



STUDY AND PROFESSIONAL LEAVE POLICY FOR CONSULTANTS, ASSOCIATE SPECIALIST AND SPECIALTY DOCTORS

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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

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
Sep 15	0.1		Executive Medical Director and Executive Director of Finance and Human Resources	New policy	
30 Jul 15 & 26 May 16	0.1		Executive Medical Director and Executive Director of Finance and Human Resources	New Policy	LNC
12 Apr 16	0.1		Executive Medical Director and Executive Director of Finance and Human Resources	New Policy to be ratified	Policy Management Group
22 Sep 16	1.0	22 Sep 16	Executive Medical Director and Executive Director of Finance and Human Resources	New policy to be approved	Trust Leadership Committee
20 Sep 2019	1.0	22 Sep 16	Executive Medical Director and Executive Director of Finance and Human Resources	Extension to review date until 31/01/2020 approved via voting buttons	Policy Management Sub-Committee
02 Dec 2020	1.0	22 Sep 16	Executive Medical Director and Executive Director of Finance and Human Resources	Extension to review date until 31/03/2021 approved by	Deputy Director of Human Resources
29 Jan 2021	1.0	22 Sep 16	Director of People and Organisational Development	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
22.05.21	1.0	22 Sep 16	Director of People and Organisational Development	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

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

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1. EXECUTIVE SUMMARY

The Trust attaches the greatest importance to the continuing education and training of its professional staff and values education as an integral part of delivering excellent care.

The purpose of this policy is to provide guidance for medical staff and those who are responsible for managing Consultants, Associate Specialist and Specialty Doctors working within the Isle of Wight NHS Trust about the requirements and processes applying to study/professional leave.

2. INTRODUCTION

The policy will ensure that Consultants, Associate Specialist and Specialty Doctors are enabled to maintain their personal competence and meet the requirements of medical revalidation.

The policy will ensure that an efficient procedure is in place to enable Consultants, Associate Specialist and Specialty Doctors to apply for and receive approval for study/professional leave in a timely manner.

The policy will ensure that the Trust's patients and their needs are at the forefront of decision making about doctors absence from work.

The policy will support the achievement of the Trust's Equality Policy which provides that no employee shall receive less favourable treatment than any other, on the grounds of: 'gender, sexual orientation, marital status, responsibility for dependants, disability, race, national origin, age, religion, political or trade union affiliations,

3. SCOPE

This policy applies to all Consultants, Associate Specialist and Specialty Doctors in the employment of the Isle of Wight NHS Trust. Employment includes both part time and fixed term workers as well as those on a permanent or fixed term contract.

This policy excludes Doctors in Training, Locum and Agency Doctors.

4. PURPOSE

This policy fulfils the contractual obligation provided by the Terms and Conditions of Service – Consultants (England) 2003 Handbook.

It ensures that the arrangements for approving study/professional leave covered by the policy are clearly outlined, are efficient, timely, transparent and non-discriminatory.

5. DEFINITIONS

5.1 Study leave includes:

- study (usually, but not exclusively or necessarily on a course),
- research,
- teaching,

- examining or taking examinations,
- visiting clinics and
- attending professional conferences.

5.2 Study Leave allowance will be 30 days over a 3 year cycle. Individuals wishing to take more than 10 of their 30 days entitlement within a single year will need to raise this issue with their Clinical Director, Operations Manager and Business Unit Accountant.

5.3 Professional leave is discretionary with pay (but without expenses)

- Duties as an officer, committee member or member of a working party of a Royal College, Care Quality Commission Inspector, Faculty, Professional or Scientific Society or NICE.
- Examining for Royal College, University or other body
- Attendance as a College Assessor at an Advisory Appointments Committee inside/outside Region.
- Attendance at officially constituted bodies giving advice to the Department of Health.
- Duties as a member of a Mental Health Act Commission.
- Duties as a member of a Medical Defence Society.
- Attendance at British or International Standards Committees.
- Duties as a member of the Medical Research Council.
- Membership of Editorial Board of a Scientific Journal.
- Clinical Trials Working Party (should be taken as annual leave if remunerated by external body)
- Duties in relation to postgraduate educational activities outside the Trust.
- Lecturing outside the Region.
- Visits to hospitals outside the Region for the purpose of assessing training facilities (B(3)P243/021).
- In connection with responsibilities as Regional Educational Adviser.
- Attendance at External Appointments Committees for Medical Staff outside the Isle of Wight NHS Trust or Isle of Wight Clinical Commissioning Group.
- Attendance at external appeals committee.
- One off delivery of undergraduate or postgraduate lectures within the Region.
- Course Instructor

The following activities are regarded as official duties and therefore do not constitute study leave or professional leave.

These activities should be reflected in the job plan, taking into account the location of these activities and the feasibility of the doctor being able to return to base in the event of an emergency.

- Consultant to consultant meeting related to patient care
- Meeting with local commissioners
- Local service, delivery and improvement meetings
- Specialist Network Meetings e.g. Cancer, Cardiology

- In house mandatory training
- Attendance at a Coroner's inquest or court if required by the Trust
- Meetings in connection with management of patients across internal and external boundaries
- Attendance at interviews for Doctors in Training

5.3 Day

A 'day' is defined as a period of 8 hours and therefore any member of staff whose normal working day is longer or shorter than 8 hours will be required to book professional/study leave at a proportionate level. e.g. A normal working day of 10 hours will equate to 1.25 professional/study leave days.

5.4 Calculation of study and professional leave entitlements

5.4.1 Full time Doctors

The consultant contract provides, for a full time consultant, a standard week of 10 programmed activities worked between 7.00 am and 7.00 pm Monday to Friday. This equates to a 40 hour week and an average day of 2 x 4 hour programmed activities or 8 hours. Thus entitlement to study/professional leave at 10 days per annum may be counted as 20 programmed activities, 20 notional half days or 80 hours. For consultants working a non-standard contractual pattern (i.e. not 5 days Monday to Friday), study/professional leave should be booked either as Pas, notional half days or hours whichever is most convenient.

Where a non-standard day is worked it will be necessary to book leave equivalent to the length of the day normally worked. For example a normal working day of 10 hours will equate to 1.25 PAs or 10 hours of study leave.

5.4.2 Part time Doctors

Depending on their range of duties, the Trust recognises that the time required to maintain competence for a part-time doctor should be of a similar amount as a full time doctor. Therefore part-time doctors will be entitled to up to 10 days study/professional leave subject to confirmation of their CPD requirements through their appraisal and PDP.

5.5 Distribution of study and professional leave should be distributed across DCC and SPA time in a reasonably proportionate manner.

6. ROLES AND RESPONSIBILITIES

6.1 Responsibilities of Business Unit Clinical Director

- Will ensure that study/professional leave arrangements are discussed with their Operations Manager during capacity planning to enable effective scheduling of activity.
- Study/Professional leave allocation is 30 day evenly spread over a 3 year cycle so that the needs of the service can be maintained. The Trust would normally expect this to

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be averaged out to 10 working days per year. Any request for study/professional leave properly submitted and send to the doctor for his or her own records a signed copy of the authorisation form.

- 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 take into account the appropriateness of Study/Professional Leave with due consideration to meeting contractual obligations. This should be an integral part of the Division's business and financial planning.
- May approve up to 10 days professional/study leave per year for each individual within their specialty covered by this policy and will normally grant leave to the maximum extent consistent with maintaining essential services. Agreement to the payment of costs will be subject to available funding and thus must be agreed in advance. Essential CPD should be funded as a first priority.
- Must ensure that cover is arranged for the clinician granted leave and that budget is available to provide cover, where costs are incurred.
- Will only grant professional leave where the service impact can be managed effectively and the Trust considers that the purpose of the leave is of importance to the Trust or the wider NHS.
- May authorise a study day in lieu at a mutually agreed time where an individual is expected to attend a course during their day(s) off; this should be agreed in advance.
- Will check that sufficient budget is available when study leave is granted; although the costs of courses and conferences approved for study leave will normally be funded, this cannot be assumed.
- Will ensure that where a practitioner is employed by the Trust and another employer that the only the proportion of leave and funding for the Isle of Wight NHS Trust is authorised.
- Will, when granting Professional leave give priority to ensuring that colleagues are not prevented from taking annual leave or essential study leave.
- In exceptional circumstances, where approval of professional leave has been given for a significant period in advance, it may be withdrawn in order to meet this requirement. Before professional leave is cancelled, considerations should be given to:
 - The impact on service delivery for both attending and not attending
 - The financial implications; would the employee, Trust or the wider health economy suffer a financial detriment by not proceeding with the professional leave?
 - Frequency of the event, recognising that some events are infrequent.
- Authorise study leave funding (nominal £800 per annum) to be used in alternative ways to achieve learning, for instance the purchase of professional journals

- Will ensure a record of study/professional leave for individuals on MAPs Healthroster and notify individuals when they have used their allocation.

6.2 Educational Tutors/programme leaders

Educational tutors and programme leaders who are responsible for the delivery of under or post graduate teaching of doctors at the Trust may claim Professional Leave with expenses for attendance at essential meetings called by Health Education Wessex (HEW) unless these can be claimed by another body.

6.3 Responsibilities of Individual Clinicians

Make all reasonable endeavours to arrange prospective cover.

- Agree with their Lead Clinician any requirement for regular professional leave and incorporate this agreement into their annual their job plan.
- Give as much notice as possible; normally 6 weeks for any leave which impacts on direct clinical care, unless there are exceptional circumstances.
- Apply to the Specialty Lead Clinician for the costs of professional/study leave to be met by completing and submitting the attached application form. (appendix A).
- Limit their application for the costs of professional/study leave to;
 - Course Fees
 - Travel expenses reimbursed at the level of standard return rail fare or the appropriate Trust mileage allowance for car drivers.
 - Travel expenses other than rail or car mileage where this is proven to be a cheaper alternative i.e. air travel.
- Ensure that expenses, travel, and accommodation are arranged as economically as possible and taking advantage of any discounts available for late/early/internet booking.
- Keep original Receipts. Expense claims will be made using E-Expenses.
- Ensure that the acceptance of sponsorship from commercial organisations complies with the Trust's Standing Financial Instructions and Standards of Business Conduct for NHS staff and the Bribery Act.
- Make a declaration of interest for assistance from external agencies, at the time of the request for Study Leave and submit this to the Corporate Governance Department.
- Fund their own updating if granted leave for other purposes such as sabbatical or career breaks, ensuring that this is completed prior to return to work.

6.4 Responsibilities of Business Unit Head of Operations

- Hear appeals from specialty medical staff in relation to decisions of the Specialty Clinical Lead, in line with the Trust's formal grievance procedure within 10 working days of receipt of appeal.
- Arrange a panel of the divisional heads together with an Operations Manager from within the relevant division to consider applications for professional/study leave in excess of 10 days per year.
- Where it is not to the benefit of a specialty or division to approve study/professional leave beyond 10 days per annum, Clinical Directors may consult with the Executive Medical Director to determine whether the leave is in the wider interest of the Trust.

6.5 Responsibilities of Medical Director

- Approve study/professional leave for the Deputy Medical Director

6.6 Responsibilities of Chief Executive

- Approve study/professional leave for the Executive Medical Director.
- Hear appeals from Head of Operations in line with the Trust's formal grievance procedure in relation to decisions of the Executive Medical Director in line with the Trust's formal grievance procedure within 10 working days of receipt of appeal.

6.7 Responsibilities of the HR Function

- Advise on the interpretation of this policy in accordance with national terms and conditions
- Review the policy in conjunction with the Joint Local Negotiating Committee in line with Trust Policy

6.8 Notification of Request will be sent by the approver within 5 working days of receipt of the request.

7. CONSULTATION

The following staff groups and committees have been given an opportunity to contribute to the final version of this policy:

- Consultants
- Executive Medical Director
- Clinical Business Unit Head of Operations, Operations Manager and Clinical Directors
- Human Resources
- Associate Director of Medical Education

- Assistant Director of Foundation Programme

8. TRAINING

This Study/Professional Leave Policy for Consultants, Associate Specialist and Specialty Doctors does not have a mandatory training requirement or any other training needs.

9. MONITORING COMPLIANCE AND EFFECTIVENESS

The implementation of and compliance of this policy will be monitored using the following key performance indicators:

- Clinical Directors, Head of Operations, Operations Managers and individual consultants have received training of this policy within 6 months of its approval.
- The use of this policy is actively managed by each Business Unit.
- Decisions regarding the allocation of Doctor's Study/Professional Leave have been fair and in line with the policy and have not been successfully challenged by the employee.

Monitoring will be performed by Medical HR Lead, in conjunction with Business Unit Managers.

Formal monitoring of the implementation of this policy will occur bi-annually by JLNC.

Should monitoring uncover any shortfalls in the implementation of the policy, the Head of Operations and Medical HR will work with the relevant departmental managers and clinicians to draw up an action plan for improvement.

10. LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS

- Job Planning Protocol
- Grievance Policy and Procedure
- Diversity and Inclusion Policy
- Rostering Policy
- Counter Fraud and Corruption Policy
- Corporate Governance Strategy and Policy
- Standards of Business Conduct
- Annual Leave Protocol

11. REFERENCES TO NATIONAL DOCUMENTS

- Terms and Conditions of Service – Specialty Doctor (England) April 2008 revised in March 2014
- Terms and Conditions of Service – Consultants (England) 2003

- Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002 last updated in March 2

12. APPENDICES

Appendix A Study/Professional Leave Application Form

Appendix B Financial Implication of Policy Implementation

Appendix C Equality analysis and action plan

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ISLE OF WIGHT NHS TRUST

CONSULTANT & CAREER GRADE NOTIFICATION OF LEAVE

NAME:

DEPARTMENT:

I would like to apply for **ANNUAL/STUDY/SPECIAL LEAVE** (delete as appropriate)

DATES OF LEAVE

NO OF DAYS

If lieu leave, please state days worked

Please indicate below who is to cover your on-calls and clinical commitments. The Associate Director would need to know if your leave would result in a reduction in activity (theatres and Outpatients etc)

FOR STUDY/SPECIAL LEAVE:

PURPOSE OF LEAVE: *(please attach programme)*

EXPENSES REQUESTED: *(please give full details of course fees, travel & subsistence)*

I CONFIRM THAT I HAVE DISCUSSED MY LEAVE WITH COLLEAGUES AND HAVE FOLLOWED CURRENT LEAVE PROTOCOLS FOR MY DEPARTMENT/DIRECTORATE

SIGNED.....DATE.....

THIS FORM SHOULD BE SENT TO YOUR LEAD CLINICIAN/ DIRECTOR FOR AUTHORISATION.

Lead Clinician /Clinical Director

APPROVED/NOT APPROVED

SIGNED.....DATE.....

A MINIMUM OF SIX WEEKS' NOTICE IS REQUIRED WHEN BOOKING ANNUAL, LIEU DAYS, STUDY AND SPECIAL LEAVE

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	Study/Professional Leave Policy for Consultants, Associate Specialist and Specialty Doctors
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

Summary of Impact:

The policy ensures there is a consistent approach to the application of study/professional leave across all Business Units.

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

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

If "YES" please specify:

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	None		
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0

IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel and course costs	£800 per doctor	
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	£800 per doctor	

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

Funding /costs checked & agreed by finance:	0
Signature & date of financial accountant:	0
Funding / costs have been agreed and are in place:	0
Signature of appropriate Executive or Associate Director:	0



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Study/Professional Leave for Consultants, Associate Specialists and Specialty Doctors
Purpose of document	To establish a consistent approach to the application of national terms and conditions of service
Target Audience	Clinical Directors, Executive Medical Director, Members of LNC, Managers of doctors
Person or Committee undertaken the Equality Impact Assessment	<i>Elizabeth Nials, Senior HR Manager</i>

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	Yes		
	Women	Yes		
Race	Asian or Asian British People	Yes		
	Black or Black British People	Yes		
	Chinese people	Yes		
	People of Mixed Race	Yes		
	White people (including Irish people)	Yes		
	People with Physical Disabilities,	Yes		

	Learning Disabilities or Mental Health Issues			
Sexual Orientation	Transgender	Yes		
	Lesbian, Gay men and bisexual	Yes		
Age	Children	Not applicable		Not of working age
	Older People (60+)	Yes		
	Younger People (17 to 25 yrs)	Not applicable		Unlikely to be of working age
Faith Group		Yes		
Pregnancy & Maternity		Yes		
Equal Opportunities and/or improved relations		Provision to support full and part time workers		

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhist, Jews, Christian, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	

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