

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.
5. **Trainees must complete the last 6 months of their CCT/CESR (CP) training in-programme and in the UK.**
6. 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).
7. 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

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

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					Amount requested to count for CCT/CESR (CP)								If post less than fulltime, what is the % WTE?						
	Mths								Mths						%				
Hospital name and address																			
Head of Department																			
Designated local supervisor																			
Telephone																			
Email																			
Please indicate the rationale for undertaking this OOPT/R		<input type="checkbox"/> Training module not offered in home Deanery/LETB <input type="checkbox"/> Training module available in home Deanery/LETB, but oversubscribed <input type="checkbox"/> Highly specialised training not available in UK <input type="checkbox"/> Highly specialised training available in the UK, but oversubscribed <input type="checkbox"/> Overseas training offers a different perspective to the area of clinical practice than in the UK <input type="checkbox"/> Other:																	
Stage of ICM training you wish to request your OOPT/R to count towards		<input type="checkbox"/> Stage 2 (if you select this option, please complete Stage 2 training options below) <input type="checkbox"/> Stage 3																	
Stage 2 Training options		<input type="checkbox"/> SSY OR <input type="checkbox"/> Sub-Specialty Module(s): (tick all that apply) <ul style="list-style-type: none"> <input type="radio"/> Paediatric ICM <input type="radio"/> Neuro ICM <input type="radio"/> Cardiac ICM <input type="radio"/> General ICM 																	

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 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	
<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.	

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 _____ **Date** _____

Name _____ **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 _____ **Date** _____

Name _____ **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)

- % Name of overseas hospital (where applicable)?
- & Name of Head of Department?
- ' Name of designated Supervisor?
- (The post is recognised for training by College/Faculty/Training Board of the host country?
-) 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
6. A personal statement of the specific objectives to be achieved?
- + Counter-signatures of Regional Adviser(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.