**School of General Practice Enhanced Trainers’ Grant**

The provision of an enhanced trainers grant is an exceptional recognition of the additional workload that practices take on with certain trainees. It is not felt that simply being in an extension to training or having a trainee with exam failure would qualify a practice for additional financial support with an enhanced grant.

Examples when it might be appropriate to provide this include

* Trainees who require additional clinical support during practice (i.e. 1:1 supervision or GMC restrictions which impact on independent practice)
* Trainees who consult significantly more slowly (less than half the speed) than would be expected of a typical registrar of that grade
* Trainees who are required to carry out significantly more additional WPBA beyond the minimum after an ARCP or ESR
* Trainees who are being provided with an exceptional 5th attempt at CSA when intense additional consultation skills teaching is required by the trainer.
* Trainees in an extension going beyond the 1 year maximum allowed by the Gold Guide
* Trainees in St1 who are deemed by the trainer not to have achieved foundation competencies (<http://www.foundationprogramme.nhs.uk/sites/default/files/2018-07/Curriculum_0.pdf>)

The process for requesting an additional trainers grant is as below

1. Trainer to contact their TPDs and their local Performance Lead to discuss concerns
2. Trainer to complete the application form and submit this to their local Performance Lead
3. The performance team report to SMT the details and a recommendation for payment of either
   1. 50% uplift to trainers’ grant
   2. 100% uplift to trainers’ grant
4. SMT will review any applications monthly and approve/refuse as necessary

**Enhanced Trainers’ Grant Application Form**

|  |  |
| --- | --- |
| Name of Person Making Request |  |
| Trainee Name |  |
| Scheme |  |
| Educational Supervisor |  |
| Clinical Supervisor  Contact Details |  |
| Practice  Contact Details |  |
| ST Year  Please list all previous ARCP outcomes  *If ST1, has the trainee achieved foundation competencies?*  *If ST1, please give a brief outline of NHS experience* | ST1 ST2 ST3  YES NO |
| Exam Outcomes (if applicable) | **AKT:** Pass Fail No. Attempts  **CSA:**  Pass Fail No. Attempts |
| Reason for Request for Enhanced Trainers Grant |  |
| Trainee Difficulties |  |
| Practice Needs |  |
| Name of TPD that Supports Request |  |
| **Performance Team**  Suggested Grant Enhancement 50% 100% or Not supported  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **SMT**  Supported 50% Supported 100% Not supported    Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |