



Study and Professional Leave Procedure for Medical Staff

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<i>Name the documents here or record not applicable</i>			
	Associated Policy	N/A	
	Associated Guideline(s)	N/A	
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	Associated Standard Operating Procedure(s)	N/A	
	Other associated documents e.g. documentation/ forms	Expenses claim form for Study Leave	
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1 INTRODUCTION/ BACKGROUND

Sherwood Forest Hospital NHS Foundation Trust attaches the greatest importance to the continuing education, training and development of its professional staff and values education, training and development as an integral part of delivering excellent care to our patients.

2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

The purpose of this procedure is to provide a process for Consultants, Career Grade Doctors and other non-training doctors at Sherwood Forest Hospitals NHS Foundation Trust to apply for study leave. The procedure details the roles and responsibilities of all individuals involved in the study leave process and provides definitions of both study leave and professional leave. It is important to note that mandatory training does not require formal study leave application.

Information regarding study leave for junior doctors is available from the Medical Education Department.

Related Trust Documents

- Terms and Conditions - Consultants (England) 2003
- Terms and conditions of Service Specialists (England) 2021
- Terms and conditions of Service for Associate Specialists - England (2008)
- Terms and Conditions of Service Specialty Doctors (England) 2021
- Terms and Conditions of service for Specialty Doctors - England (2008)

3 ROLES AND RESPONSIBILITIES

3.1 Responsibilities of Heads of Service/Service Directors

Heads of Service/Service Directors will ensure that:

- Development needs are reviewed with Medical and Dental staff within their Specialty to highlight development opportunities and study leave requirements ensuring it is orientated to the PDP. This process should take into account the appropriateness of Study/Professional Leave

- Authorise up to 10 days study leave each year. (30 days over three years). Should there be circumstances where additional leave is requested, this should be discussed with the Clinician.
- Professional leave is granted where the service impact can be managed effectively and the Trust considers that the purpose of the leave is of importance to the Trust or the wider NHS.
- Authorise as soon as possible and within a maximum of 14 calendar days, any request for study/professional leave.
- With administrative support take an overseeing role in ensuring that records are maintained for study/professional leave as detailed below in section 3.4.

3.2 Responsibilities of Individual Clinicians

- Agree with their Head of Service/Service Director and Clinical Chair any requirement for regular professional leave and incorporate this agreement into their annual job plan. (See section 4 for further detail relating to activities that would constitute professional leave).
- Give as much notice as possible (a minimum of 6 weeks) for any leave which impacts upon direct clinical care.
- Ensure that leave requested is appropriate and that contractual requirements are adhered to.
- Where possible ensure that expenses, for travel and accommodation are arranged as economically as possible, taking advantage of any discounts available and any expenses paid by the receiving organisation and/or other sources of additional funding. Original receipts must be submitted with the expense claim.

3.3 Responsibilities of Clinical Chairs

- Where required, discuss the requests for Professional Leave with the Head of Service/Service Director, where there is no Clinical Chair in post this responsibility will fall to the Medical Director or their nominated deputy.
- Discuss the validity of any request for additional funding for study/professional with the Medical Director.
- Consider applications for additional funding for study leave or professional leave where there are exceptional circumstances and discuss with the Medical Director prior to agreement to ensure consistency is maintained across the Trust.

3.4 Responsibilities of the Divisional Administrators/Rota Coordinators

- Liaise with consultants regarding the approval of study and professional leave.
- Maintain study leave records for each member of staff including the number of days taken for study leave and the number of days taken for professional leave and monitor the expenditure of the personal study leave allowance.
- Monitor study leave over the three year period, professional leave annually and the personal study leave allowance annually and over three years.
- Respond to queries from individuals regarding their study leave and ensure they are

advise them when they have used up their allowances.

- Provide Heads of Service/Service Directors with updates on the study leave and professional leave (where allocated) for medical staff in their specialties, including when the medical staff have 2 days or less of leave remaining.

3.5 Responsibilities of the Medical Director

- Consider applications for additional funding for study or professional leave where there are exceptional circumstances and these have been endorsed by the Clinical Chair.
- Approve study leave and expenses for Clinical Chairs and Associate Medical Directors in relation to their medical leadership role.
- Consider requests for professional leave for Clinical Chairs and Associate Medical Directors in relation to their medical leadership role.
- Other study leave/professional expenses would be agreed by the individuals Head of Service/Service Director.

3.6 Responsibilities of the Medical Workforce Team and Wider HR Function

- Advise on the interpretation of the procedure in accordance with the national terms and conditions.
- Review the procedure in conjunction with the Local Negotiating Committee

4 PROCEDURE DETAILS

Study Leave/Professional Leave

Study leave includes study (usually but not exclusively or necessarily on a course), research, teaching, examining or taking examinations, visiting clinics and attending professional conferences.

In the 2003 Consultant Contract terms and conditions, the terms Study Leave and Professional Leave are used interchangeably. However, for the purposes of this procedure efforts have been made to distinguish between the two and the types of activities where professional leave would apply have been described below.

Professional Leave

- 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 a Royal College, University or other body
- Attendance as a College Assessor at an Advisory Appointment outside the Trust
- Attendance at officially constituted bodies giving advice to the Department of Health or other recognised professional/scientific bodies
- Attendance at British or International Standards Committees
- Duties in relation to postgraduate educational activities outside the Trust
- Attendance at external appeals committees
- Duties as a member of the Medical Research Council

The above list is not exhaustive. Expenses for the above would generally be provided by the receiving organisation. These activities should be discussed where possible and agreement to undertake these activities sought from the Head of Service/Service Director as part of the job planning process.

For professional leave, only in circumstances agreed by the Head of Service/Service Director and the Clinical Chair will the Trust agree to a reduction in Direct Clinical Care work to enable professional leave to be undertaken. Should a doctor undertake an external role such as those detailed above, up to 10 additional days professional leave can be agreed.

A discussion must take place with the Head of Service/Service Director prior to undertaking such a role if professional leave is to be requested. Where agreement is obtained for an individual to have this additional leave for this purpose then this would be taken during SPA time, except for the circumstances detailed above.

A letter from the Head of Service/Service Director should record the nature of the role, the anticipated time required and the likely impact on the specialty.

Examples of activities that are not deemed to constitute professional/study leave.

The following activities are regarded as official duties that are undertaken no behalf of the Trust and therefore study leave or professional leave would not be required:

- Consultant to Consultant meetings related to patient care
- Divisional or Specialty meetings with colleagues
- Meetings with local commissioners
- Local Service, delivery and improvement meetings
- Specialist Network meetings e.g. Cancer, Cardiology
- In house mandatory training
- Attendance at a Coroner's inquest or court if required by the Trust
- Meetings in connection with the management of patients
- Attendance at interviews for Doctors in Training

Distribution of study/professional leave

Study leave should be distributed across DCC and SPA time in a reasonably proportionate manner, whereas additional professional leave should be taken during SPA time, where this is not possible clinical commitments may be time shifted with the prior agreement of the Head of Service/Service Director.

Where an individual attends a course/conference at the weekend or on a non-working day this would count as study leave, however, the clinician would not be given a day off in lieu for attending the course/conference.

Study Leave Expenses Allowance

The study leave expenses allowance for each doctor is £600 per annum which can be used for both UK and overseas study leave.

Costs associated with any mandatory training and essential training required for the role will be in addition to the £600 limit. E.G. Life support training where a clinician is required to have completed this training to participate in an on call rota.

The Accounting period for study leave will be 10 days a year and 30 days over 3 years. The first three year period would have commenced from the date of appointment in the grade. At the end of the defined 3 year leave period any unused expenses or leave will be lost. Should the clinician have been absent from work for a period of six months or more during that three year period then there would be provision to enable them to carry over any remaining days and expenses.

There may also be other extenuating circumstances where carry-over study leave and expenses to the following accounting period is appropriate and this will be agreed on a case by case basis.

Virtual Courses

Due to COVID many courses/conferences have moved from being face to face conferences/courses to on line. These are generally recorded and therefore there is more than one attendance option. Having more than one attendance option available does enable more clinicians to attend these events than would have been possible had the event been a live face to face event.

Study leave to attend virtual courses/conferences will be considered in the same way as face to face events.

Administration of Study Leave

There are currently two systems in use for the application of study leave, these being the Allocate system which has the Employee on Line application for clinicians to apply for study leave and there is also the Trust absence application which is currently being used by clinicians in the Diagnostics and Outpatients Division to apply for study leave. The request should include details of the course and associated costs where applicable for approval.

Where expenses are incurred a study leave expenses claim form does need to be completed for those who apply for study leave on the Absence application. A copy of the form can be found **here** alternatively it is available from the Administrator/Rota Coordinator. The form needs to be completed providing details of the expenses incurred within 4 weeks of attending the course and submitted to the Rota Coordinator/Administrator. The Rota Coordinator/Administrator will then arrange for the expenses to be authorised by the Divisional General Manager.

In the event of non-attendance at an approved event, the clinician will bear the cost unless it can be shown that their non-attendance was a consequence of circumstances beyond their control, at the request of the Trust or in the interests of the service.

COVID 19

Where Clinicians are in their third year of study leave and they have not had an opportunity to take their study leave/allowance due to the pandemic, any remaining study leave allocation and allowance from the study leave year 2020/2021 or 2021/2022 can be carried forward by agreement with the Head of Service/Service Director to 2021/2022 or 2022/2023 as appropriate. The study leave allocation and allowance should be used within the first 12months of the following three-year period where possible.

Please note that as stated above, agreement must be obtained by the Head of Service/Service Director prior to the end of the three year period to carry over the allocation and allowance and the Divisional Administrator/Rota Coordinator must be fully involved in the process so they can ensure that individual records are amended accordingly.

5 EDUCATION AND TRAINING

Clinicians are made aware of the Study Leave Procedure at induction by the Medical Workforce Team and the process for claiming study leave is discussed during the induction with the Rota Coordinator/Administrator.

6 MONITORING COMPLIANCE AND EFFECTIVENESS

Compliance with the Procedure will be monitored by the Medical Workforce Team in conjunction with the Temporary Staffing Team by undertaking an annual audit measuring compliance with the standards of this procedure.

7 EQUALITY IMPACT ASSESSMENT

- [Guidance on how to complete an Equality Impact Assessment](#)
- [Sample completed form](#)

Name of service/policy/procedure being reviewed: Study and Professional Leave Procedure for Medical Staff			
New or existing service/policy/procedure: Existing			
Date of Assessment: 11.11.22			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	N/A	None
Gender:	None	N/A	None
Age:	None	N/A	None
Religion:	None	N/A	None

Disability:	None	N/A	None
Sexuality:	None	N/A	None
Pregnancy and Maternity:	None	N/A	None
Gender Reassignment:	None	N/A	None
Marriage and Civil Partnership:	None	N/A	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	N/A	None

What consultation with protected characteristic groups including patient groups have you carried out?
Discussion with the Joint Local Negotiating Committee.

What data or information did you use in support of this EqIA?
N/A

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
None

Level of impact

From the information provided above and following EqIA guidance document please indicate the perceived level of impact:

Low Level of Impact

Name of Responsible Person undertaking this assessment: Rebecca Freeman – Head of Medical Workforce



Signature:

Date: 11.11.22

8 APPENDICES

None