

Out of Programme Pause - Initiation and Scope of Practice Monitoring Form

This form is designed to allow you to plan and get what you want to out of your **Out of Programme Pause**. It takes you through the proposed dates of starting and stopping the period out of programme, identifies what you and colleagues foresee as your likely scope of practice when away **and** allows you and the programme to monitor this during your time out. It gives you and the programme notice to accommodate you back into formal training and ensures you have every opportunity to re-acclimatise to your training programme. It allows you to consider if you will want to capture any skills or competencies/capabilities that you attain whilst out and have these assessed once back within training so they can be potentially considered against the completion date for your training (CCT date). **It also enables you to retain a record of your plans and activity whilst on OOPP to satisfy the governance requirements of organisations engaging you.**

Timing

This form should be completed once you have identified what activity / post you will be undertaking and have discussed the proposed work schedule and duration with the relevant colleagues you will be working with.

Name of Trainee: National Training Number: GMC Number:	
Name of TPD/ES or appropriate faculty member:	
Current post and training programme	
HEE Local Office including year of training:	
Date of last ARCP:	
Date of next revalidation:	
Proposed post(s) / attachment(s) / other activities: Employer(s) /organisation(s): Are these new to you or are you already engaged in any of these areas of activity:	
Start date(s) (DD/MM/YYYY:) Please indicate whether you will be working full time or LTFT and clearly mark where there is an overlap between posts:	Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>
Proposed End date(s) (DD/MM/YYYY):	
Name and contact details of Responsible Officers for the organisations engaging you during your OOPP: (Please note, your PG Dean will continue to be your Responsible Officer whilst you are OOPP and you will still be required to submit a Form R)	
Postgraduate Dean:	

Scope of work

Please complete the following boxes to cover **all** work that you will undertake. This should include work for voluntary organisations and work in private or independent practice and should include managerial, educational, research and academic roles. Please indicate how much time you are expecting to spend in each job or role. Depending on the nature of the work, if you are undertaking a lesser volume of work in an area you should take increasing care that the information you provide in this form is sufficient to demonstrate fitness to practise in that area.

Types of work should be categorised into:

- clinical commitments
- educational roles, including supervision, teaching, academic and research
- managerial and leadership roles
- any other role that requires you to hold a medical qualification / licence to practice

Type of Work	Detail of work:
Clinical commitments:	
Educational roles: including supervision, teaching, academic and research	
Any other roles that require you to hold a medical qualification / license to practice:	
Managerial and leadership roles:	

Please indicate that you have appropriate indemnity for each role:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provisional date for midpoint review/discussion:	
Expected start date for any return to training courses prior to re-joining the programme. This may include taking part in the SuppoRTT Programme:	
List here any competencies/capabilities you are (provisionally) hoping to attain. Where possible, please use existing wording / numbering from your curriculum.	

If you wish change your role or post whilst on OOP-P, or your circumstances change, you must contact your ES, TPD and PG Dean as soon as is practically possible. In the case of any of these changes, you will be required to resubmit your “OOP-P Initiation and Scope of Practice Form” to reflect the changes.