

**STUDY/PROFESSIONAL LEAVE POLICY  
CONSULTANTS & SAS DOCTORS  
(MD 26)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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<b>Date of Issue:</b>	Aug 2023	<b>Next Review Date:</b>	Aug 2025
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JLNC		March 2019	
JLNC via email		March 2021	
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<b>Links or overlaps with other policies:</b>			

### Amendment History

Issue	Date	Reason for Change
1	March 2019	New policy template/logo and general review
1.1	May 2021	General Review – no substantial changes. Reference to ISU structure and change in job titles
1.2	October 2022	Inclusion of use of study leave for health & well-being courses section 5.2
2	Aug 2023	Clarification of para 5.2

**Rapid (E)quality Impact Assessment (EqIA)** (for use when writing policies)

<b>Policy Title</b> (and number)		Study/Professional leave for Consultants SAS Doctors	<b>Version and Date</b>	v2 Aug 2023	
<b>Policy Author</b>		Medical Workforce			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>Who may be affected by this document?</b>					
Patients/ Service Users <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other, please state... <input type="checkbox"/>					
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the policy encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
<b>EXTERNAL FACTORS</b>					
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
Describes the arrangements for Study/ Professional leave for Consultants and SAS Doctors appointed by this Trust.					
<b>Who was consulted when drafting this policy?</b>					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>		
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>		
<b>What were the recommendations/suggestions?</b>					
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>	<b>Person responsible</b>			<b>Completion date</b>	

**Please contact the Equalities team for guidance:** For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pf.d.sdhct@nhs.net](mailto:pf.d.sdhct@nhs.net) **This form should be published with the policy and a signed copy sent to your relevant organisation.**

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## **1. Policy Statement**

- 1.1 The Trust aims to provide a flexible means of supporting the continuing development of staff, relevant to their role or to support an agreed development plan. It values education as an integral part of delivering excellent care.

## **1 Purpose**

- 2.1 This policy aims to maximise the opportunity for consultants, associate specialists, and specialty doctors (SAS) to take their professional and study leave entitlement without compromising service needs and to follow a consistent process for managing study/professional leave. This policy will address the following areas:

- entitlement to professional and study leave for consultants, associate specialists, and specialty doctors
- processes to be followed when requesting professional and study leave
- the process of authorisation
- record keeping

## **2 Scope**

- 3.1 This policy applies to all Consultant and SAS staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

## **3 Equality and Diversity Statement**

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## **4 Study/Professional Leave Definition**

- 5.1 The following is taken from the Terms and Conditions for Consultants, Specialty Doctors and Associate Specialists:

Professional and Study Leave include:

- Study, usually but not excessively or necessary on a course or programme
- Research
- Teaching
- Examining or taking examinations

- Visiting clinics and attending professional conferences
  - Participation in training
- 5.2 In addition to the above the Trust wishes to support the Health and Well-Being of its medical staff. Therefore, with agreement of the Clinical Lead individuals may use their study leave entitlement to attend accredited and appropriate Health and Well-Being courses/seminars.

## 5 Roles and Responsibilities

### 6.1 Medical Director & System Medical Directors:

The Medical Director and System Medical Directors (for their own Integrated Service Unit (ISU)) has responsibility for ensuring that consultants, Speciality and associate specialists (SAS), staff grade medical staff are enabled to access appropriate continual professional development (CPD) activities, including all statutory and mandatory updates required by professional bodies and by TSDFT.

### 6.2 Operational Managers:

- Ensuring that there is a process in place across all ISUs for annual job planning of medical staff, which includes a discussion around CPD activity.
- Ensuring that there is a robust system in place across all ISUs to manage requests for professional / study leave in line with this policy.
- To agree with the ISU Management Team the limits of financial support for CPD activity and to ensure costs for any planned CPD activity are included in the budget setting process.
- Authorising professional / study leave requests including where requests for leave and financial support exceed the agreed limits e.g. requests over 10 days in duration.
- Making the final decision about professional/study leave requests where there is disagreement between the individual consultant/doctor.

### 6.3 Consultants & SAS Doctors

Individual consultants, specialty and associate specialists' doctors have responsibility for:

- Ensuring their requirements for CPD activities are fulfilled, including all statutory and mandatory updates required by professional bodies and by TSDFT.
- Being aware of this policy and the procedures within it and the potential consequences of non-compliance.
- Managing requests for professional / study leave alongside their annual leave. Arranging appropriate internal cover with colleagues or highlighting the need for locum cover where necessary.
- Ensuring that requests for professional / study leave are approved in accordance with this policy **before making any bookings / travel arrangements**.
- Ensuring that claims for appropriate expenses are made within 1 month of the end of the professional / study leave where possible but within a maximum period of three months.

## **6 Study/Professional Leave Entitlement**

- 7.1 The Trust will provide for a maximum of 30 days professional and study leave, with full pay and reasonable provision of expenses (this includes the payment of course fees and expenses if study leave is taken on a day an individual is not required to work) over a period of three years for all full-time consultants, associate specialists, specialty doctors holding substantive employment contracts with TSDFT. This leave entitlement is inclusive of all statutory and mandatory training topics as defined by Professional Bodies and by the Trust.
- 7.2 Other than in exceptional circumstances, it is expected that individuals will manage their requests for professional/study leave proportionately over the three-year period e.g. requesting no more than 10 days leave in any one leave year. Professional/study leave entitlement may be taken as a continuous block of leave or as odd days.
- 7.3 Requests for up to 10 days additional professional leave per year can be granted by the System Delivery Management Team.

## **7 Key Principles**

- 8.1 As per Terms and Conditions of Service any grant of leave is subject to the need to maintain NHS services. Where leave with pay is granted the Doctor must not undertake any other paid work during the leave period without the employing organisation's prior permission.
- 8.2 Professional/study leave will only be granted where the service impact can be managed effectively and providing cover is available to maintain essential services, consideration will also be given to the importance of the leave to the Trust or the wider NHS.
- 8.3 Professional/study leave entitlement applies to Supporting Programmed Activities (SPA's) and Direct Clinical Care (DCC) Programmed Activities (PA's) and fixed commitments throughout the working week, i.e. professional leave taken on days when no DCC commitment occurs will still count as part of the individual's professional / study leave entitlement.
- 8.4 Professional/study leave should be distributed across DCC and SPA time in a reasonably proportionate manner where possible to ensure minimal impact on direct clinical care.
- 8.5 Taking professional/study leave during a week when there is an on-call commitment should be avoided if at all possible. Voluntary exchange of a night on-call to free a week to take professional leave is acceptable.
- 8.6 If a doctor takes a day's professional leave on a day when half of that day is normally spent not at the work base, the whole day will count against the professional / study leave entitlement.

- 8.7 If an individual is considering taking up an external position the time required to full fill the role must be assessed and the implication of taking up the role discussed with the ISU Management Team prior to the individual confirming acceptance of the role. The support of the ISU should be considered essential prior to taking up a significant external role. This also applies to roles identified under section 10.3.
- 8.8 As per Terms and Conditions for Consultants, Associate Specialists and Specialty Doctors the following conditions shall apply:
- a. Where a practitioner 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;
  - b. Where leave with pay is granted, the practitioner must not undertake any remunerative work without the special permission of the leave granting organisation.
  - c. Where an application is made under paragraphs 14 & 15 (Consultants), 12 & 13 (Associate Specialists), 13 & 14 (Specialty Doctors) for a period of leave with pay, and this exceeds 3 weeks, it shall be open to the leave granting organisation to require that one half of the excess over 3 weeks shall be counted against annual leave entitlement, the carry forward or anticipation of annual leave within a maximum of 3 weeks being permitted for this purpose.
- 8.9 Appeals against refusal of professional/study leave should be managed using the Trust Grievance Procedure

## **8 Professional/Study Leave Inside and Outside the UK**

### **9.1 *Additional Periods of Professional/Study Leave in the UK***

As per Terms and Conditions of Service for Consultants, Specialist and Associates Specialists and Trust Doctors the following shall apply:

Authorities may at their discretion grant professional or study leave in the United Kingdom above the period recommended in paragraph 13 (Consultants), 11 (Associate Specialists), 12 (Specialty Doctors) with or without pay and with or without expenses or with some proportion thereof.

### **9.2 *Professional/Study Leave outside the United Kingdom***

As per Terms and Conditions for Consultants, Specialty and Associate specialist Doctors the following shall apply:

Authorities may at their discretion grant professional or study leave outside the United Kingdom with or without pay and with or without expenses or with any proportion thereof.



## **9 Professional/Study Leave with Pay but WITHOUT Expenses**

- 10.1 Examples of this type of leave are listed in 10.3 and expenses are expected to be claimed from a body other than the Trust. This leave does not count against the Study/Professional Leave allowance.
- 10.2 Where professional leave is heavy and impacting on clinical services, the Clinical Lead must discuss the issue with the Associate Medical Director.
- 10.3 Examples of Professional/Study Leave with Pay but without Expenses:
- a. Duties as an officer, committee member or member of a working party of a Royal College, Faculty, Professional or Scientific Society.
  - b. Examining for Royal College, University or other body.
  - c. Attendance as a College Assessor at an Advisory Appointments Committee inside/outside Region.
  - d. Attendance at officially constituted bodies giving advice to the Department of Health.
  - e. Duties as a member of a Mental Health Act Commission.
  - f. Duties as a member of a Medical Defence Society.
  - g. Attendance at British or International Standards Committees.
  - h. Duties as a member of the Medical Research Council.
  - i. Membership of Editorial Board of a Scientific Journal.
  - j. Clinical Trials Working Party (Should be taken as annual leave if remunerated by external body)
  - k. Duties in relation to postgraduate educational activities.
  - l. Lecturing outside Region.
  - m. Visits to hospitals outside the Region for the purpose of assessing training facilities (B(3)P243/021).
  - n. Attendance at Regional Service Committees, Ad Hoc Groups etc.
  - o. Attendance at Regional Medical Advisory Committee, Regional Committee for Specialist training, Regional Manpower Committee, and their sub-committees.
  - p. In connection with responsibilities as Regional Educational Adviser.
  - q. Attendance at External Appointments Committees for Medical Staff outside

Torbay and South Devon NHS Foundation Trust.

- r. Attendance at external appeals committee.
  - s. One off delivery of undergraduate or postgraduate lectures within the Region.
  - t. Acting as District or College Tutors.
- 10.4 All requests for professional/study leave listed above should be made with 6 weeks' notice and must be submitted on the study/professional leave application form with the appropriate type of leave identified.

## **10 Leave which may be difficult to Define**

- 11.1 Leave that does not fall into any of the above categories and therefore by definition is difficult to define must be discussed and agreed with the ISU Management Delivery Team.

## **11 Examples of Activities That Are Not Deemed To Constitute Professional/Study Leave**

- a) Consultant to Consultant meetings
- b) Getting Patients Treated Group
- c) Local Service Change Initiative meetings and with local commissioners.
- d) Local service, delivery and improvement meetings.
- e) Specialist Peninsula Network Meetings e.g. Cancer, Cardiology
- f) In House mandatory training.
- g) Attendance at a Coroner's inquest on the Trust's behalf
- h) Meetings in connection with management of patients across Trust boundaries.

**NB. Where an individual is attending as an Expert Witness and this is not on behalf of the Trust, this will be deemed to be within the individual's own time.**

## **12 Notice Requirements for all Leave**

- 13.1 As much notice as possible should be given for all leave. All planned leave must be approved, including confirmation of cover (as per paragraph 13.2), a minimum of **six weeks** in advance.
- 13.2 It is in the interests of Medical Staff and essential for the service that adequate cover arrangements for leave are arranged at ISU level. Medical staff are

required, by the Terms and Conditions of Service, to deputise for absent colleagues 'so far as is practicable', even where this involves interchange of staff between hospitals. Arrangements for deputising will usually be agreed among the staff concerned within the ISU or Clinical Team. Proposed arrangements to cover/deputise should be clearly indicated on the Annual, Study/ Professional Leave Application form or the Application for Additional Professional Leave form

- 13.3 Once the study/ professional leave application form is submitted the doctor should receive a reply as to whether or not this has been authorised. This should be done within 48 hours where possible but no longer than five working days. A signed copy of the authorisation sheet should be sent to the doctor for his or her own records.

### **13 Current and Future Professional/Study Leave Funding**

- 14.1 A further lump sum will be available each year for those Doctors/ISUs who have exhausted their study leave budget. The Medical Director will administer this and applications should be made using the clearly defined process at Appendix 3. The amount available will be reviewed annually, but applicants should be aware that the budget is relatively small.

- 14.2 Once the level of funding in line with national agreements has been reached, funding levels will be reviewed each year to ensure appropriate levels are maintained.

- 14.3 The funding for Study/Professional leave is based on the following: -

- (i) Full reimbursement of approved course fees.
- (ii) Accommodation
- (iii) Travel expenses reimbursed at the level of standard return rail fare or public transport mileage rate for car drivers.

- 14.4 Receipts must be produced with claim forms.

- 14.5 The advent of MS Teams and other online resources has seen an increase in training, courses and conferences taking place on line negating the need for individuals to travel and/or seek accommodation. Where it is necessary to travel it is expected that expenses, travel, and accommodation will be arranged as economically as possible and taking advantage of any discounts available for late/early/internet booking.

- 14.6 Where a claim for expenses/accommodation is deemed to be out of the norm in relation to similar study/professional leave claims, the ISU Associate Director and Clinical Lead (in the cases of Clinical Lead, it will be the Associate Medical Director) must be satisfied that no cheaper appropriate alternatives were available prior to authorisation and payment. Where such alternatives exist the Trust will fund expenses/accommodation at the lower rate.

#### **14 Part Time Staff and Time Off in Lieu**

- 15.1 For part-time staff where a study day is on a day that the individual would not normally work time off in lieu will be granted.
- 15.2 Where a Consultant/SAS Doctor works 5 programmed activities/sessions or above they will receive the equivalent budget as a full-time member of staff.
- 15.3 Where a Consultant/SAS Doctor works less than 5 programmed activities/sessions the budget will be allocated on a pro-rata basis with discretion for exceeding this allocation to meet service need.
- 15.4 If study leave falls on a day which would otherwise be a day off in lieu, the applicant has the option to re-arrange the day off in lieu (with the agreement of the Clinical Lead) or it does not count as part of their Study Leave allocation.
- 15.5 Where a course is run in the UK on a Saturday or Sunday and the individual chooses to attend such a course, the Trust will fund expenses but time off in lieu will not be granted. A weekend course will not be counted against an individual's study leave allocation.

#### **15 Professional Development Following Maternity or Sick Leave**

- 16.1 Medical and Dental Staff who take maternity leave should not be disadvantaged in any way.
- 16.2 When a member of staff returns from maternity leave or long-term sick leave, provision should be made for either: -
  - (i) An updating course
  - (ii) Clinical attachment
  - (iii) Re-induction period

The member of staff concerned and the Clinical Lead will mutually agree the duration content and timescale.

#### **16 Allocation of Study Leave Funding**

- 17.1 Some Medical and Dental Staff have funded study leave from other sources, such as private means or Trust funds. In some specialities funding is forthcoming from drug companies and equipment manufacturers, but in a number of specialities this is not the case. There is also now a concern about accepting sponsorship from commercial organisations, as Medical and Dental Staff need to ensure that if such sponsorship is accepted it complies with the Trust's Standing Financial Instructions and Standards of Business Conduct for NHS staff. It is essential that assistance from external agencies is declared at the time of the request for Study Leave and discussed during the appraisal process.

- 17.2 The proportion of the individual ISU's budget allocated for Study Leave should be ring fenced within the ISU's budgets.
- 17.3 The Clinical Lead and ISU Operational Manager will approve Study Leave for Medical and Dental staff within the ISU. The Associate Medical Director will approve the Clinical Leads Study Leave.
- 17.4 At the discretion of the Clinical Lead study leave funding can be used in alternative ways, for instance to purchase professional journals.
- 17.5 ISUs should develop, and annually review, Professional Development Plans (PDP) with their Medical and Dental staff as part of the Appraisal process. Development opportunities should be highlighted within the PDP and study leave orientated to the PDP. This process should consider the appropriateness of Study/Professional Leave with due consideration to meeting contractual obligations. This should be an integral part of the ISU's Business Finance Planning.
- 17.6 ISUs will be required to submit an annual report to the Clinical Governance Committee indicating how Study Leave funding has been used and allocated.
- 17.7 The accounting period will be three years.
- 17.8 The agreed accounting period for Study Leave will start on 1<sup>st</sup> April. Medical and Dental Staff who commence in post part way through the Study Leave period will receive a pro rata allocation.
- 17.9 If an individual's allocated Study Leave funding has not been used within an accounting period, this should be carried over into the next accounting period.
- 17.10 Funding limits should be seen as guidelines for implementation by ISUs. The ISUs should hold the discretionary ability to exceed the funding limits where appropriate for the development of the ISU. Each ISU via the Clinical Lead/Operations Manager can apply for excess additional funding from the pool held by the Medical Director.
- 17.11 ISUs will keep a record of study/professional leave expenditure and individuals will be informed when they have used their allocation.

## **17 The Application Process (Refer to Flow Chart Appendix 1)**

- 18.1 A minimum of six weeks' notice must be given of a request for leave.
- 18.2 Applications for leave should be authorised by the Clinical Lead or their nominee, the Clinical Lead's by the Associate Medical Director, the Associate Medical Director by System Medical Director, the System Medical Director by the Trust Medical Director and the Trust Medical Director's by the Chief Executive. Leave must not be assumed to be approved until it has been authorised by the relevant signatory.
- 18.3 The leave approval process should be completed within the five working days' time frame. Requests made with less than six weeks' notice will only be granted by the

Clinical Lead or their nominee under exceptional circumstances.

**18.4 Leave should be applied for using the electronic version of the Annual, Study/ Professional Leave Application form found on ICON (Medical HR).**

18.5 The leave application form should be completed electronically and circulated as an attachment via email. The email chain and form should together confirm cover arrangements (from the individual who has agreed to provide cover or from the appropriate manager where this task is coordinated as part of rota/ cover management arrangements).

18.6 The applicant should receive a response from the Clinical Lead or their nominee advising whether or not the request has approved within 48 hours and not more than five working days of the submission of the leave application email. The Clinical Lead is responsible for ensuring that there are appropriate arrangements in place to ensure that these expectations are met i.e. a nominated deputy in place for roles critical to the sign-off process.

## **18 Training and Awareness**

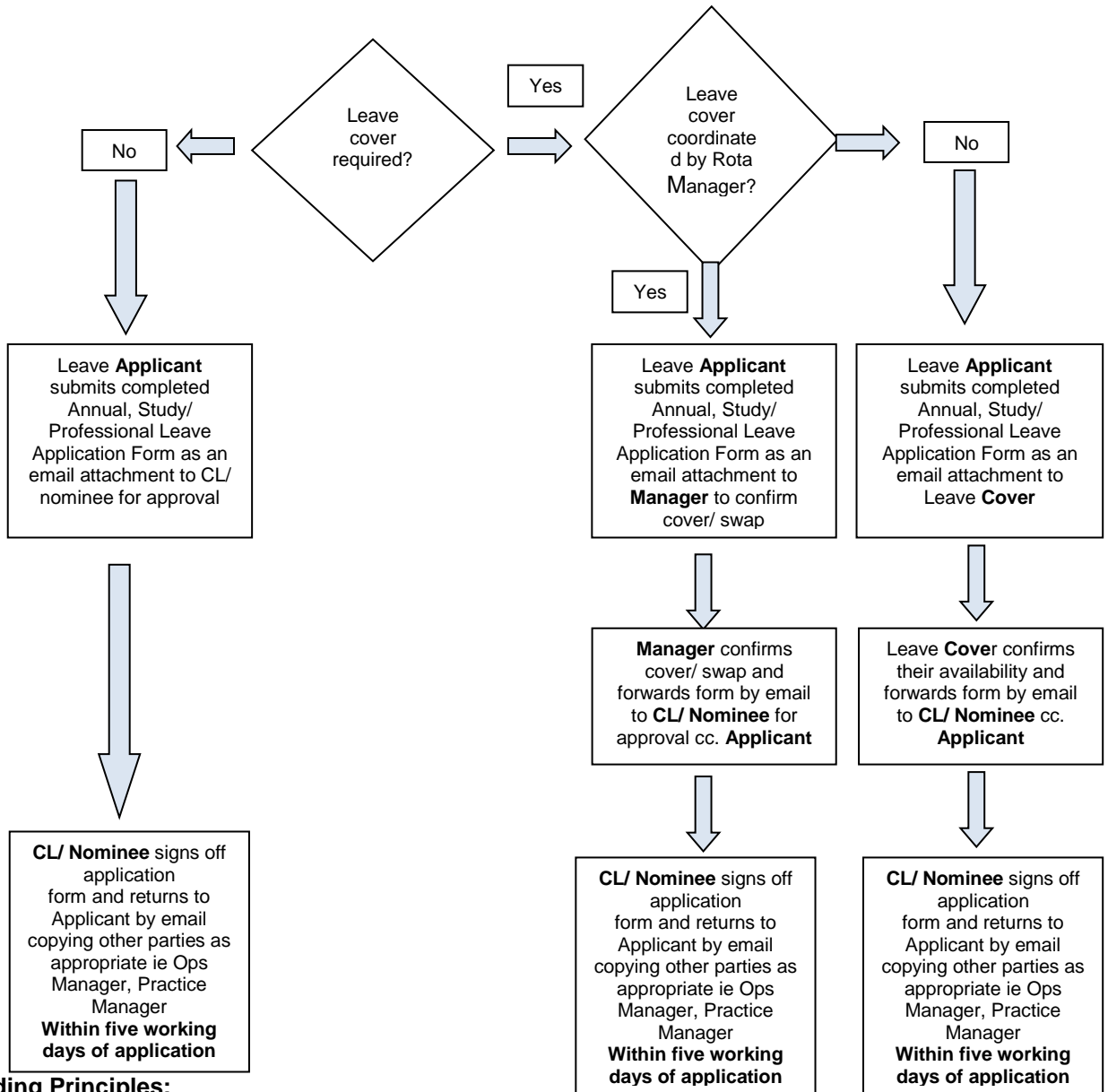
19.1 Advice and support will be provided by the Medical Workforce team to support staff and managers in their understanding of this policy. Any queries regarding this policy should be directed to:

[sdhct.medicalhr@nhs.net](mailto:sdhct.medicalhr@nhs.net)

## **19 Monitoring, Audit and Review Procedures**

20.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

## 20 Appendix 1 – Flow Chart Study/Professional Leave Approval Process



### Guiding Principles:

1. Leave will be granted in line with needs of the service and subject to appropriate cover arrangements being in place
2. Leave should be pro-actively managed to ensure appropriate levels of cover
3. Leave should be applied for a minimum of six weeks in advance of the leave start date
4. Leave requests made with less than six weeks notice will only be granted under exceptional circumstances
5. The leave approval process is subject to confirmation of any required cover
6. The Systems Medical Director must approve any locum cover which will be on an exceptional basis
7. The leave approval process should be completed within five working days of the application being submitted
8. Clinical leads must ensure that cover is arranged





**ESTIMATED STUDY LEAVE EXPENSES REQUESTED:**

<b>Fees: Registration, course fees etc. Please insert below details of meals or accommodation included in fees:</b>	£
<b>Travel: Air (Economy)</b>	£
<b>Train (only 2nd class will be paid)</b>	£
<b>Car – Mileage (public transport rate)</b>	£
<b>Other</b>	£
<b>Subsistence: Meals, accommodation etc. (Agenda for Change rates)</b>	
<b>Other Expenses Required: give details</b>	
<b>Total</b>	£
<b>State if grant or financial assistance will be given from any other source, or whether a proportion of Expenses will be paid by the applicant. Give Details</b>	

N.B You are reminded that receipts MUST be submitted when you claim for study leave expenses. Failure to submit receipts will result in non-payment of expenses. Claims for expenses must be submitted within 1 month of returning from professional / study leave. Retrospective applications will not be approved.

Applicant's signature:

Date

**Approval**

Application approved by relevant management level. I confirm that I am happy with the cover arrangements made above and that where required a locum has been booked.

Name:

Signature:

Date:

Any other comments relevant to this application:

## 22 Appendix 3 – Application for Additional Professional Leave

To be submitted for approval a minimum of **six weeks** in advance of the planned leave start date.

**1. NAME OF APPLICANT:** .....

**GRADE:** ..... **SPECIALTY:** .....

**ISU** .....

### 2. OUTLINE CASE FOR ADDITIONAL PROFESSIONAL LEAVE

Please give brief details below of the nature of the professional leave, with a copy of programme, etc., if applicable.

.....

Please state how the additional professional leave will:

a. Be of benefit to the Trust/ Wider NHS.....

b. Be of benefit to the individual .....

### 3. DETAILS OF ADDITIONAL PROFESSIONAL LEAVE:

No. of Days To be taken .....(up to 10 additional professional leave days may be granted per year)

Number of CME Points (if applicable) .....

Being held in: .....

Duration of leave requested: From:..... To: .....(inclusive)

Are expenses to be claimed (if known please give details):

Travelling YES / NO £..... Subsistence YES / NO £.....

Accommodation YES / NO £..... Course Fee YES / NO £.....

### **IMPORTANT: Please submit all receipts with claim form.**

State if grant or financial assistance will be given from any other source, or whether a proportion of expenses will be paid by applicant (give details):

.....

### 4. COVER ARRANGEMENTS

I have asked ..... to cover my duties during my absence and they have agreed to do so.

Signature of colleague agreeing to cover: ..... **OR**

Information in respect of fixed session commitments, as well as on call commitments, including name of colleague(s) covering these commitments if different from above.

.....

**APPLICANT'S SIGNATURE:** .....

**DATE:** .....

**APPROVED BY:** ..... Clinical Lead/Assoc Medical Director

**DATE:** .....

**APPROVED BY:** ..... Practrice/Operations Manager

**DATE:** .....

One copy to be retained by applicant

One copy to be retained by Practice/ Operations Manager

## 23 Appendix 4 - Medical Director's Budget

### Application to incur additional study leave expenses form

- a. This form must be received in the Medical Director's office 20 working days prior to the leave.
- b. The form must be accompanied by a fully completed 'Annual and Study/Professional leave application form'
- c. Any forms that are not completed in full will be returned unsigned.
- d. If approved by the Medical Director, this form will be signed and returned to you. It should be attached to your claim form when it is passed for payment.
- e. If not approved by the Medical Director, the form will be returned unsigned with an explanation of the reason for its rejection

<b>Name of Claimant:</b>	
<b>Post/Job Title:</b>	
<b>Speciality:</b>	
<b>Signature:</b>	
<p>I attach a copy of my fully completed 'Annual/Study and Professional leave application form'.</p> <p>The application cannot be funded from the SDU budget because:</p> <p>My personal leave allowance has already been allocated <input type="checkbox"/></p> <p>The ISU leave allowance has already been allocated <input type="checkbox"/></p> <p><i>Please tick as appropriate</i></p>	
<p><b>To be completed by System Medical Director -</b>  <b>I confirm that the above budget statement is accurate and support this application.</b></p>	
<p><b>Name of System Medical Director Manager:</b></p> <p><b>Signature:</b></p>	
<p><b>To be completed by Clinical Lead -</b>  <b>I support this application.</b></p>	
<p><b>Name of Clinical Lead:</b></p> <p><b>Signature:</b></p>	
<p><b>Approved by Medical Director:</b>  <b>Signature:</b></p> <p><b>Date:</b></p>	
<p><b>To: Finance: this claim should be met through the Medical Director's Budget</b></p>	

## 24 Allocated Budget for Study/Professional Leave

Consultant Staff	£1,055 per year for Full Time (10 PAs)
Associate Specialist/SCMO/SCDO`	£1,055 per year for Full Time
Staff Grade/CMO/CDO	£1,055 per year for Full Time
Clinical Assistants over	£258 per year 5 sessions and (less than 5 sessions (see section 11))
Lump Sum Director's	£15,698 p.a.(inc. Medical allowance)