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| **OUT OF PROGRAMME APPLICATION FORM – THAMES VALLEY TRAINEES****(Specialty/GP trainees)** |

**All relevant sections must be completed by the applicant and all other parties before submission to HEE TV. Please ensure you read the Guidance Document first.**

**SECTION 1**

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| **TRAINEE TO COMPLETE IN FULL** |
| Name: |  |
| Date of Birth: |  | GMC No: |  |
| Training (NTN) No: |  | ACF: | **Yes/No** |
| Speciality: |  | Sub-Specialty (if applicable) |
| Current Placement: |  |
| Grade/Year of training: |  |
| Current Hospital/Trust/GP Surgery: |  |
| Contact address: |  |
| Work: | Tel. No./Bleep No. | Email: |
| Mobile No: |  | Current CCT Date: |
| Are you currently working Less than full time (LTFT)? | **Yes %** | **No** |
| Do you intend to work LTFT when OOP?  | **Yes %** | **No** |

Please indicate clearly which single option you wish to apply for, noting that at least THREE MONTHS notice must be given. Ideally, longer notice should be given.

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| **Out of Programme for Clinical Experience (OOPE)** |  |
| **Out of Programme for Training (OOPT)** |  |
| **Out of Programme for Research (OOPR)** |  |
| **Out of Programme for Career Break (OOPC)** |  |
| **Out of Programme – “Acting Up to Consultant” (AUC)** |  |
| **Out of Programme – Extension to current OOP** |  |
| **Out of Programme – Pause (OOPP)** |  |

Please confirm the date and outcome of your most recent ARCP

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*If you are applying for OOPR, OOPT or OOPE you must have an Outcome 1*

*If you are already undertaking OOPR or OOPE you must have an Outcome 8*

*OOPP can be taken with an Outcome 1, 2, 10.1 or 10.2*

*OOPC can be taken with any outcome*

**Dates of Out of Programme requested:**

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| Start Date: |  (day) | (month) | (year) |
| End Date: |  (day) | (month) | (year) |

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| Have you been on any previous or are you currently on OOPE/OOPT/OOPR/OOPC? | **Yes** | **No** |
| Start Date: |  (day) | (month) | (year) |
| End Date: |  (day) | (month) | (year) |

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| **What is the reason for your OOP request**? *If this is an extension please give reasons and include an Educational/Clinical or Research Supervisor’s Report of Progress / letter of support.**If you are planning to undertake clinical training during the period of proposed leave, please explain why this is being done outside the HEE TV programme.**OOPP Applicants – please include details of the post you have been offered and indicate any competencies/skills you may acquire.* |

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| **OOP supervisor name, role, organisation and contact address:***(must be provided)* |  |
| **Telephone:** | **Email:** |
| **Your contact details whilst out of programme:** |  |
| **Telephone:** | **Email:***Please include an email address that you will be able to access regularly*  |
| **Source of confirmed funding:** |  |

**SECTION 2**

**Royal College/Faculty Approval**

**Only complete if you are seeking to have any time counted towards your CCT**

*(not required for OOPE, OOPC or OOPP)*

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| **TRAINEE TO COMPLETE IN FULL** |
| Training approval has been granted by the Royal College/Faculty of (please state): | **Yes** | **No** | **Pending** |
| If **no** or **pending** please state the reason why:  |
| If **no** or **pending** are you applying to HEE Thames Valley for a “provisional” sign off to enable you to gain College approval? | **Yes** | **No** |
| Would you still wish to go out of programme if College/Faculty approval is not given? | **Yes** | **No** |
| Please indicate the length of time this request for Out of Programme has been approved/requested to count towards your CCT | *Years* | *Months* |
| My CCT date will be deferred by*(Years/months)* | The new CCT date will be approximately:*(DD/MM/YY)* | The CCT date will remain at *(DD/MM/YY)* |

**SECTION 3**

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| **TO BE COMPLETED BY EDUCATIONAL SUPERVISOR:** |
| **Trainee Name/Specialty/GMC number:** |  |
| **I DO** SUPPORT this request  | **I DO NOT** SUPPORT this requestPlease give reason why: |
| NAME in **BLOCK** Capitals: |  |
| **Email address:** |  |
| **Signature:** |  |
| **Date:** |  |

**SECTION 4**

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| **TO BE COMPLETED BY TRAINING PROGRAMME DIRECTOR:***Trainees should* ***not*** *go OOPE/OOPR in the final year of training***.** |
| **Trainee Name/Specialty/GMC number:** |  |
| **I DO** SUPPORT this request | **I DO NOT** SUPPORT this request Please give reason why: |
| NAME in **BLOCK** Capitals: |  |
| Can this training be provided locally? |  |
| Please indicate whether the post will remain vacant or how it will be filled (eg LAS, trainee returning from mat leave or OOP) |  |
| How much of the period of leave will count towards accreditation?  |  |
| Has the trainee provided you with all the documentation required for their OOP application? |  |
| Has the most recent ARCP been satisfactory? The trainee must have an Outcome 1 or 8 to b eligible. (Outcome 1, 2, 10.1 or 10.2 for OOPP) |  |
| Have you ensured that this application (OOPR/OOPT/OOPE) is not for the last year of the trainee’s specialty training, unless an exception? |  |
| Are you satisfied that no other trainee’s planned rotation will be affected? |  |
| If this is an extension, has the trainee given at least 3 months’ notice prior to the original planned end date? |  |
| Please confirm that the trainee is aware that they should discuss plans regarding pay, pension and employment rights whilst Out of Programme with their current employing organisation: |  |
| Does the trainee have any ongoing fitness to practice concerns? \* |  |
| If “Yes” please send a brief outline in a separate email to the Postgraduate Dean (Michael.bannon@hee.nhs.uk) with the subject ‘OOP application, trainee name, additional information’. *Please ensure the trainee is made aware that you are providing this information.* |
| Additional comments from TPD which the Postgraduate Dean may need to be aware of: |
| **Signature:** |  |
| **Date:** |  |
| **Email address:** |  |

**\*Does not necessarily mean that OOP cannot be approved but to ensure the Postgraduate Dean is aware of any issues and can confirm that a period of OOP is appropriate.**

**SECTION 5**

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| **TO BE COMPLETED BY HEAD OF SCHOOL:***Please highlight relevant answer* |
| **Trainee Name/Specialty/GMC number:** |  |
| **I DO** SUPPORT this request  | **I DO NOT** SUPPORT this request Please give reason why: |
| NAME in **BLOCK** Capitals: |  |
| **Signature:** |  |
| **Date:** |  |
| **Email address:** |  |

**SECTION 6**

**TRAINEE DECLARATION (PLEASE READ THEN SIGN AND DATE AT BOTTOM)**

I am requesting approval from the Postgraduate Dean’s office to undertake time out of programme / continue on my current out of programme (delete one) whilst retaining my training number. I understand that all the points listed below apply to me:

* If I do NOT submit all the required documentation in a timely manner, my application will NOT be considered.
* A total of three years out of my clinical training programme will normally be the maximum time allowed out of programme (one year for GP Specialty Trainees). One year for OOPC and OOPP.
* I understand that any extension to this application will only be allowed in exceptional circumstances and will require further written approval from the Postgraduate Dean.
* I agree to liaise closely with my Training Programme Director and Education Programme Manager so that my re-entry into the clinical programme can be facilitated. I am aware that at least 3 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.
* I agree to return an annual Form R for each year that I am out of programme for consideration by the ARCP panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. Failure to do this may result in the loss of my National Training Number/Training place.
* I agree to complete a Whole Scope of Practice form if relevant, which covers my entire scope of practice including locum and other wider work as a doctor which is NOT part of my training programme. I will provide evidence that I am satisfying the GMC domains across that scope of practice. *This form must be signed by your Educational or Research Supervisor within your OOP post.*
* Approval from the Training Programme Director is not approval to go Out of Programme and if I commence Out of Programme without prior approval from HEE Thames Valley or GMC, disciplinary action may be taken by my employer.
* I am aware that if I have not been providing any clinical care during my Out of Programme, I will need to undertake a return to practice programme on return to training. *Supported return to training initiatives are available to all trainees who have been out of training for more than 3 months.*
* I agree to give at least 3 months’ notice to the Postgraduate Dean and to my employer before my time out of programme can commence.
* I understand that it is my responsibility to obtain information on and understand the implications in respect of my pay, pension and employment rights whilst I am out of programme.
* I understand that whilst I am out of programme and not in a training post, I am not entitled to receive relocation expenses.
* I understand that I am not normally entitled to study leave from HEE Thames Valley whilst out of programme. Note – certain exceptions apply for trainees on OOPT and OOPP.

**Tier 2 Visa Holders only**

* I understand that it is my responsibility to understand the impact that certain types of out of programme may have on Tier 2 sponsorship. I will contact the HEE Overseas Sponsorship Team to inform them if I am approved to go out of programme.

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| **Signature of trainee:** |  | **Date:** |

**SECTION 7**

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| **TO BE COMPLETED BY OR ON BEHALF OF POSTGRADUATE DEAN:***Please highlight relevant answer* |
| **Trainee Name/Specialty/GMC number:** |  |
| **I DO** SUPPORT this request  | **I DO NOT** SUPPORT this requestPlease give reason why: |
| NAME in **BLOCK** Capitals: |  |
| **Signature:** |  |
| **Date:** |  |
| **Email address:** |  |

*If applicable:*

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| *Provisionally agreed to allow college approval?* | ***Yes/No*** |
| *Evidence of college approval subsequently received?* | ***Yes/No*** | *Date* |

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| *GMC approval requested* | *Date* |
| *GMC approval received* | ***Yes/No*** | *Date* |

**CHECK LIST**

The following **must be included on/with your application form**. Without the details below the Postgraduate Dean and the GMC (where relevant) will **not** be able to consider your request.

*Please note the General Medical Council does not accept applications from individual trainees or Colleges/SACs/Faculties*

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| **ALL APPLICANTS** Please confirm that you have completed the following sections, attached any correspondence from your Royal College, and that all the relevant endorsements have been provided. | **CONFIRM****(Y/N)** |
| Section 1 |  |
| Proposed OOP - Dates |  |
|  Written details of research/ clinical training/OOPP\* |  |
|  Location |  |
|  Source of funding |  |
|  ***\* include details of the post you have obtained (including job description)*** |  |
| Written Support  |  |
|  Relevant Supervisor Progress report/letter of support (for extensions) |  |
| Section 2 |  |
| Letter from Royal College/Faculty Training Committee confirming provisional prospective approval of the placement *(NB A signed “provisionally agreed” copy of the OOP form will only be provided for those Colleges who require a HEE Thames Valley signed form before they can produce a College letter of support.)* |  |
| Section 3 – Approval/Signature of Education Supervisor |  |
| Section 4 – Approval/Signature of Training Programme Director |  |
| Section 5 – Approval/Signature of Head of School  |  |
| Section 6 - Signature of Trainee (Trainee Declaration) |  |

Once you are satisfied that every section is complete, and any documentation from your College / Faculty to support the application is available, please send via email to your Education Programme Manager at HEE TV (refer to **Guidance Document** for contact details).