



Observer Fellowship Application form - 2024

Please read the regulations carefully before completing this application.

Please note that your application will not be processed if you do not meet all the requirements.

A Clinical Observer Fellowship allows an international medical graduate to gain an overview of medical processes and systems in the UK, specifically in the NHS, by observing a consultant in EM at work.

During the attachment, the doctor is not given any responsibility and is not able to make clinical decisions or give clinical advice. The doctor will not receive or be required to obtain registration or a license to practice with the UK General Medical Council.

There are clear limitations on the duties and opportunities for Observers; the Supervising Consultant may use their discretion to allow the following interaction with patients:

- attendance at ward rounds
- observation of consultations in clinics
- participation in patient administration (clerking) under direct clinical supervision
- undertaking of patient histories under direct clinical supervision

Observer Fellowships, based in the UK, will last for 4 weeks in September/October 2023. During this time, successful applicants will be invited to attend the RCEM annual scientific conference.

Following the UK-based placement, visiting Observer Fellows will be expected to complete a submit a short paper outlining the process and findings from their visit and how it has benefitted them. This is to maximise the practical usefulness of the placements to candidates on their return home and to build on future versions of the programme.

APPLICANT INFORMATION			
Title	<input type="text"/>	Last Name	<input type="text"/>
First name	<input type="text"/>		
Address	<input type="text"/>		
<input type="text"/>			
Phone (Please include any international and area codes)	<input type="text"/>	E-mail (please insert <u>ONE</u> email address that you <u>check regularly</u>)	<input type="text"/>

Date of Birth	<input type="text"/>	Country of Birth	<input type="text"/>	Gender	<input type="text"/>
Current employer	<input type="text"/>				
Current job title	<input type="text"/>				
Date of Appointment to current post	<input type="text"/>				
Which branch of Emergency Medicine do you specialize in?	<input type="text"/>				
Who is your head of department (or supervisor)	<input type="text"/>				

EDUCATION

Please list your qualifications

From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Qualification/level	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				

EMPLOYMENT HISTORY

From	<input type="text"/>	To	<input type="text"/>	Position held	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Position held	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Position held	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Position held	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				
From	<input type="text"/>	To	<input type="text"/>	Position held	<input type="text"/>
Institution	<input type="text"/>				
Address	<input type="text"/>				

REFERENCES

You must attach two confidential references with your application. One of these must be from your head of department or your supervisor at your current place of work. Please ensure that both references are on **official notepaper and include an authentic signature and current date. It is your responsibility to provide these.** Please list the details of these referees here in case we need to make further contact with them.

Full Name	<input type="text"/>				
Post / Relationship	<input type="text"/>				
Institution	<input type="text"/>	Phone	<input type="text"/>		
Address	<input type="text"/>				
Email	<input type="text"/>				

Full Name			
Post / Relationship			
Institution		Phone	
Address			
Email			

Do you have a contact in the UK who you have contacted and **has agreed** to host you during your clinical attachment in the UK?

Yes

No

If yes, please list the details of your UK contact below. Please attach a reference letter from your UK contact to your application. **Please ensure that the reference letter is on official notepaper and include an authentic signature and current date.**

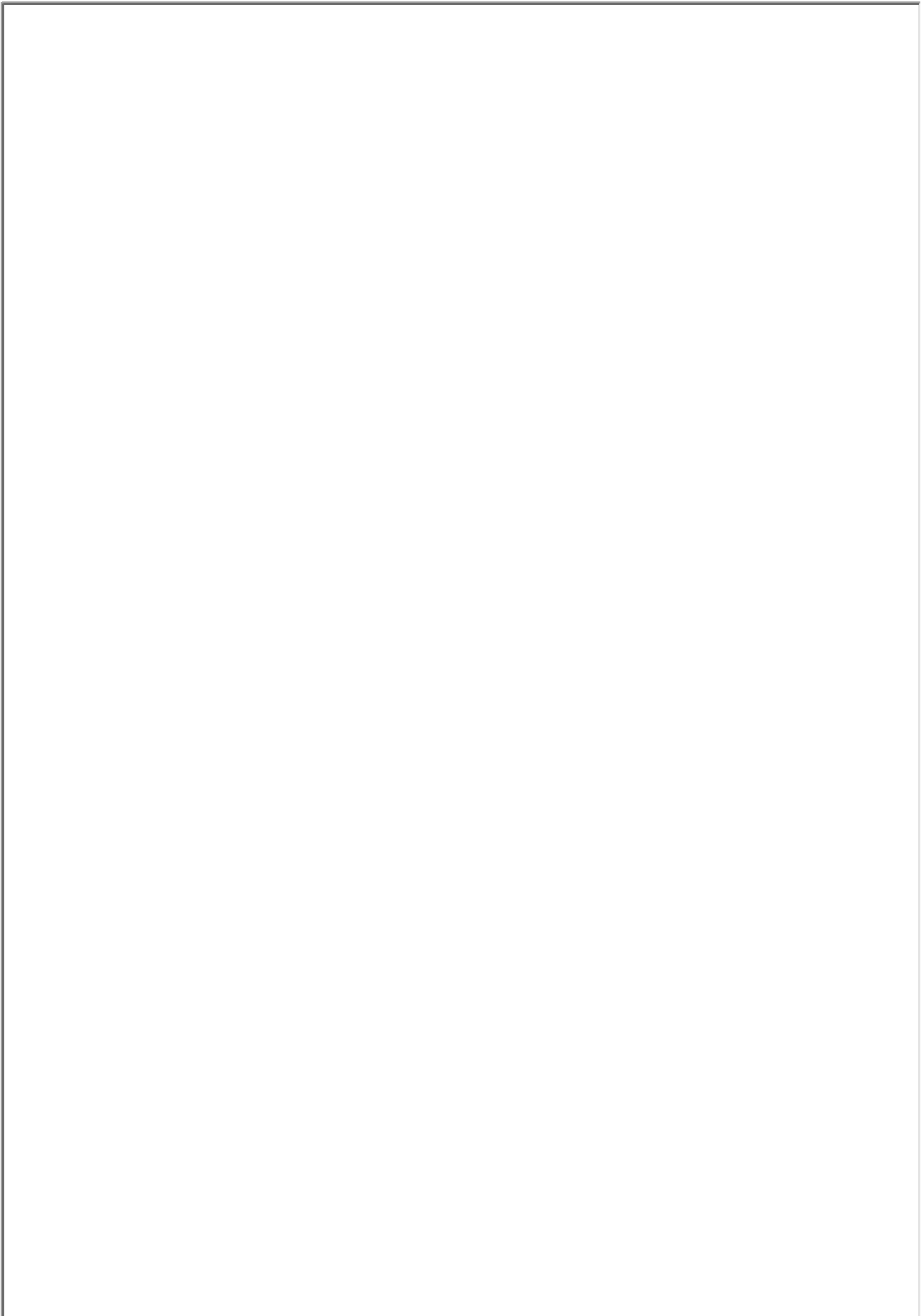
We will make contact with your nominated host but cannot guarantee this is where you will spend your time.

Full Name			
Post			
Institution		Phone	
Address			
Email			

SUPPORTING STATEMENT

Please write a supporting statement of **no more than 750 words** stating a) one or more examples of work you have undertaken in your home institution to improve clinical practice for Emergency care; and b) the intended outcomes of the visit using the following headings:

1. The learning or experience you hope to gain whilst visiting the UK
2. The benefits of the visit to your current practice in your home country
3. The benefits of the visit to your personal and professional development



ADDITIONAL INFORMATION

Have you been awarded a fellowship by any other organisations at any time in the past?

If yes, please give details:

How many times in the last 5 years have you visited the UK either professionally or socially?

REQUIRED DOCUMENTATION

Copy of your passport

CV

2 × references (from your head of department and supervisor of your current place of work)

Copy of your primary medical qualification

Copy of your professional registration

Copy of police clearance letter or good conduct certificate from your national police force.

Copy of English Language test certificate (OET at level for B in all 4 areas or IELTS – Academic test - at 7 in all 4 areas with an overall band score of 7.5.

Please submit certified translations for all foreign language documents.

DO NOT SEND THE ORIGINALS. If you are awarded a fellowship, then we will ask you to bring the originals to the UK for inspection.

PLEASE NOTE THAT YOUR APPLICATION WILL NOT BE CONSIDERED IF YOU CANNOT PROVIDE THE REQUIRED DOCUMENTATION. THERE MAYBE FURTHER DOCUMENTS/APPLICATION PROCESSES REQUESTED BY THE HOSTING HOSPITAL, WHERE THIS IS APPLICABLE YOU WILL BE GIVEN SUITABLE TIME TO ADDRESS/PROVIDE THIS

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If I am awarded a Fellowship, I understand that I will be bound by the terms and conditions of that award and that I am responsible for organizing my **own visa and absence of leave from my employers**.

I understand that should the board consider that a Fellow has neglected the obligations and conditions of the award, they shall have the power to terminate the fellowship at any time.

Full name:

Signature:

Date:

Please submit all completed documents to
globalem@rcem.ac.uk