**Education, Training and Events Department**

**Out of Programme Training (OOPT)**

All OOPTs must be approved by the relevant Postgraduate Dean. GMC approval for OOPTs in the UK is not required if posts are in prospectively approved locations.

An endorsement letter from the RCOphth must be sought **only** when requesting for a period of focused training in locations that are not recognised as part of a GMC Training Programme to count towards CCT. RCOphth approval is not required for TSC-type timetables.

Where applicable, the RCOphth will determine if the programme submitted is appropriate for it to be recognised as time out of programme, and therefore count towards CCT. This must be done prospectively.

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

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

If the OOPT 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).

Please note that a maximum of 12 months arising from a combination of OOPT and OOPR may count towards CCT.

Please also note approval for leave of absence from the training programme must be sought from the HEE local office/Deanery following their administrative processes.

Application form for recognition of Out of Programme Training (OOPT)

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 OOPT** |

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| --- | --- |
| OOP |       |
| Location |       |
| Name of clinical supervisor(s) |       |
| Year of training when OOP is planned |       |
| Dates of OOPT |      DD MM YYYY | [start] |      DD MM YYYY | [finish] |
| Time requested for recognition\* |       |
| Have you already asked for research/fellowship time to be counted toward your CCT? *(please tick)* | Yes ☐  No ☐  | If yes, how much? |       |
| Is this OOPT 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 e.g.: general clinic, glaucoma clinic, general theatre list; **indicate the number and identity of other medical staff in each clinical session** and the name of the consultant supervisor in each session. **Please do not leave any blanks.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| A.M. |       |       |       |       |       |
| No. and identity of other medical staff |       |       |       |       |       |
| Consultant/ Supervisor |       |       |       |       |       |
| P.M. |       |       |       |       |       |
| No. and identity of other medical staff |       |       |       |       |       |
| Consultant/ Supervisor |       |       |       |       |       |

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| **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 the trainee has completed the core curriculum. Please also confirm that the Specialty Training Committee agrees with the proposal for this period of OOP.  |
|       |
| Signature |  |
| Date |    /    /     DD MM YYYY |

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| **THIS SECTION IS TO BE COMPLETED BY THE CONSULTANT SUPERVISING THE OOPT****(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 detailed information on the educational objectives of the OOPT.  |
|       |
| Signature |  |
| Date |    /    /     DD MM YYYY |

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| **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 |

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| **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) ☐

**Timetable** fully completed ☐

**Educational objectives** included to indicate additional knowledge, skills and

experience expected to be acquired by the end of the OOPT ☐

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

periods out of programme) ☐

Form signed by trainee ☐

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Please email this form and supporting documents to training@rcophth.ac.uk once completed.

*January 2024*