

Out of Programme (OOP) Application

Incomplete applications will be returned to the Trainees current home address

Complete this form in **BLOCK CAPITALS** for all NEW Out of Programme requests. 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	
Current Home Address		Date of Birth	
Email Address		Specialty	
GMC Number		Training Number	WMD/
Current Year of Clinical Programme		Grade (e.g. ST1)	
Date and Outcome of last ARCP		Current Provisional CCT Date	
If ARCP was unsuccessful and this OOP is part of targeted training please provide detail			

Section 2: Out of Programme Overview To be completed by Trainee		
Health Education 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: (dd/mm/yy)	Proposed End date of OOP: (dd/mm/yy)	
Name and Address of where your proposed out-of-programme will take place: (not required for Out of Programme Career Break)		
Type of Out of Programme (see guidance notes)	Please tick	>>> Go to Section:
Out of Programme for Clinical Training (OOPT)		2.1
Out of Programme for Research (OOPR)		2.2
Out of Programme for Clinical Experience (OOPE)		2.3
Out of Programme for Career Break (OOPC)		2.4

2.1 Out of Programme for Clinical Training (OOPT)

OOPT to count towards CCT?	Yes		No	
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In order for your OOPT Application to be considered, you must submit the following:

- OOPT Application Form** complete with the following signatures: Head of School, Training Programme Director and STC Chair
- Royal College / Faculty Approval Letter** (if OOP is counting towards CCT)
- A **letter from the placement**, if the post has already been approved by the GMC

Without the above documents, your application [will not be processed](#) and will be returned

>>>Go to Section 3

2.2 Out of Programme for Research (OOPR)

OOPR to count towards CCT?	Yes		No	
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In order for your OOPR Application to be considered, you must submit the following:

- OOP Application Form** complete with the following signatures: Head of School, Training Programme Director and STC Chair
- Royal College / Faculty Approval Letter** (if OOP is counting towards CCT) or **Royal College / Faculty Acknowledgement Letter** (if OOP is not counting towards CCT)

Without the above documents, your application [will not be processed](#) and will be returned

>>>Go to Section 3

2.3 Out of Programme for Clinical Experience (OOPE)

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

- OOPE Application Form** complete with the following signatures: Head of School, Training Programme Director and STC Chair
- Royal College / Faculty Acknowledgement Letter** (as OOP is not counting towards CCT) – *not required for Public Health*

Without the above documents, your application [will not be processed](#) and will be returned

>>>Go to Section 3

2.4 Out of Programme for Career Break (OOPC)

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

- OOP Application Form** complete with the following signatures: Head of School, Training Programme Director and STC

Without the above documents, your application [will not be processed](#) and will be returned

>>>Go to Section 3

Section 3: Statement and Purpose of OOP

To be completed by Trainee

*Please state the purpose of OOP here, or alternatively attach a document to this application form.

>>>Go to Section 4

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 that:

- a) 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.
- b) 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.
- c) 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.
- d) 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: Training Programme Director Approval of OOP Suitability		
To be completed in <u>BLOCK CAPITALS</u> by the TPD		
Please answer the following by ticking the appropriate box:	Yes (✓)	No (✓)
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 Health Education West Midlands)		
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 an exception?		
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?		
<p>If you have ticked 'No' to any of the above questions, please discuss with trainee and justify in additional comments below.</p> <p>Additional Comments:</p>		
Training Programme Director Name		
Email Address and Phone Number		
Signature	Date	

Section 6: Specialty Training Committee Chair Approval of OOP Suitability		
To be completed in <u>BLOCK CAPITALS</u> by the STC Chair		
Do you approve this period of out of programme? (please tick)	Yes	No
STC Chair Name		
Email Address		
Signature	Date	

Section 7: Head of School Approval of OOP Suitability		
To be completed in <u>BLOCK CAPITALS</u> by the Head of School		
Do you approve this period of out of programme? (please tick)	Yes	No
Head of School Name		
Email Address		
Signature	Date	

Data Protection

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

Send Completed OOP Application Forms to:

OOP Applications

Health Education West Midlands
St Chad's Court
213 Hagley Road
Birmingham
B16 9RG

Or email to: OOP@wm.hee.nhs.uk

Section 8: Internal Approval

To be completed in BLOCK CAPITALS by OOP Applications, Health Education West Midlands

ARCP Verification (please tick)	Yes	No
OOP Approved (please tick)	Yes	No
Signature		Date
Name		Position