

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

Notes:

1. This form must be submitted by trainees who want **prospective** approval to train or conduct research in a post not 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 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.
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

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

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

The applicant has discussed this OOPT/R proposal with me and is approved in principle.

Signed _____ Date _____

Name _____ Position _____

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.

Signed _____ Date _____

Name _____ School _____

Section D – ICM Regional Adviser's approval [if required]

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.

Signed _____ Date _____

Name _____ Position _____

Section E – Pain Medicine Regional Adviser's approval [if required]

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.

Signed _____ Date _____

Name _____ Position _____

FPM RA Trainee's School of Anaesthesia

Signed _____ Date _____

Name _____ Position _____

FPM RA for School where post is located

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

Title of Post																			
From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y		Please indicate at which level/stage of training this OOPT/R is counting towards: <ul style="list-style-type: none"> • Higher (2010) • Advanced (2010) • stage 3 (2021)
Duration	Mths				Amount requested to count for CCT/CESR (CP)				Mths				If post less than fulltime, what is the % WTE?		%				
Hospital name and address																			
Head of Department																			
Designated local supervisor																			
Telephone																			
Email																			
<p>Please indicate your rationale for undertaking this OOPT/R</p> <p><input type="checkbox"/> Training module not offered in home Deanery/LETB</p> <p><input type="checkbox"/> Training module available in home Deanery/LETB, but oversubscribed</p> <p><input type="checkbox"/> Highly specialised training not available in UK</p> <p><input type="checkbox"/> Highly specialised training available in the UK, but oversubscribed</p> <p><input type="checkbox"/> Overseas training offers a different perspective to the area of clinical practice than in the UK <input type="checkbox"/> Other:</p>																			

I enclose the following information to support my application:

1. For all Applications	
<ul style="list-style-type: none"> The objectives of the training, mapped against the appropriate units of the 'The CCT in Anaesthetics' AND; 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. 	
2. For training outside of the UK	
<ul style="list-style-type: none"> A statement from the competent authority¹ 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 nongovernmental organisation/operational deployment with the Defence Medical Services, please seek advice from the RCoA Training Department before making any formal commitments. 	
3. For training in the UK	
<ul style="list-style-type: none"> 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.	
Signed: _____ Date: _____	
Name _____	
<p>Please forward the completed application to the Training Department at the address below.</p>	

¹ Details of competent authorities, where known, can be obtained from the RCoA Training Department

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

The OOPT/R described in this application is/is not *[delete as required]* in accordance with the requirements of the curriculum for a CCT in Anaesthetics and does/does not *[delete as required]* have the support of the RCoA.

Comments

Signed: _____ RCoA stamp

Name: _____

Section H – FICM/FPM approval *[if required]*

The OOPT/R described in this application conforms/does not conform *[delete as required]* to the standards of the FICM/FPM *[delete as required]* and has/does not have *[delete as required]* its support.

Comments

Signed _____

Name _____