

## Out of Programme Acting up Consultant Post (OOP-AUC) 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.

<b>Section 1: Trainee Details - To be completed by Trainee</b>			
Name		Telephone Number	
Email Address		Programme	
GMC Number		Training Number	
Date of last ARCP		Grade (e.g. ST1)	
Outcome of last ARCP		Current Provisional CCT Date	
If ARCP was unsuccessful and this OOP is part of targeted training, please provide details			

<b>Section 2: Out of Programme Overview</b>	
To be completed by Trainee	
Health Education England working across the West Midlands requires OOP Application Forms and supporting documentation to be submitted <b>at least 6 months in advance</b> 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.	
<b>Proposed start date of OOP:</b>	<b>Proposed End date of OOP:</b>
<b>Name and Address of where your proposed out-of-programme will take place:</b> (not required for Out of Programme Career Break)	

## Out of Programme for Acting Up Consultant Post (OOP - AUC) in the same Specialty

In order for your OOPAUC Application to be considered, you must be/submit:

- In your final year of training
- Undertaking the post for no more than 3 months
- OOP Application Form** complete with the following signatures Educational Supervisor, Training Programme Director and Head of School.

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 <b>6 months' notice</b> to the Postgraduate Dean and at least 3 months to my employer before my time out of programme can commence.	

Signature of Trainee

Date

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

<b>Section 6: Training Programme Director Approval of OOP Suitability</b> To be completed by the TPD			
<b>Please answer the following by selecting the appropriate option:</b>		<b>Dropdown options</b>	
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)			
Are you satisfied with the trainee's progress?			
Has the most recent ARCP been satisfactory?			
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?			
Are you satisfied that no other trainee's planned rotation will be affected?			
Have you ensured that at least 6 months' notice of the OOP has been given?			
Do you approve this period of out of programme?			
The trainees New CCT date (if different to above current CCT date) will be:			
<b>If you have selected 'No' to any of the above questions, please discuss with trainee and justify in additional comments here:</b>			
Training Programme Director Name			
Email Address and Phone Number			
Signature		Date	

**Section 7: 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.

Amount of OOP time counting towards CCT

Head of School Name

Email Address

Signature

Date

**Section 8: 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](mailto:Programmes.WM@hee.nhs.uk)