**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 expected competence for an ST1 starter (<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
3. TPD countersigns the application form
4. Form sent to local Performance Lead
5. The performance team report to SMT the details and a recommendation for payment of 50% uplift to trainers’ grant if appropriate pro-rata for Less Than Full Time (LTFT) Training
6. SMT will review any applications monthly and approve/refuse as necessary

**Enhanced Trainers’ Grant Application Form**

**All sections to be completed, or the form will be returned.**

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| --- | --- |
| Name of Person Making Request |  |
| Trainee Name |  |
| Scheme |  |
| Educational Supervisor  |  |
| Clinical Supervisor Contact Details |  |
| Practice Contact Details |  |
| ST YearPlease list all previous ARCP outcomes*If ST1, is the trainee working at post foundation level?**If ST1, please give a brief outline of NHS experience* | ST1 ST2 ST3YES NOIf NO, please review the foundation competences here and list the difficulties below.if NO, please follow the flowchart pathway here |
| Less Than Full Time Training: | [ ]  50% [ ]  60% [ ]  80% [ ]  100% |
| Exam Outcomes (if applicable) | **AKT:** Pass Fail No. Attempts **CSA:**  Pass Fail No. Attempts  |
| Trainee difficulties |  |
| Additional Trainer time requirements |  for supervision ? YES NOfor extra assessments? YES NOfor recording, educator notes etc? YES NOfor support? YES NO |
| What additional time per week has been put in place for the trainee? ( session =4 hours)Please describe the educational plan for the extra time commitment | < 1 session 1 session > 1 session |
| Name of TPD that Supports Request |  |
| **Performance Team**Suggested Grant Enhancement [ ]  Yes[ ]  NoSigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SMT**[ ]  Yes[ ]  No  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |