**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.

**Please Note:** All trainees in receipt of an enhanced trainers’ grant need to be referred to a Central Panel. TPD, Trainers and schemes need to be aware of the need for a full ESR, which may fall mid-point of the training year.

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 to have exceptional educational needs ([please see flowchart](https://www.yorksandhumberdeanery.nhs.uk/sites/default/files/st1_trainees_with_educational_difficulties_flowchart_-_revised_240420.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. Current GP trainer to assess the trainee for an initial 4 weeks in practice. The trainer then completes the enhanced grant 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.**

|  |  |  |
| --- | --- | --- |
| **Name of Person Making Request** | Click or tap here to enter text. | |
| **Trainee Name** | Click or tap here to enter text. | |
| **Scheme** | Choose an item. | |
| **Educational Supervisor** | Click or tap here to enter text. | |
| **Clinical Supervisor**  **Contact Details** | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| **Practice**  **Contact Details** | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| **ST Year** | Choose an item. | |
| **If ST1, please give a brief outline of NHS experience** |  | |
| **Please list all previous ARCP outcomes** | Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |
| Click or tap to enter a date. | Choose an item. |
| **Less Than Full Time Training:** | 50%  60%  80%  100% | |
| **Exam Outcomes** *(if applicable)* | Choose an item.  Choose an item. | |
| **Trainee difficulties** |  | |
| **Additional Trainer time requirements** | For supervision? Yes  No | |
| For extra assessments? Yes  No | |
| For recording, educators’ notes, etc? Yes  No | |
| For support? Yes  No | |
| **Are there educator notes clearly stating the trainee needs and additional provision that the practice has put in place?** | Yes  No | |
| **Does the trainer commit to educator notes being added every 2 weeks detailing progress made?** | Yes  No | |
| **What additional time per week has been put in place for the trainee?**  *(1 session =4 hours)* | Choose an item. | |
| **Please describe the educational plan for the extra time commitment** |  | |
| **Name of TPD that Supports Request** |  | |
| **Performance Team**  Suggested Grant Enhancement  Yes  No  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **SMT**  Yes  No    Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |