**Out of programme (OOP) Request and Annual Review Document**

**(OOPC / OOPE / OOPR / OOPT)**

#### (For new requests, this form and supporting evidence should be sent to the Head of School. The Head of School will use this to support the request for prospective approval from GMC where this is required. For annual review and renewal, the document should be signed by the doctor in training)

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| Name: |  | | Training number: |  |
| E-mail address: |  | | GMC Post / Programme approval number: |  |
| Contact e-mail address for duration of OOP if granted: | |  | | |
| Specialty: |  | | Training Programme Director (TPD): |  |

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| **Please indicate if you are requesting time out for:** | New request | On-going |
| Career Break (OOPC) |  |  |
| Clinical experience not prospectively approved for training by GMC (OOPE) |  |  |
| Research for a registered degree (OOPR) |  |  |
| Prospectively approved by GMC for clinical training (OOPT) |  |  |

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| **Supporting Evidence:** | | | | | | |
| **OOPC** | **Career Break (OOPC)** | | | | | |
| Brief outline for your reasons for requesting a career break whilst retaining your training number. | | | | | |
| **OOPE** | **Clinical experience not prospectively approved for training by GMC (OOPE)**  For on-going OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for the ARCP. Please refer to the [HEE SW website](https://peninsuladeanery.nhs.uk/about-us/revalidation/show/oop-and-revalidation) to access the relevant forms to be completed.  I have provided the following supporting documents | | | | | |
| Description of clinical experience you plan to undertake (e.g. overseas posting with a voluntary organisation). | | | | | |
| **OOPR** | **Research for a registered degree (OOPR)**  For on-going OOP a report from the research supervisor needs to be attached to this document for the ARCP. Please refer to the [HEE SW website](https://peninsuladeanery.nhs.uk/about-us/revalidation/show/oop-and-revalidation) to access the relevant forms to be completed.  I have provided the following supporting documents | | | | | |
| Outline research proposal including name and location of research supervisor | | Where registered for a higher qualification (e.g. MD / PhD) please provide a letter indicating you have been enrolled for a higher degree and an email from institution confirming funding | | | |
| **OOPT** | **Prospectively approved by GMC for clinical training (OOPT)**  Attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different HEE region it will already be recognised training). For on-going OOP this document should accompany the assessment documentation for ARCP.  I have provided the following supporting documents: | | | | | |
| Details of proposed training | Confirmation of offer | Job description | | Where the OOPT is based, Site and Postcode | |
| **If you have previously undertaken an Out of Programme, please provide details below:** | | | | | | |
| **Type of OOP** | | | | **OOP Start Date** | | **OOP End Date** |
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**If time out or your programme is agreed, you will be required to give your Training Programme Director**

**and current / next employer 3 months’ notice of leaving the programme.**

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| Date you wish to start your out of programme in DD/MM/YYY format (which must take into account the 3 months’ notice period): |  |
| Date you plan to return to the clinical programme in DD/MM/YYY format: |  |
| How long do you intend to take out of programme: |  |
| How much of this OOP time do you plan to count towards training?  (This is subject to subject to College Support and GMC prospective approval) |  |
| Current Working Pattern: Full Time or LTFT Percentage. |  |
| OOP Working Pattern: Full Time or LTFT Percentage. |  |
| What will be your provisional date for completing training if you take/continue with this time out of programme? |  |

I am requesting approval from the Postgraduate Dean’s office to undertake the time out of programme described

above/continue my current OOP whilst retaining my training number. I understand that:

1. 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.
2. I will need to 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 six 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.
3. I will need to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to 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.**
4. I will need to give at least 3 months’ notice to the Postgraduate Dean and to my employer before my time out of programme can commence.

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| I confirm this application has support from my Educational Supervisor Yes |
| I confirm this application has support from my Training Programme Director Yes |

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| **Doctor in Training:** | | | |
| Print Name: | | Date: | |
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| **Please return the completed OOP application form and supporting evidence to the relevant Education Programme Manager. They will pass the application to the Head of School for consideration.** | | | |
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| **Head of School:**  The Postgraduate Dean has delegated responsibility to approving OOP to the Head of School who will only sign this document after it has been signed by the doctor’s Educational Supervisor and Training Programme Director. On-going OOPs: this document should be signed by the TPD and will need to be submitted to the ARCP panel. | | | |
| Print Name: | | | Date: |