



## **Faculty of Radiologists, RCSI**

### **Request for OOPE**

Any SpR who wishes to undertake an OOPE (Out of Programme Experience) in their 5<sup>th</sup>/Fellowship year of training must complete an out of programme request for pre-approval of their OOPE ( Form A attached). They must submit same with details of their fellowship and supporting documentation to the Faculty's Fellowship Advisory Committee for review and approval, provided the fellowship is considered appropriate for training purposes.

Following completion of their 5<sup>th</sup> /Fellowship OOPE year, the SpR needs to complete and submit Form B of the OOPE together with a letter from their supervisor advising of successful completion of their fellowship. This Form B and supporting documentation is sent to the Faculty's Fellowship Advisory Committee for subsequent review and approval.

The relevant Forms A and B can be found on our website here: <https://radiology.ie/images/uploads/2012/02/Out-of-Programme-Requirement-for-Pre-Approval.pdf>

Provided the SpR has completed and passed the FFRRCSI exams and been conferred a Fellow of the Faculty of Radiologists, has 5 fully accredited years of training and successfully completed the mandatory modules required for CSCST purposes, they can be signed off and issued a CSCST certificate.

Please note that Trainees must remain on the Trainee Specialist Division of the Medical Council Register whilst on OOPE.



Form A

**Out of Programme Fellowship**

**Detailed Prospective Document for Requirement for CCST**

The following form must be completed and submitted with required documentation in advance of your departure for your Fellowship to the Education Committee for pre-approval of your fellowship training for CCST purposes. Please note that pre-approval for 12 months will be approved.

SpR Name:	
Name of Training Hospital (Years 1-4)	
Date of Commencement of Fellowship: (DD/MM/Year format)	
Fellowship Institution/Clinical Site:	
Title of Fellowship:	
Duration of your Fellowship:	
Outline of Job Plan:	



Details of Programme/Curriculum:	
Name of Course Coordinator/Course Administrator:	
Contact Details of Course Coordinator/Course Administrator: (address, telephone numbers and email)	
Any further information you feel would support your application:	
Proof of Letter of Offer:	
Please attach supporting documentation	

Once your Fellowship is complete you will be required to apply to the Faculty for your CCST using the following Form B. Please note that if you take additional leave during your Fellowship this may affect the date for eligibility of CCST.



Form B

**Out of Programme Fellowship**

**Application for CCST**

SpR Name:	
Name of Training Hospital (Years 1-4) (dd/mm/year format please)	
Date Final Fellowship (FFRRCSE) exam passed:	
Conferred with FFRRCSE	
Title of Fellowship:	
Institution/Clinical Site:	
Duration of your Fellowship and Commencement Date: (DD/MM/Year format)	
Details of Programme/Curriculum covered:	
Proof of completion of Fellowship year: (eg. letter from your supervisor advising of successful completion of your fellowship year to include commencement and completion dates)	



Name of your Course Coordinator/Course Administrator:	
Contact Details of Course Coordinator/Course Administrator: (address, telephone numbers and email)	
Did you take any additional leave during the period of your Fellowship:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise of dates and time taken: (Please note additional leave taken may affect the date of your eligibility for CCST)	
Updated Curriculum Vitae	
Have you attached all your supporting documentation:	Yes <input type="checkbox"/> No <input type="checkbox"/>