T001 **Education Request & Approval Form**

* Applicants\* must complete this form when requesting the development of a new RCPI Education Programme or Course
* All applications are subject to approval by the Director of Education and Head of Professional Affairs

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| **Part I: For completion by Applicant** | | | |
| **Date** |  | | |
| **Course Information**  *Please indicate which topic(s) this course would fall under* | **Course Title: Click here to enter text.**  **Specialty: Click here to enter text.**  Leadership/Management  Humanities  Research  Professionalism/Ethics  Clinical Skills  Quality Improvement  Digital Health/Informatics  Physician Wellbeing  Recent Advances / Knowledge Update  Other | | |
| **Course Outline**  *Insert course proposal and key objectives for the course* |  | | |
| **Course Purpose** | Gain Theoretical Knowledge  Gain Clinical Skill  Educate on Change in Practice  Educate in Critical Thinking  Response to Policy Change  Topic of Interest  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Profile of Learners/Target Audience** | Trainees  GPs  NCHDs  Fellow  Allied Health  International  Other  Targeted International | | |
| **Application of Knowledge to (Clinical) Practice** |  | | |
| **Mode of Delivery**  *Proposed or Preferred Structure of course* | Master Class  Face-to-face/classroom Course  Blended Learning  Online Course | | |
| **Additional course elements and information** | Interactive element  Case based discussions  Linear model  Non-liner model  Candidate assessment  Group activity  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Source of Course Request**  *Must include clinician* |  | | |
| **Needs Analysis** | Has a need been identified? Yes  No  Have existing educational intervention been researched? Yes  No  What is the anticipated volume of demand? | | |
| **Business Case** | If relevant, please attach business case for project  Is independent funding available | | |
| **Proposed Live Date**  *Identify timeline constraints* | *Month/Year* | | Funding Deadline |
| **Estimated review and update required** | 6 Months   Annually  Periodically (5 years)  *Area of Emerging Evidence Some Active Research     Stable Area* | | |
| **Access to Experts**  *Subject Matter Experts are available to create content* | Yes  No | Contact Details | |
| **Supplementary details** |  | | |
|  |  |  | |
| **Part II: For completion by Approval Team** | | | |
| **Application No.** |  | | |
| **Application Details** | Education Representative:  Date Requested: Date of form Completion: | | |
| **Request is part of RCPI strategic plan**  *Yes/No – provide detail* | Yes  No | Details | |
| **Medical Council Domain(s)** | Patient Safety & Quality of patient Care  Relating to Patients  Communication & Interpersonal Skills  Collaboration & Teamwork  Management  Scholarship  Professionalism  Clinical Skills | | |
| **Priority Level** | Low  Medium  High | | |
| **Nominated Clinical Lead** |  | | |
| **Funding and Pricing**  *(Business Plan to be attached***)** |  | | |
| **Decision (Signed Off)** | Click here to enter a date. (**Date of approval)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Head of Professional Affairs)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Director of Education)** | | |
| **Education and Quality Committee Approval**  *Added to the agenda of the next committee for approval* | Click here to enter a date. (**Date of committee)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Committee Chair)** | | |
| **Additional Notes** |  | | |

\* Applicants must either be a member of staff in RCPI or affiliated with RCPI in some capacity (e.g. Trainees/Members/Fellows).