

Study and Professional (External Duties) Leave Policy for Consultants and SAS Medical and Dental Staff

Department / Service:	Human Resources/ Chief Medical Officer Office
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Approved by:	LNC/MMC
Date of Approval:	23 April 2025
Review date:	30 November 2025
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trust Divisions
Target staff categories	Consultant and SAS Doctors

1. Policy Overview:

This Policy :

1. Explains in simple terms the Study & Professional (External Duties) Leave Entitlement
2. Sets out key requirements of the process
3. Details key responsibilities
4. Promotes equity and transparency in approach

Provides consistency for Consultants, SAS Doctors and locally employed doctors (Trust Clinical Fellows) on all sites within the Trust

Key amendments to this Document:

Date	Amendment	By:
01/13	To reflect the statutory requirements of Revalidation and update the circumstances to reflect the 2003 Consultant Contract whereby Professional/External leave can be authorized	Bev Edgar
03/14	To incorporate SAS Doctors into the policy and reflect the amendments to the Trust's Leave and Pay Policy dated March 2013	Julie Stupart Sarah Allan
09/14	To clarify leave requirements for external professional roles	Julie Stupart Clare Waterman

December 2016	Documents extended as per TMC paper approved on 22 nd July 2015	TMC
February 2017	Disability question added to equality impact assessment tool	
Nov 2017	Document extended whilst document in review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	
February 2021	Document extended as per Trust agreement 11.02.2021.	
August 2021	Document extended until 1st September 2022	TME and JNCC
December 24	Removed reference to a study leave budget limit.	MMC and TMB
March 2025	Reduced notice of study leave from 2 months to 6 weeks so in line with annual leave requests.	MMC

1. Introduction

Worcestershire Acute Hospitals NHS Trust is committed to supporting medical staff in maintaining their continuing education and professional development. The Trust recognises the significant benefits that relevant and appropriate study leave can bring to medical practitioners and also to the Trust in the delivery of enhanced patient care.

This policy sets out the key principles for the management of study & professional leave for senior medical staff. The aims of these principles are:

- To make best use of all available resources for education and personal development.
- To ensure study leave is used for the purposes of supporting, developing and improving patient care.
- To ensure the proper use of study leave to fulfil the requirements of Revalidation to ensure that applications for study leave are relevant and appropriate and approved in accordance with the needs of the service.
- Study leave requests should be submitted no later than 6 weeks before the study leave commences to ensure approval is obtained to enable the cancellation of clinical activity.

The provisions of the practitioner's Terms and Conditions of Service govern study and professional leave, and this policy outlines details of local provisions not covered in those Terms and Conditions.

2. Definitions

Study and professional leave is defined in the Terms and Conditions and includes:

- Study usually, but not exclusively or necessarily, on a course or Programme
- Research
- Teaching
- Examining or taking examinations

- Visiting clinics for educational purposes
- Attending professional conferences, usually for lecturing.
- Training.

Study & Professional Leave Allowance

Additional Professional Leave allocation up to a total of 5 days per year may be made with the approval of the Divisional Director and Chief Medical Officer (CMO).

If additional professional leave allocation is used, the maximum 10 days study/professional leave for that year must first be exhausted (e.g. if 8 days are taken as study leave and 5 days as professional leave, that will be calculated as 10 days used from the study/professional leave allocation plus an additional 3 days professional leave, **not** that 2 days study leave can be carried forward).

The standard for consultants is leave with pay and expenses within a maximum of thirty days (including off-duty days falling within the period of leave) in any period of three years for professional purposes within the United Kingdom.

Professional Leave

Professional leave may be approved in order to release consultants for a range of duties which are necessary for the broader benefit of the NHS, but which involve consultants being away from their employment base.

Examples of Professional Leave activity include:

- 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

External Duties within job plans

Where consultants hold allocated PAs within their job plan for specified external roles, any related study or professional leave must be covered by these allocated PAs. Where the event does not fall within the specified time allocation for the external role arrangements must be made to re-arrange clinical activity.

Under the 2003 consultant contract, such duties can be recognised as 'external duty' PAs and should be agreed as part of the annual Job Plan Review.

Application for professional leave/external duties should be made to the Chief Medical Officer or appropriate Divisional Director/ Clinical Director.

An interim job plan review may be required when new commitments are taken on, and service implications discussed with colleagues and agreed by the relevant Clinical Director(s).

In relation to this, the following extracts from "Job Planning: best standards of practice" should

be noted:

By agreement between the employer and consultant, the job plan may also cover other contributions to the NHS, either for a consultant's main employer or for the wider NHS. All such agreed contributions should be covered in the job plan, regardless of whether they are remunerated separately or whether they form part of the consultant's main contract and substitute for other sessions.

Certain external duties, including work for other NHS organisations, may be specified as part of the job plan by explicit prior agreement between the consultant and employer based on a clear understanding of the work that will be fulfilled for the main employer. These duties should be explicitly agreed in advance.

Expenses for External Duties and Professional Leave

Expenses are usually, but not always, paid by the outside body. In circumstances where expenses are not reimbursed the Trust will only authorise payment of travel expenses at public transport rate.

3. Interaction with appraisal

Appraisal is a forward-looking process essential for the development and educational needs of an individual practitioner. It has several objectives, the two most relevant of which for this policy are:

- To set out personal and professional development needs and agree plans for these to be met.
- To provide an opportunity for consultants to discuss and seek support for their participation in activities for the wider NHS.
- a. Appraisers conducting appraisals for practitioners are responsible for appraising the practitioner's CPD strategy and agreeing a Personal Development Plan as part of the output of the appraisal. It is good practice to endeavour to identify high cost items within the PDP.

4. Roles and Responsibilities

- a. The Chief Medical Officer has overall responsibility for this policy and is responsible for the study leave budget and for granting professional leave/external duties in principle. The Chief Medical Officer will have oversight of study leave budgets and ensure that they are equitably applied across all directorates.
- b. Divisional Directors and Clinical Directors are responsible for the overall budget and overseeing the effective use of the policy within their directorates.
- c. The responsible manager shall manage study leave in conjunction with trust mandatory training. The general principle shall be that doctors must engage in mandatory training as part of CPD; much mandatory training is organised by the trust and is usually undertaken as a supporting professional activity (SPA). The individual doctor's needs should be identified at appraisal and expressed in the PDP. In the case of persistent failure to complete mandatory training, where such opportunity is made available, the manager may decline to support external study leave until sufficient mandatory training has been addressed.
- d. Each directorate should determine the maximum number of staff away at any one time, by specialty, so that the ability to deliver safe patient care is not compromised. This maximum level may be varied with the prior agreement of the relevant Clinical Director for example in the case of major national conferences in a particular specialty.
- e. In exceptional and unforeseen circumstances leave already granted may be withdrawn if a crisis in staffing levels arises, for example in the case of unexpected sudden illness. If leave

is withdrawn, all expenses so far incurred will be met in full by the Trust.

- f. The Trusts Electronic Study Leave Form will be used for requesting and approving study leave. The Training & Development Department will be responsible for maintaining a database of study leave and the Finance Department will be responsible for tracking expenditure against the Trust's study leave budget.
- g. A statement detailing leave taken and fees and expenses incurred shall be made available for consideration at each practitioner's annual appraisal.

5. Process

- a. Applications from practitioners for study or professional leave should be made via the Trusts Electronic Study Leave Form, giving six weeks notice where possible. Where clinical cover arrangements can be made through a robust pooling system, or the practitioner has no clinical duties on the day applied for, the six weeks rule may be waived with prior agreement with the proviso that there is no cancellation of clinical activity. A request for the study leave dates should also be added to the doctor's Allocate leave record.
- b. Study leave applications must be authorised by the relevant Clinical Director (Divisional Director in the case of Clinical Director applications) and cover arrangements clearly identified wherever appropriate and necessary. This authorisation and notification of the practitioner will take place within one week after the application is made; rejection will be explained in writing with reasons.
- c. The Clinical Director must confirm that the doctor has adequately engaged with mandatory training and has delivered or be on course to deliver their job plan commitments.
- d. The granting of leave, with or without pay, is subject to the need to maintain NHS services. The doctor is responsible for securing a place on their own course, all travel and accommodation arrangements and suitable arrangements are in place to cover emergency/on call commitments etc. when study leave and/or expenses has been granted.
- e. When approval has been given and an invoice paid, and the applicant fails to attend the course or conference, a cancellation fee may be charged to the individual where no sound reason can be given for the non-attendance.
- f. Authorised study leave expenses must be in line with the Trust Expenses policy and claimed using the Trust Claim Form and be submitted with receipts where appropriate. The claim form must be countersigned by the Clinical Director and will then be submitted to Finance Department before forwarding to the Expenses Department for processing. A statement of all expenses reimbursed will be provided to practitioners making claims at the same time as the pay slip is issued. Variances from claims will be identified and explained in writing to the practitioner making the claim.

If the leave is approved by the Clinical Director/Clinical Lead, the Trust will pay the total amount of the expenditure incurred provided that the employee produces satisfactory evidence of the amount necessarily and reasonably spent on accommodation and main meals during the period for which a night allowance is payable. Standard Rail travel and economy air-travel will be reimbursed.

- g. All study leave supported by the Trust should be routinely evaluated. Part of this process involves completing an 'Evaluation Form' and returning it to the Clinical Director/Divisional Director.

6. Professional and study leave outside the United Kingdom

- a. The Terms and Conditions of Service state that the Trust may at its discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof.

7. Fees and expenses

- a. Professional leave will not be supported by Trust expenses except in the case of travel expenses when not reimbursed by the outside body. Such expenses are not part of the practitioner's annual study leave budget.
- b. When a study leave application has been approved the Trust will pay all reasonable expenses.
- c. The study leave allowance amount will be subject to annual review by the Medical Management Committee and Trust Management Board.

8. Employment Break Scheme

- a. Proposals for the Trust's Employment Break Scheme should be discussed at appraisal and job plan review, and are subject to the agreement of the Trust before the break begins. The exigencies of the service and the distribution of sabbaticals across the organisation must be taken into account, along with any necessary cover arrangements to be agreed with the Clinical Director/Divisional Director.
- b. Practitioner's should refer to the Trust's Leave and Pay Policy.

9. Policy Review

The Study and Professional (External Duties) Leave Policy for Senior Medical Staff will be reviewed by the LNC and any changes agreed by the MMC.

10. References

Terms and Conditions of Service - NHS Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) 2002	
Terms and Conditions – Consultants (England) 2003 version 9 March 2013	

11. Background

11.1 Consultation

Consultation will be sought via the LNC/MMC, Divisional Directors, Clinical/Lead Directors and Operational Managers.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
5a/b.	Applications from practitioners for study or professional leave should be made via the Trust's Electronic Study Leave Form, giving six weeks' notice where possible. Study Leave applications must be authorised by the relevant Clinical Director/ Divisional Director with cover arrangements clearly identified where appropriate and necessary	Applications to include confirmation of cover arrangements where required and necessary	Upon receipt of applications	Authorising Clinical Director / Divisional Director	Cover arrangements would be clearly communicated with divisional locum coordinators or medical secretary to update doctors rosters, and clinical schedules	As cover required
5d.	Where an applicant fails to attend and approved course, and an invoice has been paid, a cancellation charge may be charged where no sound reason for non-attendance is given	Non-attendance at courses reported to Clinical Director / Divisional Director to verify reason validity	Upon notice of cancellation	Authorising Clinical Director / Divisional Director	Notification to Training/Medical Education department where insufficient reason of cancellation given	As required

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5f.	Evaluation Forms completed and submitted to Clinical Director/ Divisional Director after all study leave	Submission of evaluation forms to Clinical Director/ Divisional Director	Following attendance at course	Authorising Clinical Director / Divisional Director	Notification to Training/Medical Education department	At least annually
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CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Local Negotiating Committee / Medical Management Committee	

Circulated to the following individuals for comments

Name	Designation
Local Negotiating Committee / Medical Management Committee	

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Prof Ashok Rai	Local Negotiating Committee

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included when the document is submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Liz Faulkner, Deputy Chief People Officer
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Liz Faulkner	Deputy Chief People Officer	elizabethfaulkner@nhs.net
	Julia Neil	Head of Medical Staffing	julia.neil1@nhs.net
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Date assessment completed	6/6/25		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Study and Professional (External Duties) Leave Policy for Consultants and SAS Medical and Dental Staff
What is the aim, purpose and/or intended outcomes of this Activity?	<p>This Policy :</p> <ol style="list-style-type: none"> Explains in simple terms the Study & Professional (External Duties) Leave Entitlement Sets out key requirements of the process Details key responsibilities Promotes equity and transparency in approach <p>Provides consistency for Consultants, SAS Doctors and locally employed doctors (Trust Clinical Fellows) on all sites within the Trust</p>

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Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	This policy has been development in conjunction with Local Negotiating Committee representatives via the Trusts' Medical Management Committee. Benchmarking has been undertaken against similar sized neighbouring Trusts.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	This policy has been reviewed with engagement from Medical and Dental staff and the British Medical Association (BMA) via the Trusts' Medical Management Committee.	
Summary of relevant findings	Based on feedback from our engagement and benchmarking we have removed the cap on study leave expenditure if requests are made in line with this policy and associated expenses are claimed in line with the Expenses policy.	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.