APPLICATION FORM

OUT OF PROGRAMME FOR RESEARCH

SCHOOL OF CLINICAL ACADEMIC TRAINING

NHS ENGLAND EAST MIDLANDS

**Applying for Out of Programme for Research**

**Guidance to Trainees**

Information regarding the OOPR application process and the OOPR application form can be found at <https://www.eastmidlandsdeanery.nhs.uk/page.php?id=963>. If you have any specific questions please e mail the Programmes Team and your enquiry will be directed to the Academic Lead for your Postgraduate Specialty School or GP Academy and the Head of School for Clinical Academic Training.

***Things to remember before applying for OOPR***

Trainees are normally **NOT** allowed to go OOPR if they:

* are in their first year of training
* are in their last year of training
* are on a non-standard ARCP outcome (i.e not an outcome 1)
* have already had one period of OOPR

You **CANNOT** defer the start of your training to go immediately OOPR after appointment to a training programme.

You **MUST** discuss your plans for OOPR with your educational supervisor first to ensure a period of OOPR maps appropriately to your personal development plan.

You **MUST** discuss your plans for OOPR with your training programme director to ensure there is capacity within your training programme for you to go out of programme.

You **MUST** consider whether you wish any time during your OOPR to count towards your CCT/CESR date before you submit the OOPR application:

* this **CANNOT** be applied for retrospectively
* once approved by the relevant Royal College and GMC **CANNOT** be discounted later in your training.

***Things to remember when completing the OOPR application form***

Please ensure you use the **CORRECT** application form as there are OOP-specific application forms in use in the LETB.

Only applications with the support of an educational supervisor and training programme director will be considered by the School of Clinical Academic Training.

Trainees usually apply for 2-3 years OOPR in order to obtain an MD or PhD. OOPR may be extended to a maximum of 4 years full time. A formal application for OOPR extension using the standard OOPR application form is required for any change in the terms of the OOPR. Requests

for shorter periods of OOPR will be considered but there will need to be clear academic objectives if you do not wish to undertake an MD or PhD during the OOPR.

The academic merit of your application, the research training and level of research supervision during the OOPR will be reviewed by the School of Clinical Academic Training. You must also be clear how you will fund your period of time OOPR both with regard to your salary costs and the costs of consumables required to conduct the research proposed.

The School of Clinical Academic Training will provide a written outcome to your application within 28 days of receipt of a **CORRECTLY** completed OOPR application form.

***Things to remember once your OOPR application has been approved***

You must normally give a minimum of 6 months’ notice to your training programme director and NHS employer that you wish to go OOPR. This notice period can **ONLY** be given once the OOPR has been approved by the School of Clinical Academic Training.

Your Training Programme may only allow trainees to go OOPR at specific times of the year to coincide with rotational changeovers. Check with your TPD whether this is the case for your programme.

You remain a trainee with NHS England East Midlands and will have an annual ARCP, which will be conducted by the School of Clinical Academic Training. A lack of engagement with this process may result in cessation of the period of OOPR and an immediate return to clinical training.

***If you are unhappy with the way your OOPR application has been handled***

If you feel your application for OOPR has not been dealt with fairly by your Specialty School (educational supervisor and/or training programme director) or the School of Clinical Academic Training then you should contact the Programmes Team and your concerns will be investigated by the Associate Postgraduate Dean for Academic Training.

**Prof Jonathan Barratt**

**Head of School for Clinical Academic Training**

**NHS England East Midlands**

[Jonathan.barratt@uhl-tr.nhs.uk](mailto:Jonathan.barratt@uhl-tr.nhs.uk)

0116 258 8043

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| **PERSONAL DETAILS** |  | | | | | |
| Name |  | | | | | |
| Specialty |  | | | | | |
| National Training Number |  | | | | | |
| Contact Address | (local) | | | (during OOPR) | | |
| Email Address (during OOPR) |  | | | | | |
| Telephone Number |  | | | | | |
| Current indicative year of training programme |  | | | | | |
| Most recent ARCP outcome and date |  | | | | | |
| Anticipated CCT/CESR date |  | | | | | |
| GMC post/programme approval number |  | | | | | |
| Training Programme Director |  | | | | | |
| Will you be on a visa during your time out of programme? | Yes  No  | | | | | |
| If Yes, please specify what type of visa  *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* |  | | | | | |
| **PROPOSED DATES FOR OUT OF PROGRAMME** | | | | | | |
| Dates of proposed programme  In DD/MM/YYYY format | | (start) | | | (end) | |
| **SUPPORT FOR THIS APPLICATION: STAGE 1 (Please see page 23/24 for STAGE 2)** | | | | | | |
| **Educational Supervisor** | | | | | | |
| Do you support this period out of programme? | | | Yes/No | | |  |
| Signature: | | | Date: | | | |
| Print Name: | | |  | | | |
| **Training Programme Director or Head of Specialty School** | | | | | | |
| Do you support this period out of programme? | | | Yes/No | | |  |
| Signature: | | | Date: | | | |
| Print Name | | |  | | | |

**Section A – To be completed by all applicants**

Is this an application for an OOPR extension?

**Yes** 

**No** 

Extensions to OOPR will only be granted if the proposed changes can be accommodated by the relevant training programme director, training provider and remains within the regulatory advice contained within the Gold Guide (or successor publication).

If **YES**, then go straight to section C.

If **NO**, are you submitting an application for competitive Fellowship\* funding?

**Yes** 

**No** 

If **YES** please attach the full Fellowship application with this submission, fill in page 5 and then go straight to Section D

If **NO** then go straight to section B

\*Competitive Fellowships are those National Awards that undergo national and international peer review. Please contact the Head of School for Clinical Academic Training ([england.academicprogrammes.midlands@nhs.net](mailto:england.academicprogrammes.midlands@nhs.net) ) if you are unsure whether your Fellowship is considered competitive by NHS England.

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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) | | |
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**SECTION B** (To be completed by applicants NOT submitting a Fellowship application)

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| **Title of Research:** |
| **PROPOSED INVESTIGATION**  (To be completed by the trainee in consultation with the Research Supervisor) |
| 1. Purpose of proposed investigation (not more than 300 words).  2. Background (not more than 500 words).  3. Plan of investigation (not more than 1000 words).  4. Indication of timescale and milestones to be achieved (not more than 250 words).  5. References: Please show full titles of paper(s) |
| **1. Purpose of proposed investigation (not more than 300 words).** |
| **2. Background (not more than 500 words).** |

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| **3. Plan of investigation (not more than 1000 words).** |
| **4. Indication of timescale and milestones to be achieved (not more than 250 words).** |

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| **5. References : Please show full titles of paper(s)** |
| **Please list Collaborating Researchers and Institutions.**  Letters from all collaborators MUST be attached confirming their agreement/involvement in the work. |

**TRAINEE BIOGRAPHICAL DETAILS**

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| **University Degrees, Diplomas, Honours and Prizes (Date & Place):** | |
| **Give details of:**   1. Present Post 2. Previous Posts |  |
| **List of Applicant’s publications:**  Total number of peer reviewed publications.  Please list (including full title, authors and journal) up to 5 that you consider to be your best, marking with an asterisk those with most relevance to the proposed project. | |

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| **Your previous research experience (no more than 200 words)** |
| **If the OOPR is awarded in what way will this further your career? (no more than 200 words)** |

**RESEARCH SUPERVISOR’S BIOGRAPHICAL DETAILS**

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| **Name:** | **Title:** |
| **Position Held:** | **Qualifications:** |
| **Brief synopsis of research experience relevant to the research proposal.** | |
| **Research publications (list up to 5 recent publications relevant to proposed project)** | |
| **Details of previous supervisory experience (please list PhD students and fellows, and details of any publications arising from these awards).** | |
| **If the OOPR is awarded in what way will this further the Trainee’s career?**  **Statement from the Research Supervisor:**  Please give a statement about the suitability of the candidate for the proposed research and period of OOPR.  How do you envisage the candidate’s career developing? | |

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| **FORMAL Training Plan** |
| **Trainee career intentions:** |
| **Formal Research Training Courses – completed and proposed during OOPR:** |
| **Please state how the trainees’ progress will be assessed by the department/institute where they are enrolled for a higher degree.** |
| **Please give full details of all planned training for the trainee during the period of the OOPR.** |

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| **ETHICAL AND RESEARCH GOVERNANCE CONSIDERATIONS** |
| **Animals:** Are animals in any way involved with the proposed project? YES / NO  Species:  (**If YES, a copy of the Relevant Home Office Licences Personal (front page) and Project (front page AND protocol page(s)) MUST be attached to this application or dates of expected licence(s) detailed**  Project Licence Personal Licence  Tick box if attached Tick box if attached  Date submitted ......................…………. Date submitted....................………….  Date expected ......................…………. Date expected....................…………. |
| **Patients:**    Are patients or control volunteers involved with the proposed project? YES / NO  Are Human Tissues involved with the proposed application? YES / NO  **(If YES an Ethical Committee Letter of Approval is required and a copy of the letter must be attached to this application or dates of expected approval detailed** Tick box if attached Date submitted ….......................…… Date expected....................…………. |
| **Research Governance Framework:** Must be completed where the patient section above has been completed I confirm that the above research utilises human participants, their organs, tissue or data as defined under the NHS Research Governance Framework and on behalf of my NHS/ University Host Institute that we undertake to act as identified Research Sponsor.  I confirm that my organisation is registered with the Department of Health as a recognised Research Sponsor YES / NO  Name of Research Sponsor: …………………………………………………  Position held: ………………………………………………………………....  Institute name: ……………………………………………………………….. Tel No: ………………………………………… Fax No: ………………………………………...  Email: …………………………………………  Signature: …………………………................... Date:…………………….......................... |

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| **CLINICAL STATUS** |
| **What progress, if any, has been made towards accreditation in your chosen speciality?** |
| |  |  | | --- | --- | | **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 |  | |

**SECTION C** (To be completed by applicants requesting an OOPR extension)

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| **Date OOPR commenced:**  **Date OOPR due to finish:** |
| **Title of Research:** |
| **PROGRESS MADE TO DATE IN OOPR**  (To be completed by the trainee in consultation with the Research Supervisor) |
| 1. Research outcomes (not more than 500 words).  2. Plan for extended time in OOPR (not more than 1000 words).  3. Indication of timescale and milestones to be achieved (not more than 250 words).  4. References: Please show full titles of paper(s) |
| **1. Research outcomes from current period of OOPR (not more than 500 words).** |

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| **2. Plan for extended time in OOPR (not more than 1000 words).** |

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| **3. Indication of timescale and milestones to be achieved in period of extended OOPR.** |
| **4. References : Please show full titles of paper(s)** |

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| **Please list all publications and presentations arising from the current period of OOPR.** |
| **If the OOPR extension is awarded in what way will this enhance your current research experience (no more than 200 words).** | |

**RESEARCH SUPERVISOR’S BIOGRAPHICAL DETAILS**

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| **Name:** | **Title:** |
| **Position Held:** | **Qualifications:** |
| **If the OOPR is extended in what way will this further the Trainee’s career?**  **Statement from the Research Supervisor:**  Please give a statement about the reasons why an OOPR extension should be awarded. | |

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| **CLINICAL STATUS** | |
| **Please state what clinical duties will be undertaken during the period of extended OOPR** | |
| What type of contract will you hold during this extended period out of programme? |  |
| What funding is necessary for this extended period out of programme? |  |
| Have arrangements been made to secure such funding? |  |
| When will this be secured? |  |

**SECTION D**

If your application for OOPR 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 must tick yes for extension on the first page of this application form, and 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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| **ROYAL COLLEGE/SPECIALIST ADVISORY COMMITTEE (SAC) APPROVAL**  **(For OOPR to count towards CCT)** | |
| 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) | |
| I have not applied for time to count □  I have applied for \_\_\_\_\_\_\_\_\_\_ months to count towards my CCT | |
| 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) | |
|  | |
| **TO BE SIGNED BY THE 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 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 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 OOPR report to NHS England 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 post.  **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. 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: |

**SECTION E**

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| **APPROVAL FOR THIS APPLICATION STAGE 2:** | | |
| **Academic Lead for the Postgraduate Specialty School** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name: |  | |
| **Head of School for Clinical Academic Training** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name |  | |
| **APD with responsibility for Clinical Academic Training** | | |
| Do you approve this period out of programme? | Yes/No |  |
| Signature: | Date: | |
| Print Name |  | |

Please note that you should not start your OOP until you have received an approval letter from NHS England.

**DATA PROTECTION ACT**

The information you provide on this form will be used by NHS England solely for the purpose of your application for out of programme experience. The information you provide will be stored on your records within the NHS England databases and it will not be passed onto other individuals without your permission. Your data will be treated with sensitivity and confidence at all times.