

SAS Doctors’ and Dentists’ Professional Development Fund

APPLICATION FOR FUNDING FOR

CESR RELATED EXPERIENTIAL TRAINING

2021-22

|  |  |  |  |
| --- | --- | --- | --- |
| This form should be used for all applications to be considered for funding from the NES *SAS Doctors’ and Dentists’ Professional Development Fund* in relation to CESR. If applying for development activity unrelated to CESR, please use the relevant alternative version of this form.  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 includes aspects of additional training and experience towards CESR route to specialist registration. Due to the limitations of our budget, the Fund is not intended to act as a comprehensive training programme towards CESR, but to assist in completing the final training needs of SAS who have attained the majority of their CESR requirements.  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 each of:   * SAS Education Adviser * Head of Service / Clinical Director * Director of Medical Education (DME) 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, 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.** | | | |
| **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:** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.: | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 and fixed-term posts do **not** qualify for CESR funding) | 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: |  | | | | | | |
| Do you expect to be in a substantive SAS post at the time of carrying out the secondment? | Yes | | | | No | | |
| **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)

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3a – CESR secondment details** | | | |
| 3.a.1 What sources have you used to identify the gaps you need to meet to achieve CESR in its totality? e.g. GMC website, college advisor, training programme director? | | | |
|  | | | |
| 3.a.2 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 a CESR.  Relevant correspondence / agreed summary of your discussion must be attached as (e.g.) a saved email file. | | | |
| **Contact name** | **Email address** | | **Role** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| 3) Drawing on this advice, to what extent will this application enable you to complete CESR (fully as other training completed already) or partially (other training required later)? Please list and attach:   1. any relevant correspondence you have had regarding this 2. an outline of what placements will be needed for **complete** attainment of CESR and your plan for undertaking these.   Your description below should include whether your proposed secondment length will be adequate to achieve your competency / competencies. **Please list all your outstanding requirements for CESR competencies,** noting any that will not be covered in the secondment training block(s) you have proposed in this particular application. | | | |
|  | | | |
| 4) After this training, will you be ready to apply for CESR or do you anticipate that a further secondment may be required; if so, please outline clearly what other secondment you anticipate requiring, including length and areas of practice. | | | |
|  | | | |
| 5) For this proposal’s secondment, please list the placement and supervisor you have identified (these must be secured in advance): | | | |
| **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: | |  | |
| **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: | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 3b – CESR background information** | | | |
| i) Have you received SAS funding for CESR-related top-up training before? If yes, please list all previously funded secondments below, including what competency you were training towards, and the duration of each block. You should also include with your application a copy of your supervisor’s report for each block, to indicate if your competencies were achieved or not. | | | |
| Competency sought in previous secondment | Duration of previous secondment (e.g. seconded PAs per week & number of weeks) | | Supervisor’s report provided with application (Yes/No)? |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| ii) How will your competencies be assessed and recorded – e.g. what portfolio will you use and how will you access this? | | | |
|  | | | |
| iii) Have you already applied to the GMC for a CESR? (please tick which applies) | | | |
| I have not yet opened my first CESR application with the GMC | | | |
| I am applying for CESR for the first time, and currently have an open application with the GMC | | | |
| I have had a previous CESR application rejected by the GMC and I am reapplying per their recommendations  (if so, please provide the GMC recommendations below) | | | |
|  | | | |
| iv) When have you been advised you may be able to achieve CESR? Who has given you this advice? | | | |
|  | | | |
| v) Have you considering re-entering specialty training, and if this might be an option for you, who have you taken advice from about this? | | | |
|  | | | |
| vi) Have you discussed the possibility of rotating within your department to achieve required CESR competencies? | | | |
|  | | | |
| vii) Have you met the minimum academic qualifications to apply for CESR in your chosen specialty. e.g. specialty exam or equivalent? | Yes | No \* | |
| \* If ‘no’ to the above, what do you still have to achieve? |  | | |
| viii) Is this secondment towards CESR reflected on your Personal Development Plan? | Yes | No | |
| ix) Indicate which manager you have discussed this with. | Clinical Director or  Associate Medical Director | Director of Medical Education or Associate Postgraduate Dental Dean | |
| Please name the manager you have selected: |  |  | |

|  |  |
| --- | --- |
| x) In what other way(s) than detailed above 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? |  |

|  |  |  |
| --- | --- | --- |
| **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: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 6 – Funding details** | | | | | |
| 6.1 If seconded during normal working hours, how will your clinical work be covered? (*note: backfill for secondment is payable only at the rate of current SAS salary*) | | | | | |
|  | | | | | |
| 6.2 Will you need to be available for your usual on-call sessions during your secondment? | | Yes\* | | No | |
| \*If yes to the above, please give details: | | | | | |
|  | | | | | |
| 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 as above. (full estimates required: please attach, including amounts **per year**) |  | | Year 1  (April 2021-  March 2022) | | Year 2  (April 2022-  March 2023) |
| backfill | |  | |  |
| additional hours | |  | |  |
| other expenses (please specify) | |  | |  |
| 6.5.b Total Funds Requested: |  | | | | |
| 6.5.c Please indicate the total level of funds required for activities to be undertaken in **this financial year**  **(1st April 2021-31st March 2022):** |  | | | | |

|  |  |  |
| --- | --- | --- |
| **Section 7 Additional evidence for CESR related 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 | No |
| Evidence of **all** gaps which currently exist in your portfolio and the competencies you are required to achieve, and by when | Yes | No |
| Evidence of placement confirmation for top-up training | Yes | No |
| Evidence of an agreed supervisor for the top-up placement | Yes | No |
| Evidence of how your competencies will be recorded | Yes | No |
| Any other additional relevant information | Yes | No |

|  |  |
| --- | --- |
| **Section 8 - 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: |  |
| Date: |  |

|  |
| --- |
| **Section 9 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. |
|  |

|  |  |
| --- | --- |
| EA Signature: |  |
| Print name: |  |
| Date: |  |

|  |
| --- |
| 10**. AUTHORISATION AND CLARIFICATION OF PURPOSE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(a) Service Approval – Head of Service / Clinical Director** | | | | |
| Completion of this section provides vital evidence in the application for funding for top-up training. This must be completed by the applicant’s Clinical Director or Head of Service. However, if you do not have full knowledge of the progress of this applicant towards CESR, then additionally, the applicant should share clear evidence of this from their TPD/ College tutor, who is able to accurately provide this information.  10.a.1) Where relevant, and in relation to the information above, please state your account of the applicant’s progress towards CESR, and how this proposed secondment will address requirements. | | | | |
| **\*\* Please note that completion of this section is mandatory; the Panel rely on this information in order to make appropriate funding decisions \*\*** | | | | |
| 10.a.2) Do you anticipate that the applicant will be ready to apply for CESR following this secondment? | | Yes | | No |
| 10.a.3) If no to 10.a.2, please note below any significant outstanding requirements before the applicant will be able to apply for CESR. | | | | |
|  | | | | |
| 10.a.3) I can confirm that the applicant’s department is unable to facilitate this training opportunity internally without SAS Development funding | | Yes | | No |
| 10.a.4) Are you able to comment on when you anticipate this applicant achieving CESR? (If so, please give an estimated timeframe) | |  | | |
| 10.a.5) I can confirm the total numbers of sessions requiring backfill payment or additional hours payment are as stated | | Yes | | No |
| 10.a.6) I can confirm that this individual will be supported to complete and submit a CESR application following this learning | | Yes | | No |
| 10.a.7) I can confirm this individual will be released for this learning | | Yes | | No |
| 10.a.8) 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 | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(b) Associate Medical Director or Director of Medical Education or Associate Postgraduate Dental Dean** | | | | | |
| 10.b.1) I support this application | | Yes | | | No \* |
| 10.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 (e.g. Dr/Prof) & 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**](mailto:SASDevelopment@nes.scot.nhs.uk)

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

|  |
| --- |
| **Appendix 1** |

**SAS PROFESSIONAL DEVELOPMENT FUND PROGRAMME**

**FUNDING BID GUIDELINES FOR CESR-RELATED SECONDMENTS**

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 contracts; those on locum or fixed-term 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**

*CESR/CCST supporting study:*

1. 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.
2. 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.
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. Costs to meet CESR Advisers or to present a CESR application will not be approved.
8. Cost of pre-exam preparation courses and exam fees will not be approved.
9. **Duration**

If approved, the secondment blocks must be taken within the same financial year (March-April) 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**

Contribution towards reasonable travel costs will be considered, travelling within the UK only. 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 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 to review their application, prior to approval. It is expected that applications would pass to a CD and DME 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 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 outlining their expectations for the applicant’s achievement of CESR, as well as confirming that the applicant can be released for this training.
7. The Director of Medical Education must have authorised the bid. The application should be countersigned by the DME to verify it meets the application guidance. 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**
9. Applicants are required to confirm when they have begun a secondment by email to the SAS Development team. Applicants should also alert the SAS team to any changes to secondment plans, including reductions in length (i.e. satisfying a competency earlier than expected) or postponements, as soon as possible. Any postponements are subject to approval from the SAS admin team and cannot be deferred into a subsequent financial year (i.e. secondments, or portions thereof, scheduled for between April 2021 and March 2022 cannot be postponed to April 2022 onwards).
10. Funding is granted subject to the commitment by the applicant to complete a ‘SAS Development Programme Report’ at the conclusion of the period of training, detailing whether the competency or competencies of the secondment have been obtained, and updating the Programme on progress towards achieving CESR. 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.
11. Approved applicants are required to obtain secondment review forms from their secondment supervisor completed at the conclusion of each attachment; if the attachment is for more than 3 months then an interim report will also be required to ensure satisfactory progress is being made.
12. **Payment procedures:**

After an application is approved, the SAS admin team will make contact with the applicant’s employing Health Board or hospice to arrange direct payment to them regarding backfill / additional hours costs, either on a monthly or session-by-session basis, depending on the nature of the secondment. Payment for additional hours undertaken is to be made to the applicant via their monthly payslip, by their payroll / management accountancy teams in their employing Health Board or hospice.

1. **Evaluation:**

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