**Education, Training and Events Department**

**Out of Programme Research (OOPR)**

This application form must be completed and submitted to the RCOphth well in advance of the OOPR’s start date to be evaluated by members of its Training Committee.

Any time out of programme must be approved by the relevant Postgraduate Dean, as well as the GMC, and recognised prospectively by the RCOphth to count towards CCT.

It is paramount to submit applications for recognition as early as possible and in good time.

If the OOPR time is recognised towards CCT, the RCOphth will write an endorsement letter and copy it to the Head of School/Training Programme Director and Supervising Consultant.

The HEE local office/Deanery is responsible for applying to the GMC for final approval (form CN18).

OOPR application forms must be accompanied by:

* Current CV
* Research protocol
* Ethical approval *(please indicate if not applicable)*

Please note that the maximum time that can be recognised towards CCT arising from a period of research is 6 months. A maximum of 12 months arising from a combination of OOPT and OOPR may count towards CCT.

Application form for a period of Out of Programme Research (OOPR) to count towards CCT

Please ensure all parts of the application form are completed:

|  |
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| **PERSONAL DETAILS** |

|  |  |
| --- | --- |
| Name |  |
| Hospital’s name |  |
| Telephone No. |  |
| Email Address |  |
| College ID No. |  |
| National Training Number (NTN) |  |
| Date OST commenced |  |
| Current year in programme |  |
| Provisional CCT date |  |

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| **DESCRIPTION OF PROPOSED PERIOD OF RESEARCH** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Research title |  | | | | |
| Location |  | | | | |
| Name of clinical supervisor(s) |  | | | | |
| Year of training when research is planned |  | | | | |
| Dates of period of research | DD MM YYYY | [start] | DD MM YYYY | | [finish] |
| Time requested for recognition (maximum 6 months)\* |  | | | | |
| Have you already asked for research/OOPT time to be counted toward your CCT? *(please tick)* | Yes  No | | If yes, how much? |  | |
| Is this period of research funded? *(please tick)* | Yes  No | | If yes, by whom? |  | |

\*Please note you may only count a maximum of 12 months arising from a combination of OOPT and OOPR towards CCT

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| **TIMETABLE** |
| Please complete the timetable below including some description of each session and the name of the consultant supervisor in each session. (If it is a clinical session please include the number and identity of other medical staff present.) **Please do not leave any blanks.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| A.M. |  |  |  |  |  |
| Consultant/ Supervisor |  |  |  |  |  |
| P.M. |  |  |  |  |  |
| Consultant/ Supervisor |  |  |  |  |  |

|  |  |
| --- | --- |
| **THIS SECTION IS TO BE COMPLETED BY THE TRAINING PROGRAMME DIRECTOR** | |
| Name |  |
| HEE local office/Deanery |  |
| Address |  |
| Email address |  |
| Trainee’s name |  |
| Please provide a statement to confirm that you are in support of this period of research, and time arising from the research to count towards the trainee’s CCT. | |
|  | |
| Signature |  |
| Date | /    /  DD MM YYYY |

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| **THIS SECTION IS TO BE COMPLETED BY THE CONSULTANT SUPERVISING THE PERIOD OF RESEARCH**  **(IF NOT IN THE UK, A SEPARATE LETTER FROM THE SUPERVISING CONSULTANT DETAILING THE REQUESTED INFORMATION SHOULD BE SUPPLIED)** |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| Email address |  |
| Trainee’s name |  |
| Please provide a statement to confirm the timetable and information on the educational objectives of the period of research. | |
|  | |
| Signature |  |
| Date | /    /  DD MM YYYY |

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| **THIS SECTION IS TO BE COMPLETED BY THE POSTGRADUATE DEAN**  **(or a representative of the Postgraduate Dean)** |

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| Email address |  |
| Trainee’s name |  |
| Please provide a statement confirming HEE local office/Deanery approval of the trainee’s proposed period of research. | |
|  | |
| Signature |  |
| Date | /    /  DD MM YYYY |

|  |
| --- |
| **CHECKLIST – TO BE COMPLETED BY THE TRAINEE** |

*Please tick to confirm the following:*

Form completed and signed by the Training Programme Director

Form completed and signed by the Supervising Consultant (or letter enclosed)

Form completed and signed by the Postgraduate Dean (or representative)

Timetable fully completed

**Research Protocol** and **ethical approval** enclosed

**CV** enclosed

No more than 6 months’ recognition is being requested

No more than a total of 12 months OOPT/R is being requested ((including previous

periods out of programme)

Form signed by trainee

|  |  |
| --- | --- |
| **TO BE SIGNED BY THE TRAINEE** | |
| The information supplied in this application is complete and accurate to the best of my knowledge | |
| Signature |  |
| Date | /    /  DD MM YYYY |

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Please email this form and supporting documents to [training@rcophth.ac.uk](mailto:training@rcophth.ac.uk) once completed.

*January 2024*