

Out of Clinical Programme Experience Application Form

IMPORTANT: this form must be submitted to your training coordinator, Royal College of Physicians of Ireland, before taking up an OCPE research, clinical or lecturer post. All applications must be made prospectively. Sufficient time must be allowed for enquiries to be made about a proposed OCPE post if credit is to be awarded towards completion of Higher Specialist Training (HST).

Trainee Details

Trainee name	
RCPI number	
Current Year of Programme	
Year on programme at time of proposed OCPE	
Date proposed for OCPE to commence	
Date proposed for OCPE to finish	
Detail previous experience on programme from start of HST	From _____ To _____ Clinical Site _____ From _____ To _____ Clinical Site _____ From _____ To _____ Clinical Site _____ From _____ To _____ Clinical Site _____ From _____ To _____ Clinical Site _____

Details of the OCPE

Type of OCPE	☐ Research ☐ Clinical Tutor / Lecturer ☐ Clinical specialist training ☐ Other _____
Trainer / Supervisor for OCPE [including contact details]	
Location	
Duration	

Purpose of OCPE	
If undertaking a fellowship, name and title	
For fellowships, name of accrediting institution or professional body	
If undertaking a higher degree	☐ MSc ☐ MD ☐ PhD
For higher degrees, name of awarding academic institution or college	
For clinical tutor/lecturer roles, name of affiliated institution	
Have you discussed your plans with the NSDs?	☐ Yes ☐ No
Please attach confirmation of your OCPE plans from the site you will be attending	☐ Attached ☐ Awaited

Supporting Documentation

You must submit the following supporting documentation with this form:

Clinical OCPE post:

- ☐ Provide a letter from the supervising trainer stating that he/she agrees to act as trainer (this can take the form of an agreed training plan signed by both SpR and trainer)
- ☐ Provide a letter from the centre/institution at which you will be employed confirming that you will be employed there for the duration of your OCPE and providing details on the nature of the post in which you will be employed
- ☐ Include a sample weekly timetable including on call arrangements.

Research OCPE post:

- ☐ Submit a detailed research protocol, including nature of research i.e. MD or PhD and title of same
- ☐ Identify clinical skills that can be learned during your research post.
- ☐ Include a sample weekly clinical timetable, if appropriate, including on call arrangements
In general the NSDs will want to review your progress so a timetable for the research is essential

Lecturer / Tutor OCPE post:

- ☐ Submit details of your lecturing commitments, including a sample weekly timetable
- ☐ Identify clinical skills that can be learned during your this post.
- ☐ Include a sample weekly clinical timetable, if appropriate, including on call arrangements.

Rules of OCPE

- ☐ Any changes to the above proposals must be notified to the NSDs prospectively. Changes announced retrospectively will not be approved.
- ☐ As per the HSE's HR Circular 010/2014, where necessary, trainees should apply to the HSE for a career break.
- ☐ During your time on OCPE you must complete your Training intentions survey. If you have been approved for OCPE for longer than one year you still need to complete this every year.
- ☐ During your time on OCPE you are required to attend an annual evaluation.
- ☐ Please continue to attend any outstanding mandatory HST courses during your OCPE if possible.
- ☐ If you go on a leave of absence while on OCPE you need to inform the NSDs.
- ☐ A maximum of one-year credit will be gained towards your HST programme. If you are on OCPE for three years, only 12 months credit will be available towards your training programme.

Signature:

I plan to take up an OCPE post as detailed below and I wish to apply in advance for recognition, in whole or in part, of the experience I shall gain as contributing towards my Higher Specialist Training.
I have provided the supporting documentation requested and I agree to the rules above.

Applicants Signature:

Date:

For office use only:

Decision:

National Specialty Director Approval:

Total Training Credits (in months) approved:

Signature:

Date: