Application for prospective approval for Out of Programme Training or Research (OOPT/R)

**Notes:**

1. This form must be submitted by anaesthetists in training who want prospective approval to train or conduct research in a post **not** approved by the GMC towards training for a CCT in Anaesthetics or a Dual programme with ICM, eg a clinical fellowship in the UK, a training post in another country, deployment on operations with the Defence Medical Services or research outside that permitted within the Deanery CCT programme
2. Applicants should allow adequate time for approval to be granted by the GMC after submitting the request to the RCoA
3. Applicants should not commit themselves financially or professionally until formal approval has been received by the GMC
4. Anaesthetists in training must complete the last 6 months of their CCT training in the UK in a post, in a location that is approved by the GMC
5. If the applicant is unsure if the proposed training/research is classified as OOPT/R they should seek advice from the [RCoA Training Department](mailto:training@rcoa.ac.uk?subject=OOPT/R%20application)
6. For OOPT/R which includes ICM or pain medicine, the application will require the agreement of not only the anaesthesia Regional Adviser but also the respective Regional Adviser for ICM or pain medicine.

**Is this post in a location already approved by the GMC? Yes  No**

You can check the full list of approved locations at: [www.gmc-uk.org/education/28373.asp](http://www.gmc-uk.org/education/28373.asp)

*Please note: If your OOPT or OOPR is taking place in a GMC approved location, please* ***do not*** *complete this form, as you* ***do not*** *need College approval or additional GMC approval.*

#### **Section A – Personal Details** (to be completed by the applicant)

National Training Number (NTN): Click or tap here to enter text.

College Reference Number (CRN): Click or tap here to enter text.

Estimated CCT date: Click or tap to enter a date.

Surname: Click or tap here to enter text.

Forename(s): Click or tap here to enter text.

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| **Correspondence Address**  Click or tap here to enter text.    **Postcode:** Click or tap here to enter text. | |  | |
| **Telephone** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

#### **Section B – Provisional Deanery/LETB Approval [normally completed by the Training Programme Director]**

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| The applicant has discussed this OOPT/R proposal with me and is approved in principle.  For those on the 2021 curriculum, I confirm that the applicant will have achieved their Stage 2 certificate by start of the OOPT/R.  **Signature:**  **Date:** Click or tap to enter a date. | | | |
| **Name** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |

#### **Section C – Anaesthesia Regional Adviser’s approval**

|  |  |  |  |
| --- | --- | --- | --- |
| This application has been discussed with me and I am satisfied that it forms part of a balanced training programme leading to the award of a CCT in Anaesthetics.  For those on the 2021 curriculum, I confirm that the applicant will have achieved their Stage 2 certificate by start of the OOPT/R.  **Signature:**  **Date:** Click or tap to enter a date. | | | |
| **Name** | Click or tap here to enter text. | **School** | Click or tap here to enter text. |

#### **Section D – ICM Regional Adviser’s approval** (if required)

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| --- | --- | --- | --- | --- |
| This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in ICM and conforms to the standards of the Faculty of Intensive Care Medicine.  **Signature:**  **Date:** Click or tap to enter a date. | | | | |
| **Name** | Click or tap here to enter text. | **School** | Click or tap here to enter text. |

#### **Section E – Pain Medicine Regional Adviser’s approval** (if required)

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| This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in pain medicine and conforms to the standards of the Faculty of Pain Medicine.  **Signature:**  **Date:** Click or tap to enter a date. | | | |
| **Name** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |
| ***FPM RA in the trainee’s school of anaesthesia*** | |  | |
| This application has been discussed with me and I am satisfied that it forms part of a balanced training programme in pain medicine and conforms to the standards of the Faculty of Pain Medicine.  **Signature:**  **Date:** Click or tap to enter a date. | | | |
| **Name** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |
| ***FPM RA for school where the post is located*** | |  | |

#### **Section F – Details of OOPT/R post** (to be completed by the applicant)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of post** | Click or tap here to enter text. | | |
| **From** | Click or tap to enter a date. | **To** | Click or tap to enter a date. |
| **Duration** | Click or tap here to enter text. **months** | | |
| **Amount requested to count towards CCT** | Click or tap here to enter text. **months** | | |
| **If post less than full time, what is % WTE?** | Click or tap here to enter text. **%** | | |
| **Please indicate which stage of training this OOPT/R is counting towards** | Higher (2010)  Advanced (2010)  Stage 3 (2021) | | |
| **Hospital name and address** | Click or tap here to enter text. | | |
| **Head of department** | Click or tap here to enter text. | | |
| **Designated local supervisor** | Click or tap here to enter text. | | |
| **Telephone** | Click or tap here to enter text. | | |
| **Email** | Click or tap here to enter text. | | |
| **Please indicate your rationale for undertaking this OOPT/R** | Training module not offered in home deanery  Training module available in home deanery, but oversubscribed  Highly specialized training not available in UK  Highly specialized training not available in UK, but oversubscribed  Overseas training offers a different perspective to the area of clinical practice than in the UK  Other: Click or tap here to enter text. | | |

**I enclose the following information to support my application:**

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| 1. **For all applications** | |
| * The objectives of the training, mapped against the appropriate units of *‘The CCT in Anaesthetics’* (2010) or the *‘2021 Curriculum for a CCT in Anaesthetics’* |  |
| * A job description on hospital headed paper **or** details of the research project |  |
| * A personal statement from the trainee of the specific objectives to be achieved. |  |
| 1. **For training outside of the UK** | |
| * A statement from the competent authority1 in the country concerned, eg Training Board, College or Faculty, confirming that the hospital is approved for training and detailing supervision arrangements * If no clear competent authority, or applicant planning to work with a nongovernmental organisation/operational deployment with the Defence Medical Services, **please** seek advice from the RCoA Training Department before making any formal commitments. |  |
| 1. **For training in the UK** | |
| * A statement from the hospital/university department confirming that the post will be covered by the same arrangements for study leave and supervision that apply to trainees in GMC approved posts |  |
| I confirm that to the best of my knowledge the above information is correct.  **Signature:**  **Date:** Click or tap to enter a date.  **Name:** Click or tap here to enter text. |  |
| **Please forward the completed application and supporting information to the Training team at** [**training@rcoa.ac.uk**](mailto:training@rcoa.ac.uk?subject=OOPT/R%20Application)**.** | |

Details of competent authorities, where known, can be obtained from the RCoA Training Department