

Out of Programme for Research (OOPR) Application

Incomplete applications will be returned to the trainees

As a trainee, you are responsible for ensuring that this form is completed and approved. Ensure you have fully read and understood the OOP Guidance.

| Section 1: Trainee Details - To be completed by trainee | | | |
|--|--|------------------------------|--|
| Name | | Telephone Number | |
| Email Address | | Programme | |
| GMC Number | | Training Number | |
| Date of last ARCP | | Grade (e.g. ST1) | |
| Outcome of last ARCP | | Current Provisional CCT Date | |
| If ARCP was unsuccessful and this OOP is part of targeted training, please provide details | | | |

| Section 2: Out of Programme Overview | | | |
|---|--|---|--|
| To be completed by trainee | | | |
| Health Education England working across the West Midlands requires OOP Application Forms and supporting documentation to be submitted at least 6 months in advance of the proposed OOP start date; exceptions will only be agreed by the Postgraduate Dean. Trainees must inform their current employer at least 3 months in advance to ensure that the needs of patients are appropriately addressed. | | | |
| Proposed start date of OOP: | | Proposed End date of OOP: | |
| | | | |
| Name and Address of where your proposed out-of-programme will take place: | | | |
| | | | |
| Does the above site have GMC site approval | | If site is approved what is the GMC Site Code | |

2.2 Out of Programme for Research (OOPR)

| | |
|----------------------------|--|
| OOPR to count towards CCT? | |
|----------------------------|--|

In order for your OOPR Application to be considered, you must submit the following:

- OOP Application Form** complete with the following signatures Educational Supervisor, Training Programme Director, Academic Lead and Head of School.
- Royal College / Faculty Approval Letter** (if OOP is counting towards CCT) or **Royal College / Faculty Acknowledgement Letter** (if OOP is not counting towards CCT) please see guidance
- GMC approved code for the site you will be training at**, or request for one to be approved, including confirmation of placement letter/email/document, if time is counting towards training.
- New CCT date if different from above.**

Without the above documents and signatures, your application **will not be processed** and will be returned

Section 3: Statement and Purpose of OOP (If your OOP end date does not align with your programme rotation dates, please include the reason why)

To be completed by trainee

Section 4: Trainee Declaration

To be completed by trainee

I am requesting approval from the Postgraduate Dean's Office to undertake the time out of programme described above whilst retaining my training number. I understand/declare that:

| | | |
|-----------------------------|--|-------------|
| i. | I have read the HEEWM OOP Guidance document. | |
| ii. | Three years out of my clinical programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dean. | |
| iii. | I will 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 6 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. | |
| iv. | I will complete and submit an annual out of programme report highlighting progress made each year that I am on OOP for consideration by the Annual Review of Competency Progression (ARCP) panel. This report will need to be accompanied by an assessment report which has been completed by my Educational Supervisor. If both reports are not submitted, this may affect my ARCP outcome. | |
| v. | I will give at least 6 months' notice to the Postgraduate Dean and at least 3 months to my employer before my time out of programme can commence. | |
| Signature of Trainee | | Date |

Section 5: Educational Supervisor

Do you approve this period of out of programme? (please select)

Education supervisor
Name

Email Address

Signature

Date

| Section 6: Training Programme Director Approval of OOP Suitability To be completed by the TPD | | | |
|---|--|------|-------------------------|
| Please answer the following by selecting the appropriate option: | | | Dropdown options |
| Has the trainee provided you with all the documentation required for their OOP application as per the OOP guidance? (If not, please request this to ensure the application will be processed once submitted to HEEWM) | | | |
| Are you satisfied with the trainee's progress? | | | |
| Has the most recent ARCP been satisfactory? | | | |
| Have you ensured that this application is not for the first or last year of the trainee's specialty training, unless exceptional circumstances allow otherwise? | | | |
| Are you satisfied that no other trainee's planned rotation will be affected? | | | |
| Have you ensured that at least 6 months' notice of the OOP has been given? | | | |
| Do you approve this period of out of programme? | | | |
| The trainees New CCT date (if different to above current CCT date) will be: | | | |
| If you have selected '<u>No</u>' to any of the above questions, please discuss with trainee and justify in additional comments here: | | | |
| | | | |
| Training Programme Director Name | | | |
| Email Address and Phone Number | | | |
| Signature | | Date | |

| Section 6a: Academic Training Programme Director Approval of OOP Suitability To be completed by the Academic Training Programme Director | | | |
|--|--|------|--|
| The trainee has submitted all the necessary information regarding their OOPR to me. | | | |
| Do you approve this period of out of programme? (please select) | | | |
| Academic TPD Name | | | |
| Email Address | | | |
| Signature | | Date | |

Section 7: Head of School Provisional Approval of OOP Suitability (provisional approval of OOP pending college confirmation)

To be completed by the Head of School (use if needed, otherwise use Section 8, **Head of School Final Approval of OOP**)

| | | | |
|---|--|------|--|
| Do you approve this period of out of programme? (please select) | | | |
| Head of School Name | | | |
| Email Address | | | |
| Signature | | Date | |

Section 8: Head of School Final Approval of OOP

To be completed by the Head of School

(filling in this section locks the form so no more changes can be made.)

I as Head of school, by completing this section approve this OOP and request HEEWM to action this OOP and supply the trainee with their OOP approval letter based on the above details.

| | | | |
|---|--|------|--|
| Amount of OOP time counting towards CCT | | | |
| Head of School Name | | | |
| Email Address | | | |
| Signature | | Date | |

Section 9: Trainee final declaration

I declare that by submitting this completed form to HEEWM my OOP has been approved, I have checked all VISA implications (if needed), my college/faculty have been informed, and I have attached any letters confirming time counting towards training.

Data Protection

The information you provide on this form will be used by Health Education England working across the West Midlands for the purpose of processing your application. The information will be stored on your records within HEEWM and will not be shared with other organisations without your permission. Your data will be treated with sensitivity and confidentiality at all times.

Please Send Completed OOP Application Forms to:

To: Programmes.WM@hee.nhs.uk