

**TRUST ANNUAL, STUDY & SPECIAL LEAVE POLICY
 MEDICAL AND DENTAL STAFF**

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1.0 Introduction

The Trust recognises the importance of leave, essential to the health and safety of its employees as well as their professional development. This Policy has been developed to support Business Units in making judgements regarding the calculation, approval and monitoring of annual, study and special leave, taking into account the needs of the service as well as those of individual practitioners. The Policy applies to practitioners in the grade of:

- Consultant
- Associate Specialist
- Specialty Doctor
- Hospital Practitioner
- Clinical Assistant
- Trust Grade Doctors / Locally Employed Doctors (LEDs)
- Doctors and Dentists in Training within University Hospitals of Derby & Burton (UHDB)

1.1 It reflects the Terms and Conditions outlined in Schedule 18 of the 2003 Consultant TCS, Schedule 17 of the 2008 Associate Specialist and Specialty Doctor TCS, Schedule 9 of the 2016 NHS Doctors and Dentists in Training (England) and Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002 and General Whitley Council Provisions.

2.0 Purpose

The purpose of this Policy is to ensure that:

- All leave is requested and authorised in a transparent, fair and consistent manner and in advance of leave actually taking place.
- There is an appropriate Departmentally agreed safe level of medical cover for the delivery of elective and emergency services during periods of leave.
- There is a robust procedure in place to support practitioners in managing their annual leave entitlement throughout the year.
- UHDB does not allow support for the contribution of its practitioners to the wider NHS to be detrimental to patient services.
- NHS Locum practitioners are only employed to cover leave when appropriate.

2.1 Unless exceptional circumstances prevail, failure to give a minimum of 6 weeks' notice is normally deemed to be retrospective and will only be considered on its merits.

3.0 Key Responsibilities/Duties

3.1 Practitioners

Practitioners must submit leave applications providing 6 weeks' notice before the first day of proposed leave, the notice period being measured from when the application is actually submitted. The Trust will ensure leave applications are processed effectively in order to enable rota publishing 4 weeks in advance. However, any notice more than 6 weeks would be highly advantageous to allow for the authorisation process.

3.1.1 In exceptional circumstances, and subject to suitable arrangements having been made, medical colleagues may take up to 2 days annual leave with less than 6 weeks' notice without seeking formal permission provided that they give notification beforehand (Terms & Conditions 2003 Consultant Contract Schedule 18 paragraph 3).

- 3.1.2 In addition to annual leave entitlements, practitioners are eligible for leave to deal with urgent and emergency situations and bereavement leave.
- 3.1.3 Where paid study leave is granted practitioners must not undertake other paid work during the hours included in the study leave period.
- 3.1.4 If funding for a period of study leave is provided in part or whole by an external company or organisation e.g. a drugs' manufacturer or supplier, the practitioner must declare this in their leave application and give details. If it is intended to use Trust Charitable funds in part or whole to finance a period of study leave, this must also be indicated in the leave application and a copy forwarded to the Finance Department by the Practitioner.
- 3.1.5 Claims for authorised study leave expenses, must be submitted with the appropriate receipts (or proof of payment), normally within 3 months of attendance at the event. No payment will be made without receipts (or proof of payment).
- 3.1.6 Expense Claim forms submitted after the 3 month deadline date will not be processed.
- 3.1.7 Accommodation costs of up to £140.00 and subsistence costs of up to £20.00 will be reimbursed to a total maximum of £160.00 per day.
- 3.1.8 Train fare expenses will be reimbursed, but practitioners are encouraged to identify the most economical ticket prices in order to maximise the value of the available study leave budget.
- 3.1.9 Mileage rates for car use will be in accordance with national terms and conditions of service. It is the driver's responsibility to ensure they hold the appropriate car insurance cover.
- 3.1.10 Air fares will be reimbursed at economy class only.
- 3.2 Assistant Clinical Directors (ACD)
Based on departmentally agreed minimum levels of safe cover, the ACD, Lead clinician, their deputies or designated leave coordinator will determine in consultation with the Clinical Director (CD) and General Manager the minimum staffing numbers required. This is to ensure there are sufficient numbers of senior medical staff available to provide continuity of care, a safe emergency and safe elective service minimising potential or actual operational difficulties. The minimum staffing numbers will depend on team size and sub-specialism. This information will be circulated to practitioners and a record maintained in the Business Unit's Medical Staffing Administrator/Rota Co-ordinator office.
- 3.2.1 The ACD, Lead clinician, their deputy or designated leave coordinator are responsible for authorising and managing leave within their Business Units in accordance with the agreed minimum staffing numbers.
- 3.3 General Managers (GM) and Deputy/Assistant General Manager (DGM/AGM)
The GM is responsible for implementing and maintaining a robust Business Unit recording and monitoring procedure for all forms of leave.
- 3.3.1 The GM will keep a log of all medical and dental staff leave in order to have visibility for any given week of the number of medical and dental practitioners present in the business units.

3.3.2 The GM may delegate all, or part of the above responsibilities to their DGM or AGM as they deem appropriate to ensure robust recording and monitoring processes are in place for all clinical areas under their remit.

3.3.3 The relevant procedures for medical and dental staff requesting annual leave, study leave and special leave including entitlements, criteria for application and application processes can be found in the following appendices:

- Appendix 1: Annual Leave
- Appendix 2: Study Leave
- Appendix 3: Calculation of study leave days for Consultant and SAS doctors
- Appendix 4: Special Leave
- Appendix 5: Recognised Trust educational activities

4.0 Monitoring Compliance and Effectiveness

This Policy will be reviewed on a three yearly basis or amended in the light of new employment legislation and / or relevant case law by the Executive Medical Director in consultation and agreement with the LNC.

5.0 Appeals Process

The Executive Medical Director has ultimate responsibility for this Policy and will support Divisions in reaching fair and equitable decisions. Any practitioner wishing to formally challenge the decision of the Executive Medical Director in relation to a specific case should do so in accordance with the Trust's Grievance Procedure.

6.0 References

Schedule 18 and 23 of the 2003 Consultant Contract
Schedule 17 of the 2008 Associate Specialist Contract
Schedule 18 of the 2008 Specialty Doctor Contract
Schedule 9 of the 2016 NHS Doctors and Dentists in Training (England)
Terms and Conditions of Service NHS Medical and Dental Staff (England) 2003 and General Whitley Council Provisions
Employment and Learning (March 2009), *ER7 Time Off for Public Duties*
www.delni.gov.uk
Framework Agreement: Amendments to 2016 Junior doctors Contract, August 2019

ANNUAL LEAVE PROCEDURE

1. Annual Leave Entitlements/Allowances

- 1.1 The annual leave year for all medical staff follows the anniversary of their start date. A transitional period will be required to allow medical staff currently following the 1st April to 31st March leave year to adjust to the new leave cycle. This adjustment will be managed by the Business Unit in conjunction with the member of staff.
- 1.1.1 Full time Consultant medical staff who hold a contract of employment as specified by the Terms and Conditions Consultants (England) 2003, Version 9, have an annual leave entitlement of 6 weeks and 2 days (including 2 statutory days and excluding public holidays), which increases to 6 weeks and 4 days after seven years in post (pro rata for part-time staff).
- 1.1.2 The paid entitlement for full-time practitioners is outlined below. Less than full time practitioners receive a pro-rata entitlement based on the number of their weekly contracted PAs or sessions.

Grade	Contract Status	Entitlement
Consultant	2003 contract and less than 7 years service in grade	6 weeks and 2 days
	2003 contract and 7 or more years service in grade	6 weeks and 4 days
	Whitley contract	6 weeks and 2 days
Associate Specialist	Whitley or 2003 contract	6 weeks and 2 days
Specialty Doctor	2008 contract	6 weeks and 2 days
Hospital Practitioner **	Whitley contract	6 weeks and 2 days
Trust Grade Doctors (LEDs)	Local Trust contract	Locally agreed according to level on rota
Doctors and Dentists in Training	2016 contract and less than 5 years NHS service	27 days based on a 5-day working week
	2016 contract and 5 or more years NHS service	32 days based on a 5-day working week

*** These grades have been subsumed by the Specialty Doctor 2008 Terms & Conditions of Service.*

Note: The above entitlements include the two extra statutory days previously available in England under the 2002 Terms and Conditions of Service.

- 1.1.3 Practitioners joining UHDB will have their annual leave cycle begin with the date of commencement of employment.
- 1.1.4 The contractual right to request and take annual leave will be balanced against the needs of the service and patient safety. The timing of annual leave needs to be carefully planned to ensure continuity of care for patients. Leave will only be granted if there is an adequate level of staffing for the service in question in line with departmentally agreed minimum safe levels of cover. This will ensure there are sufficient numbers of medical staff at all grades, including that of Consultant, to maintain the effective review and

management of elective patients in addition to covering for emergencies. Leave requests must be balanced against the individual's needs and their statutory rights, but may be refused if staffing levels are insufficient.

1.2 Clinical Academics

In accordance with Schedule 23 of the Consultant (England) Contract 2003, leave entitlements for clinical academics will be determined by the University employer, but should be no less favourable than that available in the NHS; the timing of leave will need to be agreed in advance with both employers.

1.3 NHS Locum Appointments

The paid entitlement will be determined based on the table above, pro-rata to the length of the contract with UHDB.

1.3.1 In all cases, the taking of leave by NHS locums is subject to the needs of the service, but wherever possible leave should be taken during the occupancy of the post. Where this is not possible, payment in lieu of leave earned and not taken will be made.

1.4 Agency Locum Appointments

If the Business Unit has procured an agency locum via an agency business that is not through direct engagement, then it is for the agency to calculate and manage any annual leave that is owed to the agency worker. If however the Trust has procured an agency locum via an agency business that is through direct engagement and the agency worker is not paid via a Personal Services Company, the worker should be eligible to receive a Working Time Directive payment for each hour worked, which is made in lieu of any annual leave that may be taken. This discharges the Trust's responsibility to statutory minimum holiday entitlement and means the individual directly engaged would not receive payment for any annual leave when taken.

1.5 Public Holidays

Full-time practitioners are entitled to the following public holidays each year.

- Good Friday
- Summer Bank Holiday
- Easter Monday
- Spring Bank Holiday
- May Bank Holiday
- Christmas Day
- Boxing Day
- New Year's Day

1.5.1 There can be variation in the number of Public Holidays that fall within a leave year depending upon whether the Easter Public Holidays fall within March. For example if two Easter Public holidays fall within the same year, an entitlement of 10 Public Holidays will be applicable. The Public Holiday entitlement for the following leave year will be adjusted accordingly.

1.5.2 A practitioner rostered to work on a public holiday will receive a day in lieu as per the table below. Examples are given below:

Public Holidays - Worked on Site	Time given in lieu
1 shift worked e.g. 8.00 am to 5.00 pm	1 lieu day given
1 shift worked that spans 2 Public Holidays e.g. 9.00 pm to 9.00 am	1 lieu day given
If 2 Public Holidays fall together i.e. Christmas Day and Boxing Day and 1 shift is worked on each of those days e.g. 8.00 am to 5.00 pm Christmas Day and 8.00 am to 5.00 pm Boxing Day.	2 lieu days given
If Public Holidays fall on a weekend and are re-designated to the Monday, or Monday and Tuesday (this only happens with Christmas Day, Boxing day and New Years' day).	Lieu days will be given for working either Christmas Day, Boxing Day or New Years' Day or the re-designated public holiday, but not both. 2 lieu days given in total.

Public Holidays - Formal On-call Commitment	Time given in lieu
On-call from home midnight to 9.00 am and called in to attend the hospital or receives multiple/significant disruptions	1 lieu day given
On-call from home midnight to 9.00 am but not called in to attend hospital and receives none or minimal disruption	1 lieu day given
Daytime (8 hours or more commitment) and called in to attend the hospital	1 lieu day given
Daytime (8 hours or more commitment) and not called in to attend the hospital	1 lieu day given

Note: Practitioners working on Public Holidays as per the examples above may only calculate their lieu time using one of the above scenarios, not an accumulation of the two.

- 1.5.3 Less than full time practitioners may elect to take Public Holidays as they fall or have a pro rata entitlement to public holidays.
- 1.5.4 Where service needs permit, Public Holidays or days in lieu should be allowed for NHS locum appointments in the same way as practitioners in regular appointments.
- 1.5.5 If a Public Holiday falls on a full time practitioner's non-working day then the practitioner is entitled to receive a day in lieu as they will not have benefitted from a paid day off.
- 1.5.6 Public Holiday entitlement is only accrued after the public holiday has occurred with the exception of Maternity, Paternity or Adoption Leave where the period is known and can be taken in advance.
- 1.6 Supporting Professional Activities (SPA)
SPAs are specifically contracted activity where practitioners are undertaking pursuits that underpin direct clinical care and the practitioner must therefore be available for recall to clinical duties with immediate effect in times of major incident, irrespective of

whether the SPA is worked on, or off site. This time will be given as TOIL (Time Owed In Lieu) at an agreed date

- 1.6.1 For the purposes of calculating annual leave both direct clinical care (DCC) programmed activities (PA) and SPAs are included in the leave calculation in days. For Consultants with annualised job plans both DCC and SPAs are included in the calculation.
- 1.6.2 SPAs worked either on-site, or off site, may not be used as a way to extend a practitioner's annual leave entitlement.

2.0 Annual Leave Application Criteria

2.1 Consultants, Associate Specialists and Specialty Doctors (SAS)

For Consultants on the 2003 contract, and Associate Specialists and Specialty Doctors on the 2008 Contract, a full-time job plan equates to 10 PAs and is usually worked over 5 working days. The annual leave entitlement for Consultants/SAS doctors will be calculated based on the number of working days with a minimum of half day as a unit.

2.1.2 Compressed Working

Practitioners working compressed hours will have their leave calculated to take into account the compressed working arrangements. For example, a Consultant with less than 7 years in grade who has a 10 PA job plan worked over 4 days will have a total annual leave entitlement of 26 days (4/5ths of 32 days).

2.3 Annualised Hours only

For Consultants/SAS doctors working an annualised job plan, annual leave will be calculated in half days or days. For a full-time practitioner based on a 10 PA annualised contract entitled to 32 days, this would equate to 64 PAs per annum.

2.3.1 Managing PAs worked on no specified day

Where a Practitioner has a PA which is not timetabled for a specific day and they are requesting a week's leave, the 'floating' PA will be included within the leave calculation. Where a Practitioner is requesting leave for part of a week the Practitioner will confirm with the ACD if the 'floating' PA is to be included in the absence period or will be worked on the remaining days.

2.4 Time in Lieu - Public Holidays

Practitioners required to work a public holiday must advise the Business Unit so their leave records can be amended accordingly.

- 2.4.1 Practitioners who work compressed hours and due to their working pattern are not normally required to attend work on a public holiday must advise the Business Unit so their leave records can be amended.

- 2.4.2 Practitioners who work less than full time are allocated a pro-rata entitlement for public holidays. If a public holiday falls on a non-working day then time in lieu can be agreed up to the pro-rata entitlement.

- 2.4.3 Lieu days instead of public holidays must be requested in the same way as annual leave, 6 weeks in advance or earlier by mutual agreement to minimise impact on patient care. However, Lieu days instead of those outside public holidays can be taken at a shorter notice by mutual agreement.

2.5 Compensatory Rest

Under the Working Time Regulations, in all but exceptional circumstances, compensatory rest for 'missed' rest must be taken immediately after the end of the working period, and not aggregated and taken at a later time. It is important in such circumstances that practitioners must take their compensatory rest and the ACD is responsible for ensuring that appropriate compensatory rest is facilitated and in ensuring that the necessary arrangements are put in place.

2.6 General

Normally no more than 3 weeks leave may be taken at any one time. Requests for more than this must be discussed and agreed in advance with the ACD.

- 2.6.1 If a pattern of annual leave requests emerge which cause the Business Unit potential or actual operational difficulties a job plan review will be undertaken.
- 2.6.2 Short notice cancellation of previously approved leave can take place, but only where the clinical activity should be reinstated or replaced with similar activity. Alternatively, study leave can be converted to annual leave and vice versa, subject to approval.
- 2.6.3 The leave entitlement should be taken in full in the appropriate leave year in a managed way to avoid an accrual at year end. In line with Terms and Conditions 2003 Consultant contract a maximum of 5 days annual leave can statutorily be carried over to the following year by notifying medical staffing.
- 2.6.5 There may be other exceptional circumstances where carrying over of more than 5 days of leave may be considered by the ACD on an individual basis. Examples include
- When service needs have prevented the taking of the full amount of leave.
 - When a period of sickness absence immediately precedes the start of the new leave year.

However, 'exceptional circumstances' will not include where an individual has failed to place requests for annual leave during the first three quarters of the leave year and then is not able to take the remaining balance in the final quarter due to the requirements of the service.

Examples based on the Consultant 2003 contract are shown below:

Days worked per week	PA's per day	Total PA /week	Entitlement/ annum (< 7 years in grade)	Entitlement/ Annum (7+ years in grade)	Leave Request Examples	Number of days leave requested
Mon	2	10	6 weeks and 2 days	6 weeks and 4 days	Mon to Fri	5 Days
Tues	3				Tue and Wed	2 Days
Wed	1					
Thurs	2					
Fri	2					
Mon	2	10	6 weeks and 2 days Based on a 4-day working week	6 weeks and 4 days Based on a 4-day working week	Mon to Fri	5 Days
Tues	3					
Wed	3				Wed, Thurs and Fri	2 Days
Thurs	0					
Fri	2					
Mon	2				6	Pro-rata 6 weeks and 2 days <i>based on a 3-day working</i>
Tues	2					
Wed	2					
Thurs	0					
Fri	0					

2.7 Booking leave where a normal working pattern includes evening and weekend working
Practitioners who are employed to work a 7-day week are required to book off these days when taking leave eg if a practitioner is employed to work 10 hours on a Saturday, they are required to book one day of annual leave.

2.8 Sickness during Annual Leave

If a practitioner falls ill during a period of annual leave and that absence is medically certified via a Med3 note (Fit note), their absence will be classed as sick leave and not annual leave from the first day of certification, provided they have followed the correct sickness notification procedure. Med3 notes can be provided retrospectively; however, if sickness occurs during a planned holiday the correct sickness notification procedure must be followed.

2.8.1 Any public holidays occurring during a period of sickness will not be reimbursed. Sickness of Friday and return to work on Monday should count as one day of sickness.

2.8.2 Practitioners absent due to sickness will continue to accrue their annual leave. Practitioners accrue, and can take, statutory annual leave whilst on long term sickness absence, but must gain agreement in advance from their ACD before doing so.

2.9 Trust Grade Doctors (LEDs)

The leave entitlement for Trust Grade Doctors/LEDs will be as outlined in their UHDB Contract of Employment.

2.10 Trust Grade Doctors (LEDs) – interview leave

Doctors employed in these grades may access 1 additional day of paid interview leave if they are attending an interview for core or specialty training in the East or West Midlands. This should be regarded as professional leave

Note: This is not a contractual entitlement; it is locally approved by UHDB and is subject to change.

3.0 Application Process for Annual Leave

- 3.1 The ACD, Lead clinician or leave coordinator is responsible for authorising annual leave in their specialty and for ensuring the ability of practitioners to take their full annual leave entitlement is given priority over the granting of other forms of leave.
- 3.2 Practitioners with clinical emergency commitments during the intended leave period who have prospective cover built within their job plan must ensure on-call cover is agreed by appropriate colleagues prior to submission of the leave application
- 3.3 Once leave is approved, the ACD will forward the authorised leave application to the Divisional Medical Staffing Office (DMS) where the practitioner's leave record will be amended accordingly. The DMS Office will retain the signed leave application and e-mail the number of days taken and the outstanding balance to the requesting practitioner, and ACD. It is the responsibility of each practitioner to ensure they know how much leave they have taken and how much remains outstanding.
- 3.4 Where a leave application has been requested at short notice i.e. within 6 weeks of the leave date and this has been approved by the ACD, the practitioner will try their utmost to ensure that there is revised service arrangements, including any rota changes in place and that these are communicated widely to all parties affected by the leave absence.

STUDY LEAVE PROCEDURE

1. Study Leave Entitlements/Allowances

1.1 Consultants/SAS doctors

In accordance with national Terms & Conditions of Service the paid allowance will normally be up to a maximum of 30 days (including off-duty days falling within the period of leave) within the UK over a 3 year period.

1.1.1 Individuals are expected to manage their days in such a way as to support their CPD over the 3 year period.

1.1.2 A practitioner's study leave allowance of 30 days is allocated over a 3 year period starting from 1st April. Practitioners commencing employment in the Trust after 1st April will be allocated a pro-rata number of days until the completion of the current 3 year cycle at which point they will receive a 30 day allocation to be used over the following 3 years. Equally a notional £3,000 study leave budget could be spent over the 3 years, with no roll over for remaining budget.

1.1.3 The 30 day leave allowance may not be taken all at once, except in exceptional circumstances and with prior agreement of the ACD in consultation with the Clinical Director. Unused time allocation accrued over a 3 year period cannot be carried over.

1.2 Trust Grade Doctors (LEDs)

Study leave time and expenses for Trust Grade Doctors should be agreed by the ACD on a case by case basis and in line with the trainee or SAS doctor positions they cover. Any agreed expenses are met by the relevant Business Unit.

1.3 NHS Locum Appointments

NHS locum practitioners working full or part time with a minimum 6-month NHS Locum contract of employment may apply for up to a maximum of 5 days paid leave within the UK. In addition, they will receive a pro-rata study leave budget allocation.

1.3.1 NHS locum practitioners working less than 6 months may apply for paid leave, however, authorisation and expenses will be at the discretion of the Executive Medical Director.

2.0 Study Leave Application Criteria

Study leave is for postgraduate purposes approved by UHDB to support continuing clinical development, relevant to a practitioner's discipline and professional development programme i.e.

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

2.1 In circumstances where multiple practitioners from a specialty/sub-specialty wish to attend an event, minimally agreed clinical services must be covered. Examples of multiple attendances might include:

- Presentation at a conference that cannot be covered by a single attendee.
- Where it would be impractical or onerous for a single practitioner to bring back learning into the Trust to cascade to others.
- Where attendance clearly benefits CPD or contributes to the achievement of Personal Development Plans or National Accreditation.
- Where a clear benefit to UHDB or patients can be identified.
- Where there is clear linkage to achieving UHDB objectives or goals.
- Where the return on any investment can be clearly demonstrated.
- When a course is infrequent eg every two or three years, it is sometimes in the Trust's best interest to have a number of same-specialty consultants going on a national or international conference.

2.2 The total period of absence during a period of study leave, including off-duty days and weekend days, must be included in the application. However, in determining the number of days to be deducted from a practitioner's study leave allocation, UHDB acknowledges that it is sometimes necessary to travel the day before in order to arrive in time for the start of an event. If travel time does not require the cancellation of timetabled job planned activity (DCC or SPA), no study time will be deducted for travel. If however, for example, the travel is the previous afternoon when the practitioner has timetabled job planned SPA time, half a day will be deducted.

2.3 In all cases applications for study leave outside the UK, (which, in accordance with national terms and conditions, may be granted at the discretion of the Trust) must include course / conference details, a full itinerary and a schedule of travel plans.

3.0 Study Leave Application Process

Study Leave applications are managed by the Medical Education Department on behalf of the Executive Medical Director. The Study Leave Administrator within the Medical Education Department is the nominated individual responsible for processing both study and special leave applications.

3.1 Practitioners must submit a fully completed electronic copy of their Study Leave Application Form (available on the Trust Intranet in the Documents and Forms section) via e-mail to their ACD or leave coordinator. To avoid it being counted as retrospective, the application must be e-mailed simultaneously to the applicable Study Leave Administrator as follows:

- Burton Site (including Tamworth and Lichfield)-uhdb.burtoneducationcentre@nhs.net
- Derby Site (including LRCH) - dhft.leaveapplications@nhs.net

3.2 The relevant site-based Study Leave Administrator will accept the e-mail as notification, but authorisation will only be granted on behalf of the Executive Medical Director on receipt of confirmation of Business Unit support (see below).

3.3 Before deciding whether to recommend leave that may cause operational difficulties, the ACD will discuss the potential consequences with the requesting practitioner.

3.4 The ACD will confirm whether the practitioner's absence is sustainable from a clinical activity perspective and the study supports the individual's PDP for that year. S/he will make a recommendation on the application and e-mail it to the Medical Staffing Administrator (MSA) /Rota Co-ordinator. If the application is supported within the Business Unit, the MSA/Rota Co-ordinator will e-mail it to the appropriate Study Leave

Administrator, together with confirmation that Divisional support has been given and by whom.

- 3.5 In circumstances that s/he judges exceptional, the Divisional Medical Director may authorise study leave at a shorter time period. However, s/he will not authorise applications retrospectively, or if the Business Unit will not be adequately staffed with an appropriate grade and number of doctors during the applied for absence.
- 3.6 The Study Leave Administrator will aim to process leave applications as soon as possible and within 5 working days of receipt, providing the application has been completed in full and includes the relevant supporting documentation.
- 3.7 Providing the application is fully supported an Approval Form and Expense Claim Form will be e-mailed directly to the practitioner by the Study Leave Administrator as confirmation that the study leave is authorised. If the leave episode is imminent and no approval notification has been received, the practitioner should e-mail their Study Leave Administrator for further information.
- 3.8 The examples outlined in Appendix 3, illustrate how UHDB will determine the number of days to be deducted as a result of a period of study leave either within or outside the UK. There will however, be the option of utilising available annual leave for part or all of the period of absence.

CALCULATION OF STUDY LEAVE DAYS FOR CONSULTANTS AND SAS DOCTORS

To achieve the maximum benefit of the Study Leave episode it may be in the best educational and financial interest of both the Trust and the individual to start the journey earlier. The total period of absence during a period of study leave, including off-duty days and weekend days, must be included in applications for study leave. However, in determining the number of days to be deducted from a practitioner's allocation, UHDB acknowledges that it is sometimes necessary to travel the day before in order to arrive in time for the start of an event or to achieve maximum benefit from the educational activity. If travel time does not require the cancellation of timetabled job planned activity (DCC or SPA), no study time will be deducted for travel. If however the travel is the previous afternoon when the practitioner has timetabled job planned SPA time, half a day will be deducted.

The examples below illustrate how the number of study days and overnight expenses for a period of approved leave taken either within or outside the UK will be calculated. There is the option of utilising available annual leave for part, or all, of the period of absence.

Course days	location	travel options	Accommodation expenses	study days deducted
Mon-	London	1. Travelling Monday morning, returning Wednesday evening	2 nights	3
		2. No public transport available Monday morning to arrive at venue on time, or the available transport unsuitable for maximum educational benefit therefore travelling Sunday. Returning Wednesday evening.	3 nights	3
		4. Public transport available Monday to arrive at venue on time, but travelling Sunday and claiming 3 nights' accommodation as more cost effective than travelling Monday and claiming 2 nights' accommodation. Returning Wednesday evening	3 nights	3
Fri –	Glasgow	1. No transport available Friday morning to arrive at venue on time. No timetabled DCC/SPA commitments Thursday afternoon, so flying or travelling by car or train Thursday afternoon. Returning Monday evening.	4 nights	4
		2. No transport available Friday morning to arrive at venue on time or the available transport unsuitable for maximum educational benefit. Flying or travelling by car or train Thursday afternoon, so unavailable for timetabled DCC/SPA commitments. Returning Monday evening.	4 nights	4.5

Tues	Barcelona	1.	Flying Tuesday morning, returning Friday evening.	3 nights	4
		2.	Flying Monday evening as no flight available Tuesday morning to reach venue on time. Returning Friday evening.	4 nights	4
		3.	Flying Monday evening as no flight available Tuesday morning to reach venue on time or the available transport unsuitable for maximum educational benefit. Unavailable for timetabled DCC/SPA activity Monday afternoon/evening. Returning Friday evening.	4 nights	4.5
Thurs	Delhi		Flying Tuesday afternoon to arrive at venue on time. No timetabled DCC/SPA activities on Tuesday afternoon, but unavailable for Wednesday DCC/SPA commitments. Returning Monday evening, so unavailable for Tuesday morning timetabled DCC/SPA commitments	6 nights	6
Tues	S. Africa		Flying Sunday afternoon, so unavailable for Monday timetabled DCC/SPA commitments. Returning Saturday, so unavailable for Friday timetabled DCC/SPA activities	6 nights	5

SPECIAL LEAVE PROCEDURE

(Leave for Public Duties and Other Approved Responsibilities)

1.0 Special Leave Entitlements/Allowances**1.1 Leave for Public Duties**

Reasonable time off will be granted, with or without pay, for practitioners to carry out duties in support of public activities and other approved responsibilities recognised by the Trust. Up to a maximum of 12 days special leave per year (combined DCC and SPA) will be granted taking into account the needs of the service, the individual and the circumstances.

1.1.1 The following is a list of public duties recognised by UHDB.

- Serving as a Justice of the Peace.
- Membership of a Local Authority, Health/Social Services Board or Board of Prison Visitors.
- Membership of any Statutory Tribunal.
- Membership of the managing or governing body of a recognised educational establishment.
- Membership of Professional Advisory/Regulation Panels and/or Fitness to Practice Panels.

1.1.2 Please note this list is not exhaustive, and other requests for leave, paid or unpaid, will be considered on their merit.**1.2. Leave for NHS Duties**

If the special leave is in relation to NHS related duties, then up to a maximum of 6 days DCC PAs may be used without the need to time-shift. In exceptional circumstances, some roles may require more time away and practitioners should consider using their SPA sessions flexibly for some of the time.

1.2.1 Examples of NHS related duties would include:

- Official NHS or external duties including Royal College or GMC work.
- Recognised internal duties include participating as a course leader or faculty member on an in-house educational programme listed in Appendix 5, with the prior agreement of the Clinical Director.

1.2.2 Time off for work undertaken on behalf of the British Medical Association or other recognised Trade Union will be managed in line with the Trust policy relating to time off for union duties.**1.2.3** If the practitioner believes there are special circumstances which need to be taken into account these should be discussed at a meeting with the ACD and the Executive Medical Director to agree appropriate time away.**1.2.4** As an alternative to applying for special leave practitioners may time-shift lost activity in order to fulfil commitments where this is practical and safe to do so. Approval must be sought from the ACD and an agreement reached as to when the lost activity will be undertaken.**1.2.5** To ensure adequate senior medical staff cover is available and to minimise potential or actual operational difficulties, the department's consultant and SAS group, the ACD and the General Manager will decide what is safe and acceptable cover and will annually

agree how many Consultants and SAS doctors it is acceptable to have on leave at any one time for each specialty; this will depend on team size and sub-specialism. This information will be circulated to practitioners and a record maintained in the Medical Staffing Administrator/Rota Co-ordinator office.

1.3 Attendance at Court as a Witness

Where a practitioner is required by UHDB to give evidence at court, paid special leave will be granted.

1.3.1 At the request of anyone other than UHDB, eg attending as an expert witness, leave will only be granted upon production of a subpoena or a letter from a solicitor requiring attendance and will be un-paid.

1.4 Attendance at Court as a witness in respect of matters arising out of private work

Any leave granted to facilitate attendance at Court as a witness in respect of matters arising out of private work will be unpaid.

1.5 Jury Service

Leave will be granted for attendance at Court for jury service.

1.5.1 The practitioner must submit a request for leave to their ACD and produce a copy of the Court Summons as soon as possible.

1.5.2 The Certificate of Loss of Earnings Form issued to them by the Court should be submitted to the Pay Services department for completion prior to commencement of Jury Service. The relevant section must be completed by the line manager before the form is sent to Pay Services. Pay Services will then send the completed form back to the individual who will need to take this with them on their first day of Jury Service.

1.5.3 Following the period of Jury Service, the Court will then send a payment to the individual for loss of earnings plus any expenses incurred. The individual will also receive an invoice for this. A copy of the invoice should be forwarded to Pay Services who will then deduct any payment received for loss of earnings from the employee's next months' pay.

1.5.4 A practitioner reporting for Jury Service but not called to serve on any particular day, or part thereof, should contact their ACD (or in their absence their Clinical Director/General Manager) to determine whether it is practicable to report to work.

1.6 Training with the Reserve and Cadet Forces

2 weeks annual training will be covered by 1 week's paid leave and 1 week's annual or unpaid leave. The annual leave component is part of the practitioner's annual leave entitlement, not an additional amount.

1.7 Participation in Official NHS or External Duties

If a practitioner holds a role that is recognized and paid in their job plan e.g. Training Programme Director and is required to attend a meeting as part of the role which requires clinical activity to be cancelled, they must time shift that clinical commitment, but do not need to request special leave.

1.7.1 The following is a list of external duties recognised by UHDB. It is not exhaustive.

- A guest speaker at an external conference or workshop, lecturer / examiner.
- Council member for the Royal College.
- Meetings with local commissioners. Local service, delivery and improvement meetings.

- Specialist Network Meetings e.g. Cancer, Cardiology.
- Participation in an NHS Shortlisting/Appointments Advisory Committee or University of Nottingham, Birmingham and Leicester Graduate Entry Medical School Selection/Recruitment day(s).

1.8 Staff Governor Duties

Trust Governor meetings and duties are set out in advance and timetabled throughout each year. Staff Governors are expected to ensure their ACD is fully aware of their role as a staff governor to ensure they receive support to attend meetings and participate in governor duties.

- 1.8.1 Attendance at meetings will be subject to the needs of the service and Staff Governors will be permitted reasonable time off from their normal duties to undertake their governor duties, subject to adequate notification in advance.
- 1.8.2 Where time off is required, the Staff Governor must have the prior agreement of their ACD. The Staff Governor will indicate the nature of the activity for which time off is required and the likely amount of time needed. Requests should be made as far in advance as possible.
- 1.8.3 Permission for time off will not be unreasonably withheld, but will always be subject to maintaining safe and reasonable levels of service. There will be no loss or gain in pay from attendance at agreed meetings and/or training courses.
- 1.8.4 Time off should be reviewed on an annual basis and a formal record of the agreement reached should be retained at Business Unit level.
- 1.8.5 Applications for NHS locum practitioners will be considered on a case by case basis by the ACD.

1.9 Leave for participation as a Course Director/Tutor and/or Examiner on a UHDB Educational Programme

Access to an additional 6 days or a total of 12 PAs (DCC and/or SPA) paid leave in any one year (April to March) will be permitted for those in-house educational events listed in Appendix 5 of this Policy, and where attendees on the event are employees of UHDB.

2.0. **Special Leave Application Criteria**

Practitioners must discuss and reach agreement with their ACD, before seeking / accepting any appointment requiring a time commitment outside the Trust.

- 2.1 In all cases applications must include the total period of absence from the Trust. UHDB does not expect to incur expenses as a result of a Practitioner's leave for external duties either in the provision of locum cover, the reimbursement of expenses or the catching up of activity through waiting list initiatives, unpaid leave or reimbursement of lost clinical activity.
- 2.2 Alternatively, Practitioners may utilise annual and/or study leave for part or all of the period of absence, or the period of absence may be taken into account at the annual job plan review e.g. 5 days leave would equate to a reduction of 0.20 PAs per week in the overall job plan (assuming a 10 PA contract). Any agreement of this nature will require prior approval of the ACD and absences recorded to enable a reconciliation of the year's activity to be undertaken at the job planning review meeting.

3.0 Special Leave Application Process

Special Leave applications are managed by the Medical Education Department on behalf of the Executive Medical Director. The Study Leave Administrator within the Medical Education Department is the nominated individual responsible for processing both study and special leave applications.

- 3.1 Practitioners must submit a fully completed Special Leave Application form via e-mail to their ACD who will ensure each application meets the relevant criteria, before authorising and e-mailing to the Medical Staffing Administrator (MSA)/Rota Co-ordinator.
- 3.2 The MSA/Rota Co-ordinator will forward the Special Leave Application form to the applicable Study Leave Administrator for authorisation as follows:
 - Burton Site (including Tamworth and Lichfield)-uhdb.burtoneducationcentre@nhs.net
 - Derby Site (including LRCH) - dhft.leaveapplications@nhs.net
- 3.3 Where unpaid leave has been authorised, the MSA/Rota Co-ordinator will notify Pay Services in good time to ensure that overpayment does not occur.
- 3.4 In respect of Jury Service, the Certificate of Loss of Earnings Form issued to a Practitioner by the Court should be submitted to Pay Services for completion prior to commencement of Jury Service.
- 3.5 All expenses in respect of loss of earnings associated with attending Jury Service must be claimed by the Practitioner from the Court. Any shortfall between a Practitioner's claim against the Court and their actual loss of earnings should be claimed from UHDB.
- 3.6 The ACD will be responsible for ensuring there are revised service arrangements in place to cover a period of authorised leave, including any rota changes, and that these are communicated widely to all parties affected by the leave absence.
- 3.7 Applications for leave in excess of 12 days (combined DCC and SPA) in any one year must be submitted by the ACD to the Study Leave Administrator for consideration by, and on behalf of, the Executive Medical Director.
- 3.8 Participation as a Course Director/Tutor and/or Examiner on in-house educational programmes should be discussed and agreed at the annual job planning meeting and must be recorded in the job planning documentation.
- 3.9 Provided the application is fully supported, an Approval Form will be e-mailed directly to the Practitioner as confirmation that the Special Leave is authorised. If the Special Leave episode is imminent and no approval notification has been received, the Practitioner should e-mail their Study Leave Administrator for further information.

RECOGNISED TRUST EDUCATIONAL ACTIVITIES**Leave for participation as a Course Director/Tutor and/or Examiner on a UHDB Educational Programme**

Access to an additional 6 days paid leave (equivalent to a total of 12 Programmed Activities either DCC and/or SPA based on a standard 2 PA day) in any one year will be permitted for the educational events listed below, and where attendees on the event are employees of UHDB.

COURSE	TIME COMMITMENT	COURSE TUTOR/EXAMINER TIME COMMITMENT
Advanced Paediatric Life Support (APLS)	1 or 2 days	Annually - 2 courses (preferably within own Trust) 6 teaching credits over 2 years. 1 teaching credit = 1 day teaching on accredited courses. <i>For re-verification 1 external course every 4th year</i>
Advanced Life Support (ALS)	1 or 2 days	Over a 2 year period - 3 courses (preferably 1 course within own Trust every year). <i>For re-verification 1 external course every 2nd years should be undertaken</i>
Advanced Trauma Life Support (ATLS)	3 days	Annually - 1 course (preferably within own Trust) <i>For re-verification 1 external course every 4th year.</i>
Basic Obstetric Anaesthetic Day (BOAD)	1 day	Course Director up to 2 per year
Basic Surgical Skills (BSS)	2 days	Course Convenor - 2 courses per year within own Trust.
Burton Regional Anaesthesia Course	1 day	Annually - 1 course
Care of the Critically Ill Surgical Patient (CCrISP)	2 days	Annually - 1 course (preferably within own Trust). <i>For re-verification 1 external course every 2nd year.</i>
Derby Upper Limb Regional Anaesthesia	1 day	Annually - 1 course (preferably within own Trust).
Hospital Incident Medical Management and Support (HMIMMS)	2 days	Annually - 1 course (preferably within own Trust). <i>* For re-verification 1 external course every 4th year.</i>
Managing Obstetric Emergencies and Trauma (MOET)	2 days	Annually - 1 courses (preferably within own Trust). 5 teaching credits over 2 years. 1 teaching credit = 1 day teaching on accredited courses. <i>* For re-verification 1 external course every 4th year</i>
New Born Life Support (NLS)	1 day	Annually – 1 course (preferably within own Trust)
New to the NHS	2 days	Annually - 2 courses
OSCE anaesthetic course	1 day	Annually – 1 course
Paediatric Life Support (PLS)	1 day	Consultants must be APLS Instructors to undertake a PLS course. 6 teaching credits over 2 years. 1 teaching credit = 1 day teaching on accredited courses. s
Pain Management	½ day	Annually – 2 training events
PROMPT Course	1 day	Annually - 3 Training events
Simulation (SIM)	½ -1 day	Specialty specific by request – A&E, Anaesthetics, Surgery
Excellence in Surgical Supervision ESS (previously TRACE)	1 day	Annually - 2 courses
TRANSFER	1 day	Annually - 2 courses Recognised ITU trainer x 2 per year in-house
Generic Instructor Course (GIC)	2 days	Instructors must maintain their instructor status. 6 teaching credits over 2 years. 1 teaching credit = 1 day teaching on accredited courses.
Ill Medical Patients' Acute Care & Treatment (IMPACT)	2 days	Annual - 2 courses per year.
Level 1 Ultrasound Course	2 days	Annually – 1 course
Paediatric Acute Illness Management	1 day	Annually – 1 course
Key/Core Skills Laparoscopic Surgery	2 days	Annually – 1 course
Advanced Labour Ward Practice	3 days	Annually – 1 course