

The Faculty of Intensive Care Medicine

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

1. This form must be submitted by trainees who want **prospective** approval to train or conduct research in a post not approved by the GMC towards training for a CCT/CESR (CP) in 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.
2. Applicants should allow adequate time for approval to be granted by the GMC after submitting the request to FICM.
3. Applicants should not commit themselves financially or professionally until formal approval has been received from the GMC
4. **Trainees must complete the last 6 months of their CCT/CESR (CP) training in-programme and in the UK.**
5. If the applicant is unsure if the proposed training/research is classified as OOPT/R they should seek advice from the FICM Department.

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

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

ICM National Training Number _____

College Reference Number (CRN) _____

Estimated CCT Date (DD/MM/YYYY) / /

Surname _____

Forename(s) _____

Correspondence Address

Postcode

Telephone

Email

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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?		%		Is this OOPT/R to be counted towards your Stage 2 or Stage 3? Please indicate	
Hospital name and address																		
Head of Department																		
Designated local supervisor																		
Telephone																		
Email																		
<p>Please indicate your rationale for undertaking this OOPT/R</p> <p><input type="checkbox"/> Training module not offered in home Deanery/LETB</p> <p><input type="checkbox"/> Training module available in home Deanery/LETB, but oversubscribed</p> <p><input type="checkbox"/> Highly specialised training not available in UK</p> <p><input type="checkbox"/> Highly specialised training available in the UK, but oversubscribed</p> <p><input type="checkbox"/> Overseas training offers a different perspective to the area of clinical practice than in the UK</p> <p><input type="checkbox"/> Other:</p>																		

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I enclose the following information to support my application:

1. For all Applications	
<ul style="list-style-type: none">• 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	
<ul style="list-style-type: none">• A statement from the competent authority¹ 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	
<ul style="list-style-type: none">• 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.	

¹ Details of competent authorities, where known, can be obtained from FICM
The Faculty of Intensive Care Medicine
Churchill House, 35 Red Lion Square, London WC1R 4SG
Tel 020 7092 1688 Email contact@ficm.ac.uk Website www.ficm.ac.uk

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

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

Signed _____ Date _____

Name _____ Position _____

Section D – ICM Regional Adviser's approval

This application has been discussed with me 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 _____ Date _____

Name _____ Position _____

Section E – FICM approval

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: _____