

SAS Doctors’ and Dentists’ Professional Development Fund

APPLICATION FOR FUNDING FOR

NON-PORTFOLIO RELATED EXPERIENTIAL TRAINING

2025-26

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| This form should be used for all applications to be considered for funding from the NES SAS Development Fund where it does **not** relate to Portfolio Pathway (formerly CESR); please see the alternative version of this form if applying for training or experience towards the Portfolio route to Specialist Registration.  The purpose of the SAS Development Fund is to provide special financial assistance to individuals towards carrying out a course of study or project, for the purpose of enhancing their contribution to service delivery.  All doctors and dentists working in substantive Staff Grade, Specialty Doctor, Associate Specialist and 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 each of:   * SAS Education Adviser * Head of Service / Clinical Director * Director of Medical Education (DME), relevant Associate/Deputy Director of Medical Education, or Associate Postgraduate Dental Dean   This 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 the national SAS Programme Board panel, which includes staff from NHS Education for Scotland; representatives from the DMEs Group, the BMA’s SSASC, and the AoMRC; and SAS Education Advisers. This panel meets quarterly to decide on funding applications; any and all information provided by applicants on this form may be confidentially reviewed and discussed by them for this purpose. We aim to provide notification of their decisions on funding within a working day of the meeting.  **Forms should be typewritten**, including e-signatures or (if necessary) name typed by signatory. All relevant contact details should be noted. **If signing by typing, CD/CL and DME/ADME approvers must send their copy of the form directly from their NHS/hospice email to** [**SASDevelopment@nes.scot.nhs.uk**](mailto:SASDevelopment@nes.scot.nhs.uk)**.**  **Incomplete applications will be returned to the applicant resulting in an inevitable delay in processing.**  **Please be aware that applicants will be required to complete an online Equality & Diversity form; a link will be provided by email after submission.**  This form last reviewed by SAS Development team May 2025 | | | |
| **Data Protection Lock blueData 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:** |
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| **Section 1a - Personal Details** | | | | |
| Title (Dr/Mr/Mrs/Ms/other): |  | Job Title: |  | |
| First Name: |  | Surname: | |  |
| Home Address: |  | | | |
| Work E-mail Address: |  | | | |
| Daytime Telephone No.: |  | Mobile Telephone No.: | |  |

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| **Section 1b - Employment Details** | | | | |
| Current Employer: |  | Main place of work: | |  |
| Current Grade (must be substantive contract on SAS terms and conditions of service) | Associate Specialist  Specialty Doctor  Specialist  Staff Grade  Other (specify): | Specialty: | |  |
| Contract type: | Permanent SAS-grade  (Please note that fixed-term and locum posts are not eligible for SAS funding; see appendix 1) | Date appointed to current post: | |  |
| 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 |  | | | |
| Please state your number of contracted sessions/PAs per week in SAS role(s): |  | | | |
| Is this expected to change significantly in the next two years? | Yes | | No | |
| If yes, please indicate how: |  | | | |

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| **Section 2 – Contact with SAS Education Adviser (you need to contact your local SAS Education Adviser prior to submitting your application)** | | |
| 2.1 Have you consulted with your local SAS Education Adviser about this application? | Yes | No \* |
| 2.2 Has your local Education Adviser reviewed your application prior to submission? (note that your EA must complete section 8 below) | Yes | No \* |
| **If you do not know who your local SAS Education Adviser is, please email:** [SASDevelopment@nes.scot.nhs.uk](mailto:SASDevelopment@nes.scot.nhs.uk) | | |

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| **Section 3 – Non Portfolio Pathway-related experiential activity (application type C)** | | |
| I confirm that this application is to support a secondment for experiential learning, and that this learning is **unrelated** to undertaking the Portfolio Pathway to the Specialist Register (formerly CESR). | Yes | No \* |
| **\*If no**, please use application form type A for training/academic courses or type B for Portfolio-related secondments | | |

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| **Section 4 – Application type C** | | | | | | |
| 4.1 Please describe the activity for which you are seeking funding: | | | | | | |
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| 4.2 Non-Portfolio secondment details | | | | | | |
| 4.2a) What sources have you used to identify how and where to achieve this competency? e.g. college advisor, Dean, Training Programme Director? | | | | | | |
|  | | | | | | |
| 4.2b) Please list the names and training roles of any individuals who you have consulted to establish that this activity will contribute to your attainment of the desired competency.  Relevant correspondence / agreed summary of your discussion must be attached as (e.g.) a saved email file. | | | | | | |
| **Contact name** | **Email address** | | **Role** | | | |
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| 4.2c) If relevant, please list or attach the usual specialty training requirements (e.g. duration, number and nature) for the particular competency you wish to acquire; see GMC website for your specialty (please do not include the whole document, just the extract relevant to this competency): | | | | | | |
|  | | | | | | |
| 4.2d) Please detail your placement(s) (these must be arranged in advance of your applying): | | | | | | |
| **Site** | **Department** | | **Dates** | **Agreed supervisor** | | |
|  |  | |  | Name | | |
| Role | | |
| Email | | |
| Phone no. | | |
| Nature of what will be done during placement and how this will deliver the required competencies: | | |  | | | |
| **Site** | **Department** | | **Dates** | **Agreed supervisor** | | |
|  |  | |  | Name | | |
| Role | | |
| Email | | |
| Phone no. | | |
| Nature of what will be done during placement and how this will deliver the required competencies: | | |  | | | |
| * 1. Is this activity reflected on your  Personal Development Plan? | | | Yes | | | No |
| 4.4 In what way is this activity different to that supported by local study leave? | | | | | | |
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| 4.5 Will this activity enable you to deliver a new service or practice?  (If No, go to 4.6) | | | Yes | | | No |
| If Yes, outline a brief description of this new service below: | | | | | | |
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| 4.6 How will your attainment of the relevant competencies be assessed and recorded? e.g. what portfolio or portfolio copy will you have access to during this time? | | | | | | |
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| 4.7 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 educational service, you should have discussed this with your DME/APGD Dental. | | Clinical Director, Clinical Lead, Head of Service, or Associate Medical Director | | | Director of Medical Education or Associate Postgraduate Dental Dean | |
| Please name the manager you have selected: | |  | | |  | |

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| 4.8 In what other way(s) than detailed in 4.1 would the experience and/or knowledge gained from this activity: | |
| a) benefit your clinical practice? |  |
| b) benefit the team, service or department you work in? |  |
| c) benefit the patients you care for? |  |

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| **Section 5 - Location of Learning** | | |
| 5.1 Is your planned secondment being undertaken at a centre in Scotland? | Yes | No |
| If the answer to 5.1 is no, please provide details as to why a Scottish centre is not suitable below: | | |
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| **Section 6 – Funding details** | | | | |
| 6.1 Is it possible to pay in instalments? |  | | | |
| 6.2 Will you be requesting the time required for this training as study leave or secondment? | Study Leave | | Secondment | |
| 6.2.a If seconded, how will your clinical work be covered? Are there any associated backfill costs?  (*note: backfill for secondment is payable only at the rate of current SAS salary*) | | | | |
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| 6.3 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. Your SAS Education Adviser can help you with this. | Payment of backfill costs required  Payment of additional hours required  Payroll estimate/breakdown enclosed  Copy of payslip enclosed | | | |
| 6.4 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 | | | | |
|  | | | | |
| 6.5.a Breakdown of Costs for funding required, INCLUDING backfill/additional hours costs as above. (full estimates required: please attach, including amounts **per year**) |  | Year 1  (April 2025-  March 2026) | | Year 2  (April 2026-  March 2027) | |
| backfill |  | |  | |
| additional hours |  | |  | |
| other expenses\* (please specify) |  | |  | |
| **\*We must ask applicants to seek support for any travel, accommodation or subsistence costs from their employing Health Board.**Applicants are welcome to state expected expense costs and to update us on the availability of local funding, for reference. | | | | | |
| 6.5.b Total Funds Requested  (Note: funding can only be approved for one year at a time) |  | | | |
| 6.5.c Please indicate the total level of funds required for activities to be undertaken in **this financial year (1st April 2025-31st March 2026):** |  | | | |

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| **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.  **Please ensure you have inserted an e-signature / typed your name as signatory and dated below.** | |
| Signed: |  |
| Print name: |  |
| Date: |  |

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| **8 SAS Education Adviser - Supporting Information** | |
| Please provide any additional information in relation to this application which you feel the funding panel would benefit from knowing. | |
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| EA Signature: |  |
| Print name: |  |
| Date: |  |

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| **9. AUTHORISATION AND CLARIFICATION OF PURPOSE** |

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| **(a) Service Approval – Head of Service, Clinical Director or Clinical Lead** | | | | | |
| 9.a.1) In relation to section 3 or 4, please detail the discussed additional or new clinical, educational 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 \*\*** | | | | | |
| 9.a.2) The planned above service development is significantly dependent upon the training to be funded through this application | | Yes | | | No |
| 9.a.3) The additional/new service is expected to commence (please provide date) | |  | | | |
| 9.a.4) Please confirm the total numbers of sessions requiring backfill payment and/or additional hours payment are as stated | | Yes | | | No |
| 9.a.5) I can confirm that this individual will be supported to develop this service on completion of their learning | | Yes | | | No |
| 9.a.6) I can confirm this individual will be released for this learning | | Yes | | | No |
| 9.a.7) I can confirm this individual is in a substantive SAS-grade post | | Yes | | | No |
| 9.a.8) Any additional comments about your support of this application | | | | | |
|  | | | | | |
| Signature:  (e-signature or typed\*) |  | Email: |  | | |
| Print Name: |  | Title (Dr/Mr/Mrs/Ms/other): | |  | |
| Please tick formal role: | Clinical Director  Head of Service  Other | If ‘Other’, please specify role: | |  | |
| Dates of receipt & signing | Date received | Date signed | | | |
| Department Address and contact telephone: | Address | Telephone | | | |
| **\*If typing their signature, the approver should return this form directly to** [**SASDevelopment@nes.scot.nhs.uk**](mailto:SASDevelopment@nes.scot.nhs.uk) **as an email attachment. Thank you.** | | | | | |

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| **(b) Associate Medical Director, Director of Medical Education, Associate/Deputy Director of Medical Education, or Associate Postgraduate Dental Dean** | | | | | | |
| 9.b.1) I support this application | | Yes | | | | No \* |
| 9.b.2) Any additional comments about the suitability of this application  \* please also state any reason for non-support | | | | | | |
|  | | | | | | |
| Signature  (e-signature or typed) |  | | Email: | |  | |
| Print Name: |  | | Title (Dr/Mr/ Mrs/Ms/other): |  | | |
| Please tick formal role | DME  Deputy/Associate DME  AP Dental Dean  Other\* | | \*If ‘Other’, please specify role: |  | | |
| Date of receipt of application & date of signing | Date received | | Date signed | | | |
| Telephone: |  | | | | | |
| **\*If typing their signature, the approver should return this form directly to** [**SASDevelopment@nes.scot.nhs.uk**](mailto:SASDevelopment@nes.scot.nhs.uk) **as an email attachment. Thank you.** | | | | | | |

**Please email fully completed application forms to:** [**SASDevelopment@nes.scot.nhs.uk**](mailto:SASDevelopment@nes.scot.nhs.uk)

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| **SAS CPD Funding Panel Outcome:** | | | | | |
| **For Office**  **Use Only:** | Outcome: | Approved: | Not Approved: | Date: |  |
| Reason for non approval: |  | | | |

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| **Appendix 1** |

**SAS PROFESSIONAL DEVELOPMENT FUND PROGRAMME**

**FUNDING BID GUIDELINES**

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 programme term to March 2026.

1. **Eligibility**

Applications can only be considered from those on NHS Staff Grade, Associate Specialist, Specialist and Specialty Doctor / Dentist substantive contracts; those on locum contracts are not eligible. Applicants are expected to complete any approved activity while still on a SAS-grade contract with NHS Scotland or associated hospice.

**2. Nature of approvable study funding**

1. **Study**

*Non-Portfolio Pathway supporting study:*

1. Funding is intended to support development that will yield service improvement. Bids will be rejected which fail to provide evidence on 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 3c below.
2. 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.
3. 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 backfill will usually only be considered at the pay rate of their substantive SAS grade post and not for their alternative role. Clinical Director and DME approval should communicate to the panel that, should the bid be approved, the backfill arrangements have been discussed and the individual will be released.
4. Payment for additional hours will be limited to the applicant’s current rate of pay for their NHS substantive SAS grade appointment.
5. Bids for backfill and/or additional hours funding must include an accurate supporting calculation of costs from their Health Board finance section prior to submission.
6. Applicants are limited to a maximum of 6 months funding for their secondment(s) (whether comprised of backfill, additional hours or both) in any financial year (April – March).
7. **Duration**

If approved, the secondment blocks must be taken within the same financial year (April-March) as agreed per the application’s indicated scheduling. Secondments cannot be postponed into future financial years; if circumstances force the applicant to do so, they are required to notify the SAS team at their earliest opportunity, and will need to reapply to defer funding into the subsequent financial year. If the reason for a postponement qualifies as exceptional circumstances, and there is sufficient funding available in the relevant financial year, the SAS Programme will consider such requests at their discretion.

1. **Other expenses**

Per NES policy, we must ask applicants to seek support for any travel, accommodation or subsistence costs from their employing Health Board. Applicants are welcome to state expected expense costs and to update us on the availability of local funding, for reference.

1. **Process of submission**
2. Late applications: Applications are considered and approved each quarter by the SAS Programme Board panel. It is the applicant’s responsibility to ensure their submission is received by the [published deadline](https://www.scotlanddeanery.nhs.scot/your-development/specialist-and-associate-specialist-doctors-and-dentists/sas-development-fund-application-process/) for 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.
3. Retrospective applications will not be considered.
4. Local review prior to submission: Applicants should contact their SAS Education Advisers at least 4 weeks before the submission date, and allow sufficient time for Clinical Directors 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 3 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.
5. Evidence of service improvement and release for training:
6. The applicant’s Clinical Lead/Director must have provided evidence to support the bid and authorised it: The CD/CL must have completed the section evidencing what new or improved 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.
7. 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 Associate/Deputy DME, this must be communicated to the administrator preparing the panel papers, so that the signatories to the bid can be validated.
8. **Post-approval requirements**
9. Acceptance of funding is also an acceptance that formal feedback will be required and that case studies of successful applicants may be used to promote the Development Fund and encourage other SAS doctors and dentists to apply; see section 5 below for more details on evaluation.
10. Once approved, the SAS doctor or dentist is required to notify the SAS Programme office of any change to secondment arrangements as soon as possible, such as a change in scheduling, if the competency is being achieved sooner than expected and the secondment will end earlier than planned, or if the secondment is not meeting its intended purpose.
11. If approved, the secondment blocks must be taken within the same financial year (March-April) as agreed per the application’s indicated scheduling. Funding cannot be postponed into future financial years unless the SAS team are notified and agree that the reason for the postponement qualifies as exceptional circumstances.
12. Applicants are not to exceed the approved allocation of funded secondment time, nor to use it for training in skills other than those previously agreed with the SAS Development Programme.
13. **Payment procedures:**
14. Upon approval, the SAS Programme office will make contact with the relevant payroll officer or management accountant contact in the applicant’s employing Health Board or hospice to arrange backfill and/or additional hours payment; this will be done either on a monthly or session-by-session basis, depending on the structure of the secondment.
15. Any additional hours payments are to be made by the SAS Programme to approved applicants via their employing Health Board or hospice, and added to their usual monthly payslip. Applicants should notify their own service managers upon approval in order to receive any additional hours compensation.
16. **Evaluation**

Funding is granted subject to the commitment by the applicant to complete an online Impact Assessment form at the conclusion of the period of training, detailing the achievement or evidence of competency gained, the planned change or improvement to service, and the timeline for that change. This is to allow the Programme to regularly report progress to NES Executive Team and Scottish Government.

The applicant’s Clinical Director/Lead will also be contacted to complete their own Impact Assessment form. Evaluation links will be sent to the applicant and their CD/CL by email, typically 3 months after completion of the development activity.

We may also request a report or other means of presentation on the experience of the development activity, to be able to promote the Fund and guide others on potential opportunities for its use. Acceptance of funding is also an acceptance that case studies of successful applicants may be used to promote the scheme and encourage other SAS doctors and dentists to apply.