# RCS England Senior Clinical Fellowship Scheme Fellowship approval application form

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| --- | --- |
| Organiser | |
| Organisation Name |  |
| Organisation type |  |
| Coordinator |  |
| Email |  |
| Telephone |  |
| Address |  |

|  |  |
| --- | --- |
| Invoicing/Finance Details | |
| Purchase order number |  |
| Email |  |
| Address |  |
| FAO |  |

|  |  |
| --- | --- |
| Institution Details | |
| Institution Type |  |
| Supervisor |  |
| Supervisor Position |  |
| Training Structure |  |
| Service Requirement |  |
| On-Call Facility |  |
| Number of different surgical fellowship posts at the Institution |  |
| Upload File |  |

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| --- | --- | --- | --- |
| Payment Type | Amount | Payment Method | Payment Status |
| Admin Fee |  | N/A | N/A |
| Accreditation Fee |  | N/A | N/A |

|  |  |
| --- | --- |
| Programme Details | |
| Fellowship title |  |
| Primary Specialty |  |
| Additional Specialty(s) |  |
| Cross Specialty Collaboration |  |
| Duration(months) |  |
| Centre 1 |  |
| Centre 2 |  |
| Centre 3 |  |
| Workload Split Between Centres |  |
| Fellowship Created Year |  |
| History |  |
| Number of previous instances of Fellowship Post |  |
| Fellowship type |  |
| Funding method |  |
| Upload File | [No file uploaded] |

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| Rationale/QA | |
| The post provides a structured educational experience at a ‘peri CCT’ level, designed to deliver the requirements of a particular sub-specialty which are not readily available within the CCT training programme. | [No file uploaded] |
| The post has an established curriculum (which includes levels of patient care, patient safety, medical knowledge, practice-based learning and improvement, communication skills, and professionalism) | [No file uploaded] |
| The post does not impinge on the training of pre CCT trainees | [No file uploaded] |
| The post Is allied to workforce opportunities in the specialty | [No file uploaded] |
| The post takes place in an institution that assumes ultimate responsibility for delivery of the programme of training and education; this includes providing sufficient protected time for both trainer(s) and trainees (fellows) and necessary financial support for the programme | [No file uploaded] |
| The post has a Lead Supervisor, with at least one additional Supervisor [Name, Job title] who works alongside the Lead Supervisor | [No file uploaded] |
| The post has identified faculty that will assume educational and supervisory responsibilities throughout the programme | [No file uploaded] |
| The post has a written agreement in place specifying responsibilities for training, teaching, supervision and evaluation of the programme | [No file uploaded] |
| The post provides opportunities for audit and research | [No file uploaded] |
| The post has a quality assurance/review process | [No file uploaded] |

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| Educational Content and Structure | |
| Entry Requirements  Post must be open to experienced SAS doctors [ie FRCS not essential] | [No file uploaded] |
| Programme Structure | [No file uploaded] |
| Timetable | [No file uploaded] |
| Learning aims |  |
| Learning outcomes |  |
| Upload File | [No file uploaded] |

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| --- | --- |
| Competencies | |
| Academic Competency to be achieved |  |
| Clinical Competency to be achieved |  |
| Number of main operations the Fellow could expect to be involved in |  |
| Upload File | [No file uploaded] |
| Assessment Method | [No file uploaded] |

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| Additional Information | |
| Facilities and support available | [No file uploaded] |
| Job description attachment | [No file uploaded] |
| Learning agreement attachment | [No file uploaded] |
| Selection Method | [No file uploaded] |
| Conditions Of Employment | [No file uploaded] |
| Post Salary (Per annum)  Recommended at a minimum level of ST6-8, Nodal Point 5 |  |
| Less than full-time or full-time compliant |  |
| Additional Information |  |
| Upload File | [No file uploaded] |
| **Faculty Declaration of Interest** I confirm that I will ask the fellowship’s faculty to provide a declaration regarding any interest they may have related to the fellowship, and make each faculty’s declaration available to the fellowship. (please sign) |  |