University Hospital Southampton NHS
NHS Foundation Trust

Professional and Study Leave Policy for Consultants, Associate Specialists, Specialty and Staff Grade Doctors

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The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This policy has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.

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Executive Summary

University Hospital Southampton NHS Foundation Trust (UHS) is committed to ensuring that patients receive an excellent service when they choose our hospital for their consultation and treatment. The Trust attaches great importance to the continuing professional development of its medical staff and values education as an integral part of delivering excellent care.

This policy aims to maximise the opportunity for consultants, associate specialists, specialty and staff grade doctors to take their professional and study leave entitlement without compromising service needs. This policy will address the following areas:

- entitlement to professional and study leave for consultants, associate specialists, specialty and staff grade doctors
- processes to be followed when requesting professional and study leave
- the process of authorisation
- record keeping
- dealing with breaches of this policy

The Trust will provide for a maximum of 30 days professional / study leave, with full pay and reasonable provision of expenses (including off-duty days falling within the period of leave) over a period of three years for all consultants, associate specialists, specialty and staff grade doctors holding substantive employment contracts with UHS.

1.0 Introduction

This policy will optimise the opportunity for consultants, associate specialists, specialty and staff grade medical staff to take their professional and study leave entitlement without compromising service needs.

It is set out to ensure that all concerned are clear about the entitlements to professional / study leave and how this leave should be requested and authorised.

1.2 Scope

This policy applies to all consultants, associate specialists, specialty and staff grade medical staff holding substantive employment contracts with UHS.

1.3 Aim / Purpose

The objectives of this policy are:

- For all consultants, associate specialists, specialty and staff grade medical staff to follow a consistent process for managing professional / study leave
- To provide a mechanism for authorising and maintaining clear records for all professional / study leave taken
- To ensure service needs are unaffected by medical staff absences due to professional / study leave

Inherent within all of its practices the Trust is committed to the principles of diversity, equality of treatment and equality of opportunity. This policy aims to ensure that no employee

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receives less favourable treatment because of any of the following 9 protected characteristics:

- age
- disability
- gender
- marriage and civil partnership
- pregnancy and maternity
- race, ethnic or national origin, colour and nationality
- religion/belief or lack of any religion/belief,
- sexual orientation
- gender re-assignment

or on the basis of

- flexible working arrangements; or
- by virtue of being a member of a Trade Union.

1.4 Definitions

The national Consultants Terms and Conditions of Employment document Schedule 18(B) defines professional / study leave to include:

- study, though not necessarily on a course or programme
- research
- teaching
- examining or taking examinations
- visiting clinics and attending professional conferences
- training

2.0 Trust Related Policies

This policy is closely linked with, and should be read in conjunction with the following Trust policies:

- Annual Leave for Consultants and Career Grade Doctors: Management of
- Managing Attendance Policy
- UHS Leave Policy
- Consultant Terms and Conditions (England) 2003 - Schedule 18b
- Grievance Procedure
- Education and Learning Policy
- Business Conduct Policy

3.0 Roles and Responsibilities

Medical Director (MD)

The Medical Director has responsibility for ensuring that consultants, associate specialists, specialty and 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 UHS.

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Divisional Clinical Directors (DCD)

The Medical Director delegates responsibility to Divisional Clinical Directors for:

- Ensuring that there is a process in place across all Care Groups 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 Care Groups to manage requests for professional / study leave in line with this policy.
- To agree with the Divisional Management Team the limits of financial support for consultants CPD activity and to ensure costs for any planned CPD activity are included in the budget setting process.
- Authorising professional / study leave requests in the absence of the Care Group Clinical Lead (CGCL) or 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 and the CGCL.
- Ensure that compliance with this policy is audited on an annual basis and to act upon the findings of these audits, including instigating investigations where required (in conjunction with HR) and taking appropriate disciplinary action where necessary.

Care Group Clinical Leads

CGCL's are responsible for:

- Undertaking annual job planning reviews with all consultants, associate specialists, specialty and staff grade doctors within the Care Group and ensuring that reviews include a discussion about CPD activity and any professional / study leave requirements.
- Ensuring that consultants / doctors are aware of this policy, their entitlement to professional / study leave, their requirements for requesting this leave and the outcome of non-compliance.
- Authorising (or refusing) requests for professional/study leave in line with this policy, being mindful of the requirement to ensure all annual leave commitments are fulfilled as a priority, to avoid unnecessary carry-overs.
- Ensuring locum cover is arranged where internal cover is unavailable.
- Referring requests over the 10 day limit or the agreed financial limit, to the DCD for sign off.
- Ensuring that application forms are fully completed, signed and filed in a central Care Group file (which allows easy access for auditing purposes).
- Monitoring the annual uptake of professional / study leave (including mandatory training requirements) for individual Care Group consultants and doctors alongside annual leave entitlements.
- Discussing concerns with individual consultants / doctors if leave (including annual leave) is not being booked in a timely manner throughout the year.
- Referring any concerns about non-compliance with this policy to the DCD.
- Authorising expenses claims in relation to professional / study leave activity.

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Consultants, Associate Specialists, Specialty and Staff Grade Doctors
Individual consultants, associate specialists, specialty and staff grade doctors have responsibility for:

- Ensuring their requirements for CPD activities are fulfilled, including all statutory and mandatory updates required by professional bodies and by UHS.
- 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 to ensure that there is no carry forward of 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.

4.0 Policy Principles and Procedures

Any grant of leave for approved postgraduate purposes is discretionary subject to the need to maintain NHS services. Professional / study leave will only be granted where the service impact can be managed effectively and providing cover is available to maintain essential services.

Requests for professional / study leave will normally be granted for activities relevant to both the individual's and the Trust's development / service needs however, requests for leave which benefit the wider NHS will also be considered.

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.

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.

If a consultant / 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.

Where leave with pay is granted, the consultant / doctor must not undertake any other paid work during the leave period without the Trust's (or other NHS employer's) prior permission. Where paid work is undertaken for another body this must be taken as annual leave.

Appeals against refusal of professional / study leave should be managed using the Trust Grievance Procedure.

4.1 Professional Leave Entitlement

The Trust will provide for a maximum of 30 days professional and study leave, with full pay and reasonable provision of expenses (including off-duty days falling within the period of leave) over a period of three years for all full time consultants, associate specialists, specialty and staff grade doctors holding substantive employment contracts with UHS. This

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leave entitlement is **inclusive of all statutory and mandatory training topics** as defined by Professional Bodies and by the Trust.

Other than in exceptional circumstances, it is expected that consultants / doctors 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 (1st November – 31st October). Professional / study leave entitlement may be taken as a continuous block of leave or as odd days.

Where an application for leave with pay is made that exceeds 10 days (or equivalent part time allocation) in duration, the consultant / doctor will be expected to use some of their annual leave entitlement to supplement this leave to avoid the need for excessive carry over of annual leave.

Entitlement for Part Time Employees

Entitlement to Professional / Study Leave will be applied to part time employees as follows:

Number of Contracted PA's / SPA's / DCC	Professional / Study Leave Entitlement
10 or more PA's	30 days over 3 years / 10 days per year
9 PA's	27 days over 3 years / 9 days per year
8 PA's	24 days over 3 years / 8 days per year
7 PA's	21 days over 3 years / 7 days per year
6 PA's	18 days over 3 years / 6 days per year
5 PA's	15 days over 3 years / 5 days per year
4 PA's	12 days over 3 years / 4 days per year
3 PA's	9 days over 3 years / 3 days per year
2 PA's	6 days over 3 years / 2 days per year
1PA	5 days over 3 years / 1 day per year

Where employees change their number of contracted PA's during the three year period, professional / study leave should be re-allocated based on annual entitlement figures prior to and after the contract change and confirmed with the employee at the same time as agreeing their new job plan.

The Trust may at their discretion grant professional / study leave above this provision (for study within or outside of the UK), with or without pay and with or without expenses, or with some proportion thereof. Requests for professional / study leave in excess of 10 days (or equivalent for part time employees) must be authorised by the Divisional Clinical Director.

Where consultants are employed by more than one NHS organisation, the leave and the purpose for which it is required must be approved by all employing organisations.

Travel time is included in the professional leave entitlement.

Carry Over of Professional / Study Leave

There will be no provision for carry forward of any untaken Professional / Study Leave outside of the three year period. Any leave entitlement not accessed during the three year period will be lost.

Conflicts of Interest

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Doctors are reminded that any externally sponsored professional / study leave should also be declared using the Trust Declaration of Interests Form (obtainable via Staffnet – Appendix B of the Business Conduct Policy) and completed forms should be submitted to: The Head of Corporate Affairs, Trust Management Offices, Mail Point 18.

Funding for Professional / Study Leave

Funding for professional / study leave needs to be agreed on an annual basis with the Divisional Management Team and included in the annual budget setting process. Any limits set on the amount of funding available for professional / study leave will be communicated via the DCD to the Care Group Clinical Leads who will then cascade the information to all consultants / doctors within the Care Group.

Sabbaticals

Leave over three months in duration should be managed in accordance with the Trust Employment Break Scheme (detailed in the Trust Leave Policy) and will be unpaid. Proposals for sabbatical leave must be made as part of the annual job planning process.

Use of Professional / Study Leave to Support a Return to Work Programme

It is entirely appropriate for professional leave / study leave to be allocated as part of a structured return to work programme following periods of absence e.g. maternity leave or long term sickness absence.

This should be agreed with the individual consultant / doctor immediately on return to work, (or prior to return where possible) and should include any professional and local updates regarding changes in practice which may have occurred during the period of absence.

Please also see the Trust Managing Attendance Policy regarding the use of annual leave for supporting a phased return to work programme.

4.2 Requesting Professional / Study Leave

Discussions and agreement about professional / study leave should be included as an integral part of the annual job planning review and planned with as much notice as possible. As a minimum, requests for professional / study leave must be made **at least 6 weeks prior to the commencement date.** Retrospective applications for professional / study leave **will not be approved**.

Activities suitable for attracting professional / study leave are outlined in section 1.4 of this policy. This list is not exhaustive and each Care Group / Clinical Specialty will be expected to define what specific activities may or may not attract professional / study leave support. This should be made clear to all consultants / doctors by the Care Group Clinical Leads.

When granting professional / study leave, priority must be given to ensuring colleagues are not prevented from taking annual leave or essential study leave e.g. any statutory or mandatory training days. In such circumstances where approval for professional / study leave has been granted a significant period in advance, approval for leave may be withdrawn at the discretion of the Divisional Clinical Director.

All mandatory training topics required by UHS must be undertaken within the annual allocation of professional / study leave. A list of mandatory training topics for medical staff can be found at

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http://www.uhs.nhs.uk/Media/suhtideal/Doctors/StatutoryAndMandatoryTraining/Statutoryandmandatorytraininglogformedicalstaff.doc

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It should be noted that medical staff are required to cover each of the mandatory topics stated and should attend as many rolling half day sessions as required to cover all of the required topics. There is no requirement to attend every rolling half day session.

All applications for professional / study leave must be made using the Trust Professional / Study Leave Application Form which can be found at **Appendix A** of this policy.

4.3 Authorisation Process

Completed application forms should initially be submitted to the Care Group Clinical Lead for authorisation. Before authorising any requests for leave, the Care Group Clinical Lead will:

- Ensure that the purpose for the requested leave is appropriate and that there are identified benefits for both the individual doctor and the Trust.
- Ensure that the request for leave will not prevent colleagues from taking their annual leave entitlement or undertaking any essential (statutory and mandatory) training days.
- Ensure that the request does not exceed the individual's entitlement of 10 days in that leave year (1st November to 31st October). In cases where the request does exceed the annual entitlement the Care Group Clinical Lead must ensure that the application is approved by the Divisional Clinical Director.
- Ensure that appropriate arrangements are in place for clinical cover either by another team member or by an external locum.
- Ensure that the application is passed to the Divisional Clinical Director for sign off of any requests for 'high cost' leave. (The definition of 'high cost' should be determined locally within Divisions in agreement with the Divisional Management Team) or any leave in excess of 10 days duration.

4.4 Record Keeping

Each Care Group Management Team, within each Division, will be responsible for setting up an appropriate recording system for monitoring professional / study leave requests. Ideally this should be integrated with the system in operation for recording and monitoring annual leave to ensure appropriate cover is maintained for clinical services at all times.

An example of a monitoring spreadsheet can be found at **Appendix B** of this policy.

Responsibility for keeping accurate records of professional / study leave lies with the DCD. The day to day management of record keeping may be delegated to an appropriate secretarial function within each Care Group.

4.5 Breaches of this Policy

Where the steps in this policy have not been followed for requesting professional / study leave, leave may be cancelled without notice at the discretion of the Divisional Clinical Director.

Where policy has not been followed and entitlement to professional / study leave is found to have been exceeded (30 days over 3 years), this will be considered as a disciplinary matter and consultants will be subject to disciplinary procedures in line with Trust policy, up to and including dismissal.

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5.0 Implementation

A copy of this policy will be available on Staffnet. Awareness of this policy and its contents will be brought to the attention of consultants / doctors via Care Group Clinical Leads and Divisional Clinical Directors.

6.0 Process for Monitoring Compliance / Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Any identified areas of non-adherence or gaps in assurance arising from the monitoring of this policy will result in recommendations and proposals for change to address areas of non compliance and/or embed learning. Monitoring of these plans will be coordinated by the group/committee identified in the monitoring table.

Element of Policy to be monitored	Lead	Tool/Method	Frequency	Who will undertake	Where results will be reported
Compliance with request and authorisation procedures	Divisional Clinical Director (DCD)	Audit of hard copy application forms	Annually	DCD or appropriate secretarial support.	DCD to report to Medical Director
Compliance with professional / study leave entitlement	DCD or Medical Director	Audit of Care Group monitoring spreadsheets and hard copy application forms	Annually or ad-hoc as requested by the Medical Director	DCD or appropriate secretarial support or allocated other e.g. HR Department	Auditor to report to Medical Director.

7.0 Arrangements for Review

This policy will be reviewed no later than 30th November 2015

8.0 References

Consultant Terms and Conditions (England) 2003 - Schedule 18b

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APPENDIX A

APPLICATION FOR PROFESSIONAL / STUDY LEAVE FOR CONSULTANTS, ASSOCIATE SPECIALISTS, SPECIALTY AND STAFF GRADE DOCTORS

Name:		**Grade:**	
Specialty:		**Care Group:**	
Number of Contracted PA's/week		**Professional / Study Leave Entitlement**	X days over three year period X days per year
Three year period commencing: **Three year period ending:**			1st November xxxx 30th October xxxx

I wish to apply for: Study Leave / Professional Leave

Period of Leave: From: To: Number of days:

Details of direct clinical care and on-call commitments during this period of absence:

DCC and SPA commitments	On-call	Name of person who has agreed to cover	Locum required Yes / No

Number of days professional / study leave taken so far this year not including those requested above (1st November to 31st October):

Purpose for which leave/funding is requested:

(please provide details of Course/Conference and where possible enclose a copy of the programme)

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Does the event have CME Approval? YES / NO

You are reminded that Study Leave funding will only be allocated for activity that supports your CME programme / CPD activity as detailed in your personal development plan.

ESTIMATED STUDY LEAVE EXPENSES REQUESTED:

Fees: Registration, course fees etc. Please insert below details of meals or accommodation included in fees:	£
Travel: Air (Tourist or economy)	£
Train (only second class will be paid)	£
Car - mileage (public transport rate)	£
Other (no taxis)	£
Subsistence: Meals, accommodation etc, (Whitley Council rates)	£
Other expenses required. Give details:	£
TOTAL:	**£**

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 Care Group Clinical Lead / DCD – 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:

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EXAMPLE EXCEL SPREADSHEET FOR MONITORING LEAVE APPENDIX B

PROFESSIONAL AND STUDY LEAVE ENTITLEMENT
1st November 2012 - 31st October 2015

Name: Mr Smith **Specialty:** Surgery
Grade: Consultant

ANNUAL ENTITLEMENT - 10 DAYS (or max 30 Days over 3 years)

Date from	Date to	No. of days	No. of days remaining from annual entitlement	Application authorised by	Date of authorisation	Purpose of leave
1st Nov 2012	**31st Oct 2013**		**10**			
12.11.2012	14.11.2012	3	7	Mr Jones	24.09.2012	Attendance at clinical specialty conference
14.01.2013	16.01.2013	2	5	Mr Jones	24.09.2012	Research seminars
18.02.2013	18.02.2013	0.5	4.5	Mr Jones	24.09.2012	Rolling half day mandatory training
			4.5			
			4.5			
			4.5			
			4.5			
			4.5			
			4.5			
			4.5			
1st Nov 2013	**31st Oct 2014**		**10**			
1st Nov 2014	**31st Oct 2015**		**10**			

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