

# Study Leave Policy

*This policy sets out study leave arrangements including the funding of study leave for Foundation, Specialty and Dental and Public Health trainees.*

## **EQUALITY ACT 2010**

Health Education East of England (HEEoE) is committed to equality and diversity within the organisation and this policy is in line with the Equality Act 2010. HEEoE will ensure that the application of any part of this policy does not discriminate, either directly or indirectly, against anyone on the grounds of race, disability, sex, gender reassignment, sexual orientation, religion or belief, age, pregnancy or maternity, marriage or civil partnership. An Equality Impact Assessment (EqIA) will be carried out on an annual basis or in light of any amendments made to ensure this policy will not have a positive or adverse impact on any trainee.

### **1. Introduction**

There are a number of national provisions regarding study leave arrangements for trainees as set out in Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales) Terms and Conditions of Service September 2002 ("the Terms and Conditions"). These also include the recommendations made in the Guides to Postgraduate Specialty Training in the UK 2007, 2008 and 2009 (the **Gold Guide**) and the Operational Framework for Foundation Training.

This policy sets out the study leave entitlements for trainees who come under the remit of the Health Education East of England (HEEoE). This policy also provides guidance on the procedures to be followed by trainees, commissioners and providers of medical education.

### **2. Principles**

Study leave is available for postgraduate purposes and can include research, teaching, examining or taking examinations, visiting clinics and attending professional conferences<sup>1</sup>

Trainees should be encouraged to attend recognised, locally run courses leading to higher qualifications.

There is an expectation that training placements approved by HEEoE will have capacity to facilitate study leave.

Study leave is not an entitlement for any trainee. Commissioners, providers and senior medical staff are reminded of the basic principle that the trainee's educational needs should, where possible, take precedence over purely service needs but without compromising patient safety. Study leave should therefore be well planned and spread throughout the trainee's training programme.

Trainees should discuss their study leave intentions with their Educational Supervisor at the beginning of their placement and at each educational review as part of their individual training plan. Prolonged periods of study leave should be discussed in advance with those involved, including the Specialty Training Programme Director and Clinical Tutors of the Local Education Provider (LEP) involved.

---

<sup>1</sup> Terms and Conditions of Service September 2002 Paragraph 250

Programme Directors are expected to determine a choice of courses appropriate for trainees to pursue their curriculum. Programme Directors are encouraged to identify core skills required at each level of a training programme. Trainees will need to obtain prior approval to attend courses not included in the curriculum from the Clinical Tutor or the Training Programme Director.

Trainees should be allowed to attend courses relevant to the programme they are undertaking which may not necessarily be in the specialty in which they are currently training.

Trainees are reminded of their responsibility to attend all relevant local teaching sessions and to prepare carefully for examinations. Failure to do so may call into question their commitment to training and jeopardise any future study leave applications.

Where study leave with pay is granted, the trainee must not undertake any remunerative work during the study leave period without the written permission of the leave granting LEP. Written permission must be obtained before the study leave commences.

Trainees are encouraged to share their learning from any courses they have attended.

Study leave funding is not appropriate for courses that are required to fulfil the service commitment of the post and the Trust's clinical governance and CNST responsibilities but are not required of a specialist by virtue of their CCT in that specialty e.g. European Paediatric Life Support (EPLS), Advanced paediatric Life Support (APLS), Advanced Life Support (ALS), Advanced Trauma Life Support (ATLS).

Part-time trainees are entitled to study leave on a pro-rata basis and to the same study leave funding allocation as full-time trainees.

### **3. Recommended standards for professional and study Leave**

#### **Foundation doctors**

The legal requirements for study leave in the Foundation Programme ("FP") are complex as the arrangements for F1 and F2 trainees differ. The principle of study leave within the FP is that professional leave or study leave should normally be granted for the purposes of supporting the FP curriculum. Applicants should note that no study leave funding is available to support specialty exams/training.

The study leave budget for the Foundation Programme should be used flexibly to support the implementation of ALS training towards the end of F1.

The study leave budget within FP training must not be used to support trainees who require targeted/remedial training. When such funding is required, a separate process exists.

#### **Foundation Year 1 Training**

F1 doctors are not eligible for study leave, and there is no central study leaves training funding. F1 doctors must have protected time specifically allocated to support their learning outcomes and laid down by the GMC and FP Curriculum. This should be relevant, bleep-free, and appropriate to F1 training:

- through a weekly and timetabled learning programme of up to 3 hours (with a minimum of one hour) a week of protected, bleep free pre-registration training; or alternatively

- time as above aggregated to provide at least seven days of whole day release per year for generic (standard) professional development in line with the generic professional learning programme described above.

Where, for patient safety purposes, the Trust requires an F1 trainee to receive additional training so that they can work effectively from day one as an F2 doctor (e.g. Paediatrics), it is the Trust's responsibility to fund this training.

Trusts can choose how they wish to use the teaching time allocated to F1 trainees, but will be required to demonstrate through quality management processes the delivery of an appropriate, relevant and bleep free teaching programme. Demonstration of 70% attendance at the formal F1 teaching programme is required in order for a trainee to progress to F2.

## **Foundation Year Two Training**

Following registration, the Terms and Conditions of doctors in training indicate that F2 trainees are eligible to apply for study leave in order to augment their postgraduate training, subject to the needs of the service.

Study leave is not an automatic entitlement for any trainee. Foundation trainees in F2 may take up to 30 days (whole time equivalent) study leave each year, subject to essential services being maintained.

The GMC / PMETB have defined generic areas of professional competence relating to *Good Medical Practice* and to the *Foundation Programme Curriculum*. These areas of competence form some of the key learning objectives of the Foundation Programme. The National Operational Framework recommends that study leave for F2 trainees should therefore be used to support these learning objectives.

In line with good educational supervision, the F2 trainee should agree with his or her Educational supervisor how study leave should be used most effectively to support the aims of the programme, to acquire the FP outcomes or competences, to explore or enhance career opportunities and to enhance the trainee's learning portfolio and wider professional development.

HEEoE requires a minimum of 10 days of the annual study leave entitlement to be allocated to the delivery of a generic teaching programme in F2. Trusts can choose how they wish to deliver this generic training to F2 doctors, but will be required to demonstrate through quality management processes the delivery of an organised generic teaching programme and that all trainees have had the opportunity to attend. Demonstration of at least 70% attendance at the formal F2 teaching programme is required in order for a trainee to be signed off for F2 completion.

A further 10 days of the annual study leave entitlement may be used to support learning about different clinical specialties through taster experiences to support the career exploration component of Foundation training, as well as an understanding as to how the specialty contributes to patient care.

A maximum of 10 days can be accessed in each 4 month placement, inclusive of the mandatory professional development programme.

Applications for study leave to support “readiness” for post-FP training may be considered, providing that the trainee is up to date with the FP progress and requirements, and has the approval and support of the local Trust FP team. Study leave funding will primarily support FP competence attainment. Study leave should not be used to prepare for specialty examinations during foundation training, but may be used to take a specialty examination. Study leave funding will not be approved for the purpose of supporting specialty examinations or training.

### **Specialty Registrars (StRs)**

StRs are referred to paragraph 251(i) of the Terms and Conditions with regard to the recommended standard for professional and study leave. StRs are entitled to a maximum of 30 days (whole time equivalent) study leave. The study leave year starts from the commencement date of the programme for a 12 month period. This allocation may be either day release for the equivalent of one day per week, during university terms; or leave, with pay and expenses.

### **Guidance on study leave for the purpose of examinations for StRs**

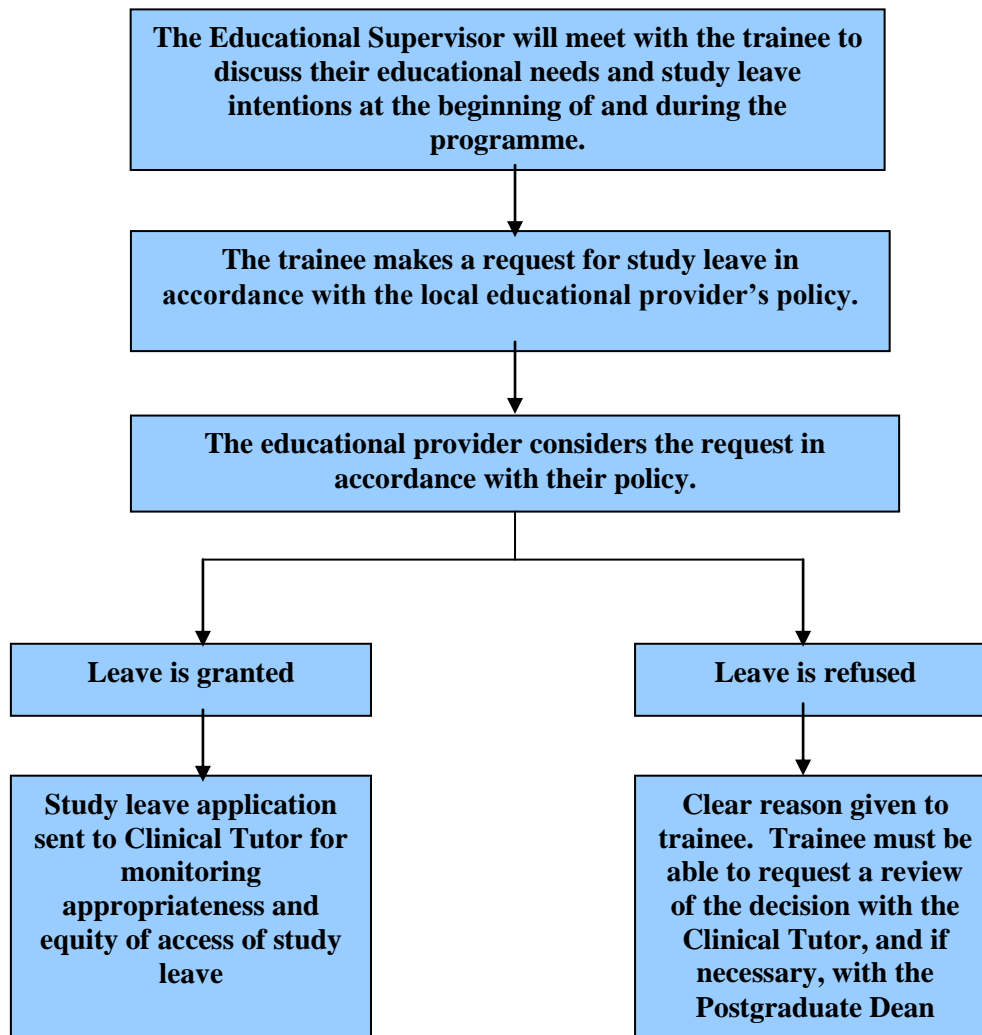
Study leave may be granted for a period of pre-examination study. This should be restricted to one week immediately before an examination, and to a maximum of two weeks in any one calendar year. The Clinical Tutor has the right to take into account changing working practices, including reduction in working hours in deciding if such periods of study leave are appropriate. In general, periods of "nights" on call should be avoided 48 hours before a trainee starts pre-examination study leave.

Study leave will normally be granted in order to take examinations essential for training for the purposes of acquiring a higher qualification where it is necessary as part of a structured training programme up to a maximum of two occasions. Study leave without expenses may be granted at the discretion of the Clinical Tutor to allow trainee's from abroad to return to their home country to take examinations.

Premature, repeated or simultaneous attempts at examinations, especially in quick succession, should be discouraged. Trainees should demonstrate attendance at feedback sessions where provided, after two or more unsuccessful examination attempts.

Examination failures will be considered under the ARCP/RITA process.

#### 4. Request for Study leave process for all Trainees



#### 5. Finance and administration of study leave

The Clinical Tutor, with the help of the Medical Education Committee is responsible for distributing funding for study leave as fairly and as effectively as possible within the guidance regarding funding. (Appendix A).

The Postgraduate Centre will be expected to keep the following information in relation to each study leave request - the name of applicant, grade, specialty, type of study leave, course title, length of study leave, cost of course, cost of expenses broken down into travel and subsistence and collation of trainee study leave evaluation and feedback. In addition, the outcome of each examination attempt should be recorded.

There will be no entitlement to study leave funding for trainees on career breaks.

Individual study leave budgets are subject to a maximum limit at the discretion of the LEP/Trust. The trainee will be informed by the employing LEP/Trust of any such limit imposed.

Where a trainee is rotating between one or more authorities during the programme, any study leave must be approved by the authority which will be employing the trainee at the time the study leave is taken.

Overseas study leave will only be considered for an individual who is the first author and sole presenter of a paper which has been accepted for presentation at a conference abroad. Where this paper is based on the trainee's own research, study leave may be granted subject to the limitations of funding available

Where a course is available locally, funding should not normally be approved for a trainee to undertake the course elsewhere.

Any expenses that are claimed by a trainee are subject to prior approval by the LEP/Trust.

### What can be claimed by a Trainee

YES	NO
Travel Expenses - see Appendix A	Examination fees
Course Fees	Typing / Binding of Papers
Subsistence - see Appendix A	Retrospective applications for travel, expenses, course fees and subsistence. Approval must be sought prospectively for travel, expenses, course fees, subsistence etc. and will not be reimbursed if it is claimed for retrospectively without evidenced, prospective approval.

### DOCUMENT HISTORY

Version	Date	Remarks
1.0	11.11.2009	First draft – SG
1.1	19.11.2009	CD and AH edit
1.2	25.11.2009	SG revision post Abu, A Ba and MD
1.3	26.02.2010	KR and SS revision
1.4	06.04.2010	KR and SS revision
1.5	30.06.2010	KR revision following comments from med staffing
1.6	12.07.2010	KR and SS revision
1.7	15.07.2010	KR and SS revision following comments from the BMA
1.8	02.02.2012	Inclusion of Equality and Diversity Act 2010 statement
1.9	10.02.2012	Amendment regarding ALS training
1.10	April 2013	Revised by AB, KR
1.11	September 2013	Updated by KR, AB, SB
1.12	July 2015	Updated KR, KF





## Appendix A

### Study leave travel expenses

The following limits apply to travel and subsistence claims arising from a period of approved study leave:

Trainees should be encouraged to use the most economical mode of transport. Where this is not possible prior approval must be obtained from the Educational Supervisor or Clinical Tutor. Travel expenses are subject to the following criteria:

- Mileage is paid at public transport rate
- Rail tickets - Standard Class only
- Air fare – prior approval necessary and only where it is demonstrated as being the cheapest form of transport
- Fares will only be paid from port of entry to the UK

Subsistence expenses are subject to the following:

- A maximum allowance of one days subsistence of £5 (>5 hours away, including the lunchtime between 1200-1400 hours)
- A maximum evening meal allowance of £15 (>10 hours away and incurred after 1900 hours)
- Maximum overnight subsistence of £55 for accommodation (£25 if staying with friends or relatives) and £20 meal allowance.

Documentary proof of expenditure will be required