

APPLICATION FOR FUNDING

This form should be used for all applications to be considered for funding from the NES *SAS Doctors' and Dentists' Professional Development Fund*.

The purpose of the SAS Doctors' and Dentists' Professional Development Fund is to provide special financial assistance to individuals by way of a contribution towards the cost of carrying out a course of study or project, for the purpose of enhancing their contribution to service delivery. This could include aspects of additional training and experience towards CESR route to specialist registration.

All doctors and dentists working in substantive Staff Grade, Specialty Doctor and Associate Specialist (SAS) contracts within the NHS in Scotland are eligible to apply. Please read the guidance notes in Appendix 1, before completing the form.

The Application Form should be fully completed, including sponsoring support from Clinical Lead and Director of Medical Education (DME) or Associate Postgraduate Dental Dean.

This new funding is additional and complementary to the normal study leave funding, provided by employers. Any courses which would be expected to be covered by study leave, or that would be considered to be mandatory training by employers, should continue to be applied for in the usual way.

Applications will be considered by a national panel of representatives from the Project Implementation Group which includes staff from NHS Education for Scotland, the DME Group, the BMA, the Scottish Academy of Medical Royal Colleges and SAMD. This panel meets quarterly to decide on funding applications and applicants will be informed of the outcome as soon as possible after the panel meetings.

Please complete the separate Equality & Diversity Monitoring Form which accompanies this form

Incomplete applications will be returned to the applicant resulting in an inevitable delay in processing.



Data Protection:

NES uses the personal data you provide for purposes associated with administering the SAS Doctors' and Dentists' Professional Development Fund. NES may also use this data for purposes associated with our responsibilities for health workforce development, including the administration of courses, monitoring training programmes and circulating information relating to relevant development opportunities. For more information see www.nes.scot.nhs.uk/privacy-and-data-protection.aspx. Personal data will be retained in line with our records retention policies.

For Office Use Only:	Reference No:	Received:	Panel Date:

1. CONTACT DETAILS

1a Personal Details

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/>	Other <input type="text"/>
First Name:		
Surname:		
Job Title:		
Home Address:		
Work E-mail Address:		
Daytime Telephone No.:		
Mobile Telephone No.:		

1b Employment Details

Current Employer:		
Current Grade (must be substantive contract on SAS terms and conditions of service)		
Specialty:		
Date appointed to current post:		
Length of time in current post:		
Main place of work:		
Main roles: briefly describe your clinical work or other practice on a week to week basis and the type of caseload and other work you manage		
Is this expected to change significantly in the next two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate how		

Section 2 – Contact with SAS Educational Adviser

Have you consulted with your local SAS Educational Adviser about this application?

Yes ☐No * ☐

* If no, we would strongly recommend that you contact your local SAS Educational Adviser for advice regarding your application prior to submission.

If you do not know who your local SAS Educational Adviser is, please email: SASProject@nes.scot.nhs.uk or refer to our webpage on

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/supporting-specialty-doctors.aspx>

Section 3 – Application type A – CESR for Doctors only (Dentists should contact the APG Dean Dental)

Is this application to support an application for medical CESR?

(If No, please go now to section 4)

Yes ☐No ☐

Have you already taken advice from the College, GMC, GDC, Deanery, or a Training Programme Director to confirm that this activity will meet your CESR requirements?

Yes ☐

Please provide evidence in Section 9 to accompany your application form

No ☐

If no, you should make contact with the relevant parties before applying

Please indicate who you have consulted to establish that this activity will contribute to your attainment of a CESR

Name

Role in relation to training

Are you already aware of what gaps exist in your portfolio and the competencies you are required to achieve, and by when?

Yes ☐

Please provide evidence in Section 9 to accompany your application form

No ☐

If no, you should identify all the competencies you need to achieve before applying

For any secondment, have you already set up a potential placement for top up training?

Yes ☐

Please provide evidence in Section 9 to accompany your application form

No ☐

If no, you should identify an appropriate site and experience which will meet the competencies before applying

For any placement, have you already identified a Supervisor?

Yes ☐

Please provide evidence in Section 9 to accompany your application form

No ☐

If no, you should identify an appropriate Supervisor before applying

How will attainment of these competencies be recorded?

Logbook ☐

Through e-portfolio/ISCP or other College online system or otherwise

Other ☐

Please provide more detail in Section 9

Have you already applied to the GMC for a CESR?

Yes ☐No ☐

When have you been advised you may be able to achieve CESR?

Are you considering re-entering specialty training?

Yes ☐No ☐

Section 4 – Application type B

4.1 Please describe the activity for which you are seeking funding

Note 1: For courses spanning longer than one year you will have to reapply on a year to year basis for funding.
Note 2: If applying to undertake a Masters, please confirm whether you have completed the Certificate/Diploma.
Note 3: If applying for a course, please include the course flyer/confirmation of costs from course provider.

4.2 Please confirm the expected start date
(note: retrospective applications cannot be approved)

4.3 Is this activity reflected on your
Personal Development Plan?

Yes ☐

No ☐

4.4 Are you currently involved in practice for which this activity
is an update or additional learning?

Yes ☐

No ☐

If Yes to 4.3 or 4.4, please summarise the relationship between your practice and this activity below

4.5 Have you previously applied for study leave for this activity?

Yes ☐

No ☐

4.6 Have you utilised all of your current Study Leave budget?

Yes ☐

No ☐

4.7 Will this activity enable you to deliver a new service or practice?
(If No, go to 4.8)

Yes ☐

No ☐

If Yes, outline a brief description of this new service below

4.8 Indicate which manager you have discussed
this with. If a new clinical or managerial service,
you should have discussed this with your CD or
equivalent. If a new delivery of service, you
should have discussed this with your DME/APGD
Dental.

Clinical Director or
Associate Medical Director
☐

Director of Medical
Education or Associate
Postgraduate Dental
Dean
☐

4.9 In what other way(s) than detailed in 4.4 would the experience and/or knowledge gained from this activity		
a) benefit the NHS generally?		
b) help you contribute to your department/service?		
4.10 Please provide further details regarding the form of learning you plan to use, e.g., distance learning		
4.11 If you are planning to undertake a learning opportunity with a specific educational provider, HEI, College or other training organisation, please provide the name and contact details		
Name		
Address		
Telephone/Email		
4.12 Is this application for a short term activity, e.g., less than one week, or for an activity that will take several months, or be in more than one instalment?	Short term <input type="checkbox"/>	Long term/instalments <input type="checkbox"/>

Section 5 - Location of Learning

5.1 Is your planned study being undertaken at a centre in Scotland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to 5.1 is no, please provide details as to why a Scottish course or centre is not suitable		

Section 6 – Funding details

Please indicate the total funds you are requesting, including a breakdown of costings:

Total Funds Requested

(Note: funding can only be approved for one year at a time)

For payment of **backfill costs** (contracted hours) or payment of **additional hours** (not contracted hours) it is mandatory to provide a total estimate and breakdown of these costs, based on your current rate of pay, from your Payroll Department.

Payment of backfill costs required ☐
Payment of additional hours required ☐
Payroll estimate/breakdown enclosed ☐
Copy of payslip enclosed ☐

Breakdown of Costs

(full estimates required, please show amounts per year and financial year.)

Year 1

Year 2

Year 3

Is it possible to pay in instalments?

If allocated, how do you plan to use the funds?

Will you be requesting the time required for this project as study leave or secondment?

Study Leave

☐

Secondment

☐

If seconded, how will your clinical work be covered? Are there any associated costs?
(note: backfill for secondment is payable only at the rate of current SAS salary)

Please indicate the total level of funds required for activities to be undertaken in **this financial year**.

Please provide details of any **additional sources** of funding/contributions to the overall costs of this activity, including source and amounts of funding already received and details of any other financial support you have or intend to apply for in relation to this activity

Section 7 - Declaration

I declare that the information given in support of my application, including information on this form and any appendices, is to the best of my knowledge and belief true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, particularly on additional funding received, any funding approved by the SAS Doctors' and Dentists' Professional Development Funding Panel may be withdrawn.

Signed:

Date:

8. AUTHORISATION AND CLARIFICATION OF PURPOSE

(a) Service Approval – Head of Service/Clinical Director

8.a.1) Where relevant and in relation to section 4, please detail the discussed additional or new clinical or managerial service that you believe this application will support.

**** Please note that completion of this section is mandatory, the Panel rely on this information in order to make appropriate funding decisions ****

8.a.2) The planned above service development is significantly dependent upon the training to be funded through this application

Yes ☐

No ☐

8.a.3) The additional/new service is expected to commence (please provide date)

8.a.4 Please confirm the total numbers of sessions requiring backfill payment or additional hours payment (if appropriate)

8.a.5) I can confirm that this individual will be supported to develop this service on completion of their learning

Yes ☐

No ☐

8.a.6) I can confirm this individual will be released for this learning

Yes ☐

No ☐

8.a.7) Any additional comments about your support of this application

Signature and email		Email
Print Name:		
Date of receipt of application & date of signing	Date received	Date signed
Title:		
Department Address and contact telephone:	Address	Telephone

(b) Educational Approval – Director of Medical Education/Associate Postgraduate Dental Dean

8.b.1) Where relevant and in relation to section 4.6, please detail the discussed additional or new educational service that you believe this application will support.

**** Please note that completion of this section is mandatory, the Panel rely on this information in order to make appropriate funding decisions ****

8.b.2) The planned above educational service development is significantly dependent upon the training to be funded through this application

Yes ☐

No ☐

8.b.3) The additional/new service is expected to commence (please provide date)

8.b.4) I can confirm that this individual will be supported to develop this service on completion of their learning

Yes ☐

No ☐

8.b.5) I can confirm this individual will be released for this learning

Yes ☐

No ☐

8.b.6) Any additional comments about the suitability of this application

Signature and email

Email

Print Name:

Date of receipt of application & date of signing

Date received

Date signed

Title:

Department Address and contact telephone:

Address

Telephone

9.0 Additional evidence for CESR Associated Applications - Checklist

Please tick the relevant boxes to confirm the additional evidence you are providing to support your application.

Evidence of advice from the College, GMC, GDC, Deanery or a Training Programme Director to confirm that the activity will meet CESR requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of the gaps which currently exist in your portfolio and the competencies you are required to achieve, and by when	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of placement confirmation for top up training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of an agreed Supervisor for the top up placement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of how your competencies will be recorded	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other additional relevant information	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please return fully completed application forms to:

Gillian Campbell
SAS Project Office
NHS Education for Scotland
3rd Floor, 2 Central Quay
89 Hydepark Street
Glasgow, G3 8BW
Tel: 0141 223 1509

SAS CPD Funding Panel Outcome:

For Office Use Only:	Outcome:	Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>	Date:	
	Reason for non approval:				

SAS PROFESSIONAL DEVELOPMENT FUND PROJECT (April 2012- March 2015)

FUNDING BID GUIDELINES – August 2013

The aim of these guidelines is to ensure consistent decision making, fairness and equity and to optimise the benefit gained by SAS doctors and dentists, during the project term to March 2015.

1. **Eligibility**

Applications can only be considered from those on NHS substantive/permanent Staff Grade, Associate Specialist and Specialty Doctor / Dentist contracts.

2. **Nature of approvable study funding**

a) Study

CESR/CCST supporting study:

- i) Applicants wishing to follow the medical CESR route to attain specialist registration with the GMC should provide evidence of the independent advice they have sought from the relevant Royal College/Specialty Advisory Committee (SAC) or equivalent, that the development objective specific to this application, will support this.
- ii) Applicants should provide evidence that they have checked with their Deanery specialty lead as to whether the need can be met through a modified training placement, or whether a separate secondment to a centre of excellence or a course-based approach is required. Where a secondment to a centre of excellence is considered, competencies must be identified and confirmation that the centre selected will deliver such experience, and that a placement will be offered to you, if successful.
- iii) Payment for backfill cover to release the SAS doctor or dentist during such training placements may be considered. Payment is limited to the applicant's current rate of pay for their NHS substantive SAS grade appointment. Where an applicant holds more than one part-time appointment, the bid for back fill will usually only be considered for the rate of their substantive SAS grade post and not for their alternative role. Bids for back-fill must include an accurate supporting calculation from their Health Board finance section which has been checked by and secured the prior approval of the Clinical Director and Director of Medical Education, prior to submission. Such approval should communicate to the panel that, should the bid be approved, the backfill arrangements have been discussed and the individual will be released.
- iv) Payment for additional hours will be limited to the applicant's current rate of pay for their NHS substantive SAS grade appointment.
- v) Costs to meet CESR Advisers, or to present a CESR application will not be approved.
- vi) Cost of pre-exam preparation courses and exam fees will not be approved.

Non-CESR supporting study:

- i) Funding is intended to support development that will yield new service improvement. Bids will be rejected which fail to provide evidence of the form of resultant NHS service improvement e.g. where individuals have sought funding to purely extend their personal knowledge. Application for funding for study that would be expected by NES to be supported by employer Study Leave is unlikely to be accepted. Please see also guidance regarding Clinical Director CD and Director of Medical Education DME approval in section
- ii) Funding for a secondment to a centre of excellence (e.g. to obtain a new skill): as above clear evidence of the subsequent service improvement that will follow this should be provided by the CD or DME. The reasons for choice of proposed site for the secondment should be made clear by the applicant and the site endorsed as a centre of excellence by the Clinical Director and DME with supporting evidence from the applicant. Please see guidance on payment for backfill and other expenses during secondments above (see section 2.a. iii & iv; 2.c above)
- iii) Research and audit: Funding support for clinical audits will not be considered. Similarly, while taught MDs will be supported, any final year research component would not normally be considered (unless Masters in Medical Education).
- iv) Costs of pre-exam preparation courses and exam fees will not be approved.

b) Duration

Approval of funding is limited to one year.

- i) Where a bid is for a course which extends beyond one academic year, approval for a course may be given in principle beyond any one year, but approval for funding can only be granted for a maximum of one year. The applicant will be asked to submit at the end of year 1, objective evidence of achievement, prior to consent being given to fund a subsequent year. *For example a course which secures a certificate Yr1, then a diploma Yr2 will be approved in principle for both years, but there is no automatic funding authorisation for Yr 2 at the outset, this will be secured only when the supporting evidence of achievement in Yr 1 has been submitted to the panel.*

- ii) Where a course has already commenced, as outlined above retrospective funding cannot be granted but the panel may consider funding the future component, within the remit of the guidelines. *For example in the analogy above, assume Yr 1 has completed / or is near to completion at the time the bid is submitted and has been funded by the individual or an alternative source, but Yr 2 is yet to commence and is approved for funding support by the Fund.*

c) Other expenses

Reasonable travel or subsistence costs will be considered, travelling within the UK only or to the point of departure. This will be paid upon production of claim form plus receipts at NES policy rate.

3. Process of submission

- a) Late applications: Applications are considered and approved each quarter by the National Implementation Group. It is the applicant's responsibility to ensure their submission is received by post, prior to the next meeting. Late applications received after the quarterly submission deadline will therefore be deferred for 3 months to the next quarter's panel, and the applicant advised.
- b) Retrospective applications will not be considered.
- c) Local review prior to submission: Applicants should allow sufficient time for CDs and DMEs or Associate Postgraduate Dental Dean to review their application, prior to approval. It is expected that applications would pass to a CD and DME or Associate Postgraduate Dental Dean at least 4 weeks and 2 weeks ahead of the submission date respectively. It is the applicant's responsibility to ensure this and then to ensure submission in time for the deadline date. Where signatory dates clearly indicate insufficient time to consider the application has been provided by the applicant, the application may be refused until the next panel to allow greater local consideration.
- d) Evidence of service improvement and release for training:
 - i) The applicant's Clinical Director must have provided evidence to support the bid and authorised it: The CD must have completed the section evidencing what new service development is envisaged and that there is a realistic expectation this will be developed as well as confirming that the applicant can be released for this training
 - ii) The Director of Medical Education or Associate Postgraduate Dental Dean must have authorised the bid. The application should be countersigned by the DME or Associate Postgraduate Dental Dean to verify it meets the application guidance and, in the case of applications relating to developing educational skills, to verify that the choice of learning and its later use within the board are appropriate. Where due to prior internal arrangements or geography, the Director of Medical Education has devolved this duty and accountability to their deputy DME this must be communicated to the administrator preparing the panel papers, so that the signatories to the bid can be validated.

4. Post-approval requirements

Funding is granted subject to the commitment by the applicant to complete a 'SAS Development Project Report' at the conclusion of the period of training, detailing the achievement or evidence of qualification gained, the planned change to service and the timeline for that change (counter-signed by the CD). Acceptance of funding is also an acceptance that case studies of successful applicants will be used to promote the scheme and encourage other SAS doctors and dentists to apply.

5. Payment procedures:

Evidence of Course Fee: Following completion of the agreed course, the fee will be refunded on the submission of the appropriate Claim Form, together with a receipt as proof of payment and proof of attendance/certificate.

For short courses (of less than a week) evidence of attendance is required prior to payment. For courses of a longer duration and of high monetary value, part payment of booking fees will be considered. For courses of over one year duration, payment will be on a year to year basis, subject to evidence of attendance and attainment of expected progress.

For courses in excess of £1000 per year, and where NES already has a finance agreement set up with the educational provider, the applicant can request to have the course fees paid directly by NES. For those without such a provider agreement and for courses in excess of £1000 per year, NES will reimburse the costs on submission of the appropriate Claim Form, together with a receipt as proof of payment. A Letter of Undertaking will be required to be signed by the individual, allowing NES to reclaim monies should they withdraw or leave.

All successful applicants supported to undertake development to the value of £1000 or higher, will be required to sign a Letter of Undertaking, which allows NES the right to reclaim the value of the investment from the individual should they withdraw from the development activity, or leave their current role or place of employment.

6. Evaluation:

All successful applicants will be expected to complete online evaluation during the course of their development. This is to allow the Project to regularly report progress to NES Executive Team and Scottish Government.