

# Application for Prospective Approval for Out of Programme Training or Research [OOPT/R]

#### Notes:

- This form must be submitted by trainees who want prospective approval to train or conduct research in a post <u>not</u> approved by the GMC towards training for a CCT/CESR (CP) in Anaesthetics or a Joint CCT in Anaesthetics and ICM or a Dual programme with ICM, e.g. 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/CESR (CP) 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 from the GMC
- 4. Trainees must complete the last 6 months of their CCT/CESR (CP) training in-programme and in the UK.
- 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.
- 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: <a href="www.gmc-uk.org/education/28373.asp">www.gmc-uk.org/education/28373.asp</a>
Section A – Personal details [to be completed by the applicant]
National Training Number
College Reference Number (CRN)
Estimated CCT Date (DD/MM/YYYY)
Surname
Forename(s)
Correspondence Address
Postcode
Telephone Email

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

The applicant has discussed this OO	PT/R proposal with me and is approved in principle.
Signed	Date
Name	Position
Section C – Anaesthesia Regional A	dviser's approval
This application has been discussed programme leading to the award o	with me and I am satisfied that it forms part of a balanced training f a CCT in Anaesthetics.
Signed	Date
Name	School
Section D – ICM Regional Adviser's a	pproval [if required]
	with me and I am satisfied that it forms part of a balanced training the standards of the Faculty of Intensive Care Medicine.
Signed	Date
Name	Position
Section E – Pain Medicine Regional A	Adviser's approval [if required]
	with me and I am satisfied that it forms part of a balanced training
programme in pain medicine and c	conforms to the standards of the Faculty of Pain Medicine.
Signed	Date
Name	Position
FPM RA Trainee's School of Anaesthe	esia
Signed	Date
Name	
FPM RA for School where post is local	ilea



### Section F – Details of OOPT/R post [to be completed by the applicant]

Title of Po	st																			
From	D [		М	M	Υ	/	Υ	Υ	Υ	То	D	D	М	M	Y	Υ	Υ	Υ		
Duration	\ \ \ \	\ths				re	qu our	estent for CES	•	P)	Mth	ns		1	If po fulltir	ne, v	vhat		%	Is this OOPT/R to be counted towards your HIGHER or ADVANCED training? Please indicate at which level
Hospital name and address																				
Head of Department																				
Designated local supervisor																				
Telephone																				
Email																				
						☐ Training module not offered in home Deanery/LETB														
					$\square$ Training module available in home Deanery/LETB, but oversubscribed															
					$\square$ Highly specialised training not available in UK															
						$\square$ Highly specialised training available in the UK, but oversubscribed														
Please indicate your rationale for undertaking this OOPT/R					$\Box$ Overseas training offers a different perspective to the area of clinical practice than in the UK															
						□ Other:														



# I enclose the following information to support my application:

1.	For all Applications	
•	The objectives of the training, mapped against the appropriate units of the 'The CCT in Anaesthetics' AND;	
•	A job description on hospital headed paper <b>or</b> details of the research project.	
•	A personal statement from the trainee of the specific objectives to be achieved.	
2.	For training outside of the UK	
•	A statement from the competent authority <sup>1</sup> in the country concerned e.g. 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 non-governmental organisation/operational deployment with the Defence Medical	
	Services, <b>please</b> seek advice from the RCoA Training Department before making any	
	formal commitments.	
3.	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	
10	confirm that to the best of my knowledge the above information is correct.	
Si	gned: Date:	
N	ame	
PI	lease forward the completed application to the Training Department at the address below.	

 $<sup>^{\</sup>rm 1}$  Details of competent authorities, where known, can be obtained from the RCoA Training Department Royal College of Anaesthetists Churchill House, 35 Red Lion Square, London WC1R 4SG



#### Section G – RCoA approval (only required for those posts not in a GMC approved location)