NHS
Health Education England

Out of Programme Pause (OOPP) Application

Incomplete applications will be returned to the trainees

As a trainee, you are responsible for ensuring that this form is completed and approved. Ensure you have fully read and understood the OOP Guidance.

Section 1: Trainee Details - To be completed by trainee

Name		Telephone Number	
Email Address		Programme	Please Choose
GMC Number		Training Number	
Date of last ARCP		Grade (e.g. ST1)	Please Choose
Outcome of last ARCP		Current Provisional CCT Date	
If ARCP was unsuccessful and this OOP is part of targeted training, please provide details			

Section 2: Out of Programme Overview
To be completed by trainee

Health Education England working across the West Midlands requires OOP Application Forms and supporting documentation to be submitted **at least 6 months in advance** of the proposed OOP start date; exceptions will only be agreed by the Postgraduate Dean. Trainees must inform their current employer at least 3 months in advance to ensure that the needs of patients are appropriately addressed.

Proposed start date of OOP:	**Proposed End date of OOP:**

Name and Address of where your proposed out-of-programme will take place:

Out of Programme Pause (OOPP)

In order for your OOPP Application to be considered, you must submit the following:

☐ **OOP Application Form** complete with the following signatures Educational Supervisor, Training Programme Director and Head of School.
☐ **Royal College / Faculty Acknowledgement Letter** (as OOP is not counting towards CCT) – please see guidance *(not required for Public Health)*
☐ **OOPP initiation and scope of practice form.**
☐ **New CCT date.**

Without the above documents and signatures, your application **will not be processed** and will be returned

Section 3: Statement and Purpose of OOP (If your OOP end date does not align with your programme rotation dates, please include the reason why) To be completed by trainee

Section 4: Trainee Declaration To be completed by trainee			
I am requesting approval from the Postgraduate Dean's Office to undertake the time out of programme described above whilst retaining my training number. I understand/declare that:			
i.	I have read the HEEWM OOP Guidance document.		
ii.	Three years out of my clinical programme will normally be the maximum time allowed out of programme. Extensions to this will only be allowed in exceptional circumstances that will need further written approval from the Postgraduate Dean.		
iii.	I will liaise closely with my Training Programme Director so that my re-entry into the clinical programme can be facilitated. I am aware that at least 6 months' notice must be given of the date that I intend on returning to the clinical programme and that the placement will depend on availability at that time. I understand that I may have to wait for a placement.		
iv.	I will complete and submit an annual out of programme report highlighting progress made each year that I am on OOP for consideration by the Annual Review of Competency Progression (ARCP) panel. This report will need to be accompanied by an assessment report which has been completed by my Educational Supervisor. If both reports are not submitted, this may affect my ARCP outcome.		
v.	I will give at least **6 months' notice** to the Postgraduate Dean and at least 3 months to my employer before my time out of programme can commence.		
Signature of Trainee		**Date**	

Section 5: Educational Supervisor			
Do you approve this period of out of programme? (please select)		Please Choose	
Education supervisor Name			
Email Address			
Signature		Date	

Section 6: Training Programme Director Approval of OOP Suitability To be completed by the TPD	
Please answer the following by selecting the appropriate option:	**Dropdown options**
Has the trainee provided you with all the documentation required for their OOP application as per the OOP guidance? (If not, please request this to ensure the application will be processed once submitted to HEEWM)	Please Choose
Are you satisfied with the trainee's progress?	Please Choose
Has the most recent ARCP been satisfactory?	Please Choose
Have you ensured that this application is not for the first or last year of the trainee's specialty training, unless exceptional circumstances allow otherwise?	Please Choose
Are you satisfied that no other trainee's planned rotation will be affected?	Please Choose
Have you ensured that at least 6 months' notice of the OOP has been given?	Please Choose
Do you approve this period of out of programme?	Please Choose
The trainees New CCT date (if different to above current CCT date) will be:	
If you have selected '<u>No</u>' to any of the above questions, please discuss with trainee and justify in additional comments here:	

Training Programme Director Name			
Email Address and Phone Number			
Signature		Date	

Section 7: Head of School Provisional Approval of OOP Suitability (provisional approval of OOP pending college confirmation) To be completed by the Head of School (use if needed, otherwise use Section 8, **Head of School Final Approval of OOP)**			
Do you approve this period of out of programme? (please select)		Please Choose	
Head of School Name			
Email Address			
Signature		Date	

Section 8: Head of School Final Approval of OOP To be completed by the Head of School (**filling in this section locks the form so no more changes can be made.**)			
I as Head of school, by completing this section approve this OOP and request HEEWM to action this OOP and supply the trainee with their OOP approval letter based on the above details.			
Head of School Name			
Email Address			
Signature		Date	

Section 9: Trainee final declaration
I declare that by submitting this completed form to HEEWM my OOP has been approved, I have checked all VISA implications (if needed), my college/faculty have been informed, and I have attached any letters confirming time counting towards training.

Data Protection
The information you provide on this form will be used by Health Education England working across the West Midlands for the purpose of processing your application. The information will be stored on your records within HEEWM and will not be shared with other organisations without your permission. Your data will be treated with sensitivity and confidentiality at all times.

Please Send Completed OOP Application Forms to:

To: Programmes.WM@hee.nhs.uk