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 projectIs 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).