

SAS Doctors’ and Dentists’ Professional Development Fund

APPLICATION FOR FUNDING FOR

TRAINING & COURSES

2021-22

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| This form should be used for applications to be considered for funding from the NES *SAS Doctors’ and Dentists’ Professional Development Fund* that do not relate to training secondments*.* 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 training, 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, or who have been working on consecutive fixed-term SAS contracts for 2 years or more, 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 DirectorDirector of Medical Education (DME) or Associate Postgraduate Dental DeanThis 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, which includes staff from NHS Education for Scotland, the DMEs Group, the BMA, and the AoRMC. 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 be aware that applicants will be required to complete an online Equality & Diversity form; a link will be provided by email after submission****Forms should be typewritten, including e-signatures or (if necessary) name typed by signatory. All relevant contact details should be noted.****Incomplete applications will be returned to the applicant resulting in an inevitable delay in processing.**This form last reviewed by SAS Development team May 2021 |
| **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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| **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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| **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 [ ] Other (specify):  | Specialty: |       |
| Contract type: | Permanent [ ] Fixed-term [ ] (Please note that locum posts do not qualify for SAS funding)  | Date appointed to current post: |  |
| (if fixed term)Duration of contract: |  |
| If fixed-term: do you have an agreed next post after the end of your contract? Please provide details (e.g. grade, employer): |       |
| What is your number of contracted sessions/PAs per week in SAS role(s)? |  |
| Main roles: briefly describe your clinical work or other practice on a week to week basis, the type of caseload and other work you manage |       |
| Is this expected to change significantly in the next two years? | Yes [ ]  | No [ ]  |
| If yes, please indicate how: |       |
| **Section 2 – Contact with SAS Education Adviser (you need to contact your local SAS Education Adviser prior to submitting your application)** |
| Have you consulted with your local SAS Education Adviser about this application? | Yes [ ]  | No \* [ ]  |
| Has your local Education Adviser reviewed your application form prior to submission? (note that your EA should complete section 7 below) | Yes [ ]  | No \* [ ]  |

**If you do not know who your local SAS Education Adviser is, please email:** SASDevelopment@nes.scot.nhs.uk

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| **Section 3 – Application type A** |
| 3.1 a) Please describe the activity for which you are seeking funding |
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| 3.1 b) If applying for a course or programme, please insert a weblink with course details below (or else attach a course description document with your application): |
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| 3.2 a) Please confirm the expected start date (*note: retrospective applications cannot be approved)* |  |
|  b) Please confirm the expected end date |  |
| 3.3 Is this activity reflected on your Personal Development Plan? | Yes [ ]  | No [ ]  |
| 3.4 In what way is this activity different to that supported by local study leave? |
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| 3.5 Will this activity enable you to deliver a new service or practice?  (If No, go to 3.6) | Yes [ ]  | No [ ]  |
| If Yes, outline a brief description of this new service below: |
|       |
| 3.6 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 or Associate Medical Director [ ]  | Director of Medical Education or Associate Postgraduate Dental Dean  [ ]  |
| Please name the manager you have selected: |  |  |

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| 3.7 In what other way(s) than detailed in 4.4 would the experience and/or knowledge gained from this activity:(note, especially in the case of academic courses or didactic courses, a detailed explanation of the practical difference to your PRACTICE and PATIENTS that this course will deliver should be given) |
| 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 4 - Location of Learning** |

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| 4.1 Is your planned study / secondment being undertaken at a centre in Scotland? | Yes [ ]  | No [ ]  |
| If the answer to 4.1 is no, please provide details as to why a Scottish course or centre is not suitable: |
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| **Section 5 – Funding details**  |
| Is it possible to pay in instalments? |       |
| Will you be requesting the time required for this development activity as study leave or secondment? (note that we expect applicants to take study leave unless there are exceptional circumstances) | Study Leave [ ]  | Secondment [ ]  |
| 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 |
|  |
| Breakdown of Costs for funding required.(full estimates required: please attach, including amounts **per year**.) |   | Year 1(Apr 2021-Mar 2022) | Year 2 (Apr 2022-Mar 2023) | Year 3(Apr 2023-Mar 2024) |
| course fees |  |  |  |
| other expenses (please specify) |  |  |  |
| Total Funds Requested (Note: funding can only be approved for one year at a time) |       |
| Please indicate the total level of funds required for activities to be undertaken in **this financial year.** |       |

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| **Section 6 – 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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| **Section 7 - 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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| **8. AUTHORISATION AND CLARIFICATION OF PURPOSE**  |

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| **(a) Service Approval – Head of Service / Clinical Director**  |
| 8.a.1) Where relevant and 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 \*\*** |
| 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) I can confirm that this individual will be supported to develop this service on completion of their learning | Yes [ ]  | No [ ]  |
| 8.a.5) I can confirm this individual will be released for this learning | Yes [ ]  | No [ ]  |
| 8.a.6) Any additional comments about your support of this application |
|       |
| Signature:(e-signature or typed) |  | Email: |  |
| Print Name: |       | Title: |       |
| Please tick formal role | Clinical Director [ ] Head of Service [ ] Other [ ]  | Please specify ‘other’: |  |
| Dates of receipt & signing | Date received       | Date signed       |
| Department Address and contact telephone: | Address      | Telephone       |

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| **(b) Director of Medical Education, Associate Postgraduate Dental Dean, or Associate Medical Director** |
| 8.b.1) I support this application | Yes [ ]  | No \* [ ]  |
| 8.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: |       | Role: |       |
| Date of receipt of application & date of signing | Date received       | Date signed       |
| Telephone: |       |

**Please email fully completed application forms to:** **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 2022.

1. **Eligibility**

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

**2. Nature of approvable study funding**

1. **Study**
2. This form is not to be used to apply for support for training secondments; applicants should use either application form B for CESR-related secondments, or form C for secondments unrelated to CESR.
3. Funding is intended to support development that will yield service improvement. Bids will be rejected which fail to provide evidence of the form of resultant NHSS 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 Appendix 1, section 3c.
4. 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 Master’s in Medical Education).
5. Costs of pre-exam preparation courses and exam fees will not be approved.
6. **Duration**

 Approval of funding is limited to one year.

1. 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. At the end of year 1, the applicant will be asked to submit objective evidence of achievement prior to consent being given to fund a subsequent year. *For example a course which secures a certificate Year 1, then a diploma Year 2 will be approved in principle for both years, but there is no automatic funding authorisation for Year 2 at the outset, this will be secured only when the supporting evidence of achievement in Year 1 has been submitted to the panel.*
2. Where a course has already commenced, retrospective funding cannot be granted but the panel may consider funding the future component, within the remit of the guidelines. *For example in the example above, assume Year 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 Year 2 is yet to commence and is approved for funding support by the Fund.*
3. **Other expenses**

Contribution towards reasonable travel costs will be considered, travelling within the UK only or to the point of departure. Approved expenses will be paid upon production of claim form plus receipts according to NES policies.

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 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 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.
5. Evidence of service improvement and release for training:
6. 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
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 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**

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 qualification gained, the planned change to service and the timeline for that change. The applicant’s Clinical Director/Lead will also be contacted to complete their own Impact Assessment form. 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.

1. **Payment procedures:**

Evidence of course registration is required prior to payment of funding. 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.

When an application is approved, and where possible for NES to facilitate, the applicant can request to have the course fees paid directly by NES to the course provider. Alternatively, if the applicant makes a direct payment to the course provider, NES will reimburse the costs on submission of the appropriate Claim Form, together with a receipt as proof of payment. It is the responsibility of the applicant to notify NES in advance of what sum, if any, they intend to pay to the course provider and seek reimbursement for, and what sum they are requesting NES to pay directly to the course provider.

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.

1. **Evaluation:**

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