Application for Prospective Approval for Out of Programme Training or Research [OOPT/R]

1. This form is for any trainee wishing to count their OOPT/R experience towards their training for a CCT/CESR (CP) in ICM or a dual programme with ICM, e.g. a clinical fellowship in the UK, a training post in another country, deployment on operations with the Defence Medical Services or research outside that permitted within the Deanery CCT/CESR (CP) programme. **It must be submitted to obtain prospective approval, well in advance of the start date of the post.**
2. Applications will be reviewed and approved at the discretion of the FICM Training, Assessment & Quality Committee (FICMTAQ).
3. Applicants should allow adequate time for approval to be granted by the GMC after submitting the request to FICM.
4. Applicants should not commit themselves financially or professionally to their OOPT/R post until formal approval has been received from the GMC.

# Trainees must complete the last 6 months of their CCT/CESR (CP) training in-programme and in the UK.

1. If the applicant is unsure if the proposed training/research is classified as OOPT/R they should seek advice from the Faculty (contact@ficm.ac.uk).
2. For Dual programmes with ICM (Anaesthetics/Renal Medicine/Respiratory Medicine/Acute Medicine/Emergency Medicine) the application will require the agreement of not only the ICM Regional Adviser and ICM Training Programme Director (Sections C on page 4) but also the respective Regional Adviser and Training Programme Director for the respective partner specialties mentioned above (Sections D on page 4).

# NOTE: Please ensure you read the checklist at the end of the form before submitting your application.

**Is this post in a location already approved by the GMC?  Yes  No**

You can check the full list of approved locations at: [www.gmc-uk.org/education/28373.asp](http://www.gmc-uk.org/education/28373.asp)

**Section A – Personal details** *[to be completed by the applicant]*

ICM National Training Number

College Reference Number (CRN)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

Estimated CCT Date

Surname: Forename(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Correspondence Address**  **Postcode** | | | |
| **Telephone** |  | **Email** |  |

**Section B – Details of OOPT/R post** *[to be completed by the applicant]*

%

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title of Post** | | | |  | | | | | | | | | | | | | | | | | | |
| **From** | D | D | M | | M | Y | Y | | Y | | Y | **To** | D | D | M | M | Y | Y | Y | Y |  | |
| **Duration** | | | Mths | | | | | | | **Amount requested to count for**  **CCT/CESR (CP)** | | | | | Mths | | | | | **If post less than fulltime, what is the % WTE?** | |  |
| **Hospital name and address** | | | | | | | | | | | | | | | | | | | | | | |
| **Head of Department** | | | | | | | |  | | | | | | | | | | | | | | |
| **Designated local**  **supervisor** | | | | | | | |  | | | | | | | | | | | | | | |
| **Telephone** | | | | | | | |  | | | | | | | | | | | | | | |
| **Email** | | | | | | | |  | | | | | | | | | | | | | | |
| **Please indicate the rationale for undertaking this OOPT/R** | | | | | | | | **Training module not offered in home Deanery/LETB**  **Training module available in home Deanery/LETB, but oversubscribed**  **Highly specialised training not available in UK**  **Highly specialised training available in the UK, but oversubscribed**  **Overseas training offers a different perspective to the area of clinical**  **practice than in the UK**  **Other:** | | | | | | | | | | | | | | |
| **Stage of ICM training you wish to request your OOPT/R to count towards** | | | | | | | | **Stage 2** *(if you select this option, please complete Stage 2 training options below)*  **Stage 3** | | | | | | | | | | | | | | |
| **Stage 2 Training options** | | | | | | | | **SSY**  **OR**  **Sub-Specialty Module(s):** *(tick all that apply)*  ***Paediatric ICM***  ***Neuro ICM***  ***Cardiac ICM***  ***General ICM*** | | | | | | | | | | | | | | |

# I enclose the following information to support my application:

|  |  |
| --- | --- |
| **1. For all Applications** | |
| * The objectives of the training, mapped against the appropriate units of the *‘The CCT in*   ICM' AND;   * A job description on hospital headed paper **or** details of the post / research project. |  |
| * A personal statement from the trainee of the specific objectives to be achieved. |  |
| **2. For training outside of the UK** | |
| * A statement from the competent authority in the country concerned e.g. Training Board, College or Faculty, confirming that the hospital is approved for training and detailing supervision arrangements; * If no clear competent authority, or applicant planning to work with a non- governmental organisation/operational deployment with the Defence Medical Services, **please** seek advice from The Faculty of Intensive Care Medicine before   making any formal commitments. |  |
| **3. For training in the UK** | |
| * A statement from the hospital/university department confirming that the post will be   covered by the same arrangements for study leave and supervision that apply to trainees in GMC approved posts. |  |
| I confirm that to the best of my knowledge the above information is correct.  **Signed: Date: Name** | |
| **Please forward the completed application to The Faculty of Intensive Care Medicine.** | |

**Section C – Provisional Deanery/LETB Approval *[normally completed by the ICM Training Programme Director or ICM Regional Adviser***

The applicant has discussed this OOPT/R proposal with me and is approved in principle and I am satisfied that it forms part of a balanced training programme in ICM and conforms to the standards of the Faculty of Intensive Care Medicine

**Signed**

**Name**

**Date**

**Position**

**Section D – Provisional Deanery/LETB Approval *[normally completed by the Partner Specialty Training Programme Director or Partner Specialty Regional Adviser (if applicable)]***

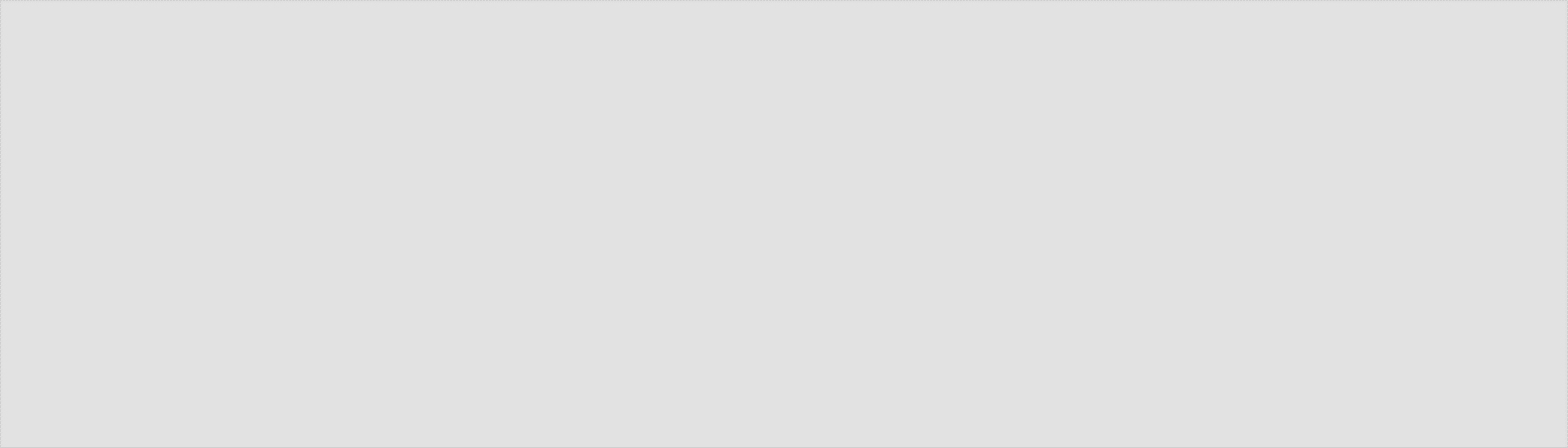
The applicant has discussed this OOPT/R proposal with me and is approved in principle.

**Signed**

**Name**

**Date**

**Position**



**Section E – FICM approval (For Office Use Only)**

The OOPT/R described in this application is/is not *[delete as required]* in accordance with the requirements of the curriculum for a CCT/CESR-CP in ICM and does/does not *[delete as required]* have the support of FICM.

**Comments**

**Signed: Name:**

**CHECKLIST FOR THOSE SEEKING SUPPORT FOR OUT OF PROGRAMME TRAINING/ RESEARCH TO COUNT TOWARDS CCT/CESR (CP) TRAINING**

**Have you provided/confirmed: (Check as applicable)**

1. Name of overseas hospital (where applicable)?
2. Name of Head of Department?
3. Name of designated Supervisor?
4. The post is recognised for training by College/Faculty/Training Board of the host country?
5. A full description of the proposed programme ie job description and clinical rota,

including mapping these to the relevant parts of the ICM Curriculum during the OOPT/R

1. A personal statement of the specific objectives to be achieved?
2. Countersignatures of Regional Advisor(s) & Training Programme Director(s) to confirm support?

**If you cannot check any of the boxes above your application is incomplete and will not be processed.**

Faculty of Intensive Care Medicine

Churchill House, 35 Red Lion Square, London WC1R 4SG

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