

Study & Professional Leave Policy for non-training grade Medical & Dental staff

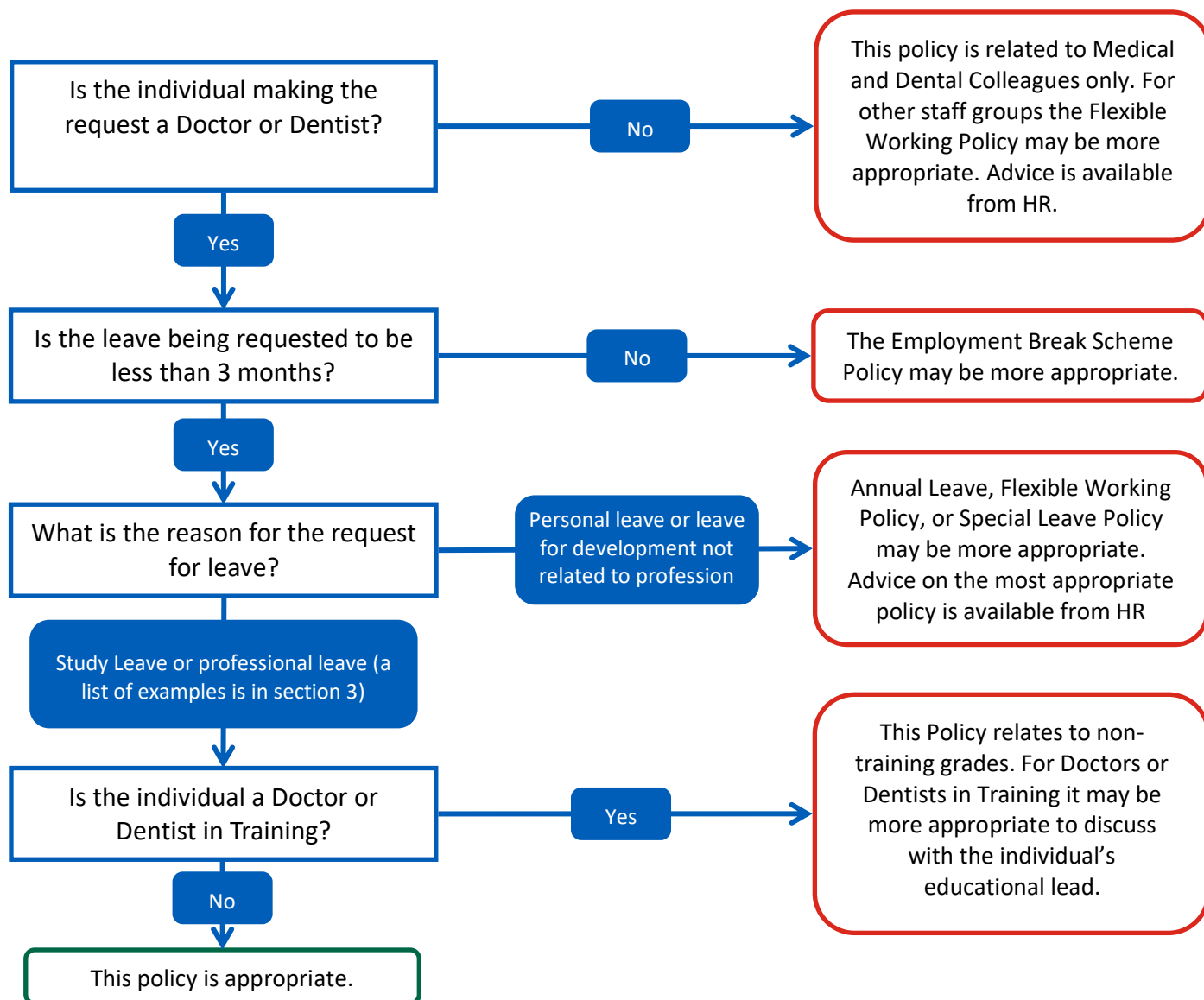
Policy Owner	People Partner
Corporate Lead	Executive Medical Director
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Executive summary

Leeds Community Healthcare NHS Trust’s vision is that “We provide the best possible care in every community” and the organisation has stated that we will achieve this vision by both “Developing and valuing our staff” and “Using our resources wisely and effectively”.

Study and Professional development plays an important role in the Trust achieving its vision. This policy provides guidance on the process for non-training medical and dental staff who wish to take study or professional leave. It is designed to empower individuals and services through conversations to both continuously develop our staff as well as using our resources wisely.

Is this the right policy?



Equality Analysis

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of the vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy (see Appendix 1).

Process Overview

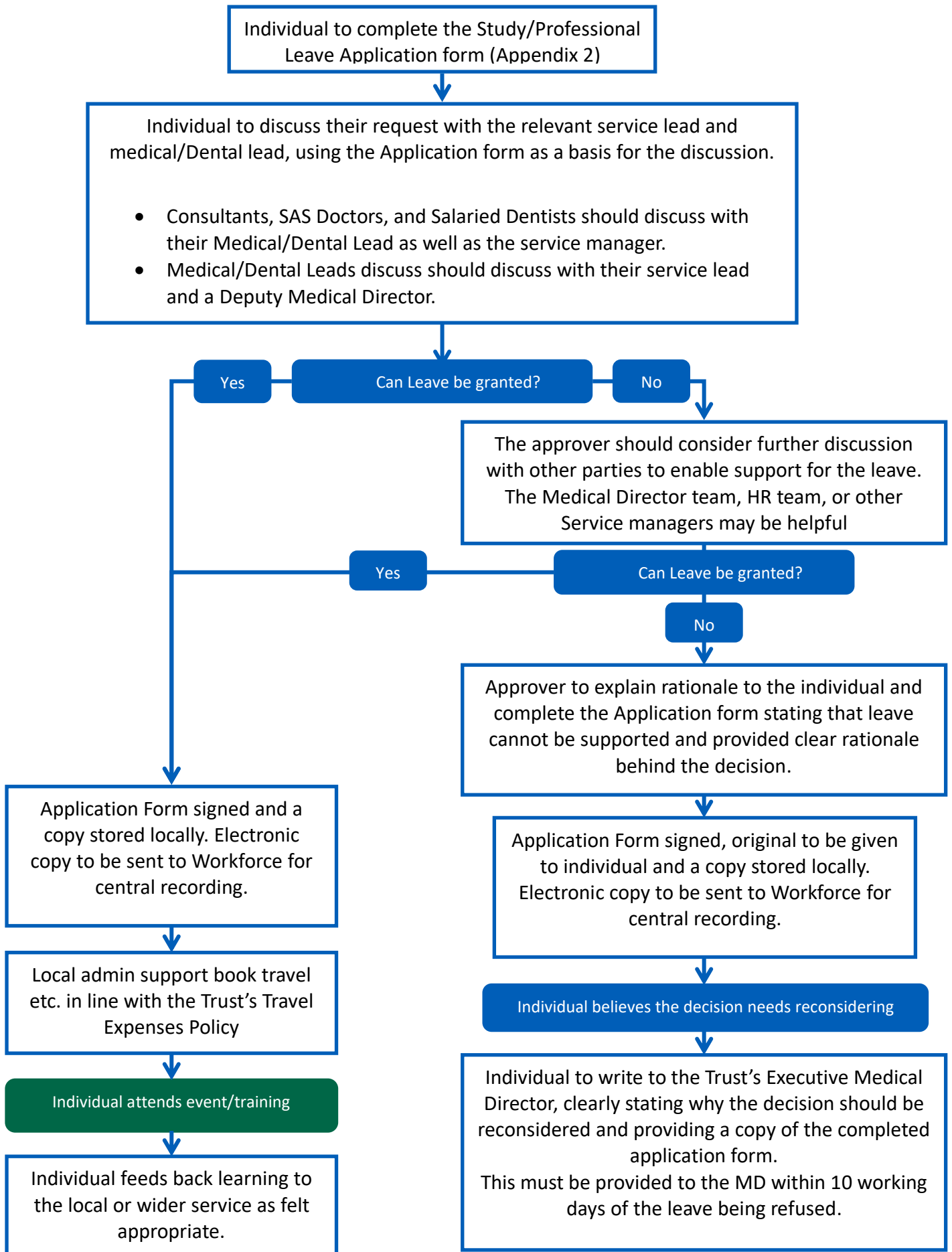


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1 Introduction

Provision for study/professional leave for medical and dental staff (from here forward referred to as the individual) is usually required to comply with training and Continuing Professional Development (CPD) requirements, to maintain Royal College education standards, to fulfil appraisal and revalidation requirements, and for other Clinical Governance requirements. The Trust, with its commitment to supporting its workforce, will endeavour to meet requests for such leave wherever practicable.

2 Aims and Objectives

The purpose of this document is to:

- Provide clear guidance for doctors and managers and employees employed in Leeds Community Trust in relation to the entitlements to, and procedure for booking, study and professional leave. This policy applies to both Consultants and SAS doctors employed by Leeds Community Trust. Employment includes full time and those working less than full time.
- Ensure that there is a consistent and timely approach to the request for and management of leave.
- To ensure that there is a minimum disruption to the provision of services as a result of study leave being approved.

This document must be read in conjunction with the appropriate national terms and conditions and the appropriate Trust employment policies – these are referenced on page 12 of this document.

This Policy is based on the principles enshrined in the national terms and conditions and does not seek to replace national terms and conditions.

3 Definitions

This policy applies to leave for postgraduate purposes approved by the Trust covering:

Study leave is that which directly relates to the educational needs of the individual doctor and which would normally attract CPD points e.g. attending courses, conferences, seminars and similar events, teaching, exams etc.

Professional leave is that which relates to a range of approved educational activities which would not necessarily attract CPD points. Some examples are:

- Duties as an officer, committee member or member of a working party of a
- Royal College, Faculty, Professional or Scientific Society or NICE.
- Examining for Royal College, University or other body
- Attendance as a College Assessor at an Advisory Appointments Committee inside/outside Region.
- Attendance at officially constituted bodies giving advice to the Department of Health.

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- Duties as a member of a Mental Health Act Commission.
- Duties as a member of a Medical Defence Society.
- Attendance at British or International Standards Committees.
- Duties as a member of the Medical Research Council.
- Membership of Editorial Board of a Scientific Journal.
- Clinical Trials Working Party (should be taken as annual leave if remunerated by external body)
- Duties in relation to postgraduate educational activities outside the Trust.
- Lecturing outside the Region.
- Visits to hospitals outside the Region for the purpose of assessing training facilities
- In connection with responsibilities as Regional Educational Adviser.
- Attendance at External Appointments Committees for Medical Staff outside the Trust
- Attendance at external appeals committees.
- One off delivery of undergraduate or postgraduate lectures within the Region

Other activities that are not necessarily covered by the term Study or Professional leave may still be supported by the Trust including :-

- Clinical meetings related to patient care.
- Meetings with local commissioners.
- Local service, delivery and improvement meetings.
- Specialist Network Meetings
- Attendance at a Coroner's inquest or court if required by the Trust.
- Meetings in connection with management of patients across Trust boundaries.
- Attendance at interviews for Doctors in Training.

The total leave allowance of 30 days over 3 years, typically 10 days per year includes both study and professional leave

4 Responsibilities

4.1 Medical & Dental staff

- To fully participate in annual appraisal, revalidation and Job Plan processes and to ensure that, as much as possible, considerations for Study & Professional Leave are discussed and documented as part of these processes
- To take part in co-ordinating their planned leave so that only a particular number of doctors/dentists within the department, specialty or sub-group, as determined by the Medical/Dental Lead and Service Manager, are absent at any one time
- To comply with this procedure including all time frames; the consequences of failure to comply may mean, for example, expenses are not reimbursed or leave cannot be granted etc.
- As far as is reasonably practicable to cover, in the normal run of their duties, for colleagues absent due to predictable, authorised and planned leave (i.e. annual, study or professional leave).

4.2 Medical/Dental lead and Service Manager

- To ensure robust and appropriate processes are in place for the management and approval of all leave for Medical/Dental staff within the service.
- To determine specialties or groups of doctors, amongst who cover arrangements can be expected. In larger departments, this may require the identification of smaller sub-groups.
- To ensure that the number of clinicians absent on leave at any one time within the department, specialty or subgroup does not exceed the level required to deliver services.
- To ensure that annual leave and other planned absences are managed to minimise the potential for impact on the team as a unit and ensuring that any long term leave will be cost neutral to the Trust
- To approve leave covered by this document within 10 working days and for maintaining appropriate records of leave approved and taken and that these will be available to individual clinicians on request.
- If cover for authorised and planned leave cannot be agreed through discussion then the to determine the appropriate cover.
- To ensure that the policy is applied transparently, consistently and fairly.
- To access advice from the Workforce Directorate if further information is required.
- To ensure Departmental leave arrangements and contacts will be clearly publicised.

4.3 Executive Medical Director

To ensure that the study leave policy and procedure is applied fairly and consistently.

4.4 Human Resources

The Human Resources team will work in partnership with managers and employee representatives to ensure employees are treated fairly and consistently within the framework of the Policy

5 Study Leave Entitlement

Professional or study leave will normally be granted to the maximum extent consistent with maintaining essential services, in accordance with the recommended standards below for full time employees (pro rata for part time staff):

- For career grade Medical & Dental staff the recommended maximum allowance for professional and study leave is 30 days over 3 years, but not expected to exceed 10 days per annum (including off duty days falling within the period of leave).
- For less than full time (LTFT) clinicians, the Trust recognises that the requirements for ongoing training and development are equivalent to those in full time positions, and as such professional and study leave allowance is not pro-

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rata'd. However if the employee works for more than organisation it is expected that the leave is taken proportionality across the two employers

Study leave/professional leave should be distributed across DCC and SPA time in a reasonably proportionate manner. Where SPA time is not recorded as part of the individual's job plan entitlement may be based on timetabled activities only, to ensure even distribution of the allocation.

The reference period used for the calculation of professional and study leave allowance is as follows:

- The study leave period begins 1 April and the entitlement is in the three years from that date. If the entitlement is used up before the three-year period has elapsed then the doctor will not normally be given any further study leave until the beginning of the next 3-year period.
- New appointments will begin their study leave period on the 1 April after their appointment. For the period between their appointment and the subsequent 1 April their study leave entitlement will be calculated pro rata to the three year total.

The following conditions shall apply:

- Professional or study leave is subject to, and will be granted to the maximum extent consistent with maintaining essential services.
- Where a clinician is employed by more than one NHS organisation, the leave and the purpose for which it is required must be approved by all the organisations concerned and must be taken on a pro-rata basis between the employing organisations
- Where leave with pay is granted, the clinician must not undertake any remunerative work without the special permission of the leave-granting organisation. Failure to follow this may amount to fraud and therefore gross misconduct as set out in the Trust's Disciplinary Policy.
- Should a request be made for a single period of leave in excess of ten days, advice should be sought from the HR team and the service manager.

6 Arranging Cover for Study and Professional Leave

Consideration towards cover arrangements must be clearly identified as part of the leave application and will form part of the authorisation process. It is expected that each team will have a nominated employee who will act as the leave co-ordinator(s). They will oversee leave and cover arrangements to maintain service delivery. The nominated leave co-ordinator will be required to confirm adequate cover is available and appropriately communicated as part of the leave authorisation process.

Cover should be locally agreed, reasonable and practicable. In a team based approach to job planning, cover should be for the clinical sessions/DCC PAs in addition to covering on-call commitments.

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As far as is reasonably practicable all staff are expected to cover, in the normal run of their duties, for colleagues absent due to predictable, authorised and planned leave (i.e. annual, study or professional leave).

In accordance with the consultant, associate specialist and specialty doctor contracts, leave should be discussed at the annual Job Plan review. Along with annual leave, study and professional leave should be incorporated in the annual quantum in the individual job plan.

For each area/specialty/team there will be levels determined of the number of doctors who can take leave at any one time. There should be collective discussions regarding educational activities for which there are likely to be a high number of applications e.g. Key conferences.

Where a doctor has an annualised element included in their job plan to provide cover for absent colleagues, then no additional remuneration will be paid for that cover.

7 Study and Professional Leave Budgets

There is no central budget within the Trust for medical study/professional leave and no specified annual monetary allowance has been agreed across the Trust. The decision on whether the budget for the requested learning opportunity is appropriate is to be made at a local level by the service manager in conversation with the medical/dental lead.

Where a medical lead feels they would benefit with more guidance on whether the request is financially acceptable they may discuss with the Deputy or Executive Medical Director. The Trust however encourages local discussion and wants to empower leaders to feel able to make the decisions they feel are most appropriate for their service.

Any training explicitly requested by the Trust as a service requirement will be supported financially.

Mandatory/core additional training, as identified in the Trust's Mandatory Training Policy, is included in the procedure i.e. requirement for completion of study leave form etc., however it is not considered towards the 30 days over 3 years allowance.

It is expected that CPD activities outside the Trust will be undertaken in the most appropriate location. The Trust recognises that this will not always be in the UK and attendance at an international event may be necessary to gain the appropriate educational input. In circumstances where there is a rational reason why an international event is appropriate, the Trust will be willing to grant study leave outside the UK.

7.1 Indicative Training Allowance for Salaried Dental Staff

As part of their nationally agreed Terms and Conditions, all dentists are eligible to receive an indicative training allowance. The value of this is set annually and can be found in the latest Pay and Conditions Circular which can be found on the NHS

Employer's website at <https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/pay-circulars>

This allowance is available to the service as part of their budget and should be used by services to support the training and development needs of dentists that are identified and agreed during appraisal and job planning processes. The budget must not be used for statutory or mandatory training.

The indicative training budget for dentist is per dentist and is therefore it is not pro-rated for dentists working less than full time. As the allowance is per dentist, where dentists work for another organisation, Leeds Community Healthcare Trust may need to work with partner organisations to ensure proper utilisation of the indicative training allowance.

The allowance is an annual allowance, however individual's development plan may need to be resourced over a number of years and not necessarily require the same level of funding each year. Services and dentists should therefore work together to ensure that the budget for training is used in a way to support the development plan of dentists working for the Trust.

8 Professional Leave

Additional professional leave, for example to allow medical staff to contribute regionally, nationally or internationally to educational and appropriate health projects, or to develop specialist skills or gain knowledge from other services, can be granted at the discretion of the appropriate Medical/Dental Lead and Operational Manager, further approval may be required from the Medical Director. This will be considered on a case by case basis.

Individuals may be requested to feedback to the Trust and/or provide an assessment of the educational value of the course/event etc.

9 Travel and Expenses

Any travel and accommodation expenses that are due will be paid in line with Leeds Community Healthcare's Travel Expenses Policy.

The Trust expects the GMC and Royal Colleges to reimburse travel and subsistence expenses when clinicians undertake work on their behalf e.g. examining on behalf of a Royal College. Where this is not the case, the Trust may consider reimbursing the expenses incurred.

The Trust will not reimburse expenses for work associated with Royal Colleges or the NHS carried out on behalf of other organisations. This includes for example attending an AAC at another Trust, undertaking a CQC visit, undertaking an SAC training visit Assessment or other professional assessment on behalf of a Royal College. In these circumstances, expenses should be claimed from the NHS organisation concerned and it is advisable to agree this with the relevant organisation in advance

10 Process

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A process overview is available on page 3 of this document.

All leave must be requested in advance on the form “Application for Leave – Career Grade Medical & Dental Staff” (Appendix 1).

Applications must be made giving a minimum of 8 weeks’ notice to allow sufficient time for clinical duties to be covered, for approval to be sought and for bookings to be made where appropriate.

Applications made less than 6 weeks in advance of the study leave period should state the reason why on the application form and it is then at the Medical/Dental Lead & Service Manager’s discretion if approved or not. This will generally not be supported if late notice leave impacts on patient care

Consultant, Salaried Dentists’, and SAS doctors’ leave applications are approved by their Medical/Dental Lead. Applications for leave from those doctors or dentists in Medical/Dental Lead positions are approved by a Deputy Medical Director.

It is advisable that a copy of the completed form and any attached documentation is kept by the individual until approved copy is received.

Further guidance from the BMA

<https://www.bma.org.uk/advice/employment/leave/study-professional-and-special-leave> should be taken into consideration when approval is being considered.

The local service has a responsibility to ensure that development opportunities are provided fairly across their medical/dental workforce. When considering if the service can support an individual financially the service manager and Medical/Dental Lead should consider what study leave has been approved across their service. If a service manager or Medical/Dental Lead feels that they would benefit from support in ensuring that they are able to deliver this policy from an equality perspective, they should consider contacting the HR team.

Approval for the leave is communicated by the individual receiving a copy of the approved form signed by the Medical/Dental Lead or Deputy Medical Director. Wherever possible this will be within 10 working days of them receiving the appropriately completed form, on occasion annual leave etc. may delay this. Verbal feedback on the reason for any refusal will also be provided wherever possible, however a copy of the completed form with rationale for turning down the request will be provided to the individual.

10.1 Process for appeal where request is refused

In the event of leave being refused, the clinician may appeal to the Executive Medical Director, or the Executive Medical Director’s delegated representative, against the decision to refuse leave. Discussion and negotiation between the individual and Medical/Dental Lead or Medical Director is encouraged before resorting to appeal.

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Where it is felt necessary to make an appeal, the appeal should be in writing clearly stating the reason for the appeal and returned to the Executive Medical Director, or delegated representative within 10 working days.

10.2 Process for Course/Event Booking

Course/Event bookings and travel/accommodation should be booked through the appropriate admin support for the department and via the approved method for Trust expenses. The amount claimed for accommodation and subsistence must be in line with the Trust's expenses policy, and bookings/claims need to be made via the approved Trust processes.

Please note that bookings can only be made once approval has been formally given. The Trust is not responsible for cancellation fees in the event that study/professional leave is not approved and retrospective applications would not normally be approved.

References

[Leeds Community Healthcare NHS Trust's Travel and Expenses Policy](#)

[Leeds Community Healthcare NHS Trust's Employment Break Policy](#)

[Terms and Conditions - Consultants \(England\) 2003 \(Version 10, April 2018\)](#)

[Terms and Conditions of Service – Salaried Dentists - version 2 - August 2019](#)

[Terms and conditions of service for specialty doctors - England \(2008\) \(Version 4, April 2018\)](#)

[Terms and conditions of service for associate specialists - England \(2008\) \(version 3, April 2018\)](#)

[BMA's Study, Professional and Special Leave Guidance](#)

Appendix 1: Equality Analysis (EA) – Relevance Screening Form

1. Name of the document	Study & Professional Leave Policy for non-training grade Medical & Dental staff			
2. What are the main aims and objectives of the document	Provide clear guidance on provision of study leave to ensure fair treatment and provision of services			
3. Is this a key strategic document?	Yes		No	
			X	
4. What impact will this document have on the public or staff?	High	Medium	Low	Don't know
			X	
Explain: Policy formalises current practices within LCH				
5. Is there any evidence, or reasons that different groups have different needs, experiences, issues and priorities in respect of this particular document?	Yes	No	Don't know	
		X		
Explain: No evidence that differing groups will have differing needs. Centralised record keeping of decisions made will allow monitoring of protected group's experience under policy.				

If you have answered **Yes** to question 3, you should move straight onto EA.

If, for question 4 you have answered **Low**, there is no need to continue to conduct an EA.

If for question 4 you have answered **Medium** and **No** for question 5, there is no need to conduct an EA.

If, for question 4 you have answered **Medium** or **Don't Know**, and have answered **Yes** or **Don't Know** for question 5 you should move on to a **Stage One** EA.

If, for question 4 you have answered **High**, you need to conduct an EA.

	Equality Analysis	None
6. Based on the result of the screening, is an EA required?		x

Philip Wyre, HR Advisor – Corporate and Pan Trust M/D

Appendix 2: Study & Professional Leave Application Form

Your Details:	
Name:	Email Address:
Team and Business Unit/Service:	Telephone Number:
Job Title:	Base:
Grade:	Date of Application:
Development Activity:	
Course Title:	Cost of the Course:
Learning Provider:	Start Date:
Contact Name:	End Date:
Contact Number:	Amount of study leave requested
Contact Email:	
Learning Objectives	
Please complete the below sections	
Please outline your learning objectives and how these will benefit the patients and service	

Service Impact
Please complete the below sections
What impacts will this request have on service provision if it is granted?

What mitigations could be put in place?
If you have discussed with a colleague and they have agreed to provide cover, please provide their name, the cover they will be able to provide and ask them to sign in the below box.

Approver Sign Off

Approver to tick one of the following boxes	
	I am able to approve this application
	I am unable to approve this application (You will need to complete Rationale for turning down application section)

Rationale for turning down application	
Where an approver is unable to support a request, the following sections must be completed.	
What is the rationale for turning down this request?	
What mitigations, or alternate arrangements have been considered and discussed?	
Why were these mitigations not able to support the request.	

Approver Sign Off	
Manager's Name and Job Title:	Signature:
Manager's Signature:	Date: