

**Example of Out of Programme (OOP) Request and Annual Review Document
for use in Obstetrics & Gynaecology (OOPT/OOPE/OOPR/OOPC)**

(For new requests, this form should be sent to the Postgraduate Dean, after it has been signed by the trainee's educational supervisor and training programme director. The Postgraduate Dean will use this to support the request for prospective approval from the GMC where this is required. For annual review and renewal, the document should be signed by the trainee and training programme director)

Trainee's name:

Training number:

E-mail address:

GMC Post/Programme approval number:

Contact address/e-mail address for duration of OOP if granted:

Specialty: **OBSTETRICS & GYNAECOLOGY**

Training Programme Director (TPD):

Current indicative year of clinical programme:

Current provisional CCT date: / /

Have you discussed your plans to take time out of programme/continue your time out with your educational supervisor and/or training programme director?

Yes No

Please indicate if you are requesting time out for:

New request On-going

Prospectively approved by the GMC for clinical training (OOPT)

Clinical experience *not* prospectively approved

for training by the GMC (OOPE)

Research for a registered degree (OOPR)

Career Break (OOPC)

Give a brief description of what will be done during time out of programme and where it will take place (not required for on-going OOP). In addition, for:

OOPT: attach details of your proposed training for which GMC prospective approval will be required if the training does not already have GMC approval (e.g. if it is part of a recognised training programme in a different Deanery if will already be recognised training). For on-going OOP this document should accompany the assessment documentation for ARCP.

OOPE: describe the clinical experience you are planning to undertake (e.g. overseas posting with a voluntary organisation). For on-going OOP, a short report from your supervisor confirming that you are still undertaking clinical experience should accompany this for the ARCP.

OOPR: attach your outline research proposal to this document and include the name/location of your research supervisor. For on-going OOP a report from the research supervisor needs to be attached to this document for the ARCP.

OOPC: Please give a brief outline for your reasons for requesting a career break whilst retaining your training number

How long would you intend to take time out/still remain on your OOP? months

What will be your provisional date for completing training if you take/continue with this time out of programme?

..... / /

If time out or your programme is agreed, you will be required to give your training programme director and current/next employer 3 months notice of leaving the programme

Date you wish to start your out of programme experience (which must take into account the 3 months notice period):

..... / /

Date you plan to return to the clinical programme:

..... / /

I am requesting approval from the Postgraduate Dean's office to undertake the time out of programme described above/continue on my current OOP whilst retaining my training number. I understand that:

- a) Three years out of my clinical training 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.
- b) I will need to 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.
- c) I will need to return an annual out of programme report for each **year** that I am out of programme for consideration by the annual review panel. This will need to be accompanied by an assessment report of my progress in my research or clinical placement. **Failure to do this could result in the loss of my training number.**
- d) I will need to give at least 3 months notice to the Postgraduate Dean and to my employer before my time out of programme can commence.

Signed _____ Date: _____

(trainee's name)

Print name _____

Signed: _____ Date _____

(educational supervisor)

Print name _____

Signed: _____ Date _____

(TPD, DSTC Chair or Head of School)

Print name _____

New requests: the Postgraduate Dean will only sign this document after it has been signed by the trainee's education supervisor and training programme director.

On-going OOPs: this document should be signed by the TPD and will need to be submitted to the ARCP panel.

Signed: _____ Date: _____

(Postgraduate Dean (or deputy))