



Annual Leave Policy for Medical and Dental Staff

Policy Type	Non-Clinical
Directorate	Corporate
Policy Owner	Medical Director
Policy Author	Operational Lead for Medical HR, People Services Team
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Approving Body	Joint Local Negotiating Committee
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This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
April 2015	1.0		Executive Medical Director	This is a new procedure.	Approval
May 2015	2.0				
June 2015	3.0			Consultation can be found in section 21.	
Aug 2018	4.0		Medical Director	Incorporated 2016 Doctors in Training Terms and Conditions	Approval
Oct 21	5.0	09/11/21	Medical Director	Renewal and update to include new national TCS	Approval at P&ODSC and LNC
Sept 22	6.0	30/03/23	Medical Director	Review required and clarification on wording	Approval at JLNC

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy is prepared as advice and guidance to Care Group Directors, Clinical Directors and Clinical Leads and Managers and all medical and dental staff taking annual leave and public holiday entitlements as provided for under their respective terms and conditions of service.

Its purpose is to ensure consistency of approach across clinical directorates and sets out the Trust's approach to the planning and taking of annual leave and public holidays

It should be read in conjunction with national Terms and Conditions of Service for doctors (Consultants, SAS and Doctors in Training), national guidance from NHS Employers and the Department of Health.

1 Introduction

The Isle of Wight NHS Trust ("the Trust") is committed to ensuring that this procedure meets both the service needs of the Trust and the reasonable expectations and requirements of its employees.

It is in the interest of doctors' health and wellbeing and the continued safety of patients in their care, that they take their full annual leave entitlement.

The employer and the doctor must make every effort to work together to ensure that the doctor is able to take the full annual leave entitlement.

The Trust understands and expects employees and managers to participate in good management of leave as an essential part of service provision and the health and safety of employees. The Trust will always make every effort to grant employees' requests for leave subject to the needs of the service, which will always need to be considered in coming to a decision.

This procedure is based on the following NHS Terms and Conditions of Service applicable to their grade and contract type:-

- Terms and Conditions of Service Consultants (England) 2003
- Terms and Conditions of Service for Associate Specialists - England (2008)
- Terms and Conditions of Service for Specialists (England) 2021
- Terms and Conditions of Service for Specialty Doctors - England (2008)
- Terms and Conditions of Service for Specialty Doctors (England) 2021
- Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

Should there be any unintentional conflict of interpretation between this policy and national terms and conditions, the national terms and conditions will take precedence except where this will disadvantage employees.

2 Definitions

Annual leave – paid leave entitlement given to an employee in accordance with their terms and conditions of employment.

Reckonable Service – an employee's continuous previous service with any NHS Employer counts as reckonable service in respect of annual leave. Employers have discretion to take into account any reckonable service relevant to NHS employment.

For the purposes of calculating employees' annual leave entitlement:

- All NHS Service will be aggregated
- Reckonable service may also include service in a relevant role in organisations other than the NHS, e.g. GP Practices
- Where employees become eligible for an increase to their annual leave entitlement, based on the length of their reckonable service, the additional entitlement for the remainder of the leave year will be added to their leave entitlement. For consultants, associate specialists and specialty doctors with 6 weeks leave and where overseas service has been accepted when determining seniority, this service will be taken into account when determining annual leave entitlements.

3 Scope

This policy applies to the following groups of medical and dental staff:

- Consultants
- Specialists
- Associate Specialists
- Specialty Doctors – including 2008 and 2021 posts
- Doctors in Training – including Trust and LAS posts

4 Purpose

This procedure outlines the range of annual leave and public holiday entitlements available to employees of the Trust and the responsibilities of employees and managers.

5 Roles and Responsibilities

The following outlines roles and responsibilities:

6.1 Employee

Ensure they are aware of and understand the application of this policy. An employee should take into account the service needs of their department when requesting annual leave.

6.2 Directorate and Clinical Team

Ensure local departmental procedures are clear and ensure the core business of the specialty will not be affected by leave and that work is appropriately profiled around leave to ensure patient safety is maintained.

Local procedure should include:

- How the team books its leave

- How key dates are managed
- The minimum number of doctors needed to deliver safe care, and
- Cross cover arrangements

6.3 Specialty Leads / Clinical Directors

Specialty Leads and Clinical Directors are responsible for:

- Defining the parameters for appropriate delegation of approval of annual leave requests
- Ensuring processes are in place such that formal approval should take no longer than five working days from date of application
- Ensuring the provisions of the local leave procedure are kept up-to-date and that medical staff have clear information regarding their annual leave entitlements
- Ensuring staff know how to book leave and are aware of the authorisation procedures

6.4 Rota Coordinators

Rota Coordinators are responsible for:

- Ensuring leave is appropriately recorded
- Act within their delegated responsibility

6.5 HR Operational Team

HR colleagues are responsible for advising both managers and staff on the interpretation of this policy in accordance with national terms and conditions.

6 Policy detail/Course of Action

The full years' annual leave entitlement in respect of annual leave and public holidays will be as specified on each employee's Contract of Employment in accordance with the relevant Terms and Conditions of Service and as agreed with the Local Negotiating Committee [LNC], set out in paragraph 6.

Annual leave entitlement of all employees will be calculated according to the relevant national Terms and Conditions of Service applicable to the grade.

Employees are encouraged to spread their annual leave entitlement throughout the full leave year in order to take regular breaks from the workplace.

Public holidays recognised in the NHS in England currently are: New Year's Day, Easter Friday (otherwise known as Good Friday); Easter Monday, the two May bank holidays; the August bank holiday; Christmas Day and Boxing Day.

Trainees including those in Trust and LAS posts on rotational programmes must take annual leave proportional to each placement where possible.

Employees on non-prospective cover rotas will not normally be permitted to take a disproportionate number of individual leave days (as opposed to leave days as part of a longer period of leave) when allocated to be on-call. Individual departments/specialties should agree what is reasonable for them when reviewing leave protocols.

Consultants and SAS doctors are asked to take leave against DCC and non-DCC time in reasonable proportion to the overall job plan.

It is the employee's responsibility to ensure that they take their leave entitlement within the current leave year in collaboration with other team members and departmental planning

All leave must be approved by the Clinical Lead in accordance with specialty / departmental protocols Employees are strongly advised not to make any leave arrangements before leave is confirmed.

All leave to be recorded robustly using HealthRoster or other method of record.

7 Annual Leave and Public Holiday Entitlements for Consultants and SAS Doctors

The annual leave year for Consultants and SAS doctors aligns with non-medical staff and runs from 1st April to 31st March.

For the purposes of this Policy, "leave" in the table below and in Appendix 1 includes the allowance of statutory days.

The Trust recognises that in reality Consultants and SAS doctors do not work 0900-1700 Monday to Friday, and has made the decision to calculating annual leave in PAs. This ensures equity for all employees whether working part-time, full time, or more than 10 PAs, and also between employees working varied timetables. Leave entitlement is calculated by multiplying the total leave entitlement in weeks by the number of PAs in the weekly job plan.

Note that leave entitlement from public holidays (see section 8) is equal to the 'standard working day' of the department that the individual is working in, and not the number of PAs that would otherwise have been worked on that day. For example, if the usual departmental schedule for the working day is 10 hours – the PA entitlement will be 2.5PA for a standard working day. This will be applied when calculating leave entitlements and deducting how much leave is taken. This is irrespective of whether the individual works a longer or shorter than usual day on the particular day that the bank holiday falls upon. This is to ensure that public holiday entitlement is available equitably to all irrespective of their working pattern.

Here are some examples:

- A. A consultant (<7 years' service) with a 10 PA job plan, standard department working day 8h long (2PA)
- B. A consultant (<7 years' service) with a 5 PA job plan, standard working day 8h long (2PA)
- C. A consultant (<7 years' service) with a 10 PA job plan, standard working day 10h long (2.5PA)
- D. A consultant(>7years service) with a 10PA job plan, standard working day 8h long (2PA)
- E. A consultant (> 7 years service) with a 12PA job plan, standard working day 10h long (2.5PA)

	A	B	C	D	E
PA worked / week	10	5	10	10	12
X6weeks	60	30	60	60	72
Public holidays in PA	8 x2=16	4x2= 8	8x2.5=20	8x2=16	8x2=16
PA Entitlement with public holidays added	76	38	80	76	88
Additional 2 days if >7 years service in PA	n/a	n/a	n/a	2x2=4	2x2.5=5
PA Entitlement with >7y added	76	38	80	80	93
Total leave in PAs	76	38	80	80	93
	0	0	0	0	

As annual leave is taken, entitlement is deducted according to the number of PAs that are in the job plan for that time of leave, not the average weekly PAs worked. If public holidays are not worked, entitlement is similarly deducted (note that it is irrelevant that that work would have been premium if it had happened).

Calculation and allocation of the value of public holidays and statutory days is currently based on the 'standard' five day working week, although the Trust acknowledges future contractual negotiation and may require this to change.

7.1 Annualised and part-annualised job plans

The examples above are all for job plans which follow a schedule defined in advance (albeit possibly a complicated schedule). If this is not the case then an annualised job plan should be considered instead. This is where the doctor is contracted to provide a defined number of PAs of specified activities over the course of the year. In these situations, it is appropriate to track work done, rather than leave taken. This number of PAs of work required for each PA in the weekly job plan would be calculated by:

$$(\text{weekly PAs in job plan}) \times \left(\text{weeks in year} - \frac{1}{10} (\text{annual leave entitlement in days} + \text{public holidays}) \right)$$

Job plans can be part-annualised. In this situation, annual leave would be tracked for the fixed commitments, and work done tracked for the annualised commitments.

Example - a consultant with <7 years' service has a job plan including 10 PAs of fixed & flexible commitments. The standard department day = 2PA. In this situation:

- The consultant would have a leave entitlement of 10x6 PA; plus 2x8PA for bank holidays (60+16=72PA). Adding 10 days entitlement for study & professional leave (10x2=20PA) Total leave entitlement = 20+72=92PA
- the total time 8 weeks (32 days + 8 days), or 72 PAs against their fixed commitments. Assuming 8 PAs fell on public holidays, they would be required to take that leave on those days. They would therefore have 64 PAs of annual leave to be taken discretionally against their fixed commitments.

They would also have a commitment to provide $1 \times \left(52 - \frac{1}{10} (32 + 8) \right) = 48$ PAs of adhoc clinics. This may be further reduced by study or professional leave.

8 Doctors and Dentists in Training

The annual leave year for doctors and dentists in training runs from the start date of the doctor's appointment (usually August in alignment with rotation, but this can vary dependent on training programme).

The annual leave for a full time doctor in training is, as based on a standard working week of five days:

- a. On first appointment to the NHS = 27 days
- b. After five years completed NHS service = 32 day

The annual leave entitlement includes the two extra statutory days that were previously available under the 2002 Terms and Conditions of Service.

As leave is deducted from the rota before average hours are calculated for pay purposes, as set out in paragraph 14 of Schedule 4, leave may not be taken from shifts attracting an enhanced rate of pay or an allowance, as set out in Schedule 2 of these TCS.

Where a doctor wishes to take leave when rostered for such a shift or duty, the doctor must arrange to swap the shift or duty with another doctor on the same rota. It is the doctor's responsibility to arrange such swaps and the employer is not obliged to approve the leave request if the doctor does not make the necessary arrangements to cover the shifts.

Public holiday entitlement is in addition to annual leave entitlement.

9 Public Holidays

The contractual public holiday entitlement for all employees [both full and part-time] will be added to their annual leave entitlement, giving each employee a total leave entitlement for the year inclusive of their public holiday entitlement.

The definitions set out in the Terms and Conditions of Service state that work on a public holiday counts as work in premium time.

Non-emergency work can only be scheduled during premium time, including public holidays, where this has been agreed between the employer and employee.¹

The public holiday entitlement for full and part-time staff in any annual leave year will be based on the number of contractual public holidays falling within that annual leave year [as determined by the date of Easter]. Actual leave entitlement will be calculated in PAs as described in section 6.

Part time workers:

In line with the Part-time Workers (Prevention of Less Favourable Treatment) Regulations, the entitlement to public holidays for part-time workers should also be pro-rated.

Most public holidays will fall on the normal working day. Employees can re-arrange working days, take annual leave or take unpaid leave on the assigned public holiday.

When a public holiday falls on a Saturday or Sunday, the following Monday or Tuesday will be designated as a public holiday for annual leave purposes.

¹ See Schedule 3, paragraph 6 of the TCS for Consultants (England) – 2003 and Schedule 4, paragraph 6 of the TCS for Specialty Doctors (England) - 2008

Public holidays falling on an employee's normal working day must be taken as part of their total leave entitlement if they do not work on that day.

In addition if you are required to be present in the hospital or another place of work between the hours of midnight and 9am on a public holiday you should receive a day off in lieu.

Employees will not be entitled to an additional day off if they are on sickness absence or on another form of leave on a public holiday.

Where an employee is not employed for a complete leave year their public holiday entitlement will be calculated on the number of public holidays occurring within the period of service.

10 Notice Periods for taking Annual Leave

11.1 Consultants, Associate Specialists and Specialty Doctors:

- Annual leave should be discussed at the annual Job Plan review. Dates for annual leave and the arrangements for the work to be done in their absence should be incorporated into the agreed Job Plan or alternatively agreed at least six weeks in advance from date of application. The application should be considered from the date submitted in order to prevent delay and non approval, time requirements to approve by managers should also be set. Subject however to suitable arrangements being made, Consultants, Associate Specialists and Specialty Doctors may take up to two days of their annual leave without seeking formal permission provided that they give notification beforehand.
- Short periods of leave may be agreed with less notice at the discretion of the Clinical Lead taking into account service needs.

11.2 Doctors in Training including Trust grades and Locum & Service [LAS]:

- A minimum of six weeks' notice is required
- Short periods of leave may be agreed with less notice at the discretion of the supervising consultant and Clinical Lead taking into account service needs
- Trainees are encouraged to book all their annual leave entitlements in the first month of their employment.

11 Managing Annual Leave

Departments/specialties must develop their own local arrangements for the management of annual leave under the terms of this protocol. Such arrangements include:

- The number of staff permitted to be on leave at the same time in each subspecialty and grade. There must be a clear protocol for each rota setting out the maximum number of staff who can be on leave at the one time in order to maintain the on-call and service delivery cover. It would be helpful to discuss annual leave prospectively

as a team to plan for seasonal fluctuations and service variation and to ensure openness and fairness in allocating annual leave.

- The booking process for annual leave to include what forms need to be completed and who can authorise requests. For example, the Lead Clinician might be expected to consider the clinical impact of the request and should liaise with the Clinical Manager if necessary to help gauge the financial implications of the request.
- Details of notification of approval or refusal, are provided within 5 working days of submitting any request for leave, unless the relevant staff member is on annual leave or sick leave. Appropriate divisional escalation to Rota Coordinator and operational Managers if this is not responded to in the required time frame.
- Annual leave for consultants, Speciality Doctors and Associate Specialist should be calculated in PA's. Doctors in training annual leave will be calculated in days/hours.
- The Department / specialty may wish to adopt a system to ensure fairness when booking leave during peak periods of annual leave demand, typically around public and school holidays when a number of members of staff will wish to take leave at this time. The Department/specialty may agree an extended period in which staff can apply for leave in this period, giving all staff a reasonable opportunity to make their requests. During this open period, no leave allocation will be finalised.

If more staff request leave than the service is able to accommodate without adversely impacting on patients (see departmental/specialty protocols) on staff leave the Clinical Lead will allocate leave. They will take the pattern of leave in previous years into account to try and ensure that, over time, all staff has a fair opportunity to take leave in peak times.

As leave requests will be made through Health Roster/MAPs, multiple requests for the same period should be visible to requesters. It is recommended that colleagues try to resolve scheduling conflicts informally before being referred to the Clinical Lead.

Applications for leave received after the deadline and where the maximum amount of leave has already been allocated will be automatically refused. Applications for leave received after the deadline where there is still leave available will immediately be granted.

12 Carry Forward of Annual Leave

13.1 Consultants and SAS Doctors

As per Section 1, paragraphs 10-14 of the General Council Conditions of Service, if due to the needs of the service, employees have been unable to take all of their annual leave entitlement, in exceptional circumstances only employees may, if agreed by their lead clinician and general/business manager, carry forward up to 5 days of annual leave into the next leave year. Where a request to carry forward annual leave is not approved, or where no such request is made, any annual leave not taken will be lost. Exceptions are where –

- An individual is on long-term sick leave - accrued and untaken annual leave allowances can be carried over

- Where employees are unable to take the full allowance of annual leave before the end of the leave year they shall be allowed to make up the deficiency during the ensuing leave year at a time to be mutually agreed.

13.2 Doctors and Dentists in Training (including Trust and LAS)

As per Schedule 10, paragraph 21 of the terms and conditions of service, in cases where exceptional circumstances or service demands have meant a doctor has been unable to take the full leave allowance, up to five days of leave per annum (pro rata for contracts or placements of less than 12 months duration or doctors working less than full time) may be carried over to the next post or placement with the same employer. This is not an entitlement and must be with the agreement of the department.

With the agreement of the employer, payment in lieu of annual leave can be made for up to five days where annual leave could not be taken before a move to a new employer.

13 Annual leave and Sickness Absence

If employees are ill or injured during a period of pre-arranged annual leave employees may elect to treat the days of incapacity as sickness absence instead of annual leave. The employee must inform their manager of their incapacity and its likely duration as soon as possible even if abroad. The usual requirements for self-certification and medical certificates will apply as outlined in the Trust Attendance Management Policy.

14 Annual leave and Maternity

Annual leave will continue to accrue during Maternity Leave. Refer to the Trust Maternity Policy and Procedure.

15 Annual leave on Termination of Contract

When an employee leaves the employment of the Trust any outstanding accrued leave will be paid. Where possible, this will be paid with the final pay. Where annual leave taken exceeds the accrued entitlement an equivalent deduction will be made from the employee's final pay.

On receipt of an employee's termination of employment with the Trust, their manager must meet with them to discuss the arrangements for taking any outstanding annual leave within their notice period, if this is not practicable payment of outstanding annual leave or advice of deductions regarding overtaking annual leave. The needs of the employee should be met wherever possible.

Any accrued untaken leave from before a period of sickness ending in the termination of employment will be included in the final termination of contract settlement.

16 Death in Service

Where an employee dies in service annual leave entitlement will be calculated based on the date of death and paid to the employee's personal representative. No deduction from the final

salary payment will be made in respect of annual leave taken in excess of employment on the date of death.

17 Appeals

Employees will be entitled to a written reason from their line manager for refusal of any application for leave. If they remain dissatisfied with the reason, they may raise this through the Trust's Grievance Procedure.

18 Consultation

This policy has undergone consultation and approval via the Joint Local Negotiating Committee and People and OD Sub Committee.

19 Training

This annual leave guidance does not have a mandatory training requirement. It is expected that the following roles will be need to be conversant with this procedure so they can provide effective support to doctors. The Trust will be responsible for ensuring those involved in approving and administering annual leave receive appropriate training.

- Operational Lead for Medical HR
- Care Group Directors
- Directors and Associate Directors of Operations
- Operations Managers
- Assistant Operations Manager
- Members of LNC
- Specialty Rota Co-ordinators
- Medical HR Resourcing Officer

20 Monitoring Compliance and Effectiveness

This policy will be monitored and audited on a regular basis. A full review shall take place every 36 months unless legislative changes determine otherwise.

Compliance and effectiveness will be monitored:

- Quarterly at divisional operational level

21 Links to other Organisational Documents

Attendance Management Policy: [Attendance Management policy.pdf \(iow.nhs.uk\)](https://www.iow.nhs.uk/Assets/Attachments/Attendance%20Management%20Policy.pdf)

22 References

Terms and Conditions - Consultants (England) 2003: [https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants---LCEA/Consultant-contract-](https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants---LCEA/Consultant-contract-terms-and-conditions-2003.pdf)

[Terms-and-Conditions-April-2018.pdf?la=en&hash=2260CE8D563CD881275A69EA452B4661DA9559B1](#)

Terms and Conditions - Associate Specialists (England) 2008: <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/SAS-doctors/Terms-and-Conditions-Associate-Specialist-V3-2018.pdf>

Terms and Conditions - Specialist (England) 2021: [TCS-for-specialist-grade-england-2021_0.pdf \(nhsemployers.org\)](#)

Terms and Conditions - Specialty Doctor (England) 2008: <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/SAS-doctors/Terms-and-Conditions-Specialty-Doctor-V4-2018.pdf?la=en&hash=162AA67BAEE7E54FFFE3E344D221E7F7776C3B80>

Terms and conditions - Specialty Doctor (England) 2021: [TCS-for-speciality-doctors-england-2021_0.pdf \(nhsemployers.org\)](#)

Terms and Conditions - Doctors and Dentists in Training (England) 2016: <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Junior-Doctors/NHSDoctorsandDentistsinTrainingEnglandTCS2016VERSION8231219.pdf>

23 Appendices

Appendix 1.

Grade	Requirement	Annual Leave	Extra Days	Statutory Days
Consultant <i>New Contract</i>	Less than 7 years completed consultant service	30 days	n/a	3 days
Consultant <i>New Contract</i>	7 years+ completed consultant service	30 days	2 days	3 days
Consultant <i>Old Contract</i>	n/a	30 days	n/a	3 days
Associate Specialist	On Appointment	30 days	n/a	3 days
Associate Specialist	7 years+ completed service	30 days	2 days	3 days
Specialist	Less than 2 years service / On appointment	25 days	n/a	3 days
Specialist	2 years+ completed service in Grade or equivalent. (Or who had an entitlement of 6 weeks immediately prior to transfer to this grade)	25 days	5 days	3 days
Specialist	7+ years completed service	30 days	1 day	3 days
Specialty Doctor (2008 TCS)	Less than 2 years in Grade	25 days	n/a	3 days
Specialty Doctor (2008 TCS)	2 years+ completed service in Grade or equivalent. (Or who had an entitlement of 6 weeks immediately prior to transfer to this grade)	30 days	n/a	3 days
Specialty Doctor (2021 TCS)	On appointment / Less than 2 years service	25 days	n/a	3 days

Specialty Doctor (2021 TCS)	2 years+ completed service in Grade or equivalent. (Or who had an entitlement of 6 weeks immediately prior to transfer to this grade)	30 days	n/a	3 days
Specialty Doctor (2021 TCS)	7+ years completed service	30 days	1 day	3 days
Junior Doctor	n/a	27 days	n/a	n/a
Junior Doctor	Completion of five years NHS service	27 days	5 days	n/a

Appendix 2. Booking Annual Leave Example 1 – Consultant / SAS with 10 PA's across 5 days

	Monday	Tuesday	Wednesday	Thursday	Friday
Job Plan	DCC x 1 PA SPA x 1 PA	DCC x 1 PA	DCC x 3 PA	DCC x 1 PA	DCC x 3 PA
Booked Leave should be	2 PAs	1 PA	3 PAs	1 PA	3 PAs

Example 2 – Consultant / SAS Doctor with 10 PA's across less than 5 days

	Monday	Tuesday	Wednesday	Thursday	Friday
Job Plan	DCC x 3 PA		DCC x 3 PA	DCC x 1 PA	DCC x 3 PA
Booked Leave should be	3 PAs		3 PAs	1 PA	3 PAs

Example 3 – Consultant / SAS Doctor with 7 PA's across less than 5 days

	Monday	Tuesday	Wednesday	Thursday	Friday
Job Plan		DCC x 3 PA	DCC x 3 PA	DCC x 1 PA	

Booked Leave should be		3 PAs	3 PAs	1 PA	

Where a Consultant / SAS Doctor normally works DCC or SPA time on a day when and Bank Holiday falls, annual leave must be booked against this day. Annual leave entitlements contain allowance for Bank Holidays.

It is expected that when booking an extended period of annual leave that leave is taken against all job planned activity contained within that period, including DCC, SPA or other non-prospective on-call.

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

Name of policy/procedure	Annual Leave for Medical and Dental Staff Policy
Date of assessment:	30 th March 2023
Responsible department:	People Services
EIA Author:	Rebecca Palmer
Intended equality outcomes:	

Who was involved in the consultation of this document?

Date	Forum
27 th May 2021	Local Negotiating Committee
9 th November 2021	People and OD Sub Committee
30 th March 2023	Joint Local Negotiating Committee

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found by following the link:

www.legislation.gov.uk/ukpga/2010/15/contents

Protected Characteristic	Equality Analysis	EIA Impact (Positive/Negative)
Age	Policy will not impact more or less favourably based on age	
Disability	Policy will not impact more or less favourably based on disability.	
Gender reassignment	Policy will not impact more or less favourably.	N/A
Marriage & civil partnership	Policy will not impact more or less favourably.	
Pregnancy & maternity	Policy will not impact more or less favourably based on pregnancy and maternity.	
Race	Policy will not impact more or less favourably based on race.	
Religion/Belief	Policy will not impact more or less favourably based on religion or belief.	
Sex	Policy will not impact more or less favourably based on sex.	
Sexual orientation	Policy will not impact more or less favourably based on sexual orientation.	

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions