**Out of Programme Pause Initiation and scope of practice monitoring form**

This form is designed to allow you to plan and get what you want to out of your out of programme pause. It takes you through the proposed dates of starting and stopping the period out of programme, identifies what you and colleagues foresee as your likely scope of practice when away **and** allows you and the programme to monitor this during your time out. It gives you and the programme notice to accommodate you back into formal training and ensures you have every opportunity to re-acclimatise to your training programme. It allows you to consider if you will want to capture any skills or competencies/capabilities that you attain whilst out and have these assessed once back within training so they can be potentially considered against the completion date for you training (CCT date). **It also enables you to** **retain a record of your plans and activity whilst on OOPP to satisfy the governance requirements** **of organisations engaging you.**

You may be undertaking OOPP to take a break from training for wellbeing purposes. If this is the case, it is important to discuss this with your Educational Supervisor to ensure that your OOPP post is appropriate and if any other support may be required.

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| --- | --- |
| Have you had a wellbeing discussion with your Educational Supervisor? | **Yes/No** |

**Timing**

This form should be completed once you have identified what activity / post you will be undertaking and have discussed the proposed work schedule and duration with the relevant colleagues you will be working with.

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| --- | --- | --- | --- | --- | --- |
| Name of Trainee: |  | | | | |
| National Training Number: |  | | | | |
| GMC Number: |  | | | | |
| Name of TPD/ES or appropriate faculty member: |  | | | | |
| Current post and training programme including year of training: | Current post: | Training Programme: | | Year of training: | |
| HEE Local Office: |  | | | | |
| Date of last ARCP |  | | | | |
| Date of next revalidation |  | | | | |
| Date of next ARCP |  | | | | |
| Anticipated outcome at next ARCP |  | | | | |
| Comments from Educational Supervisor regarding next ARCP |  | | | | |
| Proposed post(s) / attachment(s) / other activities |  | | | | |
| Employer(s) /organisation(s) |  | | | | |
| Named Supervisor or equivalent contact |  | | | | |
| Website address of OOPP post site |  | | | | |
| Is your OOPP post an approved GMC training site? |  | | | | |
| Start date(s) (DD/MM/YYYY) Please indicate whether you will be working full time or LTFT and clearly mark where there is an overlap between posts | Start Date: | | Full/Part Time: | | Posts that will overlap: |
| Proposed End date(s) (DD/MM/YYYY |  | | | | |

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| Name and contact details of Responsible Officers for the organisations engaging you during your OOPP. (Please note, your PG Dean will continue to be your Responsible Officer whilst you are OOPP and you will still be required to submit a Form R) You need to take responsibility for ensuring you meet the annual appraisal requirements for any organisation engaging you during your OOPP and ensure the outputs from any appraisal are included with your subsequent ARCP form R. Reference to the COPMeD guidance on meeting revalidation requirements outside of a training programme FAQs, <https://www.copmed.org.uk/images/docs/revalidation/Guidance_to_ensure_doctors_in_postgraduate_training_meet_revalidation_requirements_across_full_scope_of_practice.pdf>   |  |  | | --- | --- | | Name and Contact details |  | | Postgraduate Dean |  | |  |  | |

**Scope of work**

Please complete the following boxes to cover **all** work that you will undertake. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles. Please indicate how much time you are expecting to spend in each job or role. Depending on the nature of the work, if you are undertaking a lesser volume of work in an area you should take increasing care that the information you provide in this form is sufficient to demonstrate fitness to practise in that area.

**\*Where possible, please use existing wording / numbering from your curriculum.**

Types of work should be categorised into:

• clinical commitments

• educational roles, including supervision, teaching, academic and research

• managerial and leadership roles

• any other role

|  |  |
| --- | --- |
| Clinical Commitments | Detail of Work |
|  |  |
| Educational roles including supervision, teaching, academic and research | Detail of work |
|  |  |
| Managerial and Leadership roles | Detail of work |
|  |  |
| Any other roles that require you to hold a medical qualification/license to practice | Detail of work |
|  |  |
| Please indicate that you have appropriate indemnity for each role | Yes/ No |
| Provisional date for midpoint review/discussion |  |
| Expected start date for any return to training  courses prior to re-joining the programme.  This may include taking part in the SuppoRTT  programme |  |
| List here any competencies/capabilities you are  (provisionally) hoping to attain.  Where possible, please use existing  wording / numbering from your curriculum. |  |

**If you wish to change your role or post whilst on OOP-P, or your circumstances change, you must contact your ES, TPD and PG Dean as soon as is practically possible. In the case of any of these changes, you will be required to resubmit your “OOP-P Initiation and Scope of Practice Form” to reflect the changes.**

OOP-P is a relatively new initiative, and as such, we would welcome any feedback or comments on the process from both trainees and faculty to help us improve the initiative. These can be sent to [merp@hee.nhs.uk](mailto:merp@hee.nhs.uk)

You should contact your local office before you return to your programme to access any “Supported Return to Training (SuppoRTT)” you require.