**NHS England North West**

**Request for Time Out of Programme (OOP)**

**PLEASE NOTE:** WE require this application form and supporting documentation to be submitted at least 6 months in advance of the proposed OOP start date. The OOP guidance can be found on our [website](https://www.nwpgmd.nhs.uk/policies-procedures#OOP) and should be read prior to making an application. There is a separate form for applying for Acting Up as a Consultant (AUC)

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| **SECTION 1: PERSONAL DETAILS (to be completed by resident doctor)** |
| Surname: |  | First Name: |  |
| Specialty: |  | Sub-Specialty: *(if applicable)* |  |
| Training Number: |  | GMC Number: |  |
| Anticipated CCT Date: |  | Training Grade: |  |
| Address of placement for proposed period of OOP |  | Proposed start date of OOP: |  |
| Proposed end date of OOP: |  |
| Have you had any previous OOP?  | (further OOP requires PGD approval) | Date you return to programme: | *(This should be the day after your OOP ends)* |
| Last ARCP outcome: |  |
| Contact Email  | Current | Whilst OOP *(if different)* |
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| Are you currently on a tier 2 visa? (Please tick) | YES [ ]  | NO [ ]  |
| If yes: | For the majority of OOPs sponsorship will be **withdrawn** for the duration of the OOP. **This will impact your employment status**:<https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/overseas-applicants> You **must** inform the National NHSE Overseas Sponsorship Team of any change in circumstances by completing a [Reporting form](https://forms.office.com/e/D0Hmjhb3JW) or emailing england.sponsorship@nhs.net |

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| **SECTION 2: OOP INFORMATION (to be completed by resident doctor)** |
| Is the application to train in a non-NHS Organisation as a formal part of your training? | YES [ ]  | NO [ ]  |
| If YES, please identify organisation and give reasons why |  |
| OOP**T**/**R/E&P**, is unpaid leave from the Lead Employer, so please confirm the name of the Trust/Organisation that is funding your OOP.  |  |
| Please state the time you wish to count towards training (if applicable) |  | months |
| What percentage WTE is the OOP post? i.e 100%/60% LTFT etc |  |  |

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| **Please indicate which type of OOP you are applying for:** |
| OOP**T**: Prospectively approved for training by the GMC | Section 2.1 [ ]  |
| OOP**R**: Research | Section 2.2 [ ]  |
| OOP**E**: clinical experience not approved for training by GMC | Section 2.3 [ ]  |
| OOP**C**: Career break | Section 2.4 [ ]  |
| OOP**P**: Pause | Section 2.5 [ ]  |
| Extension to existing OOP application | Section 2.1 [ ] (OOP**T**) | Section 2.2 [ ]  (OOP**R**) | Section 2.3 [ ] (OOP**E**) |  |
|  | Section 2.4 [ ] (OOP**C**) | Section 2.5 [ ] (OOPP) |  |

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| **SECTION 2.1: OUT OF PROGRAMME FOR CLINICAL TRAINING (OOPT)** |
| You **must** attach the following documents: | Please tick to confirm  |
| Description of training to be undertaken, incl. name & contact details of supervisor |[ ]
| Educational goals for the post |[ ]
| A timetable for the post |[ ]
| Royal College/Faculty approval letter if available at this stage  |[ ]
| Does the post **OUT** already have GMC approval? | YES [ ]  | GMC approval no: | NO [ ]  |

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| **SECTION 2.2: OF PROGRAMME FOR RESEARCH (OOPR)** |
| You **must** attach the following documents: | Please tick to confirm attached |
| Brief statement outlining reason for application |[ ]
| Statement detailing the purpose and structure of placement, including contact details of your clinical and educational supervisors |[ ]
| Statement from your research supervisor confirming the proposed research programme and any associated funding. |[ ]
| Royal College/Faculty approval letter *(if applicable)* |[ ]

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| **SECTION 2.3: OUT OF PROGRAMME FOR CLINICAL EXPERIENCE (OOPE)** |
| You **must** attach the following documents: | Please tick to confirm attached |
| Brief outline of why applying for OOP**E** rather than OOP**T** |[ ]
| Statement detailing purpose & structure of placement, including contact details of your clinical and educational supervisors |[ ]
| Confirmation you will be in your last year of training on commencement of post (OOPE AUC applications only) | YES [ ]  | NO [ ]  |

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| **SECTION 2.4: OUT OF PROGRAMME CAREER BREAK (OOPC)** |
| You **must** attach the following documents: | Please tick to confirm attached |
| Statement detailing reasons applying for OOP**C** |[ ]
| If applying on the grounds of health or domestic circumstances, evidence of discussion with Training Programme Director (TPD) and Lead Employer confirming that Less Than Full Time (LTFT) training or statutory leave are not appropriate |[ ]

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| **SECTION 2.5: OUT OF PROGRAMME PAUSE (OOPP)** |
| You **must** attach the following documents: | Please tick to confirm attached |
| Statement detailing reasons applying for OOP**P** |[ ]
| Initiation and Scope of Practice Monitoring form |[ ]
| Confirmation of post offer |[ ]
| If applying on the grounds of health or domestic circumstances, evidence of discussion with Training Programme Director (TPD) and Lead Employer confirming that Less Than Full Time (LTFT) training or statutory leave are not appropriate |[ ]

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| **SECTION 3: REQUIREMENTS TO BE AGREED BY RESIDENT DOCTOR** |
| I am requesting approval from the Postgraduate Dean to undertake the time OOP described above, whilst retaining my training number. **I confirm that:** |
| **1** | I confirm I completed my Form R (Part B) via TIS Self Service (TSS) at my last ARCP, or have attached a copy of my last Form R (Part B) with this OOP application if not completed via TSS |
| **2** | I have attached all the documentation requested above; any missing documentation will result in my application not being considered. |
| **3** | I am aware that I must declare to the Postgraduate Dean any work I undertake whilst OOP that requires a licence to practice. Details of proposed work are shown in **Section 4** below and I am aware I must inform the Postgraduate Dean if there are any changes to this. I confirm that I have appropriate indemnity. |
| **4** | I am aware of the time limits that normally apply (OOP**T** 1 year, OOP**R** 3 years, OOP**E** 1 year, OOP**C** 1 years, OOP**P** 1 year) and that extensions or consecutive periods of OOP are only allowed in exceptional circumstances, at the discretion of the Postgraduate Dean. |
| **5** | I am aware I will be required to participate in the annual review process and provide any requested documentation. I will provide NHSE NW with current contact details to facilitate regular communication.  |
| **6** | I will give at least 6 months’ notice to the Postgraduate Dean and to my Lead Employer before my time OOP can commence. |
| **7** | I will liaise closely with my Training Programme Director to facilitate my return to the training programme. I am aware that I must give at least 6 months’ notice of my intended return date and that the placement will depend on availability at the time. I understand that I may have to wait for a placement. |
| **8** | I agree that NHSE NW may share the information contained on this form and in the attached documents with the Lead Employer, Royal College and GMC for the purposes of furthering my application and maintaining my employment contract. |
| **9** | If I opt to maintain my NHS pension contributions during my time OOP, I will be responsible for funding my contributions for the first 6 months, and will be responsible for both the employee and employer contributions for any further months, up to a maximum of 24 months. |
| **10** | I **am on/will be on** a visa during my time OOP and my proposed OOP activity is within the regulations for the visa status. I am aware I am responsible for any costs associated with the visa. |
| **11** | **Tier 2 visa holders only** – I have read the OOP Guidance for Tier 2 visa holders and will submit a Reporting and Monitoring form to england.sponsorship@nhs.net as required. **I understand that surrendering my visa is likely to affect my employment status.** |
| **12** | I understand that I must maintain my GMG registration whilst OOP. |
| **13** | I understand that I must **not** commence OOP until I have approval from NHSE NW |
| **14** | I agree to advise NHSE NW of any matters which may affect my CCT date (e.g. statutory leave) during my period of OOP which may require an extension.  |
| **15** | I will ensure I inform NHSE NW if my circumstances change in the lead up to, or during, my OOP. |
| **Signature of resident doctor** |  | **Date** |  |

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| **SECTION 4: DETAILS OF PROPOSED WORK WHILST OOP THAT REQUIRES A LICENCE TO PRACTICE** |
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| **SECTION 5: TO BE COMPLETED BY THE EDUCATIONAL SUPERVISOR** |
| I can confirm that the application is relevant to the individual’s curriculum/career aspirations/personal circumstances. I therefore support the application. |
| **Name of Educational Supervisor** |  |
| **Signature of Educational Supervisor** |  | **Date** |  |

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| **SECTION 6: TO BE COMPLETED BY THE TRAINING PROGRAMME DIRECTOR** |
| For a resident doctor applying for OOPE to Act Up as a Consultant (where AUC is not approved in the curriculum) I can confirm that they are meeting all their competencies to be awarded their CCT. I therefore support the application. | YES [ ] **Details attached** | NO [ ] **Explanation attached** |
| For all other OOP applications, I can confirm that the application is relevant to the individual’s curriculum/career aspirations/personal circumstances. I therefore support the application. | YES [ ] **Details attached** | NO [ ] **Explanation attached** |
| For supported applications, I can confirm that the programme can accommodate the resulting gap and predicted return date and this will not adversely affect other resident doctors on the programme or Host Trusts providing placements for the rotation. I can confirm that any resulting gap in the programme will be covered equitably across the programme for the duration of the time OOP. I have therefore informed the Educational Supervisor and Host Trust so that appropriate arrangements for cover can be made. | YES [ ]  |
| **Name of Training Programme Director** |  |
| **Signature of Training Programme Director** |  | **Date** |  |
| Additional comments from Training Programme Director to make the Postgraduate Dean aware of: |

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| **SECTION 7: TO BE COMPLETED BY THE LEAD ASSOCIATE DEAN FOR THE SPECIALTY (please submit to your School team to arrange)** |
| I can confirm that I approve this application for time OOP. | YES [ ]  | NO [ ]  **Explanation below** |
| **Name of Lead Associate Dean** |  |
| **Signature of Lead Associate Dean** |  | **Date** |  |
| **Conditions of approval (as applicable)** |  |
| **Explanation if application is declined** |  |

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| **SECTION 8: TO BE COMPLETED BY THE POSTGRADUATE DEAN *where applicable\******(please submit to your School team to arrange)****\* extension to OOPC over 12 months duration****\* request for a second consecutive OOP request (any type of OOP)** |
| I can confirm that I approve this application for time OOP. | YES [ ]  | NO [ ]  **Explanation below** |
| **Name of Postgraduate Dean** |  |
| **Signature of Postgraduate Dean** |  | **Date** |  |
| **Conditions of approval (as applicable)** |  |
| **Explanation if application is declined** |  |