

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

Department / Service:	Medical Divisions	
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Approved by:	LNC/MMC	
Date of Approval:	16 th September 2014	
Extension approved:	22 nd July 2021	
Review date:	1 st September 2022	
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 and SAS Doctors 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 authorised	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

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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

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 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.
- To ensure that a minimum of two months notice is given where possible in order to maintain the proper provision of clinical services.

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.

The recommended Study and Professional Leave entitlement is a maximum of 30 days (including off-duty days falling within the period of leave) in any period of 3 years.

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.

Where consultants hold allocated PA's within their job plan for specified external roles, any related study or professional leave must be covered by these allocated PA's. 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.

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. . Specific examples are:

- Advising the Department of Health or other government bodies.
- Participating in medical royal college or professional association duties.
- Examining undergraduates and postgraduates. The Trust will grant professional leave in respect of undergraduate examining duties undertaken for this Trust, up to a normal limit of three days in a one year period.
- Teaching on courses or other CPD events.

Application for professional leave/external duties should be made to the Medical Director or appropriate Associate Medical 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.

Such duties may include: reasonable quantities of work for the Royal Colleges in the interests of the wider NHS, acting as an external member of an Advisory Appointments Committee, undertaking assessments for the NCAS, undertaking inspections for the Healthcare Commission, specified work for the GMC, or specified duties for recognised trades unions.

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 CEPD 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.
- b. The individual practitioner is responsible for forwarding the agreed PDP and part 4 of the appraisal document to their Clinical Director & the Medical Director, the Trust's Responsible Officer.

4. Roles and Responsibilities

- a. The Medical Director has overall responsibility for this policy and is responsible for the study leave budget and for granting professional leave/external duties in principle.
- b. Clinical Directors are responsible for 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 CEPD; 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 speciality.
- 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 two months 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 two month rule may be waived with prior agreement with the proviso that there is no cancellation of clinical activity.

- b. Study leave applications must be authorised by the relevant Clinical Director/ Medical 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 granting of leave, with or without pay, is subject to the need to maintain NHS services. d. 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.
- d. 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.
- e. Authorised study leave expenses must be 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.
- f. 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/Medical 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.
- b. Educational events outside the United Kingdom, especially but not only in continental Europe, increasingly represent higher quality, more cost effective CEPD than events held within the United Kingdom. The Trust will reasonably consider all such applications.

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 keeping within the study leave budget associated with that period of leave.

The trust will set an overall study leave budget equivalent to £600 for individual consultants or SAS doctors to cover fees and expenses with effect from the 1st April each year. The £600 per annum allowance balance maybe rolled over to the next year within the individuals three year study leave period.

- c. Funds will be available at the discretion of the Charitable Fund Committee to top up the £600 per annum allowance. Applications may be made using the study leave application process stating funding source and completion of the 'Application for Use of Donated Funds for Training and Education' form.
- d. The budget will be subject to annual review by the LNC/MMC.

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 Medical 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 March 2014 by the LNC and any changes agreed by the MMC.

10. References

References:

Code:

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 Medical 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 two months' notice where possible. Study Leave applications must be authorised by the relevant Clinical Director/ Medical 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 / Medical 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	Non-attendance at courses reported to Clinical Director / Medical Director to verify	Upon notice of cancellation	Authorising Clinical Director / Medical	Notification to Training/Medical Education department	As required

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	cancellation charge may be charted where no sound reason for non-attendance is given	reason validity		Director	where insufficient reason of cancellation given	
5f.	Evaluation Forms completed and submitted to Clinical Director/ Medical Director after all study leave	Submission of evaluation forms to Clinical Director/ Medical Director	Following attendance at course	Authorising Clinical Director / Medical Director	Notification to Training/Medical Education department	At least annually

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
Dr Alison Blake	Medical Management Committee

Supporting Document 1 - Equality Impact Assessment Tool

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

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability- learning disabilities, physical disabilities, sensory impairment and mental health problems		
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

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