contacted by the Deanery to discuss this information if necessary.

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date:</b>	
<b>Professional Status:</b>	
<b>Address (including postcode)</b>	
<b>Telephone Number</b>	

*Trainees are advised to check that all sections have been completed.*

## **APPENDIX C: Criterion 2: Guidelines for Care Plan**

**Criterion 2: The trainee is the primary carer for someone who is disabled (as defined by the Disability Discrimination Act 2005) (expected to be a partner, sibling or parent).**

As part of the process of applying for special circumstances under Criterion 2, trainees must provide a care plan in support of their application.

The purpose of this plan is twofold:

- Part 1: to confirm that the trainee is the primary carer for someone who is disabled (see below for definition) and to outline the type and level of care provided
- Part 2: to ensure that the trainee has given due consideration to the issues which will face him/her in combining a demanding full time job and providing care

In completing this plan, trainees are reminded that panels do not need to know **confidential** details of the medical condition of the person being cared for. What is needed is an indication of the level of care that is being given by the trainee.

### **Definition of 'disability' under the Disability Discrimination Act (DDA) 2005**

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purposes of the Act:

- substantial means neither minor nor trivial
- long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping
- a normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory

People who have had a disability in the past that meets this definition are also covered by the scope of the Act. There are additional provisions relating to people with progressive conditions.

The DDA 2005 amended the definition of disability. It ensured that people with HIV, cancer and multiple sclerosis are deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

## Care Plan

In support of an application for special circumstances

Please complete this form in BLOCK CAPITALS.

.....  
As part of the process of applying for special circumstances under Criterion 2, trainees must provide a care plan in support of their application.

The purpose of this plan is twofold:

- Part 1: to confirm that the trainee is the primary carer for someone who is disabled (see below for definition) and to outline the type and level of care provided
- Part 2: to ensure that the trainee has given due consideration to the issues which will face him/her in combining a demanding full time job and providing care

<b>Details of Trainee</b>			
<b>Trainee's Full Name</b>			
<b>Trainee's Address (including postcode)</b>			
<b>Telephone Number</b>			
<b>Specialty and Grade</b>			
<b>Details of Person being cared for</b>			
<b>Full Name</b>			
<b>Address (including postcode)</b>			
<b>Relationship of trainee to person being cared for:</b>			
<b>Does the person being cared for meet the definition of disability as outlined in the Disability Discrimination Act (2005)</b>	<table border="1"><tr><td><b>YES</b></td><td><b>NO</b></td></tr></table>	<b>YES</b>	<b>NO</b>
<b>YES</b>	<b>NO</b>		

**Outline the care provided, or what responsibility you take for the care provided. Please indicate how much of your time this takes each day/week:**

**Could these responsibilities be taken by anyone else? If not, why not?**

**What other services does the person you care for utilise? E.g. social services, private carers, translation/interpreter services, primary health care team. Have all local support resources been fully considered?**

**How do you plan to combine these responsibilities with a full time post, which involves irregular**

**shifts, nights and weekends? Please provide as much detail as possible (continue on a maximum of one supplementary A4 sheet, if necessary)**

**What arrangements will you have in place for unexpected or planned periods when you will be unavailable? What will happen, for example, if you have to do a week of nights, you are unwell or you go on holiday?**

## **Declaration**

**I confirm that:**

- **The information I have provided is correct and truthful**
- **I give my permission for all the information in this application to be shared with relevant panels**
- **I give my permission for information in this application to be used in anonymised form for review and evaluation of the process and reporting on assessment outcomes.**

**Signature:**

**Print Name:**

**Date:**

### **IMPORTANT:**

**Trainees are reminded that panels do not need to know confidential details of the medical condition of the person being cared for. What is needed is an indication of the level of care that is being given by the trainee.**

***Trainees are advised to check that all sections have been completed.***

**APPENDIX D:            Criterion 3: Report by Occupational Health physician or medical specialist**

**Criterion 3:**            **The trainee has a medical condition (physical or psychological) or disability for which local follow up and/or support is an absolute requirement, as confirmed by a report from an Occupational Health physician or an appropriate medical specialist.**

**Definition of 'disability' under the Disability Discrimination Act (DDA) 2005**

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

For the purposes of the Act:

- substantial means neither minor nor trivial
- long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- normal day-to-day activities include everyday things like eating, washing, walking and going shopping
- a normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory

People who have had a disability in the past that meets this definition are also covered by the scope of the Act. There are additional provisions relating to people with progressive conditions.

The DDA 2005 amended the definition of disability. It ensured that people with HIV, cancer and multiple sclerosis are deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.

As part of demonstrating that they have a medical condition or disability requiring local follow up, trainees must ask their Occupational Health physician or appropriate medical specialist to complete and signed the relevant sections of the accompanying form.

## Report by Occupational Health physician or medical specialist

In support of an application for special circumstances

### CRITERION 3

The trainee whose details are below is applying for consideration for special circumstances to undertake his/her training.

S/he has asked for consideration under Criterion 3:

**The trainee has a medical condition (physical or psychological) or disability for which local follow up and/or support is an absolute requirement, as confirmed by a report from an Occupational Health physician or an appropriate medical specialist.**

To support his/her application s/he needs a report by an Occupational Health physician or medical specialist, in which they will be required to:

- describe the current medical condition (be it physical or psychological) or disability
- describe the nature of the ongoing treatment and frequency of follow up and/or support required
- state why the follow up must be delivered locally, rather than by other treatment centres in NI

Please complete and sign the report in **PART 2** of this form and return it to the trainee.

### **PART 1: For completion by trainee**

Details of Trainee	
Trainee's Full Name	
Trainee's Address (including postcode)	
Telephone Number	
Specialty and Grade	

**PART 2 – For completion by Occupational Health physician or medical specialist**

How long you have known the trainee?	Years	Months
<b>Medical Condition or Disability:</b>		
Please describe the current medical condition or disability:		
<b>Ongoing Treatment:</b>		
Please describe the nature of the ongoing treatment and frequency of follow up required:		
<b>Requirement for Follow Up:</b>		
Please indicate where the follow up will be delivered:		
<b>Requirement for Local Support</b>		

## Declaration

I the undersigned confirm that:

- I am over 18 years old
- I am not related to the trainee by birth or marriage
- I am not in a personal relationship with the trainee nor live at the same address
- I am not a personal friend of the trainee

I further confirm that information about the trainee named above is correct and I support the trainee in their request for consideration for special circumstances, Criterion 3.

I am prepared to be contacted by the Deanery to discuss this information if necessary.

<b>Signature:</b>	
<b>Print Name:</b>	
<b>Date:</b>	
<b>Professional Status:</b>	
<b>Address (including postcode)</b>	
<b>Telephone Number</b>	

*Trainees are advised to check that all sections have been completed.*