



ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH

50 Hallam Street, London W1W 6DE
Telephone 020 7307 5600 / Fax 020 7307 5693

APPLICATION FOR PROSPECTIVE APPROVAL OF A PERIOD ACTING UP / UNDERTAKING LOCUM CONSULTANT DUTIES DURING A PAEDIATRIC TRAINING PROGRAMME

Time spent acting up / undertaking locum consultant duties *may* be recognised towards a training programme leading to the award of a CCT in paediatrics and sub-specialty recognition, if appropriate, subject to the following conditions:

- up to a *maximum of three months** may be included towards an individual's CCT programme;
- the period must be *approved prospectively* with the Paediatric Regional Adviser and *in the same postgraduate deanery*;
- the period must be *relevant* to the CCT programme;
- the period must be *in the final year** of a *seven year CCT programme* (ie a programme consisting of two years of general professional training and *five* years of higher specialist training);
- the trainee must be *on loan or acting up from his / her SpR post*;
- the trainee must *retain his / her SpR contract and NTN*;
- an *appropriate level of supervision must be arranged* with a named educational supervisor to whom the trainee can turn for advice and assistance if needed;
- the *educational supervisor must submit a report* to the Paediatric Regional Adviser at the end of the period. If the three month period is at the end of the final year of the training programme, a recommendation for the award of a CCT will not be made until the report from the educational supervisor has been received at the College office.

* pro rata for flexible trainees

It is *essential* that trainees obtain, and retain a record of, prospective approval given to any period acting up / undertaking locum consultant duties.

Please ensure:

- that the following form is completed correctly before being forwarded to the HST office of the Royal College of Paediatrics and Child Health and that all the information is provided in the detail requested;
- that your named educational supervisor for this period is aware that he / she will be asked to provide your Regional Adviser with a detailed report on your performance and the duties that you have undertaken. Final recognition towards your CCT programme will depend upon the satisfactory completion of this period of training.

Application Procedure

1. Trainee to complete Sections 1, 2, 3 and 4 of the form and attach a current CV.
2. Trainee to send form and CV to Programme Director / STC Chairman for signature (if required by the region) in Section 5.
3. Trainee or Programme Director / STC Chairman to send form and CV to Regional Adviser for signature in Section 5.
4. Paediatric Regional Adviser to return form to trainee.
5. If approval is sought for the period to be included towards a recognised tertiary paediatric specialty training programme, trainee to send form and attached CV to appropriate College Specialty Training Adviser for signature in Section 5. Details of the approved College Specialty Training Advisers are available from the HST office.
6. College Specialty Training Adviser to return form to trainee.
7. Trainee to send form and attached CV to Postgraduate Dean for signature in Section 5.
8. Deanery to return form to trainee.
9. Trainee to notify RCPCH by letter, enclosing completed form and CV, and to copy documents to all signatories.
10. *Trainee to retain copy of form* for personal records / portfolio.



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**APPLICATION FOR PROSPECTIVE APPROVAL OF A PERIOD OF ACTING UP /
UNDERTAKING LOCUM CONSULTANT DUTIES DURING A PAEDIATRIC TRAINING PROGRAMME**

Please complete this form in block capitals using black ink

SECTION 1 : PERSONAL DETAILS - to be completed by applicant

Surname / Family name:		NTN / VTN: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/>	
Forenames (<i>in full</i>):		GMC registration number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date of birth:		Male / Female (<i>circle as appropriate</i>)	
Home address:			
Postcode			
Telephone (<i>home</i>):		Telephone (<i>daytime</i>):	
Fax (<i>home</i>):		e-mail:	
Correspondence address (<i>if different from above</i>):			
Postcode			
Telephone:		Fax:	

SECTION 2 : HIGHER SPECIALIST TRAINING - to be completed by applicant

Region / Deanery:		Date of award of MRCP / MRCPCH: (<i>as stated on certificate</i>)	
HST start date: (<i>day, month & year</i>)	Current SpR year:	Provisional CCT date: (<i>day, month & year</i>)	

SECTION 3 : DETAILS OF INTENDED ACTING UP PERIOD - to be completed by applicant

Title of post:		
Address of hospital -		
Department:		
Name of hospital & address (<i>in full</i>):		
Postcode		
Region / Deanery:		
Proposed start date: (<i>day, month & year</i>)	Proposed finish date: (<i>day, month & year</i>)	Duration: months
Full time / Part time (<i>circle as appropriate</i>)	If part time, number of sessions per week:	
Name(s) of supervising consultant(s) / educational supervisor(s):		
Nature of work to be undertaken:		
Educational objectives:		
Is it intended that this period should count towards your CCT programme ? Yes* / No (<i>circle as appropriate</i>) (* please note that the period may not be recognised in full)		
If yes, is this period to be recognised towards a tertiary training programme in a paediatric specialty ? Yes ⁺ / No (<i>circle as appropriate</i>)		
⁺ please name the paediatric specialty:		

SECTION 4 : DECLARATION - to be completed by applicant

I confirm that the information provided in Sections 1, 2 and 3 above is correct. I confirm that I will be retaining my SpR contract and NTN throughout the above-noted period. I undertake to obtain the agreement of the Royal College of Paediatrics and Child Health before making any changes to the above proposal.	
Signature of applicant:	Date:

SECTION 5 - to be completed by Paediatric Regional Adviser, Specialty Training Adviser (if required) and Postgraduate Dean

I confirm that the training to be obtained during the period outlined above complies with the regulations for the recognition of time spent acting up into consultant duties towards a paediatric CCT programme and is appropriate to the needs of the above named individual.

IF REQUIRED BY REGIONAL STC

Signature of Programme Director / STC Chairman (*if required by the Region*):

Please print name:

Date:

FOR ALL APPLICATIONS

Signature of Paediatric Regional Adviser:

Please print name:

Date:

FOR RECOGNITION TOWARDS A TERTIARY PAEDIATRIC SPECIALTY TRAINING PROGRAMME

Signature of College Specialty Training Adviser:

Please print name:

Date:

FOR ALL APPLICATIONS

Signature of Postgraduate Dean:

Please print name:

Date:

FOR RCPCH OFFICE USE ONLY

Office:	HST entry qualification: MRCPCH / MRCP / Other	Date of award:	Verification:
	Enrolled with RCPCH: Yes / No	Duration of HST programme:	Verification:
	Expected CCT date:	Source:	Verification:

Committee member:

Further information / clarification required:

Committee review ? Yes / No

Application approved ? Yes / No

If application not approved, please state reasons:

Signature:

Date:

Please print name:

Position:

acting on behalf of the RCPCH

Notification:

Office: Supervising consultant's report to be requested from Regional Adviser:

Supervising consultant's report received: