Out of Programme (OOP) Request and Annual Review

**Please send this completed form to your Specialty Programme Manager for approval by the Postgraduate Dean with a minimum of six months’ notice (sections A – C must be completed before being sent to the Deanery). The Postgraduate Dean will use this form to support the request for prospective approval from GMC where this is required.**

**For annual review and renewal, the document should be signed by the doctor in training and the training programme director.**

**Section A – Trainee Information**

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| Full Name: | | | National Training number/Deanery Reference No: |
| GMC number: | Current CCT Date: | | Are you an Academic Trainee? |
| GMC Post/Programme Approval Number: | | | |
| Current email address:  Contact details whilst OOP (**including contact telephone number and email address**): | | | |
| Specialty: | | Grade and year of training (e.g. ST5): | |
| Training Programme Director: | | | |
| Current post: | | Current Trust: | |

**Section B - Details of the proposed 'OOP' posts**

**N.B.**

**If time out of your programme is agreed, you will then be required to give your Training Programme Director and current/next employer 3 months’ notice of leaving the programme.**

**If this application is for an extension then the document needs to be signed by your Training Programme Director and will need to be discussed at your ARCP panel. The form will then need to be signed off by the Postgraduate Dean and until the Dean has signed the application the extension should not be commenced.**

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| **Please indicate if you are requesting time out for:** | |  | | |
| **Prospectively approved by GMC for clinical training (OOPT)**  **OOPT**: attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different Deanery if will already be recognised training). For on-going OOP this document should accompany the assessment documentation for ARCP. | | **New Request Ongoing/**  **Extension** | | |
| **Clinical experience NOT prospectively approve for training by GMC (OOPE)**  **OOPE:** describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For on-going OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for the ARCP. | | **New Request Ongoing/**  **Extension**  **□ □** | | |
| **Research for a registered degree (OOPR)**  **OOPR:** attach your outline research proposal to this document and include the name/location of your research supervisor. For on-going OOP a report from the research supervisor needs to be attached to this document for the ARCP. | | **New Request Ongoing/**  **Extension**  **□ □** | | |
| **Career Break (OOPC)**  **OOPC**: Please give a brief outline for your reasons for requesting a career break whilst retaining your training number. | | **New Request Ongoing/**  **Extension**  **□ □** | | |
| **'OOP' period:**  Start date of post: ……………….. (which must take into account the three month notice period).  End date of post: …………………. (date you plan to return to the clinical programme) | | Name and Address of location of post : | | |
| **Aims and Objectives for this experience:** (please use another sheet of paper if necessary): | | | | |
| **Reasons for request:** (please use another sheet of paper if necessary): | | | | |
| What will be your provisional date for completing training if you take/continue with this Out of Programme: |  | | | |
| Have you previously applied for and taken OOP?  If yes, please state which type and the period of OOP | | | Yes | No |
| Can this training be provided in Wessex?  If Yes, please state reason why are you applying to go OOP.  If No, is this an essential curriculum requirement in order to reach completion of training? | | | Yes | No |
| Have you contacted the relevant College to seek approval?  (Please either attach a copy of the approval or detail what action you have taken to inform your College of your plans) | | | Yes | No |
| Does your Training Programme Director support your application to go out of programme?  Date you approached your Training Programme Director: ……………………….. | | | Yes | No |
| Will you gain experience from the curriculum (e.g. management) during the ‘OOP'? | | | Yes | No |
| Will you have a named supervisor whilst OOP?  Name of Supervisor: …………………………………………. | | | Yes | No |
| I confirm I have passed the relevant exams required. | | | Yes | No |
| I confirm that I am in receipt of a current satisfactory ARCP. | | | Yes | No |
| I understand I cannot commence in post until **ALL** approval has been granted. | | | Yes | No |
| I understand I must retain my GMC registration and remain connected to Health Education England – Wessex (for the purposes of revalidation) throughout my OOP. | | | Yes  □ | No  □ |
| I am in training on a Tier 2 or Skilled Worker visa  If Yes, I confirm that I have discussed my OOP application with my employing Trust in relation to my visa/sponsorship | | | Yes  □  □ | No  □  □ |

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| **Declaration:**  **I confirm that I have read the Out of Programme guidance and adhere to the following stipulations:**   * **Royal College/Faculty approval has been granted;** * **Approval from my TPD is not approval to commence Out of Programme and if I commence Out of Programme without approval from the Deanery and GMC, disciplinary action may be taken by my employer;** * **I am requesting approval from the Postgraduate Dean’s office to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number.**   **I understand that:**   1. The maximum time allowed out of programme will be:  * 12 months for OOPT * 12 months for OOPE * 3 years for OOPR * 2 years for OOPC   Extensions to this will only be allowed in exceptional circumstances that will need further written approval from  the Postgraduate Dean.   1. I will need to liaise closely with my Training Programme Director so that my re-entry into the clinical programme can be facilitated. I am aware that at least six months’ notice must be given of the date that I intend on returning to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement. 2. I must keep in regular contact via an updated form R and to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.** 3. I will need to give at least **six** **months’ notice** to the Postgraduate Dean and three months’ notice to my employer before my time out of programme can commence. | |
| Trainee Name: | Date: |
| Trainee Signature: | |

**Section C – Approval of Educational Supervisor and Training Programme Director**

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| **To be Completed by Current Supervising Consultant** | |
| I confirm that I support this application for a period of ‘Out of Programme' and that this is an appropriate part of their training. | |
| **Supervising Consultant Name:** | **Date:** |
| **Supervising Consultant Signature**  **................................................................................** | |

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| **To be Completed by Training Programme Director** | |
| **Declaration:**  I confirm this application is appropriate and support the approval of this ‘Out of Programme' period. I confirm that the absence of the trainee from the date specified can be accommodated by the Programme without adversely affecting other trainees or the service. The trainee will remain on the training programme until approval has been granted by the Deanery and the GMC | |
| If supported, please confirm:  (a) Is this post OOPT □ OOPE □ OOPR □ OOPC □  (b) How much of the OOPT/R will count towards CCT: ..........................................................  (c) Whether the original CCT date will need to be extended and, if so, why: ...................................  (d) How will the post that will be vacated be covered □ LAS □ Other  If other please specify: .................................................................................................  (e) Did the trainee discuss this OOP six months before their start date?.............................................  (f) If unsupported, please indicate why (please use another sheet of paper if necessary):  (g) If the training which is essential for completion of training cannot be delivered locally you must discuss  this with the Postgraduate Dean immediately.  Please give details /date of discussion: | |
| **Training Programme Director Name:** | **Date:** |
| **Training Programme Director Signature**  **................................................................................** | |

**Section D – Deanery Approval**

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| **To be completed by the Postgraduate Dean** | |
| **Declaration:**  I confirm this application is appropriate and approve this ‘Out of Programme' placement. | |
| **Postgraduate Dean Name:** | **Date:** |
| **Postgraduate Dean Signature**  **................................................................................** | |