MEDICAL STUDENT TRANSFER OF INFORMATION (TOI) FORM

The TOI form is designed to facilitate the supportive process of the transfer of information from the graduate and their medical school to the allocated foundation school.

Please read the TOI guidance notes prior to completing this form. (Guidance available via the UK Foundation Programme Office: www.foundationprogramme.nhs.uk)

Please complete every section of the form.

GENERAL INFORMATION

Name of graduate/student: ____________________________________________

GMC number (if known): ____________________________________________

Allocated Foundation School (Please select only one):

☐ East Anglia  ☐ North East Thames  ☐ Northern  ☐ Scotland  ☐ Trent  ☐ West Midlands North

☐ LNR  ☐ North West Thames  ☐ Northern Ireland  ☐ Severn  ☐ Wales  ☐ West Midlands South

☐ North West of England  ☐ North Westem  ☐ Oxford  ☐ South Thames  ☐ Wessex  ☐ West

☐ North Central Thames  ☐ North Yorkshire & East Coast (NYEC)  ☐ Peninsula  ☐ South Yorkshire  ☐ West Midlands Central

Allocated Employer/Trust (if known):

Graduating medical school: ____________________________________________

Country of study: _________________________________________________

Medical school start date: (Please give as month and year: mm/yyyy): __ __ / __ __ __ __

Date (or expected date) of graduation (Month and year: mm/yyyy): __ __ / __ __ __ __

SECTION 1: HEALTH AND WELFARE

If you provide any information in this section, please ensure that you also make a corresponding declaration on your Occupational Health form which will be sent separately to you by your employer.

Q1. During your medical school training, have you experienced any of the following:

A physical or mental health condition that has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice

☐ YES  ☐ NO

A disability, including a specific learning difficulty, which has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice

☐ YES  ☐ NO

Any other personal circumstances that has affected your ability to train, or required specific supports or adjustments, or required any restriction of your training or practice

☐ YES  ☐ NO

This form will be processed by lay administrators. You do not need to disclose a specific medical diagnosis or treatment details on this form. You should however provide sufficient information on the nature of your condition or disability to enable your Foundation School to understand how it may affect you in your clinical training or work as a doctor, and to understand your support needs. You can provide more specific medical information about yourself in confidence to your employing Trust's Occupational Health Department when you complete their health questionnaire as part of employment procedures.

If you have answered “Yes” to any of the questions above, please provide details of any functional impairment relevant to your training, any supports or adjustments which you were offered during training and which you will need during your F1 year:
Q2. Have you had any reasonable adjustments made or received any support at medical school due to your health or welfare that may need to be continued into foundation training?

If you have selected ‘yes’ please provide details:

SECTION 2: EDUCATIONAL PROGRESS

Q1. Have you had any reasonable adjustments made or received any additional educational support at medical school that may need to be continued into foundation training?

If you have selected ‘yes’ please provide details:

SECTION 3: PROFESSIONAL PERFORMANCE

Q1. Whilst at medical school, have you received a written warning or other sanction following an investigation into your professional behaviour or fitness to practise?

If you have selected ‘yes’ to either of the above please provide details:

Student Declaration:

I confirm that all information provided is accurate.

Signed: _______ Date: _______

I agree that information in this form may be used for anonymised statistical purposes

YES NO

I agree that information in Section 1 can be shared with Occupational Health without further discussion with me and that copies of my Occupational Health records from my training institution can be disclosed to the Occupational Health service in my employing NHS Trust.

YES NO

Remember: Completion of the TOI form does not replace the need to specifically report any fitness to practise issues to the GMC or health issues to your employing, Local Education Providers (LEPs) HR / Occupational Health departments. These must be made via separate declarations

Medical School Declaration:

Name of graduate/student: _______

Comments or additional information to support the doctor during the transition/ the F1 year:

On behalf of the medical school, I endorse the accuracy of the information provided in this form:

Name: _______ Signed: _______

Job title: _______ Date: _______