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**APPLICATION FOR TIME OUT OF PROGRAMME (OOPT, OOPE, OOPC and OOPP)**

Is this an application for an OOP extension? Yes  No 

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| **PERSONAL DETAILS** |  | |
| Name |  | |
| Specialty |  | |
| National Training Number |  | |
| GMC number |  | |
| Contact Address | (local) | (during OOP) |
| Email Address (during OOP) |  | |
| Telephone Number |  | |
| Current indicative year of training programme |  | |
| Most recent ARCP outcome and date |  | |
| Anticipated CCT/CESR/ CESRCP date |  | |
| GMC post/programme approval number |  | |
| Training Programme Director |  | |
| Are you an Academic trainee? | Yes  No  | |
| Are you on a visa? | Yes  No  | |
| If Yes, please specify what type of visa and expiry date.  *Please be aware that there are minimum requirements and conditions attached to your visa, and that it is your responsibility to ensure your OOP is in compliance. Please see* [*https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/out-of-programme-oop-and-your-sponsorship*](https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants/overseas-sponsorship-guidance/out-of-programme-oop-and-your-sponsorship) *for more information* |  | |

Please indicate if you are requesting time out of programme for:

**Prospectively approved clinical training (OOPT)** 

e.g. this may include programmes that are part of a recognised training programme in a different deanery

**Clinical Experience not prospectively approved by GMC (OOPE)** e.g. overseas posting with a voluntary organisation

**Career Break (OOPC)**  

e.g. domestic responsibilities, work in industry, developing talents in other areas or entrepreneurship.  
Periods of ill health should in the first instance be managed under the guidance of the employer’s occupational health service. OOPC is an inappropriate way of managing health issues.

**Career pause (OOPP)**

e.g. so trainee may continue working in medicine without pressure of assessments/examinations 

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| **PROPOSED DATES FOR OUT OF PROGRAMME** | | |
| Dates of proposed programme  In DD/MM/YYYY format | (start) | (end) |

Do you believe your time out of programme could be recognised towards your CCT/CESR/CESR-CP?

Yes  No 

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| **BRIEF DESCRIPTION OF PROPOSED TIME OUT OF PROGRAMME** | | |
| Provide a brief title for your proposed period out of programme | |  |
| What type of contract will you hold during this period out of programme? | |  |
| What funding is necessary for this period out of programme? | |  |
| Have arrangements been made to secure such funding? | |  |
| When will this be secured? | |  |
| Clearly state the title of this OOP | |  |
| Full name of the site at which the OOP will take place | |  |
| Full address of the site at which the OOP will take place | |  |
| Name of the trust to which this site belongs | |  |
| Full name of the specialty in which you will be doing this OOP | |  |
| Please give the name and contact details of the supervisor during the OOP period | |  |
| Please state whether or not you will be doing a split between OOP and on-calls/clinical duties | | **Yes/No** |
| If yes, please state the proportion of time in each and where the on-call/clinical element is to take place | |  |
| Have you had any previous periods on OOP? | | **Yes/No** |
| If yes, state the exact dates when the OOP started and finished | |  |
| If applying for an OOP extension, on which date did the **original OOP** start? | |  |
| **PURPOSE OF OUT OF PROGRAMME APPLICATION** | | |
| Please give a full description of your plans for your out of programme experience. Please include the following:   * How this period forms a part of a Personal Development Plan * How this period will assist you in obtaining competencies of the curriculum * Describe benefits of this experience to you and to the NHS in the future * Arrangements for supervision of any clinical work you will be undertaking * Arrangements for maintaining educational supervision whilst you are out of programme * For prospectively approved programmes (OOPT), attach details of your planned training and documentation to show that it has Royal College prospective approval. * For overseas experience attach (if possible) a statement from the competent authority in the country in which OOPE will take place which details the purpose & structure of the post. * For programmes without prospective approvals (OOPE) describe the clinical experience you are planning to undertake. * For a career break (OOPC) please give a brief outline for your reasons for requesting a career break whilst retaining your training number.   Please also indicate whether or not your employer gave support for your OOPC application |  | |
| **ROYAL COLLEGE/SPECIALIST ADVISORY COMMITTEE (SAC) APPROVAL**  **(For OOPT only)** | | |
| Indicate the duration of approval provided by your College or SAC for this period of out of programme. Attach a copy of the letter of approval (complete one box only) | | |
| Entire Period OR Number of months: | | |
| If you do not have College/SAC approval please indicate whether this is because  a) you have not applied (explain why this has not been sought)  b) approval sought and turned down (attach a copy of letter from College/SAC indicating this) | | |
|  | | |

If your application for time out of programme is accepted, you will be required to give your current/next employer 3 months notice of leaving the programme. If you subsequently wish to extend your period out of programme you will need to re-submit this form with all the relevant details. You must also notify your training programme director and your future employer. The above must be completed no less than 6 months prior to your agreed return date.

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| **TO BE SIGNED BY THE TRAINEE:** | |
| I am requesting approval from the Associate Postgraduate Dean to undertake the time out of programme described above whilst retaining my training number. I understand that:  a) Three years out of my clinical training 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 Associate Postgraduate Dean.  b) I must 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 to return to the clinical programme and that my placement may depend upon availability at that time. I understand that I may have to wait for a placement.  c) I must return an annual out of programme report to Health Education East Midlands, for each year that I am out of the clinical programme and that this will be considered by the annual review panel. This must 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**.  d) I must give at least 6 months’ notice to the Postgraduate Dean and to the Training Programme Director before my time out of programme can commence (OOPE and OOPT only). This 6 months includes 3 months’ notice to my employer  e) I am aware that if I have not been providing any clinical care during my OOP, I will need to undertake a return to practice programme on return to training.  f) I have informed my clinical department of my intended OOP start and finish dates  g) I am aware that the ARCP process applies to trainees on OOP, and that I must comply with my programme’s Annual requirements for ARCP and revalidation | |
| Signed : | Date: |

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| **SUPPORT FOR THIS APPLICATION:** | | |
| **For Educational Supervisor** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name: |  | |
| **For Training Programme Director** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name |  | |
| **For Postgraduate Dean/designated Associate Postgraduate Dean** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name: |  | |

**DATA PROTECTION ACT**

The information you provide on this form will be used by HEEM (Health Education East Midlands) solely for the purpose of your application for out of programme experience. The information you provide will be stored on your records within the Health Education East Midlands office and it will not be passed onto other individuals without your permission. Your data will be treated with sensitivity and confidence at all times.

**RETURN ADDRESS**

Please return the completed form and required attachments as below:

Secondary Care (higher, core or run-through): [specialtyprogrammes.em@hee.nhs.uk](mailto:specialtyprogrammes.em@hee.nhs.uk)

Public Health: [publichealth.midlands@hee.nhs.uk](mailto:publichealth.midlands@hee.nhs.uk)

Academic: [academicprogrammes.em@hee.nhs.uk](mailto:academicprogrammes.em@hee.nhs.uk)

General Practice: [gpprogrammes.em@hee.nhs.uk](mailto:gpprogrammes.em@hee.nhs.uk)