#### Out of Programme Pause (OOPP)

**Who can apply?**

* Trainees who have completed the first year of specialty training as per the Gold Guide guidance for OOP
* Trainees who have received or expected to receive an outcome 1, 10.1 or 10.2 at ARCP
* Where a trainee feels it would be beneficial for their well-being
* Trainees wanting to step out of training and use the time to gain additional competencies that may not have been available as a consequence of the impact of COVID-19

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| **1. Personal details** | | | |
| Surname |  | Maiden name (if previously used in training) |  |
| First name(s) |  | GMC number |  |
| Email address |  | Phone number |  |
| Programme |  | | |
| Most recent ARCP outcome |  | | |

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| **2. Application Details** | | |
| Have you discussed your plans to take time out of programme with your educational supervisor and/or training programme director? | | Yes  No |
| Please provide a brief description of what will be done during your time out of programme and where it will take place. | | |
| Proposed start date |  | |
| Proposed date you will return to the clinical programme |  | |

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| **3. Applicant declaration**  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: | |
|  | 12 months will normally be the maximum time allowed for out of programme pause. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dean |
|  | 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 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 clinical placement. Failure to do this could result in the loss of my training number. |
|  | 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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| **4. Signatures** | |
| Trainee Signature |  |
| Date |  |
| Print Name |  |

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| Educational Supervisor Signature |  |
| Date |  |
| Print Name |  |

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| Training Programme Director |  |
| Date |  |
| Print Name |  |

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| Postgraduate Dean (or nominated deputy) |  |
| Date |  |
| Print Name |  |