

<b>Document Title</b>	Study Leave Policy for Medical Staff (Consultants and Specialty Doctors)			
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<b>Lead Officer</b>	Rajesh Nadkarni Executive Medical Director			
<b>Author(s)</b> (name and designation)	Rajesh Nadkarni Executive Medical Director			
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<b>Review and Amendment Log</b>	<b>Version</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
	V01	New	Mar 16	New Documentation

**This Policy supersedes the following Policy which must now be destroyed:**

<b>Document Number</b>	<b>Title</b>
	NEW POLICY

## Study Leave Policy for Medical Staff (Consultants and Specialty Doctors)

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**Appendices – listed separate to Policy**

<b>Appendix No:</b>	<b>Description</b>	<b>Issue No:</b>	<b>Issue Date</b>	<b>Review Date</b>
Appendix 1	Study Leave Application Form	1	Apr 16	Apr 19

## **1 Introduction**

- 1.1 This Policy provides guidance for Medical Consultants and Specialty Doctors employed by Northumberland, Tyne and Wear NHS Foundation Trust (the Trust / NTW) about the requirements and processes applying to study and professional leave. This Policy also applies to Associate Specialists and Staff Grade Doctors on the pre 2003 contract. Throughout the Policy reference to Consultants and Specialty Doctors will include these Doctors.

## **2 Purpose**

- 2.1 The Trust recognises the need for Consultant and Speciality Doctors to maintain good medical practice through continuing medical education and professional development in line with the requirements for revalidation. The Policy will ensure:

- That the contractual obligation provided by the Terms and Conditions of Service for Consultants 2003, including pre 2003 Consultant Contract, and Specialty Doctors are fulfilled;
- That the arrangements for study / professional leave are clearly outlined, transparent and non-discriminatory;
- That Consultants and Specialty Doctors are enabled to meet their personal competence and the requirements of medical revalidation;
- That an efficient process is in place to apply for and receive approval for study / professional leave;
- That service users, their needs and the needs of services are at the forefront of decision making about a Doctor's absence from work for this purpose.

## **3 Duties, Accountability and Responsibilities**

### **3.1 Medical Director**

- Ensure that Consultants and Specialty Doctors are enabled to access appropriate CPD activities;
- To agree the financial support for Consultants' and Specialty Doctors' CPD activity and to ensure the costs of CPD are included in the budget setting process.

### **3.2 Deputy Medical Director**

- Ensure there is a robust process in place for the administration of this Policy;
- Ensure compliance with this Policy is audited on an annual basis;
- Monitor the annual uptake of CPD amongst the Consultants and Specialty Doctors.

### **3.3 Group Medical Directors**

- Ensure that CPD is included in job planning activity;
- Make a final decision regarding professional / study leave requests where there is a disagreement between the Doctor and his or her Line Manager.

### **3.4 Medical Line Manager and Service Manager**

- Undertake job planning that includes discussion of professional / study leave requirements;
- Ensure Consultants are aware of this Policy;
- Authorise requests and expenses claims in line with this Policy;
- Ensure cover is provided for professional / study leave;
- Refer requests over the financial agreement (conference fees greater than £500) to the Clinical Director / Group Medical Director for sign off;
- Refer any concerns about non-compliance with this Policy to the Clinical Director / Group Medical Director.

### **3.5 Consultants and Specialty Doctors**

- Ensure their requirements for CPD are fulfilled;
- Be aware of this Policy;
- Arrange appropriate internal cover for professional / study leave with colleagues.

## **4 Definition of Terms / Abbreviations**

- NTW: Northumberland, Tyne and Wear NHS Foundation Trust or The Trust;

- MD: Medical Director;
- GMD: Group Medical Director;
- DMD: Deputy Medical Director (Medical Development);
- CD: Clinical Director;
- LC: Lead Clinician.
- SM: Service Manager

## **5 Professional and Study Leave**

5.1 Some of these activities may be covered in the Job Plan under SPA activity or as Additional Responsibilities over and above the usual SPA requirement. Some roles that are agreed approved between the Doctor and Line Manager will not require requests for leave that are regular and expected as part of the role. (See the Trust's Job Plan Policy - NTW(C)56) and include:

- Study usually but not exclusively on a course or programme;
- Research;
- Teaching;
- Examining or taking examinations;
- Visiting clinics and attending professional conferences;
- Training;
- Attendance at local, regional or national committees;
- Ad-hoc work such as Healthcare Commission, Ombudsman, GMC;
- Attendance at external advisory appointments for Consultant staff;
- Activities in connection with educational responsibilities e.g. regional education advisor, examiner or attending deanery committees;
- Lecturing outside the Trust.

## **6 Requests for Professional / Study Leave**

- 6.1 Requests for professional / study leave will normally be granted for activities relevant to both the individual's need and those of the service. It is expected that CPD Plans and proposals are agreed and monitored in the Doctor's CPD Peer Group. Requests from such a group are likely to be successful and refusal will be an exception and a full explanation would be given. Requests which benefit the wider NHS will also be considered.
- 6.2 Granting of leave is subject to the need of the Doctor and the need to maintain NHS services. Professional / study leave will only be granted where the service impact can be managed effectively.
- 6.3 When leave with pay is granted the Consultant must not undertake any other paid work during the leave period without the Trust prior permission. Where paid work is undertaken for another body this must be taken as annual leave. Arrangements for such eventualities are described in the Trust's Private Practice Policy - NTW(0)46.
- 6.4 The Consultant must have an up-to-date Appraisal and Job Plan that identifies the development needs being requested.
- 6.5 Where a Consultant is employed by more than one NHS organisation, the leave and the purpose for it must be agreed by all organisations.
- 6.6 The Medical Staff Study Leave Application should be completed and submitted to the appropriate Medical Manager for approval together with the conference / training course registration / booking form / on-line registration (stop prior to payment page) together with travel / accommodation request (if required). (See Appendix 1 for Form).
- 6.7 The appropriate Medical Manager will inform the Service Manager as to the application in the first instance and its approval so service continuity across the Multi-Disciplinary Team can be maintained
- 6.8 Once approved by the appropriate Medical Manager the form should be sent to the Medical Workforce Administrator in the Medical Education, Development and Workforce (MEDW) Department and the application will be processed through the NTW Electronic Booking System linked to the Facilities Department.
- 6.9 Any electronic bookings made automates an e-mail to the applicant showing proposed bookings, the request will be followed up by any travel tickets, hotel confirmation, e-tickets in due course direct to the applicant.
- 6.10 Not all conference / training course bookings are followed up by an organisers e-mail / postal acknowledgement; this is something which is out of NTW's hands.
- 6.11 Applications must be submitted with at least 4 weeks' notice to secure payment to organiser.

- 6.12 A personal record of all study leave taken is held by the Medical Workforce Administrator in the MEDW Department.

## **7 Professional / Study Leave Entitlement**

- 7.1 In accordance with the nationally agreed Terms and Conditions of Service for Medical and Dental Staff (V10), the Trust will provide a maximum of 30 days professional / study leave with full pay and reasonable expenses over a period of 3 years for Consultants and Specialty Doctors employed by the Trust. This applies to leave within the EU, applications outside the EU will be judged on their merit.
- 7.2 Study leave is calculated on a 3 year rolling period.
- 7.3 For Doctors working 0.6 WTE or more the allocation of professional / study leave will be the same as for full time Doctors as there is no pro rata reduction in the requirements in the supporting evidence for revalidation. For Doctors working less than 0.6 WTEs the leave will be subject to individual agreement and negotiation. For Doctors working across 2 or more organisations the leave entitlement and costs will be shared by each organisation pro rata.

## **8 Carry Over of Professional / Study Leave**

- 8.1 There will be no carry-over of any untaken professional / study leave outside the 3 year period. Any leave not accessed will be lost.
- 8.2 Any externally sponsored professional / study leave should be declared using the Declaration of Interests Form.

## **9 Funding for Professional / Study Leave**

- 9.1 There is an annual budget for study leave held by the Executive Medical Director. There is not an individual budget for each Doctor. The criteria for approval are outlined in this Policy.

## **10 Expenses**

- 10.1 All reasonable expenses associated with the period of approved study leave will be paid by NTW unless met via sponsorship or shared with a joint employer. Reasonable expenses are second class rail fare or standard mileage (unless another form of transport is less expensive) and overnight accommodation in Trust agreed hotels.

## **11 Sabbaticals**

- 11.1 Proposals for sabbatical leave must be agreed by the Group Medical Director and be made as part of the annual job planning process and are unpaid.

## **12 Complaints Arising from the CPD Process**

- 12.1 Any complaints or appeals arising from the study leave process must be reported to the Director of Medical Development who will then investigate the complaint / appeal or nominate someone of sufficient experience and identify if there can be local resolution, otherwise the Trust's Grievance Policy - NTW(HR)05, should be followed.

## **13 Identification of Stakeholders**

- 13.1 This newly developed Policy has been circulated to the following list for a **2 week consultation period**:

- Executive Medical Director;
- Local Negotiating Committee;
- Consultant Psychiatrists;
- Medical Director Community Services Group;
- Medical Director, Specialist Care Group;
- Medical Director, Inpatient Care Group.

## **14 Training**

- 14.1 There is no training linked to this Policy.

## **15 Implementation**

- 15.1 The Group Medical Directors and the Director of Medical Development will be responsible for the implementation of this Policy.

- 15.2 Taking into consideration all the implications associated with this Policy, it is considered that a target date of 1 year from date of issue is achievable for the contents to be fully implemented within the organisation.

- 15.3 Implementation will be monitored by the Revalidation Office. If at any stage there is an indication that the target date cannot be met, then the Revalidation Office will consider the implementation of an Action Plan.

## **16 Fair Blame**

- 16.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

## **17 Fraud, Bribery and Corruption**

- 17.1 In accordance with the Trust's Fraud, Bribery and Corruption Policy and Response Plan - NTW(O)23, all suspected cases of fraud and corruption should be reported immediately to the Trust's Local Counter Fraud Specialist or to the Executive Director of Finance.

## **18 Monitoring Compliance (See Appendix C)**

- 18.1 Compliance with this Policy will be monitored by Group Medical Directors and Director of Medical Development.
- 18.2 Monitoring demonstrates whether or not the process is working. (Relates to Appendix C - Audit and Monitoring Tool information attached to back of this Policy)

## **19 Associated Documents**

- NTW(C)33 - Medical Appraisal Policy;
- NTW(C)56 - Job Planning Policy;
- NTW(HR)05 - Grievance Policy
- NTW(O)23 - Fraud, Bribery and Corruption Policy and Response Plan
- NTW(O)46 - Private Practice Policy;

## **20 References**

- Hospital Medical and Dental Staff: study leave. Department of Health. 1979 - The Terms and Conditions of Service for Medical and Dental Staff V10.

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Directorate
Christopher Rowlands	October 2015	October 2018	Trust-wide
<b>Policy to be analysed</b>		<b>Is this policy new or existing?</b>	
NTW(HR)22 - Study Leave Policy for Medical Staff (Consultants and Specialty Doctors)		New	
<b>What are the intended outcomes of this work?</b> Include outline of objectives and function aims			
To provide guidance and information on the Study Leave Application Process			
<b>Who will be affected?</b> e.g. staff, service users, carers, wider public etc.			
Medical Staff (Consultants and Specialty Doctors)			
<b>Protected Characteristics under the Equality Act 2010.</b> The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
<b>Disability</b>	No impact		
<b>Sex</b>	No impact		
<b>Race</b>	No impact		
<b>Age</b>	No impact		
<b>Gender reassignment (including transgender)</b>	No impact		
<b>Sexual orientation.</b>	No impact		
<b>Religion or belief</b>	No impact		
<b>Marriage and Civil Partnership</b>	No impact		
<b>Pregnancy and maternity</b>	No impact		
<b>Carers</b>	No impact		
<b>Other identified groups</b>	No impact		
<b>How have you engaged stakeholders in gathering evidence or testing the evidence available?</b>			
Through standard consultation routes			

<b>How have you engaged stakeholders in testing the policy or programme proposals?</b>	
Through standard consultation routes	
<b>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</b>	
Policy circulated for comment	
<b>Summary of Analysis</b> Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
No impact	
<b>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic</b>	
<b>Eliminate discrimination, harassment and victimisation</b>	Not applicable
<b>Advance equality of opportunity</b>	Not applicable
<b>Promote good relations between groups</b>	Not applicable
<b>What is the overall impact?</b>	Not applicable
<b>Addressing the impact on equalities</b>	Not applicable
<b>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? NO</b>	
<b>If yes, has a Full Impact Assessment been recommended? If not, why not?</b>	
<b>Manager's signature:</b>	<b>Christopher Rowlands</b>
<b>Date:</b>	<b>October 2015</b>

**Communication and Training Check list for policies**

**Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy**

Is this a new policy with new training requirements or a change to an existing policy?	New Policy
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	N / A
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?  Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHSLA etc.  Please identify the risks if training does not occur.	No
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	Medical Consultants and Specialty Doctors need to be aware of this policy
Is there a staff group that should be prioritised for this training / awareness?	N / A
Please outline how the training will be delivered. Include who will deliver it and by what method.  The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	Publication of Policy
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	N/A

**Appendix B – continued**

**Training Needs Analysis**

Staff/Professional Group	Type of Training	Duration of Training	Frequency of Training
Not Applicable			

**Copy of completed form to be sent to:**

Training and Development Department,  
St. Nicholas Hospital

**Should any advice be required, please contact:- 0191 223 2216 (internal 32216)**

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy authors are required to include how monitoring of this Policy is linked to Auditable Standards / Key Performance Indicators will be undertaken using this framework.

<b>NTW(HR)22 - Study Leave Policy for Medical Staff - Monitoring Framework</b>			
<b>Auditable Standard / Key Performance Indicators</b>		<b>Frequency / Method / Person Responsible</b>	<b>Where results and any Associate Action plan will be reported to implemented and monitored;</b> (this will usually be via the relevant Governance Group).
<b>1.</b>	Allocation of study by Doctor	Annually by Report from Deputy Medical Director (Medical Development)	Reported to Group Business Meeting
<b>2.</b>	Complaints or Appeals	Annually by Report from Deputy Medical Director (Medical Development)	Reported to Group Business Meeting

The Author(s) of each Policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.