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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 NHS TV. **Please ensure you read the Guidance Document first. Complete the checklist**

**SECTION 1**

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| **TRAINEE TO COMPLETE IN FULL** |
| Name: |  |
| Date of Birth: |  | GMC/PH No: |  |
| Training (NTN) No: |  | ACF: | Yes/No*If yes, please discuss with OUCAGS and TPD first* |
| Programme: |  | Sub-Specialty (if applicable) |
| Current Placement: |  |
| Grade/Year of training: |  |
| Are you in core training | Yes/No |
| Is this OOP in your final year of specialty training | Yes/ No  |
| I am currently sponsored by NHSE | Yes/No |
| Location of OOP: |  |
| 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 SIX MONTHS notice should be given (absolute minimum of three months).

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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 requested with an Outcome 1, 2, 10.1 or 10.2*

*OOPC can be requested 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/OOPP? | **Yes** | **No** |
| Type of OOP | 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 NHS TV programme.**OOPP Applicants – please include details of the post you have been offered and indicate any competencies/skills you may acquire.* |
| If you are in Core training or in your final year of training please provide further information for this OOP request.  |

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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 NHS 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 request.Please give reason why: |
| **Have you discussed SuppoRTT and completed SRTT paperwork?**  |  |
| 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 be 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 a minimum of 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: |  |
| If the trainee is an ACF have they discussed the implications of OOP with the OUCAGS team?(By taking OOP the trainee will relinquish their ACF post) |  |
| 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 (rebecca.black14@nhs.net) 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:** |  |

*To note, if trainee is an ACF, they should have discussed with both TPD and OUCAGS prior to applying for OOP*

**SECTION 6**

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

**Read carefully before signing.**

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.
* 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 NHS Thames Valley or GMC, disciplinary action may be taken by my employer.
* I agree to give six months notice (or an absolute minimum of three months) to the Postgraduate Dean and to my employer before my time out of programme can commence.
* 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, OOPE 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 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 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.

* For OOPP - I agree to arrange and undertake an appraisal with the employing organisation.
* 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 NHS Thames Valley whilst out of programme. Note – certain exceptions apply for trainees on OOPT and OOPP.
* 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 six months’ notice (absolute minimum of three months) should 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 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 understand that before going out of programme, it is my responsibility to discuss how this will affect my pay, pension and NHS continuous service with the Medical Staffing department of my current employer.

**Tier 2/Skilled Worker Visa Holders only**

* I have checked and understood the implications of Out of Programme on my sponsorship including making arrangements for alternative sponsorship if required. I will update the NHSE Overseas Sponsorship Team if I am approved to go out of programme.

**ACF Trainees only**

* I understand that taking a period of out of programme will end my ACF Post.
* I confirm that I have discussed this with both my TPD and OUCAGS.

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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* |

*To note, if trainee is an ACF, they should have discussed with both TPD and OUCAGS prior to applying for OOP*

**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 NHS 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 NHS TV (refer to **Guidance Document** for contact details).